AMPLIFYING VOICES: OUR LIVES, OUR SAY

Learning from COVID-19 through the experiences of blind and partially sighted persons across the world

AUGUST 2020

Foreword

The coronavirus (COVID-19) pandemic has caused unprecedented disruption throughout society. It has impacted the daily lives of people everywhere and has strained government and civil society disaster response systems and practices.

The coronavirus pandemic has had a disproportionate impact on the lives of blind and partially sighted people and others with disabilities. To understand the situation of our constituents, the World Blind Union (WBU) conducted a global survey in collaboration with key stakeholders. An astounding 853 people participated in the survey. The respondents expressed in their own words how their lives had been and continue to be impacted by the coronavirus pandemic.

This report is a compilation of those voices. It depicts the ways in which COVID-19 response measures taken by state and non-state actors have created additional barriers and challenges for blind and partially sighted people. It also includes powerful testimonies on how people have shown resilience in the face of adversity.

Through this report, the WBU pledges to amplify those voices and use the recommendations to support how we work collaboratively with others to build back better and ensure that no one is left behind.

We call upon governments and civil society to work together with Organizations of Persons with Disabilities (OPDs), in line with the Convention on the Rights of Persons with Disabilities, to ensure that the worldwide coronavirus pandemic response is inclusive of, and accessible to blind and partially sighted persons.

Collectively we can rebuild a more resilient society and protect the rights and opportunities of all blind and partially sighted people and others with disabilities.

Dr. Fredric K. Schroeder, President, WBU

Acknowledgements

Disclaimer

Contents

Introduction

Many would agree that the COVID-19 pandemic has exposed some deep structural inequalities in society, and more so, how they play out when crisis strikes. At the time of writing this report, we have been witnessing different countries at different stages of preparedness, response or recovery. While the course of the virus currently remains unclear, one thing has become evident to all: global aspirations of 'leave no one behind' must be transformed into accelerated actions if we are genuine about achieving change through the 2030 Agenda for Sustainable Development and Sendai Framework for Disaster Risk Reduction (2015-2030).

Emerging data on COVID-19 is evidencing that persons with disabilities, older persons, and persons from lower socioeconomic status backgrounds are among those hardest hit by the pandemic. While this report puts a spotlight on the voices of blind and partially sighted persons, many of the experiences shared here strongly resonate with numerous other studies that are also highlighting how marginalised groups have been affected by this crisis.

Through this report, the World Blind Union (WBU) hopes to raise awareness on the specifics of what those challenges have meant in reality for its constituents, as well as shed light on what have been effective resilience strategies for them. The report is divided into three sections: challenges experienced, solutions employed, and recommendations for building back better. The first two sections are structured around the themes that emerged from the surveys and are narrated directly through the testimonies of the respondents. The final section builds on those testimonies and offers ways to generate discussions and more importantly, actions to drive forward an agenda for change. In collating and presenting the evidence, this report has been framed around the principles of the Convention on the Rights of Persons with Disabilities (CRPD) which seeks to, "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."

Barriers need to be acknowledged and understood, to be broken. Governments, communities, UN agencies, civil society and private sector actors are therefore all urged to take note of the 853 voices that make up this publication, and to subsequently engage with WBU regional and national members, as well as other

organisations of persons with disabilities, to process and act upon the findings and recommendations. The recommendations in particular, can support governments to meet their obligations under the CRPD and respond to the repeated calls of the CRPD committee for more inclusive and accessible public policies.

Taking action to address these challenges will not only remedy inequalities within the context of the COVID-19 crisis but will also have a lasting and powerful impact on the lives of persons with disabilities beyond the pandemic.

Jose Viera

Chief Executive Officer, World Blind Union

Who participated in this survey?

In April 2020, the WBU launched an open online survey for seven weeks in Spanish, French and English, seeking information from blind and partially sighted persons on how COVID-19 was impacting their day to day life. Below is an overview of who responded to the survey.

 AT A GLANCE

853
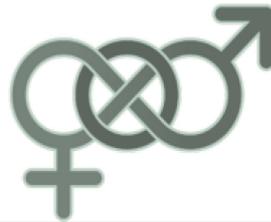
RESPONDENTS WHO ARE BLIND OR PARTIALLY SIGHTED	454 women	375 men	3 other	21 prefer not to say

Distribution of respondents by gender & age

Over 65 years old

45-65 years old

25-45 years old

Under 25 years old

0   50   100   150   200   250   300   350   400

- Female
- Male
- Other
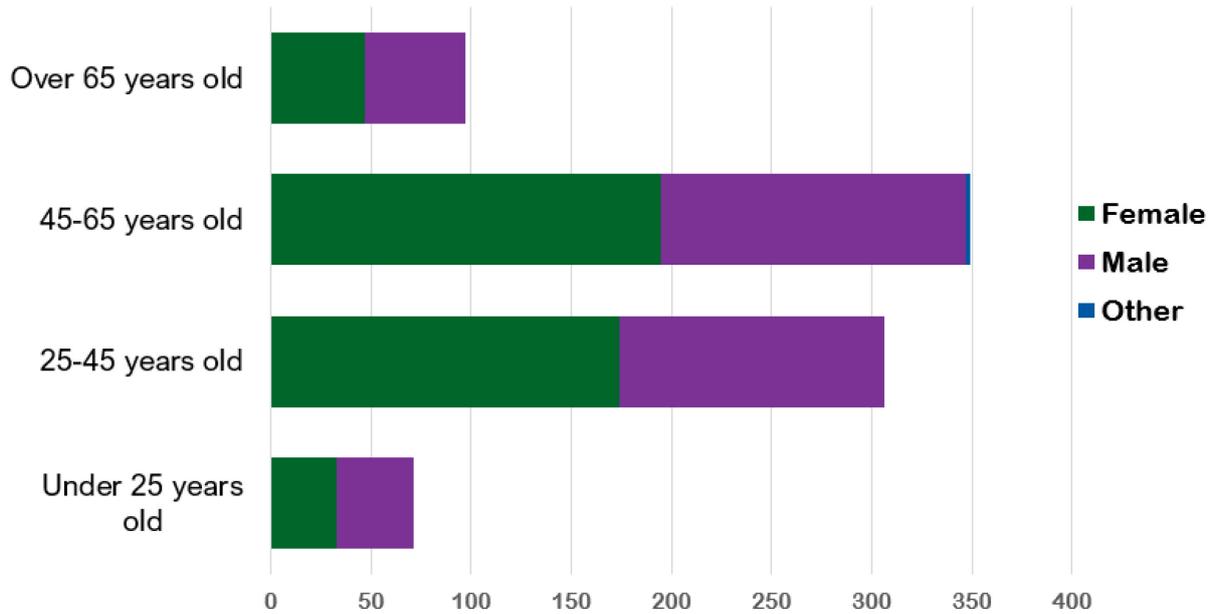
Self-reported levels of difficulty seeing

35% cannot do at all ▶ **45%** a lot of difficulty ▶ **20%** some difficulty

Distribution of respondents by location & age

75 COUNTRIES

12% RURAL

87% URBAN

Age distribution:

- Under 25 years: Rural community 1.5%, Urban community 6.8%
- 25-45 years: Rural community 4.8%, Urban community 31.5%
- 45-65 years: Rural community 3.6%, Urban community 37.5%
- Over 65 years: Rural community 1.4%, Urban community 10.1%

■ Rural community ■ Urban community
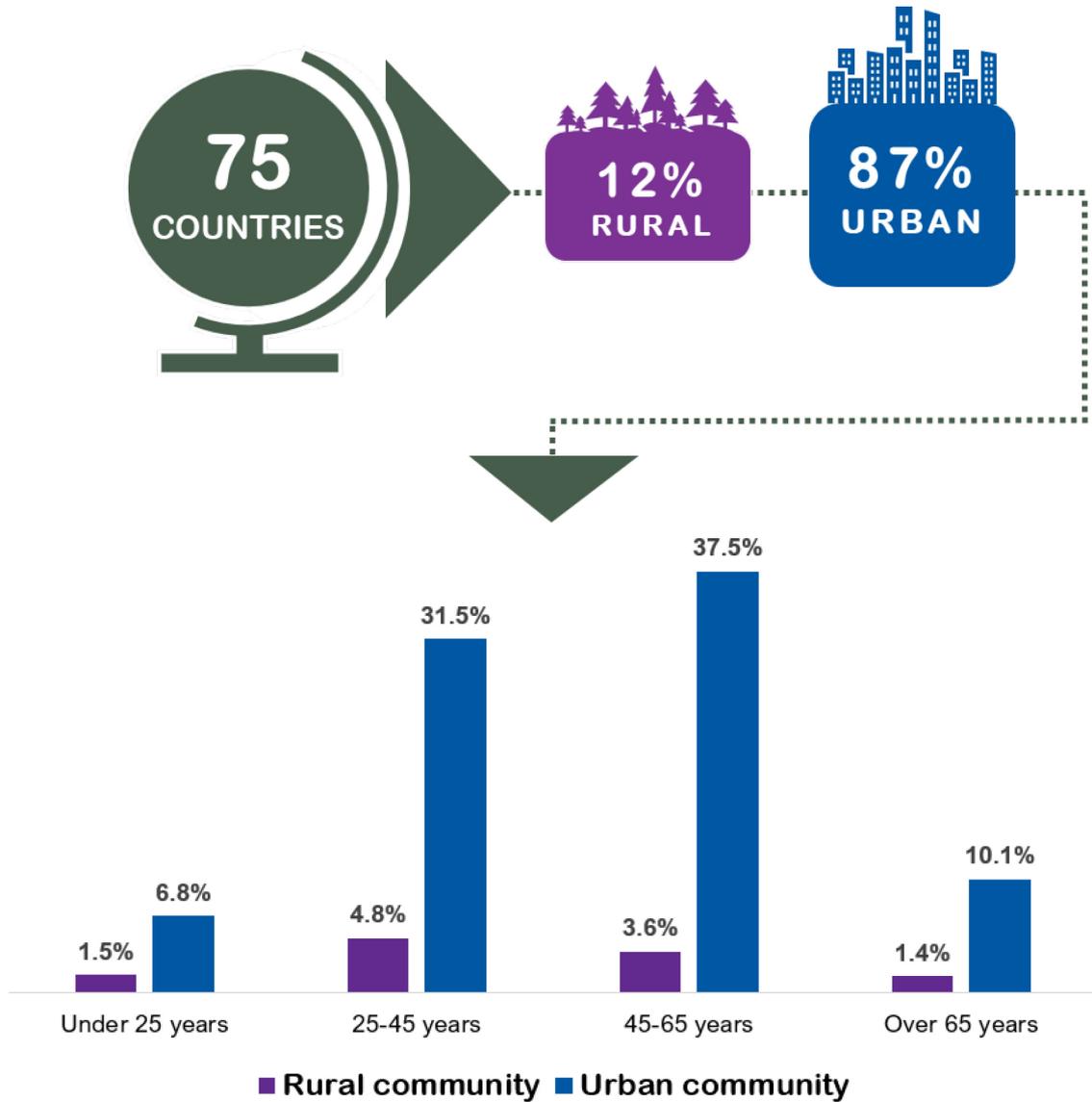
UP CLOSE

Distribution of participating countries across WBU regions
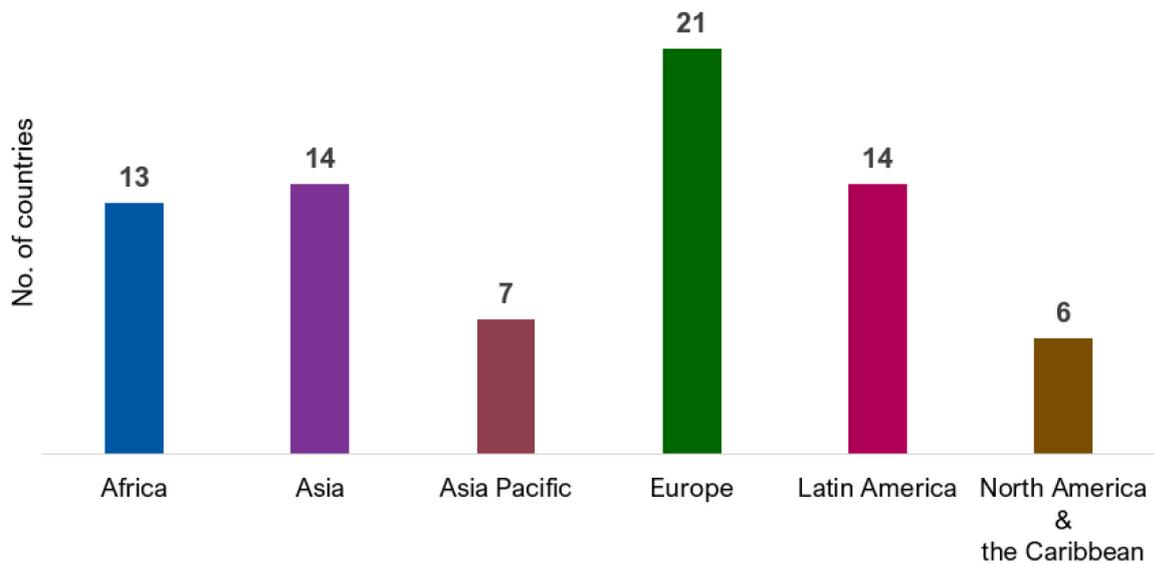
In addition to having difficulty seeing, 18% of the respondents noted having at least one other significant level of difficulty from among the Washington Group questions asked[1].

