Consequences of Exclusion: A Situation Report on Organisations of People with Disabilities and COVID-19 in Bangladesh, Nigeria, and Zimbabwe

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The following organisations took part in the interviews:

Bangladesh	• Access Bangladesh Foundation • Bandarban Disabled People's Organization to Development (Bandarban- DPOD) • Down Syndrome Society of Bangladesh (DSSB) • National Council of Disabled Women (NCDW) • Socio Economic Development Association for Disabled (SEDAD)
Nigeria	• Advocacy for Women with Disabilities Initiative (AWWDI) • Down Syndrome Foundation Nigeria (DSFN) • Lionheart Ability Leaders International Foundation • Joint National Association of Persons with Disabilities (JONAPWD) • She Writes Woman
Zimbabwe	• Autism Zimbabwe • Deaf Women Included • Disabled Women's Support Organisation • Federation of Organisations of Disabled People in Zimbabwe (FODPZ) • National Association of Societies for the Care of the Handicapped (NASCOH) • ZIMCARE TRUST

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Jinnatunnesa was supported by Inclusive Futures when her family fell into crisis during COVID-19.
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Acronyms

CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DID	Disability Inclusive Development
DPO	Disabled People's Organisation (often used interchangeably with OPD)
DRF	Disability Rights Fund
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
GBV	Gender-based violence
GDS	Global Disability Summit
IDA	International Disability Alliance
IOM	International Organization for Migration
LMICs	Low- and Middle-Income Countries
NGO	Non-Governmental Organisation
OECD-DAC	Organisation for Economic Co-operation * and Development- Development Assistance Committee
OPD	Organisation of People with Disabilities (often used interchangeably with DPO)
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
UNCPRD	United Nations Convention on the Rights of People with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Emergency Fund

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Glossary

Terms and definitions

Civil Society Organisation:

Organisations that are outside the family, market, and state. This encompasses a wide range of organised and organic groups including non-governmental organisations (NGOs), trade unions, social movements, grassroots organisations, online networks and communities, and faith groups.

Disability:

Long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others.

Disabled People's Organisation:

Another term for OPD (see definition below) and often used by OPDs themselves in their own national context.

Gender-Based Violence:

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially-ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private, and account for most forms of violence perpetrated against women and girls.

Impairment:

An injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function.

(International) Non-Governmental Organisation:

An independent voluntary association of people acting together on a continuous basis, for some common purpose, other than achieving government office, making money, or illegal activities. Non-Governmental organisations can be national if they operate in one country, or international if they operate across multiple countries.

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Organisation of People with Disabilities:

Organisations that are governed, led and directed by people with disabilities, are comprised by a majority of people with disabilities themselves, and thus are representative of people with disabilities. Furthermore, a clear majority of their membership is recruited among people with disabilities. This is currently the preferred international terminology, however the term "Disabled People's Organisation" is still used in some contexts.

Primary research:

Data collected through original or first-hand means. In contrast to secondary research, which is data and information that has been collected in the past by someone else.

Rapid Assessment:

An intensive, team-based qualitative inquiry using triangulation, iterative data analysis and additional data collection to quickly develop a preliminary understanding of a situation from the insider's perspective.

Situation report:

A brief view of what is happening in the world at any given time. It provides decision-makers and readers a quick understanding of the current situation, focusing on meaning or context, in addition to the facts.

Social exclusion:

The result of systemic discrimination and societal barriers, which jeopardises the equal enjoyment of people with disabilities' human rights and full and meaningful participation in all spheres of life.

Under-represented groups:

People with disabilities who enjoy less visibility, are harder to reach, or experience greater barriers to participating in disability movements and civil society. This includes people with disabilities who have particular impairment types and people with disabilities who have multiple and intersecting identities. Whilst this project includes women and girls with disabilities and Indigenous people in its definition of under-represented groups, it recognises that women and girls with disabilities and Indigenous people with disabilities are often doubly (or more) disadvantaged based on their gender, disability, and Indigenous identities increasing their risk of social exclusion, discrimination and violence compared to men and boys with disabilities, women and girls without disabilities and other non-Indigenous groups.

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Other groups also experience multiple forms of intersecting discrimination, for example older people with disabilities, young people with disabilities, refugees and internally displaced people with disabilities, people with disabilities from ethnic or religious minority groups, and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) people with disabilities, however this rapid assessment did not focus specifically on the experiences of these groups of people.

United Nations Convention on the Rights of People with Disabilities:

A Convention adopted by the UN in 2006, which entered in to force in 2008. The Convention shifts the view of people with disabilities as "objects" of charity, medical treatment and social protection towards viewing people with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

Women and girls with disabilities:

Women and girls with disabilities are not a homogenous group, and whilst they are included in the project's definition of under-represented groups, the project team made a deliberate effort to engage and understand the experiences of organisations led by and representing women with disabilities.

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1. Executive Summary

The COVID-19 pandemic has exacerbated inequalities and barriers to social inclusion for people with disabilities. These experiences of social exclusion have been felt to an even greater extent by women with disabilities and under-represented groups of people with disabilities, leading to a range of effects on the operations and priorities of OPDs. To address a critical gap in the evidence base, the Disability Inclusion Helpdesk carried out a rapid assessment of the role of OPDs during the pandemic, and how the pandemic has affected OPDs' operations and priorities.

Selina, pictured with her family, was given immediate relief during COVID-19 and vocational training through Inclusive Futures. © Brac

Findings

The rapid assessment findings distil the effects of the COVID-19 pandemic on OPDs in Bangladesh, Nigeria and Zimbabwe into the following 8 points:

1. **People with disabilities and OPDs were largely excluded from disaster planning and response mechanisms.** At the same time, many OPDs did not receive responses to their requests to engage with government officials online as the pandemic began to unfold.

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2. **OPDs played a critical role responding to the repercussions of people with disabilities having been excluded from disaster planning and responses across key services.** Instead of being invited to work with governments and humanitarian actors in disaster and response planning, many OPDs found themselves trying to mitigate the consequences of policy decisions that had not adequately considered people with disabilities. This had the following impacts on people with disabilities and OPD operations:

- **Access to information:** Government information about the pandemic was not accessible to people with disabilities during the early months of the pandemic. OPDs played a key role in advocating for, producing, and disseminating accessible information. Governments in all three countries did eventually rectify this issue, but the situation could have been prevented if OPDs had been proactively included in disaster planning and planning of public information campaigns before the pandemic.

- **Social Protection:** Many people with disabilities could not access government food and financial assistance or social protection. For example, in Zimbabwe, there was no national register of people with disabilities, which meant many people with disabilities did not receive assistance, and in Bangladesh, many people with disabilities did not have national identity cards, which precluded access to food and cash assistance. OPDs played a key role advocating for inclusion in social protection schemes, providing assistance themselves with limited resources, and/or working with governments to provide information from needs assessments and disability data to improve delivery.

- **Gender-based violence (GBV) response:** OPDs observed an increase in incidences of GBV against women and girls with disabilities during lockdowns and as economic situations deteriorated. OPDs experienced challenges in helping survivors get the support they vitally needed. Barriers to accessing support such as physically inaccessible and/or discriminatory GBV services, travel distances, inaccessible transport, unresponsive or insensitive police and legal services, and the need to be accompanied by assistants or caregivers (who in some instances may be perpetrators), were exacerbated by restrictions on movement and OPDs' limited funding during the pandemic. Some organisations of women with disabilities relied on community members to voluntarily monitor and follow up on cases of GBV in rural areas, while others collaborated with women's rights organisations to ensure services were disability inclusive.

   An OPD in Bangladesh highlighted the unique challenge of trying to assist women with disabilities who have experienced financial abuse during the pandemic, citing one instance of a woman with a disability dying by suicide after her savings and disability allowance were stolen by her family members.

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- **Mental health services:** The pandemic highlighted the need for improving mental health responses, both for people without disabilities and people with pre-existing mental health conditions and psychosocial disabilities (see Case Study 1 for further discussion). This is supported by IDA research during the pandemic that found that 82% of survey respondents with disabilities said they were more anxious, nervous, or worried than before the pandemic, and almost half sought support for anxiety and depression (IDA, 2020a). OPDs were a key source of information, peer support, and mental health support for people with disabilities and their families, especially those who could not access public information and services.

- **Education:** Many OPDs had to stop their work on disability-inclusive education because schools were closed. In some cases, funds for education activities were re-allocated to pandemic response activities due to pressure from funders. OPDs continued to disseminate messages about the inclusion of children with disabilities in education and social life over radio and social media, and they communicated directly with children with disabilities and their families. But they raised concerns about c<hildren with disabilities being excluded from remote education during lockdowns, and potentially being further excluded from education in the longer term.

3. **OPDs played a critical role advocating for a more disability-inclusive response from governments.** OPDs' advocacy engagement with governments prior to the pandemic was largely focused on improving the implementation of legislation and policies to fulfil the rights of people with disabilities. In the first six to nine months of the pandemic, many OPDs temporarily shifted their advocacy focus to immediate structural issues that the pandemic brought to the fore. Governments commonly only adapted their pandemic responses to be disability-inclusive after successful advocacy by OPDs.

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4. **OPDs adapted to using digital technology for outreach and information sharing, however it has been difficult to reach people with disabilities during lockdowns due to their limited access to digital technologies.** People with disabilities are significantly less likely to have access to internet and digital devices than people without disabilities. As a result, OPDs could not reach large numbers of people with disabilities for months at a time during lockdowns, and in Zimbabwe, people with disabilities were not able to participate in online government consultations that were not organised to be inclusive and accessible. OPDs highlighted the urgency of addressing digital inequality, recognising that digital exclusion may lead to a deepening of poverty and inequality as the world rapidly moves online.

5. **OPDs experienced dramatic reductions to funding and operational capacity. Access to sustainable funding continues to be a critical priority.** During the first six to nine months of the pandemic some donors and International Non-Government Organisations (INGOs) made decisions to end funding to OPDs' projects early, reduce project budgets, delay payments, or provide 'no-cost' extensions for project activities. These decisions put many OPDs under severe financial strain, with no funds to cover their operational costs, and some had to shut down temporarily. In some cases, these funding decisions were made with limited consultation with OPDs. One OPD representative also noted that during the pandemic INGOs had undertaken key work (advocacy, and data collection and collation) that OPDs could have led on if they were better resourced.

