



Locked down not locked out

CBM's Community Based Inclusive Development Covid-19 Response

Contents

Introduction	3
CBID – relevance and the pandemic situation	4
CBM’s CBID Covid-19 matrix	5
Case Studies	
Experience and learning from Guatemala	6
Inclusive education	8
Mental health support in Peru	11
Leadership by and with the disability movement	12
Covid-19 catalysed national lobbying for inclusive social protection in Niger	16
Cash transfers as means of livelihood recovery	18
CBM as an organisation adapting and learning during Covid-19	20
A broad reflection on key learnings	22

Introduction

COVID-19 placed the world in a crisis of unprecedented reach and proportions. It also exposed and highlighted disparities between and amongst populations. Persons with disabilities are amongst the most vulnerable populations in a pandemic, as public aid is foremost directed to the majority and very often not inclusive. Throughout 2020 we have seen numerous instances where health and hygiene facilities, food relief, social protection measures, and even basic information has not been accessible to persons with disabilities contributing to the risk borne by people with disabilities.

Persons with disabilities are amongst the most vulnerable populations in a pandemic, as public aid is foremost directed to the majority and very often not inclusive.

This document looks at how the global pandemic impacted the most vulnerable segments of society while focusing on the solutions CBM implemented to mitigate the fall-out. Through Key Informant Interviews, we learn that disparities between people with and without disabilities have been further exacerbated. However, it is also encouraging to note

that the crisis has to some degree been a catalyst for policy change built on years of organising and advocacy work.

Seven case studies are documented from across the world. These case studies reflect a spectrum of projects, sometimes connected but often local. Despite the differences, it becomes apparent that the success of interventions undertaken by CBM's Community Based Inclusive Development (CBID) Initiative alongside local partners were founded on the following:

- long-standing relationships with social actors, the disability movement and local government;
- quick response and local mobilisation of in-country partners;
- provision of space and time amidst the response for shared reflection and learning between staff and partners
- organisational agility which was both proactive and adaptive enabling effective response to COVID -19 locally and globally.

Each case study includes reflections on learning and the document concludes with a summary of key learning from these experiences across the world. This pandemic is unprecedented in its reach and impact. What we learn from our response efforts can and must inform our way forward in a world increasingly vulnerable to extremes.

CBID – relevance and the pandemic situation

CBID is a way of working that ensures people with disabilities are respected and included in their communities on an equal basis in all areas of life. It is people centred, community driven, and human rights based.

It is well documented that people with disabilities are amongst the most vulnerable population in a pandemic. Often unable to fully implement the required self-protection and hygiene, people with disabilities might end up in inappropriate or sub-optimal health care environments.

The risks span from an increased risk of exposure to the virus (e.g. because of the need to touch things to obtain information from the environment; to the difficulties in complying with social distancing (e.g. people who rely on personal assistance and

other personal supports); and an increased risk of developing a severe case due to underlying health conditions (e.g. barriers in accessing appropriate health care and support once they have contracted the virus).

Little had been done by national governments to provide people with disabilities with guidance and support(s) needed to protect themselves at the beginning of the pandemic. Central government institutions alone could not meet the challenges that communities were facing.

Local approaches are needed, as well as approaches that embrace diversity across multiple and intersecting identities. CBID is exactly such an approach and a relevant driver for localisation – by addressing challenges in practical ways and promoting the participation and perspectives of people with disabilities in decision-making processes at the local level.

CBM's CBID Covid-19 matrix

As the pandemic unfolded globally, CBM assessed the issues and challenges. It identified an enormous lack of awareness in recognising the need for disability inclusive Covid-19 responses.

CBM also found a severe lack of accessibility to information and response programmes, and a perceived lack of quality in initial responses to the crisis. Seeing the global scale (programmes and communities from all over the world) of the crisis and the growing importance of locally adapted action and response, CBM prioritised its CBID work.

CBM also crosschecked the existing immediate responses conducted by its CBID partners in the field. Responses around the world spanned from psychosocial support; communication and messaging


(e.g. getting awareness and hygiene messages out to different audiences in an accessible way); collaborating in local networks; to accessing necessities such as cash assistance, food, hygiene articles and medicine).

