



Disability Inclusive Development Helpdesk Response

Ad Hoc Task 1543 of 2020

Prepared by: Tessa Hillgrove, Disability Inclusion Advisor, CBM Global Inclusion Advisory Group, thillgrove@cbm.org.au;

Quality reviewed by: Wesley Pryor, Senior Technical Advisor, Nossal Institute for Global Health, wesley.pryor@unimelb.edu.au

At the request of: Larissa Burke, Disability Inclusion Section, Canberra, larissa.burke@dfat.gov.au

Through [DID4ALL](#), subject to the agreed [terms and conditions](#)

Task request date: 21 May 2020

Due date: 16 June 2020

Date submitted: 16 June 2020

Disclaimer *This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade partnership with CBM-Nossal. The views expressed in this publication are the author's alone and are not necessarily the views of the Australian Government.*

CBM-Nossal Institute Partnership for Disability Inclusive Development



Melbourne School of Population and Global Health
Nossal Institute for Global Health

Executive summary

Experiences of people with disabilities in COVID-19: A summary of current evidence

Introduction

People with disabilities face higher levels of poverty and barriers to accessing services and are likely to also be disproportionately affected by COVID-19. This report presents a synthesis of the emerging evidence of the health, economic and social impact of COVID-19 on people with disabilities in low and middle-income countries in Asia and the Pacific. Notably, much of this impact arises from barriers that people with disabilities face in accessing government support. Implications for future analysis of disability in public health responses are noted.

Overview of evidence

In all countries surveyed, people with disabilities have experienced considerable barriers in accessing information, health services, regular supports and services, livelihoods, and social protection measures:

Health:

- Globally, there have been **gaps in ensuring that critical public health information is accessible** to people with disabilities, including information regarding how people can prevent transmission of COVID-19, where to seek testing and treatment, as well as restrictions in movement and changes in access to services.
- **Difficulties accessing regular health care**, including for check-ups, medicines, assistive devices and rehabilitation was experienced in every surveyed population, which may result in poorer health outcomes long-term.
- Like many members of the community, people with disabilities reported **difficulties accessing PPE and hand sanitizer**, which in turn caused considerable concern regarding prevention of infection.

Psychosocial health:

- Few studies included specific questions **addressing the psychosocial support needs of people with disabilities**, including those with pre-existing psychosocial disabilities, however those that did report on this reported up to a third of people felt hopeless, nervous or anxious in the previous week.

Access to disability supports and services:

- **Around half of respondents across a number of contexts reported issues accessing their regular services and supports.** Disrupted services included personal assistance for daily care and hygiene, home-based therapeutic interventions important for preventing secondary complications, sign-language interpretation, assistance in accessing essential goods such as food and medicine, and maintenance care for assistive devices.

Access to livelihoods:

- People with disabilities reported a **severe reduction in employment and income as a result of the COVID-19 restrictions**, which was found consistently across all surveys and shown to occur at rate higher than that of the general population. Where cash or other subsidies were available they are inadequate for the higher costs associated with disability. These surveys were undertaken when lockdowns had only been underway for several weeks, so it's anticipated that the outcomes would have worsened over time.
- **Social protection programs were found to have substantial gaps in coverage** in all countries surveyed, with the vast majority of respondents affected by COVID-19 lockdowns yet to receive financial assistance. Gaps were particularly seen for those in seasonal/informal jobs, informal business owners, and people with less severe disabilities. Inadequate community mapping, inaccessible information about government support, and the need to physically travel to a location to receive allowances, additionally contributed to low access.

Food security and emergency supplies:

- Food security during the COVID-19 pandemic was **a common concern experienced by people with disabilities** across country contexts. Most households had limited or no food stores and the vast majority of respondents in need had yet to receive any sort of emergency food assistance.

Education:

- There was limited evidence available on the remote learning needs and experiences of children and adults with disabilities.

Experiences of violence:

- While there are global reports that women and girls with disabilities are experiencing higher rates of violence and abuse during COVID-19¹, there was limited evidence available to inform this review. In a global survey of women and non-binary people with disabilities, nearly one in four respondents reported fear for their personal safety, due to greater proximity to members of their household, power imbalances caused by increased dependence on others, or stigma and discrimination from members of the public.
- This review also found evidence from Nepal indicating both women and men with disabilities (3% of people with disabilities surveyed) reported experiencing violence or abuse during COVID-19 responses.

WASH:

- Limited community training in effective handwashing was reported in Vietnam

Physical Accessibility:

- Poor accessibility of isolation and quarantine facilities was reported in Nepal.
- Transportation had been banned or become significantly more expensive under

¹ Leaving no one behind: the COVID-19 crisis through the disability and gender lens: Policy brief 69, https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/05/PB_69.pdf

COVID-19 responses.

Migration

- Higher rates of migration within cities and districts during COVID-19 for people with disabilities than people without disabilities was reported in Indonesia. Migration rates were higher for women.

