
Supported by:
The views expressed in the report are those of the authors and do not necessarily reflect the official position of the UNPRPD, ILO, UNICEF, or UK AID, as supporting organizations or the South Asian civil society organizations whose members and staff took part in the successive consultations. Any errors or misreporting are the sole responsibility of the authors.
# Table of contents

Abbreviations 4  
Glossary 4  
Acknowledgement 6  
Summary 6  
1 Introduction 8  
1.1 Overview of the Social Protection measures in the region 11  
2 Social Protection measures for persons with disabilities 13  
2.1 Cash Transfer 15  
2.2 In-Kind Measures – Food, rations, medicine 17  
2.3 Helplines 19  
2.4 Specific support services for children, adults with disabilities requiring extensive support services and older persons with disabilities 19  
2.5 Services for persons with disabilities in institutional care 20  
2.6 Specific measures for women with disabilities 21  
2.7 Accessibility of Information 21  
2.8 Conclusion 22  
Annexure I 24  
Table 3 — Overview of persons with disabilities in the region 24  
Annexure II 26  
Table 4 — Overview of the Legislative and Policy framework for persons with disabilities and the barriers in social protection measures in the region 26  
Annexure III 28  
Overview of National Social Protection programs in the region 28  
Annexure IV 30  
List of contributors for the Report 30
Abbreviations

**CSO**  Civil Society Organisation  
**DPO**  Disabled People’s Organisation  
**EHSAS**  Emergency Cash Transfer Program (Pakistan)  
**GDP**  Gross Domestic Product  
**ICMR**  Indian Council for Medical Research  
**IDA**  International Disability Alliance  
**NSAP**  National Social Assistance Program  
**SAARC**  South Asian Association for Regional Cooperation  
**SDG**  Sustainable Development Goals  
**UN**  United Nations  
**UNCRPD**  United Nations Convention on the Rights of persons with Disabilities  
**WHO**  World Health Organisation

Glossary

**Dalits**
Oppressed and marginalized people placed at the lowest rung of the caste hierarchy, which is based on ritual purity and occupation. The Constitution of India classifies Dalits as Scheduled Castes. The caste system is commonly linked to communities which practice some form of Hinduism, though caste identities persist even in communities who have converted to other religions.

**Disability targeted social protection**
Steps taken by the government to specifically address the marginalisation experienced by persons with disabilities. For example, disability allowance, supply of assistive devices, provision of support services and so on.

**Income inequality**
Refers to the uneven distribution of income across the population. Usually, the Gini Index measure is used to calculate the variance. It varies from 0% to 100%, where 0% represents perfect equality.

**Informal work**
Refers to a situation where people have temporary employment. The employers are not required to take any responsibility to ensure social protections such as health insurance, regulation on working hours, work environment and wages.

**Means - Tested benefit**
Refers to government selected beneficiaries for a social protection program based on the family income. Usually, those beneficiaries who have income below the poverty line will be selected for the program. Any program that chooses its beneficiaries based on family income is called a means-tested benefit.
One-off top up
Refers to the government announcing social protection measures such as cash transfer to the existing beneficiaries of social protection programs in order to support people affected by a disaster.

One-off cash transfer
Refers to a government social protection measure where cash is transferred to qualified recipients not covered under any social protection programs. The purpose of this measure is to support people from the effects of a disaster.

Social Protection
Refers to the various steps taken by the government to reduce marginalisation and maintain a level of income security.

Socio-Economic Crisis
Refers to the sudden loss of employment and/or the reduction of the job market resulting in loss of income and a health services and education services. Most often, this is due to a sudden change in the environment due to disaster such as COVID -19. However, there are many other situations that could lead to a socio-economic crisis.

Recession
A period of time when there is huge reduction in purchasing/spending.

Responsiveness
Refers to schemes and policies that are designed in a manner that considers the specific needs of people with disabilities, and ensures they are fulfilled. For example, compensating those with disabilities for extra costs they may incur and creating information in accessible formats.

Ration card
Refers to an ID card issued to people in India to access the Public Food Distribution System.

Poverty
Refers to the percentage of people who fall below the poverty line.

Washington Group of Questions
Refers to the United Nations Statistical Commission City Group tasked with the promotion and coordination of international cooperation in generating internationally comparable statistics on disability. These statistics are suitable for censuses and national surveys. The most widely used tool is the Short Set on Functioning (WG-SS), comprising six questions on functioning in core domains. The aim of this group is to understand whether persons with disability are participating equally in all aspects of society.
Acknowledgement

This report is jointly prepared by the International Disability Alliance (IDA) and the Center for Inclusive Policy (CIP). It has been created under the framework of the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) COVID-19 joint response, and inclusive social protection project implemented by ILO and UNICEF with inputs from Bridge CRPD-SDGs Alumni. We acknowledge their contributions. (Refer to Annexure IV).

Author: Meenakshi Balasubramanian
Review: Amba Salekar, Alex Cote, Alradi Abdalla, Tchaurea Fleury (by alphabetical order).

Summary

The purpose of this report is to provide an overview of the social protection response and recovery initiatives by countries in the South Asian Region towards people with disabilities from the perspective of DPOs.

The region is characterised by a high population with majority of states falling under low and middle-income status, high levels of economic informality, low social protection coverage, intersectional marginalisation due to gender, ethnicity and caste, and a high concentration of migrant population. The COVID-19 crisis has magnified vulnerabilities in the region and furthered the marginalisation of persons with disabilities.

DPOs contribution to this report highlighted:

• Limited efforts to reach out to persons with disabilities
• Lack of specific social protection measures for persons with disabilities in all countries of the region
• Lack of responsiveness of the general measures to respond to the issues of people with disabilities
• Inaccessibility of information and communication services
• A lack of sub national government initiatives which can pave the way towards a more inclusive SP response and recovery
• The need to build better initiatives by addressing the pre-existing barriers and inequalities
Key recommendations

1. People with disabilities should be included in all social protection measures focused on response and recovery. All such programs, including the implementation mechanisms, should be responsive and address the intersectional marginalisation experienced by people with disabilities in order to be in line with the CRPD.

2. Social protection systems should provide a meaningful combination of cash transfer and services that ensure basic income security, coverage of health care and disability related costs, as well as facilitating socio-economic empowerment. In the progressive realisation of universal coverage, priority should be given to children and people with high support requirements.

3. The disability certification process should be accessible and available for all people with disabilities as close to the community as possible.

4. Accessibility of information and communication including plain language communication, alternative formats of communication, and sign language with captioning must be ensured at all levels of implementation and in languages spoken by the indigenous communities.

5. Community based inclusive services must be implemented with a particular focus on Dalit and indigenous populations of people with disabilities.

