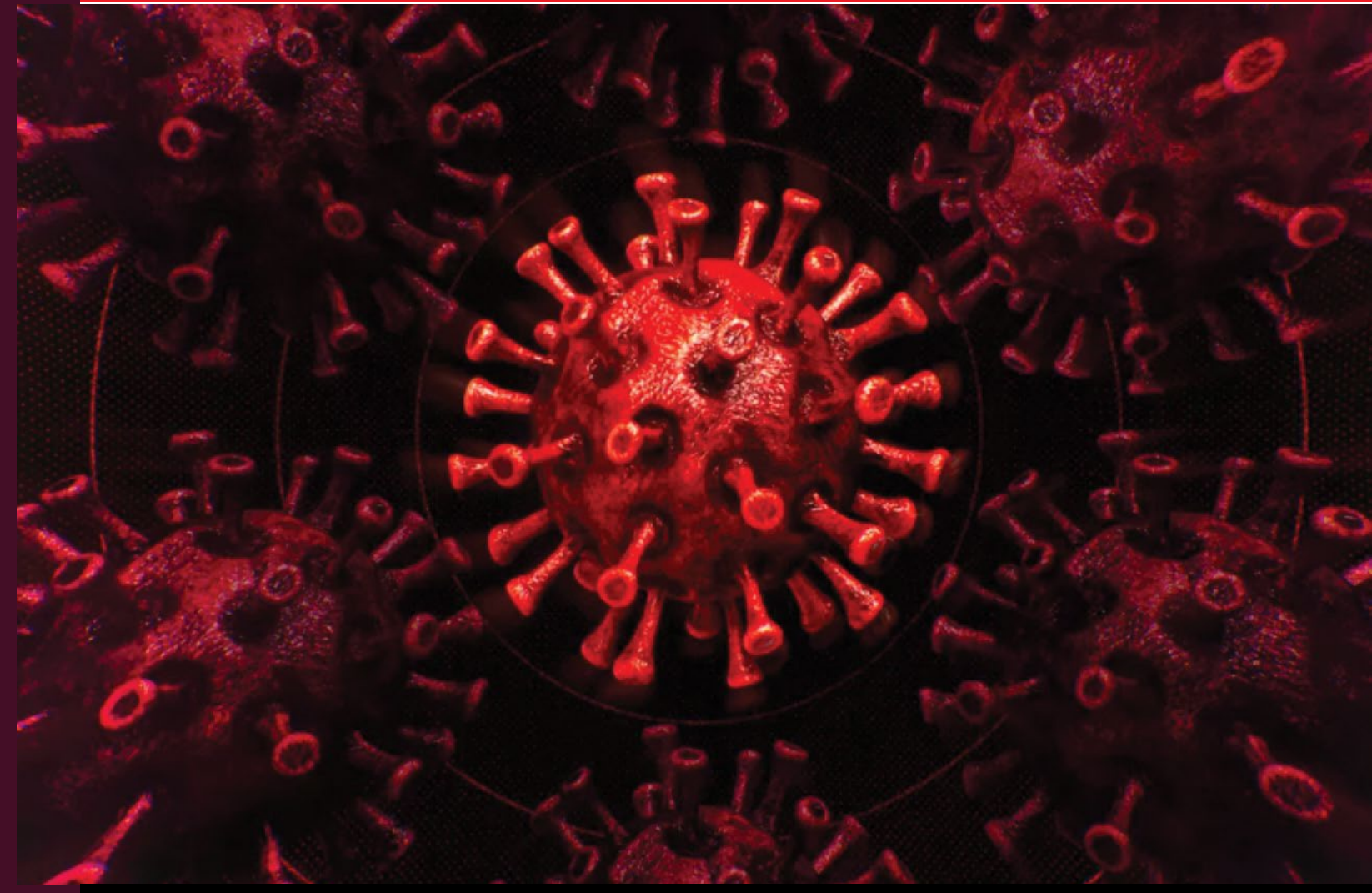




# THE EFFECTS OF COVID-19 ON PERSONS WITH DISABILITIES IN UGANDA, 2020



NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES  
Plot 119, Block 232 Kireka, Namugongo Road  
P.OBOX 26080, Kampala Uganda  
Tel: 0414-372339



## AUTHORS:

**Lillian Namukasa:** Lead Researcher; Program Officer; Research, Information and Documentation; National Council for Persons with Disabilities.

**Beatrice Guzu:** Co-Researcher; Executive Secretary; National Council for Persons with Disabilities Research Assistants

**Lucy Akech:** Sense International-Uganda

**Contact Lead Researcher:**

**Email:** [namukasal@gmail.com/info@ncd.go.ug](mailto:namukasal@gmail.com/info@ncd.go.ug)

**Website:** [www.ncd.go.ug](http://www.ncd.go.ug)



## ACRONYMS

COVID-19:	Corona Virus Disease 2019
CRPD:	United Nations Convention on the Rights of Persons with Disabilities
CWD:	Children with Disabilities
DMIS:	Disability Management Information System
DTF:	District Task Forces
EOC:	Equal Opportunities Commission
HI:	Humanity and Inclusion
ICT:	Information, Communication Technology
ILO:	International Labour Organization
IMT:	Incident Management Team
MDAs:	Ministries, Departments and Agencies
MGLSD:	Ministry of Gender, Labour and social Development
MOH:	Ministry of Health
MTN:	Mobile Telecommunication Network
NCPD:	National Council for Persons with Disabilities
NTF:	National Task Force
NUDIPU:	National Union of Disabled Persons of Uganda
OHCHR:	Office of High Commission for Refugees
OPD:	Organisations of Persons with Disabilities
OPM:	Office of the Prime Minister
SACCO:	Savings and Credit Cooperatives Organisations
SHAU:	Spina Bifida and Hydrocephalus Association Uganda
SOP:	Standard Operating Procedures
UHC:	Universal Health Coverage
UNAPD:	Uganda National Association of physical Disabled
UN:	United Nations
UNHCR:	United Nations High Commission for Refugees
UNICEF:	United Nations
USDC:	Uganda Society for Disabled Children
WAU:	Water Aid Uganda
WHO:	World Health Organisation



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## FORWARD

The Comprehensive Report on the rapid assessment on the effect of COVID-19 on persons with disabilities in Uganda highlights the challenges of inclusion of disability in the COVID-19 response programs in Uganda, the best practices of disability inclusion demonstrated by various stakeholders during the outbreak of the pandemic and the way forward for disability inclusion in post COVID-19 response programs in the country.

This assessment was undertaken by the National Council for Persons with Disabilities in collaboration with Sense International Uganda.

The rapid assessment analyzed the critical factors affecting disability inclusion in the COVID-19 response programs in Uganda and the way forward for minimizing the identified gaps. The findings revealed a steady progress in the inclusion of persons with disabilities in the COVID-19 response programs. However, there are critical factors which inhibited effective disability inclusion which the Government need to improve on. Among them were inadequate data on disability to guide planning; limited knowledge of policy makers and implementers on disability inclusion in planning and program implementation; lack of coordinated effort by the disability fraternity in advocating for disability inclusion.

The report further provides key recommendations for disability inclusion in post COVID-19 response programs which include developing a comprehensive strategy and guidelines for disability inclusion, establishing a comprehensive data base on disability to be used by policy makers and implementers for effective planning.

It is therefore my sincere hope that the findings of this rapid assessment will inform policy reforms in the development of disability inclusive post COVID-19 response programs in Uganda for the benefit of all categories of persons with disabilities.

I wish to specifically thank Sense International Uganda and the Government of Uganda for facilitating the council with financial and technical support to undertake this assessment.



**Juma Mulesa**  
**Chairperson**  
**National Council for Persons with Disability.**



## ACKNOWLEDGEMENT

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The contributions included provision of vital information for the rapid assessment, logistical support and mobilization of respondents.

### The Council therefore appreciates:

- Government Ministries especially Ministry of Gender, Labor and Social Development; Ministry of Finance Planning and Economic Development for the financial and technical support accorded.
- The Authors of the rapid assessment report for their hard work during the conduct of this assessment. Appreciation is extended to Research Assistants who supported data collection.
- Sense International Uganda under the leadership of Mr. Chris Bernard Iga for their logistical and technical support.
- The respondents, both the individual persons with disabilities and the key informants from institutions for according the assessment team their valuable time and co-operations without which data that informed this report would have been hard to obtain.



*Guzu Beatrice*  
*Executive Secretary*  
*National Council for Persons with Disabilities.*





## EXECUTIVE SUMMARY

The rapid assessment on the effect of COVID-19 on persons with disabilities in Uganda was conducted between August to October 2020. The objectives of the assessment were; To examine factors affecting inclusion of persons with disabilities in COVID-19 response programs; identify the effect of COVID-19 Pandemic on the socio-economic welfare of persons with disabilities with focus on complex disabilities in Uganda; To identify ways to include persons with disabilities in COVID-19 response program; and identify priority areas for inclusion of persons with disabilities in post COVID-19 recovery programs.

