

A Report on the Social Protection Response to COVID-19 for Persons with Disabilities, South Asian Region



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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

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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.

1

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...”¹

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.² 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 income³.

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.⁴

“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, Pakistan⁵

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- 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
 - 2 UNDP Position Note prepared by the UNDP regional bureau for Asia and the Pacific April 2020, The Social and Economic Impact of COVID-19 in the Asia-Pacific Region - www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/the-social-and-economic-impact-of-covid-19-in-asia-pacific.html
 - 3 UNICEF Regional Office of South Asia Working Paper Series: Responding to COVID-19 Crisis in South Asia May 2020 – “Emergency Universal Child Benefits: Addressing the Social and Economic consequence of the COVID-19 Crisis in South Asia” www.developmentpathways.co.uk/wp-content/uploads/2020/05/Emergency-UCB-UNICEF-ROSA-26thMay-corrected1.pdf
 - 4 UNESCAP: COVID-19 and South Asia: National Strategies and Sub-Regional Cooperation for Accelerating Inclusive, Sustainable and Resilient Recovery www.unescap.org/sites/default/files/South%20Asia%20Covid-19%20Paper_5.pdf
 - 5 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 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.

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- 6 UNESCAP: COVID-19 and South Asia: National Strategies and Sub-Regional Cooperation for Accelerating Inclusive, Sustainable and Resilient Recovery
www.unescap.org/sites/default/files/South%20Asia%20Covid-19%20Paper_5.pdf
- 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
- 8 Gentilini, U., Almenfi, M., Dale, P., Lopez, A.V., Mujica, I., Quintana, R., and Zafar, U. (2020) “Global Database on Social Protection and Jobs Responses to COVID-19”. Living database, version 14 (December 11, 2020)
- 9 Ibid
- 10 UNICEF Regional Office of South Asia Working Paper Series: Responding to COVID-19 Crisis in South Asia May 2020 – “Emergency Universal Child Benefits: Addressing the Social and Economic consequence of the COVID-19 Crisis in South Asia”
www.developmentpathways.co.uk/wp-content/uploads/2020/05/Emergency-UCB-UNICEF-ROSA-26thMay-corrected1.pdf
- 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
- 12 United Nations: Policy Brief: A Disability Inclusive response to COVID-19 May 2020
www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/05/sg_policy_brief_on_persons_with_disabilities_final.pdf

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”¹³.

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’”¹⁴. 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.

13 Unites Nations: Policy Brief: A Disability Inclusive response to COVID-19 May 2020 www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/05/sg_policy_brief_on_persons_with_disabilities_final.pdf

14 Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, “Living Paper” <http://documents.worldbank.org/curated/en/590531592231143435/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-June-12-2020.pdf>

- 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.

Countries	COVID-19 related general social protection response measures
Afghanistan	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
Bangladesh	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
Bhutan	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
India	Provided cash transfers Provided moratoriums Provided public works enhancement of coverage and wages Provided agricultural credits
Maldives	Provided subsidies for electricity and water bills Provided special allowance for employees who lost employment due to COVID-19 Provided emergency loans to businesses
Nepal	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

Countries	COVID-19 related general social protection response measures
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 ¹⁵
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 ¹⁶ Delivered nutritious food for pregnant women and infants Provided pension for qualified recipients in the public sector

Source: Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, "Living Paper"

15 Gentilini, U., Almenfi, M., Dale, P., Lopez, A.V., Mujica, I., Quintana, R., and Zafar, U. (2020) "Global Database on Social Protection and Jobs Responses to COVID-19". Living database, version 14(December 11, 2020)

16 "Sri Lanka government grants more concessions to public affected by COVID-19 pandemic."
www.colombopage.com/archive_20A/Mar31_1585667258CH.php

2

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.

