6th International Conference on Disability & Development

17th March 2022

UKaid
from the British people

ICED
International Centre
for Evidence in Disability

PENDA
PEOPLE | KNOWLEDGE | TOOLS

covid collective

Agenda Day 4

12 – 12:55 **Plenary: Towards inclusive responses to COVID-19 and beyond**	Mosharraf Hossain (Chair) Julian Eaton Mary Keogh Jane Wilbur Kiril Sharapov
12:55 – 13:00	Break
13:00 – 14:00 **Breakout Session 1**	**Mental health and well-being**
13:00 – 14:00 **Breakout Session 2**	**Access to support and services**

Julian Eaton
LSHTM

Strengthening public mental health in Africa in response to COVID-19

SPACE

UK Rapid Support Team

Strengthening Public mental health in Africa in response to the COVID-19 Epidemic

Julian Eaton
Centre for Global Mental Health, LSHTM
CBM Global Disability Inclusion

COVID 19, wellbeing and mental health

Impact

- Psychological distress
- New onset conditions
  - Mainly depression and anxiety (double in prevalence)
  - Some PTSD (up to 15% in conflict settings)
- People with existing psychosocial disabilities
  - Stress results in increased risk of breakdown
  - Failing support systems, neglect, reallocation of funds
  - People in institutions at risk

Main story is of resilience and recovery

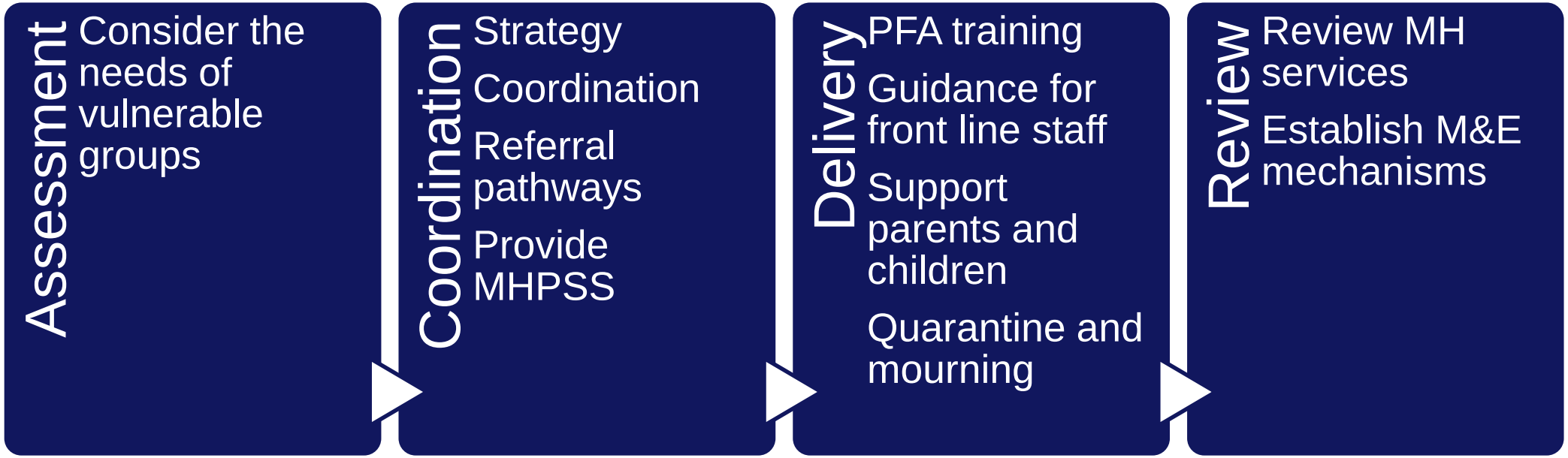
SPACE Consortium: Formative research on African MHPSS systems

Aims

1. To understand best practices and challenges for mental health systems in the COVID-19 response in African countries

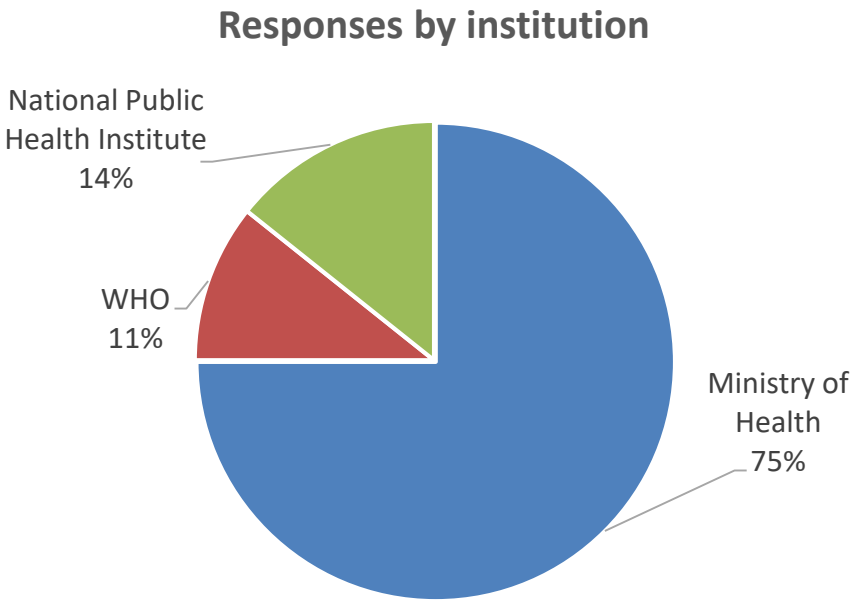
2. To understand how capacity strengthening can be used as a tool to drive implementation of evidence-based response in the context of an epidemic emergency, and for longer-term system strengthening