The assessment was conducted using purposive sampling technique in which 40 participants were identified out of which 29 (72.5%) were interviewed. The research team used qualitative methods (key informant interviews) and extensive literature review to collect the required data to inform the report. The findings of the study showed that persons with disabilities faced many challenges that affected their inclusion in the COVID-19 response and recovery programs with in the country among which were: inaccessible information on Covid19; lack of representation or limited representation on COVID-19 task force; high costs of transport; hunger and malnutrition; lack of inclusion strategies; inadequate disaggregated data on disability; discrimination of returnees with disabilities under quarantine; limited affirmative action during food distribution; inaccessible physical environment in quarantine and treatment centres; inadequate legal and policy framework to include persons with disabilities in response and recovery programs.

The report further revealed that COVID-19 pandemic had adverse effects on persons with disabilities. Some of the effects included: ill health and relapses resulting from failure to access medical facilities; loss of lives; poverty due to loss of business; incomes and loss of property due to unpaid accumulated loans for those who were in business; closure of businesses mostly in markets; loss of education since learners with disabilities could not access e-learning and or hard copy materials provided by government; Sanitation and hygiene related diseases in markets for those who were sleeping in markets following the directives of the president for market venders to sleep in the markets; risks of high school dropout among learners with disabilities due to the lock down of schools for a whole year without a clear plan for inclusive learning on line; drug stock outs; psychological torture and mental breakdowns; Hunger and malnutrition mostly to children with multiple disabilities and persons living in refugee settlements where food ratio reduced by 30% ; Unwanted pregnancies resulting from sexual abuse against girls and women with Disabilities; unemployment due to downsizing in companies affecting majority of persons with disabilities employed in lower positions.

In order to realize inclusion of persons with Disabilities in COVID-19 response and recovery programs, several recommendations were made including; collection and dissemination of disability desegregated data in accessible formats; representation of persons with disabilities on COVID-19 task forces at all levels; provision of psychological support to all persons with disabilities; capacity building of all service providers with disability inclusion tips; development of a comprehensive strategy for disability inclusion in COVID-19 response and recovery programs; provision of affirmative action for complex disabilities like deaf blind and persons with multiple disabilities; building universal social protection systems; provision of COVID-19 related information in accessible formats; inclusion of organizations coordination and working with persons with disabilities in planning and implementation of recovery and response programs; provision of regular supply of all essential drugs for persons with disabilities; Development of disability specific policy and strategies for inclusion in COVID-19 response and recovery programs; capacity building of care takers of

<sup>1</sup>Humanity and Inclusion (2020); Rapid Impact Assessment of COVID-19 on HI Beneficiaries in Refugee Settlements in Uganda, Kampala, Uganda.



persons with disabilities on COVID-19 SOPs and recovery programs. Others include empowerment of health workers, social workers, Village health teams on disability inclusion; increment of food rations distributed to persons with disabilities and other vulnerable persons; enhancement of the private sector capacity on disability inclusion; empowerment of council for persons with disabilities to play its coordination, monitoring and evaluation roles; promotion of collection of scientific studies and innovations to provide evidence on persons with disabilities and COVID-19 response and recovery programs; development of a Disability Management information system (DMIS) by NCPD and MGLSD for effective planning and inclusive development.

Over role, the assessment report acknowledges that minimizing the effects of COVID-19 pandemic on persons with disabilities in Uganda requires inclusive planning and implementation of programs using human rights-based approach to ensure no one is left behind. This rapid assessment gathered sufficient evidence that all stakeholders such as the private sector, civil society, development partners and Government can base on to enhance inclusion of persons with disabilities in their work for better livelihoods of all Ugandans.





## CHAPTER ONE: BACKGROUND CONTEXT

### 1.0 Introduction

The National Council for Persons with Disabilities (NCPD) is a public institution established by Act of Parliament - (Persons with Disabilities Act 2020) as a monitoring and reporting mechanism for Disability issues in the country. The work of NCPD is guided by the international and national legal frameworks on human and disability rights. The NCPD is mandated to monitor Disability inclusion, advocate for promotion and protection of rights of persons with Disabilities, carry out or commission surveys and investigations on violation of rights of persons with disabilities or non-compliance of implementation of disability inclusive laws, policies and programs among others. In 2019, the Council commissioned a study to understand the effects of COVID-19 pandemic on the livelihoods of Persons with Disabilities in Uganda and identify priority areas for inclusion of persons with disabilities in post COVID-19 recovery programs.

### 1.1 Background on COVID-19 Pandemic

#### 1.1.1 Global Context

The Corona Virus Disease – 2019 (COVID-19) was first identified on 31st December 2019 by World Health Organisation (WHO). The virus was notified in a cluster of cases displaying symptoms of a “pneumonia of unknown cause” linked to the Huanan Seafood Market, Wuhan, Hubei province in China. Globally, COVID-19 was highly spreading since 31 December 2019 and as of 19th October 2020, there were 39,596,858 confirmed cases of COVID-19, including 1,107,374 deaths. The numbers are expected to keep going high due to the rapid spread of the infection and absence of available vaccine and or treatment.

According to the UNHCR report, 2020; COVID-19 heightens existing vulnerabilities for forcibly displaced and stateless people in many ways. With increasing prices of basic food and commodities, many refugees, and internally displaced people (IDPs) struggles to afford goods in addition to paying the rent, putting them at higher risk of eviction. In the Americas, with increasing poverty and destitution, some have no choice but to sell goods on the street to support their families. The coronavirus disease 2019 (COVID-19) pandemic is likely to disproportionately affect Persons with Disabilities, putting them at risk of increased morbidity and mortality, underscoring the urgent need to improve provision of health care for this group and maintain the global health commitment to achieving Universal Health Coverage (UHC).

Due to the global economic downturn and the socio-economic impact of the pandemic, social tensions are increasing in all regions. 41 countries report at least one incident of xenophobia, stigmatization, or discrimination against persons of concern in relation to COVID-19. Even before the pandemic, refugees, IDPs and other particularly vulnerable groups were exposed to an increased risk of stigmatization and discrimination. Vulnerable populations such as persons with disabilities and older persons are excessively impacted. Even in the absence of crises or pandemics such as COVID-19, persons with disabilities continue to face numerous barriers in their daily lives. Early reports indicate that COVID-19 and its related effects have only exacerbated the existing social inequalities in our communities. This is worse with persons with disabilities across the globe.

<sup>2</sup> [https://covid19.who.int/?gclid=CjwKCAjwz6\\_8BRBkEiwA3p02VTwKMw1Cc6vSaBzI7nAqzwbSbQHSKl6cqAfHF49ONTzOAGPH6sgI0BoCyPwQAvD\\_BwE](https://covid19.who.int/?gclid=CjwKCAjwz6_8BRBkEiwA3p02VTwKMw1Cc6vSaBzI7nAqzwbSbQHSKl6cqAfHF49ONTzOAGPH6sgI0BoCyPwQAvD_BwE)

<sup>3</sup> Human rights dimensions of COVID-19 response. Human Rights Watch, March 19, 2020.



Persons with disabilities comprise 15% of the world's population, are more likely to be poor, to face catastrophic health expenditures, to have lower levels of education and economic participation and to live in households that are more exposed to economic insecurity and shocks. Those inequalities, heightened for women and girls with disabilities, arise from multiple barriers faced at all ages, such as stigma, inaccessibility to infrastructures, transport, and information systems as well as the lack of inclusive public policies and services. Those barriers generate significant disability related extra costs for persons with disabilities and their families increasing their vulnerabilities.<sup>6</sup>

### 1.1.2 Regional Context

According to WHO dashboard, 47 countries in Africa are affected by COVID-19 pandemic with 1,250,387 cumulative positive cases and 24,464 deaths . In Africa; South Africa registered the highest incidences of COVID-19 with 702,131 confirmed cases and 18,408 deaths by 18th October 2020.

### 1.1.3 National Context

Uganda registered its first COVID-19 patient in March 2020 and by 19th of October 2020; a total of 10,455 persons had contracted the virus with 96 deaths. The Government of Uganda implemented a series of vulnerability reduction and containment measures to curtail transmission of COVID-19. Some of the measures included: closure of international airport and border points for passengers; closure of schools and other high congregation points; freeze of public and private transport; ban of all mass gathering events, including places of worship, nightclubs and bars; overnight curfew; and a nationwide lock down (MOH-COVID-19 Preparedness and Response plan, 2020). The government also established quarantine centers for suspected COVID-19 cases, free food distribution to the vulnerable population and provision of preventive information to reduce spread of the disease in the country.

The situation has been challenging for persons with disabilities who have been surviving on petty businesses for their livelihoods and dependent on their friends and families. Social relations have become increasingly strained as people are no longer able to get emotional, financial, and food support from friends and family due to social distancing and loss of income.