Overview of methods used in surveys

Of the 20 surveys we examined, the sampling and recruitment approach **was highly varied and mostly unclear**. The survey design was mostly quantitative, often with additional qualitative questions. Question types and survey themes were highly varied and context specific, but mostly lacked reference to accepted question types, including Washington Group questions. Statistical analysis of results was rarely undertaken. Comparative analysis of the experiences of people with disabilities compared to the broader population was only available for one survey (in Indonesia).^[1] **While surveys and other data collection methods have likely been useful in advocating for inclusive COVID-19 responses, methodological and practical challenges may limit the future utility of some findings.**

In terms of thematic content, some important areas have limited evidence available, including experience of violence or abuse in institutions and residential care arrangements; accessibility of quarantine and COVID-19 treatment facilities; access to WASH infrastructure required for handwashing; and the experience of children with disabilities accessing remote learning. Analysis of evidence on COVID-19 testing, cases and deaths for people with disabilities was not within scope of this review. Surveys with results available in the review period were largely undertaken in early April, in the early weeks of country COVID-19 responses; **it is likely the situation has changed – and probably worsened – since.**

Recommendations

- This review provides evidence that people with disabilities have experienced considerable barriers to accessing government COVID-19 responses and indicates that immediate action is required to ensure people with disabilities are not left further behind in development efforts.
- Crucially, COVID-19 response and recovery efforts must involve people with disabilities and their representative organisations in planning, implementation and ongoing monitoring.
- Barriers to accessing mainstream response efforts need to be addressed as a matter of urgency in ongoing COVID-19 response and recovery efforts. This includes the specific barriers faced by women and girls with disabilities.
- COVID-19 response and recovery efforts cannot forgo the urgent need to ensure disability specific support services are available to ensure access to mainstream response efforts is possible.

Prepared by Tessa Hillgrove, Disability Inclusion Advisor, CBM and Wesley Pryor, Senior Technical Advisor, Nossal Institute for Global Health

^[1] This analysis would be valuable and might be possible in general population surveys where disability is identified (e.g. using Washington Group Questions and analysis is properly disaggregated for disability).

Review report

Disability inclusion in COVID-19 preparedness and response: Lessons from a scoping review

Introduction

Nobody in the world is unaffected by COVID-19, but some people and communities are more at risk than others. There are over 1 billion people with disabilities globally and 80% of them live in low- and middle-income countries. Globally, people with disabilities are at increased risk of contracting COVID-19 and likely to be disproportionately affected by the health, economic and social impact of the global health pandemic.²

Global, national and local efforts to mitigate infection risk such as lockdowns and quarantines are highly varied. Health and social systems to support the needs of persons with disabilities have been strained by COVID-19 itself as well as mitigation strategies. This strain is felt everywhere but is likely to be especially complex in LMICs where health and social systems are often less able to respond to the specific needs of persons with disabilities. If not designed properly, COVID-19 responses can have unintended consequences for people with disabilities, so ensuring the availability of good evidence is available to inform responses is urgent.

Since the onset of major COVID-19 mitigation measures in February, 2020, a substantial number of rapid needs assessments and surveys have been undertaken to provide evidence either for policy and practice change or advocacy. Many of these do not have results readily available online. Ensuring that evidence to inform policy decisions properly reflects the experiences of people with disabilities is crucial for ensuring disability inclusive COVID-19 response and recovery efforts. Doing so requires careful selection of the appropriate questions and data collection approach. Approaches such as the Washington Group Questions have led to advances in the comparability of experiences of people with and without disability and how disability is understood in data collection efforts. However, there is no clear guidance on how to generate policy-relevant evidence quickly during the onset of a major public health emergency like COVID-19.

The current wave of rapid surveys provided a unique and time-critical opportunity to understand how disability-inclusive information is collected in rapid-onset public health emergencies. Our overall aims were to ensure optimal use of data arising from current surveys by synthesising the available evidence, and to understand challenges in generating evidence in complex situations.

Therefore, this scoping review had two main objectives.

- The primary objective was to **provide a preliminary synthesis of existing evidence** to determine where findings might be immediately useful to our network of collaborators;
- A second objective was to **understand aims, methods and questions in**

² See the DID4all "COVID-19 & Disability Inclusion" webpage for more information on why people with disabilities are disproportionately affected by COVID-19, and a range of guidelines on how COVID-19 responses can be more disability inclusive.

surveys to provide a preliminary mapping of relevant themes for rapid information gathering for future emergencies.

Methods for this review

This scoping review was undertaken between 17 May-11 June and utilised a rapid internet search for internet-based surveys (using keywords: disabilities/disability & COVID-19/coronavirus & survey/needs assessment), supplemented with surveys additionally identified through our immediate contacts (including the CBM and Nossal teams, DFAT Disability Inclusion Section, and staff from the Pacific Disability Forum). The search focussed on surveys undertaken in Asia and the Pacific, with an emphasis on in low and middle-income countries, and included global surveys where the focal countries were included.

Due to the rapid nature of the review, we excluded surveys not undertaken / published in English, surveys from high income countries in the region (including Australia and New Zealand) and surveys without clear emphasis on disability and persons with disabilities. A total of 20 surveys were identified for inclusion, and these are summarised in the Appendix. The list cannot be considered exhaustive due to the time limitations and search strategies available, for example it may have missed surveys without an online presence. Approximately half of the surveys (n=10) had results available at the time of the review, and results were synthesised for inclusion in this report. The remaining surveys (n=10), primarily global or regional surveys, did not have results available and have been flagged for follow up.

Where available, the reviewers scanned the questionnaires used, noting the major themes of the questions, and where described, the sampling frame, sample size, question wording, and the organisations undertaking the survey.

Overview of methods used in surveys

Of the 20 surveys we examined, the **sampling and recruitment approach** was *highly varied and mostly unclear*.

- The sampling frame (of the population to be studied) was usually described as either people with disabilities and/or people who care for (families, professionals, etc) people with disabilities. It was generally not clear how people were identified for inclusion or survey invitations were disseminated. Samples were often described as **purposive** with no further description of what criteria were used to determine inclusion.
- The recruitment approach was varied. Most used social media or word-of-mouth methods to recruit participants without an apparent pre-determined sample size.
- As such, there was not a clear **sampling** approach overall.

