

Survey on the Experience of Persons with Disabilities Adapting to the COVID-19 Global Pandemic

September 2021



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Glossary of Terms

- **UN Convention on the Rights of Persons with Disabilities (UN CRPD)**

The UN Convention on the Rights of Persons with Disabilities (2006) is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities.

- **Persons with disabilities**

Our understanding of persons with disabilities reflects the UN CRPD which recognises disability as an evolving concept. Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

- **Organisations of persons with disabilities (OPDs/DPOs)**

These organisations include local, national, and international organisations that are made up of persons with disabilities and represent their rights.

- **The Global South**

The Global South is a term used to describe lower-income countries.

- **Sustainable Development Goals (SDGs)**

The Sustainable Development Goals call on United Nations Member States to end poverty, protect the planet and improve the lives and prospects of everyone, everywhere. The 2030 Agenda for Sustainable Development sets out a 15-year plan to achieve these Goals.

- **Sendai Framework for Disaster Risk Reduction**

The framework is an international agreement “to strengthen disaster risk reduction to reduce losses of lives and assets from disasters worldwide”. It has been adopted by UN Member States¹.

- **UN Convention on the Rights of the Child (CRC)**

The UN Convention on the Rights of the Child is an international human rights treaty to protect the civil, political, economic, social, health and cultural rights of children.

- **Charter on the Inclusion of Persons with Disabilities in Humanitarian Action**

The charter calls on governments to make “humanitarian action inclusive of persons with disabilities, by lifting barriers persons with disabilities are facing in accessing relief, protection and recovery support and ensuring their participation in the development, planning and implementation humanitarian programmes”².

¹ For more information see: https://www.unisdr.org/files/43291_sendaiframeworkfordrren.pdf

² For more information see <http://humanitariananddisabilitycharter.org/>

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Executive Summary and Recommendations from the IDA Survey on the Experiences of Persons with Disabilities Adapting to the COVID-19 Global Pandemic

"(The pandemic is) so devastating. Persons with disabilities should be given preference in all COVID-19 interventions."

Woman with deafblindness, Palestine

"Because my child is small, I cannot work. I have nowhere to leave him. My child is still isolated up to now, for fear that he will be infected."

Man with an intellectual disability, Bolivia

"During COVID-19 I have experienced unstable mental health. I became so anxious and later went into a very bad depression that necessitated me to seek medical attention which was non-accessible, so I only depended on family and peer support."

Indigenous woman with a psychosocial disability, Uganda

"Many women with disabilities in underdeveloped or developing countries. Women living in villages or even small towns are still not that literate or tech savvy so that they can get the proper information."

A blind woman, India

Introduction

The global COVID-19 pandemic drastically transformed human life, many aspects of which have yet to be normalised. While some countries go through waves of high infection rates, and new variations of the virus are identified, in other regions life is getting back to semi-normal due to successful vaccination plans. Many governments are in the process of developing or implementing recovery plans to mitigate some of the economic and social consequences of the pandemic. These rapid changes and unstable conditions particularly impacted marginalised groups including persons with disabilities.

The IDA COVID-19 survey contributes to the growing body of international evidence documenting the disproportionate impact of the COVID-19 pandemic on persons with disabilities, addressing more specifically the situation of underrepresented groups in underreported regions. It is estimated that 80% of persons with disabilities live in developing countries³. Yet, there are considerable gaps in documenting the impact of COVID-19 on their lives at an international level. The survey addresses this gap by mainly focusing on these regions. Developed based on active consultations with persons with disabilities and their representative organisations, the survey adopted plain language, to maximise participation among people who are rarely consulted in research on disability rights, during the pandemic. As an example, 17% of respondents self-identified as having an intellectual disability.

The survey documents the experiences of persons who face multiple and intersecting forms of discrimination, including indigenous groups and racial minorities. It captures the experiences of groups that are not usually consulted, including persons with intellectual disabilities, and parents with disabilities. The Survey also highlights the multiple and intersecting forms of discrimination experienced by persons with disabilities in areas where there are natural disasters and humanitarian emergencies.

This report presents the experiences of persons with disabilities, in their own words. It is a mixed methods study, which was conducted in three interrelated stages: descriptive quantitative analysis, thematic qualitative analysis, and statistical testing of hypotheses. The triangulation of the data gives an in-depth insight into the experiences of persons with disabilities during new waves of the pandemic as well as the recovery and reopening phases.

The Survey received a total of 600 responses from around the world. The fact that the Survey was open only for a short period, combined with digital barriers to accessing the online survey, as well as the multiplication of surveys now proposed can be understood/attributed to have impacted the outreach. However, the diversity of respondents representing different regions and constituencies and also the quality of testimonies shared, resulted in a great source of information about economic and social impact of the pandemic on lives of persons with disabilities around the globe.

³ United Nations, Department of Economic and Social Affairs <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

Main findings

Impact on social and economic rights

Forty-seven per cent of the respondents said that they lost all or some of their income during the pandemic. Almost two thirds (65%) said that they faced at least one challenge at work since the beginning of the pandemic. Challenges included barriers to communication because of facemasks or income loss.

Fifty two per cent of respondents who were in education said that they faced at least one challenge or barrier to education. Twenty nine percent said that they were stressed out with online classes and 17% dropped out of education during the pandemic.

A mental health crisis

The findings shed light on the socio-economic impact of the pandemic on the mental health of persons with disabilities. We found indications of some crisis in mental health for people with disabilities, many of whom lost their income, support and services during the pandemic. Eighty-two percent of respondents said they were more anxious or worried since the pandemic began, while 74% said they were more sad or depressed. Many people fell into a vicious cycle of losing support services, facing barriers in fulfilling their basic needs, and experiencing mental health challenges without having access to psychosocial support. People who lost their support services or their income were more likely to experience anxiety.

Almost half (48%) of respondents sought support for anxiety or depression. Most people received informal mental health support from family or friends. However, the survey also highlights the breakdown of communication, social supports, and peer networks because of social distancing. Three quarters of respondents said their communication with others was negatively affected by social distancing. Breakdown of communication because of social distancing had a negative impact on the mental health of persons with disabilities with 81% of those who lost communication reported feeling more depressed than before the pandemic.

Communication and digital access

Most people received information about COVID-19 from social media. While digital access was a useful source of information about COVID-19, many respondents faced digital barriers which had a negative impact on employment and education. Only 29% of respondents who use digital platforms for work or education said that all online platforms are accessible to them. Sixty-four percent found at least one platform inaccessible. Parents with disabilities faced digital barriers when supporting their children to do remote schooling. Twenty-four percent said that their children cannot join online classes because they cannot afford internet access, or they have a poor online connection. A further 21% said that the online schooling application was inaccessible.

The experience of underrepresented groups

The survey gives a rare insight into the experiences of parents with disabilities during the pandemic. It captures the voices of persons who are rarely represented in research, including parents with intellectual disabilities in the Global South. The survey findings suggest that parents with disabilities were more likely to lose income during the pandemic than other respondents, with 55% of parents losing some or all of their income.

People with intellectual disabilities were more likely to lose their income than other respondents. Several people explained that it is difficult to find a job as a person with an intellectual disability.

Experience of people with disabilities living in humanitarian settings

The findings serve as a stark reminder of other natural disasters and humanitarian emergencies that took place during the COVID-19 pandemic. One quarter of respondents said there was a flood, a war or armed conflict, a cyclone, an earthquake, or other crisis in their country. Most respondents in these areas were women. Humanitarian emergencies and natural disasters combined with the barriers created by the COVID-19 pandemic have a devastating impact on the rights of persons with disabilities in these areas. For example, 64% of people from these areas faced at least one barrier to access healthcare and medicines, making them more likely to experience deteriorating health during the pandemic.

The role of OPDs in the pandemic response

Near half (41%) of respondents said that they received at least one type of support from their local OPD. In many cases, OPD support and capacity building moved online. While digital platforms provided a way for people to keep in touch with OPDs and peer networks, there is a digital divide between those who have internet access and those who can not afford or can not access signal in their areas.

OPDs played a key role in bridging the gap between public COVID-19 service providers and persons with disabilities including by acting as information hubs. OPDs also were significantly impacted by funding cuts and were operating on reduced staff of mostly volunteer time. The impact of the pandemic on the sustainability of OPDs has been immense. In many cases, the priorities of OPDs have shifted from advocacy to service delivery – also impacting how disability rights are advanced in the longer term. There is the risk of OPDs becoming providers of services to persons with disabilities that should be essentially the role of the State.

Key recommendations

The International Disability Alliance (IDA) as a global representative network of persons with disabilities and their organisations from various regions and constituencies urges all States around the world to take the following measures:

1. Ensure that all national or local studies and assessments on the impact of COVID-19 collect information on the experience of persons with disabilities, including under-represented groups, and are available in all accessible formats;
2. Design and implement specific studies to document the impact of the pandemic on human rights of persons with disabilities and their families;
3. Ensure close consultation with and active involvement of persons with disabilities and their representative organisations including organisations of under-represented groups in designing, implementing and monitoring COVID-19 socio-economic recovery plans;
4. Include specific measures in national and local recovery plans to ensure addressing negative consequences of the pandemic on persons with disabilities including the under-represented groups;
5. Mandate different sectors of the government including social security, employment, health, support systems and other relevant sectors to mainstream disability in their recovery plans, and introduce disability-specific plans as appropriate;
6. Introduce a detailed plan to transform national emergency response systems to enhance disability-inclusion, accessibility and transparency based on close consultation with persons with disabilities and their representative organisations;
7. Take all appropriate measures to ensure that different layers of emergency responders are sensitised and properly informed of the rights and needs of diverse groups of persons with disabilities, and are prepared to provide emergency support to them in case of future emergencies on equal basis with others; and
8. Dedicate sufficient resources and make strong commitments through international cooperation to ensure enhanced international funding for OPD capacity-building as well as disability-inclusive and accessible emergency response plans.

Thematic recommendations

Healthcare services

Considering the findings, we call on States and all relevant stakeholders to take the following measures to respect, protect and fulfil the right of persons with disabilities to enjoy the highest attainable standard of physical and mental health:

- Ensure that persons with disabilities and support networks of their choice have priority access to COVID-19 vaccinations;
- Resume the provision of accessible and quality medical goods, information and services that were suspended during the pandemic;
- Ensure that persons with disabilities in areas with humanitarian crises or natural disasters have access to medicine and healthcare during and after the pandemic;
- Address the negative impact of the pandemic on the mental health of persons with disabilities by ensuring access to a range of disability-inclusive mental health supports and services, on the basis of free and informed consent; and
- Design and implement national health transformation plans to ensure that persons with disabilities, in particular the under-represented groups, may access emergency health services on an equal basis with others, and are not subject to discrimination and exclusion in the case of scarcity of resources.

Support services and networks

We call on governments and international organisations to ensure that they fulfil their commitments under international law. In particular, Article 19b of the UN Convention on the Rights of Persons with Disabilities requires State Parties to ensure that persons with disabilities “have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community”. Considering the findings, we recommend that governments:

- Resume the support services that were disconnected during the pandemic;
- Recognise that loss of support has a devastating impact on the mental health of persons with disabilities and plan to ensure that such a large-scale loss of support is avoided in any future emergencies;
- Ensure that persons with disabilities have access to a range of services during disasters and other emergencies;
- Ensure that the data collected from disability assessment or other sources is well used for case management or provision of support services during disasters and afterword;
- Ensure that persons with disabilities have access to financial assistance to guarantee an adequate standard of living during disasters or other emergencies; and
- Ensure that the criteria for accessing emergency government support does not discriminate on the basis of disability.

Livelihood and income

Considering the findings, we call on governments and global actors to take the following measures in accordance with international human rights rules, particularly Articles 27 (work and employment) and 28 (adequate standard of living and social protection) of the UN Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals (poverty eradication):

- Guarantee that persons with disabilities have an adequate standard of living including access to food, housing, medication, and other essentials in times of disasters or other emergencies;
- Support persons with disabilities in finding, maintaining and/or returning to employment after the pandemic, ensuring accessibility and provision of reasonable accommodation to ensure that persons with disabilities do not face discrimination and exclusion in remote working or other new modalities of work;
- Provide financial assistance to persons with disabilities who lost their job or income during the pandemic, including those working at informal sectors, and ensure all poverty reduction programmes are inclusive of persons with disabilities; and
- Provide support to persons with disabilities and their informal support networks to cover the disability related costs during disasters and beyond.

Education

Considering the findings, we recommend that governments take the following measures, particularly in relation to their obligations under national law, including the Sustainable Development Goals, the Convention on the Rights of the Child, and the UN Convention on the Rights of Persons with Disabilities, in particular Article 24:

- Ensure that persons with disabilities have access to education on an equal basis with others and that reasonable accommodations are provided during disasters or emergencies;
- Provide necessary supports, including financial supports, assistive technologies, and human resources to ensure that persons with disabilities are not left behind at any level of the education system;
- Ensure that remote classes are accessible for students with disabilities and for parents with disabilities who need to support their children in remote education; and
- Facilitate persons with disabilities returning to school after the pandemic and consider any additional barriers that they may face when returning.

