

**CDPF update on impact of COVID-19  
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**BANGLADESH**

**Albert Mollah/ Access Bangladesh**

Similar experiences to others but country dealing with 2 disasters in Bangladesh – cyclone & C-19.

Health & economic issues.

30/05 May Govt re-opened country on small scale (lockdown 25/03)

3 x PWD's died from C-19, 2 cases of infection

Small businesses gone under, PWD's isolated – lack of access to services. Small scale online education, inaccessible to PWD's

PWD's excluded from emergency support (already receive disability allowance, but it's very small)

**CANADA**

**Steven Estey/ CCD**

Issues similar to other countries, difference is:

Govt minister (visually impaired) has responsibility for PWDs who set up a committee of 12-14 people who are heads of countrywide DPOs who inform/ feedback situation, issues etc. So voices are heard and will hopefully be effective in input to decision-making and being catered for going forward.

**INDIA**

**Arman Ali/ NCEPDP**

1067 PWD's across country consulted in survey.

Indian cases up significantly.

Despite 20,273 cases and about 6,367 deaths to date, no accessible govt communication, no economic measures for PWDs, rations/ shelter – people displaced, medicine/ health aid, unable to access caregivers/ service providers. Majority have no id cards so lots of people overlooked for assistance; no info on whether any cases of PWD's with C-19.

Demand to Govt to raise financial package for PWD's.

DPO's excluded from policy making, SLI inaccessible/ incorrect, law overlooked for procedures for PWD's in emergency situations.

**KENYA**

**Nkonya Newton/ DDNCBO**

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PWD's along the border have a lot of problems.

Disability Development Network Community Board Organisation needs support so that we can help PWD's.

Health under covid-19 - protection

The government should educate PWDs on how to live with covid-19.

**Sarah Kamau/ UDPK**

Initial language barriers – now there is SLI & captioning.

PWDs involved in policies

Loss of livelihoods (restricted movement, transport)

Inaccessibility to healthcare – physiotherapy etc

Online resources, school – inaccessible to PWD's. Provision of internet services

Need for increased hygiene amenities

Social distancing not achievable

Need more support

Women & girls more vulnerable – gender-based violence

See report: *How as the Umbrella DPO we have tried to ensure that persons with disabilities are part of the response system/fully and meaningfully engaged in the COVID19 pandemic* as Appendix 1

**Michael Njenga/USP**

See CDPF website for **Compilation of submissions on mental health during the COVID-19 - pandemic**

**MALAWI**

**Rachael Kachaje/ DIWA**

CDPF statement circulated to good response – particularly Malawi Union of Savings Cooperative. Also been on national TV, local & National radio. Calling on Govt to make interventions – make info accessible to all

About 150 women with disabilities across 3 regions in Malawi.

Organisation distributed hygiene items (thanks to Malawi Union assistance) and raised awareness.

Working with all stakeholders & DPO's

Been suggested that Malawi will be unable to do track & trace.

**MALAYSIA**

**Wong Yoon Loong/ MCD (OKU)**

Malaysia considering coming out of lockdown – need to look at how PWD's employment affected. Govt. going to provide financial support.

Govt giving free internet to all for education, work meetings etc.

Govt more supportive than many.

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**MAURITIUS**

**Ali Jookhun/ FDPOM**

Lockdown over, compulsory mask wearing – difficult for those with Autism & Downs Syndrome (intellectual disabilities).  
Schools closed – access issues with online learning.

**NIGERIA**

**Edwin Ohazurike/ JONAPWD**

27 million PWD's in Nigeria.  
PWD's excluded from decision/ policy-making.  
No current stats for PWD's with/ affected by C-19.  
Lack of inclusive/ accessible information.  
Despite Disability Rights Act 2018, no real implementation.

**RWANDA**

**Gaudence Mushimiyimana/ UNABU**

See: *Experiences of Rwanda girls and women with disabilities against COVID-19 pandemic Covid-19 Quick Assessment Report* on CDPF website

**SOUTH AFRICA**

**Thandiwe Mfulu/ DPSA**

C-19 has increased more in the southern region of Africa, especially in the four Member States - South Africa, DLC, Tanzania and Mauritius. These 4 states represent 93% of cases reported in the region.  
PWD's disproportionately affected by, and are especially vulnerable to, C-19 due to pre-existing conditions yet the statistics are unclear. Awareness would help response.