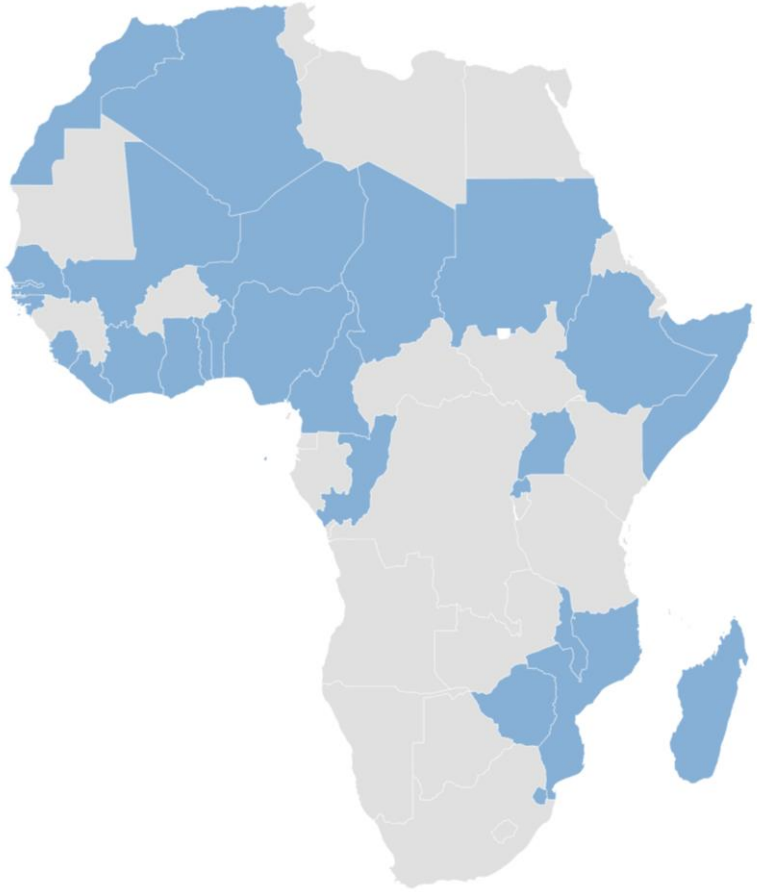
Phase 1: How effectively are IASC MHPSS recommendations implemented in African countries?