6. Deinstitutionalisation programs must be strengthened and scaled up.

7. Budget must be allocated for responding to the restrictions and marginalisation experienced by persons with disabilities.

8. All programs must be gender sensitive and age sensitive.

9. At all levels of planning, implementation and impact assessment, programs must ensure full and effective participation of persons with disabilities.

10. Countries in the region must invest in data collection methods such as the Washington Group Questions and administrative and financial data must be disaggregated for ensuring accountability.
Introduction

“... Persons with disabilities and their families face significant challenges in terms of income security and greater costs to secure the essential goods and services they need. Social protection, which, at any point in time, is critical for persons with disabilities, has proven to be a crucial vector of relief in recent weeks...”

The current socio-economic crisis is the immediate fall out of the ongoing COVID-19 pandemic in the South Asian region as many countries in the region have fallen into recession. Though the pandemic is a global phenomenon, the region has faced an intense impact due to the high level of informal and low coverage of social protection. For instance, a significant migrant population performs informal work and lives with unprotected incomes, and the lockdown has resulted in job loss and thus, loss of income.

The region is also characterised by its density of population, coupled with a high percentage of marginalised population. This has an impact on the response and recovery phases of the pandemic.

“I spent all my savings to meet the needs of myself and my family during COVID-19. As many people lose their jobs, securing an income has become extremely difficult, as well as securing basic products. People with disabilities who used to earn some money by working for themselves and can’t continue doing so are seen as a burden on the national economy. Employment opportunities for people with disabilities is currently extremely limited and, in many cases, non-existent. People with disabilities who were working somewhere or running their own small business lost everything because of COVID-19.”

— Fahad, Pakistan

1 Disability Inclusive Social Protection Response D-19 Crisis – Brief prepared under UNPDRPD project jointly implemented by ILO, UNICEF in close collaboration with International Disability Alliance
5 International Disability Alliance: “Voices of people with disabilities during the COVID 109 outbreak” www.internationaldisabilityalliance.org/content/voices-people-disabilities-during-covid19-outbreak#Linkasia
The marginalisation usually experienced by people with disabilities is heightened due to the socioeconomic crisis and the pandemic itself.6 This is reflected in the widening inequalities in access to jobs, livelihood, education, and specific services such as rehabilitation, assistive devices and support services. This is further impacted by intersectional marginalisation, such as gender, religion, geography, ethnicity and caste.

“Persons using hearing aids or cochlear implants cannot go to their doctor or audiologist for mapping or audiograms. They cannot buy hearing aid batteries and get audiological maintenance services. They also cannot go to the hospital even when they have an ear infection. The government does not recognize hearing health care as a necessity for hard of hearing persons. We are living through a serious pandemic, which is made all the more frightening because we do not understand what is happening.” — Neeta Keshary, Nepal7

Social protection has been a major vector amounting to 62% of the various measures adopted by governments across the globe to ensure resilience to crises like pandemics8. Cash transfers and other assistance account for 53% and 47% respectively of social protection measures9. Some South Asian countries have responded by expanding the existing cash transfer or in-kind measures and by introducing new measures10.

“Some persons with disabilities have received 3-months’ worth of their allowance in one month but no additional support. Many persons with disabilities are denied food as they don’t possess official documents such as disability certificates or ration cards.” — Reyansh, India11

The UN Secretary General Policy Brief12 recognised the magnified inequalities experienced by people with disabilities during the pandemic and advocated for their inclusion in all recovery and response measures.

7 International Disability Alliance: “Voices of people with disabilities during the COVID 19 outbreak” www.internationaldisabilityalliance.org/content/voices-people-disabilities-during-covid19-outbreak#Linkasia
9 Ibid
11 International Disability Alliance: “Voices of people with disabilities during the COVID 19 outbreak” www.internationaldisabilityalliance.org/content/voices-people-disabilities-during-covid19-outbreak#Linkasia
The brief recognises the relevance of social protection for people with disabilities, and has recommended:

1. To expand mainstream and disability-targeted social protection and adapt delivery mechanisms to provide adequate relief and support to persons with disabilities and their families by:
   a. Advancing and/or increasing payments of disability benefits
   b. Extending coverage to people with disabilities
   c. Flexible registration, including online registration
   d. Providing disability top ups to beneficiaries of mainstream social assistance programs

2. That the approaches to coming out of lockdown be sensitive to the particular situation of people with disabilities

This report highlights and analyses the responsiveness and inclusion of persons with disabilities in social protection measures adopted by countries in the region as a response to the COVID-19 crisis, which was gathered between June and November 2020. The report analyses the consistency of measures adopted by the countries with a foundation of non-discrimination, accessibility, intersectionality, participation, accountability and data disaggregation, as suggested in the UN policy brief "Disability Inclusive response to COVID-19".

The methodology adopted for preparing this report included:

- Initial discussion using webinar with at least 50 DPOs from the region. The discussion was guided by the questions on accessibility of information and communication, cash transfer measures, expansion of coverage and benefits, and disability ID cards and certification.
- The DPO representatives from Pakistan, Bangladesh and Nepal made submissions on the response measures in their countries with specific reference to accessibility of information, registration processes, cash transfers, in-kind support measures, availability of support services for children, adult and older persons with disabilities, specific measures for women with disabilities, coverage of health care costs and information on disability ID cards.
- In-depth online discussion with key DPO representatives from Bangladesh, India, Nepal and Pakistan.
- References to existing data on social protection measures were primarily taken from "Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, "Living Paper". This is to gather insights on the general measures adopted in the region as a response to the pandemic, and more specifically on the measures for persons with disabilities in Bhutan, Afghanistan and Maldives.

---


• An overview of persons with disabilities and legislations, policies and programs related to persons with disabilities and the barriers in accessing them (Annexure II & III) is based on the literature review of state party reports to the UN CRPD Committee, alternate reports from CSOs, SDG reports and other policy documents, statistical surveys and research from respective states.

• A follow up questionnaire was circulated to the DPOs to further understand the challenges and impact in accessing COVID-19 social protection measures. DPOs from Sri Lanka, Pakistan and Bangladesh responded to the questions. The report is further strengthened with literature review on COVID-19 measures specifically on persons with disabilities from the region.

1.1. Overview of the Social Protection measures in the region

Table 1 below provides countrywide COVID-19 related general social protection measures adopted in the region.

