

A disability-inclusive response to COVID-19

Four lessons learned about including people with disabilities in humanitarian aid



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Inclusive Futures partners

ADD International | BBC Media Action | Benetech | BRAC
Development Initiatives | Humanity & Inclusion | Inclusion International
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Background

Inclusive Futures improves access to work, education and healthcare, and tackles stigma and discrimination faced by people with disabilities.

Through our work we generate robust evidence about how to include people with disabilities in development and humanitarian programmes. As a flagship UK aid disability inclusion programme, Inclusive Futures played a crucial role in supporting some of the most marginalised communities in Bangladesh, Kenya, Nepal, Nigeria, and Tanzania during the COVID-19 pandemic.

This learning paper summarises what we learned from delivering a disability-inclusive programme of responses to COVID-19, and research about the impact of the pandemic on people with disabilities. The learning in this paper can be applied to ensure people with disabilities are included in future programming in contexts at risk of crisis or large-scale shocks.

Cover image: ©Brac/Nazmul Shanji

Context

There are more than 1 billion people with disabilities worldwide, about 15% of the population.¹ As well as being at a greater risk of contracting COVID-19 and mortality from COVID-19,² people with disabilities are disproportionately impacted by various discriminatory factors that already existed prior to the pandemic, and which the pandemic has exacerbated.³

These include barriers accessing adequate resources and services including jobs, social protection and health care services. Many people with disabilities, who rely on carers or family members, have faced severe challenges with social distancing and self-isolation measures. Public health information and

water, sanitation, and hygiene facilities are often inaccessible for people with disabilities. Evidence also shows that during the pandemic disability has intersected with other factors to exacerbate a person's vulnerability (for example, women with disabilities faced increased risk of gender-based violence).⁴

Why is a response that is inclusive of people with disabilities important?

People with disabilities should enjoy all human rights and fundamental freedoms, alongside their peers without disabilities. However, despite being highly marginalised and more likely to live in poverty, mainstream development and humanitarian programmes often fail to address the barriers that exclude people with disabilities from accessing vital support.

**“At this time of the pandemic, I have many disabled brothers and sisters who haven't received any help neither from the government or an organisation.”
(A man from Bangladesh who has deafblindness)⁵**



People with disabilities are more likely to live in poverty.⁶



Barriers to accessing essential services including health, education, social care, and government information are more likely to be experienced by people with disabilities.⁷



People with disabilities are more likely to earn low wages, be under-employed, in informal work, or unemployed, making them more vulnerable during economic crises and humanitarian situations.⁸



Stereotypes, prejudice and stigma contribute to the discrimination and exclusion experienced by people with disabilities and their families in all aspects of their lives.⁹



People with disabilities are routinely missed from data collection activities for development programmes and humanitarian aid.¹⁰



Design and delivery of development programmes and humanitarian responses frequently overlooks people with disabilities, leading to their exclusion as programme beneficiaries.¹¹

People with disabilities have been differentially impacted by COVID-19 despite global commitments made on disability inclusion prior to the pandemic, enshrined in the UN Convention on the Rights of Persons with Disabilities¹² and outlined in the IASC Guidelines on Humanitarian Action.¹³ The COVID-19 Disability Rights Monitor report published by the International Disability Alliance (IDA) found that countries have generally failed to take sufficient measures to protect the rights of people with disabilities in their responses to the pandemic.¹⁴

As UK aid's flagship disability inclusion programme, Inclusive Futures played a driving role in mobilising the disability movement, including through IDA's critical support to organisations of persons with disabilities (OPDs) and programme partnerships with regional and national OPDs, governments, and community actors. Through this, Inclusive Futures supported some of the most marginalised communities during the initial phases of the pandemic.

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A man who uses a wheelchair is interviewed in Nigeria as part of radio programmes which highlight the discrimination people with disabilities face during COVID-19.