From this background, the Council in partnership with Sense international Uganda conducted a rapid assessment to establish the effects of COVID-19 pandemic on the livelihoods of persons with disabilities in Uganda.

## 1.2 Rationale for the study

Uganda has witnessed a rapid increase in infections from a total of 44 cases on 31st March 2020 to 8,129 cases as of 30th September 2020 . The increased mobility of traders across borders and opening of the airport to allow Ugandans who were caught up in other countries by COVID-19 to return home may have contributed to the increase in infections posing a big health risk to Ugandans. Persons with disabilities face specific barriers in carrying out their daily lives in the community due to COVID-19 response measures. Persons with disabilities can be disproportionately impacted by interrupted home, community and social services and support, including personal assistance (UNICEF, 2020).

<sup>4</sup>UNHCR, 2020: Global Covid-19 Emergency Response

<sup>5</sup>Humanity and Inclusion (2020) Rapid Impact Assessment of COVID-19 on HI Beneficiaries in Refugee Settlements in Uganda

<sup>6</sup>World Health Organisation (WHO)/ World Bank World report on disability (2011)

<sup>7</sup>WHO African Region, External situation report 33,2020



Most persons with disabilities who rely on others for daily living (through formal support by service providers or informal support by relatives/friends) find difficulties in essential services such as food, medical care, and rehabilitation due to movement restrictions and physical distancing measures. Public information on COVID-19 measures is not systematically communicated nor disseminated in accessible formats and means to reach all persons with disabilities (e.g. sign language interpretation, captioning, Easy to Read format, etc.). In addition, some persons with disabilities, such as persons with psychosocial disabilities and autistic persons, might not be able to cope with strict confinement at home (OHCHR, 2020).

There is limited or no representation of persons with disabilities on COVID-19 responses teams/taskforces such as the National Task Force (NTF), Incident Management Team (IMT), District Task Forces (DTFs) and their subcommittees. These committees did not have disability inclusive guidelines and Standard Operating Procedures (SOPs) to provide accessible public awareness messages on COVID-19 and services to persons with disabilities .<sup>10</sup>

Therefore, the rapid assessment was intended to support the Council and its development partners to design strategies for improved advocacy, support the COVID-19 task forces to develop policy briefs and guidelines that will enhance inclusion of persons with disabilities in COVID-19 response programs in Uganda.

### 1.3 Objectives of the Assessment

1. To examine factors affecting inclusion of persons with disabilities in COVID-19 response programs
2. To identify the effect of COVID-19 Pandemic on the socio-economic welfare of persons with disabilities with focus on complex disabilities in Uganda.
3. To identify ways to include persons with disabilities in COVID-19 response program.
4. To identify priority areas for inclusion of persons with disabilities in post COVID-19 recovery programs.

<sup>8</sup>Ground Truth Solutions,2020; COVID-19 insight from refugee community leaders, Uganda

<sup>9</sup><https://www.worldometers.info/coronavirus/country/uganda/>



## CHAPTER TWO: METHODOLOGY

### 2.1 Introduction

The rapid assessment was conducted using qualitative methods following the COVID-19 standard operating procedures (SOPs) of social distancing and use of face masks. Data was collected through reviewing existing literature on COVID-19 at national, regional, and international levels and primary data collection using Key informant interviews with selected respondents.

### 2.2 Study participants

A total of 40 respondents were proposed and purposively selected to participate in the study to provide qualitative information to supplement secondary data. These included key informants from organizations working with persons with disabilities, civil society organisations and government technocrats (Government MDAs) who were involved in COVID-19 response programs. However, due to COVID-19 prevention guidelines and SOPs, 29 (73%) respondents were interviewed.

### 2.3 Scope of the study

#### 2.3.1 Geographic scope

Due to COVID-19 safety measures, the study was conducted with in central region. However, respondent's targeted work in different Districts within the Country.

#### 2.3.2 Time Scope

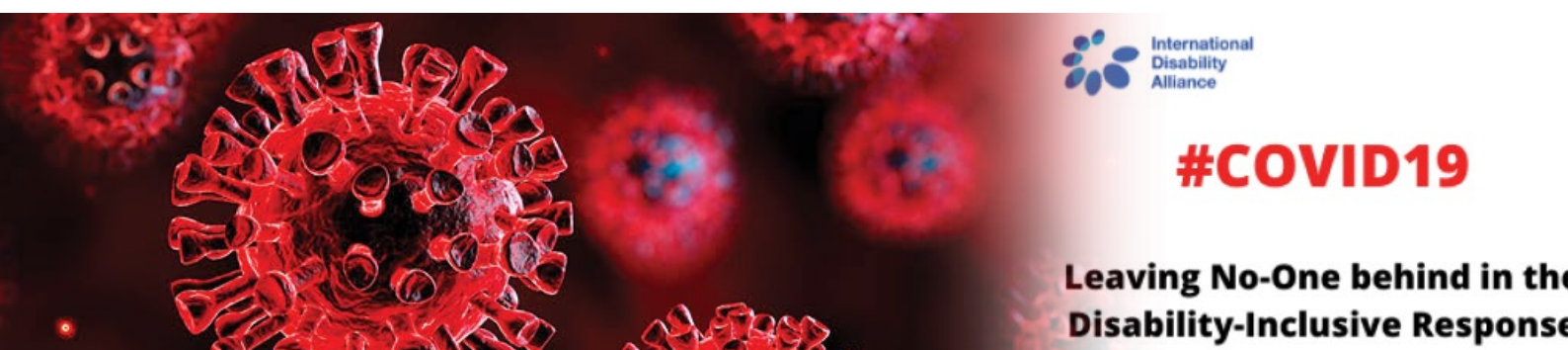
The study covered the period starting March 2020 when COVID-19 pandemic positive case was first announced in Uganda to October 2020.

### 2.4 Qualitative data analysis

The qualitative data from Key Informant Interviews was transcribed, organized and analyzed to draw conclusions on the objectives of the assessment. The analysis was done using a deductive method. The research team basing on the objectives of the assessment generated themes and sub themes from the qualitative data based on the objectives of the assessment. This was followed by grouping all the data along the identified themes and sub themes. Anecdotes were also captured to provide additional evidence on the assessment findings.

### 2.5 Quality control

Experienced research team from NCPD and Sense international –Uganda conducted interviews using the tool that was pre-tested prior to the actual data collection process.



<sup>10</sup>(<https://pfp-idefellowship.org/2020/05/11/fighting-covid-19-letter-from-allan-kabaale-and-pwd-to-ugandas-prime-minister-and-national-taskforce>)



## CHAPTER THREE: PRESENTATION AND DISCUSSION OF FINDINGS

### 3.1 Introduction

This chapter presents findings of the assessment. The data presented is from both secondary and primary data collected through literature review and key informant interviews. The section starts with analyzing factors affecting inclusion of Persons with Disabilities in COVID-19 response programs in Uganda; the effects of COVID-19 on socio-economic livelihood of persons with Disabilities; Identified priority areas for inclusion of persons with disabilities in post COVID-19 recovery programs, Best practices realized in the implementation of the COVID-19 response programs and suggestions/recommendations to promote inclusion of Persons with Disabilities in COVID-19 response and recovery programs.

### 3.2 Background characteristics of the assessment population

The rapid assessment was conducted in the central region targeting Ministries, Departments and Agencies of Government; Civil society organizations (organizations working for and with persons with disabilities; returnees with disabilities from abroad) and persons with disabilities. The study participant's constituted majority female (59%) and male (41%); 44.8% of the participants had a disability. The rapid assessment was conducted within central region however, the institutions interviewed operate within and outside the region as highlighted in annex 1 below.

*Table 1: Gender and Disability status of Respondents.*

Gender	Respondents with Disability	Respondents with no Disability
<b>Female</b>	7	10
<b>Male</b>	6	6
<b>Total</b>	<b>13</b>	<b>16</b>

### 3.3 Factors affecting inclusion of Persons with Disabilities in COVID-19 response programs

The rapid assessment conducted identified several concerns and factors that affected inclusion of persons with disabilities in COVID-19 response programs. This was emphasized by the United Nations that noted.

*Persons with disabilities have experienced greater attitudinal, environmental and institutional barriers and discrimination, exclusion from accessing health-care services and information, as well as faced serious disruption to their employment, education, and access to social protection and other support services. These may be exacerbated by multiple and intersecting forms of discrimination faced by women, children and older persons with disabilities and persons with disabilities in situations of risk and humanitarian emergencies .*





### i) Limited representation or no representation of Persons with Disabilities on COVID-19 taskforces at National and District Levels:

The respondents noted that, persons with disabilities were inadequately or not at all represented on the COVID-19 task forces at all levels. Neither National council for persons with disabilities a coordination mechanism for Disability in Uganda nor organizations working with/ for persons with disabilities were consulted to provide technical guidance on inclusion of persons with disabilities when COVID-19 was first announced in the country. This affected proper planning for the needs of persons with disabilities as noted by one of the key respondents below;

*In our work with District Task Forces, we realize that persons with disabilities and OPDs are rarely involved and therefore I can assume that the programs do not adequately incorporate their different needs.*

It was also noted that no organisations of persons with disabilities were considered among essential workforce to continue providing services to persons with disabilities during the local down.



