

Effects of COVID-19 Pandemic on Persons with Disabilities (PWDs) in Bangladesh

A Research Report

By

Bangladesh Protibandhi Kallyan Somity (BPKS)

Foreword by Executive Director, BPKS

The COVID-19 pandemic brings about challenges to our societies and ourselves, showing a colossal test of humanity. In these unsettling times, the significance of human rights has ended up indeed more evident. More than one billion individuals within the world live with some form of disability, of whom about 200 million experience considerable difficulties in functioning. Within the years ahead, disability will be an even greater concern since its predominance is on the rise. Persons with disabilities (PWDs) are less likely to access



health care, education, employment and to participate in the community. They are more likely to live in poverty, encounter higher rates of violence, neglect and abuse, and are among the most marginalized in any crisis-affected community. COVID-19 has further compounded this circumstance, excessively affecting PWDs both directly and indirectly. A holistic approach is required to ensure that PWDs are not left behind in COVID-19 response and recovery actions. It is important to place them at the centre of the COVID-19 response measures, participating as agents of planning and implementation. All COVID-19 related activities must deny any form of discrimination based on disability and take into consideration the intersections of gender and age, among other factors. This is essential to address and anticipate boundaries that will emerge during response and recovery from COVID-19.

I feel proud to bring out this research as one of the vital activities of the “**COVID-19 Affected Persons with Disabilities Rights to Rehabilitation (CAPRR)**” project designed by Bangladesh Protibandhi Kallyan Somity (BPKS) and funded by the Swiss Federal Department of Foreign Affairs (FDFA). As the Executive director of BPKS, I am grateful for the trust and support we received from the Federal Department of Foreign Affairs of Switzerland. The research highlights how COVID-19 affects the PWDs life and their economic status and also recommends pathways for to ensure PWDs inclusive response measures to deal with the future situation of COVID-19 pandemic.

On behalf of BPKS, all our supporters and contributors-

Abdus Sattar Dulal

Founder & Executive Director

Bangladesh Protibandhi Kallyan Somity (BPKS)

Foreword by Reviewer

I would like to appreciate the effort of Bangladesh Protibandhi Kallyan Somity (BPKS) and the Swiss Federal Department of Foreign Affairs (FDFA) for initiating and funding the “**COVID-19 Affected Persons with Disabilities Rights to Rehabilitation (CAPRR)**” project and for the study conducted under this project which is based on one of the most emerging issues of the present world.



PWDs irrespective of their types of disabilities, gender and age, their families are the sufferers by the effect of COVID-19. The PWDs are the left-out citizens and the most vulnerable group to be affected by COVID-19 pandemic because of the lack of acceptable systems, opportunities, strategies, facilities and participations. Almost all of them have no access to any services including health care. The constraints of PWDs among minority communities are critically addressed in this humanitarian action implementation process considering principle of UNCRPD, the National Policy, Disabled People’s Rights and Protection Act and SDG targets.

Based on COVID-19 crisis, the CAPRR project’s action ensured people with disabilities economic and social status. This also raised the promotion of current system and long-term mechanism. Therefore, the above-mentioned opportunity ensued disabled persons access to public service and opportunities. I believe that this research under the CAPRR project will bring out suggestion for an inclusive and effective response measure for the mitigation of COVID-19 pandemic to the government and all relevant stakeholders along with PWDs organizations.

At the end, I would like to express my heartiest appreciation towards BPKS and the Swiss Government for selecting me as a reviewer of this research.

Professor Dr. Major Nazmul Ahsan Kalimullah, BNCCO

Vice Chancellor

Begum Rokeya University, Rangpur, Bangladesh

Journal Article Publication

A Journal Article based on the main aspects and findings of this research has been published in European Journal of Social Sciences Studies.

Article Links:

Issue: <https://oapub.org/soc/index.php/EJSSS/issue/view/84>

Abstract: <https://oapub.org/soc/index.php/EJSSS/article/view/965>

Article: <https://oapub.org/soc/index.php/EJSSS/article/view/965/1550>

European Journal of Social Sciences Studies (ISSN 2501-8590) is a registered trademark of Open Access Publishing Group. This journal is a serial publication uniquely identified by an International Standard Serial Number (ISSN) serial number certificate issued by Romanian National Library. All the research works are uniquely identified by a CrossRef DOI digital object identifier supplied by indexing and repository platforms.

EXECUTIVE SUMMARY

The COVID-19 pandemic and accompanying disease-mitigation actions including nationwide lockdown have had an unprecedented effect worldwide. The PWDs are increasingly obstructed for the attitudinal, environmental and institutional barriers that emerged in the COVID-19 outbreak. In this COVID-19 crisis, PWDs who are hooked in to support for their daily living, find themselves isolated and incapable to survive during lockdown measures. In the case of livelihood and income support and in accessing health and other services, PWDs incessantly facing discrimination and other challenges in accessing all sorts of services including health service. Particular groups of PWDs, for example- those are homeless or without adequate housing, face even more vulnerabilities.

Disability inclusion in COVID-19 response and recovery will lead to a better level for fully suppressing the virus, and also building back better. The action focused on identifying the effects of COVID-19 pandemic on the personal, family and social spheres, and it is found that PWDs are mostly affected in personal, family and social level.

This summary presents the key findings from this study, including some key challenges identified as being experienced by PWDs in response to COVID-19 situation.

Key Findings:

- ❖ PWDs respondents' monthly income indicates that most of them live below poverty line and ultra-poverty line.
- ❖ PWDs are mostly affected in their livelihood activities, such as- substantial reduction in income, losing jobs, inability to earn minimum income for meeting family expenses on daily food commodities and medicines because of COVID-19 pandemic;
- ❖ Lack of food for daily consumption and degradation of nutritional food intake are another key triggered effect of COVID-19 on PWDs;
- ❖ Many PWDs couldn't receive relief for having disability as because the distribution place either far from PWDs' house or arranged at such a place which is inaccessible for them;
- ❖ PWDs were not enlisted to receive relief distributed during lockdown period in COVID-19 emergency response and no specific measure has been taken to address the basic needs of PWDs that leading them to be left-out from inclusive and participatory COVID-19 emergency response mechanism;

- ❖ 29% PWDs who were service holders before COVID-19 have lost their jobs.
- ❖ Most of the PWD respondents are expecting to receive capital supports and relief from governments, NGOs or any other public or private sectors to minimize the effect or to manage the financial losses they are facing due to COVID-19 pandemic.

An inclusive approach is required to confirm in COVID-19 response and recovery, so that PWDs don't have to be left behind. It involves placing them at the centre point of the response, participating as agents of designing and implementation of their inclusive development. All COVID-19 related action must prohibit any sort of disability supported discrimination and take into consideration the intersections of gender, sex, age, ethnicity and type of disabilities among other factors. This is necessary to handle and prevent barriers which may further deteriorate the exclusion of PWDs in uprising emergency situations during the response and recovery mechanism of COVID-19 pandemic.

ACKNOWLEDGEMENT

Bangladesh Protibandhi Kallyan Somity (BPKS) appreciates the collaboration of Federal Department of Foreign Affairs (FDFA) of Switzerland Government for funding in Covid-19 Affected Persons with Disabilities Rights to Rehabilitation (CAPRR) project. The research is one of the major activities of the project implemented by BPKS from July 2020 – December 2020.

Abdus Sattar Dulal, UN Disability Rights Champion and Executive Director of BPKS deserves appreciation for designing the project and collaborating with FDFA to bring out the effects of Covid-19 on persons with disabilities (PWDs) through the research. BPKS would like to acknowledge the affable and professional contribution of BPKS governing body and management for their constant support, guidance, time, inspiration and providing necessary facilities towards the successful accomplishment of this research.

BPKS gratefully acknowledge the time and effort of Mohammad Zakaria, Project Coordinator, CAPRR, BPKS for his outstanding instructions, proficient and detail guidance to carry out this study, and standardize the report.

BPKS appreciatively acknowledge the key responsible person- Sabiha Ahmed Diba, Research Officer, CAPRR, BPKS for conducting the whole research and contributed as the main author of this report.

BPKS would like to acknowledge the collaboration of the Organizations of Persons with disabilities (OPDs) for associating in data collection of the research.

BPKS is also grateful to Professor Dr. Major Nazmul Ahsan Kalimullah, Vice Chancellor of Begum Rokeya University, Rangpur for reviewing the research paper.

TABLE OF CONTENTS

Name of the Content	Page No.
FOREWORDS BY EEXECUTIVE DIRECTOR	
FOREWORDS BY REVIEWER	
JOURNAL ARTICLE PUBLICATION	
EXECUTIVE SUMMARY	I
ACKNOWLEDGEMENT	III
TABLE OF CONTENTS.....	IV
LIST OF FIGURES	V
LIST OF ACRONYMS	VII
CHAPTER 01: INTRODUCTION	1
1.1 Introduction.....	1
1.2 Background of the Study	2
1.3 General Objective	3
CHAPTER 02: REVIEW OF THE LITERATURE	4
2.1 COVID-19	4
2.2 COVID-19Global Status.....	4
2.3 COVID-19 situation in Bangladesh.....	4
2.4 COVID-19 and Persons with disabilities (PWDs) in Bangladesh	5
2.5 Inclusion of PWDs in COVID-19 Response	5
2.6 Mitigation measures for PWDs against COVID-19 effect	6
2.7 Measures to address the effect of COVID-19 on PWDs	6
CHAPTER 03: METHODOLOGY	7
CHAPTER 04: ANALYSIS AND FINDINGS	12
4.1: Analysis:	12
4.2 Key Findings.....	31
4.3 Limitations and Challenges of the Study	31
5.1 Conclusion	32
5.2 Recommendation	32
REFERENCES	34
ANNEXURE	37

LIST OF FIGURES

Figure No.	Page No.
Figure 01: Diagram of Data Collection Method.....	07
Figure 02: Map of Study Area.....	08
Figure 03: Respondents signing the Consent form.....	10
Figure 04: Occupations of the PWDs respondents.....	12
Figure 05: Percentage of PWD respondents who are small Business holder.....	13
Figure 06: Percentage of the PWD respondents work as Employee.....	13
Figure 07: Effect of COVID-19in job status.....	14
Figure 08: Percentage of the PWDs Respondents work as Daily Earner.....	14
Figure 09: Picture of a PWD Respondent who works as a van driver.....	15
Figure 10: Monthly income of the PWDs.....	15
Figure 11: COVID-19 infected respondents.....	16
Figure 12: Treatment taken to recover from COVID-19.....	17
Figure 13: Percentage of respondents for awareness about COVID-19 hygiene rules.....	17
Figure 14: Reason for no awareness about COVID-19 hygiene rules.....	18
Figure 15: Percentage of followed hygiene rules of COVID-19 by the PWD respondents.....	18
Figure 16: Percentage of relief distribution.....	19
Figure 17: Percentage of respondents received the relief distribution.....	19
Figure 18: Source of support the PWDs had received.....	20
Figure 19: Types of Relief support received by the PWD respondents.....	20
Figure 20: The distributed contents are being used.....	21
Figure 21: Reason for not receiving distributed relief support for COVID-19.....	21
Figure 22: effects of COVID-19 on PWDs.....	22
Figure 23: Effects of COVID-19 on PWDs' Personal life.....	23
Figure 24: Financial effects of COVID-19 pandemic on PWDs' personal life.....	23
Figure 25: Lost job due to COVID-19.....	24
Figure 26: Change of occupation changed monthly income.....	24
Figure 27: Type of changes in monthly income due to changed profession.....	25

Figure 28: Lack of food and nutritional needs for COVID-19 Pandemic.....25

Figure 29: Psychological effects.....26

Figure 30: Types of Family effects of PWDs due to COVID-19 pandemic.....27

Figure 31: Difficulties faced by women with disabilities in family due to COVID-19.....27

Figure 32: Social effects of PWDs for COVID-19.....28

Figure 33: Problems faced during lockdown by PWDs.....29

Figure 34: Any specific "COVID-19 relief" arranged for the PWDs.....29

Figure 35: Way to recover your financial loss due to COVID-19.....30

LIST OF ACRONYMS

PWD	: Persons with Disabilities
WWD	: Women with Disabilities
CWD	: Children with Disabilities
BPKS	: Bangladesh Protibandhi Kallyan Somity
NGO	: Non-Governmental Organization
WHO	: World Health Organization
UN	: United Nations
DPOD	: Disabled People’s Organization to Development
WHO	: World Health Organization
UN ESCAP	: United Nations Economic and Social Commission for Asia and the Pacific
PHEIC	: Public Health Emergency of International Concern

CHAPTER 01: INTRODUCTION

1.1 Introduction

COVID-19 is a respiratory disease that arose in 2019 in China and stepped into pandemic status due to its very high infectious rate beyond borders occurring from individual to individual. The virus is thought to spread basically among individuals who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected individual coughs or sneezes. It is also possible that an individual can be infected by COVID-19 by touching a surface or object that has already COVID-19 virus on its surface and then also by touching their own mouth, nose, or eyes. On March 11, 2020, World Health Organization (WHO) has been declared COVID-19 as a worldwide pandemic. The COVID-19 has advanced into a pandemic, begun with small chains of spreading, further terminating into larger chains of spread in numerous nations resulting within the broad transmission subsequently over the world affecting all the continents (Anderson et al., 2020). The accelerating spread of the COVID-19 and its results around the world has driven individuals to fear, panic, concern, and anxiety (Ahorsu et al., 2020), panic buying of surgical masks (Wang et al., 2020), shame, sadness, racism, and xenophobia.

In Bangladesh, Institute of Epidemiology, Disease Control and Research (IEDCR), the research institute under the Ministry of Health responsible for COVID-19 surveillance confirmed the first COVID-19 case on 8 March 2020, taken after by a nationwide lockdown of all educational institutions, government and private workplaces, and industries from 26 March, 2020. This shutdown made enormous disruptions within the country's healthcare services delivery. PWDs are a vulnerable group who generally need more health care than others – both general health needs and needs related to disabilities.