<table>
<thead>
<tr>
<th>Countries</th>
<th>COVID-19 related general social protection response measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>On April 29th, the government started providing free bread to 2.5 million needy people in Kabul with plans to extend to other cities A relief package amounting to 1.6% of the GDP was introduced Utilities waiver</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Provided Cash Transfer and increased benefit under the key safety net programs Provided food vouchers/ subsidies Provided payment of wages and salaries to select factories</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Provided cash transfers to people who were laid off or self-employed with additional benefit to eligible people with children Provided reskilling and public works training, like beautification of tourism places</td>
</tr>
<tr>
<td>India</td>
<td>Provided cash transfers Provided moratoriums Provided public works enhancement of coverage and wages Provided agricultural credits</td>
</tr>
<tr>
<td>Maldives</td>
<td>Provided subsidies for electricity and water bills Provided special allowance for employees who lost employment due to COVID-19 Provided emergency loans to businesses</td>
</tr>
<tr>
<td>Nepal</td>
<td>Provided food assistance, utility waivers and discounts, and a social security fund to be paid by the government for a month Public works program for those in informal work</td>
</tr>
<tr>
<td>Countries</td>
<td>COVID-19 related general social protection response measures</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Pakistan  | Expanded existing cash benefits to more beneficiaries and extended benefits  
Eid relief packages for trans persons affected by COVID-19 and utility waiver extended till lock down period<sup>15</sup> |
| Sri Lanka | Provided one off cash transfer for all existing beneficiaries under the Samurdhi Program  
Provided a one-off cash transfer for daily wage earners, older people and persons with disabilities who were previously on the existing social pension program<sup>16</sup>  
Delivered nutritious food for pregnant women and infants  
Provided pension for qualified recipients in the public sector |


---


16 “Sri Lanka government grants more concessions to public affected by COVID-19 pandemic.”  
www.colombopage.com/archive_20A/Mar31_13985667298924.php
Social Protection measures for persons with disabilities

The information provided in this chapter was mostly provided by DPOs from the regions during webinars, email exchange, and one-to-one communication and reflect their perspective. It does not pretend to be exhaustive and some measures taken by local governments for instance might not be listed.

Table 2 below presents the country-wide details of the specific and general social protection measures for persons with disabilities.

<table>
<thead>
<tr>
<th>Name of the country</th>
<th>Accessibility to information</th>
<th>Inclusive steps taken to ensure access to general social protection measures</th>
<th>Disability specific support</th>
<th>In-kind support</th>
<th>Helpline and Support services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>No data available.</td>
<td>No data available.</td>
<td>No such effort.</td>
<td>No such effort.</td>
<td>No specific effort.</td>
</tr>
<tr>
<td></td>
<td>Regular health bulletins have sign language interpretation. The Prime Minister’s address related to COVID-19 has sign language interpretation.</td>
<td>The general related top up cash allowance was extended to persons with disabilities who do not have access to disability specific allowance.</td>
<td>No such effort.</td>
<td>No such effort.</td>
<td>The existing general helplines are not accessible.</td>
</tr>
<tr>
<td>India</td>
<td>No data available.</td>
<td>The Jan Dhan Yojana Program for women includes women with disabilities. The food and grain distribution program includes persons with disabilities.</td>
<td>One off top up cash transfer to the Indira Gandhi National Disability Pension (IGNDP-NSAP) of Rs. 1000 at the Union level</td>
<td>Some provinces ensured cooked food/ grain to the door steps of persons with disabilities. (Ex. Kerala Tamil Nadu provided assistance based on requests through helplines.)</td>
<td>Some provinces have specific helplines for persons with disabilities.</td>
</tr>
</tbody>
</table>
# COVID-19 related social protection measures for persons with disabilities

<table>
<thead>
<tr>
<th>Name of the country</th>
<th>Accessibility to information</th>
<th>Inclusive steps taken to ensure access to general social protection measures</th>
<th>Disability specific support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maldives</td>
<td>No data available.</td>
<td>No data available.</td>
<td>In-kind support</td>
</tr>
<tr>
<td>Nepal</td>
<td>Regular health bulletins have sign language interpretation. However, there is no captioning, and other forms of communication for those who are hard of hearing, deaf and/or blind is non-existent. The Prime Minister's address related to COVID-19 had sign language interpretation.</td>
<td>No specific measures in place. No specific measures in place.</td>
<td>Disability specific cash transfer</td>
</tr>
<tr>
<td>Pakistan</td>
<td>No specific measures in place, family members take responsibility to provide accessible information. Ehsas Program as well as the Food Distribution Program, includes persons with disabilities.</td>
<td>No specific cash transfer in place.</td>
<td>In-kind support</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Information is not available in an accessible format. DPOs have raised the issue.</td>
<td>The one-off cash transfer to daily wage earners also includes persons with disabilities. Expansion of the existing disability cash allowance to persons with disabilities already registered but currently on the waitlist.</td>
<td>Helpline and Support services</td>
</tr>
</tbody>
</table>

Source: As shared by DPOs for the purpose of this report.
Social protection measures that include persons with disabilities include:
- Cash transfer allowances / Pensions
- In-Kind transfers such as food packages, medicine, etc.
- Helplines

Figure 1: Graph showing the Social Protection measures extended to persons with disabilities

Summary of the Graph / figure 1: The graph provides a summary of the nature of social protection measures in the region across countries. The measures presented include cash transfer specific, cash transfer general extended to persons with disabilities, in-kind general, helplines general and expansion of beneficiaries. Each of these measures are discussed in detail in the following sections.

2.1. Cash Transfer

Out of the 8 countries in the region, only India has COVID-19 specific cash transfers for persons with disabilities, while Sri Lanka has announced expansion of disability pension for those in waitlist. Figure 2 below explains the different forms of cash transfer to persons with disabilities:

Summary of Graph2 / figure 2: The graph provides a summary of the cash transfer measures adopted in the region, which include one-off cash transfers, expansion of beneficiaries, existing one-off allowance extensions, existing allowance only and no data. Each of these measures is discussed in detail in this section below.
India announced a one-off top up to the NSAP beneficiaries (cash transfer of Rs. 1000, USD 14) transferred in 3 months. Only 7.6% of the working age population of persons with disabilities will benefit from this measure since there has been no effort to expand the coverage. The criteria such as poverty targeting, and targeting based on extent of impairment and incapacity to work limits access to this program. Apart from this, many States (provinces) have announced plans for advancing the state level cash transfer program. Only Tamil Nadu has announced a one-off cash transfer to all persons with disabilities with ID cards in the state.

Pakistan and Bangladesh have extended the one-off top up cash transfer to the existing general cash allowance to persons with disabilities. However, in Bangladesh, those who receive disability allowance are not eligible to receive this one-off top up allowance. In Pakistan the allowance is means-tested and verified. It is reported that persons with disabilities are left behind from accessing the emergency cash transfer and that CSOs have appealed to the Prime Minister for inclusion of persons with disabilities in Pakistan. Nepal has not announced any specific cash transfer measure. Persons with disabilities with ID cards will continue to receive the existing disability allowance. Similarly, students with disabilities will receive their student allowance.