The **survey design** was mostly **quantitative**, often with additional qualitative questions.

- Almost all used a quantitative approach. Some used a mix of qualitative and quantitative approaches. Only a small number used qualitative measures alone.

Question **types and survey themes** were *highly varied and context specific*, but mostly lacked reference to accepted question types, including Washington Group questions.

- Determining whether respondents identified as having a disability, and type of impairment, was mostly left to self-reporting and rarely used the Washington Group questions.
- Sociodemographic characteristics included in surveys to allow disaggregation of data (for example by age, gender, and living arrangements) were highly varied and often appeared to be inadequate.
- Surveys used questions that mostly appeared relevant to the stated aim, but seemed to miss opportunities to include well-established questions (such as Washington Group Questions).
- Questions often appeared to be worded poorly and/or to be quite complex for the expected respondents.

Analysis of results so far has been through basic descriptive statistics (proportions providing a response). Among those surveys with results available, all reported general descriptive statistics, often without basic disaggregation (e.g. the results for men and women). Statistical analysis was rarely undertaken.

- Limited inferential analysis (for example to determine if there were major differences between women and men, older/younger persons and so on) have been reported so far. The few surveys reporting differences for different population groups have not included the results of statistical analysis.

Other notable survey features included:

- Very little information was available about how survey data would be used, by whom, and where findings might be reported.
- Limited introductory information to help people understand whether to participate (such as length of the survey, whether contact information would be required).
- Only a few surveys used a formal 'agree to participate' option; none appeared to have formal ethical board approval. At least one survey had respondent details publicly available in the online survey software environment, highlighting some of the ethical risks observed overall.
- Only one survey undertook comparative analysis of the experience of people with disabilities compared to the broader population. This analysis was able to highlight specific areas where people with disabilities had poor outcomes in Indonesia (such as impact on livelihoods), however this information is not available for all locations or thematic areas. Population surveys with disability disaggregated data may be able to fill this evidence gap- to the reviewer's knowledge, none were available at the time of the review.

Other issues to note:

- Surveys with available results in the review period were largely undertaken in early April, in the early weeks of country COVID-19 responses. Therefore the findings here describe early health, economic and social impacts of the global

health pandemic, and it's expected that these impacts would change and potentially worsen over time.

- Due to the sampling approaches used, results are unlikely to be statistically representative of the populations they are drawn from, and point estimates (e.g. percentages experiencing a drop in income) summarised in this review should be interpreted with caution.
- In terms of thematic content, some important areas have limited evidence available, including experience of violence or abuse in institutions and residential care arrangements; accessibility of quarantine and COVID-19 treatment facilities; access to WASH infrastructure required for handwashing; and the experience of children with disabilities accessing remote learning.

Implications for rapid disability surveys

This review provided a unique opportunity to assess the challenges of collecting policy-relevant data concerning disability inclusion in health emergencies. The challenge of ensuring disability is reflected in surveys using comparable methods has been addressed through significant investment and application of the Washington Group Questions. The WGQs have provided a consistent set of questions to determine who might experience disability and have harmonised how disability is characterised across contexts.

The surveys explored here illustrate practical challenges in generating useful data to inform disability-inclusive policy and practice. These challenges are far greater than simply characterising disability through methods like the Washington Group Questions. Without appropriate questionnaires and interview guidelines, appropriate sampling, representative recruitment, maintaining appropriate informed consent processes, the usefulness of findings will be limited. Further, it is essential to ensure data can be analysed to derive useful findings, and to implement effective communication and uptake strategies to ensure evidence can lead to real change.

Opportunities for strengthening disability inclusive data for COVID-19 responses

Nonetheless, the work conducted by the regional disability community to understand the implications of COVID-19 on their communities is impressive. This is further evidence of the commitment to using data to inform responses and the current and potential capacity of those organisations. There are clear opportunities to build on investments in data for disability inclusive development actions and build further capacity in regional stakeholders – especially DPOs - to be better prepared to survey their communities in future emergencies.

Finally, the timing and rapid nature of this review did not allow us to explore whether survey findings were taken up in policy and practice. This would be an interesting area for future enquiry. The experience from previous emergencies and contexts suggests that even when evidence demonstrates how people with disability are more at risk, there are political, budgetary and social barriers to change. This is crucial in the context of COVID-19 where policy responses are often very rapid and time-critical – there may be no opportunity for remedial strategies if those responses exclude persons with disabilities.

Supporting work to ensure inclusive responses building on current evidence would complement existing work to strengthen data for disability inclusion and capacity

development of disability stakeholders to advocate for, plan and implement policy and practice reforms.

Synthesis of existing evidence – disability and COVID-19

Note that this synthesis was undertaken in the first fortnight of June 2020. At this time, there was only two global surveys available for inclusion, however there were eight surveys from Asia and the Pacific available for inclusion. Four of these were from Indonesia, one from the Philippines, two from Nepal, and one was from Vietnam. No country-specific survey evidence was available for Pacific Island countries at the time of the review. This review will be updated as additional survey results are available.

Access to information

Globally, there have been gaps in ensuring that critical information is accessible to people with disabilities, including information regarding how people can prevent transmission of COVID-19, where to seek testing and treatment, as well as restrictions in movement and changes in access to services.