For PWDs, the COVID-19 pandemic has life-limiting implications. In spite of the fact that not all disabilities-oriented people are at higher risk to become contaminated or to experience complications from COVID-19, many PWDs are particularly vulnerable during this pandemic. Indeed, earlier to the COVID-19 pandemic, PWDs were at greater risk for challenges in accessing healthcare, and other services of everyday living, and maintaining financial well-being (Lenze et al., 2001; World Health Organization, 2001, 2011; Gopinath et al., 2012; Garberoglio et al., 2016; Kweon, 2020;). The effect of the COVID-19 on PWD has not been well defined, and it is unknown whether the pandemic is

disproportionally making challenges for PWDs. Usually this is why, inclusion of PWDs to the thought of COVID-19 effect on peoples' life is necessary.

1.2 Background of the Study

The COVID-19 outbreak has been declared a Public Health Emergency of International Concern (PHEIC) and the virus is presently a global pandemic, spreading to many nations and regions. While a lot is still to be found out about the virus that causes COVID-19. Whereas COVID-19 continues to spread, it is vital that communities take action to anticipate transmission, reduce the effects of the outbreak and support control measures (COVID 19 and the Disability Movement, 2020).

PWDs face obstructions to successful participation in society, with having many intersecting impediments when disabilities interact with other characteristics, including sex, age, ethnicity, income and place of residence. Many PWDs are poor and in vulnerable employment without enough social security. UNESCAP research shows that the difference in poverty rates between PWDs and the general population can be as high as 20.6 percent, and PWDs are two to six times less likely to be employed than those without disabilities. These distraught circumstances make PWDs more vulnerable during the COVID-19 pandemic, particularly those with existing health condition.

Ensuring that PWDs are protected and are responding successfully to COVID-19 outbreak, it is critical that their exposure and vulnerability to the spread of the infection are recognized. As per the relevant national and international policies and guidelines, to minimize the vulnerabilities and risks and the aftermath of COVID-19, it is essential to take measures to ensure that their inclusion, successful participation, protection and safety issues are addressed accurately within the emergency response.

Bangladesh is home to a huge number of PWDs, in spite of the fact that unfortunately there is no specific data showing the precise number. About 6.94 per cent of the population (more than 11 million PWDs) has been showed by the 2016 Household Income and Expenditure Survey of Bangladesh, but the World Health Organization (WHO) estimates that it is likely to be closer to 15 per cent. Despite the perplexity in identifying the total number of PWDs in Bangladesh, one thing is evident that PWDs confront many layers of deprivation in this period of COVID-19 including reduction of income opportunities and inaccessible health services.

It is assumed that PWDs are confronting barriers in accessing information due to the lack of accessibility and availability of basic information to guide them in taking fundamental safety measures, identify where to go to look for help or assistance and who to contact in cases of crises. Lack of access to instruction for most PWDs further contributes to their vulnerability to the outbreak as they would lack the understanding about technical medical terms used in public advisories, further contributing to their failure to respond to the pandemic and take essential activities. Most PWDs are unemployed, poor and live-in overpopulated regions with poor living conditions where modern and improve facilities are mostly absent. This compounds their exposure to the outbreak and limits their capacity to put measures in place to respond to the outbreak, thus raises the risk of their vulnerability. The present study intended to assess to what degree they are affected economically, physically, psychosocially, socially and in accessing the health services and other government interventions regarding response to COVID-19 pandemic in Bangladesh.

1.3 General Objective

There should be certain objectives and destinations to reach a fruitful result from an action. The general objective of this research is to-

- I. Assess the effect of COVID-19 on PWDs including identifying barriers in accessing health care services, and the inclusion status of PWDs in government interventions regarding response to COVID-19 pandemic;
- II. Share the findings with the relevant stakeholders including government to facilitate in taking PWDs inclusive actions and policies in response to COVID-19 pandemic.

CHAPTER 02: REVIEW OF THE LITERATURE

2.1 COVID-19

COVID-19 is basically a respiratory disorder with symptoms ranging from no symptoms (asymptomatic) to severe pneumonia and death (Guan et. Al., 2020). The worldwide COVID-19 pandemic has moved quickly across the globe infecting millions. The first case of COVID-19 subsequently named SARS-CoV-2 were first reported by authorities in Wuhan City, China, in November. 17, 2019, according to the South China Morning Post (Bryner, 2020). Within the course of the pandemic, the vulnerabilities of some groups of individuals have been highlighted such as the elderly, pregnant women, PWDs and the homeless (Kirby, 2020; Qiao, 2020; WHO, 2020).

2.2 COVID-19 Global Status

As the COVID-19 virus spread, there was an ever-widening swell of responses around the world. The COVID-19 pandemic has had a phenomenal worldwide effect. WHO recognizes over worldwide 30,369,778 confirmed cases and more than 948,795 deaths ("WHO Coronavirus Disease (COVID-19) Dashboard", 2020).

2.3 COVID 19 situation in Bangladesh

The first COVID-19 case was identified in Bangladesh on 8th March, 2020. In South Asia, Bangladesh is the second most affected country after India. (Paul, 2020).

The Government of Bangladesh shut down all public transport services across the country from 26 March till 30 May, 2020 in order to prevent the spread of this coronavirus (COVID-19) disease. (United News of Bangladesh, 2020). Yet more than 11 million individuals left Dhaka to return to their home districts and in this way helped spread the diseases across the country. Besides, from the 25th of April 2020, all ready-made-garment (RMG) factories, businesses, private workplaces, and commerce centers were permitted to open, leading to a “partial lockdown” within the country. The relocation of RMG laborers to the industrial districts and less community awareness about the disease has expanded the transmission among millions of individuals (Bodrud-Doza et al., 2020).

Between 8 March and 12 October 2020, according to the DGHS Press Release, there were 379,738 COVID-19 confirmed by RT-PCR, including 5,555 related deaths (IFR 1.46%). Bangladesh is the top 16th country within the world and accounts for 1% of the cases in the world. (WHO Bangladesh COVID-19 situation reports, 2020)

2.4 COVID 19 and Persons with Disabilities (PWDs) in Bangladesh

In Bangladesh, disability is considered as one of the major public health issues. Here About 9.1% of the total population lives with some form of disabilities. (Household Income and Expenditure Survey 2010, 2011)

In Article 11 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) described that each state will receive all vital measures to ensure the protection and security of PWDs in situations of risk, armed conflict, humanitarian crises and the event of natural disasters. (CRPD, 2006).

PWDs are considered a marginalized group in Bangladesh like other low- and middle-income countries (LMICs) and frequently lack access to fundamental rights such as health, food, clothing, education and housing. PWDs are a vulnerable group who generally has more healthcare needs than others – both common health needs and needs connected to disabilities. (Yee et al., 2018).

It is reported in the country, that the first case of a child who died aged six years on April 13 in Chottogram was a physically challenged child with cerebral palsy (The Business Standard,2020).

The absence of consideration to PWDs in the COVID-19 pandemic is unconventional, however not surprising. The PWDs often stay an afterthought, living as invisible citizens. PWDs are equally marginalized in access to health care and other services. As compared to their non-disabled peers, they are less likely to have private or employer-funded health insurance and access to preventative services, and more likely to report neglected health care needs, have lower social determinants of health (from poverty to unemployment to social separation), and, as a result, have poorer health outcomes (Yee et al., 2018).

2.5 Inclusion of PWDs in COVID-19 Response

A wide extend of accepted contemporary approaches to disability, notably the social model of disability, recognizes that PWDs cannot be treated the same way as everybody else, and be anticipated to completely take part in social life. The impediment experienced by PWDs due to disabling situations, the different cross-categories intersectionality of disability, and the materiality of disabilities, must be compensated for with additional supports, resources and accessibility of alternative ways of doing things. The one-size-fits-all approach identified by Qi and Hu in China was not unique to China and was received throughout the world putting disability communities at even more prominent risk. Even more alarming was when health services started to be denied to PWDs in

particularly hard-hit nations. The larger coordinates of the risk became clear that pre-established systems for moral choice making in health emergencies avoided PWDs due to predetermined concepts about the quality of life (Devandas, 2020; Kuper et. Al., 2020).

2.6 Mitigation measures for PWDs against COVID-19 effect

Mitigation measures right now in place across the world are likely to worsen many psychological, financial, and day-to-day challenges (Gershman, 2020). Recently, scientific distributions and advocacy groups have provided broad suggestions to constrain the effect of the pandemic on PWD (Allen & Smith, 2020, p. 1183; Senjam, 2020; Kessler Establishment, 2020; National Association of the Deaf, 2020; Rogers, 2020).

2.7 Measures to address the effect of COVID-19 on PWDs

Systemic and all-encompassing changes are clearly required to address the factors driving to poorer social determinants of health among PWDs. These incorporate access to affordable and high-quality care, disability competency preparing among health care providers (Sabatello, 2019), and advancement of community-living opportunities that advance independence and social inclusion. Research for learning about individual-, familial-, and community-level challenges experienced by PWDs within the current COVID-19 pandemic is important for creating disability-inclusive crisis preparedness plans. For now, however, intermediary steps are already accessible and require immediate implementation. Ensuring disability-accessible COVID-19 information and precise reporting of disability status along with their living conditions in all viewpoints of COVID-19 could be a first and most fundamental step in settling the needs. This will relieve infection risks and treatment, provide key information about the exact effects of this pandemic. In any case, there are little data to measure the effect of the pandemic on PWD, and an intensive review of existing study instruments described a clear gap in available instruments to evaluate the effect on PWD.

CHAPTER 03: METHODOLOGY

The methodology that is followed for this research, the details of the report have been written down in step by step process. Here the data used are mainly primary data collected from the field area. However, some secondary data related with the research are also used.

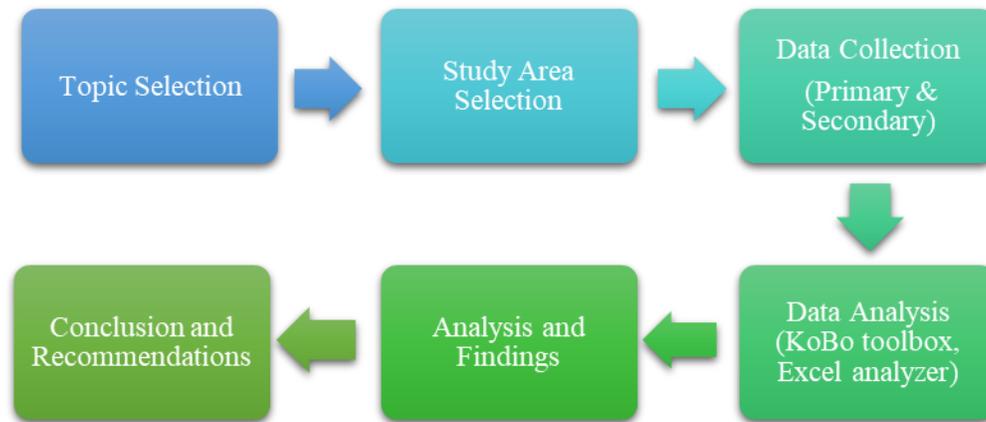


Figure 01: Diagram of Data Collection Method

Study Area:

The study area of this research is Bangladesh, which is a part of Asia-pacific region. With a large forest coastline of 710 km on the northern shoreline of the Bay of Bengal, it is a riverine and low-lying country located in South Asia (Geography of Bangladesh; Wikipedia contributors, 2020). The country inhabits major part of the Bengal delta which is one of the largest deltas in the world (Banglapedia: National Encyclopedia of Bangladesh, 2015).

Bangladesh is surrounded by India in west, north and east and has a short border with Myanmar (Burma) in south east. The country occupies an area of 148,460 sq. km (The World Factbook: Bangladesh 2018). It consists of 8 division along with 64 districts, 492 sub districts, and total 4,554 Union Councils (Geography of Bangladesh, Wikipedia contributors, 2020). It is a densely populated country with a population of more than 164 million people.

For the purpose of conducting this research, to represent the whole country, total 8 wards of 8 districts from the 8 division of Bangladesh has been selected as study area. The districts include Dhaka, Cumilla, Jamalpur, Narail, Bogura, Moulvibazar, Kurigram and Patuakhali.