COVID-19 related social protection measures for persons with disabilities					
Name of the country	Accessibility to information	Inclusive steps taken to ensure access to general social protection measures	Disability specific support		
			Disability specific cash transfer	In-kind support	Helpline and Support services
Afghanistan	No data available.	No data available.	No data available.	No data available.	No data available.
Bangladesh	Regular health bulletins have sign language interpretation. The Prime Minister's address related to COVID-19 has sign language interpretation.	The general related top up cash allowance was extended to persons with disabilities who do not have access to disability specific allowance.	No such effort.	No such effort.	No specific effort. The existing general helplines are not accessible.
Bhutan	No data available.	No data available.	No data available.	No data available.	No data available.
India	Only the Prime Minister's address related to COVID-19 has sign language interpretation.	The Jan Dhan Yojana Program for women includes women with disabilities. The food and grain distribution program includes persons with disabilities.	One off top up cash transfer to the Indira Gandhi National Disability Pension (IGNDP -NSAP) of Rs. 1000 at the Union level	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.)	Some provinces have specific helplines for persons with disabilities.

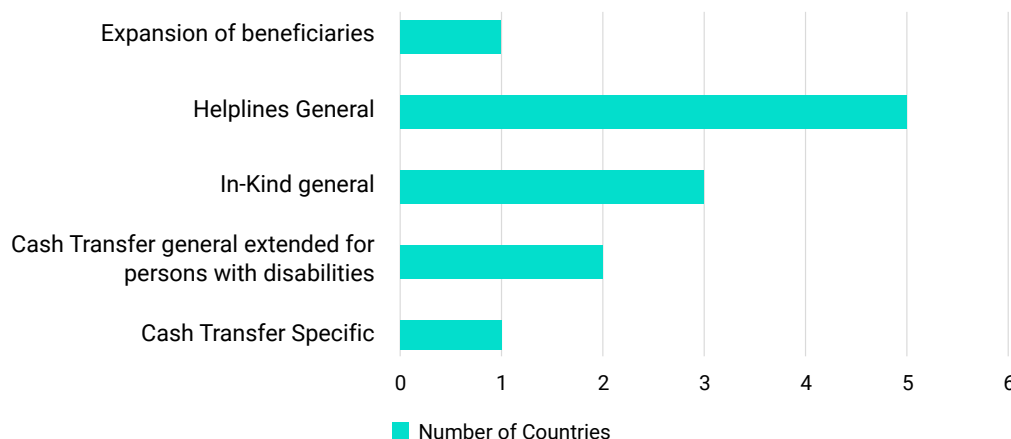
COVID-19 related social protection measures for persons with disabilities					
Name of the country	Accessibility to information	Inclusive steps taken to ensure access to general social protection measures	Disability specific support		
			Disability specific cash transfer	In-kind support	Helpline and Support services
Maldives	No data available.	No data available.	No data available.	No data available.	No data available.
Nepal	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.	No specific measures in place.	No specific cash transfer in place.	Supply of medicine and food to those who request.	No specific measures in place.
Pakistan	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.	No specific cash transfer in place.	No specific measure in place.	No specific measure in place.
Sri Lanka	Information is not available in an accessible format. DPOs have raised the issue.	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.	No specific effort. Only voluntary organisations and CSOs distribute dry rations, cooked food and sanitary products.	No government run hotline.

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

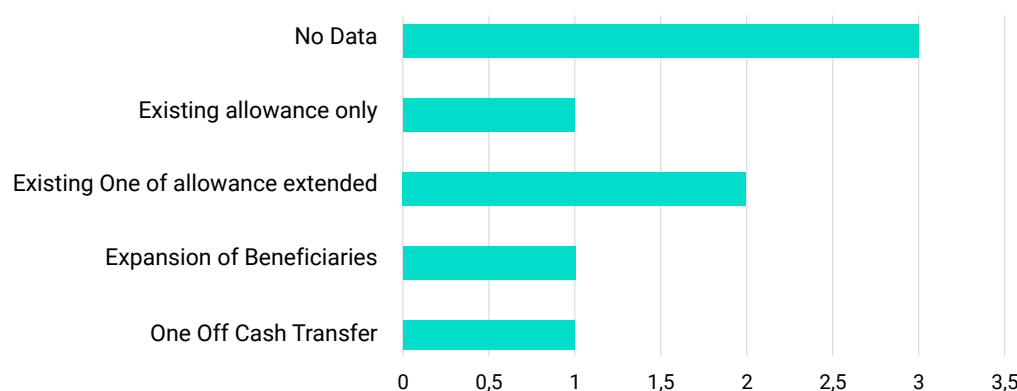


Summary of the Graph / figure 1: The graph provides a summary of the nature of social protection measures in the region across countries. The measures presented include cash transfer specific, cash transfer general extended to persons with disabilities, in-kind general, helplines general and expansion 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.¹⁷ 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 state¹⁸.