Information and communication

Considering the survey findings, we recommend that State Parties respect their obligations under international law, in particular under Article 9 of the CRPD which requires that State Parties “take appropriate measures to ensure persons with disabilities access, on an equal basis with others, to information and communications, including information and communications technologies and systems, both in urban and in rural areas”. We recommend that State Parties:

- Continue to ensure access to all information and communications on the status of the pandemic, limitations imposed, and changing regulations for persons with disabilities in all accessible formats including by provision of sign language interpretation, online captioning, interpreter-guides, and easy-to-read plain language; and
- Ensure that healthcare systems, education systems, legal systems, and other public services provide information in all accessible formats, and are prepared to facilitate accessible and safe communication for all persons with disabilities requiring their services during and post pandemic.

Engagement with OPDs

Considering the findings, we recommend that governments take the following actions in line with their obligations under international law, particularly Article 4 of the UN Convention on the Rights of Persons with Disabilities which requires State Parties to “closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations”:

- Actively involve OPDs representing diverse demographics of persons with disabilities in COVID-19 response and recovery planning;
- Recognise and support the expert role of OPDs and peer support in protecting the rights of persons with disabilities during the pandemic and afterwards; and
- Provide adequate funding and other forms of support to OPDs to support capacity building and relief efforts during disasters or other emergencies.



About the IDA COVID-19 Survey

"COVID-19 has caused socioeconomic challenges to people with disabilities, especially the most marginalised like psychosocial and intellectual disabilities... Social distancing, wearing masks and sanitising in mental health institutions/hospitals is a nightmare."

Man with a psychosocial disability, Uganda

There is a growing body of international evidence documenting the disproportionate impact of the COVID-19 pandemic from the perspective of persons with disabilities⁴. Most surveys conducted rapid, emergency human rights monitoring at the early stages of the pandemic. Given the emergency nature of these surveys, many were not created in accessible formats nor systematically based on meaningful consultation with a diverse group of persons with disabilities. IDA recognised that there was a need to keep analysing the situation through a COVID-19 survey addressing more specifically the situation of underrepresented persons with disabilities in underrepresented regions. Seventy-eight percent of the 558 responses came from the Global South. The survey documents the experiences of persons who face multiple and intersecting forms of discrimination. It presents the experiences of persons with disabilities from indigenous and racial minorities, persons with disabilities in countries with humanitarian emergencies or natural disasters and parents with disabilities. The survey was designed in plain language to reach underrepresented groups including people with intellectual disabilities.

The purpose of the survey is to collect evidence on the experience of persons with disabilities including any improvements or worsening of the existing barriers as well as creation of new barriers eight months after the announcement of the global pandemic including different phases of reopening and recovery. A global survey carried out during the first wave of the pandemic raised the alarm about the denial of human rights including the right to access healthcare as well as a breakdown in access to community supports and services⁵. The IDA Global Survey collected information on persons with disabilities adapting to the so-called 'new normal' as well as to second or even third waves of the pandemic causing rapid changes and social restrictions. It explored how COVID-19 has changed the lives of persons with disabilities and how governments and OPDs are helping persons with disabilities in this situation.

The information collected aims to inform and support relevant prioritisation of efforts including policies and plans of governments, inter-governmental global and regional organisations including the UN agencies, as well as the civil society organisations including organisations of persons with disabilities in transition and recovery phases. Based on the findings, it puts forth recommendations on promoting and protecting the human rights of persons with disabilities, particularly underrepresented groups in underreported regions.

⁴ COVID-19 disability rights monitor (2020). Disability rights during the pandemic A global report on findings of the COVID-19 Disability Rights Monitor. Available at www.covid-drm.org

Basharu, D. & Cisternas Reyes M.S. 2020. Joint Statement: Persons with Disabilities and COVID-19 by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility. *United Nations Human Rights Office of the High Commissioner*

⁵ COVID-19 Disability Rights Monitor (2020). Disability Rights During the Pandemic A Global Report on Findings of the COVID-19 Disability Rights Monitor. Available at www.covid-drm.org

Human rights during the pandemic

The United Nations recognises that the “global crisis of COVID-19 is deepening pre-existing inequalities, exposing the extent of exclusion and highlighting that work on disability inclusion is imperative”⁶. These pre-existing inequalities include disproportionate levels of poverty, barriers to education, health services, employment, and underrepresentation in decision-making⁷.

The IDA COVID-19 Global Survey collected information about the status of the social and economic rights of persons with disabilities which are guaranteed under the United Nations Convention on the Rights of Disabilities. Article 11 of the CRPD obligates States to take measures to protect the rights of persons with disabilities in times of armed conflict, humanitarian emergencies or natural disasters:

“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”

The survey also collected information to monitor the status of rights outlined in the Sustainable Development Goals⁸ as well as other human rights instruments including the Sendai Framework for Disaster Risk Reduction⁹ (2015 – 2030) and the Charter on inclusion of persons with disabilities in humanitarian action. Article 1.9 of the Charter stresses “the importance of collection and analysis of disability data disaggregated by age and sex, as an important element in the design and monitoring of States obligations, humanitarian programming and policy as a whole”.

⁶ United Nations, 2020. Policy brief: a disability-inclusive response to COVID-19. Available at: [Policy-Brief-A-Disability-Inclusive-Response-to-COVID-19.pdf \(un.org\)](#) (Accessed 24 February 2021)

⁷ United Nations. Department of Economic and Social Affairs, 2018. Disability and Development Report: Realizing the Sustainable Development Goals By, for and with Persons with Disabilities: 2018. United Nations, New York. Available at <https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/07/disability-report-chapter2.pdf>

⁸ For more information see <https://sdgs.un.org/goals>

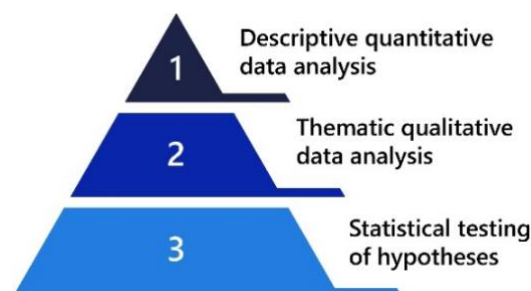
⁹ For more information on the Sendai Framework see <https://sustainabledevelopment.un.org/frameworks/sendaiframework>



Methodology and Methods

Data analysis

This is a mixed-methods study, combining quantitative and qualitative methods. The combination of qualitative and quantitative data is helpful for getting a deep insight into the experiences of persons with disabilities, in their own words. Data analysis was conducted in three interrelated stages were triangulated 1) descriptive analysis of the quantitative data; 2) thematic analysis of the qualitative data; and 3) statistical testing of hypotheses emerging from the qualitative data.



The first step of data analysis was to export the dataset from iData and import it into Microsoft Excel. The dataset was cleaned in Microsoft Excel. The original dataset contained 568 responses, however, 10 of these were invalid and removed from the dataset. Descriptive quantitative data was analysed in Microsoft Excel. Descriptive data including information on gender identity, region, disability, and age.

The open-ended questions resulted in more than 725 written responses. Some of the key quotes were translated by IDA staff. The qualitative data was coded and thematically analysed to explore the key themes emerging from the survey. The qualitative data provided an in-depth insight into the lived experiences of persons with disabilities during the pandemic. For instance, mental health difficulties, loss of income, loss of support services and isolation because of social distancing emerged as key themes in the qualitative comments.

Statistical testing was carried out on four hypotheses that emerged from the thematic analysis of the qualitative findings. Chi-squared contingency test. Bonferroni correction for multiple hypotheses testing. The hypotheses were:

1. There is a correlation between losing support and feeling more anxious.
2. There is a correlation between losing income and feeling more anxious.
3. There is a correlation between losing support and losing income.
4. There is a correlation between less communication because of social distancing and feeling more depressed.

The statistical testing showed strong correlations between loss of income and feeling more anxious, loss of support and feeling more anxious and loss of support and income. These correlations were at more than a 99% confidence level. The statistical testing also found a correlation between less communication because of social distancing and feeling more depressed. This correlation was at a 90% confidence level.

Limitations

Although every effort was made to make the survey as accessible and inclusive as possible, there were limitations for people who could not access the survey online. The survey was available online through the IDA website. Hence, it was limited to persons who have online access. This limitation may have skewed the age distribution and the urban, rural distribution. It may also have skewed responses about communication and access to remote work and education.

Geographical distribution was another limitation of the survey. While the survey received responses from 69 countries, responses from Latin and South America make up a significant proportion.

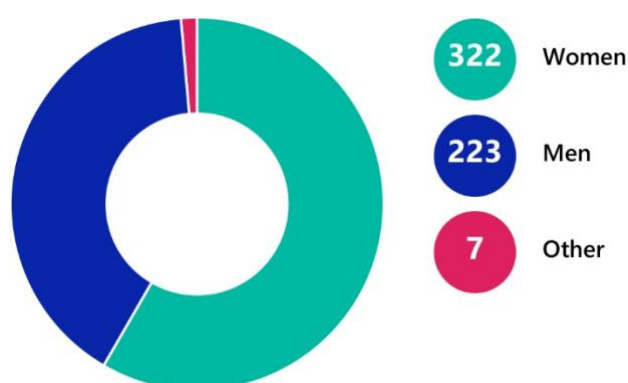
Scope of the survey

The survey was open only for persons with disabilities. Respondents were invited to ask a family member, support person or a staff of an organisation of persons with disabilities (OPD) for support in answering the survey questions, if necessary. When asked if they received support to fill out the survey, 34% (n=187) of the respondents said they were supported.

Intersectionality and underrepresented groups

This survey aimed to reach underrepresented persons with disabilities from underreported regions. The survey was designed to reach the maximum number of underrepresented groups. Questions were developed through consulting diverse groups of persons with disabilities through inclusive and accessible discussions. Documenting the experiences of underrepresented groups is a key feature of this survey. The survey aimed to gather information that was diverse and intersectional. Most respondents (59%, n=322) identified as women and 41% (n=223) identified as men, 1% (n=7) identified as another gender.

● Gender identity

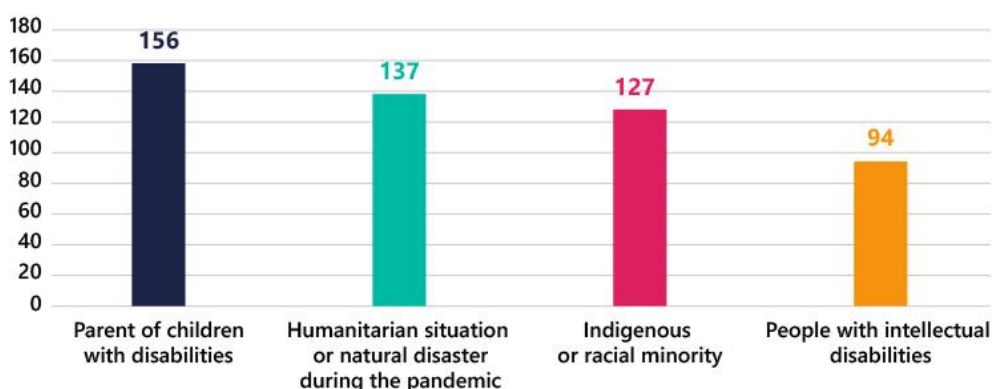


The survey also captured the experiences of persons with disabilities who are normally overlooked. For instance, the survey captured the experiences of persons with disabilities who are caregivers. Twenty-six percent (n=156) of the respondents had school aged children. Seven respondents also disclosed that they were pregnant during the pandemic.

While the impact of the COVID-19 pandemic is the primary concern, the survey also highlights the situation of persons with disabilities who experienced humanitarian emergencies and natural disasters during the pandemic. One quarter (n=137) of respondents said there was a flood, a war or armed conflict, a cyclone, an earthquake, or other crisis in their country.

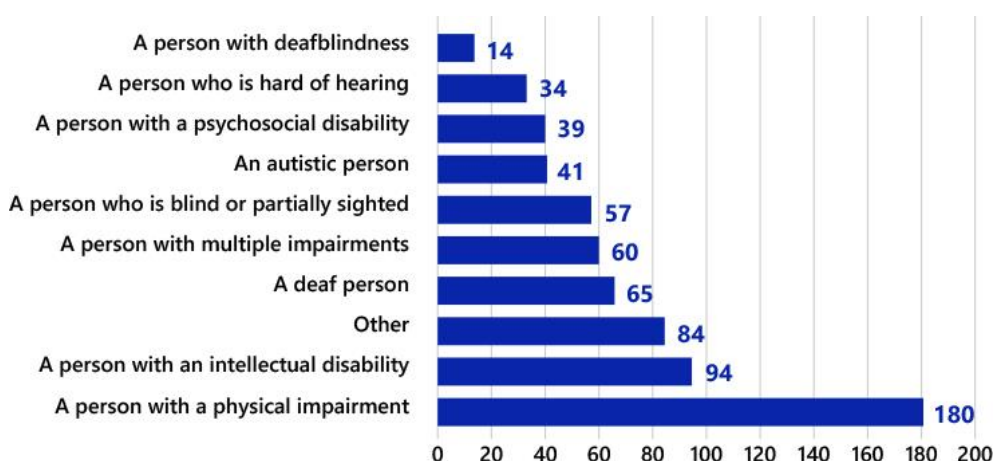
There was also a high response rate among persons from indigenous groups and racial minorities. Twenty-three percent (n=127) of respondents identified as indigenous or from racial minority. Seventeen percent (n=94) of respondents had an intellectual disability. The majority (67%) of people with intellectual disabilities were supported by another person to fill out the survey.