6. **The pandemic has had serious financial and psychological impacts on OPD staff and volunteers.** Many OPDs were unable to pay salaries during the pandemic, with staff working without salaries for months at a time and some OPDs reducing staff numbers. OPDs were also unable to pay stipends and lost volunteers. Many OPDs highlighted the dire financial and psychological impacts on their staff, and the personal dedication of staff who continued working on a voluntary basis for many months. The stress of working without pay was compounded by distressing phone calls from people with disabilities, and dramatically increased workloads for the staff who were trying to respond to extreme adversity with limited resources. Just as people with disabilities were disproportionately affected by the pandemic, members, staff and volunteers of OPDs were also impacted. For example, an organisation of people with albinism in Nigeria lost at least 10 of their members to skin cancer because during the pandemic the Government stopped providing financial support for skin cancer treatment. A man in Ecuador recounted how four of his colleagues at an OPD died from COVID-19 without access to medical assistance, and their bodies remained in their houses for many days in coffins or bathtubs with ice and fans, which had a high psychological impact on the local disability community (IDA 2020b).

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7. **The impacts of the pandemic have shone a light on challenges both within and facing disability movements.** OPDs' experiences during the pandemic have highlighted the importance of effective engagement with governments; coordination and collaboration between OPDs both in contingency planning and effectively mobilising during crises to ensure no-one is left behind; and fostering meaningful parnerships with wider civil society actors including women's rights organisations.

   - **In all three countries, OPDs reflected on the need to strengthen their collaboration with other OPDs, continue to build more cohesive disability rights movements, and develop new ways to engage with governments through advocacy in the future**. They noted the need to strengthen the operational capacity of OPDs and redefine the role of INGOs to be more focused on providing technical and financial support to OPDs to carry out operations.

   - **OPDs also noted the vital importance of collaborating with other civil society actors and social movements**. In particular, collaboration with women's rights organisations and GBV service providers is a priority for ensuring women and girls with disabilities who are survivors of GBV can access appropriate services as the incidence of GBV continues to rise. More attention is also needed on the extent to which other development and humanitarian actors include people with disabilities and OPDs in their planning and responses.

8. **The rapid assessment identified a range of factors that affected OPDs' resilience during the pandemic:**

   - **Access to a diverse range of funding sources** enabled OPDs to maintain some activities despite financial shocks. OPDs more reliant on a single source funding were more vulnerable to deep or complete funding cuts during the pandemic.

   - **Capacity to identify and obtain new funding:** OPDs with business development personnel and experience in fundraising and networking were better able to access funds at short notice. Many OPDs that had never had to identify different funding sources were severely affected financially in the first months of the pandemic.

   - **Funders that support OPD capacity:** Some funders with long-term relationships with OPDs and interest in sustaining OPDs and disability movements provided flexible and strategic funding that met organisational needs during the pandemic. This enabled OPDs to continue with their regular work within local restrictions. In contrast, many funders requested OPDs to change the direction of their work during the pandemic or made funding decisions that had severe financial impacts on OPDs.

   - **Recognition from and engagement with governments prior to the pandemic:** OPDs that had pre-existing cooperative relationships with government ministries were more likely to have reciprocal and constructive engagements during the pandemic. Whereas OPDs with little or no previous

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interaction and those representing particularly excluded groups were less likely to receive responses from government officials in the first six months of the pandemic.

- **OPDs relying on large networks of volunteers and self-help groups at community level and face-to-face awareness raising were particularly disrupted:** Many had to stop all activities for long periods of time due to restrictions on movement, lack of internet connectivity and access, and limited numbers of paid staff to support members in remote areas.

A conversation as part of HI's COVID-19 response work in Kakuma, Kenya. © Humanity & Inclusion

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Conclusions and further considerations

The OPDs that were interviewed for this rapid assessment were both pessimistic and optimistic about the future as the pandemic continues. The long-term consequences of the pandemic are not yet clear for OPDs, and will depend on the extent to which OPDs are resourced and included in ongoing responses. On the one hand, many OPDs expressed concerns about their ability to continue operating under extreme financial constraints, while others are concerned about longer-term issues such as access to vaccines; children with disabilities – especially children with intellectual disabilities – returning to education after being disproportionately affected by school and OPD centre closures; the increased risks and reports of GBV against women and girls with disabilities; and economic empowerment of people with disabilities during economic recovery. On the other hand, many OPDs were highly motivated to continue building and strengthening disability rights movements, and to improve their relationships with governments. OPDs are driven to ensure that people with disabilities and OPDs are better included in future preparations for and responses to crises, and efforts to build back more inclusively, for example by addressing digital exclusion, and ensuring disability inclusion in post-pandemic programmes and policies related to education, health and social protection.

Akhi sits in a green plastic chair surrounded by her family members and Light for the World staff. She was supported by Inclusive Futures to continue her education during the COVID-19 crisis. © Light for the World

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Priority considerations

Drawing on the findings from interviews and focus group discussions (FGDs), FCDO and the Disability Inclusion Helpdesk have distilled the following priorities for further consideration for a range of different actors to help with COVID-19 response and recovery, and to ensure lessons are learnt for future crises. Further dialogue and engagement with OPDs is recommended to identify and understand their priorities and recommendations for each actor.

Governments:

- Include people with disabilities and OPDs in disaster preparedness and response task forces, and in other consultation and decision-making processes for disaster recovery.

- Foster engagement with OPDs in the long term across the breadth and diversity of OPDs, including organisations of women with disabilities and under-represented groups of people with disabilities.

- Partner and collaborate with OPDs to ensure COVID-19 responses are underpinned by (at least) disability, gender and age disaggregated data collection, needs assessments and inclusive registration across key services and sectors, including communications, social protection, GBV services, mental health services, and education.

- Address inequality of access to digital technologies for people with disabilities to ensure a safe, inclusive and accessible online environment for all.

- Work with OPDs, women's organisations, GBV service providers and others to uphold the rights of women and girls with disabilities to a life free from violence.

Civil society and humanitarian actors:

- Include people with disabilities and OPDs in disaster preparedness and response task forces, and in other consultation and decision-making processes for disaster recovery.

- Coordinate between governments, OPDs and GBV service providers on disability inclusive GBV prevention and response.

- Address power imbalances, and cultivate more equitable partnerships and meaningful cooperation between INGOs and OPDs that respect and promote their mandate as representatives and advocates for the rights of people with disabilities.

Donors and partners:

- Provide additional flexible, core, and long-term funding for OPDs, during and after COVID-19 recovery and in response to other crises.

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- Consult with people with disabilities and OPDs to develop funding mechanisms that cover core operational costs, organisational capacity strengthening and staff funding as well as project-based funding.

- Consult with OPDs to provide funding that meets the real requirements, priorities and situations of people with disabilities and OPDs, including women with disabilities and under-represented groups of people with disabilities.

- Invest in addressing evidence gaps, including in relation to disaggregated data, to better understand issues affecting people with disabilities and OPDs, including OPDs representing women with disabilities and under-represented groups of people with disabilities.

- Utilise diplomatic influence towards the meaningful participation of people with disabilities and OPDs in national, regional, and global COVID-19 recovery.

OPDs:

- Continue to foster long-term engagement with governments, ensuring people with disabilities in all of their diversity are included in government engagements, for example women with disabilities and under-represented groups of people with disabilities.

- Umbrella OPDs can act as a focal point for collating and sharing lessons from the pandemic response and play a coordinating role with governments, donors, and other development and humanitarian actors.

- Explore options to diversify funding sources and build core funding where possible.

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Topics for further research:

- Mental health policies and services in low- and middle-income countries (LMICs) during the pandemic, including for people with pre-existing mental health conditions and psychosocial disabilities.

- Intersectionality and disability inclusion in GBV services, and collaboration between women's rights organisations, GBV service providers and organisations of women with disabilities.

- Digital inclusion of people with disabilities during the COVID-19 pandemic, and OPDs' reach of the most excluded people with disabilities.

An accessibility audit is carried out at a COVID-19 testing facility in Nigeria, as part of Inclusive Futures work to check services were accessible for people with disabilities. © Sightsavers

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2. Introduction

Since the beginning of 2020, COVID-19 has spread across the globe, causing undue suffering, illness and death, with disproportionate negative impacts on people with disabilities. Some people with disabilities are at greater risk of contracting and/or dying from COVID-19 due to underlying health conditions, disproportionately disadvantageous circumstances, and barriers to accessing information, water, sanitation, hygiene, and healthcare (WHO, 2020). Global statistics are limited, but between March and July 2020 in England and Wales people with disabilities made up almost 6 in 10 (59%) of all deaths involving COVID-19 (ONS, 2020). People with disabilities have also been disproportionately affected by secondary impacts of the pandemic, including limited access to healthcare, employment loss, food insecurity, barriers to accessing social protection, mental health impacts, and increased levels of violence and discrimination (see Disability Inclusion Helpdesk 2020-2021).

Anecdotal evidence suggests OPDs are playing critical and varied roles in responding to the pandemic, however data on the impacts and changes to operations for OPDs is extremely limited. This is against a backdrop of closing civic space in many countries, and concerns that some COVID-19 restrictions lay the way for a longer-term clampdown on civic voice and increased hostility and backlash. Sharing evidence and lessons on disability inclusion during the COVID-19 response is vital to mitigate the risks of increasing inequalities during the pandemic recovery; to make systems and policies more disability-inclusive than before the pandemic; and to ensure preparations for the next global crisis are more inclusive and effective.

This situation report intends to contribute to this critical evidence gap with an up-to-date account of the shifting environment and the role of OPDs in Bangladesh, Nigeria and Zimbabwe in the context of COVID-19. The report is based on a rapid assessment and provides a snapshot of the experiences of 16 OPDs from their own perspectives, rather than a detailed impact study. It highlights areas for further research and key considerations for a range of actors on how to support, engage with and include OPDs in COVID-19 response and recovery.