14 Globally Recommended Actions

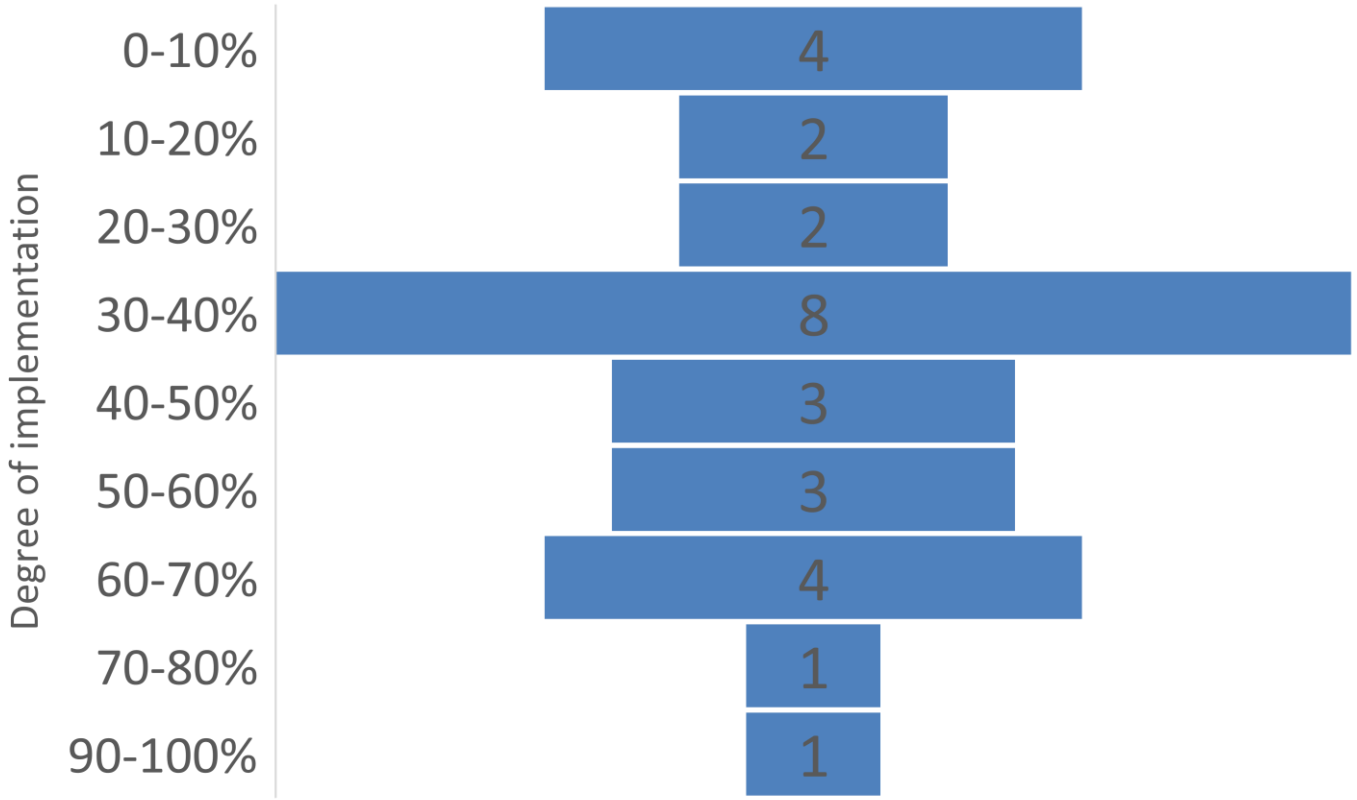
Survey results





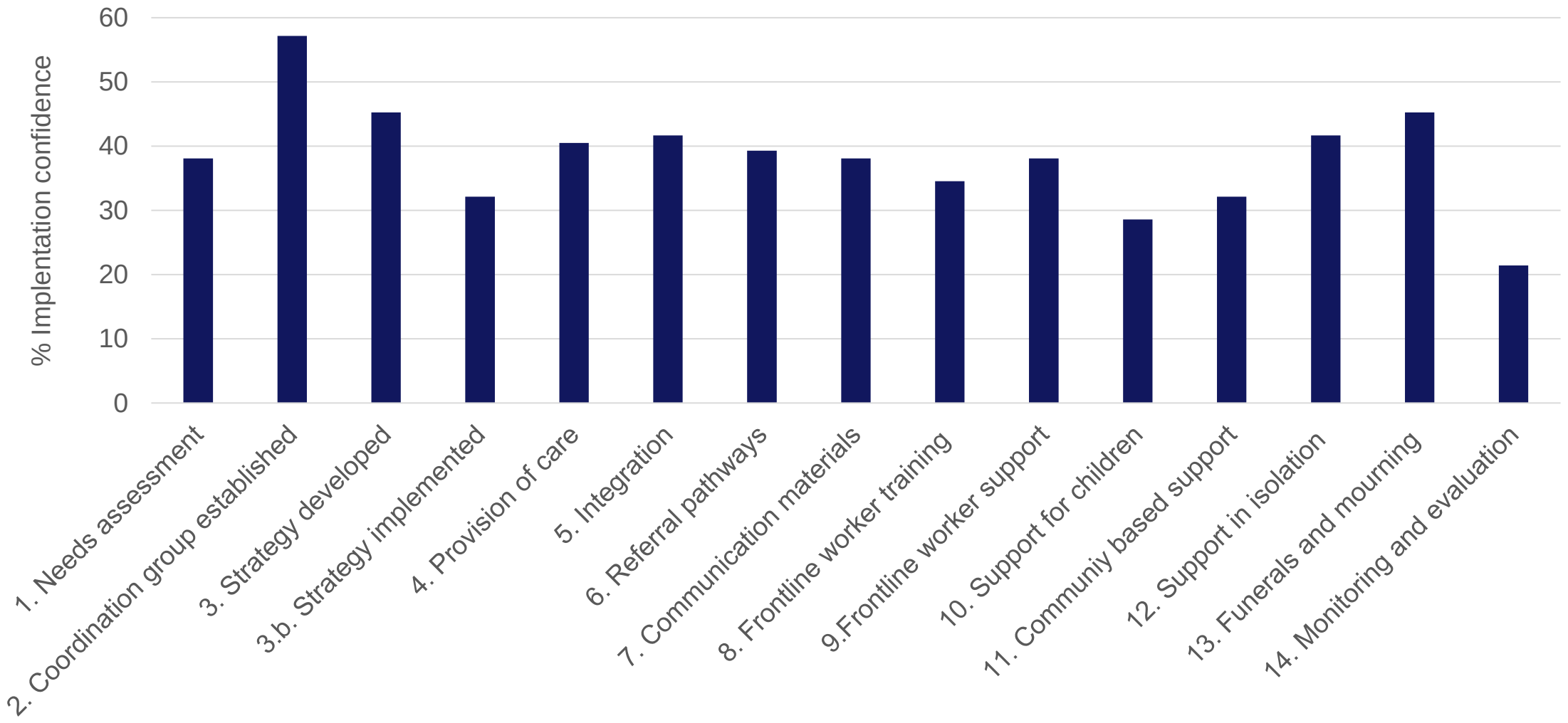
28 countries in Africa participated in the research

Number of countries per score range



The average degree of implementation of the recommended MHPSS activities was less than 50 % in 68 % (19/28) of the respondent countries