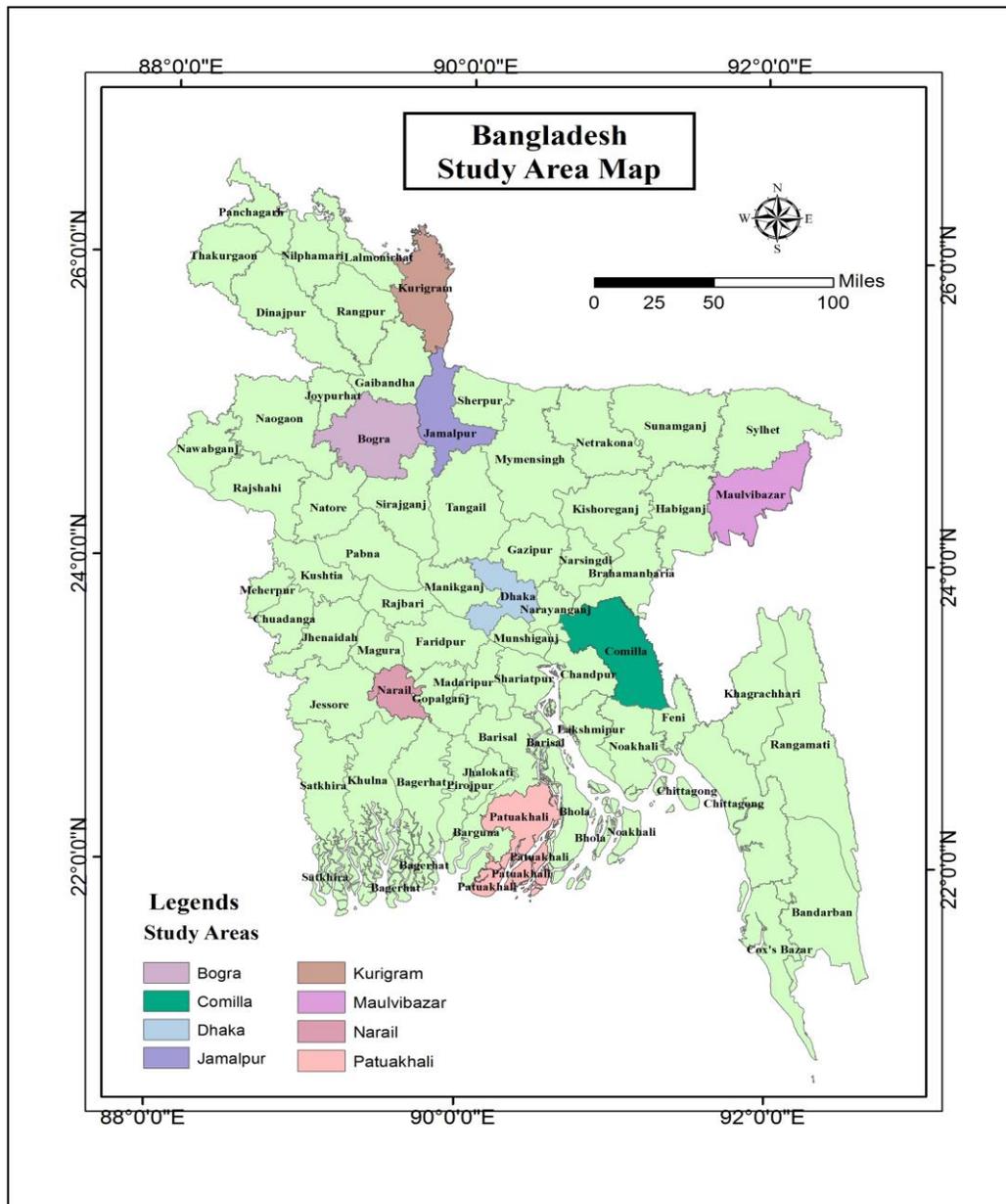


Figure 02: Map of Study Area

Sample Size:

The sample size for this research has been selected 200 hundred (25 samples from each ward) disabled family of 8 wards of local government of 8 divisions to represent the whole country scenario. Though the objective of the study was to conduct on PWDs led family, but finding 25 PWDs led families where the leading earning member of the family is a PWD was not possible. 9 out of 200 PWDs respondents were not directly leading their family but they do contribute financially to their families with their earnings.

Primary Data Collection:

The study has been directed based on both qualitative data and quantitative data. The questionnaire survey has been documented as qualitative data to figure out the present scenario of COVID-19 effects on PWDs. The primary data were collected from 8 districts for representing all the 8 divisions of Bangladesh through filed and questionnaire survey.

To reach out the research objectives, the research activities has been conducted by primary and secondary data collection. The information was collected through fieldwork and questionnaire survey. However, further analysis has been described also to obtain an overall complete portrait of the interrelations of different factors.

Interviews were taken in semi-structured way through the questionnaire form to collect information about the financial condition from past to present scenario based on COVID-19 situation, social effect and status of the PWDs, psychological, food and nutrition crisis along with family effects due to COVID-19 pandemic during and after lockdown period and also the quality of assistance they got from external agencies, awareness about COVID-19 hygiene rules, etc.

The primary data was randomly collected through a structured questionnaire based on in-depth survey, open-ended interviews. Both open-ended and close-ended questions were asked in the questionnaire form, so that the respondents can answer both the specific option as well as can described out detailed information and comments where necessary. Structured questionnaire helps in analyzing the collected data. The questionnaire survey has been carried out from the pre-selected 200 PWDs, those leading their families. Four out of the eight data collectors are PWDs. Each data collector had interviewed 25 PWD respondents from each ward as research sample. As most of the respondents were less educated along with different disabilities, therefore, they were not equally able

to read questions or understand and unable to select or choose options to answer. This is why, the survey has been conducted after describing the respondents about the purpose of the survey in detail and signature has been taken in the consent forms by the respondents. In KoBo toolbox software, the online version of the questionnaire had been formed and data was collected through using KoBo tool since physical contact amidst COVID-19 pandemic is discouraged for safety of both the respondents and data collectors. To ensure that each data is collected accurately, GPS tracking was also monitored for transparency and accuracy of data.



Figure 03: Respondents signing the Consent form

Secondary Data Collection

Secondary data has been collected from different sources such as research articles and documents, journal articles, published books and documents, information from specific websites, government and non-government research and policy documents, websites from national and international organizations, government official websites and organizations like Bangladesh Bureau of Statistics (BBS), etc.

Data Analysis tools

The data collected from both primary and secondary sources has been analyzed by using appropriate numerical and statistical tools such as Percentage, Average, etc. The research is both qualitative and quantitative in nature with findings and recommendations.

The analysis has been done using KoBo toolbox software and excel analyzer. The researcher has been inspected the questionnaires. Each item's information on the questionnaire has been processed and described through a descriptive manner. In the analysis, the surveyed data were given more

priority than the literature reviews. Each question's answers have been constantly observed to identify the general patterns. Different theoretical frameworks have been built to develop the base of the literature review and a connection has been tried to make them combined with the objectives of the study and the collected data, by making rational analysis with the survey questions which becomes the major findings of this study.

CHAPTER 04: ANALYSIS AND FINDINGS

Through this study, the key effects of COVID-19 pandemic on the PWDs of Bangladesh has been highlighted. Analysis has been done from the data that are collected from 200 respondents from all the 8 divisions of Bangladesh to represent the overall country scenario to meet the objectives of this study. All the selected respondents were PWDs who are the main earning members of their family.

4.1: Analysis:

To avoid gender bias in the findings, the combination of both male and female participants was included for the interview. Gender, age, wealth status and occupation (e.g., farmers, fishermen, vegetable vendors, etc.) were taken into consideration.

Among the 200 respondents, 66% respondents were male and 34% were female. From the questionnaire survey, it is found that, 56% of the total respondents generally consists of 3-5 family members, 40% have more than 5 family members and the rest 5% consists of 2 members in their family.

- **Occupation**

23% of the sample are daily earners, 19% are small business holder, 15% are farmers, 9% housewives, 6% are unemployed, 5% students, and only 3% are employees and rest 23% are from other daily working backgrounds, for example- small business men, wood selling business, working in tea stall, etc.

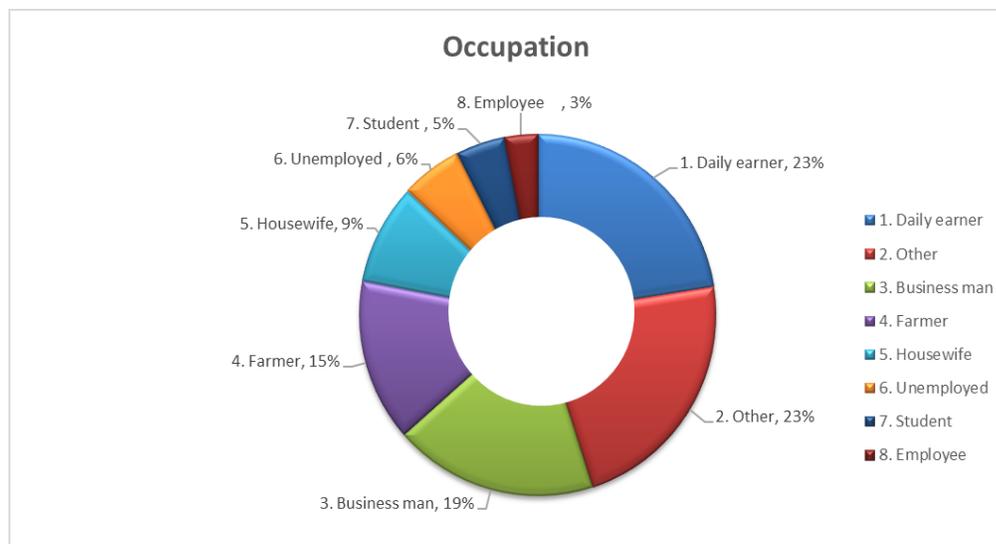


Figure 04: Occupations of the PWDs respondents

○ **Business holders**

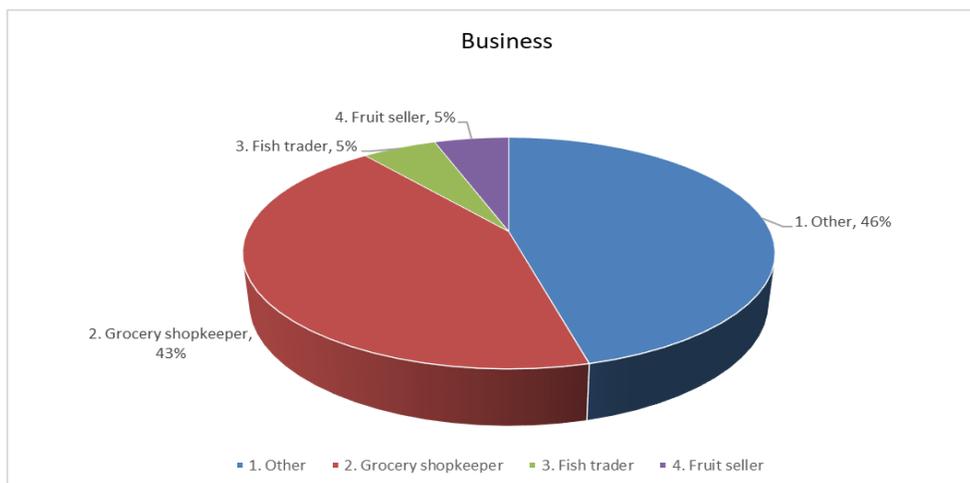


Figure 05: Percentage of PWD respondents who are small Business holder

Among the 19% (37 out of 200 respondents) business holders (small entrepreneurs), 43% are grocery shopkeeper, 5% are fish traders, 5% are fruit seller and the rest 46% are engaged in tailoring, handicrafts making, poultry and livestock farming, sanitary fittings work, etc.

○ **Job Status**

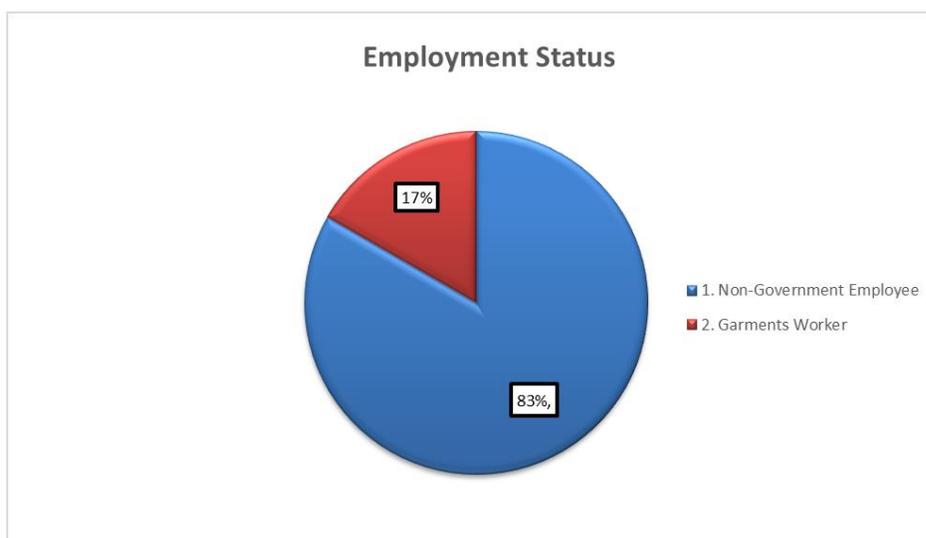


Figure 06: Percentage of the PWD respondents work as Employee

Among the respondents 6 out of 200 respondents are job holders, where 83% of them are working in private sectors as non-government employees. The rest 17% are garment workers.

○ **Job Status during COVID-19 Pandemic**

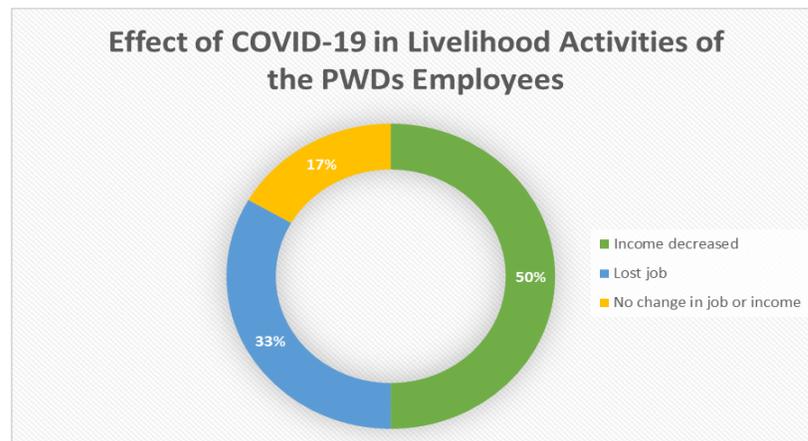


Figure 07: Effect of COVID-19 in job status

3% (6 out of 200) of the samples are found working as employee. 50% (3 out of 6) of their income is decreased due to COVID-19, 33% (2 out of 6) PWDs employees (non-government job) have lost their jobs and 17% (1 out of 6) have no changes in job (garments worker) or income.

▪ **Daily Earner:**

Among the 200 respondents 45 respondents (23%) work as daily earners.