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3. Methodology and Limitations

This situation report is based on a rapid assessment, which involved two consecutive pieces of qualitative research:

- **A desk-based evidence review and assessment of evidence gaps**, drawing on publicly available data and evidence on OPD experiences of COVID-19. The research team requested key stakeholders in the global disability rights movement to identify published and unpublished resources for review.

- **Primary research on how the COVID-19 pandemic has affected OPDs in Bangladesh, Nigeria, and Zimbabwe**. The research teams conducted semi-structured interviews with 16 OPDs in three countries to address some of the evidence gaps identified in the evidence review. The semi-structured interviews were triangulated by national-level online FGDs in each country, facilitated by IDA, and attended by 23 organisations in total and people with disabilities who engage with and benefit from OPDs.

Desk-based evidence review

The research team identified evidence through key stakeholders and online searches, key disability portals and resource centres, drawing on Twitter and LinkedIn for additional evidence. Key search terms included: coronavirus, corona, COVID-19, pandemic AND impact, role, approaches, barriers, challenges, interventions, programmes, research, study AND organisation, disability, disabilities, disabled, impairment, deaf, blind, OPD, DPO, gender, women with disabilities, Indigenous, psychosocial disability, intellectual disability, mental health, DeafBlind. The evidence review built on IDA's mapping of COVID-19 data collection related to people with disabilities. The team also reviewed the responses from a global survey developed as part of the COVID-19 Disability Rights Monitor (DRM).[1]

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[1] Within the timeframe available it was not possible to do a detailed analysis of all the datasets.

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Evidence had to fulfil the following criteria to be included in the review:

- **Focus:** Evidence on the impact of the COVID-19 pandemic on OPDs, their role in response and recovery, effective approaches and barriers to engagement.

- **Time period:** March - December 2020.

- **Language:** English

- **Publication status:** Publicly available and unpublished material shared with us via key stakeholders and DID programme partners.

- **Geographical focus:** Low and middle-income countries.

Primary research with OPDs in Bangladesh, Nigeria and Zimbabwe

The primary research aimed to answer the following question: "How has the COVID-19 pandemic affected Organisations of People with Disabilities, including organisations of women with disabilities and organisations of under-represented people with disabilities?"

This question is based on the evidence gaps identified during the evidence review: the primary and secondary impacts of COVID-19 on OPDs, including organisational impacts; situating the role of OPDs in the COVID-19 response; and understanding why some OPDs have played a greater role in the response.

The key areas of enquiry were:

- **The capacity of OPDs** to operate: what have been the major constraints/enablers?

- **The priorities and objectives of OPDs**: have these changed? If so how and why? What impact has any re-prioritisation had on their operations? How does this link to the types of roles they have been playing in the COVID-19 response and their coordination with other actors?

- **The opportunities for OPDs** to engage and work on their priorities: what role have partnerships played? Access to funding? Participation in the design, implementation, monitoring of COVID-19 response?

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The Project Reference Group provided a longlist of countries impacted by the pandemic in terms of number of cases and/or socioeconomic shocks.[2] The Helpdesk then shared a shortlist of countries with FCDO, who selected Bangladesh, Nigeria and Zimbabwe based on engagement with FCDO country offices on feasibility and appropriateness.

The research team also consulted with the Project Reference Group and FCDO country offices to develop a longlist of OPDs to participate in the research. The team then developed a shortlist and selected organisations based on the following criteria: at least 50% representation of women with disabilities; at least one national umbrella organisation per country; at least four organisations representing women with disabilities and under-represented groups per country; diversity of participants, including by impairment type and identity group; and geographical spread.

The final agreed list from the three countries included five organisations of women with disabilities, three national umbrella OPDs, two organisations of people with DeafBlindness, two organisations representing people with Down syndrome and intellectual disabilities, one organisation of Indigenous people with disabilities, one organisation representing people with Autism, one organisation of people with mental health conditions and psychosocial disabilities, and one organisation representing people with intellectual disabilities.

The extent to which different groups are under-represented varies by context, therefore the Project Reference Group members provided recommendations on which groups to focus on in each country.

The research team interviewed 16 OPDs, five to six in each country.[3] The researchers conducted two interviews with each organisation, lasting approximately an hour and a half each. In most cases there was a week between the first and the second interview to prevent an excessive time burden on the participants and to allow the assessors to analyse the data and prepare for the second interview.

The first interview involved a storyboard exercise, where participants were invited to map the journey of their organisation from before the pandemic (six months before March 2020) and then post-March 2020 until the present day.

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[2] The Project Reference Group is comprised of the following members: The Foreign, Commonwealth and Development Office, International Disability Alliance, Disability Rights Fund, Sightsavers, National Indigenous Disabled Women Association in Nepal and Social Development Direct.
[3] A total of six OPDs in Zimbabwe were interviewed as there are two key National Umbrella OPDs in Zimbabwe.

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The second interview took a reflective approach where emerging themes were explored in more depth, such as challenges, opportunities, effects on partnerships and lessons learned. Interviews took place remotely, on Microsoft Teams and Zoom. Translation and interpretation services were offered where required, and a small reimbursement was made to the OPDs that participated to compensate for time and internet data.

The semi-structured interviews were triangulated by national-level online FGDs in each country, facilitated by IDA. FGDs were an opportunity to bring together a diverse mix of local, regional, national or umbrella OPDs to explore how the COVID-19 pandemic has affected them. The assessment team attended two of the FGDs and transcripts were provided for all three. Information from these FGDs will also be used by IDA as part of their ongoing pandemic activities.

Interviews and FGDs were coded and analysed, and the findings written up. Participating OPDs and the Project Reference Group were invited to provide comments on the draft, which were addressed and incorporated.[4]

Methodology limitations

- The evidence review was limited to six days. It was not possible to do a full gap map to assess the quality of the evidence.[5] The review was limited to published or unpublished material from March to December 2020, in English and related to LMICs.

- Due to resource constraints, the research team only interviewed sixteen OPDs across three countries (five from Bangladesh, five from Nigeria, and six from Zimbabwe), with a selection of OPDs of women with disabilities, national umbrella OPDs, and OPDs of under-represented groups of people with disabilities. The findings of this rapid assessment are therefore not representative of the experiences of all OPDs in the three countries.

- The sample of OPDs is diverse, however it is not representative of the significant diversity of different types of OPDs. It is therefore not possible to determine whether the findings are unique to OPDs of women and under-represented groups, or to OPDs in general. It was also not possible to interview other key stakeholders, such as government representatives.

- All data was collected remotely. Weak signal and remote interactions may have caused some limitations to building rapport and interpreting body language, compared to conducting research in person.

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[4] In the report, where there are references to "interviewed OPDs", this refers to OPDs that had a representative participate in the interviews or took part in the FGDs. Where there are distinct findings from the interviews or FGDs these are attributed as such.

[5] A full evidence gap map would require a minimum of 3 months, but typically 6-12 months. (See: White, H, Albers, B, Gaarder, M, et al. (2020) Guidance for producing a Campbell evidence and gap map. Campbell Systematic Reviews. 16: e1125).

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- Some interviews were carried out in Bangla and interpreted into English in real time. Some participants used Tactile Sign language and Sign Language interpretation. Translation and interpretation can lead to loss of meaning and mistranslation/misinterpretation, although to some extent this was offset by the researchers checking meaning with participants and watching for facial cues. Questions were also sent to interviewers and interpreters ahead of the interviews.

Elijah was supported by Inclusive Futures to restart and diversify his community's poultry business, after COVID-19 resulted in a sharp decline in trade. © Light for the World / InBusiness

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4. Background: The Situation of OPDs Prior to COVID-19

Prior to the pandemic, the OPDs interviewed for this rapid assessment were mainly focused on raising awareness, advocating, and providing services to fulfil the rights of people with disabilities as equal members of society. To a lesser extent OPDs also had a role in sharing information amongst people with disabilities, providing assistive technologies, and collecting data and evidence. In Bangladesh, OPDs also assisted people with disabilities to access government-provided cash transfers.

Most of the interviewed OPDs relied on short-term institutional grants for discrete project activities, and/or membership fees from people with disabilities and their families, donations from Corporate Social Responsibility (CSR) initiatives, and public fundraising events to sustain their operations. The limited amount and range of funding available to OPDs made them particularly exposed to and under-prepared for the economic shocks caused by the pandemic.

In line with the UNCRPD approach to disability rights, many OPDs were engaging with governments, the private sector, civil society organisations (CSOs) and people with disabilities to address and remove barriers to inclusion. However, the limited amount and variety of funding available to OPDs, shrinking civic space, and increasingly complex regulations made it challenging for OPDs to build their institutional capacity and deliver a broad strategy.

When the COVID-19 pandemic escalated in March 2020, lockdowns forced many OPDs to reduce or stop their activities for several months. The first few months of the pandemic were characterised by shock and confusion, limited information being shared with OPDs and people with disabilities in accessible formats, and difficulties communicating with people with disabilities in remote areas.

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5. Rapid Assessment Findings

Finding 1:

People with disabilities and OPDs were largely excluded from disaster planning and response mechanisms. At the same time, many OPDs did not receive responses to their requests to engage with government officials online as the pandemic began to unfold. There is some evidence that OPDs have similarly been left out of pandemic response planning, implementation and monitoring in other countries (IDA, 2020c).

> *"When a government ministry plans for us, they don't engage us to make those plans, we only know when those plans are circulated that this is the plan of the government. When we go to give an opinion, government generally denies us, and doesn't take our opinion seriously."*

FGD participant from an OPD in Bangladesh.

> *"We didn't only have the COVID-19 pandemic, we also had the Cyclone Idai induced hardships in some parts of our country. We were of the opinion at the end of the day that not much was done for people with disabilities by the government [during both emergencies]. And if we OPDs had some resources they would have done much to alleviate the challenges that were suffered by people with disabilities. And COVID-19 is not the last pandemic. There could be many more pandemics that are going to arise."*

OPD representative in Zimbabwe.

Interviewed OPD representatives did share a few examples of where governments had proactively contacted them to request technical support during the pandemic, most often to share data about people with disabilities. The difference in experience may be because governments engaged with some OPDs and not others. For example, OPDs working with people with intellectual disabilities across all three countries appeared to have had less engagement with governments during the pandemic than other OPDs.