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 allowance¹⁹. In Pakistan the allowance is means-tested and verified²⁰. 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 Pakistan²¹. 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.²²

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 transfer²³. Afghanistan has not announced any cash transfer measures²⁴ 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 region²⁵. 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 cards²⁶. In Nepal, many Dalits with disabilities do not have a citizenship card or a disability ID card and are thus left without any relief²⁷. 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 processing²⁸.

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 :

https://cms.tn.gov.in/sites/default/files/press_release/pn160620_091.pdf

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

23 Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, "Living Paper" <http://documents.worldbank.org/curated/en/590531592231143435/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-June-12-2020.pdf>

24 Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, "Living Paper" <http://documents.worldbank.org/curated/en/590531592231143435/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-June-12-2020.pdf>

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

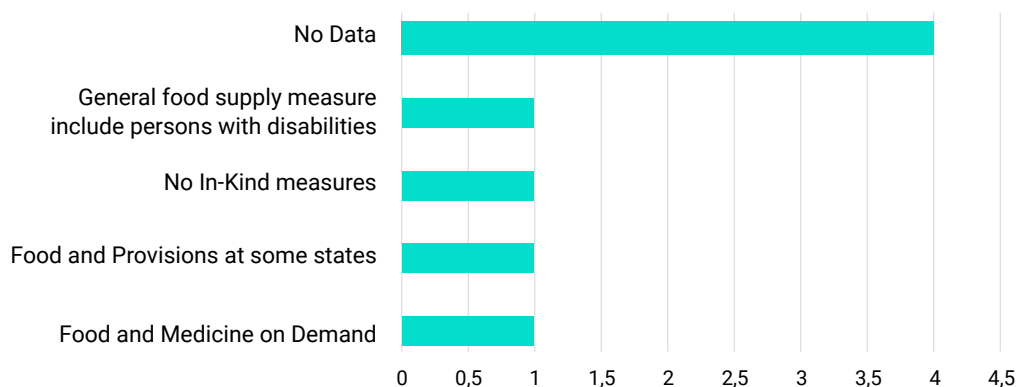
28 As shared by DPOs from Sri Lanka over email and during direct interviews

2.2. In-Kind Measures – Food, rations, medicine



The in-kind measures include supply of food grains, cooked food and medicine 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



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 initiative²⁹.

“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 cards³⁰. Some provinces in India have announced specific food package and food distribution for persons with disabilities³¹. Women with disabilities are at a particular disadvantage in accessing ration cards³². Inaccessibility of the public distribution system is yet another cause of concern that hinders the responsiveness of this measure towards persons with disabilities³³.

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 food³⁴. 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-19³⁵. 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 Dalits³⁶.

“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, Nepal³⁷

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 14 July 2020

33 Inter Press Service: “COVID-19 has further marginalised persons with disabilities” by Srilakshmi Bellamkonda, June 16 2020, accessed on 27.07.2020
www.ipsnews.net/2020/06/covid-19-marginalised-persons-disabilities/

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
www.bangladeshpost.net/posts/budgetary-allocation-insufficient-for-persons-with-disability-under-social-safety-net-34199?fbclid=IwAR2G2qymWbU0s_NXNZ7UfryrT-a7mYC2xj-iihY4H9ZNuzO1Fdxsz50xvQ
accessed on 27.07.2020

36 Minority rights group International, News: “COVID-19 pushes Dalits with disabilities furthest behind: The unheard voices from the margins of the society” by Krishna Grahatraj, 21 July 2020. Accessed on 27.07.2020:
www.minorityrights.org/2020/07/21/covid19-dalits-nepal/

37 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 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 city³⁸.

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 disabilities³⁹.

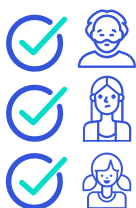
2.3. Helplines



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 disabilities⁴⁰.