Delivering a disability-inclusive response

The sweeping impact of the COVID-19 pandemic significantly affected the delivery of the existing Inclusive Futures programmes. Our consortium recognised the need to leverage our collective international expertise and partnerships (in advocacy, programming and research) and rapidly pivoted our planned activities to support the COVID-19 response. In doing so, we were able to play a key role in generating lessons for future crisis response and recovery programming.

A review of our crisis response has identified four useful lessons (detailed below) about disability-inclusive crisis response and recovery for development and humanitarian actors. These lessons are drawn from innovative projects in Bangladesh, Kenya, Nepal, Nigeria, and Tanzania, between April-December 2020. During this time we worked with the disability movement, government and community actors to help ensure the most marginalised people with disabilities were identified and prioritised for support. Activities included giving people with disabilities access to cash transfers, hygiene products including soap and detergent, and psychosocial support in Bangladesh and Nepal; auditing, improving and promoting access to health services in Nigeria and Nepal;

building the resilience of micro-businesses run by entrepreneurs with disabilities to withstand economic uncertainty in Kenya; providing input into national government response plans in Tanzania; and undertaking focused qualitative research with people with disabilities about the impacts of COVID-19 on their lives in Bangladesh and Nepal.

In the Inclusive Futures COVID-19 response, partnerships with OPDs were critical in delivering a relevant and appropriate programme that provided tangible outcomes for people with disabilities. Our partner OPDs represented people with disabilities in all their diversity, including women with disabilities.



£1.48m
budget



60,000
People reached
directly¹⁵



14m+
People reached
with disability-
inclusive media
messages¹³

Four lessons learned about a disability-inclusive COVID-19 response

01

Partnership and collaboration with OPDs is essential

In the Inclusive Futures COVID-19 response, international development organisations partnered with government, people with disabilities and their representative organisations, and communities. We learned that when people with disabilities and their representative organisations are meaningfully engaged in the design of a programme, the response will be more inclusive and tailored to local needs and priorities. The response will also be better informed to address the systems that create barriers for people with disabilities in the full enjoyment of rights.

In Kenya, we worked with organisations of persons with disabilities (OPDs) to understand how people with disabilities were affected by the pandemic and what their immediate requirements were.

These partnerships had been established under Inclusive Futures prior to the pandemic. The national OPD in Kenya, the United Disabled Persons of Kenya, led the selection of more than 40 community OPD

partners. These OPD partners supported data collection to identify people with a range of disabilities, including people with deafblindness. They also helped mentor micro-entrepreneurs with disabilities to adapt their business models during the pandemic. OPDs took a central role in highlighting the gaps in government data, prioritising support and distribution, which risked leaving behind some populations. They also monitored the success of the relief packages that were provided.

In Bangladesh, OPDs identified the most marginalised people with disabilities for mobile cash support, including people with deafblindness. OPDs ensured that all selected people with disabilities had access to a mobile phone and access to a valid account to receive the cash support. They assisted with the verification process to register for the mobile account, and supported people receiving the transfers to decide how to use the money and how to prevent transfer fraud. The OPDs themselves represented a range of people with disabilities, including the Women with Disabilities Development Foundation.

In Nigeria, Inclusive Futures partnered with people with disabilities to design and edit COVID-19 communications for radio, television and social media. People with disabilities in the team helped inform the design of COVID-19 mass communications for different audiences, including people with disabilities in all their diversity and the specific risks or concerns they might be facing. This communication was shared and mainstreamed alongside other COVID-19 topics including ‘How can Nigeria recover fast from the impact of COVID-19?’. People with disabilities took part in every radio episode as either guests, interviewees, or other contributors. One radio series, titled ‘Talk Your Own’, reached an estimated 6.6 million people – including 1.2 million people with disabilities – across the 10 states where it was broadcast. As well as ensuring direct

participation of people with disabilities in Nigeria, Inclusive Futures worked with OPDs to lead community awareness-raising efforts about disability and COVID-19, focusing on disability rights and tackling stigma.