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Examples of where OPDs were included by governments, from this research and elsewhere include:

- A government ministry contacted an organisation of women with disabilities in Zimbabwe to request sign language training for health professionals, to ensure they would be able to communicate with people with hearing impairments both during the COVID-19 pandemic, and in future humanitarian crises.

- Following a stakeholder forum organised by the Centre for Citizens With Disabilities (CCD) and the National Commission for Persons with Disabilities (NCPWD), the Government of Nigeria reportedly worked with national OPDs to prioritise people with disabilities for COVID-19 vaccines in May 2021 (Qualitative Magazine, 2021).

Finding 2:

OPDs played a critical role responding to the repercussions of people with disabilities having been excluded from disaster planning and responses across key services. The exclusion of people with disabilities and OPDs from disaster planning and response mechanisms precipitated many of the most severe effects on people with disabilities. Instead of governments and humanitarian actors proactively working with OPDs in disaster planning, many OPDs found themselves trying to mitigate the consequences of policy decisions that had not adequately considered people with disabilities. This highlighted systemic gaps in disability inclusion, and some OPDs expressed their regret at returning to a charity model of disability, in which people with disabilities are perceived as passive recipients of aid rather than active citizens with rights to equal participation in and benefit from public services.

> *"We are trying to do the rights-based approach to [disability inclusion]. We want to engage Parliament [and other] stakeholders to say people with disabilities have got rights. But now it drew us back again. To say we need to help provide food and clothing. It was a setback in terms of the rights movement… We're not going back again to charity, asking people for food and the basics. So it was really a setback."*

Representative from an organisation of women with disabilities in Zimbabwe.

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Limited engagement by governments with people with disabilities and OPDs had the following impacts across key services:

Access to information:

Government information about the pandemic was not accessible to people with disabilities. OPDs played a key role in advocating for, producing, and disseminating accessible information. Government-provided information on TV and radio was often not accessible to people with hearing impairments, people with DeafBlindness, and groups that do not speak the majority language, so OPDs filled the gaps by providing information on WhatsApp (in Zimbabwe and Nigeria) and on Facebook (in Bangladesh). For people with intellectual disabilities, OPDs provided parents or family members with information about the COVID-19 pandemic and what measures to take to prevent infection. Governments in all three countries did eventually rectify the issue of inaccessible information and communications, but the situation could have been prevented with more inclusive planning.

Social protection:

Many people with disabilities could not access government food and financial assistance or social protection. OPDs played a key role advocating for inclusion in social protection schemes, providing assistance themselves with limited resources, and/or working with governments to provide information from needs assessments and disability data collection to improve delivery.

OPDs received large numbers of requests throughout the first year of the pandemic from people with disabilities in financial and psychological distress, with no access to food or financial assistance. OPDs were a trusted source of information, advice, and assistance, most evidently in Bangladesh and Zimbabwe, where government and other agencies' assistance was not reaching people because of systemic gaps in registering and delivering to people with disabilities.

Interviewed OPD representatives said that the exclusion of people with disabilities and subsequent pressure on OPDs could have been prevented if OPDs had been better included in government and other humanitarian actors' disaster risk planning before the pandemic. Coordination between governments, other actors and OPDs during the early stages of the pandemic could have also enabled more efficient targeting, and ensured that the basic needs of people with disabilities were adequately met.

- Six OPDs (three in Bangladesh, two in Nigeria, one in Zimbabwe) responded to requests for assistance by directly providing cash and/or food packages. In two instances (Nigeria and Bangladesh) OPDs coordinated with government to finance OPD distributions to their existing membership

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base. In four other instances, OPDs used non-government funds to distribute cash and food assistance.

- The cash and food distributions were complex operations for OPDs involved. For example, one OPD in Bangladesh had no previous experience in delivering cash transfers, however with the support of a disability-focused INGO and a larger OPD they distributed small digital cash payments to 300 socially excluded women and transgender people, including 155 women with disabilities, most of whom used the money to set up small businesses. A larger OPD in Bangladesh provided 550 one-off cash payments of around £58 (7000 BDT); and in Nigeria one OPD distributed food packages to approximately 4000 people with disabilities across six council areas.

- Most OPDs had limited resources and systems to implement large-scale food and cash responses. An OPD representative in Zimbabwe reflected that their organisation could not sustain these activities and worried that they may have raised expectations for continued support. Evidence from other countries points to similar trends.
  For example, an OPD in South Africa was unable to deliver enough relief parcels because of the number of requests (IDA 2020d).
  In Uganda 70% of respondents to a survey said that government support has not met their survival needs and while most respondents thought OPDs have been helpful, 21% thought OPDs have not been very helpful, citing resource constraints (ADD International, 2020).

- In Zimbabwe and Bangladesh, OPDs implemented food and cash responses to fill gaps in provision by government and other actors caused by systemic failures in registration. In Bangladesh, people with disabilities who did not have official disability identity cards could not access financial assistance, and in Zimbabwe, many people with disabilities could not access financial and food assistance because there was no national database of people with disabilities to enable targeted assistance.

- There is evidence from other countries of exclusion from social protection during the pandemic. For example, the United Nations Partnership on the Rights of People with disabilities found that of 195 countries that announced social protection benefits during the pandemic, only 75 mentioned inclusion of people with disabilities (UNPRPD, 2020). The COVID-19 Disability Rights Monitor survey of 2,152 people from 134 countries found only 6.5% (138) of respondents reported that governments had provided cash-based financial assistance to people with disabilities during the pandemic, and only 12% (258) reported that people with disabilities had access to social protection (Brennan, 2020).

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- Umbrella organisations also experienced increased calls from OPD partners requesting access to information about the pandemic, or advice on how to adapt their operations to mitigate health risks to staff and people with disabilities. In coordination with Government, one umbrella OPD in Zimbabwe distributed Personal Protective Equipment to OPD members to ensure they could operate safely, and smart phones to members in remote areas to improve access to government support and information. OPDs noted the value of this support, which would not have otherwise been available to them.

GBV response:

OPDs observed an increase in reports of GBV against women and girls with disabilities during lockdowns and as economic situations deteriorated. **OPDs experienced challenges in helping survivors get the support vitally needed.** OPD representatives suggested that deepened extreme poverty, high levels of stress and household tension caused by the pandemic had contributed to increases in GBV against women and girls with disabilities, and that partners and household members were able to abuse and exploit women and girls with disabilities with even greater impunity during lockdowns. This is consistent with evidence of the 'shadow pandemic' and reports from multiple countries of increased GBV risks for women and girls with disabilities. In Zimbabwe, for example, there have been reports and warnings of an increase in GBV against women and girls with disabilities during COVID-19 (Martin and Ahlenback, 2020; ICOD Zimbabwe, 2020). The COVID-19 Disability Rights Monitor found numerous reports of dramatic increases in GBV against women and girls with disabilities, including rape, sexual assault, and harassment by authorities and family members (Brennan, 2020). Respondents around the world highlighted that governments had not taken measures to safeguard women and girls with disabilities (Ibid).

Research carried out prior to the pandemic found that women and girls with disabilities are two to four times more likely to experience intimate partner violence (Dunkle et al, 2018). Women and girls with disabilities are at greater risk of experiencing violence because of discriminatory attitudes towards both their gender and disability. They may be specifically targeted by perpetrators who perceive women and girls with disabilities as having less power and status, and by perpetrators who recognise the barriers that women and girls with disabilities may experience when trying to report violence or seek assistance (IRC, 2019).

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Organisations of women with disabilities reflected on the critical importance of OPDs collaborating with organisations providing GBV support services. Some emphasised that collaboration was necessary because of the limited resources available to OPDs for separate services for women and girls with disabilities. Others pointed to limited interaction between GBV service providers and organisations of women with disabilities prior to the pandemic as having contributed to a lack of inclusive services available during the pandemic. They mentioned both environmental barriers to services, such as shelters that were physically inaccessible to women and girls with disabilities, and attitudinal barriers to services, such as stigma and discrimination.

- Organisations of women with disabilities in all three countries relied on community members to voluntarily monitor and follow up on cases of GBV against women and girls with disabilities in rural areas during the restrictions. Volunteers disseminated information on GBV risks in communities and asked women survivors with disabilities to inform them if they experience violence, while OPDs collected case information through individual phone calls, which was time and resource intensive. These approaches raise risks to the safety of volunteers, and to GBV survivors seeking support over the phone, particularly if they are in confined spaces with perpetrators. The extent to which these risks emerged and how equipped OPDs were in managing these risks was not clear.

- One OPD in Bangladesh noted the unique challenge of trying to assist women with disabilities who have been experiencing financial abuse during the pandemic. One woman died by suicide after her savings and disability allowance were stolen by family members, and the OPD has received similar reports of financial abuse.

- In other cases, OPDs have found it challenging to refer women and girls with disabilities to appropriate services because of barriers exacerbated by the pandemic. For example, travel distances; inaccessible transport; physically inaccessible or discriminatory GBV services; unresponsive or insensitive police and legal services; the need to be accompanied by assistants or caregivers, who in some cases may be perpetrators; and a lack of communication between GBV service providers and OPDs became even more challenging during restrictions on movement. Some OPDs reported being unable to respond to increased reports of GBV against women and girls with disabilities, because of a lack of funds and personnel. Others currently implementing GBV activities expressed concern about the lack of funding to continue activities.

"The online discussion that we set up during COVID opened our understanding to the issue that women with disabilities don't even have the confidence [to share information about GBV]. They can't even dare use those spaces because of the stereotypes and stigmatisation they experience within their communities, especially when it has to do with sexual and GBV. [There is an attitude that] if somebody sexually harasses

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you, you should be grateful somebody slept with you, [because] you are not desired."

Organisation of Women with Disabilities in Nigeria.