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 support⁴¹. However, a large number of people from rural areas expressed difficulty in accessing and or getting a response through the helpline⁴².

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 Pakistan⁴³. 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

39 Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, "Living Paper" <http://documents.worldbank.org/curated/en/590531592231143435/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-June-12-2020.pdf>

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

44 Comprehensive disability inclusive guidelines to States/UTs for protection and safety of persons with Disabilities (Divyangjan) in light of COVID-19

www.pib.gov.in/PressReleasePage.aspx?PRID=1608495

Guidance document for Health 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 infection⁴⁵.

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, Pakistan⁴⁶

In India, deaths were reported in homes for children⁴⁷, 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 IMHChennai has triggered the court to mandate test for all individuals in the institution⁴⁸. Despite recognising the vulnerability of persons with disabilities living in institutions, the ICMR guidelines⁴⁹ 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-institutionalisation⁵⁰.

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 settings⁵¹.

45 News Letter: OHCHR: "COVID-19 and rights of persons with disabilities: Guidance

www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

46 International Disability Alliance: "Voices of people with disabilities during the COVID 19 outbreak"

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

www.newindianexpress.com/cities/chennai/2020/jul/17/imh-inmate-succumbs-to-covid-19-in-chennai-institute-begins-to-test-all-inmates-2171229.html

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49 Comprehensive disability inclusive guidelines to States/UTs for protection and safety of persons with Disabilities (Divyangjan) in light of COVID-19 - <https://pib.gov.in/PressReleasePage.aspx?PRID=1608495>

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www.pib.gov.in/PressReleasePage.aspx?PRID=1608495

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 Government⁵⁴.

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 formats⁵⁵.

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 benefits⁵⁶.

52 Submissions made by country DPOs for the purpose of this report

53 Jan Dhan Yojana
www.pmjdy.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 GDP⁵⁷. This is reflected in inadequate allocation towards programs related to persons with disabilities⁵⁸. For example, India allocates only 0.03% of GDP towards social protection programs for persons with disabilities.

UNICEF South Asia⁵⁹ 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.

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

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 disabilities⁶⁰.

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.

57 ILO : Bali Declaration Policy Brief No. 5 / 2018 update Extending Social Protection

www.oit.org/wcmsp5/groups/public/--asia/--ro-bangkok/documents/briefingnote/wcms_613501.pdf

58 From the submissions made and the discussions with DPOs for the purpose of the report

59 UNICEF (2020) Addressing the economic impacts of the COVID-19 crisis in South Asia through universal lifecycle transfers, Working Paper, Special Series Paper 2: Responding to COVID Crisis in South Asia

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.

Details	Afghanistan	Bangladesh ⁱ	Bhutan	India ⁱⁱ	Maldives	Nepal	Pakistan	Sri Lanka
% of Population of persons with disabilities	2.7% ⁱⁱⁱ	9.1%	3.4% ^{iv}	2.21%	10.9% ^v	1.9% ^{vi}	2.5% ^{vii}	8.7% ^{viii}
Employment								
Persons with disabilities	55% Male ^x 4.0% Female ^x	53.61% Male 5.03% Female	NA	33.30% Male 12.58% Female (in comparison to total working age population)	NA	17.1% Male 4.1 % Female ^{xiii} (Summary of indicators individuals with disability – Current work)	NA	51.2% Male ^{xv} 56.1% Female ^{xvi}
Overall population	78% Male ^{xi} 7.8% Female ^{xii}	78.85% Male 8.11% Female	NA	34.18% Male 15.23% Female (in comparison to total working age population)	NA	55% ^{xiv}	NA	NA