Sri Lanka has announced that they will cover all persons with disabilities in the waitlist for the disability cash allowance as a one-off cash transfer. Afghanistan has not announced any cash transfer measures and there is no specific data available on the inclusion of persons with disabilities in Bhutan and Maldives.

Disability Certificates and ID cards are requirements for accessing any benefit in many of the countries in the region. Persons with disabilities, particularly those requiring higher levels of support and living in rural and remote areas, often experience problems in accessing these certificates. The COVID-19 response measures have not addressed the issues concerning access to disability ID cards. In Nepal, many Dalits with disabilities do not have a citizenship card or a disability ID card and are thus left without any relief. In Sri Lanka, there is no official process for issuing disability ID cards. In order to access the social protection programs, persons with disabilities get a medical certificate and apply with the Grama Niladhari (Village Officer) who will certify and recommend the social welfare officer for further processing.

---

17 “Too little too few”- Social Protection measures to persons with disabilities in India during COVID-19, A civil Society report
18 Press Release No. 091 dated 16.06.2020 : 
19 Submission made by Bangladesh DPOs for the purpose of this report
20 Submissions made by DPO representative from the region for the purpose of this report
21 Submission by Waqar Puri and Iqbal Adrali for the follow up questions on 22.07.2020 and 24.07.2020 respectively
22 Submissions made by DPO representative from the region for the purpose of this report
25 As shared by DPOs in their submissions for the purpose of this report
26 Based on the submissions from DPOs for the purpose of this report
27 As shared by Krishna from Nepal over email dated 20.09.2020
28 As shared by DPOs from Sri Lanka over email and during direct interviews
2.2. **In-Kind Measures – Food, rations, medicine**

The in-kind measures include supply of food grains, cooked food and medicine. These have been considered for review in this report. This is based on the information shared by the DPOs from the region.

**Figure 3: Shows the inclusion of persons with disabilities under In-Kind measures**

![Bar chart showing the inclusion of persons with disabilities under different measures.]

**Source:** Details shared by DPO representatives during an in-depth discussion (Summary of figure 3 / graph 3: The graph provides a summary of the nature of in-kind measures across the region which include food and medicine on demand, food and provisions in some states, no in-kind measures, general food supply measures including persons with disabilities and no data. All these are explained in detail in this section below.)

Bangladesh, Pakistan and India include persons with disabilities in their food and food grain distribution program.

Pakistan does not follow a universal distribution system and because of this, many persons with disabilities could not access the in-kind relief measure. The CSO (STEP) has made an appeal to the EHSAS program seeking to support 5000 members, with a particular focus on children with disabilities accessing special education centres, who do not benefit either by the CSO initiative and by the government initiative.

"*The First Lady (wife of the President of Pakistan) provided 213 (monthly food packages) to needy deaf families. We were involved in that distribution by identifying the needy deaf families. There were other political and (religious organizations) who distributed Food packages for all.*"

— As shared by Akram, email dated 30.07.2020

---

29 Submissions made by DPO representative from the region for the purpose of this report
India, however, has a universal food grain distribution system for those with ration cards. Unfortunately, a large population in informal work do not possess these ration cards. Some provinces in India have announced specific food package and food distribution for persons with disabilities. Women with disabilities are at a particular disadvantage in accessing ration cards. Inaccessibility of the public distribution system is yet another cause of concern that hinders the responsiveness of this measure towards persons with disabilities.

Bangladesh has made specific announcements with financial commitments via the Ministry of Social Welfare, for the provision of food, cash and other expenditures for persons with disabilities. This is separate from the general relief package for distribution of food. However, the CSOs have appealed, citing insufficiency of relief for persons with disabilities and have sought an increase in the upcoming budget addressing the impact of COVID-19.

Nepal has a specific provision to distribute food packages and medicine for persons with disabilities.

These measures have not taken into account the marginalisation due to the nature of impairment (particularly deaf people), caste and ethnicity. Only a few Dalit families with disabilities are provided with food items and many more are left behind due to lack of formal documents and information. There is a lack of health and hygiene supplies among the hill Dalits.

“Scarcity to food and water is an issue in Nepal, as in many other countries in the world. In the case of a woman with a visual impairment who would have to walk for half an hour to obtain clean water, she has to rely on others, and faces severe challenges to cook and wash her hands. Moreover, information is not accessible for blind persons, therefore; this woman misses information on COVID-19 and sanitation guidelines. In rural parts of the country, due to movement restrictions and lack of available food, many are experiencing starvation.”

— Pratima Gurung, Nepal

---

30 "Too little too few" - Social Protection measures to persons with disabilities in India during COVID-19, A civil Society report
31 Submissions made by DPO representatives from the region for the purpose of the report
32 "Neglected and Forgotten: Women with disabilities during the COVID crisis in India", by Rising Flames and Sight Savers
33 Inter Press Service: "COVID-19 has further marginalised persons with disabilities" by Srilakshmi Bellamkonda, June 16 2020, accessed on 27.07.2020
34 As per the submission made by Mohalla Albert for the purpose of this report dated 25.07.2020
35 Bangladesh Post: “Budgetary allocation insufficient for persons with disabilities under social safety net” July 27 2020
37 International Disability Alliance: “Voices of people with disabilities during the COVID 109 outbreak”
The Sri Lankan government issued a directive to supply all monthly medicine free-of-charge from government hospitals to individuals (who would usually attend a monthly clinic) to be sent to people’s home through a special postal service. This has worked better in smaller regional hospitals than in larger hospitals in the city.38

There is no data available for Bhutan and Maldives. Afghanistan has announced for supply of free bread for poor people in Kabul however, there is no data on extension of the same to persons with disabilities.39

2.3. Helplines

Except for a few provinces in India, no other country in the region has specific helplines for persons with disabilities. The general helplines in Bangladesh, Pakistan and Nepal are not accessible for persons with disabilities.40

In India, Maharashtra and Kerala have a specific helplines to provide mental health counselling services. The helplines in Tamil Nadu and Assam are accessible with sign language interpretation services. In Tamil Nadu, the helpline provides assistance for persons with disabilities to procure essential medicines, provisions and therapeutic support.41 However, a large number of people from rural areas expressed difficulty in accessing and or getting a response through the helpline.42

2.4. Specific support services for children, adults with disabilities requiring extensive support services and older persons with disabilities

No specific support services have been announced for children and adults with disabilities in Bangladesh, India, Nepal, Sri Lanka and Pakistan.43 No data is available for Afghanistan and Maldives. In India, the Union Government has developed guidelines to support persons with disabilities for general and health related requirements via the its Ministry of Social Justice and Empowerment and Indian Council of Medical Research (ICMR).44 However, this is not reflected at the provincial levels.