Peer support and mental health services:

The pandemic highlighted the need for improving mental health responses, both for people without disabilities and for people with pre-existing mental health conditions and psychosocial disabilities. This is corroborated by the IDA Survey on the experiences of people with disabilities adapting to the COVID-19 pandemic, in which 82% of respondents with disabilities said they were more anxious, nervous, or worried than before the pandemic, and almost half of respondents sought support for anxiety and depression (IDA, 2020a). **OPDs were often a key source of information, peer support, and mental health support for people with disabilities and their families.**

- OPDs across all three countries reported the distress amongst their members and the role they took on providing informal peer support or mental health services for people with disabilities. None of the OPDs except one had previous experience providing formal mental health and psychosocial services, but they established peer support forums online for people with disabilities to discuss their concerns, and telephone helplines that provided counselling and information about the pandemic and available support.

- Family members and caregivers of people with Down syndrome, autism, other intellectual disabilities, and psychosocial disabilities increasingly contacted OPDs to discuss their own mental health challenges and to request advice on care for people with intellectual disabilities who were especially unsettled by spending long periods of time confined at home, changes to their routines, trying to understand complicated health advice, limited interaction with people, and the general uncertainty caused by the pandemic. OPDs established platforms for family members and caregivers to provide peer support, or they responded to phone requests for support.

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- Two OPDs in Zimbabwe found that children with intellectual disabilities who returned to centres after lockdowns presented with much more challenging behaviours. The centre staff were able to adapt to the challenges to an extent, but they did not have the resources to engage additional specialist support. None of the interviewed OPD representatives mentioned whether governments had consulted with them on appropriate messaging or assistance to families and carers of people with intellectual disabilities during the pandemic.

Moly and her family were given immediate relief during COVID-19 and vocational training through Inclusive Futures. © Brac

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Case study 1:

She Writes Woman's work with people with mental health conditions and psychosocial disabilities in Nigeria.

Before the pandemic, She Writes Woman was focused on advocating for human rights-based legislation for people with mental health conditions and psychosocial disabilities in Nigeria; providing mental health services via a telephone helpline; and providing access to tools, resources, therapists and counsellors on an online platform. When the pandemic started, they experienced a sudden and rapid increase in demand for mental health services, and the organisation decided to focus on expanding their telephone helpline to assist the growing number of people experiencing anxiety and depression. They secured two small grants to expand the service by making it toll free, available 24 hours per day, and increasing the numbers of psychologists and counsellors available. They also linked their service with an organisation providing mental health and psychosocial support to women and girl survivors of sexual violence, recognising the 'shadow pandemic' of sexual violence that was emerging.

The organisation largely stopped its advocacy activities in the first 9 months of the pandemic, partly to focus on expanding their mental health services, but also because they recognised that it was not the most effective time to advocate for legislation. In October 2020, with funding from Disability Rights Fund, She Writes Woman re-commenced their advocacy work on Nigeria's Mental Health Bill and began training people with mental health conditions and psychosocial disabilities to become self-advocates. Their experience of trying to meet the needs of thousands of people experiencing mental health crises over the previous 9 months helped them to highlight the systemic gaps in mental health care.

"We were looking at the consequence of the fact that there was no legislation [on mental health]. This would have been a very good time to test it out, to really find out the resilience. With rights-respecting mental health legislation, we would have thrived better [during the pandemic]. … A partnership with the government, or the government [itself] would be able to do this [reach more people with mental health services]. So it's amplified the systemic issues. We realised why it's so important to fix the system. Whilst trying to plug this gap, if we plug this gap alone, with our limited resources and capacity it will not be enough."

Similar to other OPDs, She Writes Woman remains concerned about the sustainability of their funding, and whether the renewed focus on mental health in Nigeria will continue.

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"We're really concerned that human beings as we are, we'll forget the importance of what mental health [impacts] have been brought up in the lockdown period. We're really concerned about that dip in insight, excitement and enthusiasm with regards to mental health.

We are also worried about whether the funding continues to come in… Would we be able to sustain the work that we're doing continuously, or will it just be like periods of intensity?"

Inclusive education activities were significantly reduced while schools were closed. OPDs continued to disseminate messages about the inclusion of children with disabilities in education and social life over radio and social media, and they communicated directly with children with disabilities and their families. But some OPD representatives expressed concerns that remote education has not been inclusive of children with disabilities, and that the return to school may be more challenging for children with disabilities, particularly children with intellectual disabilities.

- Six OPDs (three in Zimbabwe, two in Bangladesh, one in Nigeria) had to stop their work on disability-inclusive education, because schools were closed. In some cases, OPDs re-allocated resources from education activities in schools to pandemic response activities, often under pressure from funders.

- Some OPDs stopped provision of education and training for people with intellectual disabilities because their centres had to close, and many families did not have access to technology that would enable remote learning.

- Two OPDs (one in Zimbabwe, one in Nigeria) noted that many children with autism and Down syndrome have still not returned to the OPD centres one year after the first lockdowns started. This suggests that children with intellectual disabilities could potentially be disproportionately impacted by the pandemic in the long term, unless attention and resources are directed to supporting them to return to education (see Human Rights Watch, 2021; Meaney-Davis and Wapling, 2020).

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Finding 3:

OPDs played a critical role advocating for a more disability-inclusive response from governments. OPDs' advocacy engagements with governments prior to the pandemic were largely focused on improving the implementation of legislation and policies to fulfil the rights of people with disabilities. In the first six to nine months of the pandemic many OPDs temporarily shifted their advocacy focus to immediate structural issues that were illuminated by the pandemic. Advocacy has been an essential role of OPDs during the pandemic to date, with many governments only adapting their pandemic responses to be disability-inclusive after successful advocacy by OPDs. Across all three countries, OPDs advocated for governments to increase or change their support to people with disabilities during the pandemic and make their responses more disability-inclusive.

- **In Zimbabwe,** the National League of the Blind, Centre for Disability and Development Trust and Deaf Zimbabwe Trust sued state broadcasters and Governm ent Ministries for failure to provide timely critical information about the COVID-19 pandemic in accessible formats. Government and state broadcasters were ordered to ensure future COVID-19 messages include sign language and written materials in formats accessible to blind and partially sighted people (Mhiripiri and Midzi, 2020).

- **In Bangladesh**, OPDs shared information about the severe impacts on people with disabilities with district commissioners, and advocated at the Union Parishad and national levels for disability inclusion in food and cash distributions. One larger OPD coordinated with 26 other OPDs to advocate with different levels of government, with some district commissioners and union parishads more receptive than others. OPDs in Bangladesh celebrated the success of collaboration and joint advocacy efforts between OPDs. But they expressed disappointment at the slow, uncoordinated, and mixed responses, and that OPDs had to resort to advocacy because people with disabilities had been excluded from the pandemic response planning.

"[At] the start of the crisis situation it was really lack of coordination among the government support services agencies, because we didn't find any agency who took responsibility for us. [There was a] lack of coordination of governmental agencies to provide support. No one was prepared for that. … We had to raise our voice and explain, and when we raised our voice together then the agency came out. In some particular areas where we are working, we tried to communicate with the government agency, and later on gained lots of support. But most of the regions rarely answered."

OPD participant in the Bangladesh FGD.

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- **In Nigeria**, three of the five OPDs interviewed spoke about the difficulties of engaging with government both before and during the pandemic. Civic space had been shrinking in Nigeria prior to the pandemic, with increasing restrictions on CSOs' funding and activities, and in many cases limited engagement between OPDs and government ministries. When the pandemic started some OPDs decided to temporarily de-prioritise their regular advocacy work because government officials had been unresponsive to their requests to engage online. They were also not confident that government officials would prioritise disability issues, having not had constructive engagements in the past. Two OPD representatives were able to utilise their direct, personal connections with government ministers and officials to gain support for activities, while other OPDs received minimal or no responses to attempts to engage.

> *"Our relationship with government even before the pandemic had not been quite encouraging… So during this period we were not expecting anything to really happen, not that we have given up. We still reach out to them. We did a virtual meeting with government. In all fairness, they came on board. They made the usual promises and everything, but after that nothing happens… They said they were going to partner with us, but that was in July [2020] and we are in April [2021] now, we still haven't heard anything… So when we talk about partnership with the government, it's not a very encouraging partnership because it's more or less one sided from our part."*

OPD representative in Nigeria.

- Across all three countries, most of the interviewed OPDs have now resumed some or all their regular advocacy activities, and new opportunities are arising to advocate for improvements to policies and legislation for disability inclusion.

There are many other examples of OPDs across the world advocating for the rights of people with disabilities during the pandemic. Advocacy has evidently been one of the most critical roles of OPDs during the pandemic to date, with many governments only adapting their pandemic responses to be disability-inclusive after successful advocacy by OPDs. Other examples of OPD advocacy in LMICs include:

- **Indonesia:** The Indonesian Mental Health Association raised awareness of the COVID-19 implications for people with psychosocial disabilities confined to institutions. The Indonesian Deaf Community wrote an open letter to President Joko Widodo about the right to obtain information, and sign language was provided in response.
- **Malawi:** Visually Hearing Membership Association (VIHEMA) engaged with the Malawi Presidential Task Force on inclusive COVID-19 responses, and facilitated input from other OPDs.

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- **Nigeria:** Disability Rights Advocacy Center in Nigeria published a short guide to disability inclusion in Nigeria's COVID-19 response.

- **Samoa and Solomon Islands:** The Government provided sign language interpretation of their information on COVID-19 as a result of advocacy from Nuanua o le Alofa in Samoa and Solomon Island Deaf Association (SIDA) and People with Disabilities Solomon Islands (PWDSI).

- **Uganda:** Uganda National Action on Physical Disability (UNAPD) and National Union of Disabled Persons of Uganda (NUDIPU) advocated for the Government to issue guidelines on COVID-19 for people with disabilities. Triumph Uganda engaged with the Government of Uganda to include women with disabilities in COVID-19 responses.

Finding 4:

OPDs adapted to using digital technology for campaigning and information sharing, however it has been difficult to reach people with disabilities during lockdowns due to their limited access to digital technologies.

Globally, people with disabilities are significantly less likely to have access to the internet or digital technologies (UNDESA, 2019). The digital divide is also gendered: there is a gap of 8% in phone ownership and 20% in ownership of smartphones between men and women in LMICs (GSMA, 2020). The lack of access to the internet, digital devices, and accessible software meant that many people with disabilities could not be reached for months at a time, and people with disabilities in Zimbabwe could not participate in online government consultations. OPDs highlighted the urgency of addressing digital inequality, recognising that digital exclusion may lead to a deepening of poverty and inequality as the world rapidly moves online.