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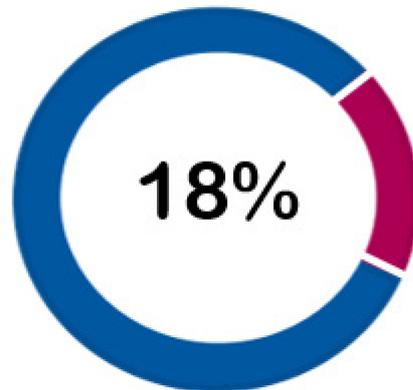
[1] The Washington Group (WG) short set questions measure self-identified levels of difficulty in the following core domains of functioning: seeing, hearing, mobility, concentrating and remembering, self-care and communication. Significant difficulty here refers to responses noting either 'a lot of difficulty' or 'cannot do at all'. WG questions around anxiety and depression were also included and significant difficulty here refers to responses that noted both 'a lot' and 'on a daily basis'.

The most reported additional significant difficulties:

1 Feelings of worry, nervousness or anxiety

Mobility difficulties **2**

3 Feelings of depression

1 in 10

people reported experiencing high levels of mental health difficulties on a daily basis

1 in 8

people reported having some level of difficulty hearing, even if using a hearing aid

Even with a significant number of 853 blind and partially sighted people contributing from across the globe, the WBU acknowledges that the online survey had limitations

in terms of who was able to participate. Factors related to poor accessibility, digital literacy or access to a computer or the internet could have prevented people from participating. This issue is addressed in the recommendations section of this report.

Challenges experienced during the COVID-19 outbreak

METHODOLOGY

Respondents were first asked to select the three most difficult challenges they were facing during the outbreak from a list of options. Alternatively, they could enter their own challenges or simply leave the field blank. For each of the three challenges noted, respondents were then invited to share further details on how their lives were being impacted by those challenges. An analysis of all the written entries was undertaken based on the common issues that emerged from the surveys. Those issues where then clustered into thematic areas to frame the findings.

KEY FINDINGS

The table below provides a breakdown of the most common thematic challenges identified by the respondents:

CHALLENGES Thematic areas identified	% of survey respondents who identified this issue	Frequency of mentions[2] on this issue
Transportation & mobility	50.1%	427
Independence, autonomy & dignity	49.0%	578

[2] The calculation for 'mentions' refers to the number of times an issue related to that thematic area was noted by respondents. A respondent may have written about several different issues surrounding a thematic area and therefore more than one mention is counted.

Mental health & wellbeing	48.8%	582
Accessibility	24.6%	210
Health	19.8%	187
Physical distancing	19.5%	166
Attitudes	11.1%	95
Inequitable policies & practices	10.1%	90

UP CLOSE

- Over 80% of the respondents provided additional written testimonies on their challenges and experiences.
- Overall, women noted more challenges than any other gender group.
- 1.6% of respondents reported having no challenges at all.

VOICES

This section elaborates on the challenges faced under the different thematic areas identified. It is important to point out that these thematic areas are not discrete challenges but rather interdependent, often compounding rapidly the more challenges a person experiences.

Transportation & mobility

Even during a lockdown, it is still necessary for people to travel to obtain essential items as they mainly confine to their homes. In many countries, lockdown has meant severe restrictions on transportation and movement, which have inadvertently created additional barriers to an already inaccessible environment for blind and partially sighted people.

Challenges through changes in regulations, schedules and the environment

" Transportation impacts most aspects of daily life. If you can't get somewhere then you can't participate. Whether it's the grocery store, pharmacy, doctor's office, work, school, church, it impacts everything we do. Buses are running at significantly reduced schedules, people are encouraged to not take public transportation, and if they do, they should wear masks. People with disabilities are discouraged from entering at the front of the bus, which makes it difficult to communicate with the driver to arrange to get off at the correct stop.

" Rules indicate that you have to walk on the right, and in many cases I have to do many laps to get to my destination because I lack reliable references to cross the street.

" There is an audio pedestrian signal near my home, and I dare not use it in case someone with COVID-19 has touched it recently.

" I have to stop all the buses because I don't know which one is coming.

" The entire public transport system is banned. There is no bus trans transport system, cab services, auto-rikshaw service, metro service, local train system. I cannot drive a two-wheeler and the government has banned the double riding. Using your own car is not allowed unless there is something urgent and for that also we have to get a permit from police stating the appropriate reason and producing appropriate documents. The general public cannot help in this regard since double riding is banned by the government. Government has not made any specific arrangements for the transport of persons with disabilities.

" Walking with a facemask and a cane is very complicated, you stop perceiving many things that usually help orient yourself. Besides, I guide myself based on sounds and now I get very disoriented without the noise.

> " The ease of travel for visually impaired people in my country is ensured by motorcycle taxis which can take you to any location and at a lesser cost. Unfortunately, due to the distance measure this means of transport is prohibited. So when you take public transportation you must get off at the side of the road and walk on the alley to reach your place of service or your home, which is a headache for me who cannot see anything especially since our streets are not well laid out and most of them are not even paved. Even if you find someone willing to help you, they are reluctant to do so because of the distancing measures.

Women aged between 25 to 65 years old were most likely to report on challenges in transportation and mobility

> " To get on the bus we now need to use the middle door. Using that door is very complicated for me as I am used to using the front door.

> " I am totally blind, and I have severe Hypoacousis, so physical contact when going outside is essential. Due to the imposed social distance, I now can no longer ask for directions to cross or take a bus. The indications are only verbal now and I cannot hear them correctly.

> " I don't have any transportation available for any emergency.

> " Using public transport is another huge task in Venezuela as it is only restricted to health staff and essential workers. The rest of the workers are not allowed to go out as we have a full lockdown, except for the sectors that are prioritized. This means that when I need to buy something, I have to walk many kilometres to buy what I need. And with so many restrictions, it is impossible to pay a taxi.

> " This is my toughest challenge because I'm always depending on someone to drive me for doing shopping. We live in an urbanization where no bus, train, metro or taxi arrives. This makes you dependent and I lose my personal autonomy, this is how it affects me in my life.

Existing barriers compounded by COVID-19

" I lost my psychological, social and economic independence because of the inaccessibility of transport and the costs of tickets are very high.

" It is more difficult to get on or off a taxi, and sometimes to pay for the journey if the terminal used is not accessible and the driver does not agree to help us. Danger of catching the virus in public transport. Difficulty respecting the rule of physical distance in public transport. To walk, difficulties caused by new types of urban space development that are developing rapidly in cities. Difficulty obtaining help to cross a more dangerous intersection because the other pedestrians do not wish to guide us.

" In relation to transport, I am also affected as there is no informational campaign about my rights to avail free transport according to law 3365/07.

" Not being able to drive our own car in practice means me and my family can't travel anywhere that's not within walking distance. Fortunately, we live close to work, kindergarten and the most necessary stores. But now that our society is opening up more and more, people are returning to their normal lives, we feel more isolated than others because of all the challenges related to transportation.

" No access to a guide or even white cane. Mobility is very difficult.

" People are strongly urged not to use public transport unless it is absolutely necessary. There are also limitations on the number of passengers and directions on where to sit and stand on the buses, subway etc. This is difficult, and often impossible to see, especially when traveling with small children and a stroller which is difficult enough under normal circumstances. As a family of four, we now need to use two taxis because there is a limit of three people per taxi. This is more expensive and complicated, which means we avoid this as much as possible.

“ It is difficult to get around without my cane because I lost my sight during the covid and there was a delay in getting the equipment. I cannot move alone because there is a risk of falling due to the gutters, stones, damaged sidewalk. I do not see the cars arriving so there is a risk of accident. I don't see people. The distance of 1.5m is impossible since we must be accompanied. Seeing signs to get around a hospital is impossible. Seeing the bus labels to get the right one is complicated as well as to see the timetables.

“ Buses and paratransit are on limited/non-service status, and taxis or other forms of transportation are expensive and sometimes won't accept guide dogs. While walking is feasible, getting groceries, coffee, etc as a walker is often not allowed.

“ Public transport is very poor in South Africa, walking can be unsafe in many areas.

“ To take public transport being blind and a guide dog user, further limits accessibility by simply having an assistance animal.

“ I have the support of a guide dog and it is already difficult in a normal state to be independent and be able to move. At this moment it is much more difficult to go down the street, not seeing the people who cross well, and we pass many times rubbing without having the regulatory distance. Doing shopping is much more complicated; it is a horror. As for traveling on the metro, I cannot travel due to the lack of spaces for people who travel with a guide dog, so I have to go on foot because I am always told that I am a bother. I have explained to the staff of the metro, but they have no interest in solving it. That is to say, having a visual difficulty and having a guide dog is more complicated.

Key observations on transportation & mobility

- Accessibility barriers were intensified by COVID-19, making transportation more costly than usual for people to access essential items or services.
- New regulations did not consider blind and partially sighted people, with many reporting on how this stopped them from leaving their homes and needing to depend on others.

- Issues like mask wearing, not touching surfaces, other pedestrians not being supportive, guide dogs not knowing how to observe physical distancing, and changes in street noise levels caused additional challenges with orientation.
- Inaccessible urban infrastructure had a direct impact on some people's food security and essential health needs.
- Overall, women reported more challenges around transportation and mobility than any other gender group.

Independence, autonomy & dignity

Everyone has the right to have their independence, autonomy and dignity respected throughout their lives. The reality however for many people with disability is that such fundamental rights are too often disregarded, and more so in times of humanitarian crisis. As the second most prevalent challenge among the respondents, the testimonies below illustrate the various ways people's independence, autonomy or dignity are being impacted by the pandemic.

Loss of independence and choice

" I lost autonomy to decide. I lost the freedom of making my own choices.

" I'm legally blind using a cane and require some assistance at the pharmacy or supermarket. Now, there's nobody to help me, or I can't find them because everyone looks the same with a mask and it's a little chaotic. I cannot read whatever signage is posted in stores, nor can I do self-checkouts that have been increased, so it's just hard. I tried to order on-line but cannot get toilet paper, sanitizer, mask, wipes, etc. I don't have the luxury of constantly revisiting a store to see if a supply is in. I walk half an hour to my stores. I'm not using ride share due to fear of virus.

" Managing queues is practically impossible for us. How do you know there is a queue in front of a store? it is sometimes more difficult to get help from a store clerk. When ordering online or by phone, grocery delivery times can be very long. It is difficult to find a guide to help us do our shopping.

> " It has become a challenge for us visually impaired people to maintain our independence, because with the situation of Covid 19 we have had difficulties in our possibilities, or at least maintaining our independence as we used to. Moving freely, or making our purchases, and carrying out paperwork, has become a danger, practically a death for all of us. And I write in plural for all my colleagues who currently have no accessibility to information.

1 in 5 respondents spoke specifically about the challenges of not having the assistance they required to maintain their personal independence

> " Autonomy is highly affected. Reliance on others, especially for an unknown length of time is difficult. Walking with one other person and being allowed in shops with one other is difficult, as I need to have one person with me most the time, but shops count me and my personal assistant as 2 people.

> " Because I don't drive, and I'm not allowed to be driven by people even if we live together.

> " Social distancing means I cannot have my sighted guide with me. Without him I've not been able to shop for supplies, go to the bank, go to the pharmacy for my glaucoma drops, go to the venues where food donations are being given to vulnerable groups, purchase enough masks or hand sanitisers etc. I stay locked in my house because of social distancing, which means I have no one to exercise with on my daily walks or yoga classes.

While 27% of respondents overall noted challenges related to cooking and cleaning, women were 1.5 times more likely to report this issue than men

" Reducing public transport due to the situation, not having a driver's license because of its impossibility, and fearing people that help me will get sanctioned by the authorities despite supposedly being allowed, has caused me to stop doing tasks on my own such as shopping or going to the bank on my own, making me totally dependent in that regard.

" As a blind person, also a woman, I seek to continue my life as autonomously and independently as possible, but current circumstances prevent us from being able to do so.

" Before Covid-19 I had no problem going to the supermarket outside, not finding a specific product at a specific time, and having to ask. Today I find it very difficult to maintain distances with people, to be able to read posters with indications of what can and cannot be done, see marks located on the floor and screens. I tried to bring help once to the supermarket and ended up with the Local Police scolding me, saying that I had to keep a safe distance. I think they do not understand that there are different groups in society and they do not know how to interact with them, even if you explain that you do not see well and that you need help. In my case, all these kinds of barriers that I encounter today create me a kind of anxiety that I had never experienced in everyday life before, such as when going to a supermarket, the pharmacy or some neighborhood store.

" Paying with a tap and go card instead of cash means that I must ask the price charged as staff do not realise that I cannot read the screen on their machines.