Mr. *KABAALÉ ALLAN*, E.D, Disability Employment Rights Initiative, presents to the Prime Minister & National Task force a plan of action to include Persons with Disabilities in emergency response and recovery.

Source:<https://pfp-idefellowship.org/2020/05/11/fighting-covid-19-letter-from-allan-kabaale-and-pwd-to-ugandas-prime-minister-and-national-taskforce/>

### ii) Limited access to Information related to COVID-19:

It was noted that information provided in relation to COVID-19 awareness and prevention was not accessible to persons with disabilities most especially those who are deaf/blind, blind, deaf, people with psychosocial disabilities and those with multiple disabilities yet they are at high risk of contracting the virus since they depend on others for survival and movements. There were limited discussions involving the government through the Ministry of Health to develop specific strategies to support those in need of mental health services during COVID-19 pandemic. It was noted by Kimumwe P (2020) that African governments including Uganda, Rwanda, Kenya, South Africa, Democratic Republic of Congo, Eritrea and Ivory Coast, which restricted people's movements and banned public meetings were using mass media, notably radio and television, as well as Information and Communication Technologies (ICT), particularly social media and mobile telephony platforms to create public awareness about the pandemic. He however noted that a large section of persons with disabilities faces digital exclusion due to lack of access and affordability of the requisite ICT tools and equipment, as well as failure by broadcasters and telecom operators to provide information and services in disability friendly formats. As a result, most persons with disabilities did not access accurate and timely information about the pandemic.

The assessment established that Parents and caretakers of children with complex disabilities and those with multiple disabilities like deaf blindness, autism, severe cerebral palsy were not empowered with information to pass on to them. A respondent noted

*“To date, some of these persons with disabilities are not aware of what is happening in the country yet they survive on support systems from other persons without disability in their family which puts them at a high risk of contracting the virus since people of those categories always touch in their sensitive parts of the body like mouth and eyes habitually”.*

<sup>11</sup><https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/05/Joint-statement-Disability-inclusive-response-to-COVID-19.pdf>







The Pandemic created a gap for Persons with Disabilities because most of the information was online which limited access to Information related to COVID-19.

**iii) Transport challenges:** The total lockdown and ban of public transport by the government to control the spread of the virus affected persons with disabilities from accessing essential services. Persons with disabilities faced transport challenges throughout the lockdown to date due to increase in transport fares. Majority of the respondents interviewed reported that increase in prices of transport fares affected their access to medical services most especially health related services like rehabilitation and habilitation. A respondent noted *“when the president announced total lockdown, he never provided for access for Persons with Disabilities and many missed medical and other social services like markets, sports and recreation services, and banks among others”*. Persons with Disabilities that were interviewed noted challenges to access medical care mostly for those who were undergoing rehabilitation. A respondent noted that

*“The ambulances that were provided to take patients to seek medical care were few and have costs attached to them, patients or caregivers were asked to provide fuel; there was also difficulties in communication between ambulance operators and some persons with disabilities like persons with deaf blindness and the deaf”*.

**iv) Non inclusive standard operating procedures:** The standard operating procedures put in place by the government to control the spread of the virus are not disability sensitive. For instance, the lock down measures did not have clear considerations to cater for information and communication needs of persons with Disabilities; the masks provided are not catering for the communication needs of the deaf and hard of hearing that use the facial expressions to communication in sign language and lip reading and most of the handwashing facilities are not disability friendly most especially to those with physical disability; A respondent in water, sanitation and hygiene sector emphasized that

*“Psychologically, persons with disabilities live in more fear as they can hardly apply most of the COVID-19 prevention measures including simple ones like hand washing where most of the facilities and PPEs are not disability friendly. For instance, most of the foot-peddle hand washing facilities promoted by many players do not cater for Persons with Disabilities”*.



<sup>12</sup><https://cipesa.org/2020/04/why-access-to-information-on-covid-19-is-crucial-to-persons-with-disabilities-in-africa/>



**v) Stifled service delivery at all levels:** Due to the pandemic, service delivery in all areas was stifled, during data collection, it was revealed that persons with disabilities rights were violated coupled with lack of access to courts of law to exercise the right to justice. The new normal came with many changes that institutions of government and non-government actors were not prepared to effectively implement thus delay in dispensing justice to persons with disabilities that led to frustrations, some have acquired mental challenges and attempted suicide. The new means of dispensing court cases through zoom and other technology-based applications have not taken care of accessibility needs of Persons with Disabilities.

**vii) Limited or total lack of coordination by disability advocates:** The rapid assessment observed that disability actors lacked coordinated advocacy to advance their concerns of inclusion in COVID-19 response programs. During the assessment, a respondent noted

*“Often times NUDIPU was seen on media demanding for inclusion, NCDP, EOC and OHCHR sent a statement to the National task force with recommendations for inclusion. All we demand for inclusion could have been achieved if advocacy was carried out in a coordinated manner through build synergies and promote disability inclusion”.*

**viii) Lack of disability indicators and statistics on persons with disabilities affected by COVID-19:** The assessment revealed that information collected to inform embassies on Ugandans stuck abroad lacked disability indicators to collect information that would inform planning and preparations to receive returnees with disability with dignity. This resulted in rights abuse of returnees with disabilities rights who returned home from abroad and had to stay in the quarantine center as was the requirement of Ministry of Health.

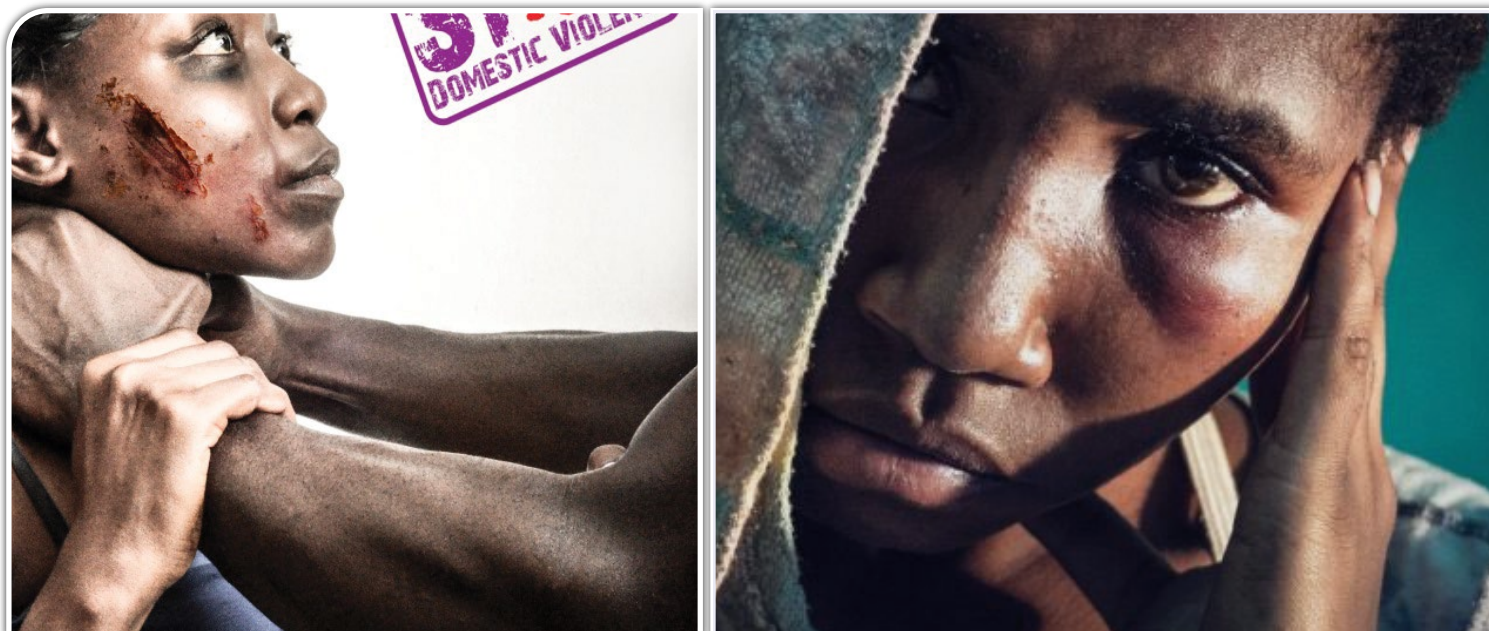
At the national level, the country has no records of persons with disability who have been affected by COVID-19 in Uganda which is total violation of human right and failure to comply to international commitments of “leave no one behind”. According to Lockwood, 2020 without data on persons with disabilities, we cannot address the challenges and discrimination they and their representative organizations encounter, and their marginalization increases. Data provide essential information on the status of the rights of persons with disabilities, identify policy gaps and barriers faced by persons with disabilities to support policymakers to amend existing policies, regulations, and programs to include persons with disabilities fully and equally into society. Lockwood also notes that community-driven data can inform policies to ensure that persons with disabilities are included and counted, fostering inclusive COVID-19 response measures. Richard, 2020, highlights that lack of evidence and data on disability (including on risks and barriers) and lack of meaningful participation, results into the design and implementation of preventative and response measures that do not take into account the particular needs of persons with disabilities. This was further emphasized by World health organization (WHO, 2011) stating that lack of rigorous and comparable data on disability and evidence often does affect inclusion of persons with disabilities in programmes or interventions. Community-driven data can be used to assist in COVID-19 response and recovery efforts for persons with disabilities.