This assessment of the challenges in the field influenced the thinking of the CBID team and led to the development of a Covid-19 Community Action Matrix.

The Disability Inclusive Community Action Covid-19 Matrix aims to:

- provide local and community-based initiatives with guidance on possible COVID-19 responses;
- provide brief and clear action points, which could easily be adapted to local contexts;
- give CBID programme managers 'key words' and anchors for engaging with local governments and service providers;
- emphasise the importance of pro-active community development responses; and,
- encourage community stakeholders to work collaboratively in its Covid-19 response.

The Disability Inclusive Community Action Covid-19 Matrix

 <p>Compassion</p> <ul style="list-style-type: none"> • Promote and protect well-being • Encourage hope, safety and calmness • Be considerate (social distancing) 	 <p>Communication</p> <ul style="list-style-type: none"> • Share your contacts and stay connected • Ensure messages are clear and truthful • Ensure messages are accessible to all 	 <p>Networks</p> <ul style="list-style-type: none"> • Ensure Organisations of Persons with Disabilities play a key role in awareness raising • Coordinate with other community groups • Support and exchange good practices 	 <p>Participation</p> <ul style="list-style-type: none"> • Be part of community conversations • Ensure persons with disabilities contribute to the outbreak response • Ensure inclusive community based organisations lead in communication 	 <p>Access</p> <ul style="list-style-type: none"> • Ensure accessible and alternative communication is available to all • Secure access to necessities (water, food, medicine etc.) • Ensure access to services and financial support
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Case Study

Disability Inclusive
Community Action in
Ear and Hearing Care

Experience and learning from Guatemala

Hearing Care and communication in the midst of a pandemic

Adapting to distanced coordination methods and transparent face masks production by youth offenders

Through the efforts of Fundación Sonrisas que Escuchan and the support of CBM, the National Hearing Network in Guatemala was founded, consisting of Governmental and Civil Society actors, including Organisations of Persons with Disability such as ASORGUA (Association of deaf persons of Guatemala). In 2020, a first joint working session of the network was supposed to draft a document about the World Health Organization's 'Ear and Hearing Care Services'. This joint session was stopped due to the Covid-19 pandemic and the subsequent lockdown of the country in March.

To maintain communication between members of the network and follow-up of earlier work, the director of Fundación Sonrisas que Escuchan, Dr. Patricia Castellanos, organised virtual meetings, which led to the compiling of information for the document 'Baseline on ear and hearing care in Guatemala'.

Simultaneously, Fundación Sonrisas que Escuchan identified the need to support public institutions. To achieve this, Dr. Castellanos met with the Guatemalan President Dr. Giammattei and suggested to support the work carried out by the Secretariat of Social Welfare, as this entity is responsible for the formulation, coordination and execution of public policies of 'Protection of Guatemalan Children and Adolescents', contributing to family and community well-being.

As a result of this meeting, Fundación Sonrisas que Escuchan and the Ministry of Social Welfare signed an agreement in which the foundation offered hearing evaluations to children and young people, as well as advice on different ministry projects.

The first project was the production of 200,000 transparent face masks produced by youth offenders in juvenile penitentiary centres. These youth developed 11 prototypes, which were tested by deaf and hard of hearing people alongside their families, the foundation and CBM. One prototype was then chosen for production. The materials to make the masks were donated by private companies. The

"In these challenging months of the pandemic we lost friends, time and income but not our goals."

masks were distributed free of charge to families and people related to persons who are deaf or hearing impaired, as well as to health centres and other collaborating centres.

The second project was the audiological evaluation of a total of 3000 youth offenders in 5 penitentiary centres. The otoscopy (ear examination) was also carried out by an ENT specialist, who identified 11 youths in need of ear treatment, of which 4 required middle ear surgical treatments.

It is important to state that without the first project, Fundación Sonrisas que Escuchan and CBM would have had no access to the juvenile centres to conduct ear examinations and audiological evaluations.

It is equally important to refer to the relevance of the signed agreement with the General Secretary of the Presidency, as this advantageously positioned Fundación Sonrisas que Escuchan, allowing it to serve a neglected group and through this, the foundation has received recognition by different governmental institutions.

“In these challenging months of the pandemic we lost friends, time and income but not our goals; it taught us to strengthen our programs in different ways. We learned to take better care of ourselves and to take better care of others. Having held the meetings of the Network has consolidated the relationship among its members, which lays a good basis for further work.”