See report: *The Novelty of CoVid-19 a Disability* as Appendix 2

**Emile Gouws/ Autism SA**

47k C-19 cases in SA

How Autism SA affected:

All activities cancelled or postponed for duration of National State of Disaster (Alert level 2 and 1).

Rendering of supportive services to autistic persons, their families and/or caregivers.

The packing of Educational Support materials for emotional, social, cognitive and physical development of autistic children.

Receive and distribute essential donations such as sanitary towels and diapers.

Counselling services available.

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All training and awareness with groups of people. All face-to-face meetings related to the core function of the organisation

Due to persons with autism requiring varying levels of support, and many dependent on caregivers, many are still at increased risk of contracting COVID-19. Therefore, persons with disabilities and caregivers must take special precautions to minimise risk of transmitting the virus.

During the lockdown period, persons with autism can experience heightened levels of frustration and anxiety due to a break in routine, and a lack of resources and appropriate engagement.

Due to their communication challenges, persons with autism are also considered a vulnerable group when it comes to gender-based violence.

To ensure that persons with disabilities receive accessible information during this critical time, the Gender Based Violence Command Centre.

Autism organisations call on Govt to relax lockdown regulations. The easing of lockdown restrictions to allow daily walks and exercise for autistic people and a caregiver; access to facilitators and/or caregivers to give home support; funds for social relief and to participate in feeding schemes; and the re-opening of care centres to admit autistic people in distress when their families can no longer cope

Failure of government to act fast to support autistic people will severely impact mental health concerns among the autistic community, and the families already in crisis.

**SRI LANKA**

**Prasanna Kuruppu/ SLFRD**

Similar issues to those reported elsewhere.

General election postponed to Aug/ September – putting out guidelines to PWD's re. voting

**TRINIDAD & TOBAGO**

**Bhawani Persad/ PAVI**

Caribbean lucky to have low level of cases.

Working with Govt agencies in respective countries – info via media - success in bringing relief.

**UK**

**NFBUK**

RESPONSE TO COVID 19 AND THE REDESIGNING OF URBAN ENVIRONMENTS IN THE UK:

At the CDPF breakout zoom meeting on 4<sup>th</sup> June 2020, I represented NFBUK. I mentioned that regarding the COVID 19 pandemic, the key barrier faced by blind and visually impaired people was the challenge posed by their inability to maintain the required 2 metre social distancing requirement. Richard recommended that this could be solved by blind and

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visually impaired people using a heat seeking, sonic device which would beep with greater intensity the closer the user got to another individual. Alternatively, he said that a GPS system could also be modified to alert the user about how close s/he was to other people.

A non-COVID 19 related matter that is also currently exercising the minds of the NFBUK Executive is the on-going redesigning of urban environments. This involves roadside curbs being removed or raised and road crossing push buttons being removed. In addition, bus stop by-passes are being created which are very difficult for people with sight issues to navigate. These shared spaces would bring cars, bicycles and pedestrians into close contact with each other. Redesigning the urban environment in this way has proved very dangerous for blind and visually impaired people. In addition, changes to streets that were familiar to the blind and visually impaired will be very disconcerting and difficult to navigate. NFBUK has raised this matter with the government and has submitted a petition to 10, Downing Street. The issue of shared spaces has also been taken to the EU Parliament by the NFBUK president as well as the UN where I was privileged to represent NFBUK. These efforts have been met with some degree of success.

Question (Malaysia):

Do disabled people in other countries experience a reduction in assistance from the public, due to the government encouraging social distancing? You cannot assist a person with a disability from a distance of 1-metre.

Answer (Richard Rieser):,

That's something we've picked up from around the world. But, for instance, if you need to hold someone's arm, if you are visually impaired, to walk and so on, there is an issue unless you're with someone from your household and therefore they count as someone you can have contact with during the lockdown

**Regional groups:**

**Asia** (Malaysia, Bangladesh, India, Sri Lanka)  
(Prasanna)

More provisions & include PWD's

- 1) Health
- 2) Unemployment
- 3) Education – especially online access

**Caribbean & small islands** (Guyana, Barbados, Dominica, Trinidad)  
(Bhawani)

Common issues.