Increased financial and food insecurity

" This serious situation will definitely generate the disappearance of jobs due to lack of demand or replacements based on the new "rules" for the prevention of virus spread. People with disabilities are more sensitive to the labor market; we are the first to be unemployed and the last to recover a decent job.

" I do not have anyone to take me to the aid which is distributed by some people or government. Also, everything has gotten double or even triple the price, which I cannot afford to buy most of the time, and all my savings are going to be finished soon which sadly will leave me with nothing.

> " Home schooling was the only way for me to reach my needs now I have no students to teach and no salary to get.

> " It is already difficult to look for a job having a visual disability, the pension is very low, and we don't get any help from government.

> " Currently unemployed. In need of money for family sustenance and for education fees and medication for son with nephrotic syndrome. Informal trade almost totally paralysed.

📣 Nearly 10% of respondents overall expressed their worries over financial or food security – this figure more than doubles for respondents from low and lower-middle income countries (22%)

> " It has been difficult due to lack of food. Transport is also difficult since I can't ride a bike. Our 'bodabodas' are expensive for me since I have no jobs. My farmland is far away from home. Government has not considered people with disabilities. The food market is very expensive for me.

> " Unable to secure sufficient finance to ensure basic needs such as food and accommodation. May be forced to live and depend on relatives. I anticipate living less meaningfully with no social life, no means of listening to world news, no contact with friends and no choice of recreation or entertainment. Internet access, e-mail etc. will be out of the question.

> " The fact that I do not have access to food - because even having a pension is not enough to pay the debts, cover extras, food or other needs. I have been on leave since almost 2 years ago and my greatest fear is losing my house. The bank only agreed to provide me help for three months and it is already two months. You'll see a moment when I'll have to choose to pay off debts or eat. Also, the place I live in is not considered a vulnerable sector, and so by not entering that category the state does not give me help.

Difficulties carrying out daily activities since the lockdown

" Supermarkets are not adapted; they don't do delivery. I can't buy products in store, so I can't eat without the help of someone else.

" Now that we are not going out as much, my guide dog gets quite distracted and doesn't follow instructions as before. Also, people on the street don't maintain social distance. These things make me feel very stressed and grumpy.

" I need personal assistance to access specific services. At the moment, personal assistants are not allowed to circulate on transport with me. On the other hand, the time that we have been assigned to use these services is too short. It makes me anxious to think that I will not get to the place where I have to go on time, or if the person who is going to support me comes from an area where the contagion rate is high. And many times, I end up not doing any of the errands.

" I never learnt how to cook so I depend on other people. I have a guide dog and it is usually a challenge to sweep the floor and remove all the lost hair.

" In my country, independent cooking and washing facilities are far less. During the Covid pandemic, vision impaired persons here had no access to housekeeping or laundry services. Without eyesight it's difficult to check whether the clothes, dishes and other things are clean enough and spotless without the aid of apps like Be My Eyes. Even the volunteers reached through those apps are sometimes less reliable because some of them feel bad to tell us that the material or surfaces we have them checking are actually not so clean, thinking it would make us feel disappointed about ourselves in these trying times.

" Because of my low vision, I am at risk of cutting myself. I also have a short-term memory so I can easily forget I left the fire on - for example, in the kitchen.

" Children's education is complex, especially when they do not have a disability, as the material sent home by schools does not meet universal access criteria.

> " I need to pick things up to look at them, hold them near to see labels etc, and that is not okay at the moment. Also, a couple of times staff won't leave their place behind plexiglass to help me find something and will shout directions like: "left, right, no, the other shelf" and so on - it is challenging and feels humiliating.

Reduced access to essential services and supplies

> " From the start of the lockdown it was no longer possible for me to have my groceries delivered to my home. This was due to the fact that many people used home delivery from that moment on. My GP was also no longer able to come to my house because she was fully used for the potential corona patients.

> " Information is very lacking, and I cannot communicate with friends to access information due to the internet being down. Online food orders are just introduced, however without having a card for payment I have no option to pay.

> " I was doing recovery treatment of a bone fracture, which is now suspended. Also, I was due to go on surgery and have been waiting for a date for months, but now I am not sure when is going to be. Both circumstances delay my return to work.

> " I have been in constant contact with my local government. I already informed them that I am a person with disabilities. Since the start of the lockdown I am not getting any help such as cash aid, food supplies etc. from the local and national government. Even if I am doing follow-up, I am getting the same result plus the unacceptable response from the officials. Also, the government's unclear policy and poor implementation of the distribution of its assistance makes it impossible for me to avail these aids. There is no response from the government's hotlines and e-mails if you want to complain or follow up.

> " Access to food and medicine is a challenge in my country, due to the high costs of these products, due to the speculation of markets with these items and also, due to the low base salary. The monthly salary of a Venezuelan does not even reach $5, which means that the purchase of food products and medicines is very difficult, especially for those who suffer from serious chronic diseases and whose life depends on medicine.

Key observations on independence, autonomy & dignity

- The loss of access to personal assistance, including sighted guides, took away many people's independence and dignity, forcing them to turn to others for help.

- People repeatedly described feelings of frustration, anxiety, anger, low self-esteem and demotivation from losing their autonomy and independence, and not having the same access and opportunities as others.

- New regulations and practices in COVID-19 not only reduced people's ability to lead independent lives in the way they were accustomed to, but also left them feeling alienated from others at times.

- Existing inequalities that prevent blind and partially sighted people from securing a livelihood and guaranteeing their basic necessities, placed numerous people at greater risk during the pandemic.

- Poor design of household appliances and goods meant that daily tasks were taking longer to complete and were sometimes even dangerous for the person to do on their own.

- Overall, women noted the most challenges on issues related to independence, autonomy and dignity, with the those most affected aged between 45 to 65 years old.

Mental health & wellbeing

The need for mental health and psychosocial support during situations of crisis typically increases as people are exposed to difficult and unfamiliar environments. For people with disability, COVID-19 presented additional issues of concern that contributed to the high levels of mental health challenges reported in this survey.

Furthermore, the pandemic not only restricted social interaction but also access to the facilities and services people use to maintain good mental health. While alternatives were shifted to online platforms, existing barriers meant that many blind and partially sighted people continued to experience disproportionate levels of mental health difficulties.

Impact of reduced social contact

" Socialisation, which is difficult in normal times, had become more so since the lockdown was initiated at the end of March. Limited access to transportation, tourism, daily conversation in person with other people has triggered anxiety and depression.

" I am finding the effects of the pandemic to be increasing my anxiety response. I am a people-person and the lack of physical social contact is impacting my overall mood and well-being. Catching up virtually is fine but not entirely accessible. I am both vision- and hearing-impaired and both of my disabilities make virtual catch-ups less accessible than face-to-face contact.

Men were most likely to mention issues relating to mental health & wellbeing – for men aged between 45 to 65 years old in particular, this was in fact their biggest challenge overall

" The combination of living alone with Charles Bonnet Syndrome. Not being able to visit my friends.

" There's no transport here in this country if somebody doesn't have private transport. So, we can only walk and arrange our most needed things which is buying food, going to the doctor or organising medical help for my dog. This loneliness is difficult to wear sometimes.

Triggers for increased levels of anxiety and depression

" We are very lonely, and don't have help. Not even from our family. We have no friends neither so the days in our lives are very sad and boring.

" I am afraid to go out on the street, even wearing gloves and a mask, and I think doing shopping online is very complicated. I disinfected everything with bleach when they brought me the medicines home. I am very overwhelmed; I feel very alone and having to manage on my own without any kind of emotional or psychological support.

" Due to coronavirus it is difficult for me and my guide dog to go shopping and maintain self-distancing. Supermarkets have markers on the ground. These markers are not tactile so I cannot feel them with my long cane and my dog does not know to seek these tactile markers out. There is nothing on the shelves to buy. It's disconcerting. It is causing me anxiety. I don't want to go out. I don't want to do the other things like cleaning and washing. I am not motivated.

" I can't go on long walks without my boyfriend coming along, because other people aren't moving out of my way, and my guide dog isn't trained to keep the distance that is required to stay safe from Covid-19. This makes me nervous, because I know that if I get sick there is a high risk of not surviving. It also makes me depressed because my long walks with my guide dog is normally something that I enjoy and need in my daily life.

" I am responsible for planning and preparing meals for my family. I used to shop with a support worker, but have had to learn to shop online now, mainly helped by my children. My husband is at high risk if infected, so he cannot drive me to places. I worry if any of us need medical treatment, for Covid or anything else, that they would have to be alone. I rely now on my children to go from home into the community and I feel cut off and invisible.

" Because I live in a dimly lit apartment. My boyfriend and I were looking for our own place, but because of covid-19 we had to put that on hold. I'm in a high-risk group, so we are both staying home in isolation and have been since 09.03.20. It's difficult working in dim lighting, and without help from the outside like we usually have. It makes me depressed and I lose motivation when I'm not able to cook how I like and have things as clean as I like it.

" Because it is very complicated to keep social distancing with my disability, and crowds of people cause me anxiety and nervousness, without being able to avoid fear. I have to choose schedules with less people, and this means that not all the products I need are available, because they have been sold out.

Challenges in maintaining good mental health & wellbeing

" It is very difficult to be entertained since we are running out of time and, already, there is very little activity for blind people. It's worse in the confinement of lockdown.

1 in 3 respondents noted the challenge of not being able to access their usual leisure activities

" The most difficult impact is the emotional, since I encounter depression from many years ago and the public health services do not have the medications I need. I am without my medication to control my depression and this has affected me since I live away from my family. We are in total quarantine and this affects me a lot because of the psychological part: emotional and physical.

" I read a lot in Braille. And given the confinement, book lending is restricted. For the rest, many activities are cancelled.

" We are now on day 50 of the lockdown in my country. I miss doing sports, although I do exercise indoors. I've been feeling very demotivated lately, besides being worried about my athletic position when I will be back in competition.

" I am an essential worker according to the Government, so when you come home you don't feel like reading or listening to music. It's difficult to do sport indoors as I like to go for runs but now is not the right time. Physical and mental tiredness and being worried about helping my elderly father…

" Because of my anxiety, and at times, with my depression, I can't concentrate. I try to be as normal as possible for the family but inside I'm completely messed up.

> **"** The learning platform I am using is not accessible. I am finding it very difficult as it takes me more time to complete the tasks. This is demotivating.

Key observations on mental health & wellbeing

- Having to navigate through the 'new normal' in the pandemic led to greater levels of anxiety, especially as those regulations actually left many people feeling more exposed to the virus rather than protected.

- People with existing mental health difficulties faced double the barriers as they faced challenges in accessing their support systems and medication.

- While already marginalised from society, COVID-19 left many blind and partially sighted people feeling even more isolated as they weren't able to connect with their social networks.

- For those who find solace in reading Braille books, access was significantly limited and also carried an increased risk of contamination.

- Blind and partially sighted people faced additional challenges in accessing leisure and recreational activities owing to the inaccessibility of public spaces and online platforms.

- Overall, youth under 25 years old were the most likely to report on issues related to mental health and wellbeing among their peers, compared to other age groups.

Accessibility

Accessibility remains a big challenge for people with disabilities, whether it be in terms of the physical environment, transportation, information and communications, or facilities and services. Inaccessible environments can drastically limit the ability of people to be independent and participate in all aspects of life on an equal basis to others. The pandemic not only exacerbated the impacts of these barriers but at times created avoidable situations of increased risk and harm.

Inaccessible information on COVID-19 and new regulations

" Written and digital information about COVID-19 in Guatemala from official sources - the Government and its Ministries - is not disclosed in accessible formats to visually impaired people; at the moment most of the information about progress and safety measures are disseminated on social networks through images without alternative text, or reports with graphs that do not have their description.

" Even if you access information from legitimate sources, a lot of statistical information is in an inaccessible format.

" I am having a lot of problems at this level because being a blind person, a lot of information related to the pandemic is not accessible to me. As proof, even the committee responsible for taking charge of this pandemic is not inclusive. That is to say people with disabilities are not involved at this level.

" Almost all of the information circulated is not accessible for me, even by international organizations like WHO.

Women generally reported more on accessibility challenges, except among the over 65-year old age group, where men had a higher reporting rate

" Information is key but there is none being provided in accessible formats in my country. That exposes me to the disease.

" Due to the new hygiene regulations in many commercial establishments, such as supermarkets, the layout and internal operating regulations have been changed but these changes have not been designed for people with visual disabilities, and have not been communicated in an accessible way.

" This challenge is the most difficult for me. I can listen to the media on the prevention measures published by the authorities. These often happen in TV/radio spots. Unfortunately, there are no descriptions. For example, someone talks about hand washing and demonstrates it but there are no descriptions of how they do it. The same applies to the wearing of masks and the use of hydroalcoholic gels, especially how to hold the box, open and close it.

" Government documents produced for COVID-19 are often difficult or not at all accessible when released. It is often difficult, if not impossible, to obtain these documents in alternative formats.

" Being blind, I have no access to all the charts and graphs that are constantly shown on TV and in the papers that map the tests and death rates. Software readers for blind people do not work on charts/graphs online.

