

## Status of Persons with Disabilities in COVID-19

### INTRODUCTION:

The purpose of this brief is to provide an overview of information about a) access to COVID-19 preventive messages and its application by persons with disabilities, and b) impact of COVID-19 crisis on basic and essential needs of persons with disabilities. The information is based on survey conducted in Kachin and South East (Thandaunggyi, Kyaukkyi and Kawkareik). The content of this document aims to inform situation of persons with disabilities to all the actors (both governmental and non-governmental actors) involved in response to COVID-19 crisis and further protection issues related to persons with disabilities.

The information was gathered between 14-27 May, 2020 through telephone interviews and few face-to-face interviews. Total 527 persons with disabilities were interviewed with 50/50 representation of male and female with disabilities. Impairment-wise, 51% persons with physical impairment, 21% visual impairment, 9% hearing impairment, 8% intellectual impairment, 1% psychological impairment and 10% were with multiple impairment. In regards to age, 14% were children under 18 years, 58% adult between 18-59 years and 28% elderly over 60 years. The caregivers were interviewed in case person is not in a situation to provide information during an interview.

### MAJOR FINDINGS:

**Information on COVID-19:** 97% have mentioned having received information about corona virus infection prevention measures. Regarding main source of information, 64% responders received information from authorities (camp or community leaders), 46% from health services.

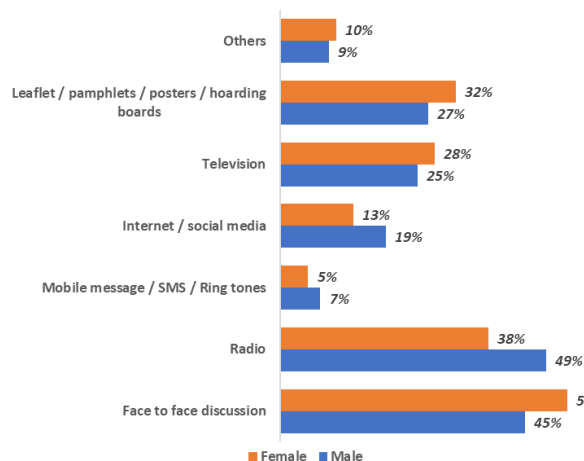


Fig 1.: Means of information vs. Gender

Face to face discussion was the most common means through which respondent received information (49% of respondents) followed by radio (44%), leaflet/posters (30%), television (27%), internet/social media (16%), mobile message/SMS/ringtones (6%) and others (10%).

**Accessibility of Information:** 90% respondent perceived, they could easily understand the messages because message was in simple language (68%) and was in their own language (63%), easy to read (18%), videos and narration were clear (17%) and family members explained the messages (1%). Among 1% respondent who received information from family members are respondent with hearing (5%), multiple (4%) and intellectual (3%) impairments.

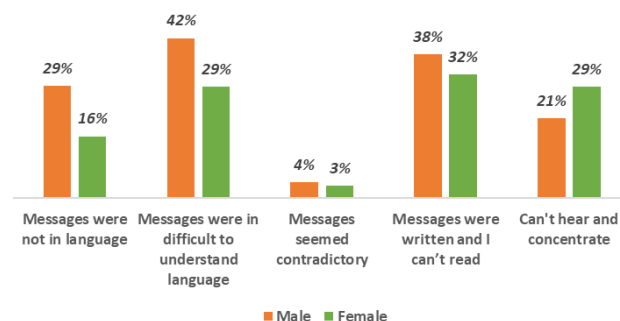


Fig 2.: Difficulty accessing information vs. Gender

Out of 10% who could not understand the messages is due to difficulty in understanding messages (Male: 42% and Female 29%), messages were written which they can't read (Male: 38% and Female 32%), messages were not in their own language (Male 29% and Female 16%), Messages seems to be contradictory (Male 4% and Female 3%) and due to other reasons (Male 21% and Female: 29%).