We found that setting up a Memorandum of Understanding and Standard Operating Procedures with OPDs at the beginning of each project took longer than expected and delayed some initial activities. However, this time investment was critical to establish a clear working relationship with well-defined roles for OPDs as equal partners. We also learned that it was a vital priority to support OPDs to work virtually, given local restrictions on movement and safety concerns. This was addressed through training sessions on device and platform use, as well as specific budget allocation for portable hotspots and data packages, particularly for deaf people for whom phone credit was not sufficient.

Our experience highlighted the importance of working with people with disabilities and their representative organisations to identify and resource essential requirements for meaningful engagement of people with disabilities, and to build long-term partnerships that last beyond the life-cycle of a programme.¹⁶

Key learning: Partnership and collaboration with OPDs is essential

02

Disability data – while essential – may not be sufficient for an inclusive crisis response

The Inclusive Futures COVID-19 response work had a rapid start up phase and a short time frame. In some locations, the work needed to start before there was reliable data available about the target population, including data on the identity, location, needs and priorities of people with disabilities.

This data is important for informing an inclusive crisis response. Where data was not accurate nor readily available, the programme partnered with OPDs and community partners who drew on extensive networks to identify people with disabilities for participation and engagement.

“Without data we [people with disabilities] are not represented, and we don’t know how many people are infected or dying from COVID-19. If we had the data about people with disabilities at the start [of the pandemic], it would have been much easier and faster to organise responses to reach people with disabilities.” Inclusive Futures Consortium Partner, Nepal

In Nepal, data about local populations was available from two district governments, but it did not include sufficient information about disability. We needed to collect more data to identify people with disabilities among the population. To rapidly do this, we partnered with national and local OPDs, who used their networks to identify people with disabilities and add value to government data. Each identified person

then completed a phone interview about their current situation. This was challenging since it was difficult to contact some people due to remote locations as well as levels of mobile phone ownership. The phone interview included questions about functioning, using the Washington Group Questionnaire – Short Set. It also included questions about gender, economic status, ethnic group and number of dependents. Based on this data, nearly 50 people with disabilities were provided with assistive devices including wheelchairs, walking aids, hearing aids and prosthetic devices, and support packages were provided to people with disabilities, including women with disabilities and people with disabilities facing economic hardship.

In Bangladesh, we collected data at the beginning of the response to help identify people with disabilities, using the Washington Group Questionnaire - Enhanced Set. We learned that the questions need to be contextualised, to make the meaning of each question clear. For example, when asked if they had difficulty walking, the respondent’s answer could vary depending on whether the example given was ‘for 2-3 minutes’ or ‘for 10-15 minutes’. Similarly, when respondents were asked



Handwashing stations were set up and good handwashing practices were promoted in Kenya during the COVID-19 pandemic.

if they had difficulties being understood, they gave different answers depending on whether they were understood by family members, or by the wider community. Data collectors need to be trained to ask questions about functioning. This training can include examples to contextualise questions and limit the range of interpretation that is required. Responses to these questions can then be used as reliable disability data, especially when combined with other sources of information.

Based on this experience, we learned that being able to rapidly identify people with disabilities is essential to delivering an accessible and inclusive response. We also learned that data collection needs to involve inclusive methods to ensure people with disabilities contribute and count, with sensitive, contextualised questions about disability.

Key learning: Disability data – while essential – may not be sufficient for an inclusive crisis response

03

Information must be available and accessible

Globally, at the start of the COVID-19 pandemic, public health information and communication was often inaccessible for people with disabilities.¹⁷

This excluded people with certain impairments from having access to critical information about COVID-19, restrictions, safety measures and support services. In some of the countries where we work, Inclusive Futures collaborated with people with disabilities, OPDs, media and government authorities to provide both mainstream and tailored communication and information. This focused on enabling people with diverse access needs to stay safe, to know how to access essential support and to make informed personal choices in a rapidly changing situation.