In Nepal, a survey by HI found that 7% of respondents weren't aware of how to prevent COVID-19 at all, and 22% of people reported not fully understanding protection and safety messages (Handicap International, 2020). A second Nepal survey, conducted by the national DPO, found one in four didn't have a clear understanding of the lockdown and that nearly half didn't feel confident in how to prevent COVID-19 (NDF-N, 2020). Both surveys found greater barriers to accessing information amongst those experiencing more severe forms of impairments.

In terms of prevention strategies, the majority of people with disabilities were aware of handwashing with soap, staying home, using a mask when going outside, but there were gaps with awareness of physical distancing measures, covering mouth when sneezing and coughing, and less than half were aware of the need to inform local health services if they suspected symptoms of infection (NDF-N, 2020).

Both Nepal surveys found friends and family, radio, mobile phone messages and TV were the most commonly used forms of communication for COVID-19 information, with more than half of respondents using each of these methods. More than a third of respondents said that communications were either partly or not at all accessible to them (Handicap International, 2020), while a much higher proportion (61%) reported communications were partly or not at all accessible to them in the Nepal DPO survey (NDF-N, 2020).

In Nepal, almost half of the DPO leaders surveyed did not feel they had adequate information about COVID-19 and prevention measures – and in turn, the majority said they had issues with sharing information with people in their local communities.

In Indonesia, a small needs assessment across four districts found considerable barriers to accessing information, particularly for people who were blind, while Deaf people noted challenges in communication due to difficulties lip reading while others were wearing masks. These groups depended heavily on their families for information. Social media, TV, and informal sharing of information from neighbours were also common sources of COVID-19 related information (YAKKUM, 2020).

An Indonesian survey found that 46% of people with disabilities found COVID-19 information difficult to understand (ASB disability cluster, 2020).

Access to regular services and supports

Around half of respondents across country contexts reported issues accessing their regular services and supports.

Nearly 50% of respondents in a Nepal survey noted that they needed caregivers to support them in their daily activities, which were most commonly family members. While 84% of caregivers were using preventative measures to avoid COVID-19 transmission, caregivers of women with disabilities were less likely to follow preventative measures compared to carers of men with disabilities (Handicap International, 2020). Additionally, lockdown restrictions meant that 32% of respondents couldn't get access to their usual services and supports, and half of those did not have replacement care. This unmet need included personal assistance for daily care and hygiene, home-based therapeutic interventions important for preventing secondary complications, sign-language interpretation, assistance in accessing essential goods such as food and medicine, and maintenance care for assistive devices. Almost 40% of respondents mentioned needing sanitary and hygiene materials, such as sanitary pads, catheters, or adult nappies, with emergency response organisations not meeting the full extent of the needs (Handicap International, 2020). (Handicap International, 2020).

In Indonesia, a survey noted that nearly half (41%) of respondents had experienced a reduction in assistance from others for daily activities (ASB disability cluster, 2020).

A survey in the Philippines noted that 13% of respondents noted that personal assistance was a significant unmet need during the COVID-19 lockdown (Manlapaz, Abner, 2020).

Finally, a global survey of women and non-binary people found that restrictions on movement during the COVID-19 crisis had a significant impact on people's ability to live independently and achieve an adequate standard of living. One in three respondents had lost access to needed disability-related support services, including personal assistance, wheelchair replacement and repair, and accessibility services such as Sign Language interpreters. This was the result of people with disabilities being unable to leave their homes, or the support services being unable to travel to them. People did not always feel they could rely on friends and family for assistance, especially as the restrictions and stress of COVID-19 sometimes left others unable or unwilling to help (Women Enabled International, 2020).

Access to health care

Difficulties accessing regular health care, including for check-ups, medicines, assistive devices and rehabilitation was experienced in every surveyed population, which is concerning as these disruptions have the potential to result in worsened conditions and poorer health outcomes long-term.

In Vietnam, 70% of respondents to a large national survey of people with disabilities reported difficulty accessing health care (UNDP Viet Nam, 2020). In Nepal, surveys found between 17-45% of respondents had experienced an interruption in receiving medical care, assistive devices, or therapeutic services (Handicap International, 2020) (NDF-N, 2020).

In Indonesia, a small needs assessment noted that most children with cerebral palsy had stopped their therapy due to physical distancing requirements and families were concerned that their children's condition would deteriorate (YAKKUM, 2020). Many other respondents were relying on others to access essential medication from health services on their behalf.

Finally, a global study focussed on the experiences of women and non-binary people with disabilities during COVID-19 found that most respondents had their access to usual health services, medications and equipment curtailed, with some noting their national government (Philippines) had discouraged non-emergency cases from using hospital services. Specifically, services related to pain management and physical therapy, sexual & reproductive health, breast cancer screening, and menopause had been cancelled, postponed, or moved to a telehealth formats that were not always accessible or appropriate for people with more complex needs. Many respondents experienced a corresponding exacerbation of psychosocial distress, and some with psychosocial disabilities did not feel they had access to sufficient services as they had been diverted to other groups in the population. The vast majority of respondents were concerned that rationing of health care was taking place in their countries, or could be in the future, and that people with disabilities could be deprioritised for medical care in overwhelmed health services (Women Enabled International, 2020).