● Underrepresented groups



The respondents represented a wide range of constituencies. Eleven per cent of respondents (n=60) identified themselves as being in more than one disability category. One hundred and eighty respondents identified as a person with a physical impairment, 94 identified as a person with an intellectual disability, 84 selected 'other'. Sixty-five people identified as deaf, a person who is blind or partially sighted (n=57), an autistic person (n=41), a person with a psychosocial disability (n=39), a person who is hard of hearing (n=34), a person with deafblindness (n=14).

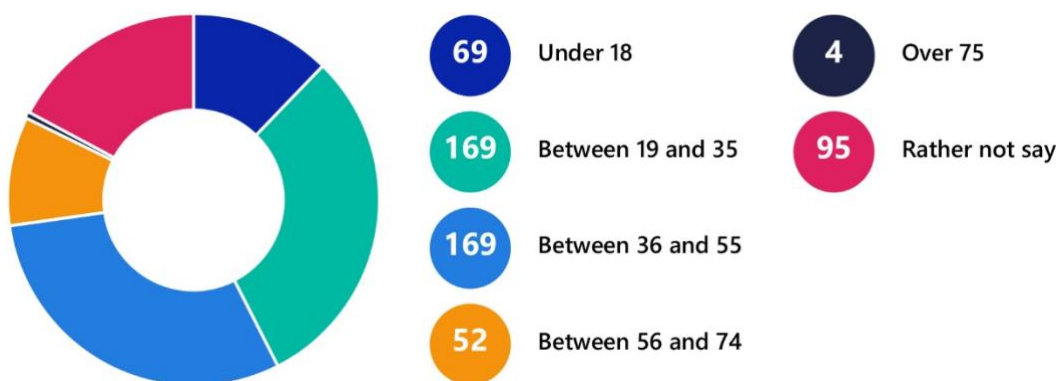
● Disability category



Age of respondents

Thirty percent (n= 169) of respondents were aged between 19 and 35. A further 30% (n= 169) of respondents were aged between 36 and 55. Seventeen percent (n= 95) of respondents did not disclose their age. Twelve percent (n= 69) were under 18. Nine percent (n= 52) of respondents were between 56 and 74 years old. Just 1% (n= 4) of respondents were over 75.

● Age of respondents



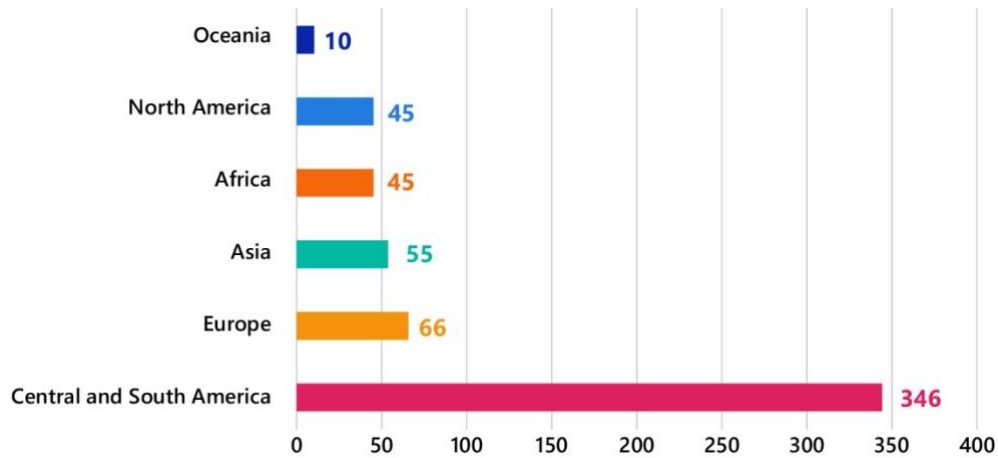
Underrepresented regions

The survey focuses on underrepresented regions. Most respondents, (78%, n= 442) came from the Global South. The survey received responses from 69 countries. The ten countries with the most respondents were: Bolivia – 107, Ecuador – 68, Brazil – 52, Guatemala – 40, Canada – 26, Mexico – 17, Argentina – 15, Peru – 14, India – 13, and Bangladesh – 12.

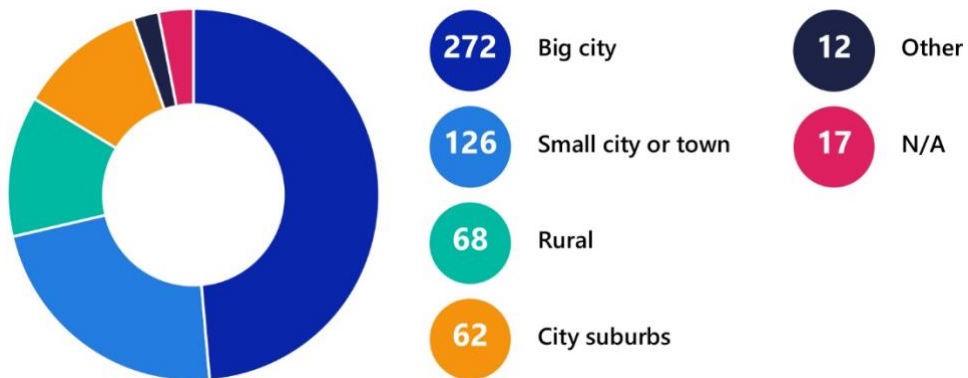
Bolivia	107
Ecuador	68
Brazil	52
Guatemala	40
Canada	26
Mexico	17
Argentina	15
Peru	14
India	13
Bangladesh	12

Most responses came from South and Central America, followed by Europe, Asia and Africa, North America, and Oceania. Bolivia (n=107) was the Central and South American country with the most respondents. The Czech Republic (n=10) was the European country with the most responses. India (n=13) was the Asian country with the most responses. Uganda was the African country with the most responses. Canada (n=26) was the North American country with the most respondents. New Zealand (n=5) was the country with the most responses from Oceania.

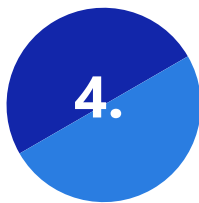
● Responses by region



● Urban and rural responses



Most respondents came from urban areas. Forty-nine percent (n= 272) of respondents came from a big city, 23% (n= 126) came from a small city or a town, and 11% (n= 62) came from city suburbs. Only 12% (n= 68) of respondents came from rural areas.



Impact of the Pandemic on Access to Health Care Services

"As an autistic person, panic increased, as did anxiety and difficulty in performing day-to-day tasks when working at home. Something that caused income to drop."

Autistic woman, Brazil

Key findings

Losing rights during the pandemic had a devastating impact on the mental health of persons with disabilities. Some respondents said that they lost their income because they had mental health challenges. Others said that they had mental health difficulties because they lost their support and/or income. People also faced barriers when trying to access mental health support and medical care. Almost half said that they faced a range of attitudinal, economic, and physical barriers that prevented access to adequate and affordable medicine and healthcare.

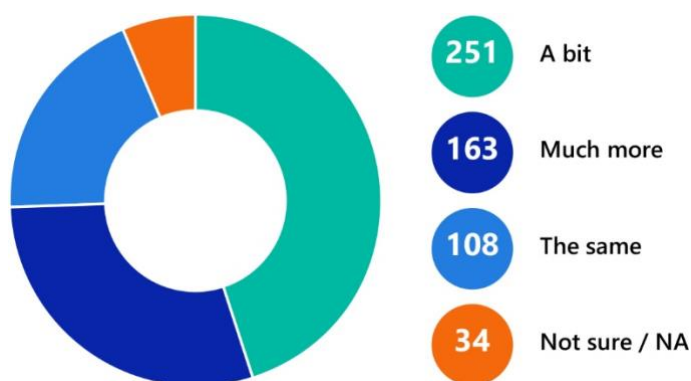
"During COVID-19, doctor did not allow any personal assistant or interpreter. Also, the doctor asked me to stand six feet distance. I am hard of hearing. I cannot understand from six feet distance."

Man who is deaf or hard of hearing, Bangladesh

Impact of the pandemic on mental health

Seventy-four percent of the respondents said that they felt more depressed than before pandemic. Twenty-nine percent said that they felt much more sad or depressed.

● Do you feel more sad or depressed than before the pandemic?



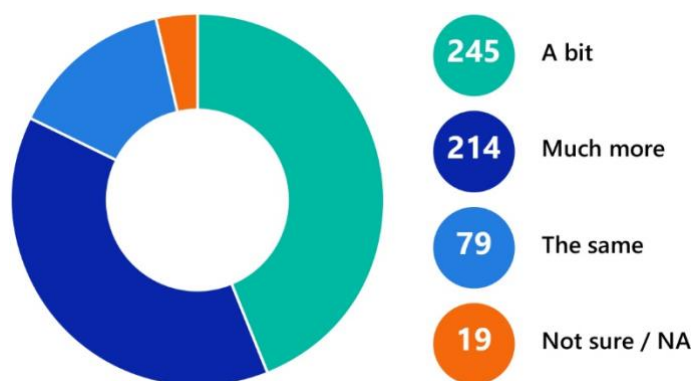
Many respondents described the socio-economic impact of the pandemic on their mental health.

"There was limited or no mobility as transport system was closed down, food and essential items became too expensive and scarce, lack of interaction and communication led to isolation and depression, anxiety and the worrying situation of rising rates of infection and deaths."

Man with a psychosocial disability, Uganda

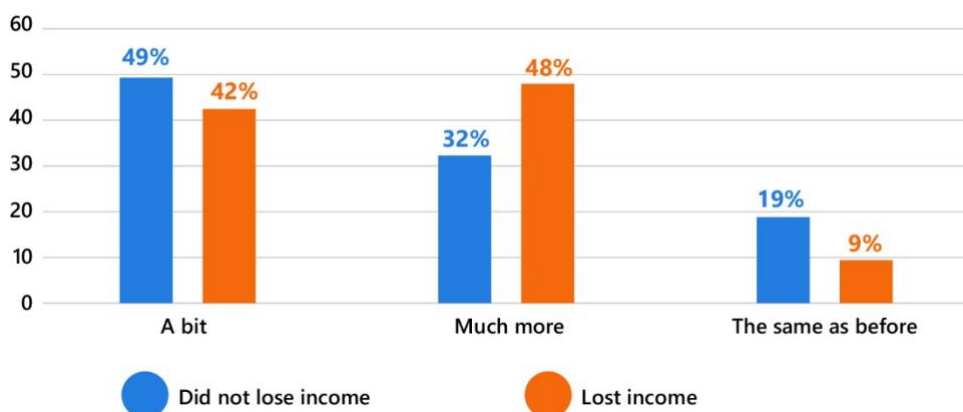
Eighty-two percent said they were more anxious, nervous, or worried than before the pandemic began. Thirty-eight percent said that they were much more worried. The number of people reporting that they were much more anxious or worried was higher among indigenous and racial minorities (52%), people with intellectual disabilities (47%) and women (42%).

● Do you feel more anxious, nervous or worried than before the pandemic?



Statistical testing shows a strong correlation between loss of income during the pandemic and feeling more worried or anxious. This correlation is at more than a 99% confidence level. Forty-eight percent of those who lost income said that they were a lot more anxious or worried. Of those who did not lose income during the pandemic, 31% said that they felt much more anxious or worried.

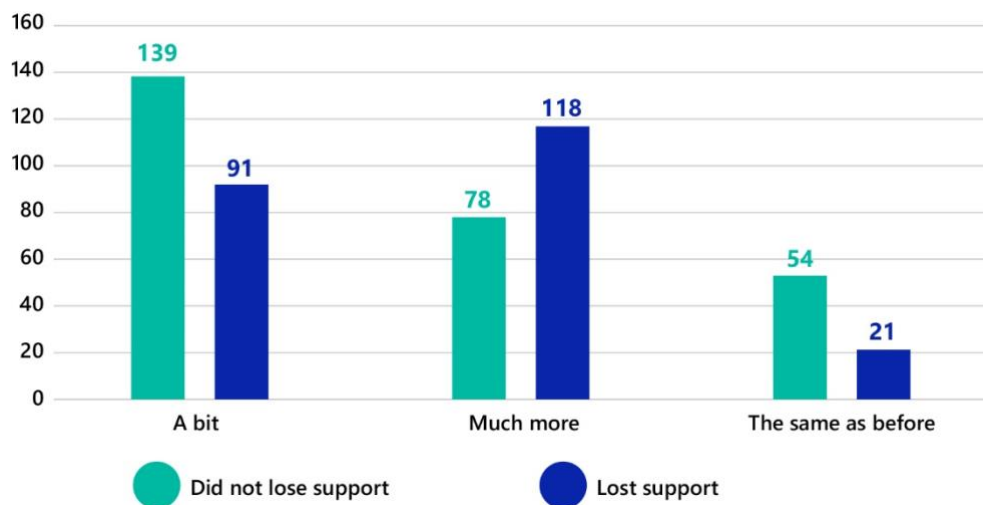
● Level of anxiety, concern and worry among respondents who lost income and those who did not



People who said that their support services were negatively impacted by the pandemic reported higher rates of anxiety, concern and worry compared to those who did not lose their support. Statistical testing shows a strong correlation between losing support and feeling more anxious or worried. This correlation is at more than a 99% confidence level.