In Nigeria, Inclusive Futures collaborated with local media partners to design communications tackling misconceptions about COVID-19, and covered topics including 'Leave no one behind in the pandemic'. Inclusive Futures adapted its existing programme with broadcasters in Nigeria that uses media to tackle stigma and discrimination around disability. Multiple media formats were chosen to reach a wider and more diverse audience with information about COVID-19, including people with different impairments and people with disabilities across different age groups and locations. Television public service announcements, radio dramas, social media posts and virtual town halls included people with disabilities as editors, presenters, interviewees or contributors, as well as

audience members. Radio drama listeners, both with and without disabilities, reported that they felt better able to tell the difference between COVID-19 rumours and facts and that they felt better prepared to be able to keep themselves and their families safe. 95% of listeners reported that they did something to reduce transmission in the week following the radio broadcasts, with handwashing and mask-wearing the most common actions.

Accessible signage was also put up at specific health facilities in Nigeria, to enable people with disabilities to navigate through these centres to access COVID-19 testing and treatment.

Inclusive Futures found that in many cases information and communication needed to be adapted and refined to be suitable, relevant and accessible for people with disabilities in all their diversity. In Kenya, to ensure people with deafblindness and their families were adequately informed, we worked with OPDs to tailor accessible information on COVID-19. These were pre-loaded on to Android Tablet computers provided directly to people with deafblindness and their families. The information included learning materials in video and picture form about how to wash hands frequently, how to maintain social distance and how to wear face masks effectively.

The approach to accessible and relevant information and communications about COVID-19 also included support call centres in both Kenya and Nepal. These were set up based on concerns about the mental health of people with disabilities during the pandemic. In Nepal, we set up the call centres in two districts after consultation with both OPDs and local authority District Coordination Committees. Call centre staff were trained in disability rights and benefits, as well as a basic counselling orientation, to respond to queries from people with and without disabilities.

In Surkhet district we used an SMS campaign to promote the service to people with disabilities, supported by OPDs. In Chitwan district we displayed posters in public places to promote the call centre. Many queries and concerns raised were related to disability social protection entitlements, which were causing callers some stress and concern. In response, call centre staff provided information about these, including the process of getting access to disability ID cards. They also provided information about accessing official documents including citizenship, birth, marriage, migration and land administration for people with and without disabilities. The call centres were also used to monitor the take up of relief packages.

In Chitwan district, this service had lower uptake than expected, possibly due to a smaller campaign to launch the service, as well as limited local authority and OPD

budget to take the service forward. People with disabilities in the Chitwan area also said that they did not feel comfortable sharing their personal information around disabilities with the call centre staff, and feared stigmatisation if they used the service. This implies that accessible information services, such as a support call centre, need to be sensitively marketed, and combined with steps to address stigma and discrimination that continue to prevent people with disabilities from accessing them.

Through our programming, we learned that all information and communication in any crisis response needs to be made accessible and relevant to people with disabilities, in order for everyone to access services during crises and make informed personal choices.

Key learning: Information must be available and accessible.



Entrepreneurs with disabilities in Kakuma refugee camp, Kenya, are trained how to make liquid soap.

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Case study: Cash support for people with disabilities in Bangladesh

In Bangladesh, people with disabilities participating in the Inclusive Futures programme requested cash support to meet their needs. A survey we carried out found that 45% of participating households had no form of income during the pandemic, compared to just 1% who had no form of income prior to the pandemic. To cope, 45% of all respondents had reduced their number of meals to two per day.¹⁸

Cash support was provided to 2,978 people. [endnote] Inclusive Futures, in partnership with OPDs, played a critical role in supporting people with disabilities, especially people with deafblindness, to ensure they were safely and security able to access both direct and mobile cash transfers, and supported them to decide how to spend the cash.¹⁹



 **45%**

of participating households had **no form of income** during the pandemic

56% of respondents used the majority or all of the cash for emergency survival needs, including food and medicine. After receiving cash support, 95% of respondents reported that they were eating three meals per day again. Almost half (49%) of respondents also reported that some or all of the cash went on income-generating activities, including purchasing farm animals and restarting businesses.