Access to PPE

Like many members of the community, people with disabilities reported difficulties accessing PPE and hand sanitizer, which in turn caused considerable concern regarding prevention of infection. In Vietnam, 82% of people with disabilities reported being concerned about their ability to protect their health during the COVID-19 outbreak, with 25% were unable to access masks and hand sanitizer (UNDP Viet Nam, 2020). In Nepal, while 92% were washing hands with soap it seems 8% weren't doing so – though no further information was provided as to the reason, so it's unclear as to whether this was an issue of availability. Hand sanitizer, liquid soap, and face masks were less commonly used (Handicap International, 2020), and the DPO survey found that nearly half 43% did not have access to masks or hand sanitizer, and that access was lower amongst people with more severe impairments (NDF-N, 2020).

In Indonesia, one survey reported that enhanced personal sanitation practices have been widespread, with 3 in 4 people with disabilities reporting an increase in personal protective practices. However only 24% said that they had been practicing physical distancing, a proportion similar to the overall population sample (Rema H, 2020).

Impact on livelihoods

People with disabilities reported a severe reduction in employment and income as a result of the COVID-19 restrictions, which was found consistently across all surveys, and as found in one study that included both people with disabilities and without disabilities, at a rate higher than that of the general population (Rema H, 2020). These surveys were undertaken in mid-April, when lockdowns had only been underway for several weeks, so it's anticipated that the outcomes would have worsened over time.

In Vietnam, 30% of respondents with disabilities reported losing their jobs in the first month of COVID-19 restrictions, and of those still working, a reduction in working hours (49%) and pay cuts (59%) were common. Overall, this resulted in people with disabilities reporting a 28% reduction in income in the first month of the lockdowns, which led to a considerable proportion of households falling into poverty for the first time (defined as a monthly income of below 1 million VND (or approx. \$62 AUD) (UNDP Viet Nam, 2020). This impact is likely to increase over time without targeted social protection support. Unsurprisingly, rising unemployment and loss of income

caused substantial stress for households, with 96% of respondents to a Vietnam survey expressing concern for their financial security.

In Nepal, HI's survey found that lockdown negatively affected 76% of respondent's household incomes and 49% of their personal incomes (Handicap International, 2020), while the DPO survey found 40% of respondents had lost their income entirely (roughly even between men and women), and a further 20% were expecting to do so in the near future (NDF-N, 2020).

In Indonesia, a large National survey found that 80% of people with disabilities who were economically active before the COVID pandemic and lockdown had reduced their incomes, often by a substantial amount (half of those with reductions lost 50-80% of their income) (DPO Network, 2020). Other Indonesian surveys found similarly high proportions – 84% in a second survey (ASB disability cluster, 2020), and in one of few surveys comparing responses of people with disabilities to the broader population, increases to unemployment was more profound amongst people with disabilities, with 67% of men and 71% of women with disabilities reporting that they were no longer working compared to 55% of men and women without disabilities (Rema H, 2020). Job losses occurred for people with disabilities across all impairment types, at all levels of education, and was more pronounced in city than rural locations.

In the Philippines, the top three issues identified by respondents during lockdown included 1) loss of income/livelihoods; 2) Loss of income/livelihoods leading to inadequate basic needs (e.g. food, water); and 3) loss of income/livelihood leading to inability to undergo therapy or purchase medication/assistive devices/health needs (Aggarao & Bernardino, 2020).

A global survey of women and non-binary people with disabilities found that the majority of respondents (57%) experienced a reduction in employment and income. These included people in paid employment, as well as freelancers and informal work arrangements, the latter group particularly prone to missing out on social protection assistance in their countries (Women Enabled International, 2020).

Social protection

Social protection programs were found to have substantial gaps in coverage in all countries surveyed. In Vietnam, a national survey of people with disabilities found the government's social protection response to have substantial gaps in coverage, particularly for those in seasonal/informal jobs, informal business owners, or people with less severe forms of disability. Access to financial support was low, with only 13% of respondents having received support in mid-April. A quote from a respondent indicated that they needed to travel and present in person to receive financial support, which wasn't possible due to lack of access to transport and measures to self-isolate.

"My regular means of transport is public bus. There is no bus during the social distancing period. I have to go to the market on foot. I am entitled for some allowance, but I have to stay at home and can't go out to receive it" (UNDP Viet Nam, 2020, p. p7).

In Indonesia, a large national survey conducted by the DPO Network found that 80% of those who lost income due to the COVID-19 lockdown faced difficulties covering their basic needs and almost half (43%) were unable to pay their monthly utility bills. The study found a considerable gap in social protection coverage - only 13.4% of those losing income were eligible for the government's conditional cash programme and 11.9% receive unconditional cash assistance. Additionally, only

1.8% participated in cash for work programs. Reasons for the gaps included a lack of accessible information about government support, that disability has not been included in targeting criteria in social protection programs, and limited efforts by the government and aid agencies to ensure their support programs are disability inclusive (DPO Network, 2020).

A smaller needs assessment similarly found job losses and reduced household income were common, and significant gaps in access to social protection even while household spending had increased (such as on personal hygiene and hotspot internet access) (YAKKUM, 2020). A larger survey in Indonesia similarly identified significant gaps in social protection, with many unemployed people not able to access government assistance and people with disabilities less likely to use micro-credit programs (Kredit Usaha Rakyat) than the general population. People with hearing impairment were less likely to have accessed Non-Cash Food Assistance or Conditional cash transfer coverage (BPNT/Semboka and PKH) than people with other types of impairments (Rema H, 2020).

In the Philippines, the national government announced that cash assistance would be available for all, however, at the time of the survey (in late April-early May), 91% of households were yet to receive benefits. This was thought to be due to lists for identifying beneficiaries being outdated and incomplete, a lack of clarity around criteria for inclusion for benefits and assistance, and a lack of resourcing from local government to ensure complete identification of households. The Deaf community additionally noted difficulties communicating with assessors for household benefits (Aggarao & Bernardino, 2020). Cash assistance, where it was available, was considered insufficient as it covered only basic needs such as food, and not the higher costs associated with disability, such as regular medication and personal hygiene supplies.