Key Learning:

- In order to realise quick and effective ‘inclusive’ actions, as needed in a pandemic situation, government awareness is a foundational requirement.
- Awareness within government means acknowledging;
 - 1) existing issues and challenges, and
 - 2) responsible organisations committed to address these challenges.
- In general, CBM promotes with its partners to: serve vulnerable groups, advocate to governments, seeking opportunities to promote the issues, and independently generate funds. In this case, vulnerable groups were an integral part of the project.
- CBM’s longstanding involvement and commitment in Guatemala positioned Fundación Sonrisas que Escuchan as a national partner for the government to address the issue of ear and hearing care in the country during the pandemic and beyond.



Networks

- Ensure Organisations of Persons with Disabilities play a key role in awareness raising
- Coordinate with other community groups
- Support and exchange good practices

Dr Diego Santana-Hernández Senior Global Advisor for Ear and Hearing Care, CBM

Dr Patricia Castellanos Member of CBM’s Core Advisory Group for EHC and Chairperson of Fundación Sonrisas que Escuchan

Case Study

Disability Inclusive Community Action in Inclusive Education

Inclusive education

Challenges and Learning in Inclusive Education provision during Covid-19

Education is a universal right, but it is not a reality for all. Exclusion from education has many possible causes. From identity, background and ability, to societal discrimination or stigma; from lack of trust and belief in its possibilities and potentials, to financial gaps in the educational system with insufficient equipment and infrastructure; or that teachers, materials and learning environments often ignore the benefits of embracing diversity.

Technological disruption, climate change, conflict, and now a global pandemic, further widened the inequalities and access to education, especially for boys and girls with disabilities.

Inclusive education presents an even greater challenge, as children with disabilities often require additional infrastructure and support. Covid-19 exposed the fragility of education systems and deepened the inequality of access to basic education for children with disabilities.

With support from CBM, and due to the complexity and on-going nature of the pandemic, education partners around the world are undertaking work in various stages of implementation and focus. Efforts span from mitigating the disruption of inclusive education, to the provision of full access to quality and inclusive education.

In Cameroon, DRC, Ethiopia and Rwanda for example, inclusive WASH facilities in schools was identified as an effective means of reducing the risk of infections alongside providing important basic information to children and parents / caregivers about the pandemic.

In the Rohingya refugee camps in Bangladesh educational services for children with disabilities continued in the early stages of the pandemic. There, child friendly spaces (CFS) and schools had to close, leaving the centre the only provider of therapeutic services alongside some learning activities for children with disabilities and their accompanying siblings.

CBID partners in many countries such as Bolivia and India, switched from face-to-face interactions to distance support using available popular mobile applications and software. Important supervised therapeutic services were provided online, such as speech therapy and physiotherapy. Trainings were conducted using mobile applications, as were follow-up consultations, health consultations, online yoga sessions and psychosocial counselling.

There was an increased effort in setting-up of community based education centres in rural areas to conduct trainings for educators and beneficiaries locally, as well as enabling training of teachers online,

“Education is a universal right, but it is not a reality for all.”

where previously training had been conducted in a centralised manner.

In Vietnam, partners responded swiftly to school closures in the early stages of the pandemic. Five national and local partners described their different responses, focusing on providing online teaching and the importance of engaging with parents / caregivers to support the continued learning of children with disabilities at home. Direct teaching was provided through mobile applications. Efforts were also complemented by disseminating information on Covid-19 prevention (songs, online leaflets). It became apparent that continued education would only be possible in partnership with parents / caregivers with communication systems established through phone and mobile apps. Parents / caregivers and

teachers exchanged information on progress via photos and videos for teachers' review, comments, feedback and monitoring. However, access to online and mobile communication is not available to all, especially the poorer families. To reach these children and their families, partners provided home support through individual family visits. Urgently needed resources, such as braille books and materials, audio files, music and learning tools were distributed to support home-based learning.

In Guatemala, despite the lockdown, a CBM partner organisation of persons with disabilities used existing links to community-based volunteers. Through the use of mobile phone applications, they were able to continue assisting the volunteers in providing basic educational support to children with complex support needs and children who are deaf-blind.