" Much of the information changes daily and a lot of the information is not accessible, or it is available, but it takes a lot of energy to access it.

Accessibility issues encountered inside and outside the home

" Children's books are not accessible. If they have to complete homework using a pen, it is impossible by being blind. This makes you feel frustrated and not treated equally.

" Shopping is a lot more difficult and requires a lot more energy now. I can't pick up things in the grocery store or other shops to see what it is, like I used to. There is also plexiglass everywhere that I keep crashing into. And these make it a lot more difficult, and often impossible, to hear what people behind them are saying. Grocery shopping online fortunately works well, however, it is a lot less flexible.

" Because some websites or physical places to make purchases or make use of some services are not accessible, therefore I do not have the same autonomy that I had before quarantine.

" When I do the shopping, I need to get very close to the products in order to see them. Frequently, I end up buying products that are not the ones I was looking for because I am afraid of touching many products.

" When cleaning or washing clothes, I have difficulties with the usage of house appliances and machines. Although I usually end up figuring out how to use them, it is more difficult.

" Going to the hospital is not possible alone, due to things like the number of departments, very large spaces, voiceless on-screen indicators that alert the patient, and not knowing which door to enter.

Barriers navigating online

" I have to comment that I do not have a fluid use of all the social networks that we have in the 21st century. My knowledge is almost none with regard to what ICTs are, so it is much more difficult for me to understand the technical language used today. Nor do I have the technological tools necessary to be able to perform freely. But I'm trying to do the best that comes out. I only have a smartphone, which I use as if it were my computer. It's the only tool I have today.

5% of respondents overall referred specifically to the challenges that they encountered when using online services

" I live alone and access to culture is very important to my emotional health. Now I can't attend events, and digital media is not always accessible.

" I am not able to talk to a live person for support when ordering from Amazon or Instacart.

> **"** Most digital media are quite accessible, but in some cases, they ask you for certain inaccessible requirements when it comes to signing up, such as captcha image challenges without having audio challenges. Also, many news portals offer information in boxes, and have no option to change the format to 'prosa' to be compatible with screen readers.

Key observations on accessibility

- New regulations around practices (such as physical distancing, contactless payments, queuing guidelines, etc.) and products (such as masks, protective screens, distancing markers, etc.) failed to take into consideration accessibility features for blind and partially sighted people.

- Inaccessible information on COVID-19 and the new measures introduced raised anxiety and fear levels among many blind and partially sighted people.

- Poor accessibility prevented people from carrying out essential tasks independently, especially shopping (both physically and online), accessing their money, visiting a health service, cleaning and cooking.

- Home-schooling teaching materials were not accessible to blind and partially sighted parents, who expressed concerns about the effect this would have on their children's education.

- The rapid and widespread shift to online platforms during the pandemic left many blind and partially sighted people facing additional accessibility barriers, or other related challenges including low digital literacy or confidence levels, as well as limited access to ICTs and required assistive technologies.

Health

Health concerns during the pandemic have not just been limited to the prevention and treatment of the COVID-19 virus. Secondary health impacts, from issues such as reduced non-essential health services or increased mental health difficulties, are also taking their toll on people. All these challenges are compounded for people with disabilities, who face other additional barriers, as the testimonies illustrate.

Increased risk of infection specifically due to being blind or partially sighted

" The locking of the front doors of many buses, the enormous difficulty in knowing which seats are occupied, which are not, and where is it that you can sit, as well as permanent contact by hands with surfaces that may be infected, generate a very high level of stress.

" Because I don't know with certainty if things are totally disinfected or not. In my opinion, this virus creates a big insecurity for the people with low vision, as it is more complex to carry on a life under this new normality due to our disability.

" This remains a challenge insofar as there are no indications allowing a blind person to know where the hand washing devices are, for example. Since we use touch more in identifying things, this keeps many of the community service providers away from us, causing us to become frustrated.

Difficulty accessing or using personal protective equipment

" When wearing the mask, my glasses get fogged and I don't know what to do to avoid it.

" Any change in habits is a problem for me, and even more so using a cane and gloves.

" Because of the environmental barriers, because I do not see the hygiene dispensers or gloves that they put at the entrances, identifying the products in the stores is complicated, handling touchscreens to make appointments...

" Leaving home as a person with a disability represents a challenge, because staying safe using the facemask, gloves, and all regulatory hygiene measures, limits the external understanding of the environment. I mean, for blind people touching, hearing and smelling are key to recognizing their environment, and if we put physical barriers to carrying out daily actions, we are limiting the participation of the person.

" The use of the complete protection equipment, mask and gloves, prevents the partial perception of touch, which is essential for people who have low vision, causing greater insecurity.

" Public announcements through different media come in handy. Not so, though for the explanations on how to use the masks correctly, the different types… I've had to look into it on my own and sometimes it's caused me anxiety.

" Some websites (e.g. websites for ordering facial masks) are inaccessible to blind people.

Challenges and concerns over maintaining health or accessing health services

" As for medical services there is a lack of help for disabled people - too many tactile machines and excessive protocols. They should know that in the society we live, there are many types of people and different disabilities. They must improve a lot.

" Although I need to have medical check-ups; I cannot carry them out now due to isolation as I am afraid of getting infected. If I get sick, I don't know if I would survive. I am afraid that my respirator will not be connected because I am blind and old.

" If a person drives it is easier to access services and products. It is more difficult to eat the same foods as before due to availability, so I have gained weight.

" The medical world of health, including in a specialized field like ophthalmology, is ignorant of the "practical" difficulties of visual impairment. The hospital remains unsuitable for disabled people.

" I cannot travel alone - even with my white cane - I need a guide. I cannot have someone when I want to pace around to stretch, unclog my joints ...

Women were much more likely to note challenges related to health than any other gender group - this was particularly high among 25 to 45-year old women

> " I need an operation to control my glaucoma, and I can't go.

> " It is difficult to go to the hospital for follow-ups related to recent surgery. Telemedicine poses a problem for me since I find it difficult to manipulate my phone camera so that healthcare professionals can see the wound well.

> " The feeling of insecurity, of helplessness if at some point I get Covid. When isolating or being in a hospital, or any other adverse situation derived from personal isolation. Thinking about being in a hospital, treated, without hearing aids, with my low vision, with unknown people ... well, it creates stress.

> " Cooking is one of the tasks that I find most difficult to do as I need to manage the hob and the oven, which can lead to small incidents. And avoiding going to the outpatient clinic or hospital is one of my priorities now.

Key observations on health

- Lack of appropriate support measures to assist blind and partially sighted people to adhere to guidelines on physical distancing and sanitised contact with surfaces, has increased exposure to COVID-19 and contagion fears.

- Existing barriers to accessing medical services and treatment were heightened by the pandemic and the new regulations that came into place, particularly poor accessibility features, which made access for people without their personal assistance very challenging.

- Personal protection equipment and hygiene measures mandated for public safety did not take into consideration users who are blind or partially sighted in their design, distribution or use.

- Many people expressed a fear of needing treatment during the COVID-19 crisis, either from the virus itself or another health-related issue, because of concerns with their health providers discriminating against them as blind or partially sighted people.
- Overall, health challenges were a bigger concern for respondents aged between 25 to 65 years old compared with other age groups.

Physical distancing

The practice of physical distancing has been a largely effective strategy in reducing the spread of COVID-19. However, this measure of limiting contact between people and surfaces, ironically places blind and partially sighted people at higher risk of contracting the virus and in fact, exposes them to a variety of other physical and mental health risks. The impacts of failing to recognise the diversity of populations and adapt physical distancing measures accordingly, are described below.

Difficulty adhering to the protocols or regulations set

" It's hard to maintain social distancing with small children. When I take them out alone, my kids are too young to understand it themselves and my visual impairment makes it difficult to control what is going on around us with regards to staying away from other people.

" Being visually impaired, you have to be resourceful when it comes to doing stuff nowadays. You have to observe social distancing, but how can you observe social distancing when you're a visually impaired person? It's quite difficult.

" It is already difficult to do shopping in regular times. At the moment it is even more difficult since you have to keep a safe distance and it is impossible to ask anyone for help. It is true that shopping can be done online, but in many cases the websites of the supermarkets are not accessible to people with disabilities.

> " This is a challenge for me because I don't know what are the specific measures that are requested in each centre, supermarket or institution. Also, because I don't know how many people are waiting outside and I can't maintain social distancing because I don't see them. In addition, there were many times staff make contact with me, without wearing gloves and without asking for permission. I don't mind because I am not paranoid, but I don't think is right to violate anyone's personal space like that.

> " With the gloves it's complicated. Also, to see I have to get very close to different things, including the card machine. It costs to be on top of all the hygiene and distancing measures.

Challenges with getting proper assistance

> " Walking in the street also represents a difficulty, because requesting some kind of assistance now with social distancing is a challenge. For example, for crossing big avenues, knowing where a direction is, asking for support to find the right bus line, etc.

> " I need someone to point out the hygiene dispensers at the entrance of shops in order to comply with them. Then, I use glasses that I need to read the products while shopping, and I find it difficult to manipulate them with the gloves. Maintaining social distancing is impossible for me. I would notice if there is something in front of me, but I can't differentiate what it is and can't know the distance between. To pay, I need to touch the card machines, and then use my glasses. Also, I need to use the elevator and the stair rails, and I need to touch the walls to find the exit door. I suppose these are difficulties everyone is having, but for people with low vision it is more complicated. We need to touch things to know how to interact.

Physical distancing contributing to raised levels of anxiety

> " I am extraordinarily concerned about the impact COVID is having and will continue to have on my ability to literally get around. I use my hands all of the time and in terms of social distancing, I've barely left my house so I am not worrying about that now, but in the world after this I'm very afraid that I will inadvertently be too close to someone or I'll touch something I shouldn't or people won't want to be near me. It was hard enough with public transportation, ridesharing, etc. with overt and covert ableism. In the world after all of this, I am honestly concerned that blind folks will be totally left behind.

> " I am totally blind and use a guide dog. Due to self-distancing this is impossible with the dog. When I go walking with her, I use my long cane as well. People still want to come up and help me. People want to do things for me. I don't want anyone to come near us. I want to stay coronavirus free. Shopping, going out in the community, even just taking my dog for a walk are all huge challenges right now.

Key observations on physical distancing

- Governments failed to recognise that physical distancing policies without alternative provisions, are extremely difficult for blind and partially sighted people to comply with, and in fact led to people feeling anxious and nervous as opposed to safe.

- People with guide dogs faced challenges when outside their home, since their assistance dogs are not trained to maintain physical distances nor seek out distancing markers.

- Many people shared experiences of how physical distancing proved to be a counterproductive measure for them as it increased their need to touch or get closer to surfaces.

- Even though respondents tried hard to abide by physical distancing rules, many encountered situations where people were not always forgiving of mistakes they made on account of being blind or partially sighted, or conversely, were too eager to help and assumed it was okay to get close to the person without asking first.

- A number of people with low vision shared experiences of how they faced difficulties in creating safe workarounds for not getting close to surfaces, and like many other respondents, often ended up feeling frustrated or defeated.

- Overall, challenges around physical distancing most affected people aged between 25 to 45 years old.

Attitudes

Discriminatory attitudes and stigma against blind and partially sighted people manifest in a variety of forms and can lead to pervasive cycles of exclusion and

anguish. This, sadly, has been no different during the pandemic, where negative attitudes and behaviours have heightened barriers for people during already challenging times.

Experiences of being denied a service or reasonable accommodation

> " In my city, there is a restriction on going out for shopping. This is organized by your identity card number. I can go shopping once a week, but my personal assistant can only go on another day. It's difficult to explain that I can't do the shopping on my own; this was even denied to me. I had to pay much more to go to another supermarket to be allowed to do my shopping.

> " My neighbours do my shopping for me since my shop demands that I print a piece of paper and give it to them with my things that I want to buy. I do not have a printer and I do not have a need for one either normally. I have asked the shop staff for the possibility to send them a list over mail. They refused because they say that they cannot have a solution for every individual. I am worried that they will keep on asking me to use voluntary services even after the Corona is finished since they might think that this was a good solution for them.

> " Illogically, in my country persons with disabilities are allowed to go out for errands and supermarket once a week from 7 to 9am. Absurdly, we can go to the bank from 9 to 10am. We first need to withdraw money to then be able to spend it, for example in medications. On the other hand, some banking institutions deny us the right to acquire a debit card for our own savings accounts claiming that it is for our own safety.

> " I was undertaking a distance learning course with Harvard university on copyright law, but my tutor has asked that I reapply next year because the classes are now purely online so I cannot keep up due to inaccessibility of lessons and the exam set for the end of the three month course. This course was originally a weekly night class, my guide used to take me there and drop me home.

Being subject to negative comments and behaviours

"   For maintaining social distancing, people use a lot of gestures. For me that's complicated because I don't see them. When I clarify this, some people get upset.

"   We don't have the means to mobilize. What do they think? That we don't need to get money out of the bank to buy things... it's been a month without transport... People are selfish, and even more so if we have a disability. We're not poor or looking for pity; just that our rights are respected and not trampled. It's not about words but action!!!!