Education - few schools participating in online learning/ internet challenges

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Road to Recovery committee in T&T put together a document on all areas – health, education etc. Received positive response from government appointed team.  
Health – 1 PWD death in Guyana, 1 x PWD recovery in Dominica

**East & West Africa**

(Sarah)

- 1) DPO involved with Govt – so PWDs a part of decision-making
- 2) Assistance with social – distancing
- 3) Education – internet learning access

**Europe/ Canada/ Australia/ NZ**

Canada (Steve Etsey/ CCD): Govt supporting various groups but not PWD's – excuse of being listened to (as involved in Govt) but nothing so far forthcoming.

UK (Peader O'Dea/ ROFA and Leeds Disabled People's Organisation): Govt not listening to DPO's/ PWD's at all, perhaps just to charities. No advisory groups. Issues from austerity cuts being felt – loss of independent living scheme.

Adeyemi Dada (NFBUK) – blind can't judge distance, transport issues (increase in taxi fares, reduction in bus passes). Shared space issue (redesigned urban areas, blind people in disadvantaged position – crossing buttons, curbs). See report **RESPONSE TO COVID 19 AND THE REDESIGNING OF URBAN ENVIRONMENTS IN THE UK** above.

Malta (Marthese Mugliette/ MFOPD): Govt not involving DPOs at all. Childcare centres opening, vulnerable people expected to go back to work. No consultation. Reaching out to media, to no affect.

Canada – most cases/ deaths in long-term care facilities, rather than in general population (prisons, care homes etc) where most people are disabled (not just elderly). An opportunity to de-institutionalise.

UK – abolish care homes, re-instate independent living fund, improve access to transport

Malta: start implementing UNCRPD!

Nothing about us without us! Have clear voice on all issues.

\*Report back -

- 1) Independent living
- 2) Integrated eco-friendly transport
- 3) Implement UNCRPD

**Southern Africa**

(Emile)

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More financial support

**Sarah (South Africa, Malawi, Mauritius):**

Disability voice has been neglected in any covid responses.

Disability organisations should band together for a stronger voice and hold governments accountable to the CRPD, particularly Article 19.

**2 resolutions:**

- Emergency Commonwealth Covid-19 summit
- Lobby Govts for an urgent G20 summit on recovery & resilience on Human Rights & UNCRPD

**DPOs in UK, India, Australia, Canada, EU & SA write urgently to Govts.**

Appendix 1 - United Disabled Persons of Kenya

How as the Umbrella DPO we have tried to ensure that persons with disabilities are part of the response system/fully and meaningfully engaged in the COVID19 pandemic

- The pandemic caught everyone by surprise and as a humanitarian crisis, everyone had to find new ways of coping with it, certainly persons with disabilities as well.
- We had to be able to adapt our programming around advocacy and find ways to ensure that in the responses to the pandemic, our inclusion was part and parcel of it.
- Daily government updates and accessibility of information: When government started making daily updates on the pandemic, or even when they started making public messages on the pandemic, this did not happen in accessible formats. For example, also as experienced in many other countries, we did not have sign language interpreters. There was agitation from persons with disabilities themselves, we wrote advisories to the government, we used communication in social media, and soon this was available.
- Such advisories shared with government ministries were on practical measures for protecting persons with disabilities during the pandemic response both at national and county levels. These were also shared widely in social media and well received by our audiences.
- Policy and legal response: In terms of public participation and persons with disabilities, we also presented views and feedback to our Senate which was in response to the Bill on Pandemic Response and Management senate Bill 2020