Food security & emergency supplies

Food security during the COVID-19 pandemic was a common concern experienced by people with disabilities, with respondents across all country-specific surveys noting this issue. A reduction in income, increased scarcity and price of essential items, closing of marketplaces and in some locations, no access to transport, resulted in a substantial proportion of people reporting that they were skipping meals, eating less than they should, and in some cases borrowing money or selling household goods to afford food. Most households had limited or no stores and the majority of respondents in need had yet to receive any sort of food assistance. Specifically, surveys found:

In Vietnam, in terms of immediate needs, respondents most commonly reported needing food, cash allowances and financial support (UNDP Viet Nam, 2020). Only 16% had received any sort of food assistance and 13% had received financial support at the time of the survey.

In Nepal, with marketplaces closed and no transportation services, food items were reported to have become scarcer and more expensive during the COVID-19 lockdown. Four in ten respondents reported issues with food security– with common strategies including reducing the number and size of meals, choosing lower-priced meals, borrowing money from relatives and friends and/or selling household items in order to purchase food (Handicap International, 2020). With most households reporting limited stores, food insecurity was predicted to increase to 90% of respondents if lockdowns continued a further fortnight. The majority (78%) of people surveyed were not aware of any relief packages distributed by the government or NGOs (Handicap International, 2020). While the Nepal DPO member survey found higher awareness and update of relief packages, they

additionally reported that people with more severe impairments had the greatest unmet need for assistance (NDF-N, 2020). Additionally, food was the most frequently requested immediate need in the DPO survey (NDF-N, 2020).

Food insecurity was also high in Indonesia, with surveys finding between half to three quarters of households with people with disabilities reporting they were not eating as much as they should in the past week- a trend seen across all education groups and locations (Rema H, 2020) (ASB disability cluster, 2020). In the Philippines, the second most common issue experienced was "Loss of income/livelihoods leading to inadequate basic needs (e.g. food, water)" (Aggarao & Bernardino, 2020).

Psychosocial health

Few studies included specific questions addressing the psychosocial support needs of people with disabilities, including those with pre-existing psychosocial disabilities. A survey in Nepal found that nearly one in three people (29%) reported feeling hopeless/nervous/anxious in the previous week, with these symptoms more common in women with intellectual and multiple disabilities, and high in men with physical disabilities. Many respondents (58 of those experiencing symptoms) desired support (such as counselling or self-help tools) to help them cope with these symptoms. This survey was conducted within the first few weeks of lockdown, so it's likely that the experience of psychosocial distress would potentially increase over time. In another Nepal survey, the majority of respondents (4 in 5) reported being "a little bit" or "extremely" scared about the COVID-19 situation, and 7% of all respondents noted that psychological counselling was an immediate support need (NDF-N, 2020). Women were more likely to report being scared than men.

In Indonesia, respondents to a small needs assessment noted they felt scared to use health services or purchase basic goods, as it would increase their risk of infection. Others reported an increase in anxiety and at least one person had been referred to a psychologist for treatment. Several people also complained of boredom while being housebound and unable to enjoy usual relaxation activities (YAKKUM, 2020). A different survey found nearly half of respondents (45%) had experienced psychological symptoms during the COVID-19 lockdown (ASB disability cluster, 2020).

Education

Very few country-level surveys addressed the educational needs of children and adults with disabilities. In Indonesia, a small needs assessment found that children with disabilities had considerable difficulties accessing and understanding the "school from home" materials. Additionally, families with more than one child did not necessarily have sufficient devices for all children to study at once. The implications of remote learning for parents with disabilities was not explored in the survey (YAKKUM, 2020).

Experiences of violence

While there are global reports that women and girls with disabilities are experiencing higher rates of violence and abuse during COVID-19, there was limited evidence on gender based violence to inform this review. In a global survey of women and non-binary people with disabilities, nearly one in four respondents reported fear for their personal safety, due to greater proximity to members of their household, power imbalances caused by increased dependence on others, or stigma and discrimination from members of the public.

In Nepal, DPO leaders noted that members had made a number of requests to the DPOs, including having experienced abuse and violence (NDF-N, 2020). Amongst individual respondents to the same survey, 13 respondents (3%, 7 female and 6 male) said they had experienced violence or abuse during the lockdown. A small needs assessment in Indonesia also found reports of violence during the COVID-19 lockdown. In both surveys it's unclear whether the experience of violence had increased during the COVID-19 situation.

Other issues

Only 3% of people with disabilities in Vietnam had received training on public health responses such as handwashing (UNDP Viet Nam, 2020).

The Nepal DPO survey additionally asked DPO leaders about whether government facilities for isolation and quarantine were accessible, as the National DPO had not been able to monitor facilities during lockdown, finding that just 12% of leaders deemed local facilities to be fully accessible for people with disabilities.

In Indonesia, a survey found that patterns of migration since COVID-19 were higher amongst people with disabilities, with 39% of men and 70% of women moving since the crisis. Migration for women with disabilities was significantly higher than for women without disabilities. Migration tended to be taking place within districts or cities (vs. between districts or cities) and was mostly commonly reported by respondents with lower levels of education.