**ix) Inaccessible government qualified quarantine centers:** The returnee interviewed in this assessment noted that quarantine centers were not accessible to persons with disabilities; the centers lacked support services to ensure independent living as it was stipulated in the SOPs. The government did not cater for other services like personal assistants, sign language interpreters and wheelchairs among others.

**x) Limited support to persons with disabilities by family and community members:** Persons with disabilities face neglect and discrimination in their day today lives however, this situation worsened during the pandemic. The children with disabilities, deaf blind persons and persons with psychosocial challenges who most of the time are kept in residential care institutions or psychiatric hospitals for care due to limited attention availed by families and community members had to be kept in homes. As a result, they faced a lot stigma and discrimination from care takers and family members.

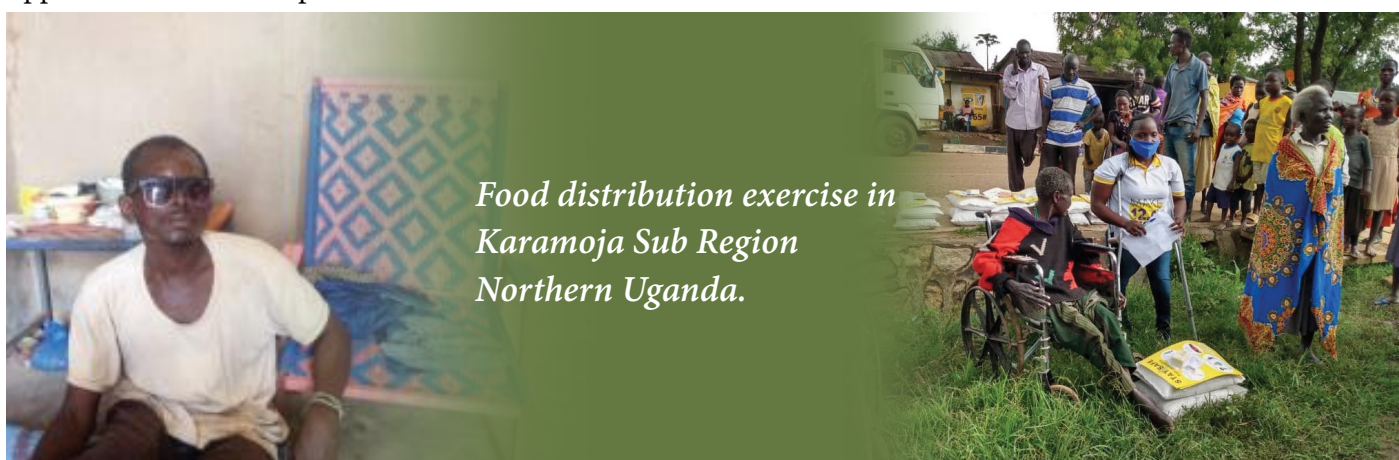


**xi) High reported incidences of Gender Based Violence (GBV):** The long stay at home and in community increased GBV and most especially sexual gender-based violence towards women and girls with disabilities. According to the United Nation Human Rights report, 2020 persons with disabilities are at higher risk of violence, particularly when isolated. Women and girls with disabilities face higher rates of gender, sexual, intimate partner, and domestic violence. Women and girls with disabilities do not only face higher risks of violence compared to other women, they also experience higher levels of violence than men with disabilities. While information on disability and gender-based violence in the context of COVID-19 is not currently available, experience shows that in similar circumstances, people with disabilities are particularly at risk. It was further noted that available domestic violence services and assistance are not accessible particularly for persons with disabilities. Hotlines are often not equipped with interpretation services for deaf and deaf blind persons, and emergency shelters and services are not prepared to meet the needs of persons with disabilities.<sup>13</sup>



Source: Training Module on SGBV, Harmful Practices and SRHR

**xii) Limited understanding of the needs of persons with disabilities:** In the assessment, deaf blind was an area of interest; it was established that majority of the respondents do not have adequate understanding of the various needs of persons with deaf blindness and majority of the stakeholders had no specific plans and approaches to include persons with deaf blindness in their work.



*Food distribution exercise in  
Karamoja Sub Region  
Northern Uganda.*

Source: <https://www.light-for-the-world.org/5-ways-were-helping-people-disabilities-weather-covid-19-east-africa>

<sup>13</sup><https://reliefweb.int/sites/reliefweb.int/files/resources/policy-brief-the-impact-of-covid-19-on-women-en.pdf>

<sup>14</sup>[https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15481/Uganda\\_IW\\_SITAN\\_June%202020\\_updated.pdf?sequence=5&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15481/Uganda_IW_SITAN_June%202020_updated.pdf?sequence=5&isAllowed=y)

Source: <https://www.light-for-the-world.org/news/browse/next/quality-seal-donations-spendengutesiegel>



**xiii) Lack of disability mobilization strategy to include disability actors in the response programs:**

Since COVID-19 pandemic was a state of emergence, it was established that the country was not ready to respond thus lacked a mobilization strategy for bringing disability actors into the COVID-19 pandemic response activities. To date Uganda has no comprehensive strategy to respond and recover from the effects of the pandemic.

### 3.4 Effects of COVID-19 Pandemic on the socio-economic welfare of persons with disabilities with focus on complex disabilities in Uganda

The outbreak of COVID-19 and subsequent prevention measures such total lockdown, night curfews and closure of business have undoubtedly taken a heavy toll on people's livelihoods, particularly people with disabilities as indicated below.

**i) Loss of Jobs & escalated unemployment:** COVID-19 pandemic caused adverse effects to humans and worse still persons with disabilities around the globe. The pandemic escalated discrimination, abuse, and human rights violations against persons with disabilities, especially women and girls with disabilities. In Uganda like any other parts of the world there has been loss of jobs due to closure of some companies or downsizing to reduce operational costs. This mostly targeted those who were not energetic or held positions that were not core to the organisations or companies hence affecting most Persons with Disabilities. Inclusion Features & Institute of Development studies (2020) established that most businesses in Uganda are micro, small and medium enterprises, and they account for approximately 90% of private sector employment. If COVID-19 persists for 6 months it will cause about 3.8 million workers to lose their jobs temporarily, while 0.6 million would lose their employment permanently. Most of those likely to lose their jobs permanently are in the service industry and mainly in Kampala<sup>14</sup>.



**ii) Heightened poverty among persons with disabilities:** The COVID-19 pandemic has led to economic pressures for many households, which disproportionately affected people with disabilities and their households. Notably, the pandemic has resulted in massive disruptions to businesses and the labor market. Most businesses collapsed as a result of the lockdown which rendered some persons with disabilities to lose their jobs hence impacting on their incomes and capacity to access essential services like food, medical care and shelter among others. A rapid survey of over 5,000 households in Bangladesh found 63% of people had been rendered economically inactive and weekly income had dropped by almost 80% amongst poor households since the start of the pandemic (Rahman & Matin, 2020). Since persons with Disabilities depend on their family members they tend to have fewer working members of house hold to offset income losses if one or more members lose work, as people with disabilities are more likely to be un- or underemployed and other household members may forgo work to provide care giving support (WHO & World Bank, 2020).

Even when the lock down has been eased, the increase in transport fares continue to affect the incomes of persons with disabilities, stifled their movements and opportunities to continue with their businesses. Persons with disabilities are find it difficult to move due to high costs of transportation in the country, the journey that used to cost UGX 2000/= has doubled to UGX4000/=. Worse still, persons with disabilities that use wheelchairs and helpers or sign language interpreters face double transportation costs.