📢 1 in 9 people commented on the negative attitudes of others being among their biggest challenges - this was more commonly noted by women than any other gender group

"   I am not currently using my white cane as I had an incident early in this Covid period with someone which has made me not want to be identified as visually impaired.

"   With no vision, it is impossible for me to do social distancing from people. Walking with someone as a sighted guide has caused issues, as people have commented on us not being distanced apart.

"   Public transport is also a source of problems. Staff are often ignorant about the difficulties of visually impaired people.

Unequal treatment based on wrong assumptions

"   It affects my self-esteem, I am not given the place for being a visually impaired person, even though I am already a professional. We're just confined to being part of the call center, and we can do a lot more if we're promoted.

" Psycho-affective management of my condition: my visual impairment adds up with giftedness (High Potential). This has just been discovered. The difficulties of the two "states" add up. For example, a practical ignorance of low vision and a difficulty in managing emotions due to giftedness can completely disrupt relationships with others. My atypical profile, due to misunderstandings and ignorance completely isolates me socially. And that includes by health professionals.

" I was often denied the right to teach Braille code to families, but now, in the situation in which we find ourselves from Covid, the managers have started teaching literacy guidance to parents. I have done this work for 17 years, and I always felt that my work has been belittled not by my colleagues, but by the managers in the institution. They don't like to show a blind person as a professional; many times, they fill their own mouths talking about their work to their 'darling poor people'. This comment may seem to you like I'm a resentful person, but no, I'm not. I am simply a realist. I believe that the discrimination I suffer in this work relationship arises from the point where they do not accept me and my blind colleagues as their peers, but rather as dependents.

" The biggest challenge that I have realised is that the society is very biased considering disability. Whether it be the family, the workplace, the place where I completed my education, or society in general, my potential and capacity to work is being judged and underestimated on the basis of my visual impairment. Even if I believe in fact I have overcome all these hurdles of my life, that I am capable of handling all kinds of work - whether it be home or my workplace - and these things do not matter, but as a person, it sometimes hurts my feelings very much.

Key observations on attitudes

- Experiencing discrimination is not new to blind and partially sighted people and COVID-19 is no different, as people shared their experiences of being denied access to health, education, transport, shopping and banking services.

- There is an evident lack of understanding among the general public on how COVID-19 is affecting blind and partially sighted people differently to others, leading to less tolerance of their situation rather than a positive attitude of what they can do to support, while maintaining everyone's safety.

- Stigma and poor attitudes caused some people to refrain from going out or using their assistive devices for fear of receiving negative comments.
- The pandemic underlined how many blind and partially sighted people are not viewed by their employers as equal to their peers.
- Overall, issues around attitudes were more commonly raised by the younger age groups.

Inequitable policies & practices

Many emergency measures were brought in at a relatively fast pace in response to the pandemic. New policies and practices were established and communicated by national governments, local authorities, businesses and other service providers, all with the intention of protecting the public. Such measures, however, have not done enough to take into consideration or reach out to specific marginalised populations, such as people with disabilities, leaving them more exposed and at risk during this crisis.

Government information and measures are not inclusive of people with disabilities in their design and implementation

" The benefits that the government of the Republic of Honduras gives to the population of Honduras is not reaching the population with disabilities. That causes me to feel discriminated.

" The big challenge is I have no available information. This impacts me as the measures the government takes are not inclusive of persons with disabilities; when they decide to do something for the community we are not consulted. We are only consulted to check on something that was decided without our consideration.

5% of respondents overall mentioned challenges concerning government measures during the pandemic – the highest proportion of responses came from among people based in the Latin American and African regions

" A lot of information is not accessible to me because it has not been translated into Braille for example, and a lot of videos and displays relating to this information are not translated to our means of communication. Which are Braille and audio. Regarding emergency measures, people with disabilities in general are not taken much into account by our authorities.

" There is no inclusive response plan for people with disabilities, as there are no disclosure protocols in place.

" Although there is a sufficient amount of information in the country about the health and human crisis, there is no specific orientation to people with disabilities, let alone visually impaired people, so accessing this information is extremely complex.

" Thanks to technology and accessibility we are somewhat informed, we also have knowledge about security measures; but I haven't seen a national emergency plan that fits our needs as visually impaired people.

" On television and on the radio government officials give public addresses regarding relief plans for persons with disabilities. However, I have not been contacted by any of the societies that I am a member of regarding support at this time. I do not know who I am to contact, I do not know if they have registered me. I do not know if I am eligible for tax reductions or donations or weekly allowances and so on. They have not told me any information about where I should go or what I should do if I contract the virus. Is there an accessible quarantine facility? Which is the most accessible hospital? Are healthcare workers trained in how to handle/treat persons with disabilities? Will I be assigned a personal assistant if in these facilities? This information has not been given or been made to reach persons with disabilities.

" The digitization of centers is opening up a digital division that does not include people who are blind or have low vision. Many activities proposed by the Public Administrations do not take into account accessibility when programming cultural, community, public festival activities, leaving it to luck for the person blind or with low vision, who may be assisted by an escort. Yet when it comes to very visual things nothing is done for our inclusion. There are some public and private exceptions.

Service providers fail to include specific measures for equal access and participation

" Because as a visually impaired person it was difficult for me to help my nine-year-old daughter to carry out her school activities that the teachers send her. The impact has been the fear I have that she will get to next year with not enough knowledge, or worse, that she misses the year because of the pandemic.

" Because the signs and resources made for my 'movement' are not enough in supermarkets, public buildings… And the staff or procedures are not adapted for visually impaired people.

" They say we have priority, but it is complicated, and in many places we are not registered as disabled but they still announce there is a priority for shopping.

" It is quite difficult for me to adapt to the new study modality since in my university, reading materials or the work methodology does not take into account people with disabilities. It frustrates and depresses me quite a lot not being able to keep up with the work and activities that are being proposed to us.

" To move independently, I ask for help to those who also wait at bus stops, but this is not always effective, because bus drivers do not respect the laws that protect me, and the government doesn't respond to this.

Key observations on inequitable policies & practices

- Numerous people commented on how COVID-19 response plans and measures did not take into account blind and partially sighted people and any additional provisions they needed to remain protected, particularly in terms of social protection. This was largely because they were not consulted by their governments.

- New regulations and practices introduced by governments and service providers were not communicated in an accessible manner for blind and partially sighted people to be independently aware of them.

- Several respondents reported on how their disability identity cards were not effective in ensuring priority support as needed.
- Many of the testimonies talked about feeling left behind during the crisis and their fears of what this meant for their future.
- Overall, challenges pertaining to inequitable policies and practices were mainly raised by people in the 25 to 45-year old age group.

Resilience strategies during the COVID-19 outbreak

 METHODOLOGY

After describing their challenges, respondents were asked to reflect on and share personal strategies and solutions that they were able to employ or access to help overcome the challenges they were facing. Common themes were then identified and clustered for further analysis.

 KEY FINDINGS

The table below provides a breakdown of the different types of solutions shared by the respondents:

SOLUTIONS Thematic areas identified	% of survey respondents who identified this issue	Frequency of mentions[3] on this issue
Personal support networks	43%	402
Getting online	23%	257
Maintaining personal wellbeing	20%	179
Being practical	16%	113
Assistive technologies	10%	84
OPD support and/or self-advocacy	6%	54

[3] The calculation for 'mentions' refers to the number of times an issue related to that thematic area was noted by respondents. A respondent may therefore have written about several different issues surrounding a thematic area and therefore more than one mention is counted

Creating/finding accessible solutions	2%	21
Formal support	2%	20

⊕ UP CLOSE

- 70% of the respondents shared at least one solution.
- Overall, women provided the highest number of responses to this question.
- 2% of the respondents mentioned that they had yet to find solutions for their challenges.
- Women responded notably higher than any other gender group on solutions involving personal support networks, getting online, and being practical, while men responded notably higher than any other gender group on solutions involving personal wellbeing and OPD support/advocacy.

🗨 VOICES

" I believe that there have been instances where I face a lot of difficulties, and I do try to apply the best strategies that would come to my mind; sometimes they work, but sometimes I just have to deal with it. "

This section serves to showcase some of the ways people have been overcoming their challenges during the pandemic. As various respondents pointed out, these may not always be perfect solutions, but all are useful strategies nonetheless for building resilience in the face of this crisis. The broad variety of solutions shared here are presented within the framework of the thematic areas identified above, although it should be noted that there are many synergies between the different themes.

Personal support networks

In times of crisis, one of the most immediate and beneficial means of support is through those closest to us. This survey evidenced that resilience strategies involving personal support networks stood out ahead of the next best strategy by almost twice the rate. The testimonies illustrate the invaluable support respondents are receiving through family, friends, neighbours, peers, faith groups, community members and trusted guide dogs.

> " My neighbours kindly add me into their dinner plans by making an extra plate for me.

> " I reach out to family and friend networks to solve everyday problems, such as transportation. I use online deliveries from supermarkets to make purchases and work much harder on technological issues to overcome barriers, as far as I can. The truth is that everything is more expensive, more time-consuming and riskier for our families and friends, and it's hard to ask for help when you know that the person is taking a risk for us, but people assume it.

> " Apart from my visual impairment, I have Down syndrome and with the help of my mother I am trying to overcome every day a challenge that she proposes to me.

> " For buying groceries, I either use online deliveries, or when a neighbour goes to the shop, give him or her a list.

> " I try to be positive and transmit it to my husband. I support virtually to whoever needs it or ask questions by Facebook that I can answer or guide. I play with my beloved puppy and call my parents 100 times a day.

> " At the beginning of the confinement, to get the groceries that I had made via a drive, I published a post on a Facebook group, "Brest Solidarité Coronavirus". Through this group, I found people who were kind enough to collect my groceries and take them to my home.

> " I emailed info sheets and other helpful material out to networks and friends to keep all informed.

> " Yes, there have been a number of solutions I adapted which successfully worked for me. In starting, I tried to become a support person among family and friends, to all those people who do not even bother about my presence. Once they knew my capabilities, they supported me back. Then, the best I could do in a situation where no matter what, people didn't accept me with my disability, I backed off.

> " I have asked for help from my support groups. If persons are not comfortable in helping me with assistance in the store, I take out my cane and offer it to keep my distance. This is possible for me to do because my help with mobility is a guide dog. I have also visited my mom who is ninety years old, but I did not enter her home. I socialise by sitting on the driveway and keeping a distance of at least six feet. I also have invited others to come and help me with my garden but also asking for them to keep distance. The harder part is transportation or walking alone and for that I cannot find a way to solve such problem.

📢 People from among lower-middle income countries were the least likely to identify personal support networks as solutions to their challenges, whereas 44% of people from both low and high income countries positively reported on this solution

> " Thanks to my guide dog, I overcome some of my challenges.

Getting online

For those with access to the internet and accessible software and platforms, getting online has been an effective countermeasure against the spread of the virus. Whether it is accessing the Web for social contact, work, personal development, shopping, information, entertainment or leisure purposes, many people reported on the ways in which it is playing a key role in getting them through the pandemic.

" In my case, I have begun to video conference with my family (I may not see them, but they do see me) ... I play games through social media pages.... I have increased my participation in the chat groups of blind people in the world (friendship, technology and shared reading) ... I look in YouTube for lectures, talks, classes, etc. on topics of my interests (yoga, metaphysics, education, cooking, etc.) …

" I access accessible information portals, make online purchases, and take advantage of social networks.

" I am implementing all kinds of information from smartphones, taking into account the importance of this information being in real time. Applications of public transport, of any type of service query, information on products in supermarkets or restaurants when you can go, etc.

" The solution that is most creative is in the professional, advocacy and leisure area using Zoom as a way to stay connected with people for meetings, calls, tours of museums, concerts, visiting family, having happy hours with friends, exercise classes; all allowing for a bit of social life and connection in an isolated existence.

" I have used Zoom, Messenger and Facetime to connect with my family, friends and members of Blind Citizens Australia. All of these have helped give me strategies to get through this time. I am active on Facebook, including a closed group where I can express my frustrations with isolation. My family has been streaming lots of special cultural events through YouTube, such as Shakespeare plays and musicals. Speaking to people for longer than normal on the phone helps both parties, but sometimes I feel I spend the whole day on the phone. Quiet time is harder to find, so I stream audio books or listen to music.

The highest proportion of respondents within a region who were getting online to overcome their challenges came from the Asia & Pacific region (31.6%), followed by Africa (26.1%)

" With Zoom, as I am doing a writing course and I have to share my texts on screen. I learn keywords to know when I need to change pages and I also record beforehand what I will share so that I do not have to read it.

" Using technologies have helped me a lot to stay in touch with family and friends. I've learned everything you can do from home, from online work/or social interactions.

" Useful strategies I employ include: accessing disability specific online grocery priority assistance; maintaining contact with family and friends through telephone, mobile applications and social media; using online collaboration tools to facilitate working from home; participating in online worship/faith activities; reading credible and accessible Covid-19 related information as compiled through our peak blindness advocacy organisation while contributing to this organisation's business continuity planning as a director; and, accessing online events such as concerts.

I am aware of the privilege I hold in using such strategies due to access to technology and internet coverage, both of which are not available equally across the world.