Implementation score by key activity



Survey results –Anglophone responders

Country	1. Needs assessment	2. Coordination group	3. Strategy developed	4. Strategy implemented	4. Provision of care	5. Integration	6. Referral pathways	7. Communication	8. Frontline worker training	9.Support for children and	10. Community support	11. Support in social isolation	12. Support in isolation	13. Funerals and mourning	14. Monitoring and evaluation
Sudan															
Rwanda															
Ethiopia															
Uganda															
Ghana															
Zimbabwe															
Somali															
Liberia															
Sierra Leone															
Gambia															
Nigeria															
Malawi															
Eswatini															

Survey response
Fully implemented
Almost fully implemented
Somewhat implemented
Not at all implemented
Do not know
Blank response

Survey results – Francophone and Lusophone responders

Country	1. Needs assessment	2. Coordination group established	3. Strategy developed	4. Strategy implemented	4. Provision of care	5. Integration	6. Referral pathways	7. Communication	8. Frontline worker training	9.Support for children and	10. Community support	11. Support in social isolation	12. Support in isolation	13. Funerals and mourning	14. Monitoring and evaluation
Algeria															
Benin															
Cameroon															
Côte d'Ivoire															
Togo															
Niger															
Mali															
Senegal															
Madagascar															
Chad															
Congo															
Morocco															
Sao Tome e Principe															
Guinea Bissau															
Mozambique															

Survey response
Fully implemented
Almost fully implemented
Somewhat implemented
Not at all implemented
Do not know
Blank response

Phase 2: Qualitative results: Key Challenges

- Low prioritisation of mental health
- Failure to apply lessons learned
- Lack of funding
- Human resources challenges
- Lack of M&E Systems

"We can really confirm that the mental health and psychosocial support needs of people or many people were not met during the response and up to today's date. …….attention was focused on the physical aspect of clinical management" [WHO]

"That's where the frustration is because after Ebola and getting to know some of the lessons learned, we thought that when in emergency or epidemic or whatever disaster that would come, we will get to know the importance of developing those and they will be given that respect." [MoH mental health lead]

"These partners come on board when there's an immense emergency. After that they all leave and go away on different programs, and we struggle on our own". [MoH]

Phase 2: Qualitative Study: Key Opportunities

- Need to capitalise on on increased attention on mental health
- Better public understanding of mental health
- Strengthening long-term mental health systems
- Learning from previous emergencies
- Opportunities for, collaboration and sharing

"There's no emergency or disaster which has affected us as much as COVID-19 has, because COVID-19 has affected the rich, the poor, the very high-level officials in the country you know, it has affected the person who's the poorest in the slum area, it has affected everyone." [MoH]

"First of all, I think we need to consider the entire support for mental health, not just focusing or planning on crisis situations." [NGO]

"This is very important when experts from different countries come together in a workshop with the theme, where they have a briefing of the experts and a sharing of experiences between countries, where the countries present what they have done. So, one country draws on the experience of another country." [WHO]

Recommendations

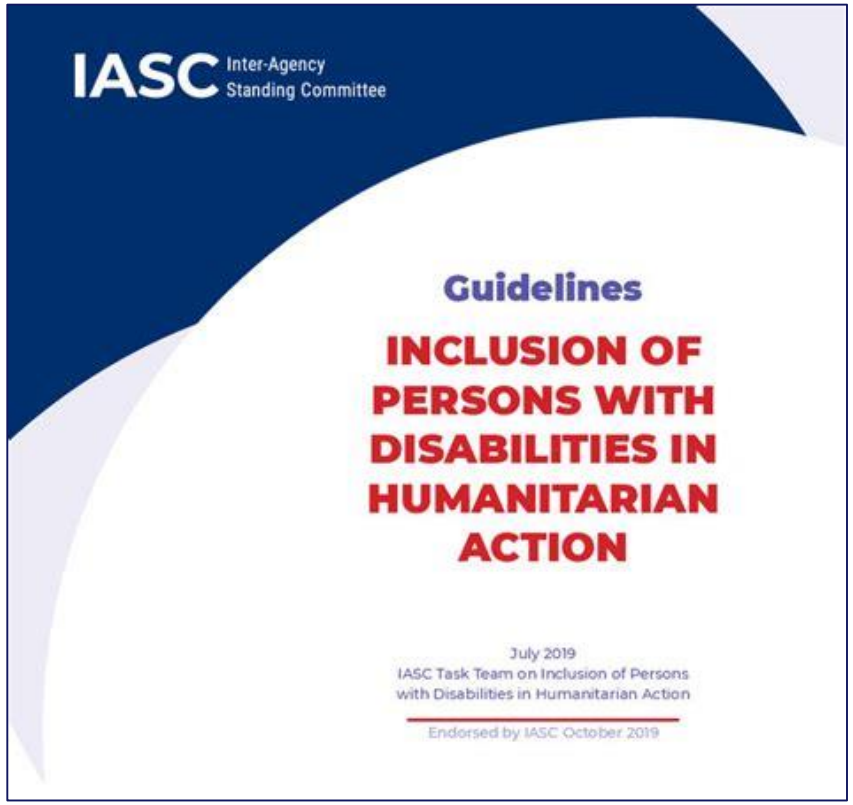
1. Build regional networks and share lessons learned, including Organisations of Persons with Disabilities