---

38 As shared by DPO representatives from Sri Lanka
40 Submissions made by DPO representatives from the region for the purpose of this report
41 Too little too few”- Social Protection measures to persons with disabilities in India during COVID-19, A civil Society report
42 India DPO report: “Too little too few”
43 Submissions made by DPO representatives from the region for the purpose of the report
Guidance document for Heath System response for persons with disabilities and functional impairment during Pandemic i.e. COVID-19
2.5. Services for persons with disabilities in institutional care

It is established that social care institutions and psychiatric institutions, which continue to house persons with disabilities, particularly persons with intellectual, developmental and psychosocial disabilities, are impacted disproportionately by COVID-19. Persons with disabilities who continue to live in such institutions are extremely vulnerable to the infection.

In regards to persons with disabilities who are institutionalized: “They are at a greater risk of getting infected as there are no safety measures and lack of awareness and information. Many are locked indoors with no access to information, meaning they can easily get infected if they do not have information on how to prevent contagion, which can lead to death.”

— Waqar Puri, Pakistan

In India, deaths were reported in homes for children, homes for older persons with disabilities and institutions such as Institute of Mental Health in Chennai, Mumbai and Delhi. Recently, the death of a person due to COVID-19 with psychosocial disability in IMHChennaihas triggered the court to mandate test for all individuals in the institution.

Despite recognising the vulnerability of persons with disabilities living in institutions, the ICMR guidelines do not have specific sections mandating care and assistance for people living in institutions, as proposed by the WHO guidance note. The guideline proposed by the Ministry has not incorporated the measures leading to de-institutionalisation.

It has to be noted that persons living in government run homes are not eligible for any other social protection benefits. This, along with no concrete deinstitutionalization plan, limits their benefits during transition from an institutional care settings.

---


46 International Disability Alliance: "Voices of people with disabilities during the COVID 109 outbreak"  
www.internationaldisabilityalliance.org/content/voices-people-disabilities-during-covid19-outbreak#Linkasia

47 The Hindu : "35 children and 5 staff of Government run home in Chennai infected" June 6 2020  

Accessed on 27.07.2020

48 The New Indian Express, "IMH inmate succumbs to COVID-19 in Chennai, Institute begins to test all inmates"  
17th July 2020  

Accessed 27.07.2020


50 Press Information Bureau, "DEPwD issues comprehensive disability inclusive guidelines to States/UTs for protection and safety of persons with Disabilities (Divyangjan) in light of COVID-19", 27 March 2020  

51 "Too little too few"- Social Protection measures to persons with disabilities in India during COVID-19, A civil Society report
2.6. **Specific measures for women with disabilities**

In Pakistan, the only effort to reach out to women with disabilities has been the distribution of food packages by the National Charity Institution (PBM)\(^{52}\). The NGO-sector stepped in to distribute sanitary napkins to women, though there is a lack of data on the reach of this measure.

In India, inaccessible transport and banking services pose serious problems for women with disabilities to access the women specific cash transfers to their Jan Dhan Account.\(^{53}\) Furthermore, a report from Rising Flames and Sight Savers, points out that none of the women with disabilities surveyed have received the one-off top up announced by the Union Government\(^{54}\).

2.7. **Accessibility of Information**

Regular health bulletins through the National Media have sign language interpretation in Nepal and Bangladesh apart from the Prime Minister’s speech. In India, only the Prime Minister’s speech on COVID-19 measures have sign language interpretation on the National channel.

Both in India and Nepal, the visuals of sign language interpreters are so small that the deaf people find it hard to understand the sign language interpretation. Other information related to social protection measures, such as general awareness on safety measures to be adopted, are not made available in accessible formats. In Nepal, the CSOs are taking efforts to provide information in accessible formats, however the reach is very low.

In Pakistan, the family members take responsibility to provide information in accessible formats\(^{55}\).

In India, none of the information from the Union Government including, COVID-19 related announcements are made in vernacular languages. This makes it difficult for persons with disabilities in rural areas to access services and benefits\(^{56}\).

---

52 Submissions made by country DPOs for the purpose of this report  
53 Jan Dhan Yojana  
[www.pmiy.gov.in/scheme](http://www.pmiy.gov.in/scheme)  
54 “Neglected and Forgotten: Women with disabilities during the COVID crisis in India”, by Rising Flames and Sight Savers 14 July 2020  
55 Submissions made by country DPOs for the purpose of this report  
56 As shared by Ms. Nidhi Goyal during the in-depth discussion on 05.06.2020
2.8. Conclusion

From the discussions above and the general trend across the globe, it is safe to conclude that addressing the restrictions and marginalisation experienced by persons with disabilities is yet to be prioritised in the region.

Given the multidimensional impact of the crisis on persons with disabilities due to the experience of pre-existing inequalities (lack of education, employment), intersectional and multiple marginalisation, and the additional costs of disability, the region must invest adequately in social protection measures focusing on the full and effective inclusion of persons with disabilities.

Southern Asia has one of the lowest public social protection expenditures in the world, at 2.7% of GDP\textsuperscript{57}. This is reflected in inadequate allocation towards programs related to persons with disabilities\textsuperscript{58}. For example, India allocates only 0.03% of GDP towards social protection programs for persons with disabilities.

UNICEF South Asia\textsuperscript{59} recently estimated that a universal disability allowance for children and working age adults would cost between 0.2% and 0.3% of the GDP in most South Asia countries.

<table>
<thead>
<tr>
<th>Universal disability allowance 0-59 years old</th>
<th>Monthly transfer value in local currency</th>
<th>Monthly transfer value in USD</th>
<th>Monthly transfer value USD PPP</th>
<th>Monthly transfer value % GDP per capita</th>
<th>Cost % of GDP 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>3000</td>
<td>$36.00</td>
<td>$95.00</td>
<td>22%</td>
<td>0.3</td>
</tr>
<tr>
<td>India</td>
<td>2500</td>
<td>$33.00</td>
<td>$119.00</td>
<td>19%</td>
<td>0.3</td>
</tr>
<tr>
<td>Nepal</td>
<td>2000</td>
<td>$17.00</td>
<td>$62.00</td>
<td>30%</td>
<td>0.3</td>
</tr>
<tr>
<td>Pakistan</td>
<td>3000</td>
<td>$18.00</td>
<td>$81.00</td>
<td>19%</td>
<td>0.3</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>9000</td>
<td>$49.00</td>
<td>$160.00</td>
<td>15%</td>
<td>0.2</td>
</tr>
</tbody>
</table>

The various social protection measures in the region that include persons with disabilities have to be reframed so that they are responsive to the particular marginalisation and restrictions experienced by persons with disabilities\textsuperscript{60}.