Source: <https://www.hrw.org/news/2010/08/26/uganda-women-disabilities-barriers-and-abuse>



Source: <https://thelocal.ug/nudipu-keep-fighting-raise-money-inclusive-environment-pwds/>

**iii) Loss of property to money lending institutions:** The pandemic led to loss of property to money lenders by many people mostly in business including Persons with Disabilities due to closure of businesses. It was noted that in Uganda, majority of people operating businesses whether large or small are heavily depend on loans from banks or money lenders. Given the low-income levels, many people including persons with disabilities use their properties like land, houses, and cars among others as collateral security to access credit. Following the outbreak of COVID-19 and the lockdown imposed by the government, some business collapsed while others were operating in losses which made it difficult for the businesses to service the loans and secure their properties used as collateral. Through the rapid assessment, it was established that some persons with disabilities no longer have security to use as collateral for borrowing money to revive their businesses. People with disabilities particularly women with disabilities are more likely work in the informal sector which lacks job security and financial protections such as unemployment insurance or paid sick and care leave. People with disabilities may also take longer to re-enter the workforce after the easing of restrictions due to stigma and discrimination, inaccessible environments and poor access to education and training opportunities (WHO & World Bank, 2020).





**iv) Poor sanitation and hygiene in markets that led to loss of businesses:** It was revealed that at the beginning of the Lock down in Uganda, it was compulsory for Market venders to sleep in the market in order to observe the standard operating procedures introduced for prevention of the spread of the virus. This measure affected majority of the persons with disabilities who were market venders and were forced to abandon their businesses due to poor hygiene coupled with inaccessible physical environment in the markets. Persons with disabilities could not freely use the washrooms, most of the toilet facilities in the market were inaccessible and unhygienic. The working conditions became unbearable and persons with disabilities abandoned the business, ended up staying home in abject poverty. This was heightened by one of the respondents “Poor *health and sanitation became common in informal settlements due to limited access by the service providers thus leading to ill health related to poor hygiene and sanitation*”.



Source: Fineeds.org.uk 2 Fprojectswater-sanitation-and-hygiene-uganda

Source: <https://kiyimba-james.blogspot.com/2012/09/>

**v) Limited access to COVID-19 relief food and other supplies:** The assessment established that in some communities’ food distributions were conducted in specific places which at times were not accessible to persons with disabilities in terms of distance and physical access yet the procedure was that a beneficiary must report at venue to receive the food individually. Even though they were considered among the special categories to receive food, they ended up missing out due to failure to access the venue and or information



*Isabella cordinating Food distribution exercise in Karamoja, Northern Uganda.*

Source: <https://www.light-for-the-world.org/5-ways-were-helping-people-disabilities-weather-covid-19-east-africa>





since it was not provided in accessible formats.

On the nutrition of children with deaf blindness, cerebral palsy, autism, epilepsy and persons with disabilities living with HIV/AIDS among others it was reported that children were and are still faced with malnutrition and hunger due to limited access to essential foods. Most families were constrained financially and could not afford balanced diets, which affected the wellbeing of the children, adherence to treatment and the general health of the affected people. COVID-19 escalated the already documented/existing barriers for persons with disabilities in accessing social services and information.

**vi) Limited access to health care and rehabilitation services:** The lockdown, curfew and transport sector SOPs put in place by the government to control the spread of the COVID-19 have made access to social services especially medical care, rehabilitation and habilitation by persons with disabilities very difficult. Most persons with disabilities who are on long term medication, rehabilitation or require periodic medical checkups have missed appointments with their medical doctors and drugs. For instance, persons with psychosocial disabilities have ended up getting relapses due to missing on drugs, persons with epilepsy and HIV/AIDS also missed attending their regular clinics to pick drugs this has put their lives at risk. A respondent advocating for Psychosocial inclusion noted

*“most of the COVID-19 SOPs that include isolation, social distancing, no body contact have increased and heightened the mental health stress. Only those who are introverts, this has been able to thrive since they are not into socializing so much. Access to medication has been a challenge for those who are upcountry since some hospitals and health centers have run out of medication like lithium and risperidone. This means that they need to travel to the capital city Kampala for a refill of their medical supply”.*

The assessment established that there were drug stock outs in some medical facilities which affected some persons with disabilities who depend on medication these include epileptic persons, psychosocial disability, cerebral palsy among others. Such persons with disabilities could have acquired secondary disabilities because of inconsistent use of essential drugs due to their unavailability. Though article 11 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) stipulates that member states should take “all necessary measures to ensure the protection and safety of Persons with Disabilities in situations of risk”, there have been widespread reports of disabled people facing challenges in accessing treatment for COVID-19 while many of the public health measures implemented to contain the virus did not take into account the needs of persons with disabilities. Catalina Devandas, the UN Special Rapporteur on the rights of Persons with Disabilities, noted that disabled people feel that governmental responses to the COVID-19 pandemic have not considered their needs, leading to measures that might exacerbate disabled people’s exclusion from society (Sakellariou et al, 2020) .

Sakellariou (2020) also noted that a wide range of policies have been implemented as a response to COVID-19 pandemic but not all these policies explicitly considered the needs of disabled people. Peru was the only country that passed a legislation specifically protecting the rights of disabled people during the pandemic and ensuring their equal treatment in health, employment, education, social protection and other areas, they also add that several countries published recommendations for a disability-inclusive response to COVID-19, but these often either remained recommendations without being translated into policy, or they put the responsibility on individual rather than state actors, asking people to protect themselves and others, without addressing disabled people’s needs.

On the vulnerability of the persons with disabilities to COVID-19 pandemic due to their pre-existing health conditions, the government did not design and implement a prevention campaign to sensitize persons with





disabilities. Humanity and inclusion (2020) observed that many persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death. This left many persons with disabilities vulnerable to the pandemic.

It was further noted that limited knowledge and awareness about disability among healthcare professionals could have affected access to health care by persons with disabilities especially the deaf and deafblind due to the communication gap. Persons with disabilities have a right to access health care however, due to limited knowledge and awareness about disability, many of them have been neglected or discriminated by healthcare professionals. This gap was noted in their training curriculum which needs to be reviewed for inclusiveness. Doctors and nurses, therefore, need to be sensitized and trained on disability, communication needs and skills to deal with those who have cognitive impairments and to be able to provide services to them with limited involvement of family members. It is critically important to reinforce awareness that the right to health applies to all, and that it violates human rights and is morally reprehensible to deprioritize disabled people (Kuper, Banks, Bright, Davey, & Shakespeare, 2020).

**vii) Psychological torture and mental breakdowns:** Persons with disabilities experienced psychological torture associated with the break in routine mostly for persons affected by deaf blindness due to lack of information on what's going on in the country yet the family members were not oriented on the need to provide information on the changes that happened in their lives. This led to a threat on the psychological state of the said group of people and tantamount to high risks of getting infected with the virus.



**viii) Limited access to quality education by children with disabilities:** The government of Uganda closed schools and all institutions of higher learning in March 2020 as one of the measures to prevent the spread of the COVID-19. As a result, all learners including Children with disabilities were sent back home. In May 2020, the government introduced e-learning (television, internet, and radio), print media (newspapers) and through the National Curriculum Development Centre, education materials were designed, printed, and distributed to learners across the country. However, this program did not benefit most of the children with disabilities because the introduced options of e-learning were not accessible to most of the learners with disabilities. Some **children with disabilities were indirectly excluded from the e-learning programs** and continue to miss out of learning due to inaccessibility of Information, Communication Technology (ICT) and high cost of e-Learning. The e-learning materials developed by schools were not in accessible formats. The National Curriculum Development Centre (NCDC) attempted to produce learning materials in braille for learners who are visually impaired, however the distribution failed due to lack of resources and poor coordination. The Learning conducted online (through radio, television, and other platforms) during the lock down hardly benefited children with disabilities. This is because most of them are from very poor households than cannot afford to buy a television, a radio set and daily newspaper for the learning needs of their children. Many learners with disabilities were not studying like their counterparts yet they are bound to go back to learn in same classes; some have lost interest in learning due to the extended time out of schools and limited access to learning materials which is likely to increase the dropout rates. It was also noted that since the opening of schools for candidate classes, some schools hiked fees due to the need to meet the guidelines and standard operating procedures set by the Ministry of Health, yet most parents were working to be able to afford to pay. The respondents noted that in Uganda, there was lack of quality, affordable and accessible forms of learning to benefit learners with disabilities.



**ix) Neglect and discrimination:** Persons with disabilities that returned from abroad during the lockdown reported high level of discrimination and stigma from the airport, quarantine centers, family, and community level. It was revealed that government did not provide adequate arrangements for support services such as personal assistants, sign language interpreters and information in accessible formats for the returnees with disabilities in the quarantine centers. Returnees with disabilities were forced to call family members to provide assistance in the quarantine centers which doubled their expenditure (costs for COVID-19 tests, accommodation and feeding for the personal assistant as well).

### 3.5 Priority areas for inclusion of Persons with Disabilities in COVID-19 and post COVID-19 response programs

This assessment sought to establish the priority areas for inclusion of persons with disabilities in COVID-19 and post-COVID-19 response programs. Indicated in the table 2 below, are the priority areas identified by the respondents and from the literature reviewed.