Half of the respondents who lost services said that they were much more anxious, concerned, or worried than before the pandemic. Whereas, of the people who did not lose their support fewer (29%) said that they were much more anxious.

● **Level of anxiety, concern and worry among respondents who lost support and those who did not**



The findings offer a deeper understanding of the relationship between mental health, income, and support services. Many respondents said that they experienced mental health difficulties and isolation because they lost support and their job.

"I lost my job, my job supports, my community supports and now I sit home all day doing nothing."

Man with an intellectual disability, USA

Others explained how maintaining their support services prevented serious mental health issues.

"I am deafblind and always rely on contact with people. If I have no interpreter guide the loneliness would be so enormous and enough to create depression and go to commit suicide."

Man with deafblindness, Country not provided for anonymity

In many cases, people's anxieties were related to income. Some people said that they lost income because of anxiety and depression. Others were feeling anxious because they feared losing their job.

"I am very anxious and afraid I will be infected with the COVID-19 due to my weak antibody which was caused by (chronic disease) ... I am also very frustrated because of the job loss."

A blind or partially sighted man, Malaysia

Whereas another respondent explained that maintaining a job during the pandemic has helped with fear and anxiety.

"Maintaining employment during the pandemic decreased anxiety... By having my job not disrupted during the pandemic helped me so much, to be less anxious, to be more hopeful, and to be of support to my peers."

Woman with a psychosocial disability, Kenya

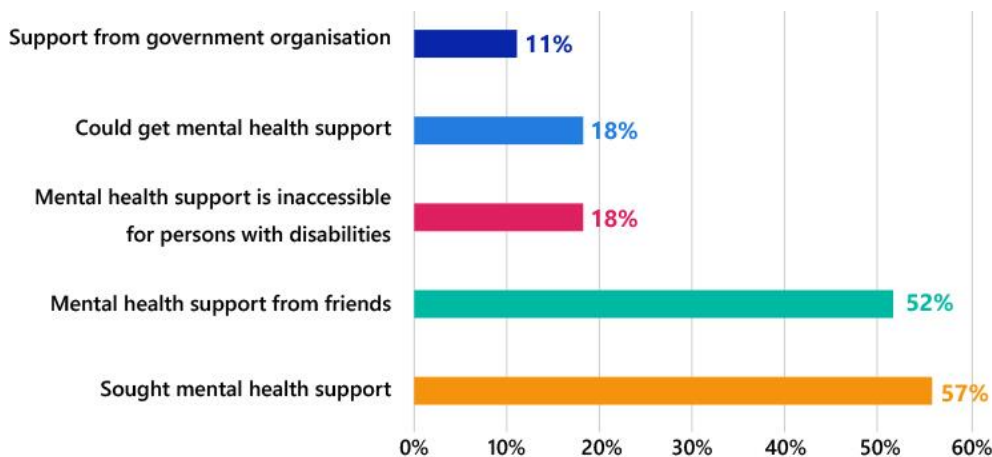
The diagram below illustrates the interrelationship between mental health, income, and support for persons with disabilities during the pandemic.



Access to mental health supports

Many people reported losing their mental health support during the pandemic. When asked if they sought support for their anxiety or depression during the pandemic 48% said that they sought support. Of those who sought mental health support during the pandemic 52% said that they received informal support from their friends, partners, or family. Eighteen percent said that they wanted to access support, but they could not get it, while a further 18% said that mental health support is inaccessible for persons with disabilities. The data shows that people were far more likely to get informal than formal support. Of those who sought support 11% said that they received support from local organisations and only five people said that they received support for anxiety or depression from government.

● Mental health support during the pandemic



Some people reported that they lost their mental health support and could not rely on family or friends for informal support.

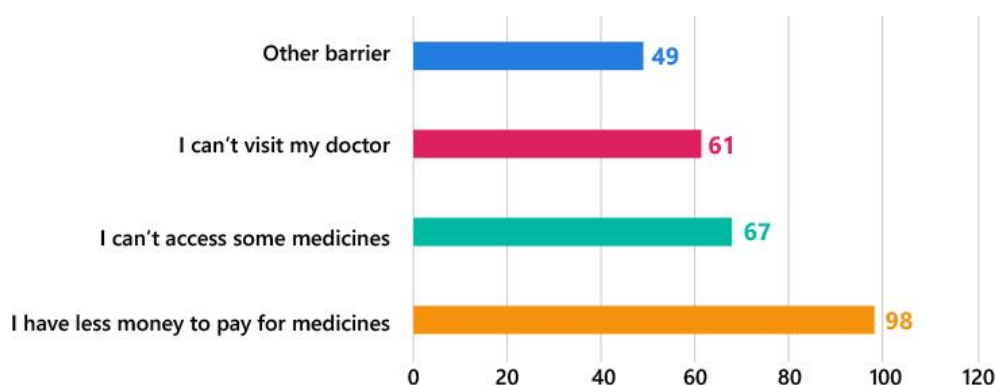
"Support I was receiving is not available or they are so back logged helping with an increase number of depression etc. Not having support from family and friends because of social distancing."

Woman with a psychosocial disability, Canada

Access to other health care services including disability-related health care and rehabilitation

Almost half (49%) of the respondents said that they experienced some barrier or challenge to access to medicines or health services during the pandemic. Eighteen per cent of respondents said that they had less money to pay for medicine. A further 12% said that they could not access some medicines. Eleven per cent said that they could not visit their doctor during the pandemic. Nine per cent said they faced another barrier or challenge to accessing medicine and healthcare during the pandemic. Other barriers included lack of transport, and refusal of medical care because the person could not wear a face mask.

● Barriers to healthcare



Respondents described a range of economic and attitudinal barriers when trying to access healthcare.

"I could not read my doctor's lips because of the masks."

Deaf man, USA

Respondents also faced barriers to accessing medicine. Barriers to accessing medicine were higher in countries that had a humanitarian emergency or natural disaster during the pandemic.

"I take great care not to get sick because everything has gone up in price."

Deaf woman, Peru

"Some of the medicine I should use was not available in the market."

Woman with deafblindness, Palestine

Experience of persons with disabilities who had COVID-19

Eleven percent of respondents said that they had COVID-19. Of those who had COVID-19, the majority, 61%, said that they got the same medical care as other citizens, while the other 32% said that they did not receive medical care. They gave several reasons that indicate physical and attitudinal barriers to equal medical care. The qualitative comments give a further insight into the experiences of persons with disabilities who sought medical attention for COVID-19.

"I was hospitalised for COVID for a month, and I have remained in debt."

Woman with a psychosocial disability, India

The following two quotes from Bolivia show opposing experiences of accessing treatment for COVID-19.

"When I was sick the doctors did not want to treat me."

Man with a physical impairment, Bolivia

"Some doctors did take good care of us... they guided us well and thanks to them we healed."

Woman with an intellectual disability, Bolivia

Recommendations: Impact on healthcare services

Considering the findings, we call on governments and global actors to take the following measures in accordance with international human rights instruments, particularly the UN Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals which recognise the need to promote physical and mental health and wellbeing.

- Address the negative impact of the pandemic on the mental health of persons with disabilities by ensuring access to a range of disability-inclusive mental health supports and services. Ensure that these services are accessible and respect the human rights of persons with disabilities.
- Fund capacity building and awareness-raising of the impact of the pandemic on the mental health of persons with disabilities for OPDs, and mental health service providers.
- Ensure mental health supports and services address the needs of persons with disabilities who were particularly impacted by the pandemic, including women, and indigenous and racial minorities, and other under-represented groups.
- Reinstate the medical services that were suspended during the pandemic.
- Ensure that persons with disabilities have access to a full range of medical services during and after the pandemic.
- Ensure that persons with disabilities have access to affordable medication during and after the pandemic.
- Ensure that persons with disabilities in areas with humanitarian crises or natural disasters have access to medicine and healthcare during and after the pandemic.



Impact of the Pandemic on Support Services and Networks

"I have depression and anxiety. I experienced too much fear of losing my job and my parents since they are aging and more likely to get affected by the pandemic. They are my immediate care givers and first support personnel I have."

Indigenous man with a physical impairment, Uganda

Key findings

The findings show a breakdown of support services including physiotherapy, psychosocial support, and personal assistance during the pandemic. Losing support services negatively impacted people's mental health. They were more likely to be anxious, nervous, or worried. Many people fell into a cycle of losing support, feeling anxious and seeking psychosocial support, which was inaccessible or unavailable. Informal support from family and friends were particularly important when people lost their support systems. However, some people warned that too much dependency on family members is stressful and could even lead to abuse, especially while socially isolated.

"My family does not accept me as LGBTQIA + and they were abusive at different times, having practiced verbal violence. I'm at home with them, socially distant."

Autistic woman, Brazil

Changes in supports during the pandemic

Forty-three percent of participants said that their support services were negatively affected by the pandemic. Twenty-one percent said that they had less support, 13% said that the quality was not as good and 9% said that they lost all their support during the pandemic.

Loss of support services was higher among some groups. Half of people who identified as part of an indigenous group or racial minority and 47% of respondents with an intellectual disability said that their support was negatively affected by the pandemic.

● Changes in support during the pandemic

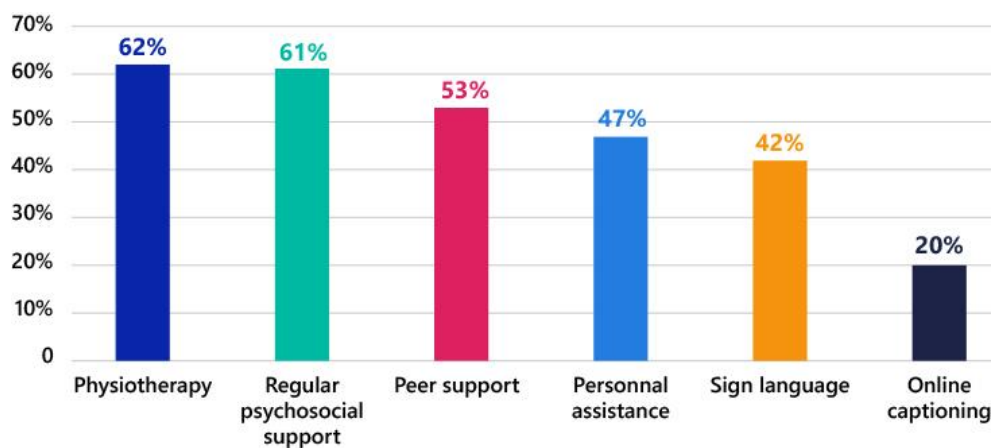


Type of support services lost

The findings show that some support services were more effected than others. Sixty-two percent of people who use physiotherapy said that their service was negatively impacted by the pandemic. Sixty-one percent of people who use psychosocial supports said that they were negatively affected. Fifty-three percent of people who use peer support said that their services were negatively impacted.

Forty-seven percent of people who use personal assistance, 42% of people who use sign language interpreters, said that their support was negatively impacted by the pandemic. Only 20% of people who use online captioning said that their support was negatively impacted by the pandemic.

● Lost supports by support service



Many people described losing informal support, such as asking for assistance from the public.

"Social distancing is difficult to achieve for someone who needs help which is physical in nature. Because of social distancing very few people come forward to help. Regular help not available and family is overburdened."

Man with a physical impairment, the Netherlands

Others had more positive experiences where their governments provided funding to support alternative services, such as taxis for people who needed to travel.

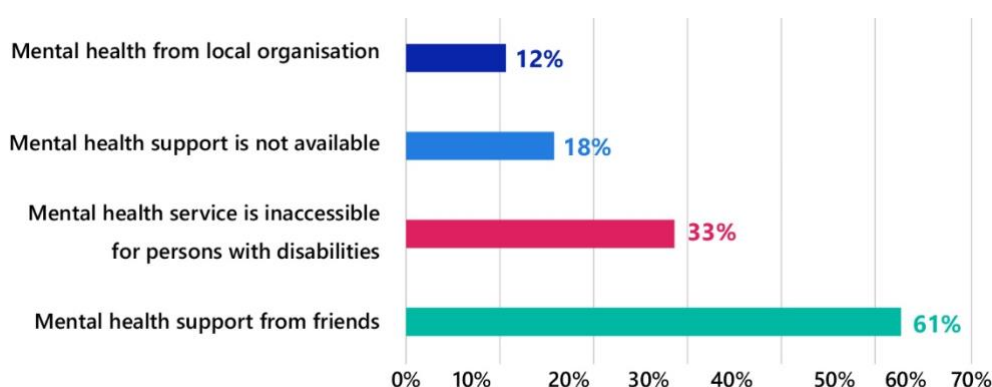
"Our government did provide huge support to us in terms of funding our taxi costs to and from all appointments because we were not able to manage social distancing on public transport and that helped a huge deal."