Details	Afghanistan	Bangladesh ⁱ	Bhutan	India ⁱⁱ	Maldives	Nepal	Pakistan	Sri Lanka
Unemployment								
Persons with disabilities	90% of all persons with disabilities ^{xvii} (outcome of a survey by human rights commission)	43.18% Male 42.71% Female (Summary of indicators individuals with disability – Current not working)	NA	23.41% Male 31.70% Female (compared to the population of persons with disabilities.)	62.4% of all persons with disabilities ^{xviii}	34.8% Male 23.9% female ^{xx}	NA	70.9% are of the working age population ^{xxii}
Overall Population	NA	17.88% Male 17.75% Female	NA	11.11% Male 30.40% Female (compared to overall working age population)	40% of working age population unemployed ^{xix}	(Overall Unemployment rate is 3.2% in 2016) ^{xxi}		
Literacy / Attending School								
Persons with disabilities	20% - School aged females attended school ^{xxiii}	39.12% Male 41.85% Female (Literacy)	NA	78.97% Male 75.55% Female (Literacy)	86.5% - of all persons with disabilities (Literacy ^{xxv})	42.1% - of all persons with disabilities (Literacy ^{xxvi})	NA	4.3% Of school age children attend educational institutions ^{xxviii}
Overall Population	60% of all school age children attend school ^{xxiv}	67.55% male 71.96% Female (Literacy)	NA	84.44% Male 78.64% Female (Literacy)	97.6% overall population (Literacy)	61.1% ^{xxvii} overall population (Literacy)		NA



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

State	Legislative & Policy Framework	Social protection measures for persons with disabilities	Barriers or Issues in accessing Social Protection measures
Afghanistan^{xxix}	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 disabilities ^{xxxi} 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.
Bhutan^{xxxii}	Constitution CRPD National Policy for persons with disabilities Bhutan ^{xxxiii}	Disability benefits Welfare and social services	Total loss of work capacity
India^{xxxiv}	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

State	Legislative & Policy Framework	Social protection measures for persons with disabilities	Barriers or Issues in accessing Social Protection measures
Maldives ^{xxxv}	Protection of the Rights of Persons with Disabilities and Financial Assistance Law (Law No. 8/2010) Constitution CRPD	Disability Allowance Housing scheme – allows extra points for persons with disabilities Financial Assistance for procuring assistive devices National Health Insurance Scheme	Majority accessing disability allowance are persons with physical disability
Nepal ^{xxxvi}	Rights of Persons with Disabilities Act 2017 CRPD	Disability Allowance Scholarships to students Transport concessions and other forms of allowances Other social allowances, which persons with disabilities could opt for	Disability allowance available to only few constituencies of persons with disabilities. Low coverage and inadequacy of benefits
Pakistan ^{xxxvii}	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	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	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
Sri Lanka ^{xxxviii}	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 ⁶¹ National Action Plan for Disability Mental Health policy	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	There is a huge unmet need for assistive devices ^{xxxix} Lack of early child hood care and allowance ^{xl} Link between disability and poverty – low income families receive low coverage and low benefit ^{xli} CBR does not cover persons with disabilities experiencing extensive restriction ^{xlii}



Annexure III

Table 5 – Overview of National Social Protection Programs in the region⁶²

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

62 Overview of non-contributory social protection programmes in South Asia from a child and equity perspective By Pedro Arruda, Yannick Markhof, Isabela Francison, Wesley Silva and Charlotte Bilo – IPCG & UNICEF
www.ipcig.org/pub/eng/RR46_Overview_of_non_contributory_social_protection_programmes.pdf

Name of the Country	Social Protection Programs	Income Group	Poverty Rate	Income Inequality
Maldives	Disability Allowance Programme Food Subsidy Programme Foster Parent Allowances Husnuvaa Asandha Medical Welfare Old Age Basic Pension Single Parent Allowance	Upper-Middle	7.3%	38.4
Nepal	Child Grant Disability Grant Endangered Indigenous People's Allowance/ Endangered Ethnicity Grant Karnali Employment Program National School Meals Programme / Food for Education Old Age Allowance Rural Community Infrastructure Work Scholarships Single Women's Allowance	Low	15.0%	32.8
Pakistan	Benazir Income Support Pakistan Bai-Tul-Mal Pakistan FATA Temporarily Displaced Person's Emergency Recovery Project Prime Minister's National Health Program	Lower-Middle	3.9%	33.5
Sri Lanka	Divineguma Financial Support to Elderly National Secretariat for Persons with Disabilities National Supplementary Food Programme / Thripasha Public Welfare Assistance Allowance School Feeding Programme	Upper-Middle	0.8%	39.8



Annexure IV

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