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- Messaging around COVID19 does not reach all people especially if we consider that some language and jargon used can be difficult to understand. So UDKP working with her partners also engaged a lot to ensure that messaging is translated into accessible formats, such as having communication in sign language interpretation; easy read formats, video formats, using bulk sms systems to our members who may not have smartphones to follow reports in social media. This has supported a lot of our members to be a part of the response even at the local level where they are actively engaged to ensure that persons with disabilities are able to practice preventative measures.
- As has happened to many people and disproportionately affecting persons with disabilities, there has been widespread loss of incomes and jobs. This has called for governments to cushion marginalized groups through social protection measures including cash transfers. Whereas these have not reached everyone in need, DPOs at the grassroots level have been able to organize and to agitate that people with disabilities at this level do not miss out on these measures, because as reported, many did miss out. Therefore, as an umbrella, we have to continuously work with our members, to ensure that they are part of the response committees at the local level which would ensure that they are included in such response from the government.
- We have actively worked with government agencies to ensure that in their response systems, they are making sure that persons with disabilities are included. This was evident when the government released funds specifically targeting over 30k people with disabilities to be receiving 20 dollars per month for three months. The exercise at the local level would be carried hand in hand in Disabled Persons Organizations.
- We have also engaged in raising public awareness in the mainstream media and calling upon all stakeholders not to leave out persons with disabilities in their responses on the pandemic.
- It is not always easy that people have money to purchase airtime to access social media, to access accessible information that comes through social media such as informational videos, as such we are also in the process of purchasing internet bundles to our DPOs which would also support them to fully be aware of what is happening around as there is a lot of information on the pandemic that is passed via social media networks.
- Peer support and solidarity is especially very critical over this time and we have been able to work with partners to ensure that in the coming few days we have a framework where persons with disabilities through their DPOs have a platform of continuous peer learning, peer support, which has been shown to be a great way to address the solitude that has been experienced because of physical distancing.
- Cognizant of the intersectional and multiple discrimination that women and girls with disabilities face, we also engaged women with disabilities at the county level to engage in measures such as making sanitisers and soap using locally available materials and create awareness on effective handwashing to prevent infection and also setting up accessible hand washing points, this also as a way to ensure that women with disabilities are actively

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involved at the local level. This also was through collaborating with the local administration and community at large.

- We also experienced cases of violence on persons with disabilities due to the movement restrictions made and we offered advisories on the same and condemned the acts of violence.
- As the umbrella and also many persons with disabilities, we have taken part in numerous initiatives including Twitter Chats and Webinars to share data and personal experiences during the pandemic. This also included working with the Kenya National Bureau of Statistics to provide the disability angle in their survey on how COVID19 is affecting households. All these endeavours will go a long way to ensure that experiences of persons with disabilities are captured and that going forward, they are more meaningfully engaged in responses in humanitarian crises both in policy and practice.
- People with disabilities through their DPOS continue to engage and collaboratively learn through their groups including whatsapp groups which remain important means to communicate; also through calling each other, sharing information, and importantly ensuring that they do not lose the sense of community.

Appendix 2 – Disabled Persons South Africa

**The Novelty of CoVid-19 a Disability**

As of 23:59 on 23 May 2020, a total of 22 583 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 7 069 were reported in this reporting period. A total of 469 cases died with a case fatality ratio of 2%. The public-sector continues to report more cases than the private-sector. This may reflect the ongoing increasing access to testing in the public sector as well as transmission of COVID-19. Laboratory PCR testing for SARS-CoV-2 increased week-on-week. In the last week, an additional 122 982 tests were performed; this was 3 445 more tests than the number of tests performed in the previous week. Three provinces (Western Cape, Eastern Cape and Gauteng) reported the majority of cases. Western Cape Province continued to report the highest total number of cases, 65% (14 740/ 22 583) of total cases, an increase of 5% since the last report. The incidence risk (cumulative incidence) was highest in the Western Cape Province (215.4 cases per 100 000 persons; 95% confidence interval [CI] 211.9- 218.9) followed by Eastern Cape (40.1 per 100 000 persons; 95% CI 38.6-41.6) and Gauteng (18.3 per 100 000 persons; 95% CI 17.6-19.0). In the last week, incidence risk increased by 79.6, 11.3 and 2.9 cases per 100 000 persons in Western Cape, Eastern Cape and Gauteng respectively.

Since patient zero who was part of a group of 10 South Africans who traveled abroad, South Africa has had a strategic respond to the spread of covid-19 as transmission became more localized. With the country being on passing its 70 days on lock down, at Level 3 and the High Court judgment declaring the invalidity of almost all the lockdown regulations issued in terms of the disaster Management Act. This raises important question about the duty of government to act rationally and transparent manner. With no coordinated response from

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SADC countries to tackle the spread of CoVid-19 there has been little or no sector specific response to the pandemic mostly due to the regulations in place in respective countries.