Inaccessibility of information and procedures and processes that restrict access to disability ID cards and certifications (a key to access social protection programs) is a cause of concern in the region.

Lack of data is another cause of concern. The region has to invest appropriate and internationally comparable data on persons with disabilities, including administrative data.


\textsuperscript{58} From the submissions made and the discussions with DPOs for the purpose of the report


\textsuperscript{60} Refer Annexure III of this report
The data should also be disaggregated based on gender, ethnicity and geography.

**Recommendations:**

1. All emergency response measures should be designed to effectively include persons with disabilities by addressing the pre-existing barriers and intersectional marginalisation experienced by persons with disabilities.

2. Ensure full and effective participation of persons with disabilities, including underrepresented groups, and their representative organisations at all levels of planning and implementation.

3. Governments in the region must adopt a universal approach in ensuring social protection for persons with disabilities. Social protection programs should be designed to compensate the basic income and extra costs associated with having a disability, with specific focus on children and persons with disabilities, who require higher levels of support.

4. The general social protection programs should be responsive and should be compliant with CRPD to effectively include persons with disabilities.

5. Social protection programs should consider a combination of cash transfer, concessions and services.

6. Pre-existing barriers such as:
   a. Design of the programs to include only a few persons with disabilities,
   b. Limited access to disability identification and certification process and
   c. Lack of accessible information.

   Must be addressed while focusing on social protection measures for persons with disabilities.

7. Community based inclusive services must be focused and implemented with specific focus on Dalit and indigenous population of persons with disabilities.

8. Accessibility of information and communication, including plain language communication, alternative modes and formats of communication, and sign language with captioning must be ensured at all levels of implementation, in all languages, including those spoken by the indigenous communities.

9. Deinstitutionalisation programs have to be strengthened and scaled up.

10. Extensive budgetary allocation must be planned for responding to the restrictions and marginalisation experienced by persons with disabilities.

11. All programs must be gender and age sensitive.

12. Countries in the region must invest in data generation using methods such as Washington Group’s set of questions and disaggregation of administrative and financial data for ensuring accountability.
### Annexure I

#### Table 3 — Overview of persons with disabilities in the region

**Note:**
Data based on various survey and reports including UNESCAP report so may not necessarily add up. However, the table is included to have a perspective of the inequalities in the region while highlighting the lack of meaningful data. The data provided is linked to the respective reports for further reference.

<table>
<thead>
<tr>
<th>Details</th>
<th>Afghanistan</th>
<th>Bangladesh</th>
<th>Bhutan</th>
<th>India</th>
<th>Maldives</th>
<th>Nepal</th>
<th>Pakistan</th>
<th>Sri Lanka</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Population of persons with disabilities</td>
<td>2.7%&lt;sup&gt;i&lt;/sup&gt;</td>
<td>9.1%</td>
<td>3.4%&lt;sup&gt;i&lt;/sup&gt;</td>
<td>2.21%</td>
<td>10.9%&lt;sup&gt;v&lt;/sup&gt;</td>
<td>1.9%&lt;sup&gt;v&lt;/sup&gt;</td>
<td>2.5%&lt;sup&gt;vi&lt;/sup&gt;</td>
<td>8.7%&lt;sup&gt;vi&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th>Afghanistan</th>
<th>Bangladesh</th>
<th>Bhutan</th>
<th>India</th>
<th>Maldives</th>
<th>Nepal</th>
<th>Pakistan</th>
<th>Sri Lanka</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with disabilities</td>
<td>55% Male&lt;sup&gt;i&lt;/sup&gt; 4.0% Female&lt;sup&gt;i&lt;/sup&gt;</td>
<td>53.61% Male 5.03% Female</td>
<td>NA</td>
<td>33.30% Male 12.58% Female (in comparison to total working age population)</td>
<td>NA</td>
<td>17.1% Male 4.1% Female&lt;sup&gt;ii&lt;/sup&gt; (Summary of indicators individuals with disability – Current work) 55%&lt;sup&gt;iii&lt;/sup&gt;</td>
<td>NA</td>
<td>51.2% Male&lt;sup&gt;iv&lt;/sup&gt; 56.1% Female&lt;sup&gt;iv&lt;/sup&gt;</td>
</tr>
<tr>
<td>Overall population</td>
<td>78% Male&lt;sup&gt;i&lt;/sup&gt; 7.8% Female&lt;sup&gt;i&lt;/sup&gt;</td>
<td>78.85% Male 8.11% Female</td>
<td>NA</td>
<td>34.18% Male 15.23% Female (in comparison to total working age population)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Details</td>
<td>Afghanistan</td>
<td>Bangladesh¹</td>
<td>Bhutan</td>
<td>India²</td>
<td>Maldives</td>
<td>Nepal</td>
<td>Pakistan</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------</td>
<td>--------</td>
<td>----------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>90% of all persons with disabilities³⁸⁴ (outcome of a survey by human rights commission)</td>
<td>43.18% Male 42.71% Female (Summary of indicators individuals with disability – Current not working)</td>
<td>NA</td>
<td>23.41% Male 31.70% Female (compared to the population of persons with disabilities.)</td>
<td>62.4% of all persons with disabilities³⁸⁴</td>
<td>34.8% Male 23.9% female³⁹²</td>
<td>NA</td>
<td>70.9% are of the working age population³⁸⁵</td>
</tr>
<tr>
<td>Overall Population</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Literacy / Attending School</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>20% - School aged females attended school³⁹³</td>
<td>39.12% Male 41.85 % Female (Literacy)</td>
<td>NA</td>
<td>78.97 % Male 75.55% Female (Literacy)</td>
<td>86.5% - of all persons with disabilities (Literacy³⁹⁵)</td>
<td>42.1% - of all persons with disabilities (Literacy³⁹⁵)</td>
<td>NA</td>
<td>4.3% Of school age children attend educational institutions³⁹⁶</td>
</tr>
<tr>
<td>Overall Population</td>
<td>60% of all school age children attend school³⁹³</td>
<td>67.55 male 71.96 % Female (Literacy)</td>
<td>NA</td>
<td>84.44% Male 78.64% Female population (Literacy)</td>
<td>97.6% overall population (Literacy)</td>
<td>61.1%³⁹⁶ overall population (Literacy)</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>
### Annexure II