“I’m very afraid of the situation. If it continues longer, we will be in trouble. But thanks to the cash support, our lives were smoother. It removed my anxiety and reduced stress for me and my family.” - Jinnatunnesa, a 28-year-old woman with deafblindness from Bangladesh, received cash support through the Inclusive Futures programme. She used the cash to buy food and repay a loan her family took after her husband lost his job due to the pandemic.



04

Partnerships between OPDs and decision makers can lead to longer-term change

Inclusive Futures partnered with OPDs to address some of the factors that make people with disabilities experience higher risk and vulnerabilities during crises, including the COVID-19 pandemic. As well as providing immediate relief, Inclusive Futures also worked to address underlying risks, discrimination, systemic barriers and exclusion in society. These programmes leveraged the pre-COVID-19 partnerships with OPDs that Inclusive Futures has established and maintained.

The Inclusive Futures crisis response worked to build the resilience of people's incomes, which were severely affected by the measures put in place to control the spread of COVID-19. People with disabilities are more likely to be working in informal sectors and therefore more susceptible to economic shocks. To build resilience, in Kenya we worked with micro-entrepreneurs with disabilities to adapt their business in response to the pandemic. We did this while also facilitating their access to cash grants and e-vouchers to restock their businesses and buy food. This immediate support, together with an investment in business adaption, helped to ensure micro-entrepreneurs with disabilities could continue to support themselves and their families in the immediate and longer-term. In partnership with the United Disabled Persons of Kenya, public and private sector businesses also initiated accessibility audits of their facilities, with UDPK providing feedback and recommendations.

In Nigeria, government partners were eager to engage with OPDs, listen and learn, and improve their inclusion and accessibility beyond the immediate COVID-19 pandemic response. Through this partnership OPDs raised awareness of the accessibility of services for people with disabilities by

conducting accessibility audits in health facilities, used during the pandemic for COVID-19 testing and treatment. These audits are an example of how government partners can 'build back better'²⁰ through inclusion and accessibility in the COVID-19 recovery and rebuild process.

OPD partners shared the message that inclusion and accessibility in all facilities needs to be part of future design and build stages, as this will save costs compared to adapting and renovating an existing building. The prioritised recommendations in some district hospitals have already begun to be actioned, including the construction of accessible pathways, ramps, handrails, toilets, showers and accessible reception counters. Additional recommendations that have already been actioned in the audited hospitals include installing signage and tactile location maps, supplying wheelchairs and fire extinguishers and repairing damaged floors. These audits and the accompanying advocacy by OPDs on designing for inclusion and accessibility, continue to have influence beyond the immediate programme. The positive influence will be greater still if the relationship between OPDs, government and service providers

is maintained in the long-term and if OPDs are resourced in these consulting and advocacy roles.

Inclusive Futures sought to establish or strengthen relationships that can continue to have influence if maintained after the response. In Tanzania, the programme established a working group with different decision makers, including OPDs and government representatives and an equal representation of women and men. This working group acted as a mechanism to coordinate a COVID-19 response inclusive of people with disabilities and reviewed national and local COVID-19 response plans for disability inclusion. This had nationwide impact, with the working group providing input to strengthen the inclusivity of the national COVID-19 response plan from the Ministry of Health, Community, Development, Gender, Elderly and Children (MoHCDGEC). The national umbrella OPD in Tanzania, SHIVYAWATA, took a central leadership role in this working group and this has led to a strong relationship with decision makers on the working group, including the Prime Minister’s Office Disability Unit. As a result, the group has since been invited by the Prime Minister’s Office to support the development of inclusive COVID-19 school re-opening guidelines. The collaboration between OPDs and government is a positive step toward people with disabilities influencing government plans and decision making, to achieve disability inclusion and to leave no one behind.