**Knowledge and Practice for Prevention:** 97% of respondent said they received preventive message, 89% said it was easy to understand however, it is very important to note that only 13% of respondent cited the main five preventives measures when asked about the prevention measures they know of while, 33% know four preventive measures, 40% cited three of the main preventive measures, 13% of respondents cited only one or two preventive of the main measures. The five preventive measures included in a survey are i) frequent hand washing, ii) wearing mask, iii) keeping physical distancing, iv) covering mouth while sneezing/coughing and v) stay at home. In nutshell, 87% do not know all preventive measures or only know partially the prevention measures.

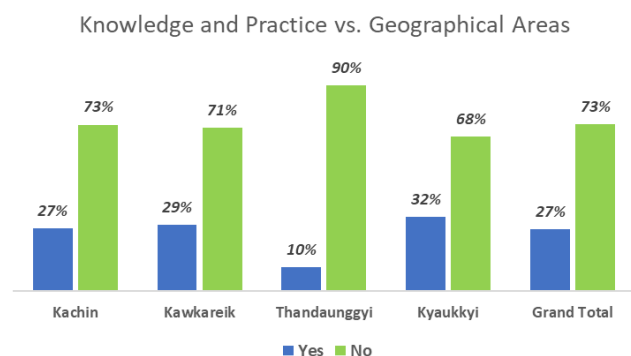


Fig 3.: Knowledge and Practice vs. Geographical Areas

Similarly, 27% respondent are facing difficulty applying it. The reason for not applying the preventive measures they know about are due to lack of soap (35%), unable to keep physical distancing (29%), unable to afford to buy mask and sanitizer (24%), unable to wash hand alone (22%) and lack of water (15%). The highest number who can't apply is from Kyaukkyi (32%) followed by Kawkareik (29%), Kachin (27%) and Thandaunggyi (10%).

**Impact on Income:** It's particularly striking to see that sources of income before Covid19 are mainly informal random daily work and other forms of informal work (56%) followed by casual laborer (27%) and livestock breeder (19%) while 12% of respondents were already depending on aid/donation/distribution before Covid19 and 1% on government social welfare.

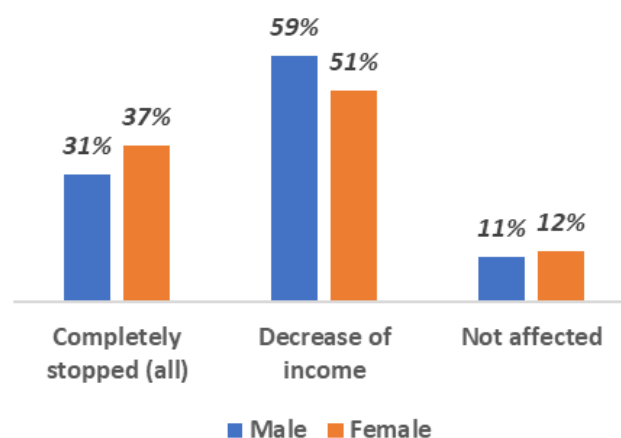
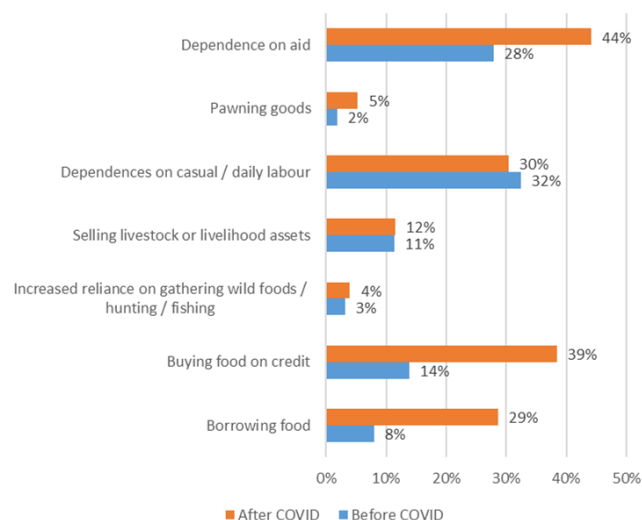