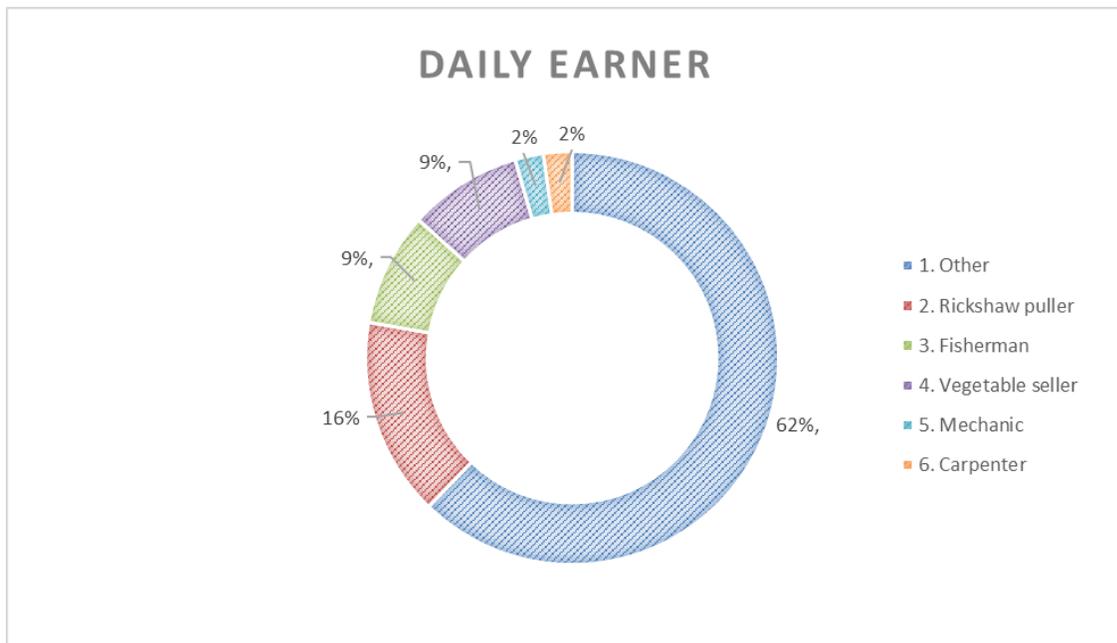


Figure 08: Percentage of the PWDs Respondents work as Daily Earner

Among them, 62% are floating daily workers, such as van driver, CNG driver, house maid, tea seller etc. 16% of them are rickshaw pullers, 9% are fishermen, 9% are vegetable vendors, 2% are as mechanics and rest 2% are carpenters.



Figure 09: Picture of a PWD Respondent who works as a van driver

○ **Monthly Income**

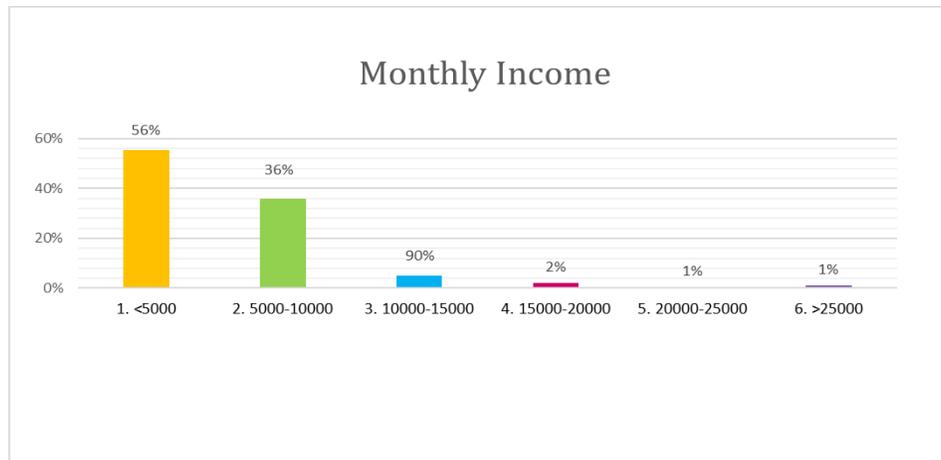


Figure 10: Monthly income of the PWDs

Among 200 respondents, 56% them earn below 5000 BDT monthly, 36% earn between 5000 to 10000 BDT, 5% PWDs 10000 to 15000 BDT, 2% between 15000-20000 BDT, 1% between 20000-25000 BDT and rest 1 % earn above 25000 BDT per month. It is very clear that, most of the PWDs led families' monthly income is less than 5000 taka per month.

○ **COVID-19 Infection Status of PWDs**

Out of 200 respondents, only 2 respondents' family members were found COVID-19 positive, though it is assumed that despite the lowest infection rate, the rate may be higher than the actual as many PWDs led families due to their poverty intends to take COVID-19 test and health services in fear of spending much money in the purpose. Among COVID-19 positive PWDs led families, the infected family members are one of the respondents' parents and another one is the respondents' children that indicates clearly that, the elders and the children are more vulnerable to COVID-19.

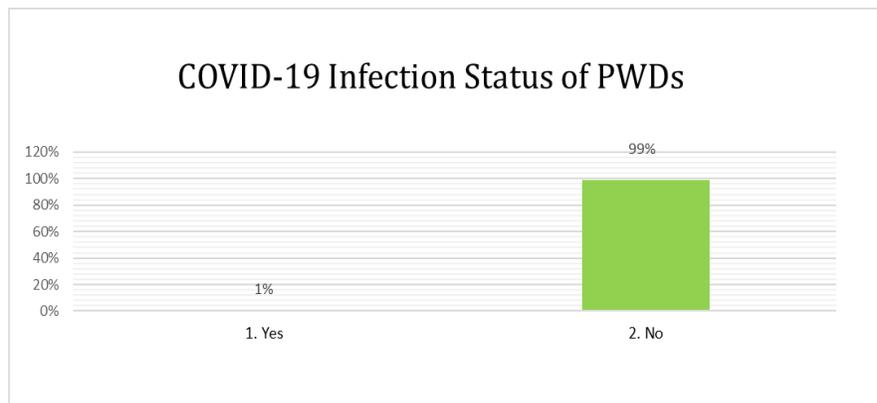


Figure 11: COVID-19 infected respondents

○ **Treatment taken to recover from COVID-19**

The COVID-19 positive PWDs led families responded that they (100%) had taken treatment for their family members' recovery from COVID-19.

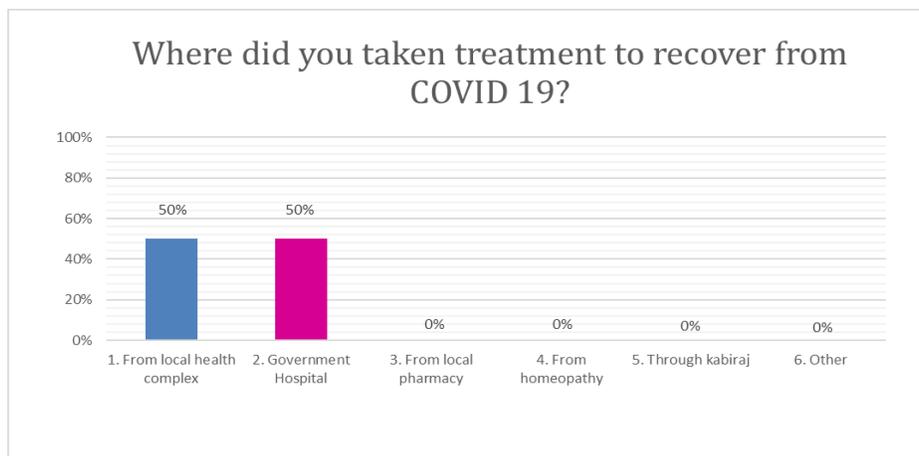


Figure 12: Treatment taken to recover from COVID-19

One of the respondents had taken treatment from local health complex for his parents while the other from government hospital for his children to recover from COVID-19.

○ **Awareness about the proper hygiene rules to deal with COVID 19**

Despite being a population that's particularly vulnerable to COVID-19, PWDs face even bigger inequalities in accessing health care and other services throughout the pandemic because of inaccessible health information and environments.

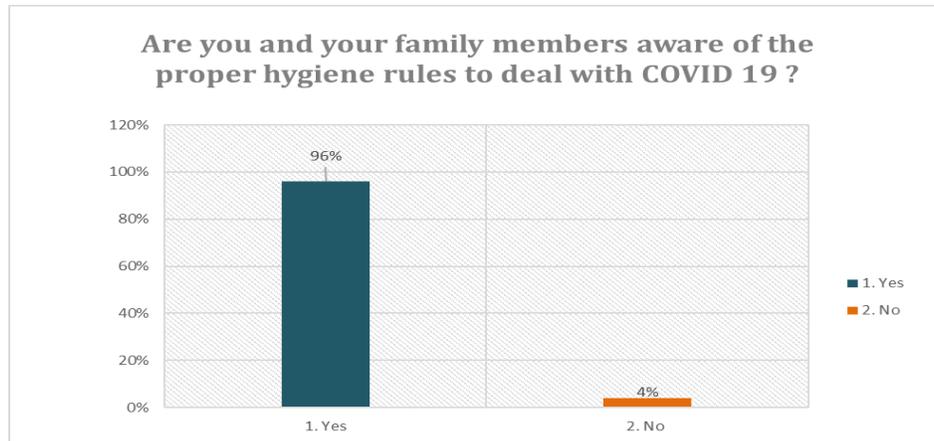


Figure 13: Percentage of respondents for awareness about COVID-19 hygiene rules

96% of the respondents answered positively, that they are properly aware of the hygiene rules of COVID-19, where the rest 4% are not properly aware about the hygiene rules to deal with COVID-19.

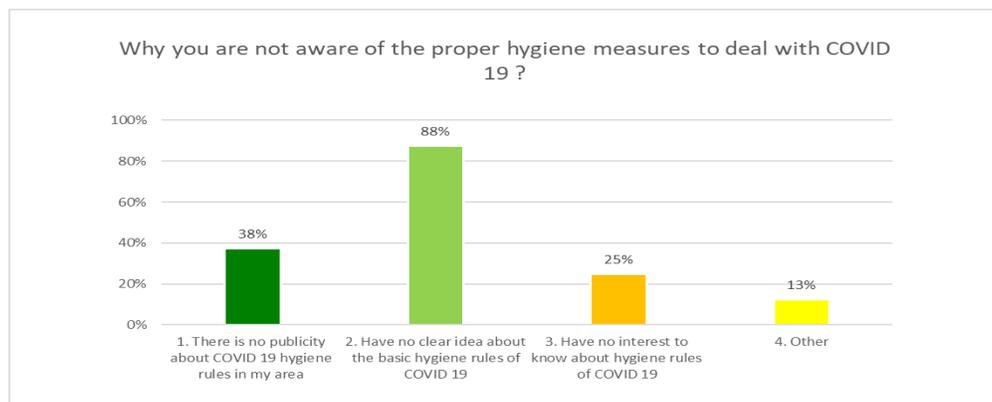


Figure 14: Reason for no awareness about COVID-19 hygiene rules

Among the 4% respondents, who are not aware about proper hygiene measures to deal COVID-19, the reason found for their unawareness as 38% showed the cause of having no publicity about

COVID-19 hygiene rules in their area, 88% of them said they have no clear idea about the hygiene rules. On the other hand, 25% said that they are not interested to know about the COVID-19 hygiene rules and 13% answered that, they have other reasons for example- having short memory, forgetting about wearing masks or washing hands regularly.

- **About hygiene rules of COVID 19**

Among 96% of the total respondents, who are properly aware about the COVID-19 hygiene rules, all of them (100%) are following the COVID-19 hygiene rules properly. 98% of them answered that they have washed their hand regularly. 95% are used to cover their face with tissue/handkerchief or cloth when sneezing or coughing. 95% are used to cover their face with tissue/handkerchief or cloth when sneezing or coughing.

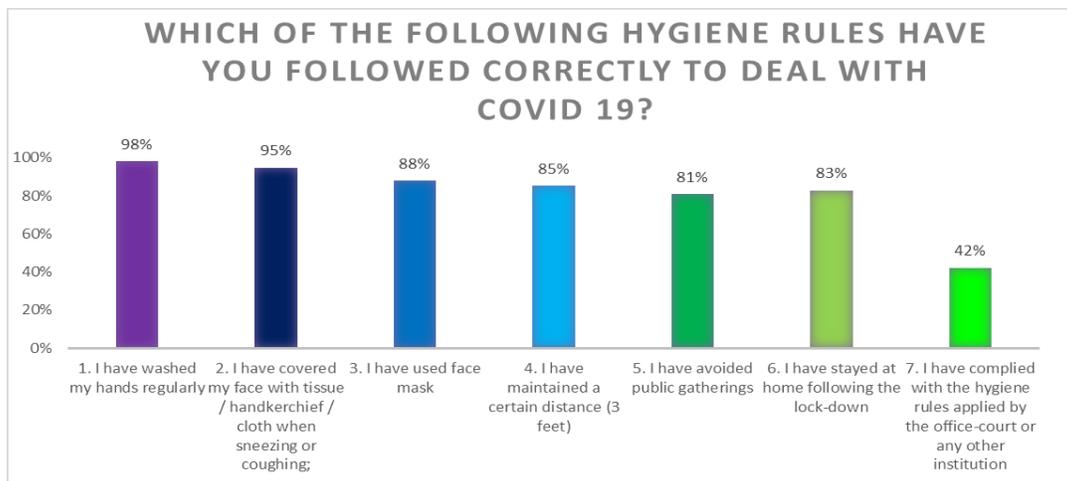


Figure 15: Percentage of followed hygiene rules of COVID-19 by the PWD respondents

88% are using mask regularly on face when they go outside of home, 85% have maintained a certain distance (3 feet/1 meter) from other person, 81% have avoided public gatherings, 83% answered that they had stayed at home during the lockdown, and 42% of them have answered that they had complied with hygiene rules applied by other courts, or any other institutions too.

- **Relief or other supports distribution**

The respondents were asked about if any relief or support is distributed to cope with COVID-19 situation.