Blind woman, New Zealand

Mental health supports for people who lost their support services

Half of the respondents who lost services said that they were much more anxious, concerned, or worried than before the pandemic. Forty-four percent of people who lost their support sought support for depression or anxiety. The majority (61%) of those who looked for support for depression and anxiety got it from their friends, partner, or family. One third said that support for depression and anxiety was inaccessible for persons with disabilities. A further 18% said that mental health support is unavailable. Only 12% received mental health support from local organisations.

● Support received by people who lost their previous mental health support



The qualitative comments give a further insight into the relationship between access to supports and mental health and wellbeing.

"During COVID-19 I have experienced unstable mental health, I became so anxious and later went into a very bad depression that necessitated me to seek medical attention which was non-accessible, so I only depended on family and peer support."

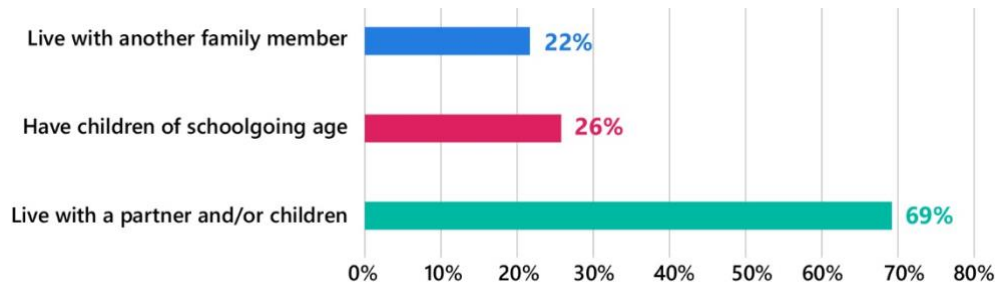
Woman with a psychosocial disability, Uganda

Support from family and friends

The findings suggest that informal support networks, such as family, friends, and peer support groups were important for people with disabilities during the pandemic. Sixty-nine percent of respondents lived with their partner and/or children and 22% live with another family member.

Many of the respondents also had caring responsibilities. Twenty-six percent of the respondents had children of school going age.

● Family living arrangements



Many respondents spoke about the additional stress of looking after children during the pandemic.

"Being locked up my children, I get very stressed."

Woman with an undisclosed disability, Bolivia

Family and friends were most likely to offer mental health support. However, some people explained that their families were a source of anxiety, depression, and potential abuse.

"My mental health has been very worn since my family environment is not very calm and that has also affected my studies."

Woman with a physical impairment, El Salvador

Over dependence on family members was also stressful for some respondents. Many were afraid of what would happen to them if a family member got sick or died from COVID-19. Some people lost family members and friends to COVID-19.

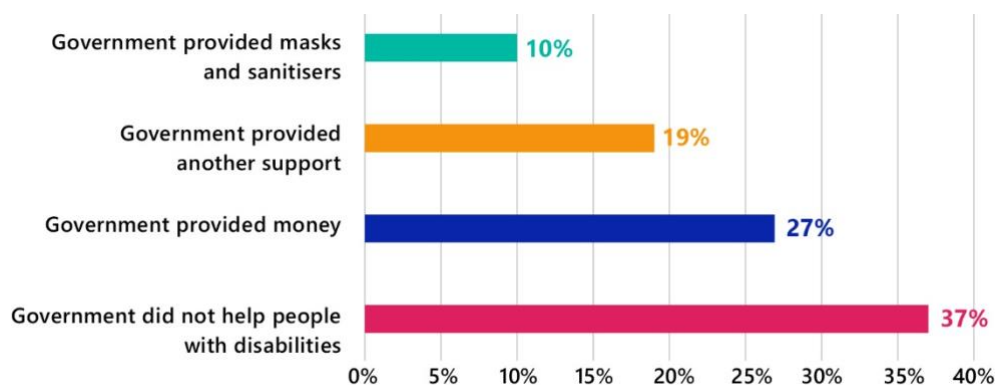
"I lost my husband who also has a disability, died from COVID."

Woman with a physical impairment, Colombia

Government support

Thirty-seven percent of respondents said that their government did not help people with disabilities at all during the pandemic. Twenty-seven per cent said that their government provided money for people with disabilities. Nineteen per cent of the respondents said that their government provided another kind of support. Ten per cent said that their government provided masks and hand sanitisers.

● Government support



Many people said that when their government provided support, the eligibility criteria excluded some people with disabilities.

"There was refusal from social services. Barriers to contact. Only some got it."

Woman with an intellectual disability, Mexico

Furthermore, when the government did provide support, it did not reach all people with disabilities, particularly those in rural and far to reach places.

"The government had laws of providing food at residential houses of people with disability, but it did not happen for many women in villages."

Woman who is blind or partially sighted, India

Recommendations:

Impact on support services and networks

We call on governments, and international organisations to ensure that they fulfil their commitments under international law. In particular, Article 19b of the UN Convention on the Rights of Persons with Disabilities requires State parties to ensure that persons with disabilities "have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community". Considering the findings, we recommend that governments:

- Reinstatement of the support services that were disconnected during the pandemic.
- Recognise that a loss of support has a devastating impact on the mental health of persons with disabilities and plan to ensure that such a large-scale loss of support is avoided in any future emergencies.
- Ensure that persons with disabilities have access to a range of services during disasters and other emergencies.
- Ensure that persons with disabilities have access to financial assistance to guarantee an adequate standard of living during disasters or other emergencies.
- Ensure that the criteria for accessing emergency government support does not discriminate on the basis of disability.



Impact of the Pandemic on Jobs and Income

"The cafe where I worked is shut and I don't think it will open again and it is hard to get a job when you have Downs Syndrome."

Woman with an intellectual disability, the United Kingdom

Key findings

The findings show the impact of the pandemic on jobs and income. The survey findings highlight a statistically significant correlation between loss of income and mental health. People felt more anxious because they lost their income and they also felt anxious because they feared losing their income. This chapter looks at the reasons why people with disabilities lost their income and jobs and the impact it was having on their lives. Many respondents said they were facing barriers at work and did not get support from their employers. People also reported a lack of social protection from their government and rising cost of living.

"Generally, the frustration is high, depression because of high cost of living. The unavailable support system has left out most of us stranded. The poor internet connectivity in Africa also worsened the situation since most activities are done virtually these days."

Deaf woman, Uganda

Income

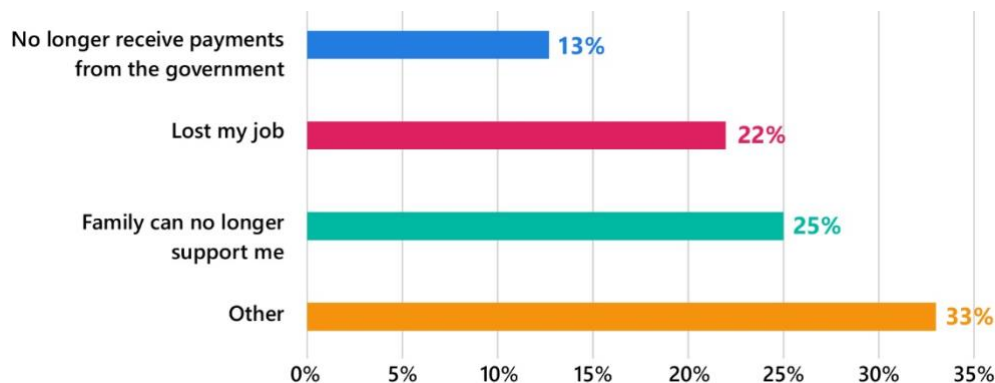
Forty-four percent of the respondents said that they lost all or some of their income during the pandemic. Loss of income was even higher among people with intellectual disabilities (62%), parents with disabilities (55%), and people living in the Global South (53%).

Income during the pandemic



People explained the reasons why they lost their income. One quarter of those who lost their income said that their family could no longer support them. Twenty-two percent said they lost their job. One third said that there was another reason that they lost their income. Thirteen percent said that they lost income because they no longer receive payments from their government. A further 7% did not explain why they lost income.

● Income during the pandemic



The qualitative comments give a further explanation for income loss. For instance, some people said that they lost sales and demand for services during the pandemic. Others were afraid that they do not have money to pay for essential items like food and medicine.

"If before it was difficult to work, now it is even more complicated because many businesses went bankrupt... my mother and I do not have work to pay for my higher studies. That makes me very sad because I won't be able to meet my goals. Now we are more concerned about not getting sick and having money to pay for basic services and food."

Deaf woman, Peru

People also said that their family members were no longer able to support them because they had lost their jobs during the pandemic.

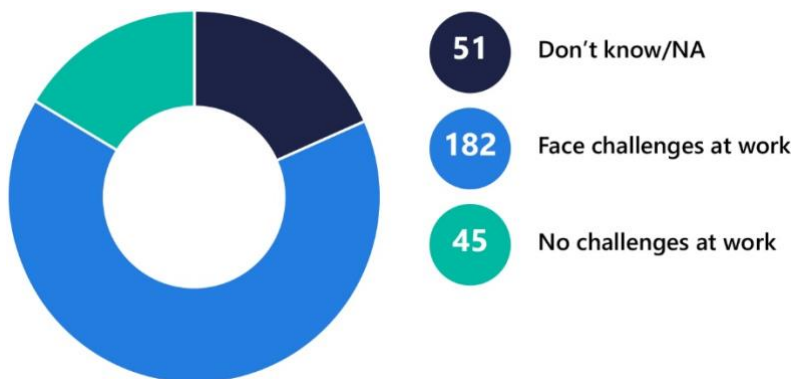
"For my family it was difficult to comply with the curfew because they needed to go to work, many lost their jobs."

Woman who is hard of hearing, Guatemala

Employment and work conditions

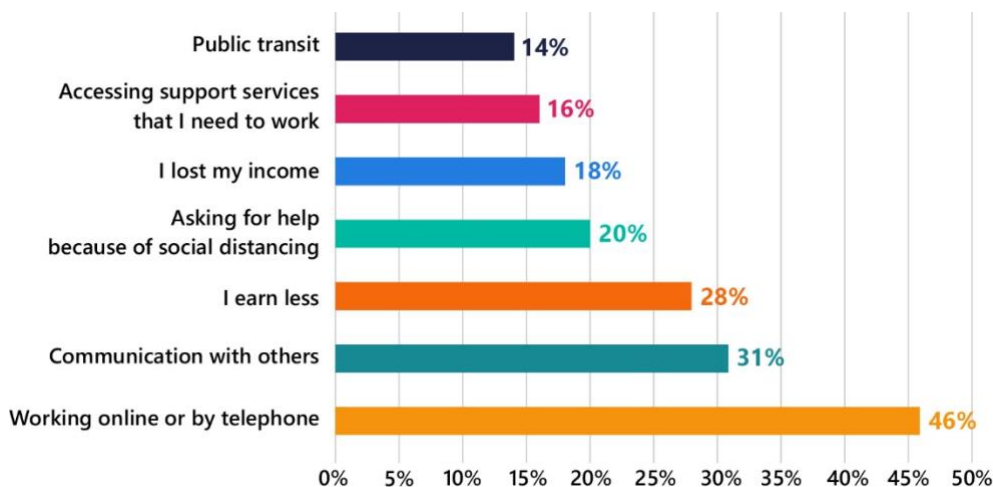
More than half (51%) of the respondents said that they had a job before the pandemic. Of those 20% said that they lost their job during the pandemic. Almost two thirds (65%) of the respondents who had a job said that they faced at least one challenge at work since the beginning of the pandemic. Only 16% of those who had a job said they did not face a challenge at work during the pandemic.

● Challenges at work



Many of the respondents said that they faced multiple challenges at work. Thirty-one percent of those who had a job said that they encountered barriers trying to communicate with others because of face masks. Twenty-eight percent of respondents said that they earned less and a further 18% said that they lost their income during the pandemic. Twenty percent said that it is a challenge to ask for help because of social distancing. Sixteen percent said that they faced challenges at work because they could not access the support services that they need to work and a further 14% said that they faced challenges at work due to limitations with public transit.

● Challenges at work



Many people shared the additional challenges of working as a person with a disability during the pandemic. For instance, some respondents spoke about their struggles to adapt to work during the pandemic.

"As an autistic person, the change to routine was very hard to deal with. We have our support structures carved out very carefully and the sudden change on all fronts, especially given the uncertainty of jobs etc., was very hard to cope with. I was very privileged to have received a job offer during the pandemic. But even that was a new experience, and I didn't have the sufficient mind space to prepare adequately for the transition."