**Table 2: Priority areas to promote inclusion of Persons with Disabilities in COVID-19 Response and recovery Programs**



S/N	Priority	What to be provided
1	Provide information in accessible formats	<ul style="list-style-type: none"> <li>• Braille, Easy Read and Large print</li> <li>• Sign language</li> <li>• Animations</li> <li>• Tactiles</li> </ul>
2	Affirmative action i.e. Persons with disabilities should be given a priority to access services	<ul style="list-style-type: none"> <li>• Subsidize COVID-19 tests</li> <li>• Tax waivers on imports of assistive devices</li> <li>• No lining up to access food, medical care etc.</li> </ul>
3	Equitable representation	<ul style="list-style-type: none"> <li>• Ensure persons with disabilities are represented on National and District COVID-19 task forces</li> <li>• Sensitize national and district task forces on disability inclusion</li> </ul>
4	Inclusion of organizations for persons with disabilities in planning and program implementation	<ul style="list-style-type: none"> <li>• Consult organisations of persons with disabilities and NCPD in planning and program implementation for effective service delivery to persons with disabilities.</li> </ul>
5	Continue providing essential services to persons with disabilities	<ul style="list-style-type: none"> <li>• Food relief</li> <li>• Face masks</li> <li>• Door to door delivery of essential drugs</li> <li>• Ambulance transportation</li> </ul>
6	Develop disability specific policy frame works	<ul style="list-style-type: none"> <li>• Develop guidelines for disability inclusion in COVID-19 response and recovery programs</li> <li>• Develop a strategy to promote disability inclusion in COVID-19 response and recovery programs</li> <li>• Popularize the ICT policy on disability</li> <li>• National inclusive education policy</li> </ul>
7	Enhance provision of social protection services to persons with disabilities	<ul style="list-style-type: none"> <li>• Cash transfer reach all vulnerable persons with disabilities</li> <li>• Boost special grant for persons with disabilities</li> </ul>
8	Build capacity of persons with disabilities and care takers on prevention of COVID-19	<ul style="list-style-type: none"> <li>• Enhance the skills of parents and care takers to provide physiotherapy to their children and other persons with disabilities in their homes.</li> <li>• Acquire skills to pass on information on COVID-19 SOPs</li> </ul>





9	Empower health workers, educationists, para-social workers and village health teams to support persons with disabilities access health care.	<ul style="list-style-type: none"> <li>• Sensitization of health workers on inclusion of disability</li> <li>• Provide physiotherapy</li> <li>• Identification and referral of persons with disabilities</li> <li>• Psychosocial support</li> <li>• Provide basic sign language</li> <li>• Increased community vigilance</li> </ul>
10	Enhance capacity of Private sector on inclusion of persons with disabilities	<ul style="list-style-type: none"> <li>• Training/orientation of proprietors/owners of schools, financial institutions, private health facilities and transport sector on disability inclusion.</li> <li>• Extend credit facilities</li> </ul>
11	Empower councils for persons with disabilities to play their coordination, monitoring and advisory roles	<ul style="list-style-type: none"> <li>• Additional funding</li> <li>• Recruitment of human resource</li> <li>• Information management Systems</li> <li>• Accurate information on COVID-19</li> </ul>
12	Promote disability specific scientific researches and technological innovations to enhance inclusion.	<ul style="list-style-type: none"> <li>• Adopt hand washing technology appropriate for access to persons with disabilities</li> <li>• Research the effect of COVID-19 on the health of a person with disabilities</li> <li>• Innovate masks that are compliant to the needs of the deaf and hard of hearing</li> <li>• UBOS to generate and provide appropriate data</li> </ul>
13	NCPD develop a disability management information system and link it to the MGLSD single registry.	<ul style="list-style-type: none"> <li>• Adequate data on disability to inform planning</li> <li>• Strengthen the coordination between the different sectors in the COVID-19 fight</li> </ul>
14	Enhance funding to Vocational rehabilitation centres for skilling youth with disabilities.	<ul style="list-style-type: none"> <li>• Empower youth with disabilities with employable skills and skills for self-employment</li> </ul>



### 3.6 Best Practices related to inclusion of Persons with Disabilities in COVID-19 Response Programs

- Consideration of persons with disabilities in food distribution among the priority beneficiaries was a good practice. During data collection, majority of the respondents noted that persons with disabilities received food that was distributed at community level in most areas.
- The ministry of health supported some persons with disabilities living on essential drugs like those with mental health needs, epilepsy and persons living with albinism to get drug supplies at home. In some Districts like Jinja, persons with disabilities undergoing physiotherapy were provided with a physiotherapist that visited them at home periodically. A respondent advocating for psychosocial disability noted “During the peak of the pandemic public transport was banned; Ministry of Health under Butabika National Referral Hospital, had an arrangement of delivering medication to patients in their homes. This ensured that patients continue to receive mental health care during lockdown”.
- Research studies: Different stakeholders conducted studies and assessments to avail information on the effects of COVID-19 pandemic on lives of persons with disabilities. This will continue to support advocacy, awareness raising, mobilization, planning and implementation of disability inclusive response and recovery programs. This assessment established that NGOs complimented Government’s effort to prevent citizens from effects of COVID-19 pandemic.
- Development partners participated in distribution of food items, supplying drags and taking them closer to the people, construction of quarantine centers, provision of motor vehicles, hand washing facilities, masks, cash transfers, awareness raising among others.
- The Ministry of Health provided some of the COVID-19 prevention information and SOPs in accessible formats, however the information was only provided on its website and news briefs which were not the best channels to share information to persons with disabilities given their low education levels and limited access to news prints, television and radios.
- The ministry of Gender, Labour and Social Development lobbied and advocated for inclusion of a person with disabilities on the District task force through a letter that was circulated from the permanent secretaries’ office. This is progressively being implemented by different Districts.
- During the re-opening of schools for candidate classes, Kyambogo University trained special needs teachers on how to handle learners with disabilities that are returning to school. MOES in consultation with MoH consulted with NCPD and UNAD to provide information and samples of masks appropriate to cater to the learning needs of deaf students. NCDC also modified learning material to facilitate learners with Disabilities at all levels.
- MDAs, UN agencies (UNCHR, UOC and NCPD) promoting and protecting rights of vulnerable persons in the country engaged and provided guidance to OPM on inclusion of Persons with Disabilities in the COVID-19 response programs. More to note, persons with disabilities that were returning from abroad were allowed to get their personal assistants for privacy and confidentiality purposes. This was a good gesture for rights preservation.
- Some telecommunication service providers waived service fees to enable easy access to information; these include MTN Uganda, MTN Ghana, Safaricom in Kenya, that removed service charges on mobile money transactions and discounted internet data prices so as to increase accessibility and affordability of the internet<sup>15</sup>.

<sup>15</sup><https://cipesa.org/2020/04/why-access-to-information-on-covid-19-is-crucial-to-persons-with-disabilities-in-africa/>





## CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS





### 4.1 Introduction

This section presents sums up findings and draws conclusions and recommendations to inform policy decisions to support disability inclusive COVID-19 response and recovery programs in Uganda.

### 4.2 Conclusions

The rapid assessment established a number of negative effects that COVID-19 pandemic caused in the lives of persons with disabilities that include loss of livelihoods, ill health, failure to access medical and social services, failure to access education during lockdown which may lead to high school drop out of learners with disabilities, relapses of persons with psychosocial and mental health related disabilities, stigma and discrimination, in access to information among others.

### 4.3 Recommendations

1.  The Ministry of Gender, Labour and Social Development and organizations of persons with disabilities need to coordinate/ dialogue and generate a position paper on COVID-19 and persons with disabilities and present it to the Speaker of Parliament for consideration. The position paper should take into consideration the development of disability inclusive policies to respond to COVID-19 pandemic.
2.  The social protection services provided by government should consider cash grants specific for people with disabilities to support their welfare. Persons with disabilities experience food insecurity in COVID-19 pandemic, hence the need to provide food grants specific for persons with disabilities. The United Nations argued that state parties to build sustainable and disability inclusive social protection systems: Universal disability allowances across the life cycle addressing disability-related extra costs should be designed so that these are compatible with employment and other social assistance schemes aiming at basic income security (United Nation, 2020)<sup>16</sup>. Also, to effectively target persons with disabilities with the food relief program, it would have been helpful to align it with the National Special Grant for PWDs so that each recipient of the grant also got a food ration.<sup>17</sup>
3.  Support parents of children with disabilities mostly those with multiple disabilities like deaf/blind through the parents support groups and district based organizations of persons with disabilities to start or enhance their income generating activities and provide them with seeds for planting to improve their food security.
4.  Change the narrative; Fundamental to all these points is including persons with disabilities as co-creators of COVID-19 responses, as champions and users, not as victims. All crises bring opportunities, and the opportunity of the moment is to make inclusion of all previously marginalized groups - including persons with disabilities - a central element of all responses. By building on our experience with disability inclusion and deepening partnerships, we can support a sustainable and inclusive response to COVID-19 (International Labour Organization ILO, 2020).