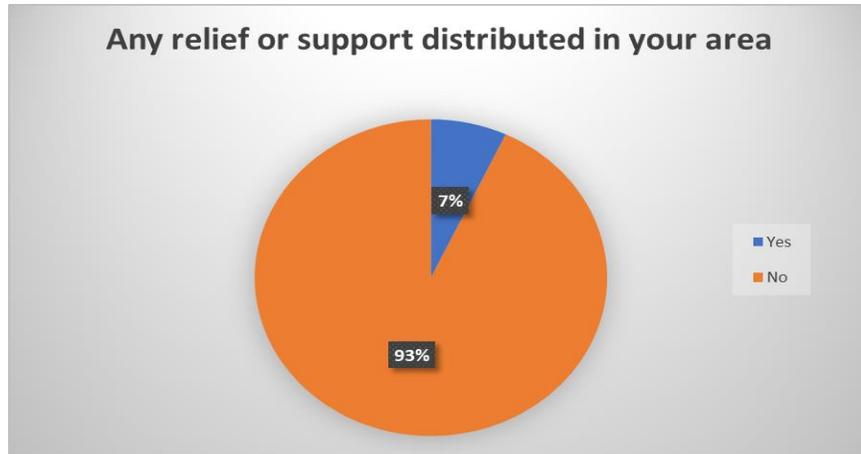


Figure 16: Percentage of relief distribution

Among 200 respondents, only 7% answered that relief support were arranged and distributed in their area. Whereas, the rest of 93% percent respondents answered that no relief or any other support was distributed in their area.

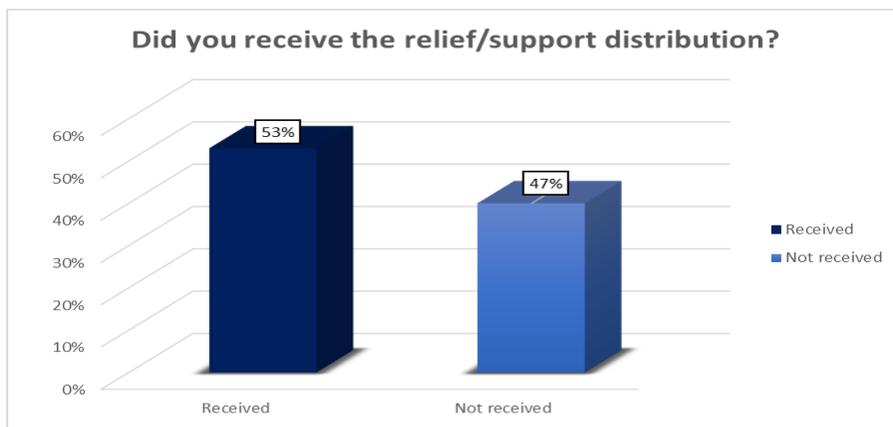


Figure 17: Percentage of respondents received the relief distribution

Among the 7% who answered that relief was distributed in their area, 53% of them received the relief distribution. On other hand, 47% answered that they didn't get or receive the distributed relief.

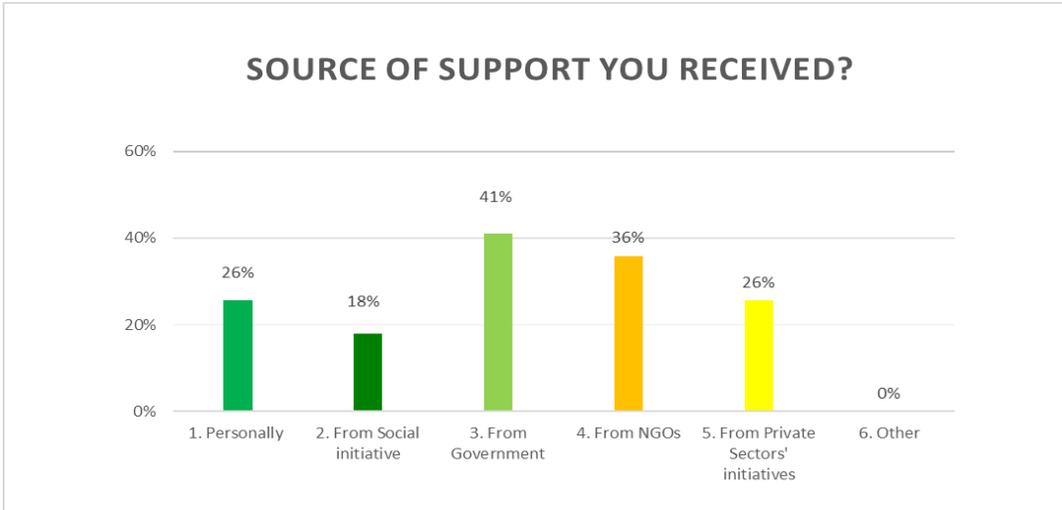


Figure 18: Source of support the PWDs had received

Those who had received assistance to deal with COVID-19 situation, were asked about the source of assistance they received. 41% of them received assistance from local government authority, 36% from NGOs, 26% from private sectors’ initiatives, 26% from their relatives or neighbors, and 18% received assistance from social initiatives.

○ **Type of supports or relief distributed:**

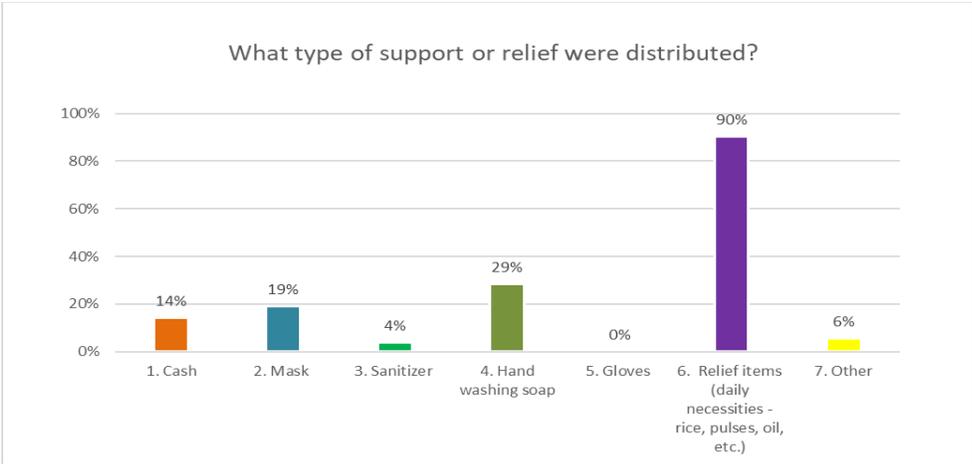


Figure 19: Types of Relief support received by the PWD respondents

Among the distributed support or relief, 90% was relief distribution, for example daily necessary items- rice, pulses, oil, etc.), 14% were capital support, , 19% was mask distribution, 29% hand washing soap, 4% of the distribution was hand sanitizer, and 6% distribution consists of other things for example- nutrition support for children, detergent powder, bleaching powder, etc.

- **How long the distributed contents are being used**

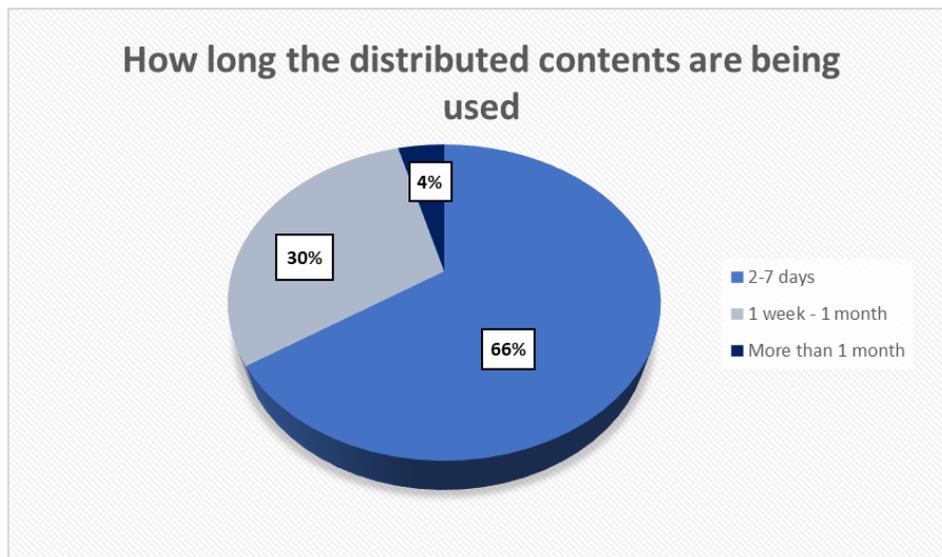


Figure 20: The distributed contents are being used

66% of them could consume/use the relief support for about 2 to 7 days, 30% for more than 1 week to 1 month, and the rest 4% percent of the respondents (whose family members are not more than two) had used the relief support more than one month.

- **Reason for not receiving distributed relief support for COVID-19**

The 93% respondents who did not get or receive any distributed relief or support were asked about the reason. 96% of them responded that their name was not enlisted in the recipient list of relief distribution.

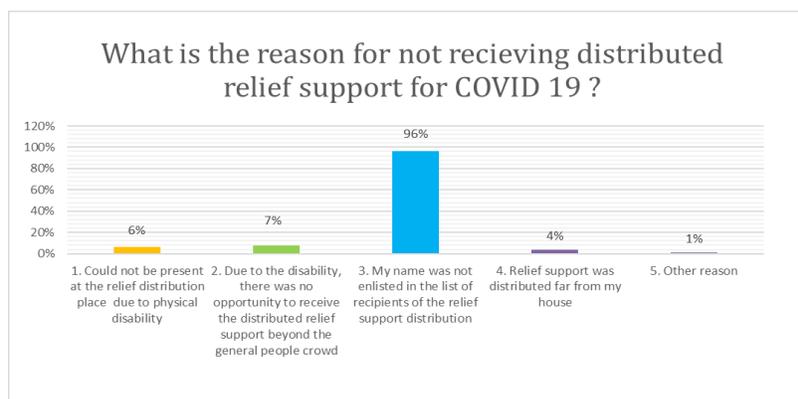


Figure 21: Reason for not receiving distributed relief support for COVID-19

7% of them didn't get opportunity to receive the distributed relief support amidst the crowd of people crowd due to disability. 6% of them could not be present at the distribution place because of their

physical disability, 4% because of the distributing point being far away from their house and rest of 1% showed other reason, for example- they didn't need any relief.

- **Effects of COVID-19:**

COVID-19 has serious effects on people's life. The COVID-19 pandemic affects mostly in individual's personal, family and social life.

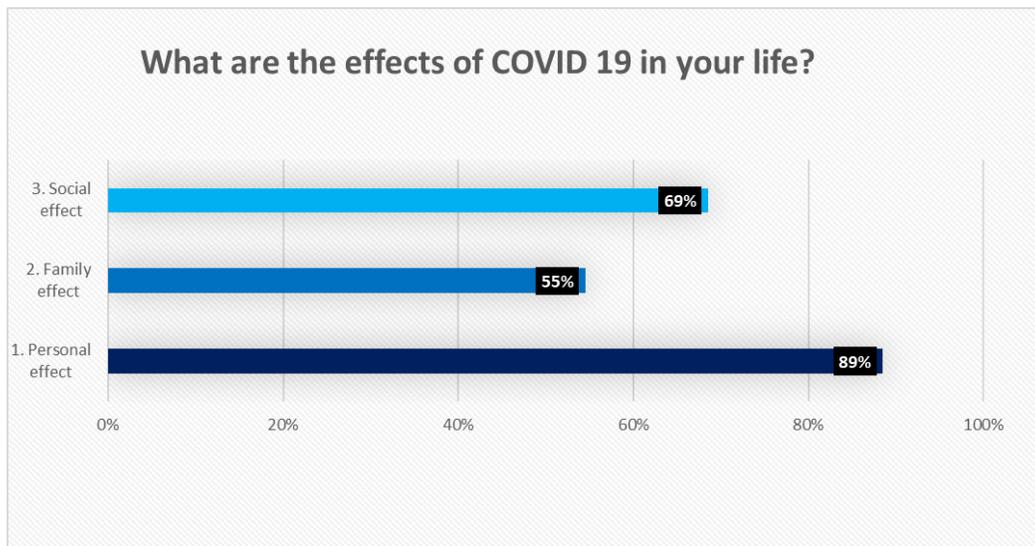


Figure 22: effects of COVID-19 on PWDs

89% respondents said that COVID-19 has mostly affects their personal life, where 69% answered for social effects and 55% on family effects.

- **Personal Effects**

In regards of personal effects of COVID-19, 98% of the respondents answered that they have faced financial losses, 79% faced food crisis and malnutrition, and 76% felt psychological effects.

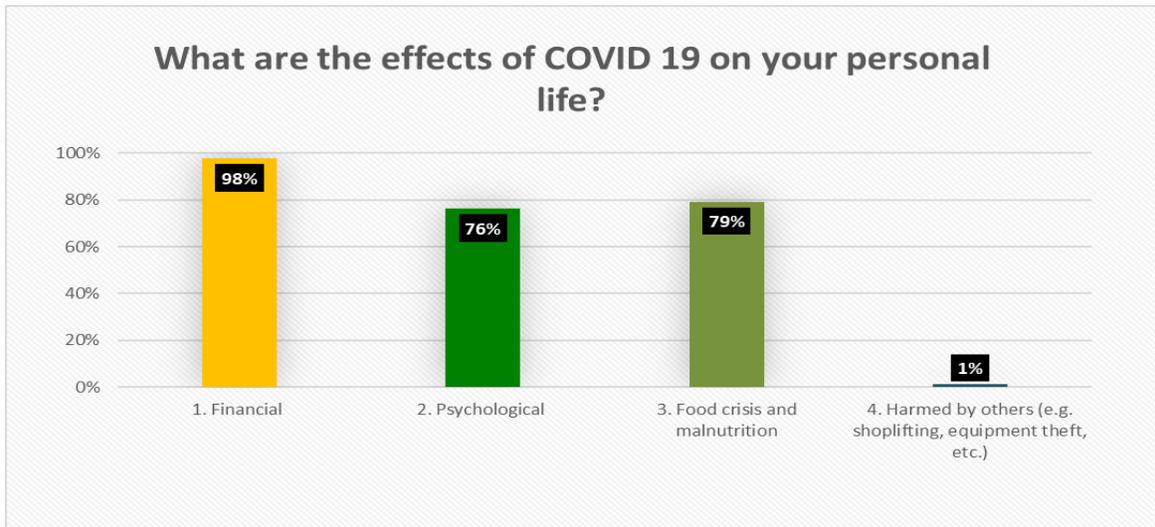


Figure 23: Effects of COVID-19 on PWDs' Personal life

Financial Effects

PWDs are less likely to be employed than others and when employed, they are more likely to be utilized within the informal sector. As a result, they have less access to social protections based on work than others which decreases their financial resilience within the current COVID-19 pandemic situation. To know about the financial effects due to COVID-19, the respondents were asked to answer according to the given options.