- OPDs provided support to members online and through phone calls, but they could not reach a large proportion of their members, especially those living in extreme poverty and in rural areas. An organisation of women with disabilities in Nigeria that had 5,000 members before the pandemic has only been able to stay in contact with approximately 500 on WhatsApp during the pandemic. As the pandemic and restrictions on movement continue this could have significant impacts on OPDs' ability to stay connected with their members unless digital inequalities are addressed.

- Some OPDs became more accustomed to working remotely and were able to shift activities such as skills training and education classes online by 2021. However, members without devices connected to the internet could not join.

- OPDs have been less likely to reach the most socially excluded people living in low-income households in remote areas, whilst wealthier families in urban areas are more likely to benefit from services. An organisation of women with

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disabilities in Nigeria observed the demotivating effects of the digital transition on its members, "Many of the women right now are thinking that the pandemic is actually making many of our members lose focus. Women in villages don't have access to smart phones; they prefer face-to-face meetings but the pandemic is not allowing that". Some OPDs pointed to the dangers of a hasty digital transition: "If we continue to say, oh, just move everything online, the truth is that the majority of people are not online. We also had to compensate people for their [internet] data".

- An umbrella OPD in Zimbabwe noted, "During the first four months of COVID-19 there were constitutional amendments and there were public hearings. A lot of these public hearings were done online and most of our members did not participate because they did not have resources for data and they did not have computers or smartphones", suggesting that even if virtual meetings happen, they still may be inaccessible for OPDs and/or their members.

Finding 5:

OPDs experienced dramatic reductions to funding and operational capacity, and access to sustainable funding continues to be a critical priority. Half of the interviewed OPDs managed to acquire funding for new or expanded activities during the pandemic, but these were small-scale and short-term funds, and OPDs struggled to identify institutional funding opportunities to continue their long-term core activities.

- **During the first six to nine months of the pandemic some donors and INGOs made decisions to end funding to OPDs' projects early, reduce project budgets, delay payments, or provide 'no-cost' extensions for project activities.** In some cases, this was because project activities could not be implemented due to health risks and restrictions on movement, and in other cases because contraction of the global economy led some donors to reduce their budgets. OPDs were often informed suddenly and unilaterally by INGOs (most institutional funding is directed to OPDs through INGOs), with limited or no consultation.
These decisions put many OPDs under severe financial strain, with limited or no funds to cover their operational costs for several months. Some OPDs shut down completely for several months because they could no longer afford to pay staff and/or rent, and some have not yet recovered from reductions to their operational capacity one year on from the start of the pandemic.

- **Research from the early months of the pandemic places these financial impacts on OPDs within a broader chain of impacts across the international development system**. Reductions to institutional donor funding and public fundraising impacted INGOs, which in turn impacted CSOs in LMICs, including OPDs. In April 2020, a survey by Bond in the UK found that 86% of INGOs at that time were either considering or actively

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cutting back their overseas programme implementation, including postponement of activities, closing country offices, or limiting income to global programmes (Bond, 2020). While it is not yet clear what impact these global funding pressures may have on disability inclusion programming, there is a risk that some INGOs may have to reduce or stop programmes as an immediate response to funding pressures. In addition, some INGOs integrate disability inclusion into other areas of work, for example gender equality and women's rights, and there is concern that these programmes are at risk too. Another survey of 125 CSOs in LMICs found that as of April 2020, two-thirds of CSO respondents had taken at least one cost-cutting measure, most commonly cutting back services, and almost half of CSOs reported that they would have to close in the next three months unless they secured additional funding (LincLocal, 2020).

- Six OPDs (three in Nigeria, two in Zimbabwe, one in Bangladesh) noted that donors or INGOs had requested them to redirect funds from existing activities to respond to the pandemic. This often reduced timeframes for project implementation and funding for staff costs, which in turn reduced operational capacity.

- **Organisations of under-represented groups and women with disabilities experienced unique difficulties accessing funding.** For example, OPDs working with people with Down syndrome had to suddenly cancel events for World Down Syndrome Day (in March every year) with negative financial impact. A survey by Down Syndrome International of its member organisations in 50 countries found that 26% of organisations were unable to function due to the pandemic, while 74% were unable to continue with services. Challenges faced by members included less funding/donations, closure of offices, staffing issues, and technological issues (DSI, 2020). Organisations of women with disabilities also faced difficulties accessing funding, as explained by one Nigerian OPD below.

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"It is very difficult to get funding around any activity of women with disabilities. We don't even get funding for people with disabilities, and for women with disabilities it's like it's not there at all. … It's either we are clones [a wrongly-perceived homogenous group of people with disabilities] or just overall women ... it's difficult to pull out activities specifically for women with disabilities"

Representative from an organisation of women with disabilities in Nigeria.

- **OPDs that were more financially reliant on membership or service fees, CSR donations, and fundraising events experienced even more dramatic reductions to funding when individuals and businesses could no longer afford to make donations.** Since the start of the pandemic OPDs interviewed for this assessment have seen a steep decline in CSR funding, and greater competition for CSR funds from a smaller pool of businesses. This trend is notable, considering the expansion of CSR initiatives in many LMICs over the past decade; the ways in which this may have affected OPDs, their strategies and visions; and the risks and opportunities that CSR initiatives may present in times of economic crises now and in the future.

"The pandemic started, and we couldn't ask parents for money as they were unstable financially. We couldn't pay the rent for the resource centre. We asked the owner for time … He agreed. That 3 to 4 month payment is still due. The microfinance money from [an INGO] stopped. CSR money from hospitals and banks also stopped… We were supposed to receive support from [a different INGO]. They were committed to giving us a little admin support but actually that got delayed. They didn't pay for our activities as we weren't able to do them as normal [because] movement was restricted."

Representative from an OPD working with people with Down Syndrome in Bangladesh.

"Funding has been a very, very big challenge. As we entered into lockdown, from March … up until August and September, funding was very minimal. We could not continue our operations … Most people are not formally employed, so [the restrictions on movement] had a very negative impact. Things were starting to get better until the second lockdown after the holidays [in January 2021] ... It was a disaster. Not even a single one of [our members] was in a position to give something. The kind of support we get from the Government, monetary wise it cannot sustain us even for a single week. It's too low."

OPD representative in Zimbabwe.

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Case study 2:

The experience of Bandarban Disabled People's Organization to Development (Bandarban- DPOD), an OPD of Indigenous people with disabilities in Bangladesh.

"[I have] zero staff. I'm alone in the organisation. If the situation improves maybe the staff will come back. People with disabilities are treated as a burden. They have lost support from society. As a DPO we are concerned about how they will be supported. We are able to work with people with disabilities. The capacity is there but it is hard to work or travel. The problem is funds. We are determined though. We have raised issues to national level donors, but we haven't got any replies. To raise foreign funds, we need to register but this hasn't happened. We have no projects now. The staff that we hired to implement [one] project have now all left. We have a funds crisis. The intention is there and the capacity is there but funds is a problem."

Sizan sits with his mother Shahanaj as she takes the blood pressure of patient Sufia. Shahanaj was able to buy basic medical supplies and use her medical training to make money, thanks to support from Inclusive Futures during COVID-19. © ADD International

Bandarban-DPOD, an organisation of Indigenous people with disabilities in the remote Chittagong Hill Tracts, was established in 2007. It has not been able to register with the NGO Affairs Bureau under the Prime Minister's Office due to government reluctance. The lack of registration meant they were not able to access international funding with impacts on autonomy and respect.

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Before COVID-19, Bandarban-DPOD had some livelihoods projects, assisted people in accessing government-provided cash transfers, advocacy, and celebrating <u>International Day of World's Indigenous Peoples</u> and <u>International Day of People with Disabilities</u>.

Bandarban-DPOD was forced to close its office when Bangladesh entered lockdown in March 2020 and all advocacy activities stopped. Information was collected through mobile phones, e.g., reporting who was sick but the signal was often poor to reach across members. Demand for help increased, as people lost jobs and could not afford food. There were also increased cases of GBV due to increased stress and poverty. Bandarban-DPOD was unable to respond because of a lack of funding and the travel ban. A donor provided a 'no cost' extension for project activities but without staff costs and salaries.

When lockdown lifted on 31st May 2020, all staff had left and the Director was paying expenses from his own personal funds. Phone calls to check-up on the mental health of people with disabilities is the only remaining activity. The Director is continuing to use his own money for expenses, providing moral support for people with disabilities short term, but in the long-term he expressed serious doubts whether the organisation could continue.

Finding 6:

Financial and psychological impacts on OPD staff and volunteers.
Many OPDs were unable to pay salaries during the pandemic. Staff worked without salaries for months at a time and some OPDs reduced staff numbers. OPDs were also unable to pay stipends and lost volunteers. Many OPDs highlighted the dire financial and psychological impacts on their staff, and the personal dedication of staff who continued working on a voluntary basis for many months. The stress of working without pay was compounded by distressing phone calls from people with disabilities, and dramatically increased workloads for the staff who were trying to respond to extreme adversity with limited resources.

- Of the 16 OPDs interviewed, 11 reported that they did not have enough funding to pay staff salaries during the pandemic, particularly in the first six months.

- Seven OPDs reported that some or all their staff had worked without salaries for several months, and other OPDs reduced staff numbers or staff salaries to continue their organisations' activities.

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"What affected our members also affected our staff. How do they move on with their own life? How would they move on with the people who they are leading? I've seen my staff and volunteers working with no salary, with no income, with nothing to put on the table for their families. They worked voluntarily because of the passion for their work. Even though there were no salaries, no allowance, they worked tirelessly."

OPD representative in Zimbabwe.

- OPD representatives expressed the anxiety, sadness, and empathy they felt for people with disabilities who were contacting them in desperation, and how personally shaken they were by the extent to which their communities had been left behind. The psychological impacts were emphasised in Zimbabwe and Bangladesh, where people with disabilities had evidently been excluded from government provision of food and cash assistance, though OPD staff in Nigeria were also affected psychologically.