Key Learning:

- **Technology, access to mobile devices and internet connection, where available or supported, enabled partners to swiftly react and establish a learning platform and direct support for children with disabilities in some instances.**
- **The quality of interaction between teachers, parents, caregivers and children, activities had been increased when e.g. online yoga lessons were offered.**
- **Keeping libraries open while schools are closed enabled families to have access to books and learning materials.**
- **Localisation is possible through utilisation of existing structures that CBM has supported and enabled, e.g. partner staff were able to bring braille, school books and other learning materials directly to households.**
- **Psychosocial support is essential for parents, caregivers, teachers, and students alike.**



Communication

- Share your contacts and stay connected
- Ensure messages are clear and truthful
- Ensure messages are accessible to all



Case Study

Disability Inclusive Community Action in Community Mental Health

Mental health support in Peru

When the Covid-19 pandemic started in Peru, a national state of emergency and extended quarantine situation was rapidly introduced in the country. Over the subsequent weeks in March and April, these measures resulted in a widespread loss of employment and means for purchasing basic commodities, such as food. Government restrictions and further surges of new cases led to uncertainty with severe negative affects on the mental health status of vulnerable people. An increase of cases of domestic violence was also seen.

As early as April, CBM's partner Paz y Esperanza set up an emergency response in the poorest and most deprived settlements of urban Lima in response to the negative impact of Covid-19 on the lives of people with disabilities. To mitigate the economic shock for persons with disabilities, the elderly and poor families, Paz y Esperanza supplied cash vouchers to purchase food and other means such as for basic health care.

Parallel to distribution of cash vouchers, the organisation offered psychological support in form of 'active listening'. A psychologist supported by a team of more than 10 volunteers, conducted emotional support calls to vulnerable people from these settlements.

Simultaneously, a series of virtual trainings was organised for leaders of organisations of people with disabilities. This effort sought to strengthen the leaders' capacities to assist in the psychological support efforts for their peers and locally associated persons with disabilities. Due to travel restrictions, there was no possibility for outside specialised professionals to provide psychosocial care. Enabling these leaders was crucial in extending first psychological help, emotional support and self-care to the community.

To date, Paz y Esperanza continues the initiative for psychological support with a dedicated active listening line, where psychological and emotional support is provided to those in need.

Key Learning:

- Aside from inducing economic difficulties, the pandemic exposed mental health care as a critical predicament for persons with disabilities. It uncovered multiple problems such as increased emotional instability caused by the fear of contagion and fear of death.
- Within the project, it was found that it is necessary to have a larger number of people prepared to assist others with psychological first aid because there are not enough people trained in mental health. It is not required to have specialised personnel, but it is necessary to guarantee volunteers' training to cover a greater radius of action with the population that needs support.
- The practice of active listening has been vital because many people just needed to be listened to in order to gain confidence and feel valued.



Compassion

- Promote and protect well-being
- Encourage hope, safety and calmness
- Be considerate (social distancing)

Case Study

Disability Inclusive
Community Action in
CBID

Leadership by and with the disability movement

Community links and national outreach – Philippines

Philippines – Experiences of working with Organisations of Persons with Disabilities (OPD)

In the Philippines, CBM has been for many years building and strengthening networks and partnerships at national, organisational and community levels. In partnership with local OPDs, efforts to support and empower persons with disabilities produced successful outcomes.

Through OPDs, CBM could therefore reach out to different networks and organisations despite the tough government-imposed restrictions in the Philippines as the pandemic spread through the country in March 2020. Often described as ‘militarised,’ the lockdown included the sudden installation of barricades and police checkpoints.

“The shutdown left most people within the deaf community behind without essential information needed for them to cope.”

Strict curfews were imposed, movement was restricted, and all commercial activities were immediately halted with the exception of essential services.

As various additional local ordinances and sub-rules on curfews and movement restrictions were imposed depending on the number of reported Covid-19 cases per municipality, access to timely information has become extremely important to avoid being penalised.

A story from Filipino Sign Language (FSL) efforts:

The shutdown left most people within the deaf community behind without essential information needed for them to cope and receive updated information about the pandemic and lockdown situation. Anticipating this impact on the deaf community, nine deaf and hearing leaders teamed up and established the Filipino Sign Language Access Team in mid-March.