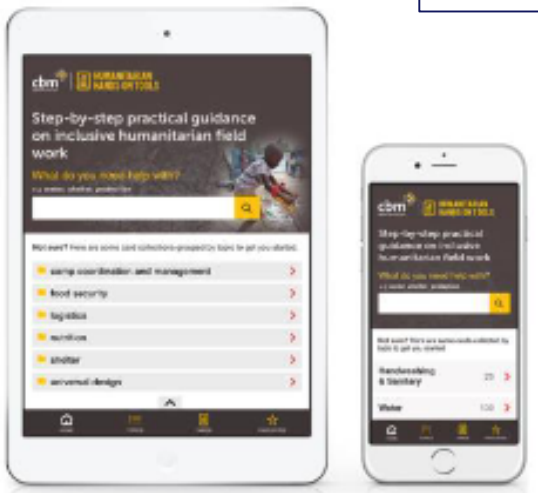
2. Increase country preparedness through training and integration. Include measures to support people with disabilities, older people, and those in institutions

3. Build on political will that has grown during COVID-19

4. Dedicate funding and resources to inclusive MHPSS

Resources





Download the App

www.cbmuk.org.uk

cbm
together we can do more

HUMANITARIAN HANDS-ON TOOL

Mary Keogh
CBM Global

Drawing lessons from research inclusive of persons with disabilities during COVID19

6th International Conference on Disability and Development: Disability and COVID-19, 14-17 March 2022

Session 1: Towards inclusive responses to COVID-19 and beyond,
March 17, 2022, 12:05 – 12:50pm GMT

Title: With a focus on the theme: methodological issues in investigating disability and COVID-19

Abstract: CBM Global Disability Inclusion in partnership with the Stakeholder Group of Persons with Disabilities carried out qualitative research in 2021 on COVID-19 and persons with disabilities in Bangladesh, Bolivia and Nigeria.[1] The findings were framed within future policy and programming in the areas of health, social protection, employment, livelihood and accessibility under the 2030 Agenda for Sustainable Development. In all three countries, the research was led by persons with disabilities from the country and/or region. Each of the researchers committed to reaching the furthest behind in the disability movement. In total, across the three countries, 91 persons with disabilities were interviewed. The researchers provided reflections on the experience of gathering data remotely and in person during pandemic restrictions. We plan to share the experiences from the researchers and to highlight this as a good model to support real change toward inclusion.

Talking points

As background, CBM Global in partnership with the Stakeholder Group of Persons with Disabilities carried out three country reports highlighting in depth the impact COVID-19 has had on persons with disabilities in Bangladesh, Bolivia and Nigeria. The reports, funded by the CBM Global COVID-19 taskforce, aimed to reflect country progress a year after the pandemic. The findings are framed within future policy and programming in the areas of health, social protection, employment, livelihood and accessibility under the 2030 Agenda for Sustainable Development.

The country research in Bangladesh was led by research team of two persons with disabilities, in Nigeria by a deaf researcher, and in Bolivia, research was carried out remotely by a researcher with a disability in Guatemala. Each of the researchers committed to reaching the furthest behind in the disability movement. In total, across the three countries, 91 persons with disabilities were interviewed.

Research findings indicate that the following barriers were universally experienced across the three countries.

- Remote working and social distancing caused problems for many organisations of persons with disabilities to carry out needed advocacy efforts. There were barriers in terms of interacting with their own

[1] Read here for more information on the case studies in Bangladesh, Bolivia, and Nigeria.

membership and key decision makers, political representatives in national and local governments.
- The digital divide was prevalent across the three countries. Many respondents highlighted how they faced barriers in accessing digital technology in a number of ways: (1) in terms of accessibility of devices to persons with disabilities with different accessibility requirements, (2) lack of access to fast internet connections to download the most up to-date information, and (3) financial means to be able to purchase data packages to access regularly updated information on COVID-19.
- There were barriers in accessing social protection. Respondents shared challenges with how social protection systems were not able to respond to crisis situations and how persons with disabilities in receipt of social protection, found themselves unable to access any additional funding that came as a result of the crisis (this was particularly the case for Bangladesh and Nigeria).
- Lack of data on how many persons with disabilities had been infected or died as a result of COVID-19, and how many were impacted from a socio-economic perspective.
- There was no clarity on how persons with disabilities are included in vaccination programmes, which are severely limited due to lack of vaccines.

After the research, CBM Global held a follow-up session in which the researchers reflected upon and shared their experiences, of which some key learnings are summarized below.

Benefits of being a researcher with the lived experience of having a disability

- Three of the researchers shared that this was the first time they had the opportunity to be a lead researcher. Researchers with disabilities often do not get the opportunity to be lead researchers, so this opportunity was quite valuable and set the groundwork to lead research studies in the future and to guide other researchers with disabilities to carry out future research.
- The interviews gave the researchers are more in-depth look at fellow persons with disabilities in their country or region, and in a new way.
- From the start, the researchers identify as a person with disability, which opened the door to allow the researcher to go deeper into the research.
- Participants trusted and valued the researchers since they shared lived experiences as people with disabilities. As such, participants in some cases were more willing to share information and personal topics, which may not have happened as easily with a researcher without a disability.
- There were increased connections to participants by being researchers with disabilities:
    - In Bangladesh, the researchers were from an OPD and thus had a good connection with persons with disabilities and other national OPDs. They belonged to a National DPO Network that provided many connections, and allowed for a good response rate.