<sup>16</sup>[http://unprpd.org/sites/default/files/library/2020-04/SP%20inclusive%20leaflet\\_COVID%2019\\_2.7\\_fin.pdf](http://unprpd.org/sites/default/files/library/2020-04/SP%20inclusive%20leaflet_COVID%2019_2.7_fin.pdf)

<sup>17</sup>[https://www.akinamamawaafrika.org/wp-content/uploads/2020/10/akina\\_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf](https://www.akinamamawaafrika.org/wp-content/uploads/2020/10/akina_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf)



5. ■ There is need for massive capacity building on post covid19 to all persons with disabilities in Uganda to help them understand the SOPs and protect them from the infection. This should be done together with lower councils for persons with disabilities and organizations of persons with disabilities at grassroots levels.
6. ■ Persons with Disabilities lost their business and many are no longer earning an income, to recover and start businesses again should be given an interest free loan to boost up their business. This is important since majority of persons with disabilities are in informal sector and have been hit drastically by the pandemic.
7. ■ In regard to education of learners with disabilities, the Ministry of Education and Sports should set incentives (in terms of salary top up) for special needs teachers to support the recovery of the lost time for children with disabilities
8. ■ There is need to strengthen the grass root referral network among the disability community, as this will enable quick and reliable access and flow of information. The UN Secretary General recommends that representative organizations can raise awareness of and advocate for the needs of persons with disabilities, and contribute to planning and implementation for building equal, inclusive, sustainable and resilient communities. This requires both mainstream and specific disability inclusive policy making in our social-economic response to improve outcomes for persons with disabilities, on an equal basis with others, and empower them in all aspects of life. Monitoring the impact of measures taken and collecting disability-disaggregated data are also key in this regard.
9. ■ The UN Secretary General further recommended that disability-inclusive local, national and global responses require cooperation, investment and direct support from all stakeholders, including governments, the UN System, humanitarian actors, civil society, and representative organizations of persons with disabilities, as well as the private sector. COVID-19 response and recovery should be disability-inclusive, protect the rights and needs of persons with disabilities and place them at the centre of all our efforts, as envisaged in the Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development.
10. ■ NCPD should mobilise other organizations of persons with disabilities and coordinate them to hold engagement meetings with the District Task Committee on COVID-19 and advocate for disability inclusive response and recovery from COVID-19 pandemic effects.
11. ■ NCPD and its development partners should generate a database that can be used to get information on all persons with disabilities to improve service delivery in such a need and connect it to the single registry of ministry of gender, labour and social development.
12. ■ MOH should generate desegregated data for persons affected by COVID-19, to be able to know those with disabilities that may have got infected. Humanity and inclusion (2020) recommended continuous data collection of how the pandemic is impacting persons with disabilities and boosting the evidence base for effective advocacy and awareness-raising. Continuous monitoring and/or identification of barriers are necessary to guide disability inclusive COVID-19 response in refugee settings.
13. ■ Academicians and other research institutions should get interested in conducting a scientific study to establish the effect of COVID-19 on health of persons with Disabilities.



14. ■ School re-opening is critical for learners with disabilities and government should come up with clear strategies and guidelines to realize this.

15. ■ The information provided through awareness raising programmes of Government and other stakeholders should be presented in accessible formats to cater for the information needs of persons with disabilities. This should put into considerations the needs of persons with hearing impairment, visual impairment, deafblind among others. Also, government should provide information resources such as subsidized telecommunication packages so as to ease access to information by persons with disabilities. This was re-emphasized by WHO recommended that public health information and communication should be in accessible formats – Include captioning and, where possible, sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media. – Convert public materials into “Easy Read” format so that they are accessible for people with intellectual disability or cognitive impairment.<sup>18</sup>

16. ■ The government through NCPD a government disability coordination mechanism conducts massive consultation with organizations of persons with disabilities and persons with disabilities themselves to establish their priority needs to inform the post COVID-19 recovery programs.

17. ■ Develop a disability strategy and guidelines that will support generation of deliberate plan by government to integrate disability in all COVID-19 response actions plans and budgets and approval as part of the gender certificate for sectoral budgets. should engage health facilities to ensure that testing and other COVID-19 relate

18. ■ The governmentd services are completely accessible. This includes improving on the physical accessibility, attitude change (to remove social stigma against disability and the denial of essential services), and the cost of testing and treatment and testing. Ensure that information about the accessibility of COVID-19 health services is disseminated to people with disability and their caregivers.

19. ■ The government should review labour and social protection polices to create coherence between employment and social protection frameworks. Given the precarious nature of informal work, it is important that workers therein are covered by the Employment Act, the Workman Compensation Act, the Occupational Safety and Health Act, and the National Social Security Fund Act among others. Care needs to be taken to strengthen provisions on contracting for all kinds of workers, whether formal or informal, and stipulate clearly the benefits on termination of the employer-employee relationship. And then, work towards boosting informal sector workers’ confidence in contributory social protection (Sanyu R, 2019).

<sup>18</sup><https://www.who.int/docs/default-source/documents/disability/covid-19-disability-briefing.pdf>



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## APPENDIX

## Appendix 1: List of Participating organizations, areas of operation and the services provided

s/n	Institution	Districts of Operation	Services offered
1	Ministry of Foreign Affairs	All Districts	Providing services for protection of Ugandans abroad and repatriating them
2	Legal Aid for Persons With Disabilities	All Districts	Providing legal aid for Persons with Disabilities For example in the area of gender-based violence
3	Sight Savers	5 Districts	Skills training as well as economic empowerment for youth with disabilities, supporting leaders of Persons with Disabilities to work with the district taskforce to include Persons with Disabilities in the COVID-19 programs
4	National Curriculum Development Centre	All country	Development of curriculum for all learners in pre-primary, primary and secondary education including learners with disabilities, Modifying the home study education materials for learners with disabilities, developing online study materials for all learners
5	Returnee with disability	All country	Disability rights advocate
6	ADD International	7 Districts	Capacity building for organizations of persons with disabilities, developing awareness raising materials on SOPs of Ministry of Health in accessible formats
6	Ministry of Finance	All Districts	Provision of funds to support all interventions on COVID-19, Special grant and sage among others
8	Ministry of Gender, Labour & Social Development	All districts in Uganda	Provision of special grant and sage, provision of guidance on disability inclusion to the national taskforce
9	Uganda National Association of The Blind	96 districts spread in the four regions of Uganda	Advocating for the rights of blind persons, Production of
10	Uganda National Association of The Blind	96 districts spread in the four regions of Uganda	Same as above
11	National Union of Women with Disabilities	26 districts spread in the four regions of Uganda	Provision of cash transfers to WWDs, Compiling cases of GBV against WWDs, Supporting WWDs to Access health services, food distribution on a small scale



12	Humanity and Inclusion	13 Districts	Rehabilitation and psychosocial support
13	UNAPD	38 Districts	Implementing COVID-19 Response project to advocate for inclusion and raise awareness
14	DHF	40 Districts	Funding to organisations of Persons with Disabilities to conduct awareness raising and advocate for inclusion in COVID-19 response programs
15	Albinism Association of Uganda	All Districts in Uganda	Lobbied for food from OPM and provided to Albino persons in Kampala. Raised awareness and advocated for essential services
16	USDC	13 Districts	Advocacy and awareness raising on inclusion of Children with Disabilities and rehabilitation
17	UCC	All Districts in Uganda	Regulate information and communication Promote access to information by persons with disabilities
18	My story Initiative	3 Districts	Psychosocial support; advocacy and awareness raising
19	Disability Rights Fund	All Country	Advocacy and awareness raising
20	Water Aid Uganda	4 Districts	Advocacy and hygiene promotion
21	Uganda Federation of the Hard of hearing (UFHOH)	8 Districts	Advocacy and awareness raising
22	ESP-MGLSD	All country	Coordination and social protection
23	Vision Group	All country	Awareness raising, and advocacy, News publications
24,	Cheshire Services Uganda	5 Districts	Livelihood support, Advocacy, capacity building
25	Uganda Parents with Deaf Blind Children Association (UPDBCA)	16 Districts	Advocacy, Awareness raising
26	Save Children Autism	1 District	Child rehabilitation
27	SHAU	All Country	Advocacy, Awareness raising
28	Silent Angels Special Center	1 District	Advocacy, rehabilitation and teaching special needs children





29	Uganda Union of Disabled Persons in Uganda (NUDIPU)	All country	Advocacy, Awareness raising
30	Sense International Uganda	Over 20 Districts	Advocacy, awareness raising, assessment and rehabilitation of deaf blind children, promote their education