The team offered a wide range of accessible information about Covid-19, quarantine protocols, government provisions, counselling, and meeting the health needs of deaf people. Covid-19 terminology was translated into Filipino Sign Language. To support deaf persons who don't use sign language, a stream of easy-to-understand print information and info-graphics were created, and over one hundred Covid-19 and quarantine-related signs were uploaded and published online as videos.

Additionally, a team of deaf agents, interpreters and physicians are now on call to provide remote medical consultation online with deaf clients using text messages and video calls. Towards the

end of May, the team again took the initiative and joined other civil society organisations to lobby for critical measures inclusive of deaf people in the proposed legislation on Covid-19 recovery.

Key Learning:

- Anticipatory responses and initiatives led by people with disabilities themselves have incrementally helped other persons with disabilities in obtaining information, support and counselling regarding quarantine protocols and government provisions.
- Public service announcements on safeguards were broadcast with sign language interpretation daily on one primetime TV channel for one week. Within a month of the team's lobbying and negotiations, sign language insets were included in daily programming of one public national TV station, and the two major private TV stations.
- The Department of Education fast tracked passage into law and subsequent implementation of a 2019 Act and Order, recognising Filipino Sign Language (FSL) as the visual language for grades 1 to 3 in special education schools. There is an understanding that the crisis enabled the fast tracking of this existing advocacy for sign language translation by several years.



Participation

- Be part of community conversations
- Ensure persons with disabilities contribute to the outbreak response
- Ensure inclusive community based organisations lead in communication

Las Piñas Persons with Disabilities Federation

The Las Piñas Persons with Disabilities Federation is a long-standing CBM partner and active in Las Piñas City, Metro Manila. As a local organisation, the federation was functioning throughout the lockdown period, thanks to its strong foundational base of community or 'frontline' workers.

When the shutdown or so-called 'Enhanced Community Quarantine' (ECQ) happened, the federation immediately reacted to address needs.

For example, it utilised its networks and conducted successful independent fundraising activities. With these donations and funds, the federation could then provide food, hygiene kits and vitamins, helping to meet health needs of persons with disabilities, as well as creating visibility within the communities.

With their active link into the communities, the federation was able to undertake relief efforts and at the same time conduct a survey identifying the actual needs and issues of persons with disabilities in Las Piñas City. An outcome of this consultation was

that continuous food distribution was not considered appropriate or safe for the recipients.

In the past, the federation successfully advocated for Las Piñas City administration to utilise an inclusive data management tool. As a direct result, persons with disabilities were not left out of the relief efforts by official government channels, ensuring that these persons received the same support as their non-disabled neighbours.

An issue many persons with disabilities around the world faced during the early stages of the pandemic was isolation. The federation adapted psycho-social methods, for example offering sign language interpreted meditation sessions online. By providing a feeling of belongingness and unity, the federation hopes these efforts provide help in coping with trauma and mental health issues. They described it as ‘project happiness’ – finding peace in chaos.

Key Learning:

- By working in partnership with active, local, grass-root OPDs (community-based service providers), CBM partners were able to quickly and appropriately act to address emergency situations.
- The closer an OPD is to the community, the easier it is to continue operating and providing services during strict measures, such as shutdowns and curfews. In some instances, grass-root OPDs were the sole provider of help to vulnerable groups and could continue service provision.



Compassion

- Promote and protect well-being
- Encourage hope, safety and calmness
- Be considerate (social distancing)



Communication

- Share your contacts and stay connected
- Ensure messages are clear and truthful
- Ensure messages are accessible to all



Networks

- Ensure Organisations of Persons with Disabilities play a key role in awareness raising
- Coordinate with other community groups
- Support and exchange good practices



Case Study

Disability Inclusive
Community Action
in Advocacy

Covid-19 catalysed national lobbying for inclusive social protection in Niger

The umbrella OPD in Niger, the ‘Fédération Nigérienne des Personnes Handicapées, FNPH’ was founded in 1998 with the aim to advocate at national government and institution level. Niger is one of the poorest countries in Africa and the world, and translating disability inclusive measures into practice has been a major challenge for the country.