- In Nigeria the snowball sampling method was effective, especially connecting with leaders in the disability movement.
- In Bolivia, the researcher connected through regional and national OPD networks and local NGOs, including CBM Bolivia and partners.

Methods to include the furthest behind

It was challenging to reach the most marginalized groups of people with disabilities in all three countries. Strategies employed by the researchers included to:

- Inform leaders in the disability community of a specific region in advance.
- Create modes of communication, such as WhatsApp groups, messenger, emails, to be in touch, and is also accessible for deaf participants.
- Share the interview topics ahead of time.
- The leaders of the community will then introduce the researcher to potential interviewees.
- Use accessible platforms if online, and provide accommodations if online and in person, e.g., sign language interpreters.

Accessibility and inclusion

- In all countries, there were cases of inconsistent and unreliable internet access, which created barriers for participants.
- Deaf participants did have access to sign language interpreters, but due to weak internet connection, or inaccessible online platforms, these interviews were challenging. In-person interviews were more accessible. Due to Covid restrictions, few interviews took place face to face.
- To ensure full inclusion, in some instances the researchers needed to translate the interview questions into local dialects.
- Also, questions needed to be adapted to the local context.

Limitations to the research

- The interviews were carried out over three months (February to April, 2021), so not enough time to reach a large sample of diverse people with disabilities.
- Some persons with disabilities were not willing to participate, because there was no honorarium.
- In one country (Bangladesh), fewer women with disabilities wanted to be interviewed since they have less engagement with the outside world.
- Two researchers contracted COVID-19 during the research phase.
- Many interviewees have questionnaire fatigue and think that researchers are just gathering information and the participants never get something in return.
- There was little feedback from official sources, such as government offices, UN agencies, and NGOs.

In closing, the aforementioned learnings can be used to carry out more inclusive research going forward. It is essential that researchers with disabilities are included and leading research in international development and humanitarian research and data collection.

Jane Wilbur
LSHTM

Including disability and ageing in COVID-19 hygiene programmes

Including disability and ageing in COVID-19 hygiene programmes

Jane Wilbur

International Centre for Evidence in Disability (ICED)

London School of Hygiene & Tropical Medicine

March 2022

Barriers to handwashing with soap faced by people with disabilities and older adults

- Impairment related limitations
- Greater need for handwashing
- Limited support from caregivers
- Inaccessible handwashing infrastructure
- Inaccessible information on hygiene promotion programmes

Images: Photosymbols.com; WaterAid/Jane Wilbur; Getty Images

Hygiene Behaviour Change Coalition (HBCC)

- Hygiene Behaviour Change Coalition (HBCC) launched to limit the spread of COVID-19 in LMICs
- 21 organisations funded to deliver 74 projects across 37 countries to promote hygiene behaviours
- Project activities:
  - Distribution of hygiene products
  - Installation of handwashing facilities at public locations
  - Social, digital and mass media campaigns

© WaterAid Zambia

Study aims and objectives

Aim: to evaluate the inclusion of disability and ageing in HBCC interventions.

Objectives:

1. To explore how people with disabilities and older adults are included in HBCC funded projects
2. Support HBCC grantees to make projects more inclusive of people with disabilities and older adults

COVID-19 Inclusive WASH Checklist for including disability and ageing

How we developed it

- EquiFrame framework and tool
- Right to water and sanitation criteria to specify the content of the right & human rights principles
- Checklist: Key actions for disability-inclusive WASH and COVID-19
- How to ensure people with disabilities, older adults, older adults with disabilities and their caregivers are included in all COVID-19 hygiene promotion programmes
- Equity, non-discrimination and inclusion in WASH checklist

Who it's for? When to use it?

Who?

Water, sanitation and hygiene (WASH) practitioners who want their COVID-19 WASH interventions to include people with disabilities and older adults

When?

- Programme design stage
- Implementation and monitoring
- Evaluation

Overview

- Two target groups: disability and ageing. Caregivers are included within both
- 15 core concepts of human rights including non-discrimination, participation, protection against harm
- Guiding principles
- Suggested activities to achieve the guiding principle

Scoring system to assess the quality of commitments to core concepts of human

0= Concept not mentioned

1= Concept only mentioned

2= Concept was mentioned and explained

3= Target and actions identified to address the core concept

4= Actions and targets monitored and evaluated against core concept

Scoring example for Non-discrimination

1= Concept only mentioned

We will target vulnerable populations (e.g. people with disabilities, older adults etc)

4= Actions and targets monitored and evaluated against core concept

In collaboration with Organisations of Persons with Disabilities, and Older Persons Associations we identified 15,000 people with a disability (7,000 of whom were aged >60 years)