#### Table 4 — Overview of the Legislative and Policy framework for persons with disabilities and the barriers in social protection measures in the region

<table>
<thead>
<tr>
<th>State</th>
<th>Legislative &amp; Policy Framework</th>
<th>Social protection measures for persons with disabilities</th>
<th>Barriers or Issues in accessing Social Protection measures</th>
</tr>
</thead>
</table>
| Afghanistanxxix| Policy on rights of persons with disabilities  
Constitution  
UNCRPD  
Law on Rights and Privileges of persons with disabilities | Have financial Assistance to individuals who acquire disability due to mine explosions (Mine Ban Treaty)  
Financial assistance | Financial assistance is extended only for war victims |
| Bangladesh     | Constitution  
UNCRPD  
Rights and Protection of Persons with Disabilities Act 2013  
National Food Policy (General with specific mention of persons with disabilities) | Cash Transfer (monthly allowance of 700 BDT)xxx from Public Works program with priority for persons with disabilities (100 days/year jobs for unemployed adults)  
Assistive devices  
Habilitation and rehabilitation services | Inadequacy of cash transfer benefit and covers only very few persons with disabilitiesxxxii  
Very limited supply of assistive devices without any consideration to the individual specific needs.  
Inaccessibility of rehabilitation services for persons with disabilities in rural areas and particularly for those with high support needs. |
| Bhutanxxiii     | Constitution  
CRPD  
National Policy for persons with disabilities Bhutanxxxiii | Disability benefits  
Welfare and social services | Total loss of work capacity |
| Indiaxxxiv      | Rights of Persons with Disabilities Act 2016  
Mental Health Act 2017  
National Policy for Persons with disabilities  
General Social protection Laws such as Aadhaar Act, Food security Act | Cash Transfer – State & Union (NSAP)  
MGNREGA  
Assistive Devices  
Rehabilitation programs Institutions | Low Coverage  
Low Benefits |
<table>
<thead>
<tr>
<th>State</th>
<th>Legislative &amp; Policy Framework</th>
<th>Social protection measures for persons with disabilities</th>
<th>Barriers or Issues in accessing Social Protection measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal</td>
<td>Rights of Persons with Disabilities Act 2017 CRPD</td>
<td>Disability Allowance Scholarships to students Transport concessions and other forms of allowances Other social allowances, which persons with disabilities could opt for</td>
<td>Disability allowance available to only few constituencies of persons with disabilities. Low coverage and inadequacy of benefits</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Disable Persons (Employment and Rehabilitation) Ordinance 1981 National Policy on persons with disabilities 2002 National Plan of Action for persons with disabilities 2006 CRPD Regional amendments / announcements to the Ordinance 1981</td>
<td>Financial support for supply of Assistive devices BIPS (Benazir Income Support Programme) Rehabilitation services through NGOS and National Institutes Regional Poverty alleviation cash transfers Concessions Housing program (General) Institutions</td>
<td>Low benefit from cash transfer programs Low Coverage – Only 29.9% of persons with disabilities are covered under social protection programs Lack of clear focus on women and girls with disabilities</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Rights of Persons with Disabilities Act No.28 1996 CRPD Trust Fund Act for the rehabilitation of Visually Handicapped 1999 Special Educational Society (incorporation) Act 2003 National Policy on Disability 2006 Disabled persons accessibility regulations No.1 2014 and 2017 National Action Plan for Disability Mental Health policy</td>
<td>Monthly Allowance to low income families through the Ministry of Social Services CBR programs Residential support Assistive devices through the Ministry of Social Services and through NGOs Educational allowance for children with disabilities Medical assistance for families with less than 6000 income One-time Housing Allowance/ renovation allowance</td>
<td>There is a huge unmet need for assistive devices Lack of early child hood care and allowance Link between disability and poverty – low income families receive low coverage and low benefit CBR does not cover persons with disabilities experiencing extensive restriction</td>
</tr>
</tbody>
</table>

---

61 As shared by Divagarvan Awaday, Voice Area Federation, Sri Lanka
### Table 5 — Overview of National Social Protection Programs in the region

<table>
<thead>
<tr>
<th>Name of the Country</th>
<th>Social Protection Programs</th>
<th>Income Group</th>
<th>Poverty Rate</th>
<th>Income Inequality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Martyr's Disabled Pension&lt;br&gt;Citizen's charter Afghanistan project&lt;br&gt;Eshtghal Zaiee-Karmodesna&lt;br&gt;National Rural Access Programme</td>
<td>Low</td>
<td>54.5%</td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Allowance for Financially Insolvent persons with disabilities&lt;br&gt;Employment Generation Programme for the poorest&lt;br&gt;Husband-Deserted, Windowed and destitute women's allowance&lt;br&gt;Maternity allowance for poor lactating mothers&lt;br&gt;Old Age Allowance&lt;br&gt;Public Food Distribution System&lt;br&gt;Primary Education Stipend Program&lt;br&gt;Secondary Education Stipend Program&lt;br&gt;Secondary Education Sector Investment&lt;br&gt;Higher Secondary Stipend Program</td>
<td>Lower-Middle</td>
<td>14.8%</td>
<td>32.4</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Rural Economy Advance Programme&lt;br&gt;School Feeding Programme</td>
<td>Lower-Middle</td>
<td>1.5%</td>
<td>37.4</td>
</tr>
<tr>
<td>India</td>
<td>Targeted Public Distribution System&lt;br&gt;Janani Suraksha Yojana&lt;br&gt;MGNREGA&lt;br&gt;Mid-Day Meal&lt;br&gt;National Health Protection Scheme&lt;br&gt;Pradhan Mantri Matritva Vandana Yojana</td>
<td>Lower-Middle</td>
<td>21.2%</td>
<td>35.7</td>
</tr>
</tbody>
</table>