At the start of the pandemic in Niger, various organisations and institutions (e.g. International Red Cross) approached FNPH, starting an awareness raising campaign for access to assistance, including using TV, radio appearances, posters, etc. Parallel to that effort, CBM supported an FNPH project that has a livelihood component through a cash transfer scheme.

These efforts gave the federation recognition within Niger, as the awareness campaign raised their visibility and TV and radio spots were produced and hosted by persons with disabilities.

“Translating disability inclusive measures into practice has been a major challenge for the country.”

FNPH initially approached the Prime Minister’s Office to request the participation of persons with disabilities in the design of the Covid 19 response plan. A representative of the Prime Minister’s Office contacted the federation to provide links and candidates to be included in the ongoing National programme for Social Protection in Niger ‘Projet de Filets Sociaux’, funded by the World Bank and implemented by the government. Directly, 250 persons with different type of disabilities were included and are receiving a quarterly cash transfers of 45 000 FCFA under the social protection programme for up to 2 years. A 2nd round of identification process was recently conducted and lead to an increased number of persons with disabilities benefitting from this social protection programme.

In addition, women with disabilities received support through the pandemic response interventions. The women have made and sold more than 30 000 facemasks. In addition, new market opportunities have been opened, such as providing gowns for health workers and sanitary napkins for women.

Including persons with disabilities in the national social protection programme is already a success, yet the wider implication of the government recognising the rights of persons with disabilities and formalising this right to be included in this national programme is a huge achievement.

Key Learning:

- Covid 19 pandemic increased the visibility of people with disabilities and their organisations. This resulted in the mobilisation of additional resources and support for people with disabilities in Niger. For example, people with disabilities were for the first time enrolled in the social protection programme
- FNPH has gained new experience in the field of cash transfer, a very good step to engage and advocate for more inclusive humanitarian interventions in the future
- The technical and professional capacities of people with disabilities have been recognised through the production of high quality awareness-raising television spots
- Rights of persons with disabilities to access a long-established mainstream social protection programme is an achievement to be consolidated in order to increase in the future the number of beneficiaries with disabilities in the social safety nets.



Access

- Ensure accessible and alternative communication is available to all
- Secure access to necessities (water, food, medicine etc.)
- Ensure access to services and financial support

“In Niger, what I learnt from the Covid 19 pandemic, despite its many negative consequences, was that it did increase the visibility of people with disabilities and their organisations. The crisis also made it possible to prove the technical and professional capacities of people with disabilities including women with disabilities who produced high quality awareness-raising spots. Of course, the inclusion of 250 people with disabilities in the social protection programme (social safety nets) must be part of this agenda.”



Soumana Zamo West Africa Regional Advisor for Community Based Inclusive Development

Case Study

Disability Inclusive
Community Action
in Livelihood

Cash transfers as means of livelihood recovery

Building the capacity of Persons with disabilities in Rwanda

The pandemic began as an immediate health crisis and the initial focus around the globe was on the health dimension and how to minimise infections and death rates. CBM and partners recognised early on that it is also a broader and socio-economic crisis that is affecting millions, as unlike most humanitarian crises before, in the current situation assets and infrastructure have not been lost and poor people so far have not faced catastrophic food insecurities. Yet, the pandemic has devastating effects on incomes and livelihoods. As markets have not been devastated, the hope is there that shutdowns do not last for too long, so that supply chains can resume, businesses restart and households can regain income.

CBM's livelihood strategic approach has three pillars, with the third aiming at developing community resilience in disaster prone regions and response to humanitarian crises. In the past, this humanitarian assistance had been provided in the form of

in-kind goods and services, with aid often given in form of food packages, medical and rehabilitation assistance or reconstructing houses. In the last decade, using cash and vouchers as part of humanitarian response has increased significantly in an effort to get more means and choice into the hands of people in need.

A cash or voucher system has different advantages as it allows freedom of choice in purchasing, while stimulating the local economy on the assumption that markets are working and provide the needed items and services. As it allows for a faster response and higher scalability, CBM has used this system through Village Savings and Loan Associations (VSLA).

A VSLA is a group of people, organising savings together and distribute small loans from those savings they own. Additionally, the accumulated savings and interest earned are distributed back to its members annually. Members also get support during a crises from the emergency fund.