Example score to core concept of human right: Family resource for disability

Guiding principle	Suggested activities	Core concept not mentioned (0)	Core concept only mentioned (1)	Core concept mentioned and explained (2)	Target and actions identified to address the core concept (3)	Actions and targets monitored and evaluated against core concept (4)
Intervention recognises the value of family members and caregivers of people with disabilities in addressing WASH needs	9.1 Caregivers of persons with disabilities included as a target population					
	9.2 Provide assistance to people with disabilities, and caregivers to enable them to carry out COVID-19 protective measures					

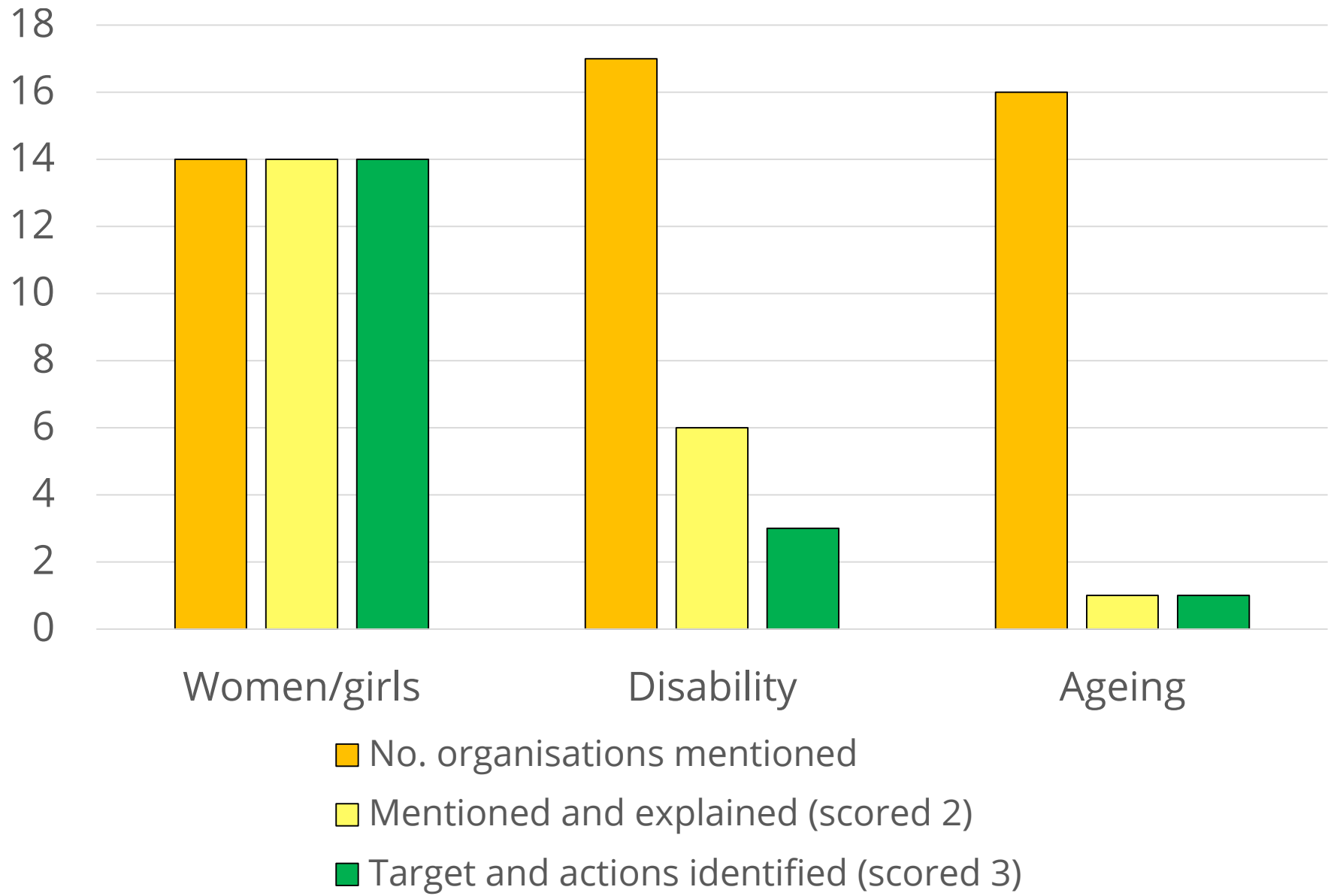
Desk review: what we did

Sourced documents

- Search strategy: relevant materials gathered from Unilever
- Inclusion criteria: all documents submitted to Unilever including proposals, work plans, reports, media content
- Reviewed 137 documents using the COVID-19 Inclusive WASH Checklist
- Assigned a quality of commitment score (0-4) to each activity referenced

Desk review: key findings

Organisation's quality of commitment to disability, ageing and women



Attention to caregivers

- Four organisations identified caregivers of people with disabilities as a target group
- One organisation identified caregivers of older adults as a target group

Good practice in Syria

- Recognition that caregivers have specific hygiene behaviour change information needs
- Designed activities that target caregivers, who are also often older adults
- Training community volunteers to communicate information in accessible ways

Conclusion

- The COVID-19 Inclusive WASH Checklist provides practical guidance for the inclusion of people with disabilities and older adults in COVID-19 responses

- It can help organisations ensure their efforts to include people with disabilities and older adults are targeted and effective

- Organisations applied learning and strengthened their inclusion of disability and ageing in their projects as a result of this evaluation