" I try to be productive by attending online seminars and training, doing online business, and learning new things.

" I am used to having a lot of contact with my family. To solve the situation of the "no-contact" I'm calling them every day by video-calling. Also, I'm trying to watch a lot of professional videoconferences to disconnect my mind of this situation.

Personal wellbeing

In addition to staying connected with families and friends, people have been employing a variety of ways to maintain and improve their wellbeing during this difficult crisis. Methods ranged from keeping physically and spiritually active to helping others out.

" Patience, persistence, creativity and resourcefulness in different scenarios and circumstances.

" When the information provided makes me more insecure, I prefer to devote my time to leisure activities, such as reading.

" What I'm doing in this period is meditation, personal growth reading, and drawing mandalas.

" Among the strategies or solutions I've used to address these challenges are: asking for support from my family and friends, leveraging informal networks (such as social media groups and mobile apps, neighbors), contacting community-based services, creating personal accommodations, taking on advocacy initiatives, and getting distracted by social media enough to stop thinking about the situation, although I always thank God for everything. I also recommend connecting with all the positive because there are always people in worse situations, so I am sharing information that will help people to generate learning and disconnect from so many things that alarm us.

" I ride my bicycle alone in quiet areas for safety. I walk long distances listening to talking books. I bring a thermos of coffee and some snack food with me.

" I avoid listening to the news because they're not at all positive. I disconnect my mobile data about 10pm to 10.30pm and relax by reading.

Compared with the figure of 20% of respondents overall, only 7% of women living in rural locations shared solutions for maintaining their personal wellbeing

" I listen to audiobooks, follow online gym classes, among others.

> " Since my health is my main concern, I am constantly trying my best not to stress myself out and not to worry too much. I pray every day and try my very best to eat healthy, to exercise and to relax, so my immune system would always stay strong and healthy. This will lessen my chances of getting infected.

> " I have started doing daily meditation to fight worry and anxiety.

> " I overcome the fact I am not able to practice sports with meditation and Tai Chi.

> " Good listening ability: it is very important to devote our listening skills to our family, friends and fellows who maybe call just to express and share their sentiments, emotions problems etc. Then, we can extend some pieces of advice, doable things to address their problems, comfort their agonies, boredoms, depressions, fears and other emotions.

> " First and foremost, I am praying. I am attending Facebook, YouTube and Zoom for mass spiritual support, the California Council of the Blind and other meetings. I am hugging my husband. We utilize the support of our daughter for groceries and other needs. I am keeping strictly to the social distancing protocol and grooming/hygiene standards. I am keeping my schedule as regular as possible and working on keeping good sleep and hygiene. I walk away from the news and read for pleasure.

> " I do a ton of reading and I'm very thankful I got an iPhone to learn digital book downloading, as I'd be completely lost without reading as the libraries are closed.

> " Attending biweekly chair yoga via Zoom by the American Council for Blind People.

Being practical

Even with the universality of the pandemic, our individual experiences and contexts are all unique. In response to the situation, respondents have developed practical

ways to build resilience that help improve their circumstances and overcome some of the challenges they face.

> " I reinforce some of my dog's skills, such as finding an empty seat...

> " With regard to transport, walking etc., my strategy is to try not to take it at peak hours. If already in daily life I have been labeled as being blind, now, more so, as no-one wants to touch you and you get criticized for going out, and for bumping into too many people as you don't want to have contact with people close by. So, I try to develop daily strategies to solve my daily problems.

While 16% of respondents overall shared practical solutions, the proportion of responses from among people based in low income countries jumps to 24%

> " Going very slowly at everything and asking for help explaining my personal situation constantly.

> " Creating personal adaptations such as using what is called a Veronica bucket to provide water for washing of hands, using a tree branch as a white cane, and listening in to a dry cell battery powered radio set to access information.

> " I try to wear a mask, because that way people also psychologically help you more or talk to you more.

> " These needs have left me looking for alternatives on how to gradually solve each situation. I am cooking very basic things that do not involve frying, boiling or baking. I'm slowly starting to heat the food that requires it, in the microwave. I have thought of starting to call people with visual impairments, with whom I feel more confident and free, to ask them for advice to prepare more complex foods than I have prepared to this day. I will immediately seek distant guidance from strangers on strategies for cooking safely and more meaningfully.

" To find out the position of the kitchen controls, I have glued a ball to the zero position. To locate medication, I have a box with lockers on the bedside table and thus locate everything from the bed. On that table I have an extendable arm lamp to illuminate closely, a magnifying glass with light, the mobile charger plugged in and the cable within easy reach.

" I lack training to cross intersections by listening to surrounding noise, traffic, etc., therefore my first request for a guide dog was refused. So, when I go out now, I pay much more attention to noise .... in fact, I would like to know another person using a white cane who could accompany me on my travels sometimes.

" As the COVID-19 epidemic occurred unexpectedly and caused me a lot of difficulties, I found some solutions like cooking, a difficult challenge as it is, and with a lot of trying and taking advice through phone, now I know how to cook some food. My best solution is washing my clothes - I leave my clothes in water and add some salt. I do not know if it cleans my clothes, but it fully removes the smell which is very comfortable.

" To reduce costs instead of drawing sheets, I write on a magazine or on any hard material on which the braille can be captured.

Assistive technologies

Assistive technologies enable greater independence and include a range of products specifically designed to benefit blind and partially sighted people. Whether it's hardware equipment or software programmes, these life-changing supports have proven their worth during the pandemic.

" For household chores and finding my way around, I have been using the 'Be My Eyes' app even more than usual so that I can get the help I need now that my personal assistant cannot be with me.

" I use the electronic magnifying glass of the mobile phone and the advantages of the accessibility of it, such as touching the screen three times in a row to expand it. I use audiobooks as the main source of leisure. I am still in the process of adapting to this low vision situation, which is recent in my case.

" Most strategies I rely on are through mobile apps or with the help of my close friends.

" For personal care, I keep everything neat. Everything has a place and if I'm stuck with colours or anything else in the house, as I live alone, I use various apps on the iPhone to assist me - apps such as seeing AI, Bespecular, Be My Eyes.

" I provide training / recommend that food delivery app for blind people so they can order independently – these are new things in Lao.

" Another of the tools that I use is the phone - more than the computer - because to my personal knowledge it is easier and more accessible.

" As for public transport in Argentina, people with low vision use the green cane that helps us to let people know that although we are not blind, we see little therefore it is easy to ask for help.

" I use the accessories that ONCE (National Organization of Spanish Blind People) has made available to me so that I can operate autonomously.

1 in 6 respondents over the age of 65 identified assistive technologies among their solutions – this was the highest proportion of all the age groups

" I do my shopping in small local shops and for other products, I do it online. Regarding access to information, I use accessible Apple devices that allow me to increase text or listen. It is necessary to provide continuous training on accessibility and apps that can make life in general, or work in particular, easier.

" I have searched for applications to be able to get dressed day by day as much as possible.

> **"** TIFLOTECHNOLOGY: I use a TV screen as a computer screen via an HDMI cable, I use my mobile's portable wifi to supply sufficient home wifi, and I use the free GB mobile data bonus that the phone company offers during the pandemic.

> **"** To overcome my challenge in reading and digital communication I have to use a magnifying glass. This makes me go through so much stigma though.

> **"** We get some products delivered, I asked a friend once for help and now use the web to pay for products and services and to make transfers between bank accounts. And, in this way, concentrate everything in a single bank account that offers an accessible ATM. This way we could extract money when we needed it.

> **"** I have well-adapted and functional tools - mainly zoom text with voice synthesis and Android cell phone.

> **"** I use my smartphone for everything, from leveraging the power of apps which help me do my job from home, to using the camera to aid with social distancing and navigating unfamiliar areas when I do go out.

> **"** I use the technology available through mobile applications to be able to help lead a more productive and pleasant life and therefore more satisfying.

OPD support and / or self-advocacy

With people being exposed to inequalities and additional barriers during the pandemic, the space for advocacy and action by representative organisations of people with disabilities (OPDs) and self-advocates has grown even bigger. Challenging discrimination and the lack of disability inclusive responses, as well as providing other forms of peer networking and support, are much needed and appreciated efforts in the ongoing fight for equality.

" Informal and organizational networks of and for people with disabilities provide more accessible and timely information. I have encouraged initiatives at the civil organization level to call for direct government support for people with disabilities. I have provided institutional advice for the creation and implementation of care protocols and actions for the state response to people with disabilities. With the support of the state university, I am formulating a public policy proposal to cover the basic areas of development of persons with disabilities, particularly within the emergency care actions provided by the Government of Guatemala.

" Outside, or in public places, you have to verbalize things; it works well provided that the person is comfortable in communication and with regard to disability. Keep yourself informed via newsletters or official FAQs about lockdown and deconfinement measures. And suddenly raise awareness of those around you, or even those around you who are close to the situation of the visually impaired person and the measures of social distancing, wearing a mask, the importance of touch.

" I advise NGOs and give talks through live broadcasts to parents of people with disabilities about their concerns.

" We in Mozambique, we have our association and we try to advocate together with another association for people with disability to tell the government to open their minds and provide laws to protect the rights of people with disability.

" I used the Zoom communication platform and shared the problems that our friends are facing. We also organised the same forum for providing orientation about the use of assistive technology and convenient apps for Blind users. I generated funds asking within the civil society network and managed to supply food stuffs to those having no food during the lock down. I also shared the Facebook session of WBU to the group members so that they got more and valuable information about the personal mobility of blind persons during the Covid-19 response.

 Respondents living in low and lower-middle income countries were twice as likely to refer to OPDs and self-advocacy among their solutions than those living in high and upper-middle income countries

> " The Union of Blind and Partially Sighted People of Slovenia made an agreement with the biggest merchant in Slovenia for opening e-shopping for blind and partially sighted people.

> " I am a very insistent person when I ask the different Public Administrations to comply with the legal regulations of disabled people, especially on accessibility, but the answers I obtain are negative and do not listen to compliance with the Legal Order.

> " I organised an online zoom webinar where I invited persons with disabilities to come together and share their challenges, plus possible solutions. About 70 people from the disabled community in Kenya attended and shared in this very rich conversation. I am also a social media influencer, so I have been making videos to spread awareness about COVID-19 and visually impaired persons.

> " In order to overcome some of my challenges and those who may be affected in a similar way, I thought of engaging regional human rights disability groups and other pressure groups to identify useful strategies to convince the banks or lending institutions to give people with disability a holiday of not paying the loan until the time when COVID 19 will be controlled. It is also the role of WBU through the United Nations to convince African governments to exempt some of the salary related tax. In this way, people living with disability like me will have enough money for the entire month and this will reduce the chances of contracting Corona virus.

> " To tackle the problem of inadequate protective items (e.g. masks or hand sanitisers), the Hong Kong Blind Union leveraged on social media to appeal for donations for these items.

> **"** I have also been a part of an NGO to handle a number of leadership roles there, and when it comes to general society, I do participate in demanding my rights. Additionally, I believe that I made myself capable enough to perform all the jobs with proper expertise and I have a lot of people who ask for my advice as an expert on those areas.

> **"** Coordinate with local and municipal neighbors and authorities. Through our representative local-based organization, we also question resources with public agencies to solve the problems that most people with disabilities face.

Creating / finding accessible solutions

For many blind and partially sighted people, accessible information and services are unfortunately not always known or readily available to them. This has placed undue responsibility on people during this crisis to seek out their own accessible solutions, including in some cases, creating and sharing accessible alternatives.

> **"** Because of other members in my family, I am able to overcome the challenges. However, for other blind people, I have been sharing audio resources in my collection to keep them busy.

> **"** In order to overcome the challenges associated to the threats of Covid 19, I strive to gather information through radio, television, Braille written materials and audio recorded information. Sometimes I enquire for information through telephone calls with my friend or listen to government directives and guidelines.

> **"** For the subject of the means of transport, for now I'm not taking it. And if I have to catch it, the first few days I'll go with a family member or friend who will help me locate where the center door is until my dog and I adapt.

> **"** With regards to the information about covid-19, I turned to publications that are accessible to me, such as radio and TV.

Under 25-year olds were most likely to come up with creating or finding accessible solutions to their challenges

> " For the subject of sport, I am guided by some videos that some of my friends have sent me. They are also fully adapted videos for blind people.

> " In the academic field, the solution I have implemented has been - together with the help of the teaching staff who teach the subjects I teach - the realization of the relevant adaptations in order to make the materials as accessible as possible.

Formal support

In a crisis like this pandemic, support from the government, local authorities, social services and other frontline responders are critical for people who are considered 'at risk', particularly in terms of the provision of essential items and services and other social protection measures. However, in stark contrast to personal support networks, very few respondents reported on benefitting from formal support measures.

> " The municipality has an aid system for people at risk.

> " I fundamentally use the radio to inform me, I also use the online services of the City Council.

 People living in lower-middle income countries were most likely to mention the positive impact of formal support, however no one living in a low income country even mentioned this as a solution

> " I contact food delivery services and friends at least 5 days before I need them. I have also signed up for government provided food deliveries.