---

62 Overview of non-contributory social protection programmes in South Asia from a child and equity perspective By Pedro Arruda, Yannick Markhof, Isabela Franciscon, Wesley Silva and Charlotte Bilo – IPCG & UNICEF  
[www.ipcg.org/pub/eng/RR46 Overview of non contributory social protection programmes.pdf](http://www.ipcg.org/pub/eng/RR46 Overview of non contributory social protection programmes.pdf)
<table>
<thead>
<tr>
<th>Name of the Country</th>
<th>Social Protection Programs</th>
<th>Income Group</th>
<th>Poverty Rate</th>
<th>Income Inequality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maldives</strong></td>
<td>Disability Allowance Programme</td>
<td>Upper-Middle</td>
<td>7.3%</td>
<td>38.4</td>
</tr>
<tr>
<td></td>
<td>Food Subsidy Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foster Parent Allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Husnuvaa Asandha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Welfare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Old Age Basic Pension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single Parent Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nepal</strong></td>
<td>Child Grant</td>
<td>Low</td>
<td>15.0%</td>
<td>32.8</td>
</tr>
<tr>
<td></td>
<td>Disability Grant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Endangered Indigenous People’s Allowance / Endangered Ethnicity Grant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Karnali Employment Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>National School Meals Programme / Food for Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Old Age Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rural Community Infrastructure Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scholarships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single Women’s Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pakistan</strong></td>
<td>Benazir Income Support</td>
<td>Lower-Middle</td>
<td>3.9%</td>
<td>33.5</td>
</tr>
<tr>
<td></td>
<td>Pakistan Bai-Tul-Mal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pakistan FATA Temporarily Displaced Person’s Emergency Recovery Project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prime Minister’s National Health Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sri Lanka</strong></td>
<td>Divineguma</td>
<td>Upper-Middle</td>
<td>0.8%</td>
<td>39.8</td>
</tr>
<tr>
<td></td>
<td>Financial Support to Elderly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>National Secretariat for Persons with Disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>National Supplementary Food Programme / Thriposha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Welfare Assistance Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>School Feeding Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annexure IV
List of contributors for the Report

1. Mohalla Albert, Access Bangladesh Foundation, Bangladesh
2. Sardar Razzak, Down Syndrome Society of Bangladesh
3. Sarna Shah, Centre for Disability in Development, Bangladesh
4. Karishma Ahmed, Society for Education and Inclusion of the Disabled Trust, Bangladesh
5. Bhargavi Davar, Transforming Communities for Inclusion, Asia-Pacific
6. Nilesh Singit, India
7. Prof. D. Ponnusamy, Tamil Nadu Handicapped Federation Charitable Trust, India
8. T. Karuppaiah, Tamil Nadu Handicapped Federation Charitable Trust, India
9. Javed Ahmad Tak, Humanity Welfare Organisation, India
10. Danesh Kanagaraj, Aclude Foundation India
11. Kavita Nair, Bapu Trust, India
12. Srinivasulu, Network of Persons with Disability Organisation, India
13. Akila Maheswari, National Association of Mentally Ill, India
14. Srinidhi Raghavan Rising Flame, India
15. Ravindra Singh, myUDAAN, India
16. Muthu Selvi, All India Confederation of the Blind, India
17. Sruti Mohapatra, Swabhiman, India
18. Nidhi Goyal, Rising Flame, India
19. Murali Padmanabhan, Light for the World, India
20. Rajiv Rajan, Ektha, India
21. Lalit Kumar, Love and Acceptance, India
22. Rati Misra, National Centre for Promotion of Employment of Disabled People, India
23. Porkodi Palaniappan, Better Chances, India
24. Jeeja Ghosh, India
25. Tharun Bhatini, India
26. Sandeep Thota, Deaf Enabled, India
27. Rupmani Chhetri, SignAble World, India
28. Choungsin Koireng, All India Tribal's Disabled Association
29. Vishwesh Shekar, India
30. Nanduri S S Ramesh, Viklang Maha Sanghathan, India
31. Pavan Muntha, Swadhikar, India
32. Shrutilata Singh, Sense India, India
33. Parag Namdeo, Sense India, India
34. Shruti V. Student, India
35. Shivani Gupta, Accessability, India
36. Nalini Vaz, Sightsavers, India
37. Kuhu Das, Association for Women with Disability - West Bengal, India
38. Suganya P., India
39. Birendra Raj Pokharel, Abilis Foundation, Nepal
40. Puspa Raj Rimal, Deafblind Association, Nepal
41. Khom Raj Sharma, National Federation of the Disabled Nepal
42. K.P. Adhikari, National Federation of the Disabled Nepal
43. Kalpana Bajracharya, National Federation of the Disabled Nepal
44. Krishna Gahatraj, National Association of the Physical Disabled, Nepal
45. Satya Devi Wagle, National Federation of the Deaf Nepal
46. Surya Budhatoki, National Federation of the Deaf Nepal
47. Zia Ur Rehman, International Society for Prosthetics and Orthotics, Pakistan
48. Waqar Puri, Special Talent Exchange Program, Pakistan
49. Maryam Khan, Pakistan
50. Mohammad Iqbal, World Blind Union, Pakistan
51. Dr. Balbir Singh, Down Syndrome Association, Singapore
52. Divagaran Awaday, Voice Area Federation, Sri Lanka
53. Shyamani Hettiarachchi, Department of Disability Studies, University of Kelaniya, Sri Lanka
54. Manique Gunaratne, EFC Specialised Training & Disability Resource Centre, Sri Lanka
55. Niluka Gunawardena, University of Kelaniya, Sri Lanka
56. Dorodi Sharma, International Disability Alliance
57. Lucy Muchiri, Sightsavers International
xxvii Disability in Nepal, Taking Stock and forging a way forward by Niraj Poudyal, Mahesh Banskota, Dipesh Khadka and edited by Gaurav Ojah

xxviii Disability in Sri Lanka, Department of census and statistics

xxix April 28, 2020 “Disability is not a Weakness” Discrimination and Barriers facing Women and Girls with Disabilities in Afghanistan

Accessed on 27.07.2020

xxxi Alternative Report on the Status of Implementation of the Convention on the Rights of Persons with Disabilities in Bangladesh, prepared by Disabled Peoples’ Organisations, Community Based Organizations and Non-Government Organizations in Bangladesh working for the rights of People with Disabilities

xxxii Draft National Policy for Persons with Disabilities First Draft – Jan 2018

xxxiii Bhutan Times: “National policy to help advance the rights of Pwds” 8 December 2019
https://www.pressreader.com/bhutan/bhutan-times/20191208/281556587704155

xxxiv DPO Report “Too Little, Too Few”

xxxv Initial Report submitted by Maldives under Article 35 of the convention sue in 2012, date received 8 October 2018

xxxvi Disability- Inclusive Social Protection Research in Nepal, A national review with a case study from Tanahun district, supported by Australian Aid, International Centre for Evidence in disability and Valley Research Group

xxxvii Alternate Report on the Implementation of the 2030 Agenda in line with the CRPD in Pakistan, Prepared by Pakistan Association for the Blind with the support of PAB, UK Aid and International Disability Alliance, Initial Report Submitted by Pakistan under Article 35 of the Convention, due in 2013 – Date Received 18 October 2019

xxxviii Report submitted by State Parties under Article 35(1) of the Convention, Initial Report due in 2018, SRI LANKA

xxxix United Nations Disability and Development Report - Realising Sustainable Development Goals by and for persons with disabilities, 2018