By utilising these existing groups, CBM and its partners were able to act by introducing cash transfers to provide means to meet immediate basic needs, such as food, water, medication, energy, housing (rent) as well as disability specific needs. As the following example demonstrates, it also was successful in supporting group members to such an extent that they did not need to sell their assets during this crisis.¹

“The pandemic has devastating effects on incomes and livelihoods.”

1. As a result of loss of income and livelihoods due to a disasters, people are often forced to sell their assets. This might be livestock or even machines and tools like sewing machines, assets that might have been provided by an organisation in the first place.

The Rwanda Experience

NUDOR – The National Union of Disability Organisations in Rwanda (NUDOR) is established as a civil society organisation since September 2010 by 8 national organisations of persons with disabilities and has currently 13 member organisations.

Starting in May 2020, cash transfers were disbursed by NUDOR, providing RWF 30,000 for roughly 1,000 individuals via mobile money (services provided by telecommunication companies). This transfer enabled beneficiaries to get basic foods, hygienic materials and consumables, as well as enabled individuals to purchase domestic animals for reviving their livelihood activities.

In order to implement the project, CBM’s partner NUDOR was able to build on existing links and networks, and could rely on the participation of different stakeholders, including persons with disabilities. The partner used existing VSLA, reviving the groups after these were forced to close their day-to-day business due to COVID19 government lock down. The selection of the cash transfer beneficiaries was done by these VSLAs.

Utilising network partners¹, NUDOR was able to extend its outreach. In addition, it distributed mobile hand washing facilities, so-called step-and-wash stand, as well as masks and other hygiene consumables, and conducted an awareness campaign, including radio and TV spots.

Key Learning:

- Immediate adaptation of the (originally physical face-to-face) awareness activities to using Radio, TVs Shows, SMS messaging and social media channels helped to reach out to persons with disabilities and at the same time gave the OPD and persons with disabilities an exceptional opportunity of being visible and demonstrate professionalism to a broad public.
- The use of radio and posters helped to reach out and made sure that information was provided to those geographical areas where beneficiaries live and who do not have means or access to internet or mobile phones.
- Using and localising existing structures that CBM has supported and enabled: networks on national level including links to government institutions, networks of implementing partners national-wide and local community-based organisations supported continued service provision despite shutdowns, travel restrictions and physical distancing requirements.



Networks

- Ensure Organisations of Persons with Disabilities play a key role in awareness raising
- Coordinate with other community groups
- Support and exchange good practices



Access

- Ensure accessible and alternative communication is available to all
- Secure access to necessities (water, food, medicine etc.)
- Ensure access to services and financial support

1. AVEGA (Organisation of women Genocide survivors in Rwanda), RPP+ (The forum for Persons living with HIV/AIDs) and COPORWA (Organisation of Historically marginalised Persons)

CBM as an organisation adapting and learning during Covid-19

A response to the global pandemic is different to that of a humanitarian emergency. From the early stages of the crisis, structural and procedural challenges within CBM and its partner network had to be addressed.

By the end of February/ early March 2020, the CBID team at CBM realised that Covid-19 would deeply affect all CBID programmes and CBM offices worldwide. Therefore it set out to support its staff and CBID partners around the world through the following:

- ✓ **Development of the Covid-19 Matrix to guide the adaptation of programmes and response in a swiftly evolving situation.**
- ✓ **Development and dissemination of weekly CBID guidance notes to support CBM and partners in managing the information overflow from multiple sources, around the world.**
- ✓ **Provision of targeted and timely guidance from the team's advisers to country offices and partners as they adapted existing plans and developed new proposed Covid-19 related work.**
- ✓ **Contribution to quick and flexible decision-making regarding the (re-)allocation and distribution of available funds (new processes were established for the entire organisation to facilitate an agile response).**
- ✓ **Supporting the communication and fundraising activities of the organisation.**
- ✓ **As the response gained momentum, regular online exchange and learning sessions took**

the place of weekly updates. This platform provided a facilitated space for partners and staff to highlight challenges and, perhaps more importantly, share promising practices from the field in support of peer exchange and replication.

The main challenge on an organisational level that the CBID team encountered was adjusting to a pure virtual working environment, with no face-to-face interaction.