> " My City Council has expanded a list of local shops that deliver home at no cost.

> " For grocery services, beyond delivery services, using family and friends, utilizing community-based programs through social service agencies - volunteers that are willing to help pick up groceries.

> " I am working with the government to provide accessible information about covid-19 and broadcasting to disability groups in Lao. The UN is working with the Ministry of Health and telecommunication service providers to broadcast text messages and audio messages to blind people and collect data from disability service centers. I am also working with the organization for blind people and social department about supporting necessary survival items such as food, housing and etc.

> " For work, I asked for help from social services and the red cross.

> " To conclude, I think that the responsible service - national health, plus the community service - have controlled the situation as well as it should be, except that of course it is always we the blind/partially sighted people who suffer the most.

BUILD BACK TOGETHER

BUILD BACK BETTER

Recommendations: taking action to build back better

While COVID-19 has caused devastation in the lives of many, it is still in our power to determine the path of its legacy. Maintaining the status quo of inequalities that existed before the pandemic would mean accepting that the virus beat us. Across the globe, we now have the opportunity to take forward what we have learnt, and are still learning, to build back better.

This section lays out a set of recommendations to WBU advocates, framed within eight topic areas. Each topic is directly based on the experiences, resilience strategies and suggestions shared by the respondents, and offers practical ideas on ways to engage in action for change. The recommendations are not presented in any order of importance and should be viewed as interrelated.

Even though these recommendations stem from feedback received from the WBU's blind and partially sighted constituents, we would like to emphasise that many others would also stand to benefit from their implementation, particularly other people with disabilities and older people. The WBU therefore strongly encourages its regional and national affiliates, as well as other representative organisations of people with disabilities (OPDs), to get the most out of these recommendations by adapting them to your local context and realities as part of your COVID-19 advocacy work. We also urge you to utilise the invaluable quotes and data from this survey as evidence to support your advocacy actions, and perhaps even in some cases, to help kickstart a dialogue on the issues raised.

Finally, these recommendations which are complementary to the CRPD, can also be used to inform your long term advocacy strategies - beyond the pandemic - as they closely align to global strategic frameworks, including the Sustainable Development Goals, Sendai Framework for Disaster Risk Reduction and the New Urban Agenda. By acting on the recommendations and working collaboratively with others, we can bring ourselves closer to ensuring that everyone can enjoy their rights fully, and participate in society equally.

Disaster resilience

When COVID-19 first struck, critical time was lost as many countries were still deciding what, or even if, action should be taken. Poor planning and inequitable responses ultimately cost thousands of people their lives and disproportionately

affected millions more people from among certain groups, including people with disabilities.

Amongst the testimonies, we heard stories of food insecurities, increased risk of exposure to the virus, isolation, financial difficulties, inaccessible information and poor access to essential services and supplies; all of which could have been mitigated with better resilience planning and inclusive responses. The end of the pandemic is not yet in sight and more can definitely be done to support not just a stronger response to the COVID-19 situation, but also any other disaster or crisis that could happen at any time - even during this one.

Governments and agencies that operate in humanitarian environments are all too aware that building disaster resilience saves lives, reduces vulnerabilities, and creates more agile and sustainable systems for communities and countries. This is contingent upon involving community members - particularly those who may be at higher risk during a disaster - in the resilience building processes from the early stages.

Ways to engage in action for change:

✓ In collaboration with other OPDs, **work with local authorities and your communities to review their emergency operational plans** so that they contain effective resilience strategies, such as ensuring inclusive mobility and accessible information. Make sure these plans include targeted measures where needed for people among your constituency groups who are more marginalised than others. Where relevant, connect to and support local CBID/CBR (community-based inclusive development/rehabilitation) programmes or other community development programmes so that they can be better mobilised to assist people with disabilities in crisis situations.

✓ Given that blind and partially sighted people are at increased risk of exclusion or have limited access to support during a crisis, **promote and support all your members to have personal preparedness plans in place**. The WBU's national member offices could roll out country specific guidance on what members should think about, such as keeping a household emergency kit at home which could include items like long-life food supplies, extra batteries for radios and phones, and additional supplies of sanitation products. People who rely on personal assistance should think about

arranging a back-up person who lives nearby that they can turn to. Additionally, people should try to agree a contingency health plan with their doctor, so that they feel more confident on how to access health services and medication during a crisis. Finally, WBU organisations based at local levels should find out and share with their members information on what contingency plans their local authorities have in place and who are the focal people and organisations they can turn to during emergency situations.

✓ **Lobby your government for national/provincial disaster management plans that enable the implementation of disability inclusive measures** during emergencies, ensuring equitable access to essential supplies and services, including social protection programmes. For instance, public announcements and information are critical in emergencies - especially in the initial stages - and whether it is written or audio format, it must be accessible to all people.

✓ Crisis situations inevitably lead to a dramatic increase in mental health difficulties as well as other safeguarding issues such as abuse, exploitation, neglect and segregation. WBU national member organisations are therefore strongly encouraged to join forces with other OPDs and **work with your governments and local humanitarian actors to ensure their policies and programmes have disability inclusive safeguarding measures in place that are supported by accessible accountability mechanisms**.

✓ Team up with OPDs to jointly **advocate for telecommunication companies and governments to automatically make data for GPS applications, as well as a reasonable quota of airtime minutes, free** to customers with disabilities in times of emergency. This is particularly needed in low and middle income countries where people with disabilities are less likely to access top up services or afford high quantities of minutes and data.

✓ In alliance with other OPDs, **participate and engage in forums on Disaster Risk Reduction (DRR) at local, regional, and global levels to promote disability inclusion**, referencing the Sendai Framework for Disaster Risk

For further information and resources, you can refer to [WBU Report on Disability Inclusive Disaster Management (2014)](#) and the [IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019)](#). The Queenslanders with Disability Network also have some practical tools for [person-centred emergency preparedness planning for COVID-19](#).

Inclusive urban development

The UN has projected that by 2050, over 6 billion people will be living in urban areas, of which around 2 billion are estimated to be people with disabilities and older people. As populations rapidly grow, it is essential for urbanisation plans and policies to respond to the needs of its diverse base of residents in order to address risks and prevent rising inequalities.

With transportation and mobility issues being the biggest challenge reported by the respondents (87% of whom are based in urban settings), this report has acutely highlighted how poor urban planning can have serious negative impacts on people's lives. Moreover, the testimonies in the report have given particular insights on gender inequalities, as well as the vital role that urban infrastructure has on people's wellbeing, safety and access to essential services. With all this in mind, it is therefore critical that OPDs, like the WBU and its national members, are able to join the public forums and consultations that shape how communities develop, so that they are inclusive and resilient for all.

To advocate for the infrastructure in your community to be accessible, the key stakeholder to target is your local government. Local authorities have the power and mandate to tackle the complex issues that have created barriers for people with disabilities, such as the ones noted in this report. OPDs can therefore play an important role in helping them to shift from reactive planning to a more proactive approach that ensures more sustainable and inclusive outcomes.

Ways to engage in action for change:

✓ Get in contact with your municipality and connect to the people responsible for local planning. **Build relationships with planners, engineers, decision-makers, etc. to raise their awareness on accessibility standards and on**

the issues your constituents are facing due to poor urban planning, and what possible solutions could look like.

✓ Find out and **engage in the mechanisms that are in place for public consultations on local planning developments** related to transportation and mobility infrastructure, green public spaces, and other community facilities. These processes may not be accessible, so be prepared to provide some technical support on how they can be improved.

✓ Collaborate with other OPDs to **offer your services to local municipalities in undertaking community accessibility audits**, which provide evidence-based recommendations and guidance to remove barriers and improve mobility chains for people with disabilities in their communities.

✓ Seek out and **join forces with other interest groups and advocates who are also campaigning for inclusive urban development**. Work together to mobilise your voices and develop a common message on how inclusive urban development can prevent inequalities and ensure resilient and sustainable communities for all.

For further information and resources on inclusive urban development and the New Urban Agenda, you can refer to the websites of WBU and UN Habitat III as well as Cities for All: Recommendations for empowering local governments on inclusive pandemic response. The UN Secretary General also released a policy brief on COVID-19 in the Urban World.

Universal design

The testimonies have shown that while personal support networks have been vital during the pandemic, a sizable number of people also felt a loss of independence and autonomy in their lives. With better environmental, building, product or service design – and integrated accessibility - more can be done to reduce dependencies on others for people with disabilities in their everyday living. In times of emergencies, well thought out and accessible design can even make a lifesaving difference.

The CRPD defines Universal Design as, "the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. Universal Design shall not exclude assistive devices

for particular groups of persons with disabilities where this is needed." Unfortunately though, the reality is that people with disabilities are often an afterthought in the design of infrastructure, products and services. Even if considered, the heterogeneity of people with disabilities is typically overlooked. For instance, almost 13% of the respondents in this survey indicated having some level of hearing difficulty in additional to their seeing difficulties, and 7% of respondents noted having a significant level of mobility difficulties. Diversity also sits within people with disabilities and failing to recognise this prevents a user-centred design and approach.

For the principles of Universal Design to be applied effectively and efficiently, it is necessary for architects, planners, designers, programmers and other creators to design with every kind of user in mind from the start.

Ways to engage in action for change:

✓ **Lobby for the design and improvement of all products and services related to COVID-19 to involve people with disabilities in user consultations and testing,** particularly personal and protective equipment, such as masks, face visors, hand sanitation dispensers and plastic shielding screens.

✓ **Advocate for the development or effective implementation of domestic accessibility standards and guidelines** that legally compel all goods and services to follow Universal Design principles. Look to identify and address issues that are essential to a person's safety, especially in emergencies, so that these can be prioritised. As an example, all government approved medication should include Braille or tactile markings so they can easily be distinguished by the user. Also, in many countries, ATMs are a fundamental means for people to access their cash, especially if the banks are closed, and must therefore be accessible for any person to access independently.

✓ **Raise awareness among the private sector on the relatively untouched market of consumers with disabilities**. For instance, not enough producers of white goods have yet realised that there is a market out there for washing machines and dryers that include tactile control panels and audible programme signals. Moreover, in line with Universal Design, these should not

be specialised, costly products but rather integrated features of standard designs and therefore affordable and beneficial to all consumers.

✓ **Work with universities, colleges and vocational institutions in your country to advocate for greater formal learning opportunities on Universal Design and accessibility** within relevant departments – be it engineering, architecture, education, urban planning, ICTs, etc.

✓ **Join the International Disability Alliance & International Disability and Development Consortium [Accessibility Campaign – COVID19](#)** which is calling for public health information and communications around COVID-19 to be fully accessible.

✓ Universal Design does not stop at a product, a facility or the service. It should also be applied to the surrounding infrastructure and environment otherwise users may not even be able to reach the goods or services. **Your efforts under this section therefore need to be closely connected and working in synergy with the recommendations made under 'Inclusive Urban Development'**.

For further information and resources on universal design, you can refer to [WBU Paper on Universal Design](#) and [Centre for Excellence in Universal Design](#).

Accessible technology

COVID-19 has accelerated our reliance on technology, and therefore its demand too, as it has displayed its capacity to create solutions against the barriers that the virus is posing. As many of the survey responses highlight, the use of technology for overcoming barriers for blind and partially sighted people is not new though, nor is the tremendous impact it has on people's lives and in supporting their independence.

With the momentum for technology picking up, now is the time to ensure that it is being maximised to the greater benefit of all, and not contributing to a bigger digital divide. The scope for technological innovations is limitless, which is why it is important that disability advocates actively engage in design, development, implementation, monitoring, and feedback processes as technology evolves, so that it continues to create solutions rather than unintended additional barriers for people with disabilities.

Ways to engage in action for change:

✓ **Raise awareness among key stakeholders like your government, local authorities, businesses, education and health providers, on domestic digital accessibility standards and guidelines** if they are available in your country; otherwise, revert to international standards. The private sector is strategically important as they are usually the ones contracted to develop the products and services.

✓ Work with habilitation and rehabilitation service providers for blind and partially sighted people in your country to **develop or strengthen training programmes on digital literacy and online navigations skills**.

✓ Cities are expecting their digital transformation to accelerate as a result of the pandemic, so **engage with your local authorities to ensure that 'e-government' is centred around its diverse base of end users, including blind and partially sighted people**. Also, lobby for your authorities to follow an accessible procurement process that meets digital accessibility standards.

✓ **Support businesses in the technology sector to know about the significant level of demand that exists for software and apps that assist blind and partially sighted people**. At a more strategic level, look to ally with digital accessibility champions such as Microsoft, Apple and Google to help advocate to other providers on the business case for accessibility, sharing good practice case studies; such as having designated ICT support desks for people with disabilities which team up with companies like Be My Eyes.

✓ **Work with your Health Ministries/Departments, as well as health service providers, on how to guarantee and regulate evolving tele-health services to be more accessible and equitable**, according to the needs of the patient as well as employees with disabilities. For blind and partially sighted people, for instance, one element to focus on would be ensuring tele-medicine programmes are equipped to accommodate screen readers, magnifiers or high contrast software.