Fig. 4: Income source Affected vs. Gender

After lock down, income source has been affected for 89% of responded: it completely stopped for 34% respondent and decreased in income for 55% respondent whereas 11% of respondents only are not affected. Decrease in income has been seen higher among most of the respondent from all locations (76% of respondent in Kawkareik, 85% in Kyaukkyi & Thandaunggyi, 41% in Kachin) but complete stop has been particularly affecting Kachin with 45% respondent in Kachin stating that Covid19 crisis led to a complete stop of their sources of income. The major reason for complete stop for source of income seems to be an inability to go to work place for 83% respondent (and in particular in Kawkareik where 91% of respondent mentioned their inability to go to work place because of restriction of movements as the one of the main reason of decrease or stop of income) followed by 21% no customers/decrease in demand, 17% lacks access to suppliers, 2% due to quarantine and 14% for other reasons.

**Basic Need Arrangement:** 91% of persons with disabilities responding the survey have difficulties

meeting their basic needs (for 18% of all respondent these difficulties existed before while for 75% these difficulties are more important due to Covid19 situation). It is alarming to note that 91% of persons with disabilities answering this survey face difficulty in meeting their basic needs.

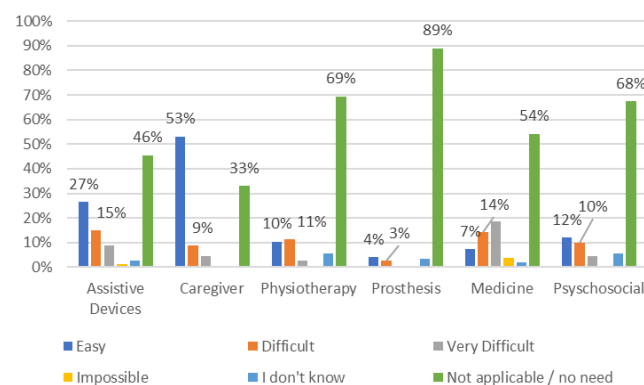


**Fig.5: Basic Need Coverage Strategy before and after COVID Crisis**

The survey also shows that 44% of respondents are relying on aid to fulfil their basic needs, 39% are already buying food on credit, 29% borrowing food. If situation doesn't improve, 51% respondent plan to buy food in credit, 46% depend on aid, 44% borrow food, 29% dependence on casual/daily labor, 22% by selling livestock/livelihood assets and also by reducing portion sizes, 19% by eating fewer meals, 17% relying on less preferred foods, 10% pawning goods, 3% relying on gathering wild foods/hunting / fishing, 2% by skipping every meal and 1% by harvesting crops early.

**Specific Needs Arrangement:** Before COVID-19 crisis, there seems already a problem accessing assistive devices as only 42% respondent mentions they have access to assistive devices, 19% to physiotherapy services and 16% to psychosocial services. Since COVID crisis, access to assistive devices has decreased to 27%, physiotherapy services to 10% and psychosocial support to 12%. The access to these services during COVID crisis is among the respondent who are HI supported beneficiaries and we expect

these data to be dramatically worth when not already supported by HI. Similarly, access to medicine before crisis was 21% which has been drastically dropped to 7% since COVID crisis started. The survey shows that the arrangement for specific needs was already difficult to access and has worsen since COVID has started.



**Fig 6: Availability of Specific Needs since COVID-19**

When asked about the consequences of the outbreak on their daily life and how they felt in the past 2 weeks : 78% of respondents said they **felt anxious** (it represented 83% of persons with visual impairment, 80% of the persons with physical impairment, 77% of the persons with hearing impairment, and 73% of persons with intellectual impairment) ; **68% of respondents said they felt nervous** (this has been expressed by 100% persons with psychological impairment, 70% of both people with physical impairment and of people with sensorial impairment and 75% persons with multiple impairment) while up to **29% of respondent said they felt hopeless**

**Knowledge on Existing Aid Support:**

44% of respondent are already depending on aid whereas from total respondent only 42% are aware on aid packages. It shows that 58% people are unaware about these provision which indicates gap in access to information among persons with disabilities to these provision and also have difficulty to access the packages. This indicates drawing attention towards thorough identification and inclusion of persons with disabilities in distribution of the aid supports being provided as part of COVID response programs.