Finally, while public transportation wasn't a specific focus in most surveys, one survey in the Philippines noted that 17% of respondents reported transportation was a significant unmet need during the COVID-19 lockdown (Manlapaz, Abner, 2020). A global survey of women and non-binary people also found that transport had been banned or had become significantly more expensive in their contexts (Women Enabled International, 2020).

Conclusion and Recommendations

This analysis explored both i) findings of recent surveys and ii) the implementation of data collection approaches. Findings reported here are broadly consistent with existing evidence demonstrating the right to health, livelihoods, education and all other aspects of life is denied to many people with disabilities, especially in low-and-middle-income countries³. Findings here extend that knowledge to the unique context of the COVID-19 global pandemic, and national preparedness and responses, showing that in all surveyed locations, people with disabilities were experiencing poor health, social and economic outcomes in the early stages of the pandemic, and demonstrably poorer economic outcomes than people without disabilities. By following up emerging global evidence in the coming months, we will continue to track the experiences of people with disabilities in Asia and the Pacific as COVID-19 responses evolve and countries enter the recovery phase.

This study also highlights the importance of being able to disaggregate data by disability (e.g. by using the WGQs) in all population surveys on COVID responses, as well as future disasters and health emergencies, to allow for comparative analysis of the experiences of different population groups. The majority of surveys in this review only included people with disabilities in their samples, which is useful for in-depth descriptions across a broad range of impacts, however limits the evidence available

³ <https://doi.org/10.3390/su11113091>

to demonstrate disproportionately negative consequences experienced by people with disabilities.

Disability inclusive development is characterised by a focus on two main areas i) that barriers to inclusion and opportunities for participation are identified and addressed, so people with disabilities can benefit on an equal basis as others and ii) involving people with disabilities in planning, implementing, and monitoring & evaluation of development programs. This review provides evidence that in all countries surveyed, people with disabilities experienced considerable barriers to accessing information, health services, regular supports and services, livelihoods, and social protection measures. These barriers need to be addressed as a matter of urgency in ongoing COVID-19 response and recovery efforts, so people with disabilities are not left further behind in development efforts. Crucially, future COVID-19 response and recovery efforts must involve people with disabilities and their representative organisations in planning and implementation. A number of organisations have developed guidelines to assist governments and other organisations planning and undertaking preparedness and response for COVID-19, to ensure that people with disabilities are considered in all aspects of outbreak mitigation and response. These resources can be found on the "DID4all" COVID-19 & Disability Inclusion web page (<https://www.did4all.com.au/>).

References

- Aggarao, S., & Bernardino, B. (2020). *ACCESS OF FILIPINOS WITH DISABILITIES TO THE PHILIPPINE GOVERNMENT SOCIAL AMELIORATION*.
- ASB disability cluster. (2020). *Survey for Messages and Information Dissemination on COVID-19 in the community*. ASB.
- DPO Network, f. I.-1. (2020). *Rapid Assessment*.
- Handicap International. (2020). *Nepal COVID-19 Rapid Need Assessment Report*. Handicap International.
- Manlapaz, Abner. (2020). *Breaking the Cycle of Disability and Poverty & Supporting Resilience, Inclusion, and Dignity*. Life Haven Center for Independent Living.
- NDF-N. (2020). *Impact of COVID-19 Pandemic and Lockdown on Persons with Disabilities*. National Federation of the Disabled Nepal.
- Rema H, O. B. (2020). *Current Results of Online Survey on Economic Impact of COVID-19- results for people with disabilities*. J-PAL Southeast Asia.
- UNDP Viet Nam. (2020). *Rapid Assessment of the Socio-economic impact of COVID-19 on persons with disabilities in Vietnam*. UNDP.
- Women Enabled International. (2020). *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey*.
- YAKKUM. (2020). *Impact of Covid-19*. Yogya.

Appendix A: Table of surveys of disability and COVID-19 included in the review

Survey Title	Countries	Link to report	Organisation	Timing of survey
Country specific surveys				
Disability-Inclusive Data (for persons with disabilities during community quarantine)	Philippines	Not available online. Contact authors or reviewer	Centre for Disease Preparedness (NGO, that works with DPOs)	28 April to 2 May 2020
Survey on the Situation of Children with Disabilities in the Context of COVID-19	Philippines	Not released at time of review	Council for the Welfare of Children, UNICEF, NRFIL, ASMAE Philippines, ECCD Council, Save the Children, PPCWD, Department of Justice, Commission on Human Rights, Department of Education.	Unknown
Indonesia: Survey for Messages and Information Dissemination on COVID-19 to the Community	Indonesia	Not available online. Contact authors or reviewer	Arbeiter-Samariter-Bund (ASB), and a consortium of disability organisations	24-29 March 2020
Economic Impact of COVID-19 in Indonesia	Indonesia	Not available online. Contact authors or reviewer	Harvard, MIT, and J-PAL SEA	13-15 April 2020
Indonesia: rapid assessment of people with disabilities (People with Disabilities Yogya)	Indonesia	Not available online. Contact authors or reviewer	YAKKUM (health service provider)	Early April 2020
NGO Network survey on impact of COVID restrictions	Indonesia	Not available online. Contact authors or reviewer	DPO Network in Indonesia (70 DPOs in total)	10-24 April 2020