- The Disability Inclusion Helpdesk's evidence review highlighted that OPD staff and volunteers are also at risk of contracting COVID-19. One interviewed OPD in Zimbabwe allowed staff to sleep in the office to avoid catching COVID-19 on public transport commuting to work.
  A man in Ecuador recounted how four of his colleagues at an OPD died from COVID-19 without access to medical assistance, and their bodies remained in their houses for many days in coffins or bathtubs with ice and fans. The deaths of his colleagues, and the inability to hold vigils and bury them has had a high psychological impact on the disability community he works with (IDA 2020b).

- As people with disabilities were disproportionately affected by the pandemic, members, staff and volunteers of their representative organisations were subsequently impacted. For example, one OPD in Nigeria reported that at least ten people with albinism died from skin cancer during the first year of the pandemic because they could no longer access free treatment.

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"I'm counselling people with disabilities but I am getting depression because the same things are happening to me. I am feeling sad all the time … people with disabilities are not getting any support. I cannot explain to you, it was a really hard situation trying to help people with disabilities, but we tried our best."

OPD representative in Bangladesh.

"We would receive phone calls from members needing assistance. That's the thing which gave us sleepless nights, to know that our members are now suffering more and more because there's no food to put on the table and they don't know what is going on. Especially those with hearing impairments [who could not access information]. The distress calls were really, really painful because even the government didn't have a solution, we had to wait for [their response], until help could come so really there was so much distress … it was really, really terrible."

OPD representative in Zimbabwe.

"We are mentally broken. We don't know when the situation will improve. It is an unprecedented challenge. How can we recover? Two projects have kept us running but we have limited scope, it's frustrating."

OPD representative in Bangladesh.

"As an organisation of persons with mental health conditions and psychosocial disabilities, we were feeling first-hand the impact of the pandemic [amongst our constituents] as well on us as people, and it was quite damaging to our own mental health the way we responded. With additional funding, we were able to relieve a little bit of that pressure on ourselves, so that we could get more staff members."

OPD representative in Nigeria.

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Finding 7:

The impacts of the pandemic have shone a light on challenges both within and facing the disability rights movement. OPDs' experiences during the pandemic have highlighted the importance of effective engagement with governments; coordination and collaboration between OPDs both in contingency planning and effectively mobilising during crises to ensure no-one is left behind; and fostering meaningful partnerships with wider civil society actors including women's rights organisations.

In all three countries, OPDs reflected on the need to strengthen their collaboration with other OPDs, continue to build more cohesive disability rights movements, and develop new ways to engage with governments through advocacy in the future. Having witnessed the negative effects of people with disabilities being excluded from public communications, social protection schemes, health services and GBV services, OPDs across all three countries emphasised that the pandemic had highlighted for them the importance of OPDs working together in a more coordinated and inclusive manner to achieve greater impact, especially in their engagements with governments. They noted the need to strengthen the operational capacity of OPDs and further build disability rights movements, and that this will require more resources.

Zimbabwe:

> *"We also learned that OPDs have to come together with one voice, lobby and advocate for the welfare of all people with disabilities. ... people with disabilities were affected the most, and we would have liked to see a better intervention by the government. If we had come together as OPDs probably we could have achieved much more than lobbying and advocating as individual organisations. ... Maybe we could not convince government because lobbying was coming from different corners and from different organisations demanding different things. But if we had come together and demand one thing at a time, maybe we would have won the battle. So it was a lesson for us that we should always come together and dialogue with policy makers. … I think that there may be a need to build capacity of OPDs to reach that level where they are able to advocate and lobby for the welfare of people with disabilities with a bit of success."*

OPD representative in Zimbabwe.

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"We need to reconsider new ways of working in advocating for the rights of people with disabilities. Zimbabwe just approved a new National Disability Policy in February. It is an opportunity for us to engage with government to capacitate them, to mainstream disability in the National Development Strategy running up to 2025. What we learned due to COVID-19 was where we are not there, then decisions are made for us, there is no one to advise. So this is another part of our vision, to push for self-representation in different decision-making structures."

OPD representative in Zimbabwe.

Nigeria:

"I think in Nigeria we learned that we must work as a team. I think the inability of all OPDs to work together collaboratively, that affects our engagement with the government. … It affects our bargaining power in terms of what we can get out of interventions, out of the programme design. One major lesson I think was working as a team is very, very key to the success of our advocacy with government."

FGD participant in Nigeria

"Capacity building is helpful for OPDs… [it] is key. It will come a long way to supporting in terms of delivering services and meeting our mandate."

FGD participant in Nigeria

"Movement building is very, very important to us now. Persons with psychosocial disabilities do not have a network, nor do youth with disabilities or women with disabilities... so we have a movement that is not so inclusive. So for us to be able to collectively drive the kind of advocacy we want to see in Nigeria about disability and development, we have to have our movement building straight. We also need to build very strong institutions."

OPD representative in Nigeria

Bangladesh:

"DPOs are coming together, which is a good thing. DPOs are becoming more coordinated and cooperative."

FGD participant in Bangladesh

"We have to be more equipped and united and active. Otherwise, we cannot be sustained. And allocate sufficient support and mindset toward strengthening capacity, and abilities to cope in the situation."

FGD participant in Bangladesh.

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Some OPDs are currently working to promote the inclusion of people with disabilities in pandemic task forces, and to support more people with disabilities to become self-advocates. OPDs in Zimbabwe noted the positive step of having two people with disabilities in Parliament, however an umbrella OPD also emphasised that disability inclusion needs to be embedded across the governance system and at operational levels, including in COVID-19 taskforces.

In all three countries there have recently been critical opportunities to improve cooperation between governments and OPDs, and the inclusion of OPDs in planning, implementation, monitoring and evaluation. For example, the Government of Bangladesh recently introduced its eighth five-year plan (2020 to 2025) in June 2020; Nigeria is currently in the process of reviewing its progress against the UNCRPD, and the government recently instituted the National Disability Commission; and in Zimbabwe, the National Disability Policy was approved in February 2021 and launched in June 2021.

OPDs also noted the vital importance of collaborating with other civil society actors and social movements.

- An OPD representative shared a reflection on OPDs' roles and responsibilities in relation to disability-focused INGOs:

"Most DPOs don't have the required knowledge to enable them to engage constructively with the supply side [governments, INGOs, donors] to be able to work. The crossing the lines [by INGOs] creates confusion as to how work is done within the disability community at times, … Maybe [DPOs] lack knowledge or maybe they can't engage very well. Who is supposed to support the OPDs to do this speaking and taking the front seat [in advocacy] instead of taking the back seat? I think that is one big challenge that we are facing now. ... It begins to be lopsided ... The INGOs are becoming very visible and the DPOs lagging behind on matters that actually concern them, so I think there's just much more that INGOs should be doing. You know they have a strategic role to play, which is around supporting. … We noticed during the pandemic there were emerging issues that would have really given us the opportunity to advocate for bridging certain gaps. [But] the NGO, instead of coming to say 'hey, I notice this is happening, what can we do? How can I support you to push this?' The INGO is writing a letter directly to the government. … I think it needs a lot of deep understanding for us to engage this issue in a very friendly, understanding manner … to understand perfectly [each other's] roles and responsibilities."

OPD representative in Nigeria.

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- This OPD representative was concerned about INGOs doing work (in this case advocacy, and collection and collation of data on people with disabilities) that OPDs could do if they had more support and funding from INGOs and donors. This point relates to broader discussions that have recently reignited across the aid sector about the ways in which decision-making, power and control is still largely held by donors and INGOs, and the need to re-examine and change roles, responsibilities, and power dynamics in development partnerships.

- When asked about their collaborations with civil society actors and other partners during the pandemic, none of the OPDs interviewed reflected on the extent of their cooperation and collaboration with multilateral agencies or other humanitarian actors outside of disability movements. There is also limited evidence published about these engagements in other LMICs.

- It was not clear to what extent under-represented groups of people with disabilities had equitably participated in civil society networks during the pandemic. Two OPD representatives in Nigeria noted that people with physical and sensory impairments have been more visible and outspoken within the disability movement, and people with DeafBlindness, albinism, and psychosocial disabilities, and women with disabilities have been less visible. The International Organization for Migration (IOM) reported that it was challenging to ensure equal participation of women with disabilities in the COVID-19 impact assessment they conducted in South Sudan because of the low representation of women in OPD structures, and it was challenging to reach people with psychosocial and intellectual disabilities as they are not currently represented by OPDs at national or state level (Inter-Agency Working Group on Disability-Inclusive COVID-19 Response and Recovery, 2020).

- In Zimbabwe, two OPD representatives mentioned the benefits of collaborating with the Women's Coalition of Zimbabwe during the pandemic. Women's rights organisations and GBV service providers were able to ask OPDs for paid technical advice and support to make their operations disability-inclusive and to work on reports and cases of GBV against women and girls with disabilities. Likewise, OPDs could refer women and girls with disabilities to appropriate services through the network and seek information and support to work on GBV in areas where they had less experience. As highlighted in Case Study 3, Deaf Women Included benefited from a peer mentoring initiative with three other women's rights organisations that had started before the pandemic and became invaluable once COVID-19 hit. The organisations had earlier connected to learn from each other's work, understand the experiences and challenges of women with disabilities, and how to work with them effectively.
During the pandemic these organisations invited Deaf Women Included to participate in three different pieces of research on Sexual and Reproductive Health and Rights (SRHR), gaps in GBV service provision, and progress on social inequality, social and economic rights in Zimbabwe during the pandemic, which ensured the research was inclusive of women with disabilities.

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- By contrast, in Nigeria, one representative of an organisation of women with disabilities expressed her disappointment that working remotely during the pandemic had limited her organisation's interactions with mainstream women's rights organisations during the review of the National Gender Policy:

"It would have been better if we had that full house and had women interact with other women to contribute to the national gender policy. Because apart from trying to impute the disability component into the review, I thought that kind of gathering would have been able to build some level of confidence within women with disabilities while engaging with non-disabled women on a particular issue. Women with disabilities are very invisible, extremely invisible in the mainstream women's agenda or discourse… We missed out on that very important aspect of interacting and getting to know non-disabled women."