Autistic woman, India

Others said that they are under a lot of pressure at work since the beginning of the pandemic.

"The workload has increased exponentially. We are exhausted and employers do not support us, materially or emotionally. However, telecommuting has allowed me to have more jobs ... but I'm dying of exhaustion."

Man with a physical impairment, Canada

People also spoke about how difficult it is to find a job during the pandemic when you have a disability.

"After the pandemic it is very difficult for those who need to find work. No job opportunities. Many people in need and no financial aid. I receive government aid at a minimum wage due to the disability... and the bills are all on me! ... water, internet, food."

Woman with an intellectual disability, Brazil

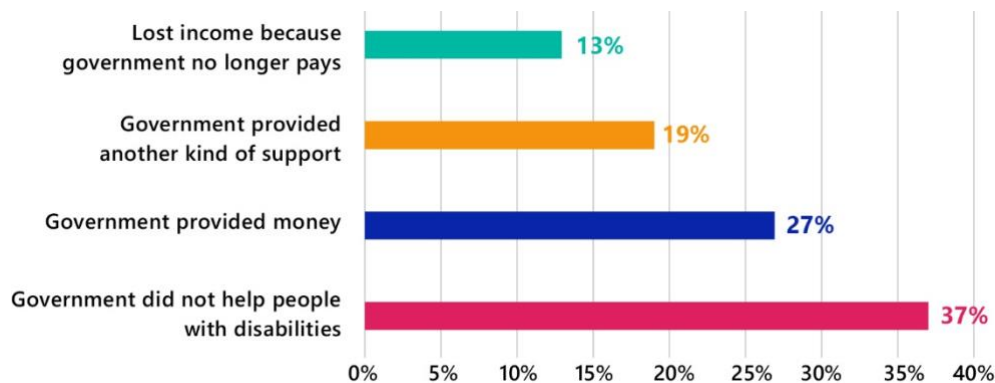
"They do not hire me and when I go to interviews. I may be qualified for the position, but I only mention or realise my disability and dismiss me."

Woman with a physical impairment, Guatemala

Social protection and government support

Many respondents said their government did not support people with disabilities during the pandemic. Thirty-seven percent of respondents said that their government did not help people with disabilities at all during the pandemic. A minority of participants (27%) said that their government provided money for people with disabilities. Only 19% said that their government provided another kind of support. Thirteen percent of respondents said that they lost income because they no longer receive payments from their government.

● Government support



Respondents said they were forgotten by their governments and people with disability were being left behind with no income or resources.

"People with disabilities are now more neglected and most left behind community in our societies... It's hard to get education, employment, social protection."

Man with a psychosocial disability, Pakistan

Recommendations:

Impact on income and employment

Considering the findings, we call on governments, and global actors to take the following measures in accordance with international human rights rules, particularly Articles 27 (work and employment) and 28 (adequate standard of living and social protection) of the UN Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals (poverty eradication).

- Guarantee that persons with disabilities have an adequate standard of living including access to food, housing, medication, and other essentials in times of disasters or other emergencies.
- Support persons with disabilities in finding, maintaining and/or returning to employment after the pandemic.
- Provide financial assistance to persons with disabilities who lost their job or income during the pandemic.
- Provide reasonable accommodations for persons with disabilities to work online or by telephone during the pandemic and afterwards.
- Provide adequate protection against poverty during disasters and other emergencies.



Impact of the Pandemic on Education

"I feel stressed with the online system and my results have dropped."

Woman with deafblindness, Palestine

Key findings

The survey findings give an insight into the challenges, barriers and discrimination faced by people with disabilities to access education during the pandemic. Most respondents faced at least one educational barrier. Almost one in five had to drop out of education during the pandemic. No online access, loss of income and poverty prevented people from participating in online education. The findings also shed light on the experiences of parents with disabilities as they support their children in remote education. The majority of parents lost some of their income during the pandemic and the cost of remote education was incredibly stressful for many parents.

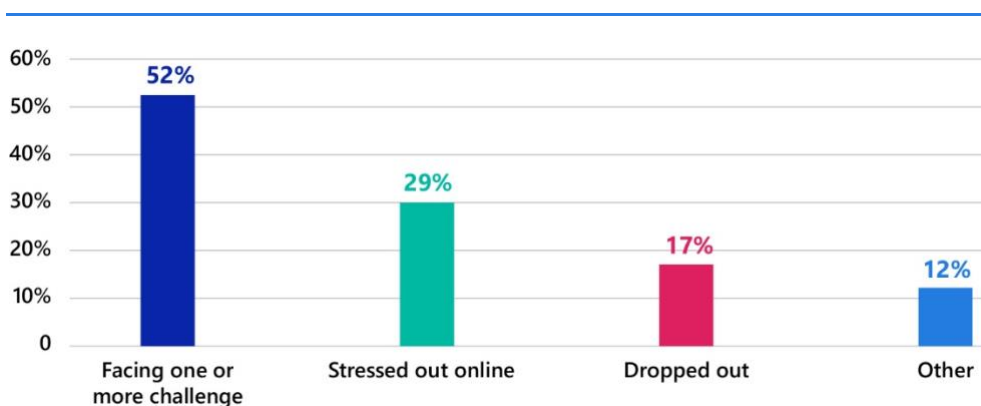
"I have to work from home with a small child at home, who I also have to educate. Working with teachers is hard, because as an autistic person often I don't understand what they are trying to convey to me, to teach to my child."

Autistic woman, India

Educational changes and challenges

Thirty-six percent of the respondents were in education at the beginning of the pandemic. Fifty-two percent of those in education said that they faced at least one challenge or barrier to their education. Many people faced multiple challenges. Twenty-nine percent of those in education said that they were stressed out with online classes. Seventeen percent said that they dropped out of education during the pandemic. Twelve percent said that their education had changed in another way. Of those who answered other, most said that they could not afford remote learning and could not afford to pay for the internet or telephone bills.

● Barriers and challenges to education



Some participants described the implications of educational challenges for their mental health.

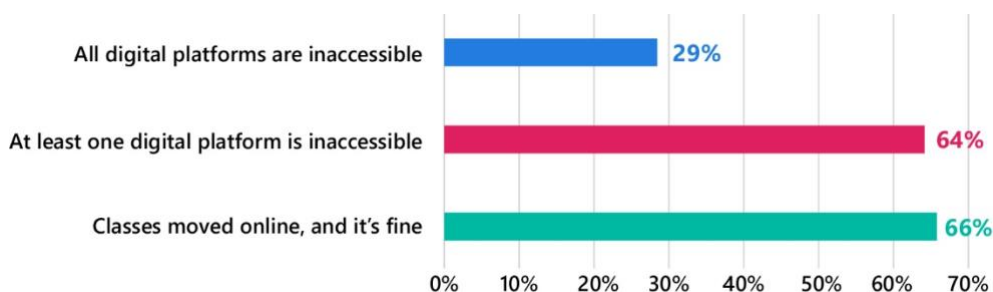
"Our mental health status has worsened a lot and our difficulties in carrying out our college ...People should understand that we are very sensitive in a catastrophic period like this, the feelings of fear, anxiety and depression increase and sometimes we even lose the sense of moving on with life."

Autistic woman, Brazil

Digital barrier to education

Two thirds (66%) of respondents who are in education said that their classes moved online, and this was fine for them. However, respondents also reported difficulties using digital platforms including Zoom, WhatsApp and Google Meet. Only 29% found all online platforms accessible, while the majority (64%) of those who use digital platforms for work or education said that at least one was inaccessible.

● Digital barriers to communication



Most people who faced a challenge to their education explained that they had problems working online. Of those who dropped out, some did not have online or telephone access, others said sign language was not provided and some said that the system was inaccessible. People explained the barriers to online learning.

"Portuguese videos are missing subtitles and I have difficulty understanding teachers who use non-inclusive masks."

Deaf man, Brazil

Many people said that the cost of internet was a major barrier to education. This was particularly difficult for respondents in Latin America and Africa. People also complained that they had poor internet access.

"Classes are online, but at cost. We only have access to a phone."

Deaf man, Guatemala

"It cost me because I did not have a cell phone or a computer to carry out the tasks and I did not have the internet."

Deaf woman, Guatemala

However, it is also clear that online learning could benefit some people with disabilities if they have the proper financial and educational supports.

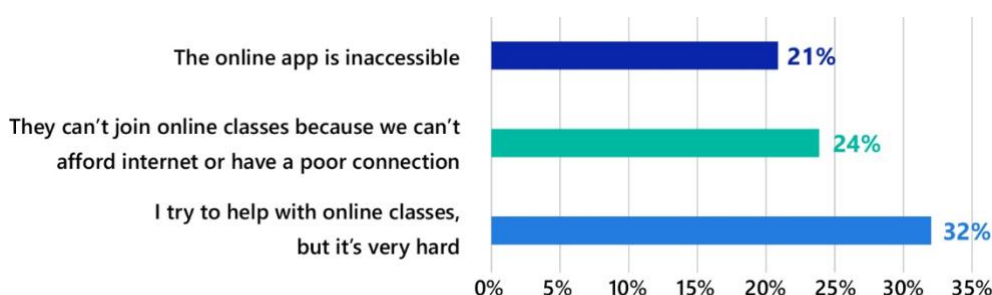
"I have a physical disability. I did not have the opportunity to study and now I take advantage of studying online."

A man with a physical impairment, Bolivia

Parents with disabilities supporting their child's education

Twenty-six percent of the respondents had children in education. Of those, 73% said that their child's education was affected by the pandemic. Thirty-two percent said that they try to help with their child's education, but it is very hard. Twenty-four percent said that their children cannot join online classes because they cannot afford internet, or they have a poor online connection. A further 21% said that the online schooling application is inaccessible.

● Challenges for parents with disabilities supporting child's schooling



Fifty-four percent of parents with disabilities said that they lost some or all their income during the pandemic. The economic difficulties faced by parents were compounded by other barriers, including inaccessibility and lack of access to telephone or internet. The qualitative comments show the multiple challenges that people face when supporting the child to work remotely.

"The online app for education is not accessible for me so I can't help my children."

Indigenous woman with a physical disability, Nepal

Recommendations: Impact on education

Considering the findings, we recommend that governments take the following measures, particularly in relation to their obligations under national law, including the Sustainable Development Goals, the Convention on the Rights of the Child, and the UN Convention on the Rights of Persons with Disabilities:

- Ensure that persons with disabilities have access to education on an equal basis with others and that reasonable accommodations are made during disasters or emergencies.
- Provide necessary supports, including financial supports, assistive technologies, and human resources to ensure that persons with disabilities are not left behind at any level of the education system.
- Ensure that remote classes are accessible for students with disabilities and for parents with disabilities who need to support their children in remote education.
- Facilitate persons with disabilities returning to school after the pandemic and consider any additional barriers that they may face when returning.



Impact of the Pandemic on Communication and Information

"Without access to information many hearing loss people had anxiety, depression and being sad mostly."

Woman who is hard of hearing, Nepal

Key findings

The findings show a domino effect whereby communication barriers negatively impacted rights such as education, healthcare, employment, and support services. People experienced attitudinal barriers and discrimination from employers, teachers, and the public. Some people feared abuse when they could not wear a facemask. People who faced communication barriers were more likely to feel depressed. Social distancing, lack of communication with others and inaccessible information caused isolation, depression, sadness, and anxiety.

Online platforms were especially important for work, education and for accessing information about COVID-19, however, working online was socially isolating and many people reported feeling lonely.

Yet, many people faced barriers when using online platforms and other digital technologies.

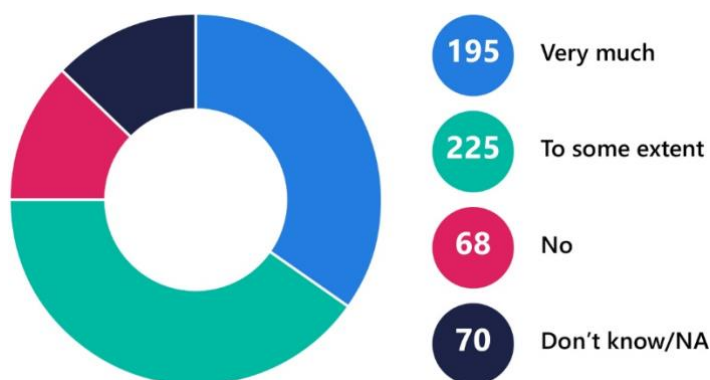
"Lack of interaction and communication led to isolation and depression, anxiety, and the worrying situation of rising rates of infection and deaths, allergic reaction due to face masks in form of rashes around the face and mouth, domestic violence including sexual abuses."

Man with a psychosocial disability, Uganda

Impact of social distancing on communication with others

Three quarters of respondents said that their communication with others was negatively impacted by social distancing. Forty per cent said that their communication was affected to some extent, while 35% said that their communication with others was very much effected.