The trend of COVID-19 cases has increased to 7199 between 6 March and 30 April 2020 as shown in. In the SADC region, the pandemic is consistently driven by four Member States: South Africa (5350 cases), DRC (500 cases), Tanzania (480 cases) and Mauritius (332 cases), representing 93 per cent (6662 cases) of all cases reported in the region

While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.

Do we have proper stats, any reports about issues that affects people with disability

Country only concentrate on gender, sex, age, economy.

Many persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death. During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable, as evidenced by the overwhelming numbers of deaths in residential care homes and psychiatric facilities. Barriers for persons with disabilities in accessing health services and information are intensified. Persons with disabilities also continue to face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence. Particular groups of persons with disabilities, such as prisoners and those who are homeless or without adequate housing, face even greater risks.

Awareness of these risks leads to better responses that can allay the disproportionate impact experienced by persons with disabilities. This guidance aims to

- bring awareness of the pandemic's impact on persons with disabilities and their rights;
- draw attention to some promising practices already being undertaken around the world;
- identify key actions for States and other stakeholders; and
- provide resources for further learning about ensuring rights based COVID-19 responses inclusive of persons with disabilities.

### ACCESS TO HEALTH

Despite being a population that is particularly at-risk to COVID-19, persons with disabilities face even greater inequalities in accessing healthcare during the pandemic due to inaccessible health information and environments, as well as selective medical guidelines and protocols that may magnify the discrimination persons with disabilities face in

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healthcare provision. These protocols at times reveal medical bias against persons with disabilities concerning their quality of life and social value. For example, triage guidelines for allocation of scarce resources with exclusion criteria based on certain types of impairment, having high support needs for daily living, “frailty”, chances of “therapeutic success”, as well as assumptions on “life-years” left should they survive. Persons with disabilities and their families have also faced pressure within the health system to renounce resuscitation measures.

### **WHAT IS THE IMPACT OF COVID-19 ON THE RIGHT OF PERSONS WITH DISABILITIES TO LIVE IN THE COMMUNITY?**

Persons with disabilities face specific barriers in carrying out their daily lives in the community due to COVID-19 response measures. In particular, stay at home restrictions that do not consider their needs create disruptions and new risks to their autonomy, health and lives.<sup>9</sup>

Many persons with disabilities who rely on others for daily living (through formal support by service providers or informal support by relatives/friends) find themselves without support due to movement restrictions and physical distancing measures. This may leave them at high risk without access to food, essential goods and medicine, and prevented from carrying out basic daily activities such as bathing, cooking, or eating.

Public information on COVID-19 measures is not systematically communicated nor disseminated in accessible formats and means to reach all persons with disabilities (e.g. **sign language interpretation, captioning, Easy to Read format, etc**).

In addition, some persons with disabilities, such as persons with **psychosocial disabilities and autistic persons, might not be able to cope with strict confinement at home. Short and careful outings throughout the day are key for them to cope with the situation.**

SADC Council of Ministers met through videoconference on 16 -18 March 2020, to deliberate on key developments in the region. In relation to coronavirus pandemic, Council directed the SADC Macroeconomic Subcommittee, supported by the SADC Secretariat, to monitor the impact of the COVID-19 on the SADC economy and provide policy recommendations on a continuous basis to Member States.

The economics of COVID-19 including SADC region:

The impact of COVID-19 is changing the economic landscape around the world including SADC region. As the pressure mounts, industries are moving swiftly to build resilience, while governments are mobilizing to safeguard citizens and manage the social and economic fallout. Combining these factors with the on-going lockdowns around the globe, the platform to trade fairly is slowly being skewed with some players losing while others winning.

Sectors that have been severely impacted by COVID-19 include the tourism and leisure, aviation and maritime, automotive, construction and real estate, manufacturing, finance services, education and the oil industry. On a positive, despite strong global misconceptions

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about the transmission of COVID-19 pandemic, the global functioning of the food processing and retail business have remained stable. The food processing and retail business largely benefited from the recent announcement by WHO and World Food Organization that, it is highly unlikely that people can contract COVID-19 from food or food packaging. As such, companies in food processing and retail have witnessed a rise in demand. However, this demand is only in the short run and has the potential to fuel inflation.