OPD representative in Nigeria.

Finding 8:

The rapid assessment identified a range of factors that affected OPDs' resilience during the pandemic. Though all OPDs interviewed described the impacts of the pandemic on their operations as overwhelmingly negative, some OPDs were able to realise positive opportunities and interactions over the past year. This was largely due to the following factors identified through the interviews:

- **A diverse range of funding sources enabled OPDs to maintain their activities to some extent despite financial shocks.** OPDs that were more reliant on a single source of funding, for example membership or service fees from people with disabilities and their families, or CSR donations from local businesses, were more likely to lose most or all their funding as their donors were hit financially by the pandemic.

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- **Capacity to identify and obtain new funding.** Some OPDs that had more business development personnel and experience in fundraising and networking were able to access funds for new pandemic response activities, flexible funds that covered operational costs during lockdowns, and funds from smaller or less conventional donors such as accelerator funds for small businesses or international foundations. In contrast, many OPDs that had never had to identify different funding sources before were more severely financially affected in the first months of the pandemic.

- **Funders with an interest in supporting OPD capacity and sustaining disability rights movements.** Funders that had long-term relationships with OPDs, and a specific interest in supporting OPDs' capacity and sustaining disability rights movements provided flexible, additional and timely funding to OPDs, which met their actual needs during the pandemic and enabled them to continue their regular work. Instead of providing no-cost extensions, some funders also ensured that payments for OPD staff salaries continued throughout the pandemic regardless of whether activities could be implemented or not. Strategic decisions by funders and partners such as Womankind Worldwide and Disability Rights Fund helped ensure organisations and activists could survive the pandemic and be part of a movement to "build back better". In contrast, many funders requested that OPDs change the direction of their work during the pandemic, or they made decisions to pause or reduce OPD funding, which had significant negative impacts as outlined under finding 6.

- **Recognition and engagement with governments prior to the pandemic.** OPDs that had cooperative relationships with government ministries prior to the pandemic were more likely to have reciprocal and constructive engagements with government during the pandemic, especially where OPD leaders had personal and direct access to officials or members of parliament. OPDs with little previous, or no, interaction with governments; OPDs focused on excluded groups (Indigenous peoples with disabilities, people with autism and other intellectual disabilities, people with Down syndrome, people with DeafBlindness); and OPDs primarily engaged with government through lobbying, were less likely to receive responses to their engagement in the first six months of the pandemic.

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- **Organisational models.** OPDs that primarily operated through large networks of volunteers and self-help groups conducting community level, face-to-face awareness raising activities were particularly at risk of having to stop all activities for long periods of time during this pandemic. Whilst reliance on volunteers and face-to-face working is often a key way in which OPDs operate, in this specific case it put their work at risk, partly due to restrictions on movement and the lack of internet connectivity and access, and partly due to limited numbers of paid staff who could support members to continue their activities. This has forced OPDs to diversify their messaging and the ways in which they engage members, officials and the public.

Zahangir and his family were given immediate relief during COVID-19 through Inclusive Futures. He was also referred for vocational training in mobile phone repairs. © Brac

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Case study 3:

The resilience of Deaf Women Included, an organisation of women with disabilities in Zimbabwe.

The experience of Deaf Women Included (an organisation led by and for women with disabilities in Zimbabwe) illustrates how some of the protective factors mentioned above supported their resilience during the pandemic. Before the pandemic, Deaf Women Included had been primarily working on SRHR and GBV against women and girls with disabilities, including advocacy for more gender- and disability-sensitive budgeting, engagement with the Ministry of Justice to improve access to justice for women and girls with disabilities who are survivors of violence and providing GBV case management support.

Before COVID-19, Deaf Women Included had a diverse range of funding, including grants from a range of different institutional donors, flexible grants from non-institutional donors, and a regular stream of income from teaching sign language, which covered their core costs. This diversity of funding, as well as their existing relationships with donors, enabled them to continue their operations during the pandemic to a greater extent than other interviewed OPDs.

During the pandemic, Deaf Women Included received an unsolicited, flexible and unrestricted grant from Womankind Worldwide, under their new 'Resilience Fund', designed to support women's rights organisations' resilience during the early months of the pandemic. This grant helped to cover the new operational costs of working remotely, and to continue their work on SRHR, which would have otherwise stopped. Staff noticed new challenges to women's and girls' SRHR during the pandemic while people were confined at home, for example increased pressure to have sex during lockdowns, and limited access to family planning due to lockdowns and exacerbated unaffordability. The grant enabled them to adapt their existing work to the new context, as opposed to changing their activities to respond to the pandemic. Staff also noticed an increase in levels of GBV against women and girls with disabilities during the pandemic, and the flexible grant enabled them to develop accessible ICT materials on GBV while staff looked for additional funding.

Deaf Women Included's existing relationships with government were beneficial during the pandemic. They continued and adapted their advocacy work, and they were included on a government communication working group to ensure that information about the pandemic was accessible to people with hearing impairments. A government representative also proactively contacted Deaf Women Included to request their assistance teaching health workers sign language during the pandemic.

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Deaf Women Included also benefited from their pre-existing partnerships and networks during the pandemic. For example, before the pandemic the organisation had been participating in a peer mentoring initiative together with three other WROs to learn from each other's work, and to support WROs to build their understanding of the experiences and challenges of women with disabilities. During the pandemic these organisations invited Deaf Women Included to participate in three different pieces of research on SRHR, gaps in GBV service provision, and progress on social inequality, social and economic rights in Zimbabwe. They also collaborated with other WROs through the Women's Coalition of Zimbabwe during the pandemic, as described on page before.

While the organisation has been more resilient during the pandemic than other OPDs, it has still experienced funding challenges. Staff are concerned particularly about the increase in GBV against women and girls with disabilities and the limited funding available to address it. "What happens if the donor closes or if they shut down, does it mean that we have to stop the work that we do [on GBV]?" Deaf Women Included also remain concerned that GBV service providers in Zimbabwe do not have the capacity to deal with women and girls with disabilities and remain committed to working with GBV service providers and other stakeholders on disability inclusion.

Millicent received training during COVID-19 to keep her porridge business running, through Inclusive Futures. © Light for the World / InBusiness

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6. Looking forward and further considerations

The outlook for OPDs

When asked about their organisations' outlook for the future while the pandemic continues, OPDs interviewed were equally divided in their pessimistic and optimistic views of the future. Many expressed concerns about their ability to continue operating under extreme financial constraints and without more sustainable sources of funding. Some were concerned about longer-term issues linked to the pandemic around GBV against women and girls, remote education and returning to school, potential long term mental health crises, ensuring inclusive vaccination programmes and employment as economies recover.

Some OPDs expressed concerns that people with disabilities might continue to be left behind by governments and civil society. Others were highly motivated to continue building and strengthening disability movements and improving their relationships with governments to ensure that OPDs and people with disabilities are better included in future disasters.

> *"In respect of the interventions that came out because of the pandemic, most people with disabilities were left behind. That alone should create a new vision in Organisations for People with Disabilities."*

OPD representative in Zimbabwe.

Further considerations

Drawing on the findings from interviews and FGDs, FCDO and the Disability Inclusion Helpdesk have distilled the following priorities for further consideration for a range of different actors to help with COVID-19 response and recovery, and to ensure lessons are learnt for future crises. Further dialogue and engagement with OPDs is recommended to identify and understand their priorities and recommendations for each actor.

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Governments:

- Include people with disabilities and OPDs in disaster preparedness and response task forces, and in other consultation and decision-making processes for disaster recovery.

- Foster engagement with OPDs in the long term across the breadth and diversity of OPDs, including organisations of women with disabilities and under-represented groups of people with disabilities.

- Partner and collaborate with OPDs to ensure COVID-19 responses are underpinned (at least) by disability, gender and age disaggregated data collection, needs assessments and inclusive registration across key services and sectors, including communications, social protection, GBV services, mental health services, and education.

- Address inequality of access to digital technologies for people with disabilities to ensure a safe, inclusive and accessible online environment for all.

- Work with OPDs, women's organisations, GBV service providers and others to uphold the rights of women and girls with disabilities to a life free from violence.

Civil society and humanitarian actors:

- Include people with disabilities and OPDs in disaster preparedness and response task forces, and in other consultation and decision-making processes for disaster recovery.

- Coordinate between governments, OPDs and GBV service providers on disability-inclusive GBV prevention and response.

- Address power imbalances and cultivate more equitable partnerships and meaningful cooperation with OPDs that respect and promote their mandate as representatives and advocates for the rights of people with disabilities.

Donors and partners:

- Provide additional flexible, core, and long-term funding for OPDs, during and after COVID-19 recovery and and in response to other crises.

- Consult with people with disabilities and OPDs to develop funding mechanisms that cover core operational costs, organisational capacity strengthening and staff funding as well as project-based funding.

- Consult with OPDs to provide funding that meets the real requirements, priorities and situations of people with disabilities and OPDs, including women with disabilities and under-represented groups of people with disabilities.

- Invest in addressing evidence gaps, including in relation to disaggregated data, to better understand issues affecting people with disabilities and

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OPDs, including OPDs representing women with disabilities and under-represented groups of people with disabilities.

- Utilise diplomatic influence towards the meaningful participation of people with disabilities and OPDs in national, regional, and global COVID-19 recovery.

OPDs:

- Continue to foster long-term engagement with governments, ensuring people with disabilities in all of their diversity are included in government engagements, for example women with disabilities and under-represented groups of people with disabilities.

- Umbrella OPDs can act as a focal point for collating and sharing lessons from the pandemic response and play a coordinating role with governments, donors, and other development and humanitarian actors.

- Explore options to diversify funding sources and build core funding where possible.

Topics for further research:

- Mental health policies and services in LMICs during the pandemic, including for people with pre-existing mental health conditions and psychosocial disabilities.

- Intersectionality and disability inclusion in GBV services, and collaboration between women's rights organisations, GBV service providers and organisations of women with disabilities.

- Digital inclusion of people with disabilities during the COVID-19 pandemic, and OPDs' reach of the most excluded people with disabilities.

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