## KEY RECOMMENDATIONS:

### Mainstream Disability Inclusion in all part of the response:

- Partner with Organizations of Persons with Disabilities (OPDs) as well as representative organizations of women, and older persons to design inclusive response to the COVID-19 pandemic and to deploy awareness raising action.
- Refer to the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, as well WHO considerations on disability during the COVID-19 outbreak, to ensure the rights and needs of persons with disabilities are met in operational plans
- Collect information disaggregated by sex, age and disability, so to have a factual account of the impact of the pandemic on the population and of the equity of the response taking into account the intersectionality of exclusionary factors.

### Information:

- Increase awareness raising interventions on COVID-19 prevention as significant population still are unaware to protect themselves. Share inclusive information on COVID-19 through a diversity of accessible formats with use of accessible technologies. Public communication should also avoid stereotyping messages and images.
- Develop COVID-19 prevention messages in local language and ensure they are easily understandable and are disseminated through appropriate means of communication targeting all population.

### Prevention:

- Develop and inform on alternative ways to apply preventive measures as substantial number of population face difficulties to apply the few measures they know (example: alternative if a person can't access handwashing place).
- Targeting caregivers, message should be disseminated focusing on "preventive measures for caregivers" as they are the ones to support

applying the preventive measure to those who needs support in applying it.

- Proper information along with preventive materials including materials on personal need based should be provided to persons with disabilities as lack of stocks of hygiene materials and protective equipment for them which presents a real risk

### Basic Needs, Inclusive Livelihood and wider access to Social Protection & Humanitarian Assistance

- Prioritize persons with disabilities as most vulnerable population during the crisis response programs to ensure they can meet their basic needs as this population has been severely impacted to meet their basic needs in case if the crisis continues (food/cash distribution could be an example).
- Appropriate approaches and tools should be applied to ensure participation of persons with disabilities in economic activities to make them more resilient in regards to their source of income to face any crisis
- Use unrestricted, multipurpose cash when the market is adapted, and coordinate cash programming. This should be complemented with protective measures and support services to ensure that the most vulnerable can use the social protection measures to meet their needs.
- Support the local market when possible. Providing food assistance and maintaining existing social support and livelihood should not prevent the support and assistance to local producers.
- Mobilize adequate resources and prioritize investment aimed to expand social protection systems to respond to the effects of COVID-19 on the global, local and national economy.
- Ensure proper information mechanism is put in place to ensure persons with disabilities receive information on the aid's distribution and ensure adapted home delivery upon needs (as people with disabilities are at higher risk of being discriminated against during distribution and/or not accessing distribution sites)

### Specific Needs:

- Persons with disabilities and other persons with particular needs to be taken into account beyond the mainstream basic needs response and this requires to put in place personalized support (complementary to mainstream support)
- The access to these specific services are often directly impact in turn the access to basic services. Therefore, all urgent specific need to be addressed during Covid19 response especially the ones relating to mobility, prevention of health complication and further disability, access to information and mental health.  
Continuity of access to physical and functional rehabilitation services must be ensure for persons with disabilities and/or injuries such as assistive devices (wheelchairs, crutches, prosthesis, orthosis), physical rehabilitation care (physiotherapy, medicine for people with chronic diseases as well as MHPSS services should continuously operate and remain accessible to avoid further vulnerability.
- Nervousness, anxiety and other forms of psychological signs of distress arouse in times of crisis and need to be addressed for all people in need with a specific attention to the potentially most marginalized people. In the current situation, proper psychosocial support applying appropriate means for persons with disabilities and families should be established and provided without interruption.

*For further detail on the survey please contact:*

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