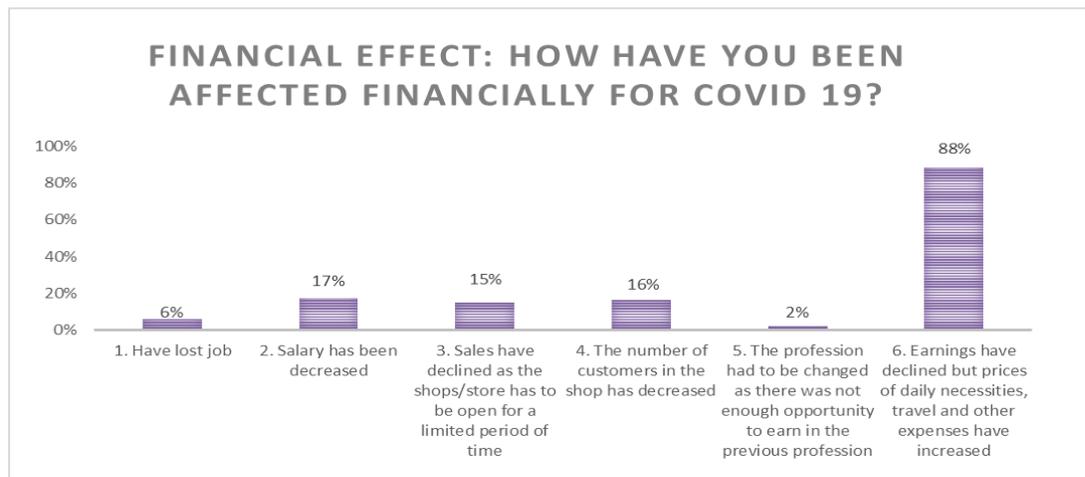


Figure 24: Financial effects of COVID-19 pandemic on PWDs' personal life

88% of them responded their earnings have decreased and other expenses have increased, salary of 17% of them has decreased substantially, 16% found very less number of customers in their shops leading them to decrease in income, 15% replied that their sales decreased as they had to open their

shops/stores for a limited period of time, 6% of them lost their jobs, and 2% had to change their profession as they had not got enough opportunity to earn in their previous profession in COVID-19.

- **Lost Job:**

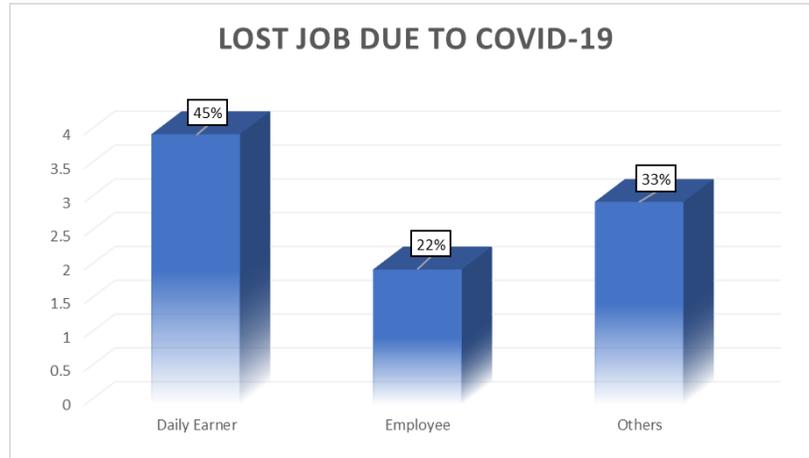


Figure 25: Lost job due to COVID-19

Among the 6% of PWDs respondents who had lost their jobs, 45% of them were daily earners, 22% non-government employees and 33% of them engaged in unconventional jobs, for example- house maid, human rights worker, etc.

- **Changes in monthly income due to change of profession**

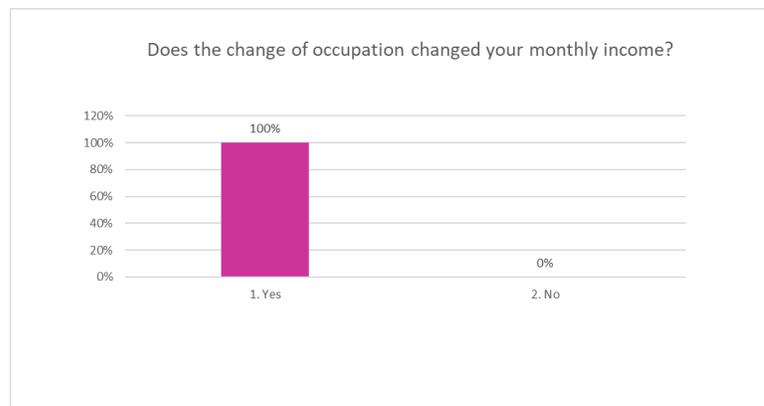


Figure 26: Change of occupation changed monthly income

The 2% respondents who had to change their profession due to COVID-19, all (100%) of them answered that their monthly income has been changed after changing their previous profession.

- **Kind of changes in monthly income for changing profession**

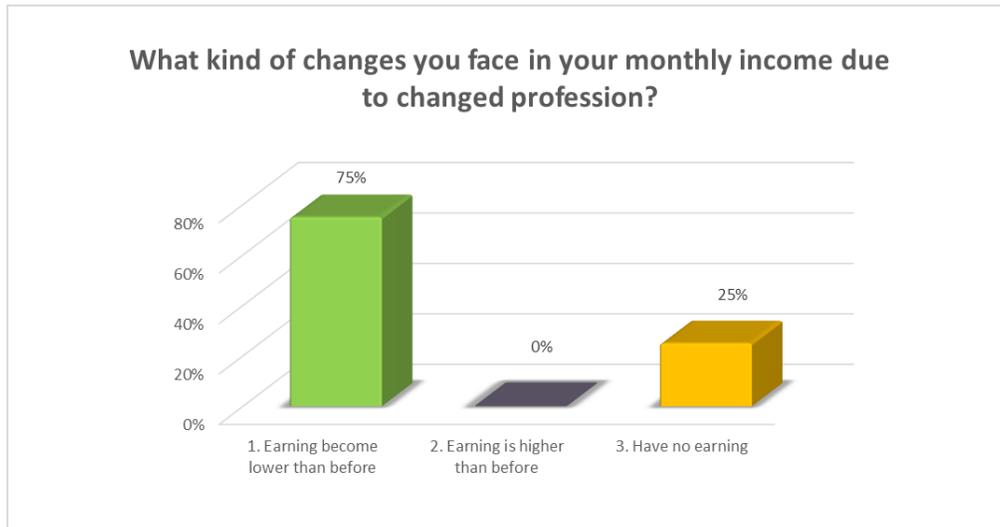


Figure 27: Type of changes in monthly income due to changed profession

The monthly income become lower than earlier for 75% of the respondent who changed their profession due to COVID-19. The rest 25% respondents have no earning at all.

- **Suffering from lack of food and nutrition for COVID-19 Pandemic**

Many PWDs who depend on others for daily living find themselves without support due to movement restriction and social distancing measures. This may leave them at high risk without access to food, basic goods and medicine, and anticipated from carrying out fundamental daily activities.

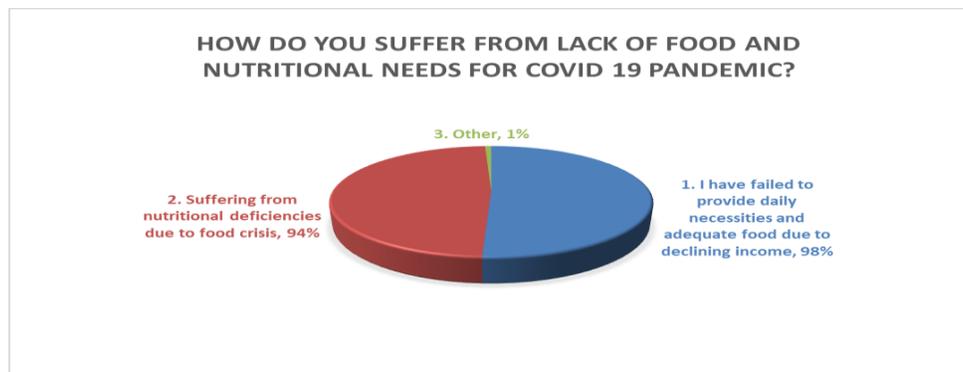


Figure 28: Lack of food and nutritional needs for COVID-19 Pandemic

98% of the respondents failed to manage daily necessities and adequate food consumption due to decrease in income or having no income, 94% opined that they are suffering from nutritional deficiencies due to lack of accessing enough food for their family and 1% answered for other effects.

- **Psychological effects due to COVID-19**

In regards of psychological effects of COVID-19, 76% respondents answered that they feel frustrated, 61% feeling weaker than before and feeling tired without hard work. 59% of them feel like they had less stamina to do their daily work.

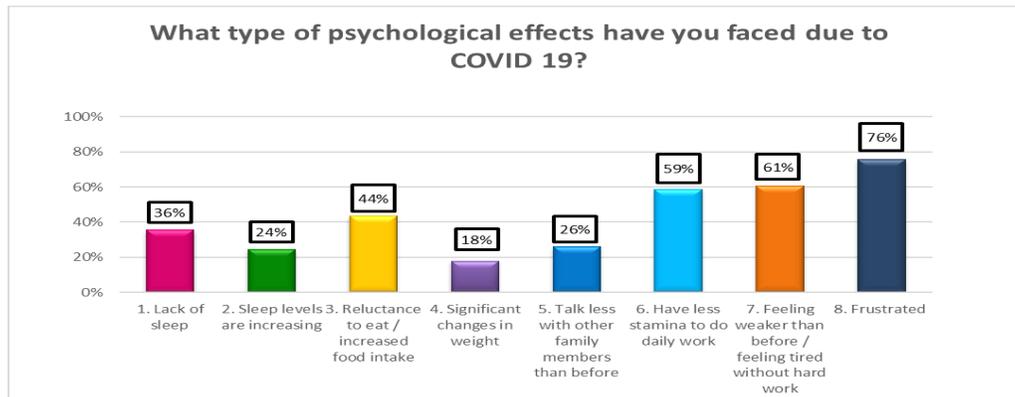


Figure 29: Psychological effects

44% said that they are reluctant to eat and their food intake has increased. 36% are suffering from lack of sleep, 26% are used to talk less than before with their family members or others, 24% face problems in sleeping, and 18% noticing significance changes in their weights.

- **Type of family effects of PWDs due to COVID-19**

COVID-19 is adversely affecting the in-general income of the PWDs family. The need of income speaks to an uneven burden on PWDs and their households which typically face additional costs and consumptions related to disability pulling them more quickly into poverty. In regards of family effects, 92% said that they are facing difficulties to meet the needs of the family due to decreasing income,

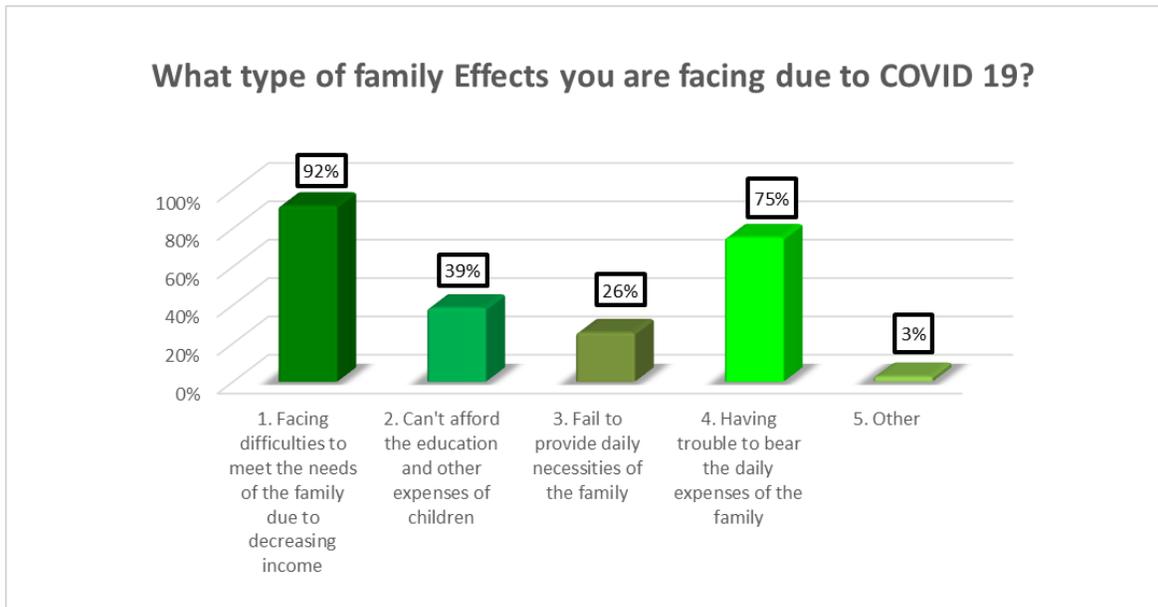


Figure 30: Types of Family effects of PWDs due to COVID-19 pandemic

75% of them having trouble to bear the daily expenses of their family, 39% can't afford the education and other expenses of their children, 26% failed to provide daily necessities of their family, and 3% showed other family effects, for example- failed to bear medical treatment of the family members.