Over time, the advisory system adjusted to online and telephone based means of providing technical support. When internal expertise to address particular needs was not available, the CBID team was quick to secure technical support from others. For example, WASH expertise from Water Aid provided guidance to CBID programmes around the world through an online learning session and dissemination of written guidance.

The main challenge local CBID partners encountered was adapting programmes to adhere to local/ national rules such as curfews, restricted movements and physical distancing while continuing to provide

“From the early stages of the crisis, structural and procedural challenges within CBM and its partner network had to be addressed.”

direct services (e.g. physiotherapy). CBM took seriously its 'duty of care', providing necessary protective gear and supporting partners to use additional methods of providing services to people. The different case studies in this document highlight some of these experiences.

CBM and its CBID partners worked closely with organisations of people with disabilities (OPDs). This was crucial to an effective response as it ensured an understanding of the evolving challenges experienced at the local level and the integration of local ingenuity into the response. The fact that CBM maintains long-term relationships with its partners enabled quick and appropriate localised responses led by or in partnership with local and national OPDs. As a result, CBM's CBID programs acted swiftly to provide basic services based on needs identified locally by the movement. For example, local OPDs identified and recommended recipients of cash

transfers and food distributions in many countries. OPDs were also essential in addressing the issue of isolation, a situation most persons with and without disabilities in lockdowns faced, by providing psychosocial support, often through creative means.

In addition to the structural and procedural there is a contextual challenge, presented by a political dimension. As often seen in crisis situations, the first reflex is often to focus on the 'majority' and simplify by ignoring particular needs of the most vulnerable populations. Therefore, persons with disabilities were often deprioritised from the response. Access to basic healthcare and information about local situations (such as daily updates and news regarding lockdown measures) were generally not inclusive. Direct action and advocacy with OPDs created the impetus for more inclusive responses by a number of local and national governments (see some of the case studies in this document for examples).

Organisational Key Learning:

- Covid tested our organisation and we rose to the challenge, proving our flexibility as an organisation, from a structural and procedural angle.
- Strategic changes were implemented to address challenges:
- Use of a blended approach in managing projects;
- Acting swiftly and using the crisis to drive community development and disability inclusion, further creating national visibility for OPDs and CBID programs;
- Good integration with colleagues across the (geographical and functional) breadth of the organisation;
- Understanding the limits of organisational expertise and reaching out to others through established networks and new relationships helps to address particular challenges experienced by people.
- Providing regular opportunities to share experiences and learning between staff and partners around the world serves to recognise and replicate promising practices.



Communication

- Share your contacts and stay connected
- Ensure messages are clear and truthful
- Ensure messages are accessible to all

A broad reflection on key learnings

Providing space and scheduling time among staff within an organisation and between organisations to share developments and lessons learned in the midst of the crisis allows all those involved to take advantage of organisational best practices, innovative approaches and good work practices. Documenting project successes also provides inspiration for on-going and future projects, especially complex ones.

“While so many of us have been locked down, it is up to all of us in our communities and organisations to make sure no one is locked out.”

While learning should inform all work, complex and rapidly changing circumstances can make it difficult to take the time to pause and reflect. In the case of the Covid-19 pandemic, where many actors and stakeholders are involved and response is time-critical, documenting and sharing key learning can help improve both future projects and future stages of current projects and programmes.

Key learning from all seven case studies illustrates CBM’s financial and organisational flexibility with

agile decision-making to allocate and distribute available funds; a swift availability of guidance through the Covid-19 Matrix and the proactive management of flow of information between different parts of the organisation globally through online platforms and fora for exchange and learning. The effectiveness of the organisational response was based on a commitment to balancing guidance and direction with enabling contextualised community responses.

The effective response as an organisation was based on the ability of CBM to listen and learn. This ability is deeply rooted in long-term partnerships in the countries in which CBM works and particularly strong engagement in CBID. This history and commitment allowed for an immediate response in this extreme crisis situation.

Along with its financial flexibility, CBM’s CBID approach enabling the organisation to ‘think globally and act locally’ provided remarkable key learnings highlighted in the seven case studies described in this document.

In an unprecedented crisis this opportunity to reflect on and share experiences of CBM’s response reminds us that while so many of us have been locked down, it is up to all of us in our communities and organisations to make sure no one is locked out.

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