Survey Title	Countries	Link to report	Organisation	Timing of survey
Impact of COVID-19 Pandemic and Lockdown On Persons with Disabilities- A Rapid Assessment Report	Nepal	https://nfdn.org.np/publications/	National Federation of the Disabled Nepal (umbrella body for 331 member organisations throughout the country)	12-22 April 2020
Nepal COVID-19 Rapid Need Assessment Report	Nepal	https://reliefweb.int/report/nepal/rapid-need-assessment-cohesive-response-covid-19-nepal-may-7th-2020	Humanity and Inclusion (INGO)	5-8 April 2020
Red Cross and FSM Government survey (about to start in FSM)	Federated States of Micronesia (FSM)	Not released at time of review	Red Cross and FSM Government	June 2020 onwards
Rapid Assessment of the Socio-Economic Impact of COVID-19 on Persons with Disabilities in Vietnam	Vietnam	https://reliefweb.int/report/vietnam/rapid-assessment-socio-economic-impact-covid-19-persons-disabilities-vietnam-envi	UNDP, with support from Australian Department of Foreign Affairs and Trade (DFAT), the Embassy of Ireland in Viet Nam and the Korea International Cooperation Agency (KOICA)	April 14-28
Global/ regional surveys				
ONG Inclusiva (Chilean DPO) - First International Survey on People with Disabilities and Covid-19 – First report*	Global	Not available online. Contact authors or reviewer	ONG inclusiva	March 21-25
UNDRR – Survey on People with Disabilities and COVID-19 Pandemic	Global	Not released at time of review	UNDRR	ended 25th of April
Cities4All – Survey: Equity and Access in Times of Pandemic	Global	Not released at time of review	The Cities for All Network	Unknown

Survey Title	Countries	Link to report	Organisation	Timing of survey
Women Enabled International COVID-19 Survey	Global	https://womenenabled.org/blog/covid-19-survey-findings/	Women Enabled International	March and April 2020
IFES - Pacific Islands COVID-19 Past Participant/Alumni Survey	Pacific	Not released at time of review	IFES / NEC	Unknown
Survey on the Impact of COVID-19 on Assistive Technology Use and Provision	Global	Not released at time of review	Unknown- possibly GATE community (Global Cooperation on Assistive Technology)	Unknown
COVID-19 Disability Rights Monitor	Global	Not released at time of review (some preliminary data available at https://covid-drm.org/data)	7 Disability Organisations: <ul style="list-style-type: none"> •Validity Foundation •European Network on Independent Living •International Disability Alliance •Disability Rights International •Centre for Human Rights, University of Pretoria •International Disability and Development Consortium •Disability Rights Fund and Disability Rights Advocacy Fund 	Unknown. Still appears to be open (4th June)
Learners with Disabilities and COVID-19 school closures	Global	Not released at time of review	IEI	Survey closed 24th May
World Blind Union	Global	Not released at time of review	World Blind Union	Unknown. Still appears to be open (4th June)
APMCDRR consultation survey (for policy advice to be launched at the Asia-Pacific Ministerial Conference on Disaster Risk Reduction (AMPCDRR))	Asia and Pacific	Not released at time of review	Pacific Disability Forum, the International Disability Alliance and CBM Australia (funding from DFAT)	Open between May 25-end July

* Note that the results for this survey were not included in the review as results for countries in Asia and the Pacific were aggregated with 45 countries including many high-income countries in Europe. If disaggregated results are subsequently released results will be reviewed.

Appendix B: Surveys noted but not included in review (not meeting inclusion criteria)

These are provided for information purposes and have not been reviewed for methods or findings

Survey Title	Countries	Organisation	Link for more information
Survey for Pacific Young People in the (age group 15-24)	Pacific	UNFPA, MFAT	Unknown
Multi-country study to investigate the impacts of the COVID-19 epidemic in the lives of people with disabilities	Ghana, Uganda, Zambia, Bangladesh, India and Turkey	London School of Hygiene and Tropical Medicine	Unknown
Leonard Cheshire – COVID-19 UK Research Survey	UK	Leonard Cheshire	https://www.surveygizmo.com/s3/5541346/Covid-19-UK-research-survey?fbclid=IwAR1YkQr3CboFn4326pgCFInQ0rwHqWb9Ad6Msw4F6gOwG1RXStykFwW6tUQ
Needs Assessment Impact of COVID-19 on People with Disabilities and their Families in Jordan, April 2020	Jordan	Humanity and Inclusion	Not available online. Contact authors or reviewer
The disability workforce and COVID-19: initial experiences of the outbreak	Australia	Health Services Union, Australian Services Union, United Workers Union	http://www.daru.org.au/resource/22986
NDIS and COVID-19	Australia (Victorian-based)	University of Melbourne	https://www.freedom2live.com.au/melbourne-institute-covid-19-ndis-survey/#.XugxsURLjIU
Survey of Health and Wellbeing Monitoring the impact of COVID-19	Australia	Swinburne University	https://www.swinburne.edu.au/research-institutes/iverson-health-innovation/research/chronic-disease-disability/survey-of-health-and-wellbeing-covid-19/

Consumer-Experiences-in-looking-for-information-on-COVID-19	Australia (Canberra and NSW)	Health Care Consumers Association	https://www.hcca.org.au/wp-content/uploads/2020/03/Report-from-HCCA-Survey-1-People-with-disabilities-Consumer-Experiences-in-looking-for-information-on-COVID-19.pdf
Experiences Of People With Disability During COVID-19: Survey Results	Australia	People with Disabilities Australia	https://pwd.org.au/experiences-of-people-with-disability-during-covid-19-survey-results/
How life is going for the disability community	New Zealand	New Zealand Government (Office for Disability Issues).	https://www.odi.govt.nz/guidance-and-resources/how-life-is-going-for-the-disability-co/