✓ **Create a space for WBU members to share with peers their reviews and recommendations on available accessible software, apps, services and products** (e.g. Be My Eyes, BeSpecular, Seeing AI, Microsoft Teams, Access Note, Kindle, Colour ID, etc.). Likewise, **raise awareness among government, employers and education providers on technological systems that support accessibility**, and what their responsibilities under domestic legislation are in terms of provision.

For further information and resources on accessible technologies, you can refer to G3ict – the Global Initiative for Inclusive Information and Communication Technologies and CBM Digital Accessibility Toolkit. In the coming months, you will also be able to access a WBU and CBM Global co-produced resource, Accessibility NOW! Guide to Action.

Mental health & wellbeing

Both the qualitative and quantitative data in this survey have returned stark findings on the impact the pandemic is having on people's mental health, be this through pre-existing conditions or newly, in response to the situation. It is a valuable reminder of how people who are blind and partially sighted should not be viewed through a single lens when seeking to understand and address the challenges they are currently facing. While higher levels of people generally have been experiencing anxiety and stress during the crisis, there needs to be raised awareness on the additional toll that stigma, social exclusion, inaccessible sports and leisure facilities and services, and lack of access to support can place on a person's mental health.

In recognition of its duty of care to its own community of constituents, the WBU made efforts to reach out to those respondents who raised serious concerns over their mental health in their surveys. Mental health is everyone's business; and is best achieved through community-centred, 'whole of society' approaches. Here, WBU advocates and other OPDs can play an important role in influencing local and national COVID-19 mental health responses, as well as other ongoing programmes and initiatives, to ensure they are inclusive of all people affected.

Ways to engage in action for change:

✓ **Support the development of informal peer support systems among WBU members** - through a variety of channels such as email, WhatsApp,

Facebook, videocalls, phone calls, etc. - reaching out to people who may be feeling more isolated and unsupported. Continue to check in from time to time on members who have expressed increased vulnerability.

✓ **Advocate for accessibility to be integral to mental health responses, policies, programmes and initiatives**. Helpline providers, for instance, may need to take additional measures to ensure that people with disabilities are aware of and able to access their services, such as introducing written channels of communication for people who may have some level of difficulty hearing.

✓ **Raise awareness among mental health professionals and leisure/well-being service providers on the barriers and challenges that blind and partially sighted people face** in maintaining their well-being and accessing the services they need. Help them think through adjustments they could make so that your members are equally able to access them.

✓ **Collect and share information on existing local mental health or wellbeing initiatives and programmes** that your members may benefit from connecting to.

✓ **Use the [Marrakesh Treaty](#) to lobby for increased production of books and other copyrighted works in accessible formats**. If your country has ratified the treaty, follow up on its domestic implementation, and for those countries that haven't, then continue to advocate for its importance, using the findings in this survey to support your efforts.

For further information you can access a copy of the UN's [Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#). The WHO also provides a selection of resources on [Mental Health and COVID-19](#).

Inclusive policies

By exposing the depth of systemic inequalities that exist, COVID-19 has at least pushed forward the agenda of delivering transformational change within our country development processes. The lack of national and subnational policies, plans, programmes and infrastructure to effectively ensure equal access and protections for

blind and partially sighted people was clearly evidenced through the testimonies we heard. This reinforces how a one-size-fits-all approach to policy-making simply does not work and is not tenable if governments are sincere in their global commitment to leave no one behind.

With the evidence mounting on the disproportionate impact that specific groups of people are facing during COVID-19, the time is now to engage in advocating for equitable policies, and the systems needed to support their delivery. As governments think ahead into the recovery period, there is a window of opportunity for WBU member organisations and other OPDs to influence what measures are needed in order to prevent the inequalities gap from continuing to rise.

Ways to engage in action for change:

✓ Despite over 180 countries having already ratified the CRPD and therefore recognising disability as a human rights issue, many countries nonetheless reverted to a paternalistic and prejudicial approach towards people with disabilities in their COVID-19 responses, which could take back the direction of their CRPD implementation if this remains as the new norm. It is therefore critical that WBU member organisations come together with other OPDs to **analyse new or existing legislation and policies, and advocate for their alignment with CRPD.**

✓ COVID-19 has already started to impact livelihoods and as we heard in the testimonies, people's food security too. Likewise, the health and education sectors were also severely impacted by the pandemic and may take time to recover. Barriers that previously existed are now exacerbated by the crisis, leaving people with disabilities at even greater risk of poverty and marginalisation. Join forces with other OPDs to **engage with your governments as they introduce policies and provisions to try to address the worsening economic hardships forecasted**. Help them to understand the additional barriers, including disproportionate financial burdens, that your constituents face and offer solutions for them to adopt, that work for your context. Also help them to ensure that targeted measures respond to the diversity of people with disabilities who may also be experiencing other forms

of discrimination, due to factors like gender, age, location, indigenous status, ethnicity, race, or any other characteristic.

✓ In order to know who is most affected, particularly the people who are experiencing multiple and intersecting forms of discrimination, **advocate for your government and data collection bodies to include disaggregated data on persons with disabilities in their surveys**. This should be an integral part of the evidence base used to improve policies and actions as well as to monitor progress on how effective response and recovery strategies are. Recommend the [Washington Group](#) approach to disability measurement if your national statistics office is not already using it.

✓ For disability-inclusive policies, plans, and programmes to actually be implemented the words on paper will need to be resourced accordingly. Currently many governments are allocating and shifting budgets in response to COVID-19 to support the implementation of new policies and plans. In collaboration with OPDs, **work with your governments to understand what costs they would need to factor in to be disability-inclusive, and advocate for follow through**. The costs will depend on the context, but these could include provisions for accessible information, subsidies, environmental adaptations and reasonable accommodations. Moreover, help your government to understand that many of these costs can in fact be significantly reduced if accessibility was factored into public procurement processes or if budgets were reallocated away from inefficient segregated service provision.

✓ Engagement and accountability mechanisms are key drivers for ensuring successful policy implementation and enforcement. Unfortunately, these are not always in place or if they are, they are not necessarily inclusive. Where there are opportunities, **lobby for OPDs to have a formal space in civil society consultation, monitoring and review processes**. If your government has ratified the CRPD, and you face resistance doing this, then use articles 4.3 and 33.3 as well as [General Comment 7](#) to help make your case. Help your government to ensure these mechanisms are accessible, and

For further resources that provide information on inclusive policies in COVID-19, you can refer to the UN Secretary-General's Policy Briefs: A Disability-Inclusive Response to COVID-19 and COVID-19 and Human Rights: We are all in this together. You can also access the UN DESA Policy Brief: Leaving no one behind: the COVID-19 crisis through the disability and gender lens.

Awareness-raising

Since everyone has been impacted by the crisis, the fact that some people are far more affected than others can easily be taken for granted. One of the common challenges noted in this report was around negative interactions with people who were not particularly sensitive to the situation of blind and partially sighted people. Such attitudes and behaviours are often driven by stereotypes and misguided assumptions around people with disabilities. Greater awareness and understanding of how COVID-19 is having a disproportionate impact on certain people within our respective countries, can help shift attitudes and increase support for those most affected.

Any awareness-raising efforts by WBU advocates and other OPDs will need to highlight how people with disabilities are not a homogenous group and that their challenging experiences through the pandemic may not just be on the grounds of disability, but also an intersection of other factors such as gender, age, type of impairment, socio-economic background, or any other characteristic.

public on the specific challenges that blind and partially sighted people are facing, why they may need to be exempt from certain regulations and what people can do to help reduce those barriers as part of the pandemic response.

✓ **Use the specific challenges of COVID-19 shared in this report as case studies in your ongoing campaigns to raise awareness on the importance of accessibility**. Highlight the fact that many of the measures introduced to combat the virus were actually compromising the safety of people with disabilities because of poor accessibility. Help your audience to know what barrier-free solutions could look like and how these would indeed benefit many people when applying a Universal Design approach.

✓ **Help employers to recognise the value and contributions of their employees with disabilities**. Raise their awareness on how to ensure the provision of reasonable accommodations for their blind and partially sighted colleagues so that they can undertake their job effectively and feel equally respected as their peers. Also **encourage and support employers to provide disability equality and etiquette training to all staff**. You may want to target frontline workers in shops, transportation and healthcare first, given that these were the most challenging sectors noted by the respondents in this survey.

✓ **Work with the media, including social media, to ensure negative stereotypes are not reinforced in any coverage of COVID-19**. Challenge any misleading portrayals of people with disabilities and suggest positive alternatives. Promote the inclusion of the voices of people with disabilities in interviews and articles; you could even start off by using media platforms to share the testimonies and findings of this survey and open up a public dialogue on the issues raised.

✓ **Join the International Disability Alliance & International Disability and Development Consortium [End-Discrimination Campaign - COVID19](#)** which aims to raise awareness of examples of the discrimination that persons with

disabilities experience in accessing services (such as health services) during the global pandemic.

Capacity development & growth

This final topic underpins all the other recommendations as a driver for their effective implementation. The points below offer some general ideas to help strengthen the institutional capacity development of WBU affiliated organisations while responding to the COVID-19 crisis, but also carry a long-term vision. Since the capacities and resources available to member organisations vary, it is suggested that these ideas are prioritised and adapted according to your differing contexts, as you operationalise your respective strategies and work plans.

Ways to strengthen how you engage in action for change:

✓ **Take the time to reflect on and process this report. Open up a dialogue with your constituents**, asking questions like: How do the findings relate to your local context? What was unexpected? Why was it unexpected? What do we need to be doing more of? What should we be doing differently? How can we be more responsive to gender and age issues? What other questions should we be asking? Use these discussions on the findings and recommendations to frame a realistic way forward as part of your advocacy actions.

✓ The participation of 853 people in this survey is a testament to the high level of engagement and reach that the WBU has with its members. As some respondents pointed out though, it is important to **ask whose voices are missing and how they can also be heard during the COVID-19 crisis**. For instance, although children were not targeted in this survey, they are likely to have additional challenges and solutions to add to the richness of this report. Also keep in mind how the 'digital divide' has probably hindered the participation of many older people, people in lower income groups and people in areas with poor electricity or internet coverage. Additionally, while this survey was made accessible from the perspective of a blind or partially sighted user, the survey format may still have been inaccessible to a lot of

people who also have learning difficulties or low literacy levels. The WBU member organisations should therefore take appropriate measures to seek out these voices and add them to their advocacy narrative and strategies.

✓ **Continue to build knowledge among WBU members on the CRPD and how to use it as a tool for advocacy and policy analysis**, particularly in the context of COVID-19. If needed, also build capacity on the other recommendation topic areas in this section to empower you as advocates as you seek change and hold others to account. For instance, given the nature of this crisis, WBU advocates and other OPDs may want to learn more on humanitarian action and the ways to effectively engage across all stages of the humanitarian cycle. These capacity development initiatives can be resourced and delivered in consortium with other OPDs in your area, and depending on your local regulations, may need to respect physical distancing measures or they can even be online. You can also connect to global initiatives such as the International Disability Alliance & International Disability and Development Consortium inclusive training programmes on [CRPD Article 11- Situations of Risk and Humanitarian Emergencies](#) and [Bridge CRPD-SDGs](#), or see if there are any alumni in your area who may be able to support the capacity development of their peers.

✓ Due to way the data was disaggregated in this survey, we were able to have a deeper understanding of people's experiences based on factors such as gender, age and location. It is critical that this analysis of **disaggregated data is incorporated into your work to help inform your advocacy messaging on who is facing greater challenges and inequalities and may therefore need additional specific measures in place to support them**. It is also important for WBU member organisations to continue to collect disaggregated data and embed the findings into your programming and advocacy work. While doing so, think about which other categories it would be essential to have disaggregated information on within your context, and whether you may need to employ alternative data collection approaches to gather your information. By disaggregating your own data, WBU members

are effectively role modelling good practice to others on using a [rights-based approach to data](#).

✓ WBU members have openly shared their challenges and solutions, so it follows that the next step would be to share experiences of the advocacy efforts being made in response to COVID-19. **A sizeable majority of the respondents (71%) indicated their interest in joining a WBU community of practice and this could therefore be a strategic entry point for such a platform to evolve.** It would provide a great opportunity for peers to support and learn from one another through the exchange of ideas, questions, successes, challenges and solutions.

In conclusion, the WBU survey has produced a wealth of information that paints a vivid picture of the experiences of many blind and partially sighted people across the world during the COVID-19 pandemic. And while this report serves as a documentation of people's testimonies, it would be a disservice to those who responded to let it only be that. Several people commented in their responses on survey fatigue, and indeed for many who continue to face marginalisation and exclusion and all its consequences, it can be tiresome repeating your circumstances time and time again, but never hearing back from the data collectors or never seeing anything change. It is hoped that every WBU member association therefore reaches out to its respective constituents, and not just shares this report but also jointly agrees with them on what actions you hope to undertake through these recommendations. Ultimately, these voices should serve as the foundation bricks for building back better.

❝ When I talked to my visually impaired friends and ask them about their situation and if they received any help from the government most of them say no/not yet. We don't need a lot of surveys at this point in time; we need a concrete plan to help us move on and get on with our lives. ❞