References

- Amin M, et al. EquiFrame: a framework for analysis of the inclusion of human rights and vulnerable groups in health policies. Health and human rights. 2011.
- de Albuquerque C. Realising the Human Rights to Water and Sanitation: a handbook by the UN Special Rapporteur Catarina de Albuquerque. 2014.
- CBM, Water for Women Fund. Disability inclusion and COVID-19: Guidance for WASH delivery. Melbourne, Australia: 2020.
- Wilbur J. Summary report on considering disability and ageing in COVID-19 hygiene promotion programmes The HygieneHub2020.
- WaterAid. Toolkit: Understanding and addressing equality, non-discrimination and inclusion in water, sanitation and hygiene (WASH) work. London, UK: WaterAid, nd.
- Wilbur, J. COVID Inclusive WASH checklist for including disability and ageing in WASH. LSHTM. 2020.

Thank you for listening

Kiril Sharapov
Edinburgh Napier University

The Impact of the COVID-19 Pandemic on Persons with Disabilities in Ukraine: Perspectives of Organisations of People with Disabilities

The Impact of the COVID-19 Pandemic on Persons with Disabilities in Ukraine:

Perspectives of Organisations of People with Disabilities.

GCRF/AHRC funded research project.

Dr Kiril Sharapov, Edinburgh Napier University.

Context: War in Ukraine.

Photo: urban street in Ukraine devastated by war. Photo by the Ministry of Internal Affairs of Ukraine: https://www.facebook.com/mvs.gov.ua

Research Project.

Edinburgh Napier UNIVERSITY

- Focused on the impact of COVID-19 on persons with disabilities.
- Designed and delivered together with the National Assembly of People with Disabilities & Institute of Sociology (NASU).
- Funded by GCRF/AHRC.
- Methods/data collection:
  - Phase 1: online survey of OPDs from across Ukraine.
  - Phase 2: interviews with people with disabilities from ten regions in Ukraine.
  - Phase 3: written diaries and audio and video-testimonies self-recorded by internally displaced people with disabilities.

Vulnerable Situations: Multiplied and Magnified into a Catastrophe.

Edinburgh Napier UNIVERSITY

Gerard Quinn:

- ‘Persons with disabilities tend to be disproportionately affected by armed conflicts. This seems not to register as an important reality to the extent that it should’ (UN General Assembly 2021, para 47);
- ‘…no such thing as an inherently vulnerable person, but only persons with disabilities placed in vulnerable situations’ (UN General Assembly 2021, para 16).

‘Vulnerable Situations’ before COVID-19: magnified and amplified by the pandemic; and turned into a catastrophe by war.

Triple Whammy x 2 for Persons with Disabilities in Ukraine in the context of war.

Edinburgh Napier UNIVERSITY

Tom Shakespeare et al. (2021): triple jeopardy - increased risk of poor outcomes from C19; reduced access to healthcare; adverse social impacts of efforts to mitigate.

In Ukraine: another triple set of ‘cascading vulnerabilities’:

1. Vulnerable situations: existing barriers to full social and economic inclusion (before C19).
2. Pre-C19 vulnerable situations: multiplied and magnified by the pandemic and responses.
3. Ongoing war: turned ‘doubly’ vulnerable situations into a catastrophe.

Ukrainian OPDs, COVID-19 and persons with disabilities in Ukraine.

- Online Survey: June 2021. 150 OPDs invited, 108 responded.
- Included closed and open-ended questions.
- Open-ended: describe in own words (no prompts) the impact of the pandemic.
- Descriptive QUAN data: SPSS; QUAL data: BVIVO and inductive thematic analysis (Braun and Clarke 2006).
- Participatory analysis workshops with disability experts and activists in Ukraine.

Impact of C19 on persons with disabilities.

Edinburgh Napier UNIVERSITY

Two key dimensions: availability and accessibility coalescing into ‘de-prioritisation’.

Key themes (coding and thematic analysis):

- Impacts on health + availability and accessibility of healthcare.
- Impacts on psychological wellbeing, mental health, and social isolation.
- Restricted Mobility.
- Reduced access to social services, social support and education.
- Additional barriers faced by specific groups, including internally displaced persons with disabilities.

Impact of C19 on OPDs.

- Changes to mode of working and service delivery.
- Reduced or withdrawn organisational funding (even from organisations delivering social services).
- Decreased or non-existent cooperation with state authorities and with volunteers.
- Positive developments: new partnership and co-working with other organisations; some benefits of working online (improved accessibility for some but not others).

Conclusion / 1.

- At the time of research: the outcome/course of the pandemic was (still is) uncertain.
- Today: the course and outcome of war is uncertain.
- Both: disproportionate impact on persons with disabilities.
- OPDs - one of the last remaining systems of support for people they have been taking care of in both contexts.

Conclusion / 2.

- OPD's knowledge and expertise: must inform all current and future relief efforts.
- Relief efforts: must foreground disability, respond to the difference of disability, and facilitate meaningful inclusion and participation.
- COVID-19 and Ukraine: what can we learn to be better prepared for what's to come.

Thank you!

More information about the project (including project reports):
www.covidanddisability.com

Contact:
k.sharapov@napier.ac.uk