Impact of social distancing on communication with others



For many participants communication barriers meant losing other rights. People described their experience of discrimination in education, healthcare, and employment. For instance, one participant explained how the lack of online captioning forced her to drop out of education.

"I had to drop out because sign language was not provided in online classes."

Woman who is deaf or hard of hearing, France.

Others described discrimination when they tried to access health care services.

"Refused ultrasound because I cannot wear a face mask due to sensory issues."

Autistic man, Ireland.

People also experienced discrimination at work when they were refused reasonable accommodations, such as sign language interpretation.

"On couple of occasions judges have wanted to prevent the entry of sign language interpreters to the Zoom platforms."

Woman who is deaf or hard of hearing, Chile

Digital barriers prevented some people from using support services. Many people said that they are isolated because online or phone support services are inaccessible.

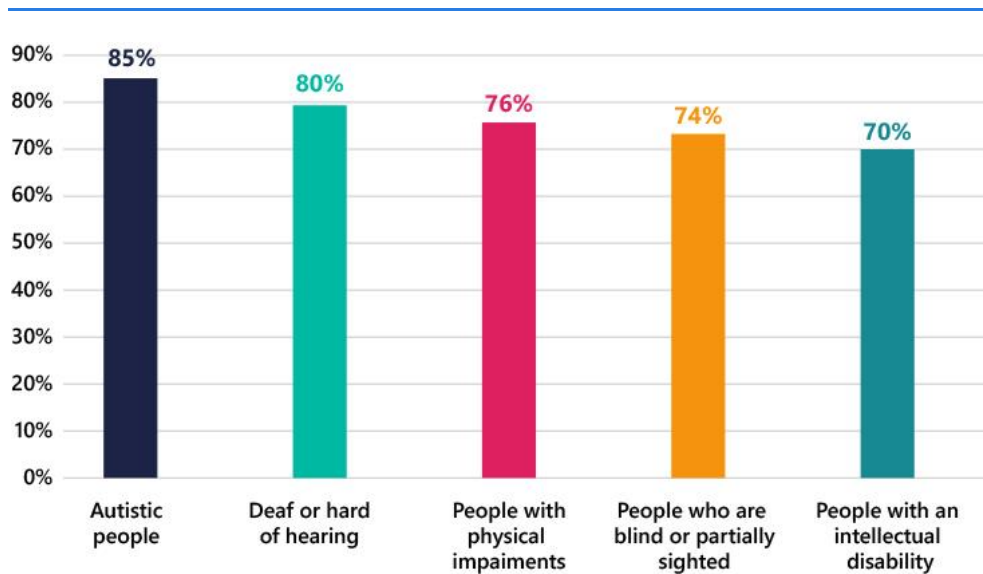
"Deaf = total isolation with everyone asking me to phone!!!! All services by phone only!!!!"

Deaf man, United Kingdom

Impact of social distancing on communication by type of disability

The findings suggest that persons with disabilities faced a wide range of physical, and attitudinal barriers because of social distancing. Eighty-five percent of autistic people said that their communication with others was worse because of social distancing. Eighty percent of respondents who are Deaf or hard of hearing said that their communication was negatively affected. Seventy-six percent of persons with physical impairments, 74% of people who are blind or visually impaired and 70% of people with intellectual disabilities said that communication with others was negatively affected by social distancing.

● **Percentage who said communication was negatively impacted by social distancing**



The respondents shared the specific communication challenges or barriers they faced. While there were very few respondents with deafblindness, all of them said that they faced a barrier to communication because of social distancing.

"Many persons with deafblindness are dependent on an interpreter-guide to go for walks outside their home, so there are limited possibilities to go for walks. Especially when working from home... In sum, the pandemic increases the isolation and lack of mobility persons with deafblindness already experience."

A man with deafblindness, Norway

Many people said that face masks were a barrier to communicating with others. Face masks were negatively impacting employment. Thirty-one per cent of those who had a job said that they encountered barriers trying to communicate with others because of face masks. In some cases, people experienced discrimination and abuse.

"I am deaf and communicate through speech and lip reading. With the obligatory use of masks, my communication is greatly affected. This brings daily challenges and even constraints."

Deaf woman, Brazil

"It is very difficult to maintain social distancing as we need a lot of support doing day to day activities many of us can not wear masks."

Man with physical impairments, India

People also reported discriminatory attitudes from other people when they asked for assistance with communication.

"People get too upset when I ask them to write or lower their masks and be able to read their lips."

Woman with a psychosocial disability, Yemen

"When people see that I cannot communicate, they see me strange."

A man who is deaf or hard of hearing, Ecuador

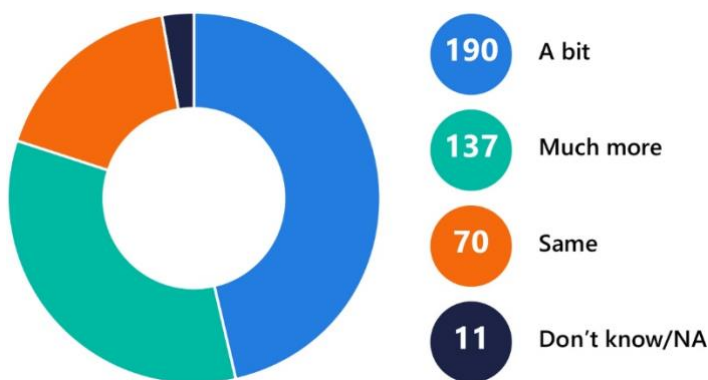
"We have a right to go about our business without fear of physical attacks because we cannot wear face coverings."

Autistic man, Ireland

Communication, social distancing, and depression

Previous chapters discussed the importance of social connections for mental health. The qualitative data strongly suggests a link between loneliness and depression. Many people said that they were feeling lonely, sad, or scared because they did not have enough communication. Statistical testing shows a correlation between less communication because of social distancing and depression. This correlation is at more than a 90% confidence level.

● Depression among those who have less communication because of social distancing



Some people shared their experience of isolation and loneliness because of social distancing and less communication with other people. This was affecting their mental health.

"It is a scary world I was just starting to learn how to live alone due to carer/friend dying the year before Covid. I suffer from severe anxiety depression."

Woman with multiple impairments, UK

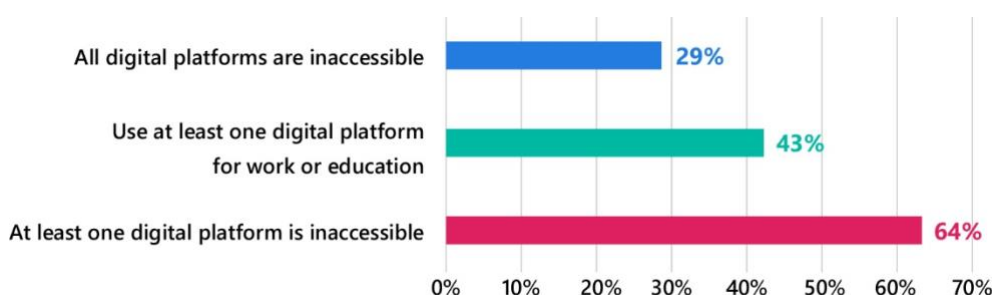
"It's extremely isolating and frightening to live alone as a PWD during a pandemic. It triggers my C-PTSD, heightens my anxiety levels, increases frequency of panic attacks and plummets me into helpless moments of depression."

Woman with a physical impairment, Canada

Digital access for work and education

Forty-three percent of respondents used at least one digital platform for work or education. Of those, 74% use Zoom, 73% use WhatsApp, 41% use Google Meet, 26% use email and 19% use text message. Sixty-four percent of those who use digital platforms said that at least one was inaccessible, while 29% said that all platforms are accessible.

Digital access for work and education



People complained that they faced communication barriers when working from home.

"They do not have automatic caption transcription, which is very important for those with low hearing."

Woman who is hard of hearing, Brazil

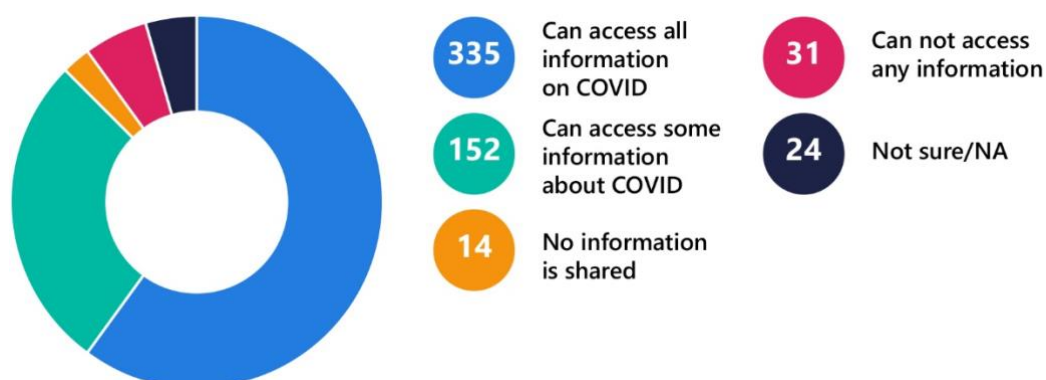
"Using telephone brings in misunderstandings and delays in relaying information between me as an employee and the supervisors."

Woman with a physical impairment, Zimbabwe

Access to information

Sixty percent of respondents said that they can access all information about COVID-19. Twenty-seven percent said that they can access some, but not all information about COVID-19. Nine per cent said that they cannot access any information, or the information is not shared in their country.

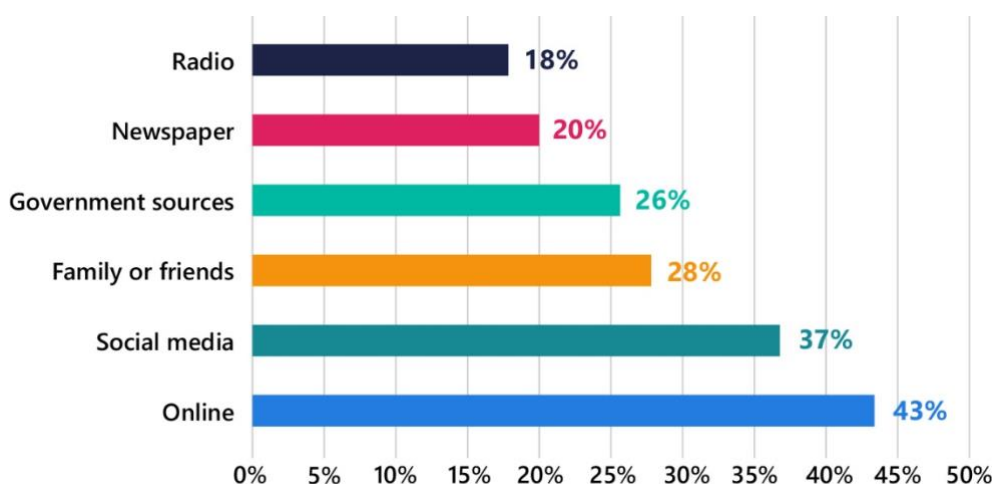
Access to information on COVID-19



Forty-three percent of respondents said that they learned most of what they know about COVID-19 online. Thirty-seven percent said that they accessed information about COVID-19 on social media.

Twenty-eight percent said that they learned most of what they know about COVID-19 from family and friends, 26% from government sources, 20% from newspapers and 18% from Radio.

● Sources of information about COVID-19



While the internet and social media were the primary sources of information for the respondents, it is worth noting that this was an online survey, and the results could be skewed for this reason. Some participants pointed out the limitations of accessing information online. For instance, a respondent from India pointed out that many people with disabilities in rural or remote areas do not have digital access.

"I think it is very important to know that many women with disabilities in underdeveloped or developing countries women living in villages or even small towns are still not that literate or tech savvy so that they can get the proper information... Many women not able to access information as it was not available in accessible format were further marginalised."

Blind or partially sighted woman, India

Yet, for some participants, the internet was a vital source of information during the pandemic.

"I have been able to access more information on different topics since virtuality has been strengthened."

Blind or partially sighted man, Ecuador

Recommendations:

Impact on information and communication

Considering the survey findings, we recommend that State parties respect their obligations under international law, in particular under Article 9 of the CRPD which requires that state parties “take appropriate measures to ensure persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas”. We recommend that state parties:

- Despite challenges caused by the pandemic, continue to provide reasonable accommodations for persons with additional communication requirements such as, but not limited to sign language interpretation, online captioning, interpreter-guides, and easy-to-read plain language.
- Ensure that healthcare systems, the education system, the legal system, and support services are accessible to persons with disabilities during the pandemic and afterwards.
- Provide accessible information in a range of formats for persons with disabilities, especially during natural disasters and emergencies.



The Role of OPDs in COVID-19 Response

"I decided to take the time to learn more about other issues about disability, access to justice, public budgets with a gender perspective, and we have organised seven groups of families that share through Zoom. We learned to use the platforms that before the pandemic we were reluctant to use."