○ **Difficulties faced in the family in COVID 19 situation (Female only)**

PWDs are at higher risk of violence, especially when isolated. Women and girls with disabilities confront higher rates of gender, sexual, intimate partner and domestic violence. Women and girls with disabilities not only faces higher risks of violence compared to other women, they moreover encounter higher levels of violence than men with disabilities.

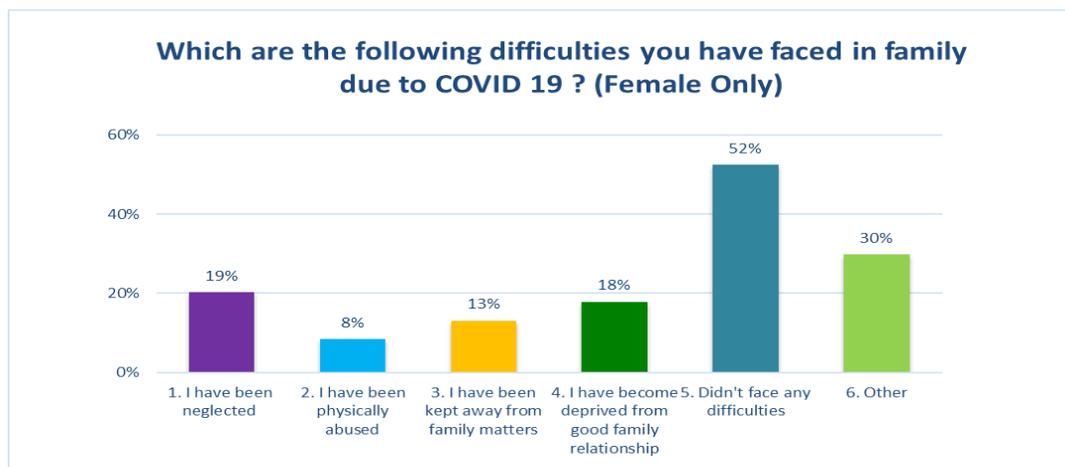


Figure 31: Difficulties faced by women with disabilities in family due to COVID-19

Regarding gender-based violence occurring in the family in COVID-19 pandemic, 52% of the female respondents answered that they didn't face any difficulties or violence from their family. On the other hand, 19% said that they are being neglected from their family, 18% of them have become deprived from good family relationship, 13% said that they have been kept away from family matters. 8% of them has been physically abused and tortured by her husband, and 30% of them said they face other difficulties, for example- some of them said that they are facing difficulties in living their usual daily life.

- **Social Effects:**

Because of COVID-19 response measures, PWDs confront particular obstructions in carrying out their everyday lives within the society. Generally staying at home restrictions make troubles and new risks to their independence.

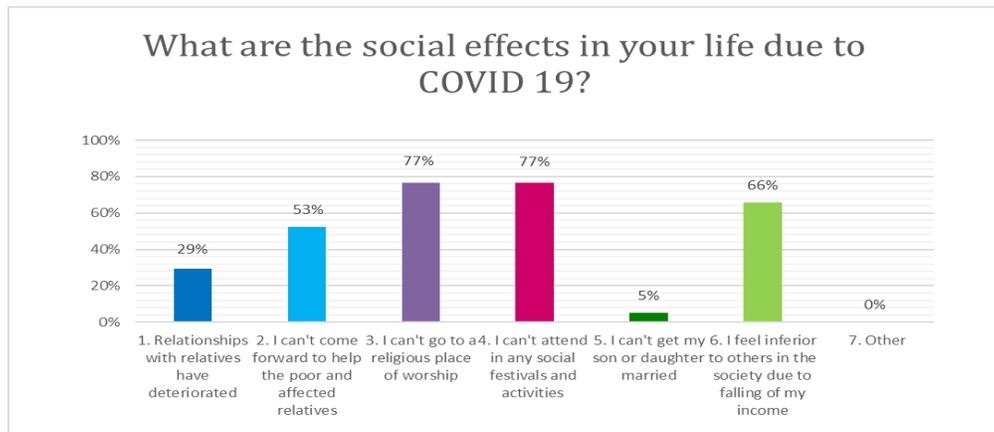


Figure 32: Social effects of PWDs for COVID-19

In regards of social effects, 77% answered that they can't go to religious place of worship for prayer, and also they can't attend any social festivals or activities, 66% of them feel inferior to others in the society due to decreasing of their income, 53% can't come forward to help their poor and affected relatives, 29% of them said that their relationship with their relatives have deteriorated, and 5% can't arrange for marriage for their son or daughter. The data suggest that, because of COVID-19 pandemic, PWDs are confronting more difficulties in living in the society

- **Problems faced during lockdown**

During lockdown period, social distancing was difficult for PWDs due to have dependence on others to fulfill their physiological requirements and movements. About 99% of the total respondents said that they were panicked in the lockdown period,

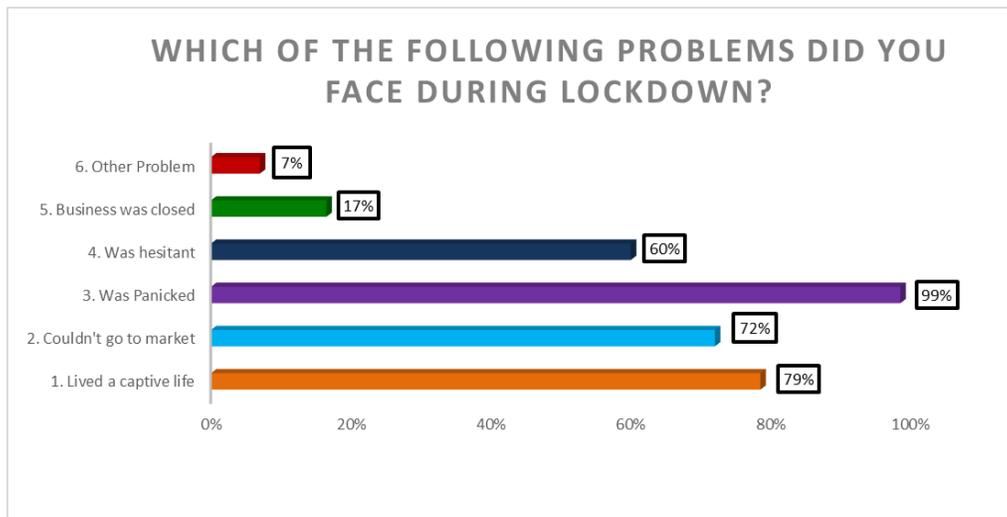


Figure 33: Problems faced during lockdown by PWDs

79% said that they had lived a captive life, 72% could not go to market to buy their daily necessary things, 60% were hesitant. 17% said that their business was closed, and 7% faced other problems for example- the money they owed is not being collected, those who were van drivers couldn't manage to drive van, many of them had lost work, those who are house maids, couldn't work in the lockdown period, etc.

- **Any specific "COVID-19 relief" arranged for the people with disabilities**

92% respondents said that there was no specific COVID-19 relief had been provided for PWDs.

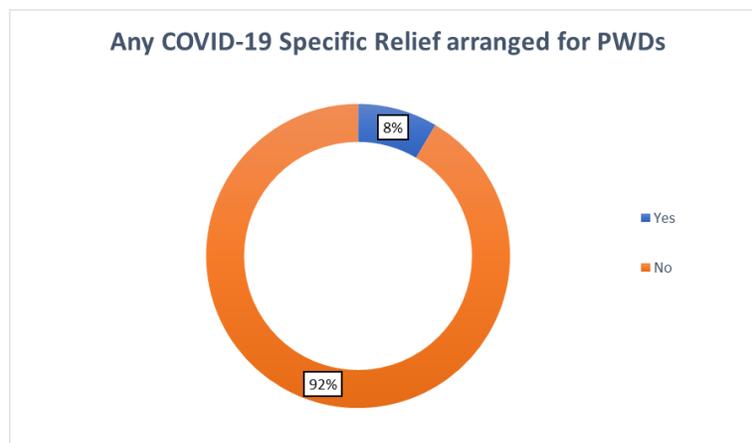


Figure 34: Any specific "COVID-19 relief" arranged for the PWDs

On the other hand, only 8% answered that they had received COVID-19 assistance specifically for PWDs.

- **Aspirations to recover losses due to COVID-19**

To reduce the present and future effects of COVID-19, the respondents were asked about if they need any kind of help or assistance. 98% answered positively, on the other hand, rest of the 2% respondents answered that they don't need any kind of help or support to deal with the current or situation of COVID-19. Those who answered positively for requiring help, were asked about the help or support they will need to deal with the current and future situation of COVID-19.

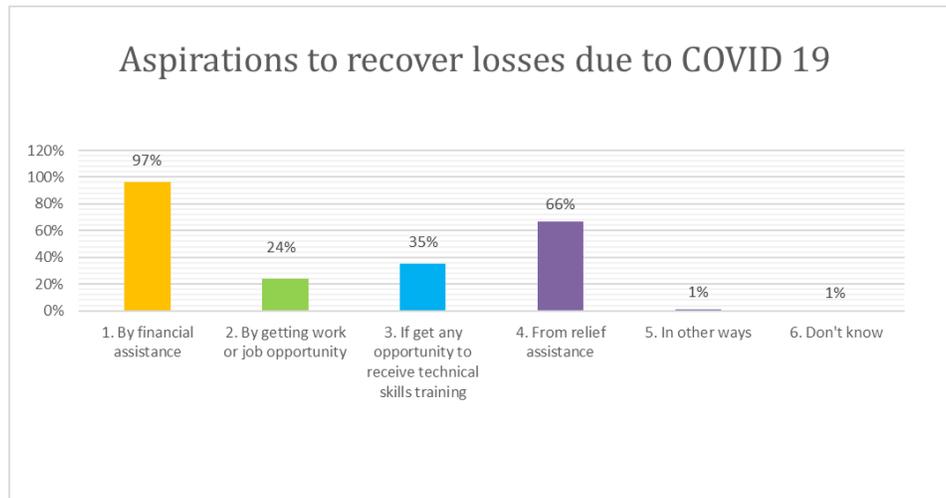


Figure 35: Way to recover your financial loss due to COVID-19

97% of them answered that they need financial assistance to recover their financial losses, 66% of need long term useable relief or support, 35% of them responded that if they get any opportunity to receive technical skills training, they will possibly be able to start working and earn again to recover the financial losses. 24% of the respondents aspired for work or job opportunities, 1% expects loan assistance and 1% have no idea how to recover the financial losses.

4.2 Key Findings

The overall findings are gathered from the data analysis, have been given in points below-

- ✓ PWDs respondents' monthly income indicates that most of them live below poverty and ultra-poverty line;
- ✓ PWDs are mostly affected in their livelihood activities as such substantial reduction in income, losing jobs, inability to earn minimum income for meeting family expenses on daily food commodities and medicines because of COVID-19 pandemic;
- ✓ 29% service holders PWDs lost their jobs in COVID-19 pandemic;
- ✓ Lack of food for daily consumption and financial incapacity to maintain nutritional food intake are another key triggered effect of COVID-19 on PWDs;
- ✓ Only 7% PWDs said that relief had been distributed in their area, where only 54% of them received the relief and rest of 46% couldn't receive the relief because either the distribution was not PWDs friendly or their name were not enlisted in the relief distribution list;
- ✓ PWDs were not enlisted to receive relief distributed during lockdown period in COVID-19 emergency response and no specific measure has been taken to address the basic needs of PWDs that leading them to be left-out from inclusive and participatory COVID-19 emergency response mechanism;
- ✓ No specific food or cash supports were designed solely for PWDs to mitigate the adverse effects of COVID-19 though most of them live below poverty line and in ultra-poverty;
- ✓ Most of the PWD respondents are expecting to receive capital supports and relief from governments, NGOs or any other public or private sectors to minimize the effects of COVID-19 and manage the financial losses they are facing due to COVID-19 pandemic. Some expects skills training to get back to employment or income generating activities.

4.3 Limitations and Challenges of the Study

Like other social researches, this research also has to deal with certain limitations. Availability of information, easy access to primary data and information, and making the respondents understand the research purpose were the most difficult parts of the study. As our respondents are PWDs, so respondents who has hearing and speech disability, collecting information from them was challenging. In that regards, their care-givers answered the questions on behalf of them. Besides as this study has been conducted in the current period of COVID-19, this is why data collection was challenging as to maintain the social distancing.

CHAPTER 05: CONCLUSION AND RECOMMENDATION

5.1 Conclusion

COVID-19 has had significant effects on populations around the world, where Bangladesh is the second most affected country after India in South Asia. The current COVID-19 pandemic, poses numerous challenges, including healthcare access, to the life of people living with disabilities. A sudden disruption of support system and assistance to these groups of people will have a genuine effect on their health and well-being, everyday living activities, socio-economic, livelihood, and compromise on the quality of life and may even endanger their lives. Ensuring ideal health and prosperity results among PWDs is fundamentally vital during the present and post-pandemic. These serious effects can be minimized through inclusive administrations arranging, including PWDs, caregivers, family members, and healthcare providers, along with the community to a large extent. The government or any other organizations can take the lead to start such a disability inclusive approach together with progressing healthcare access while planning for pandemic responses. In fact, the present COVID-19 pandemic gives an opportunity to health care planners and decision makers of governments, non-government organizations or other private sectors, for a need of reform towards disability inclusiveness, whenever there's an emergency lockdown in the future. Effects due to lockdown can be minimized if arranging and policies are in place before any emergency occurred and also to minimize the future effects of COVID-19 on the living of PWDs.