We learned that inclusive crisis response measures can include programmes that seek to generate longer-term positive impact for people with disabilities, particularly when working through existing partnerships with OPDs and government and that these partnerships need to be maintained and supported.

Key learning: Partnerships and programmes between OPDs and decision makers can lead to longer-term change.



An accessibility audit is carried out at Nyanya COVID-19 testing facility in Nigeria.

© Sightsavers

What's next?

Based on this crisis response programme we have learned that inclusive and accessible programmes, in humanitarian contexts, need to:

- Partner and collaborate with OPDs: This includes partnering with OPDs in multiple roles to better identify and respond to local priorities and needs.
- Collect disability data to rapidly identify people with disabilities: Any data collection needs to be inclusive and contextualised.
- Produce information that is accessible: This includes accessible and tailored formats, content and languages.
- Establish or support partnerships and programmes between OPDs and decision makers for longer-term change: Look to support or establish partnerships, programmes and capacities that address underlying, systemic barriers that exacerbate vulnerabilities.

Experience shows that it is more effective to plan for inclusion rather than react. Lessons learned in our COVID-19 response about inclusion and accessibility can be directly applied in future crisis response and recovery programming. This includes COVID-19 longer-term social and economic recovery, and vaccination rollout.

Find out more about our work on our website www.inclusivefutures.org

Image: Personal protective equipment was used to prevent the spread of COVID-19 in Bangladesh

Credit: Brac/Nazmul Shanji





ব্র্যাক ম্যাটারনিটি সেন্টার, বউবাজার

সিটিজেন চার্টার

নাগরিক স্বাস্থ্যসেবা পাওয়ার অধিকার সমূহ

- গ্রন্থাগার ও মানসম্পন্ন সেবা পাওয়ার অধিকার।
- গ্যারান্টিড সিস্টেম সেবা শুরু করার পূর্বে মতামত দেয়ার অধিকার।
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- গোপনীয়তা রক্ষা পাওয়ার অধিকার।
- প্রশাসনিক সেবা ও তার খরচ সম্পর্কে বিস্তারিত জানার অধিকার।
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- সেবা সম্পর্কিত রেকর্ডের কটোকপি পাওয়ার অধিকার।
- অধিকার রক্ষিত না হলে কর্তৃপক্ষকে জানানো ও
- অধিকার অধিকার।
- স্বাস্থ্যসেবা নির্দেশনা পাবার অধিকার।



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18. Figures from a pre-intervention survey carried out by BRAC, which questioned 1,856 participants in order to understand the impact of COVID-19.
19. A total of 2,978 people with disabilities received cash transfers. This includes both direct cash transfers and mobile cash transfers. This figure is the total figure from several consortium partner cash transfer programmes as part of Inclusive Futures, including: ADD, BRAC, Light for the World and Sense International/CDD.
20. This phrase is drawn from the theme of the 2020 International Day of Persons with Disabilities (IDPD): Building Back Better: toward a disability-inclusive, accessible and sustainable post COVID-19 World www.un.org/development/desa/disabilities/news/uncategorized/building-back-better-toward-a-disability-inclusive-accessible-and-sustainable-post-COVID-19-world.html

The background is a solid teal color. On the left side, there are several large, semi-transparent, light teal geometric shapes. These include a circle at the top left, a thick diagonal line extending from the top left towards the center, and another circle on the right side. The shapes are layered and partially overlap each other.

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ADD International | BBC Media Action | Benetech | BRAC
Development Initiatives | Humanity & Inclusion | Inclusion International
The Institute of Development Studies | International Disability Alliance
Leonard Cheshire | Light for the World | Sense International | Sightsavers
Social Development Direct | Standard Chartered | Sustainable Hospitality Alliance