Woman with physical impairments, Honduras

Key findings

While most respondents said that their OPDs activities were restricted or activities stopped during the pandemic, a significant number said that they received at least one form of support, the most common being access to information about COVID-19. Online platforms allowed some people to connect with their local OPDs or engage in capacity building. The qualitative comments suggest online platforms were useful for learning about disability rights and connecting with peers during the pandemic. However, digital access is limited to those who can afford and internet access. Others spoke about intersectional issues within OPDs, with some people feeling excluded from their activities.

"Persons with deafblindness experience isolation due to social distancing, and our national OPD had to postpone/cancel social activities."

Man with deafblindness, Norway

OPD response to the pandemic

Thirty-four percent of respondents said they did not have contact with their OPD during the pandemic. Sixteen percent said their OPD was very active during the pandemic. A further 16% said their OPD did some activities, but they were very limited and not very helpful. Sixteen percent said their OPD had to stop activities during the pandemic and 4% said that their OPD did some activities, but they were not inclusive of minorities.

● OPD response to the pandemic



The qualitative findings suggest that people with online access could engage with the local OPD and form online support networks. Although there were no specific survey questions about this issue, people

shared their experiences of using online platforms for connecting with OPDs and for capacity building. Some participants were directly involved in online technical support for persons with disabilities.

"I was working in an organisation that work with persons with disabilities where I provided Technical Support."

Man with Physical impairments, Somalia

"Thanks to online activity I was able to meet international organisations of people with disabilities and expand my knowledge."

Man who is blind or partially sighted, Ecuador

However, these findings raise the issue of a digital divide between persons who have online access and those who do not. Previous chapters highlighted the economic, and physical barriers to internet and telephone access.

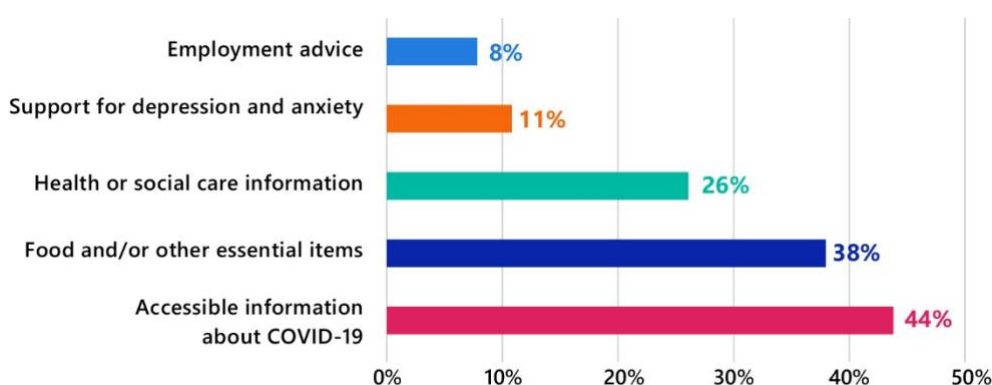
"The networks have been overloaded and therefore it is slow, or the signal is not good, this affects our remote work and communication by virtual means."

Woman with a Physical impairment, Peru

Support from OPDs

Forty-one percent of respondents said that they received at least one type of support from their local OPD. Of those who received support from their OPD 44% got support with accessible information on COVID-19. Thirty-eight percent received food or other basic items from their OPD. Twenty-six percent received information on healthcare or social care. Of those who sought support for depression and anxiety 11% said that they received support from OPDs. Only 8% received employment advice.

● Support from OPDs



OPDs sometimes played a critical role in getting vital supplies to persons with disabilities during the pandemic.

"My organisation has been managing the donation of food and cleaning packages, with the Government the prioritisation of People with Disabilities in the delivery of food, online support groups and the collection of experiential experiences of women with disabilities in times of coronavirus."

Woman with physical impairments, El Salvador

Supports offered by OPDs were often targeted at certain groups of people with disabilities and focused on certain issues. For instance, respondents described mental health supports for parents with disabilities and employment support for people with intellectual disabilities.

"Meetings with psychologists for parents, to cope with the pandemic, stress and worry."

Woman with a physical impairment, Bolivia

"Our OPD is virtually supporting people with intellectual disabilities, by organising spaces for exchange and support on various topics, especially education."

Woman working for a OPD, Colombia

However, concerns were raised that some OPDs are exclusive of persons with certain kinds of disabilities and are not focused on minority issues.

"OPD's are more supportive of those with visible disabilities, and they have limited knowledge of how to support those of us with invisible disabilities... Our OPD's do not appear to be aware of the needs of Maori. I am Maori and I do not feel that they acknowledge Maori with disabilities."

Indigenous woman with a psychosocial disability, New Zealand

Recommendations:

Impact on OPDs

Considering the findings, we recommend that governments take the following actions in line with their obligations under international law, particularly Article 4 of the UN Convention on the Rights of Persons with Disabilities which requires State Parties to 'closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations.

- Actively involve OPDs representing diverse demographics of persons with disabilities in COVID-19 response and recovery planning.
- Recognise and support the expert role of OPDs and peer support in protecting the rights of persons with disabilities during the pandemic and afterwards.
- Provide adequate funding to OPDs to support capacity building and relief efforts during disasters or other emergencies.
- Ensure that persons with disabilities have access to digital technologies that enhance their involvement with OPDs.



Impact of the Pandemic on People Living in Humanitarian Settings

"(I lost income) because of the war and armed conflicts in my country."

Woman with a psychosocial disability, Yemen

Key findings

The findings serve as a stark reminder that the COVID-19 pandemic coincided with other humanitarian emergencies and natural disasters, including wars and armed conflicts, floods, drought, earthquakes, and cyclones. The findings provide a rare insight into persons with disabilities experiencing war and conflict during the COVID-19 pandemic. Respondents from these areas were more likely to lose income and experience barriers to medicine. There were several respondents from countries experiencing wars and conflict, including the Palestinian Territory, Yemen, Nigeria, Somalia, and Uganda.

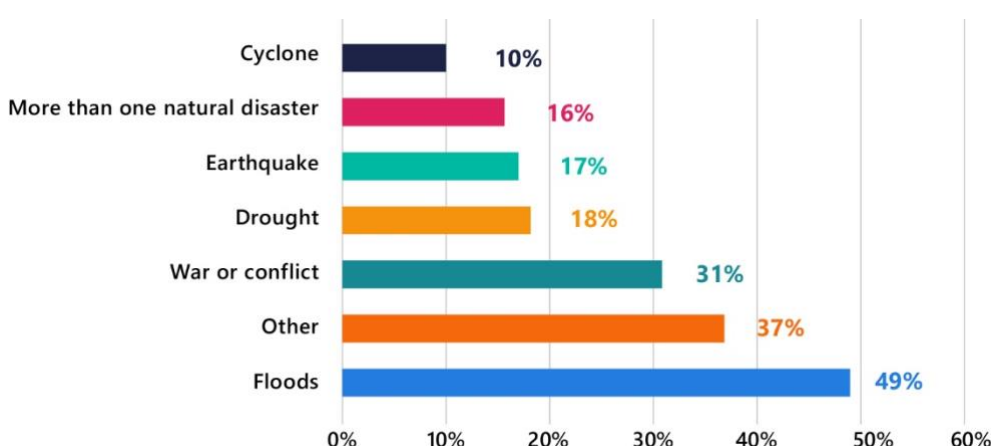
"So devastating. Persons with disabilities should be given preference in all COVID-19 interventions."

Woman with deafblindness, Palestine

Type of humanitarian emergency or natural disaster

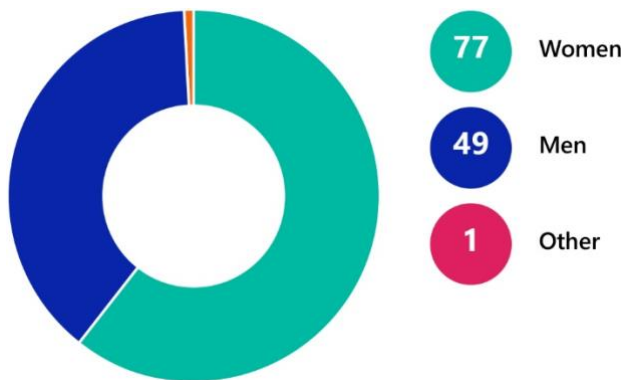
One quarter of respondents said that another humanitarian emergency or natural disaster occurred in their country during the COVID-19 pandemic. These included floods (49), wars and conflicts (31), drought (18), earthquake (17), cyclones (10), other (37). Sixteen respondents said that more than one natural disaster happened in their country since the beginning of the pandemic. Of those who answered "other", their responses included political corruption or instability, police violence and other forms of drug or gang violence.

Humanitarian emergencies and natural disasters



Sixty-one percent of respondents in countries with humanitarian emergencies or natural disasters were women.

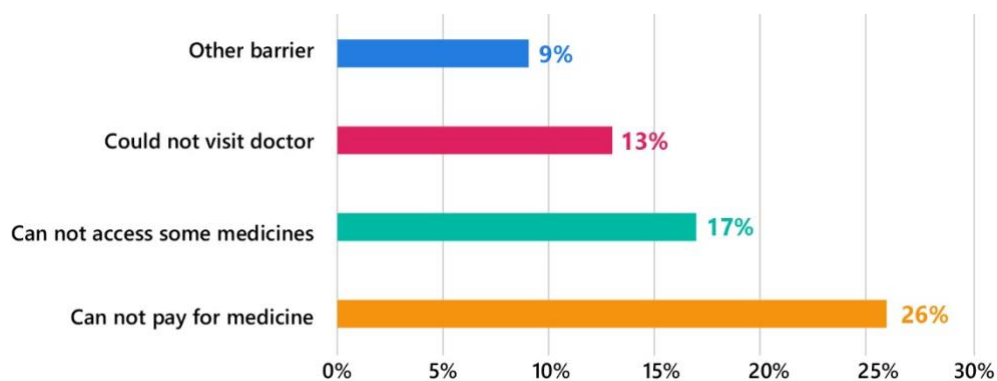
● Gender of persons in humanitarian emergencies or natural disasters



Access to healthcare

Respondents from areas with a humanitarian emergency or natural disaster were far more likely to face a barrier to medicine. Sixty-four percent said that they faced at least one barrier to healthcare. Twenty-six percent could not pay for medicine, 17% could not access some medicines, 13% could not visit their doctor and 9% faced another barrier.

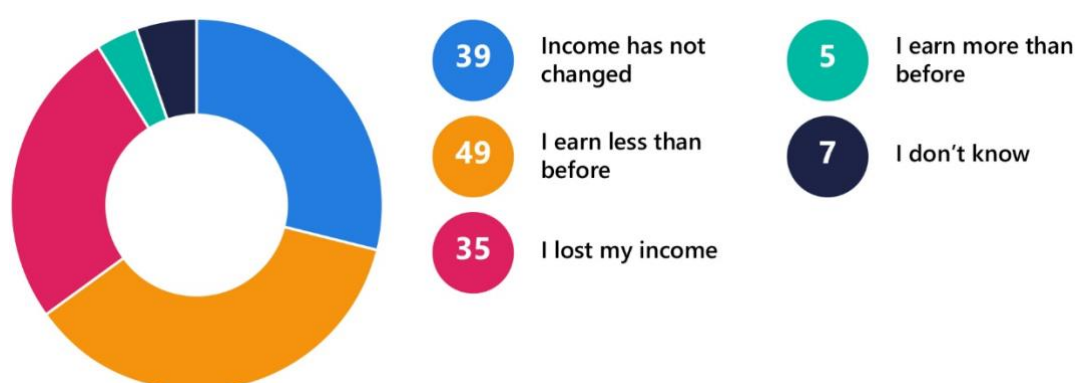
● Barriers to healthcare



Income loss

People living in areas of humanitarian emergencies or natural disasters were more likely to lose income than respondents in other areas. Sixty-two percent of respondents from these areas said they lost income during the pandemic.

● Income loss among people in areas of humanitarian emergency or natural disaster



The qualitative comments reveal the experiences of persons with disabilities living in situations of humanitarian emergency or disaster risk. Some people feared that there would be an increase in violence for persons with disabilities.

"It has increased the degree of excluding women with disabilities from humanitarian interventions and made them more vulnerable to gender-based violence."

Woman with a physical impairment, Cameroon

Others spoke about the health implications of living in an area where there is a humanitarian emergency or a natural disaster.

"There is always uncertainty hovering over. For certain persons with disabilities, mobility is a huge challenge and so they are cut off from the outside world when government imposes a lockdown without catering for them in case they need to get to a health facility."

Woman, other, Uganda

There were also several testimonies from persons with disabilities who were involved in providing humanitarian relief for other persons with disabilities in their community.

"My organisations was managing the donation of food and cleaning packages. The prioritisation of people with disabilities in the delivery of food, online support groups and the collection of experiences of women with disabilities in times of coronavirus was managed with the government."

Woman with physical impairments, El Salvador

"In the distribution of support (food) they prioritised women and older adults and I was left out."

A blind, indigenous man, Bolivia

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