5.2 Recommendation

Based on the key findings, this research proposes the following recommendations while responding to the COVID-19 pandemic within the setting of some key factors:

- ✓ Capital support to unemployed PWDs or whose income has decreased can enable the COVID-19 affected PWDs get back better;
- ✓ Any kind of emergency response including COVID-19 focused relief, capital or other supports distribution process should be accessible and inclusive to all types of PWDs so that they can't be left out, deprived or face any discrimination;
- ✓ Close consultation and effective partnership with PWDs representative organizations need to be ensured and arranged to frame a rights-based response to the COVID-19 pandemic that is gender sensitive, inclusive of and responsive to PWDs in all their diversity;

- ✓ More research should be undertaken on the effect of COVID-19 on the PWDs to highlight more about their problems and to ensure effective disability inclusive response of COVID-19;
- ✓ Actions should be taken to stop gender-based violence and abuse. Specific research should be designed to find out gender-based violence arouse in COVID-19 pandemic situation.

REFERENCES

- Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The fear of COVID-19 scale: development and initial validation. *International journal of mental health and addiction*.
- Allen, P. M., & Smith, L. (2020). SARS-CoV-2 self-isolation: recommendations for people with a vision impairment. *Eye*, 34(7), 1183–1184. <https://doi.org/10.1038/s41433-020-0917-x>
- Anderson, R. M., Heesterbeek, H., Klinkenberg, D., & Hollingsworth, T. D. (2020). How will country-based mitigation measures influence the course of the COVID-19 epidemic?. *The Lancet*, 395(10228), 931-934.
- Banglapedia :: National Encyclopedia of Banglaesh. (2015). *Banglapedia*. <http://www.banglapedia.org/>
- Bodrud-Doza, M., Shammi, M., Bahlman, L., Islam, A. R. M., & Rahman, M. (2020). Psychosocial and socio-economic crisis in Bangladesh due to COVID-19 pandemic: a perception-based assessment. *Frontiers in public health*, 8, 341.
- Bryner, J. (2020, March 14). *1st known case of coronavirus traced back to November in China*. Live Science. <https://www.livescience.com/first-case-coronavirus-found.html>
- Convention on the Rights of Persons with Disabilities. (2006). <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- COVID 19 and the disability movement. (2020). *International Disability Alliance*. <https://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement>
- Devandas, K. (2020, March 17). COVID-19: Who is protecting the people with disabilities – UN rights expert. Retrieved from <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>
- Garberoglio, C. L., Cawthon, S., & Bond, M. (2016). Deaf People and Employment in the United States. *Washington, DC: US Department of Education, Office of Special Education Programs, National Deaf Center on Postsecondary Outcomes*.
- Gershman, J. (2020). A Guide to State Coronavirus Reopenings and Lockdowns. *The Wall Street Journal, Dow Jones & Company* www.wsj.com/articles/a-state-by-state-guide-to-coronavirus-lockdowns-11584749351. Accessed, 8.
- Gopinath, B., Schneider, J., McMahon, C. M., Teber, E., Leeder, S. R., & Mitchell, P. (2012). Severity of age-related hearing loss is associated with impaired activities of daily living. *Age and Ageing*, 41(2), 195-200.
- Guan, W. J., Ni, Z. Y., Hu, Y., Liang, W. H., Ou, C. Q., He, J. X., ... & Du, B. (2020). Clinical characteristics of coronavirus disease 2019 in China. *New England journal of medicine*, 382(18), 1708-1720.
- Kessler Foundation. (2020). *COVID-19 and spinal cord injury: minimizing risks for complications*. <https://kesslerfoundation.org/info/covid-19-and-spinal-cord-injury-minimizing-risks-com-plications>.

- Kirby, T. (2020). Efforts escalate to protect homeless people from COVID-19 in UK. *The Lancet Respiratory Medicine*, 8(5), 447-449.
- Kuper, H., Bright, T., Davey, C., & Shakespeare, T. (2020, April 30). Disability-inclusive COVID-19 response: What it is, why it is important and what we can learn from the United Kingdom's response. *Wellcome Open Research*, 5(79), 1-7
- Kweon, S. (2020, May 6). Pandemics Hit People with Disabilities Hard. *IAPB*.<https://www.iapb.org/news/pandemics-hit-people-with-disabilities-hard/>
- Lenze, E. J., Rogers, J. C., Martire, L. M., Mulsant, B. H., Rollman, B. L., Dew, M. A., ... & Reynolds III, C. F. (2001). The association of late-life depression and anxiety with physical disability: a review of the literature and prospectus for future research. *The American journal of geriatric psychiatry*, 9(2), 113-135.
- National Association of the Deaf. (2020). COVID-19: *deaf and hard of hearing communication access recommendations for the hospital*. <https://www.nad.org/covid19-communication-access-recs-for-hospital/>.
- Paul, R. (2020, March 8). Bangladesh confirms its first three cases of coronavirus. *U.S.* <https://www.reuters.com/article/us-health-coronavirus-bangladesh-idUSKBN20V0FS>
- Qiao, J. (2020). What are the risks of COVID-19 infection in pregnant women?. *The Lancet*, 395(10226), 760-762.
- Report of the Household Income and Expenditure Survey 2010*. (2011). <http://203.112.218.65:8008/WebTestApplication/userfiles/Image/LatestReports/HIES-10.pdf>
- Rogers, L. (2020, March 26). *COVID-19 and Blindness: Staying Safe and How to Help*. World Services for the Blind. <https://www.wsblind.org/blog/2020/3/26/covid-19-and-blindness-staying-safe-and-how-to-help>
- Sabatello, Maya. "Cultivating inclusivity in precision medicine research: disability, diversity, and cultural competence." *Journal of community genetics* 10, no. 3 (2019): 363-373.
- Senjam, S. S. (2020). Effect of COVID-19 pandemic on people living with visual disability. *Indian journal of ophthalmology*, 68(7), 1367.
- The Business Standard (2020). Chattogram reports first child death from coronavirus. Available at: <https://tbsnews.net/coronavirus-chronicle/covid-19-bangladesh/chattogram-reports-first-child-death-coronavirus-68458>
- The World Factbook: Bangladesh. (2018, February 01). Retrieved October 18, 2020, from <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/bg.html>
- United News of Bangladesh. (2020, May 14). Coronavirus: Public transport shutdown extended till May 30. *United News of Bangladesh*. <https://unb.com.bd/category/bangladesh/coronavirus-publictransport-shutdown-extended-till-may-30/51588>

- Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. *The Lancet*, 395(10228), 945-947.
- WHO Bangladesh COVID-19 Situation Reports: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update/coronavirus-disease-\(covid2019\)-bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid2019)-bangladesh-situation-reports)
- WHO Coronavirus Disease (COVID-19) Dashboard. (2020). Retrieved 20 September 2020, from <https://covid19.who.int/>
- Wikipedia contributors. (2020, August 1). *Geography of Bangladesh*. Wikipedia. https://en.wikipedia.org/wiki/Geography_of_Bangladesh
- Wikipedia contributors. (2020b, September 11). *Administrative geography of Bangladesh*. Wikipedia. https://en.wikipedia.org/wiki/Administrative_geography_of_Bangladesh
- Wong, A. (2020). I'm disabled and need a ventilator to live. Am I expendable during this pandemic?.
- World Health Organization. (2001). *International classification of functioning, disability and health: ICF*. <https://apps.who.int/iris/handle/10665/42407>.
- World Health Organization. (2011). *World report on disability*.
- World Health Organization. (2020a). Model disability survey. In: *World Health Organization*. <https://www.who.int/disabilities/data/mds/en/>.
- World Health Organization. (2020b). Coronavirus. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. Accessed 30 June 2020
- Yee, S., Breslin, M. L., Goode, T. D., Havercamp, S. M., Horner-Johnson, W., Iezzoni, L. I., & Krahn, G. (2016, June). Compounded disparities: Health equity at the intersection of disability, race, and ethnicity. In *Roundtable workshop on The Intersections Among Health Disparities, Health Equity, and Health Literacy*. Washington DC.

ANNEXURE
QUESTIONNAIRE FORM

(All Information provided here will be kept confidential and will only be used for research work)

ID:

Date:

Location/address:

Time:

1. Name

.....

2. Gender

- Male
- Female
- Transgender

3. Age

.....

4. Family Members

- 2
- 3-5
- More than 5

5. Occupation

- Business man
- Employee
- Daily earner
- Farmer
- Housewife
- Student
- Unemployed
- Other

If other,

.....

• Business:

- Grocery shopkeeper
- Poultry rearing
- Fish trader
- Fruit seller
- Other

If other,

.....

- **Employee**
 - Government Employee
 - Non-Government Employee
 - Garments Worker
 - Sales staff
 - Tailor
 - Other

If other,

.....

- **Day Earner**
 - Fisherman
 - Mechanic
 - Carpenter
 - Rickshaw puller
 - Bus driver
 - Bus conductor
 - Vegetable seller
 - Mobile tea seller
 - Other

If other,

.....

6. What is your monthly income (money)?

- <5000
- 5000-10000
- 10000-15000
- 15000-20000
- 20000-25000
- >25000

7. Has anyone in your family been infected by COVID-19?

- Yes
- No

8. If infected by COVID-19, how many members in your family have been infected?

.....

9. Who has been affected by COVID-19 in your family?

- I
- My parents
- My husband/wife
- My children
- My brother/sister

10. Have you taken any treatment to recover from COVID-19?

- Yes

- No

11. Where did you taken treatment to recover from COVID-19?

- From local health complex
- Government Hospital
- From local pharmacy
- From homeopathy
- Through kabiraj
- Other

If other,

.....

12. Are you and your family members aware of the proper hygiene rules to deal with COVID-19?

- Yes
- No

13. If no, why you are not aware of the proper hygiene measures to deal with COVID-19?

- There is no publicity about COVID-19 hygiene rules in my area
- Have no clear idea about the basic hygiene rules of COVID-19
- Have no interest to know about hygiene rules of COVID-19
- Other

If other,

.....

14. Are you and your family members following the proper hygiene rules to deal with COVID-19?

- Yes
- No

15. If yes, which of the following hygiene rules have you followed correctly to deal with COVID-19?

- I have washed my hands regularly
- I have covered my face with tissue / handkerchief / cloth when sneezing or coughing;
- I have used face mask
- I have maintained a certain distance (3 feet)
- I have avoided public gatherings
- I have stayed at home following the lock-down
- I have complied with the hygiene rules applied by the office-court or any other institution

16. If no, why you did not follow any hygiene rules for COVID-19?

- Not accustomed
- Lack of faith
- Negligence
- Indifference
- Lack of protective equipment
- Lack of ability to purchase protective equipment
- Other reason

If other reason,

.....

17. Has any relief support for COVID-19 been distributed in your area

- Yes
- No

If yes, please answer-

18. What type of support or relief were distributed?

- Cash
- Mask
- Sanitizer
- Hand washing soap
- Gloves
- Relief items (daily necessities - rice, pulses, oil, etc.)
- Other

If other,

.....

19. How long have you been using distributed content?

.....

20. If No, what is the reason for not receiving distributed relief support for COVID-19?

- Could not be present at the relief distribution place due to physical disability
- Due to the disability, there was no opportunity to receive the distributed relief support beyond the general people crowd
- My name was not enlisted in the list of recipients of the relief support distribution
- Relief support was distributed far from my house
- Other reason

21. What are the effects of COVID-19 in your life?

- Personal effect
- Family Effect
- Social Effect

Personal Effects-

22. What are the effects of COVID-19 on your personal life?

- Financial
- Psychological
- Food crisis and malnutrition
- Harmed by others (e.g. shoplifting, equipment theft, etc.)

23. Financial Effect: How have you been affected financially for COVID-19?

- Have lost job
- Salary has been decreased
- Sales have declined as the shops/store has to be open for a limited period of time
- The number of customers in the shop has decreased
- The profession had to be changed as there was not enough opportunity to earn in the previous profession

- Earnings have declined but prices of daily necessities, travel and other expenses have increased

24. How do you suffer from lack of food and nutritional needs for COVID-19 Pandemic?

- I have failed to provide daily necessities and adequate food due to declining income
- Suffering from nutritional deficiencies due to food crisis
- Other

If other,

.....

25. What type of psychological effect have you faced due to COVID-19?

- Lack of sleep
- Sleep levels are increasing
- Reluctance to eat / increased food intake
- Significant changes in weight
- Talk less with other family members than before
- Reluctance to do daily work
- Feeling weaker than before / feeling tired without hard work
- Frustrated

Family Effects-

26. What type of family effects, you have to face due to COVID-19?

- Facing difficulties to meet the needs of the family due to decreasing income
- Can't afford the education and other expenses of children
- Fail to provide daily necessities of the family
- Having trouble to bear the daily expenses of the family
- Other

If other,

.....

27. Which are the following difficulties you have faced from your family in COVID-19 situation?

(Avoid this question if you are a male)

- I have been neglected
- I have been physically abused
- I have been kept away from family matters
- I have become deprived from good family relationship
- Didn't face any difficulties
- Other

If other,

.....

28. Social Effect-What are the social effects in your life due to COVID-19?

- Relationships with relatives have deteriorated

- I can't come forward to help the poor and affected relatives
- I can't go to a religious place of worship
- I can't attend in any social festivals and activities
- I can't get my son or daughter married
- I feel inferior to others in the society due to falling of my income
- Other

If other,

.....

29. Which of the following problems did you face during lockdown?

- Lived a captive life
- Couldn't go to market
- Was Panicked
- Was hesitant
- Business was closed
- Other Problem

30. Were there any "COVID-19 specific relief or support" arranged for the people with disabilities?

- Yes
- No

31. Do you need any kind of help to deal with the current and future situation of COVID-19?

- Yes
- No

32. How do you think you can recover from your financial loss due to COVID-19?

- By capital support
- By getting work or job opportunity
- If get any opportunity to receive technical skills training
- From relief assistance
- In other ways
- Don't know

If in other ways,

.....

Thank You