“STRONGER TOGETHER”
Light for the World’s COVID-19 Response

From a cluster of cases in late 2019, COVID-19 went on to change life for everyone around the globe. At the time of writing, over 140 million cases and 3 million deaths had been reported. Fortunately, currently we see that COVID-19 vaccines are being produced massively and vaccination campaigns have started across the globe.

The virus has had a profound impact on everyone in 2020, and until vaccinations have been completed, it continues to do so. The most vulnerable in our society - including women and men, girls and boys with disabilities - are even more affected. In the countries where Light for the World works, we see this every day. In an attempt to stem the number of cases and deaths, many governments have taken measures. Lock-downs, school closures as well as a drastic decline in economic activities have led to food insecurity, the loss of education for children up to a full year, and an uncertain future.

In order to mitigate adverse impact on health, food security, income and well-being of girls, boys, women and men with disabilities and their families, Light for the World implemented its COVID-19 response “Stronger Together” programme in 13 countries. We used an approach that combines direct tailored support to people with disabilities, while at the same time promoting their access to essential services and goods provided by other organisations in the COVID-19 response.

Our implementation strategies:
1. Prevent the spread of COVID-19
2. Prepare people with disabilities to cope with the economic and social impact
3. Treat COVID-19 patients and increase health care capacity
4. Advocate for a disability-inclusive response
5. Protect our teams and remain operational

Since we started with our emergency response activities we allocated 3.7 million euros from the financial contributions we received from supporters and donors, and reached 151,761 persons, of which 39,823 people with disabilities and 111,938 family members.
In total **3.7 million EUR** was allocated to our COVID-19 emergency response programme “Stronger Together” since April 2020. The funding supported **61 projects** in 13 countries in Latin America, Africa and Asia.
Overall, 151,761 people with and without disabilities were reached by our activities. Of these people, 39,823 were direct beneficiaries and children accounted for 42% of the total. As for gender disaggregation, 51% of the direct beneficiaries were female and 49% male. The activities with the largest outreach were the distribution of food and health and hygiene material, which have reached in the course of the past twelve months 141,165 people (direct and indirect). Furthermore, during the same timeframe 14,595 people with disabilities were assisted with economic empowerment kits and economic empowerment training.

In addition, Bangladesh, Ethiopia, Uganda and South Sudan supported overall 603 children with disabilities directly through educational support. Mozambique also delivered Dignity Kits (containing hygiene and sanitary items for women and girls) to 2,775 girls.
Prevent the Spread of COVID-19

**AIM:**
Ensure people with disabilities know how they can protect themselves and help prevent the spread of COVID-19. Accessible information can save lives!

In the early days of the COVID-19 response we ensured that information and communication materials were made accessible to people with disabilities as they were often overlooked. Youtube videos were made available in local sign languages and posters in easy language were distributed across our countries of intervention. Also guidelines to wash your hands and keep social distance were prepared in braille. We worked together with organisations with disabilities, ministries of health and went on air through community and national radio to reach out to urban and rural populations. The collaboration with the radio stations also created more awareness among listeners on the impact of COVID-19 on persons with disabilities, with the purpose to reduce stigma and increase solidarity. For example, across Uganda we actively engaged over 50,000 people by responding to poll questions that were sent out as part of the radio programmes by 6 popular radio stations covering an audience of 15 million people. Not only in Uganda but also in South Sudan and Cambodia radio stations proved instrumental in contributing positively to the debate on COVID-19 and disability, both on air and online through internet radio and facebook.

Prepare people with disabilities to cope with the economic and social impact

**AIM:**
Support people with disabilities who urgently need supplies and food as well as psycho-social support to help them cope with the socio-economic impact of the COVID-19 crisis.

Our in-country COVID-19 impact assessments revealed that people with disabilities were especially concerned about their livelihood. They asked themselves how they should feed their families when little economic activity was possible during the lockdowns. The fear caused by the threat of contracting the virus and isolation, disruption of everyday life and domestic violence, negatively impacted the mental health of people with disabilities in particular.

We deliberately chose to hand out food packages together with hygiene products and COVID-19 awareness materials in the beginning. This support was very much welcomed by beneficiaries who reported it has helped them through some difficult months. We coordinated these distributions closely with organisations of persons with disabilities and our partners who have worked in the communities for a long time to ensure that the support would reach the people most in need. Where field workers used to make home visits, COVID-19 measures meant that follow up had to shift to phone calls to provide support to women and men with disabilities but also family members or caregivers. In some countries we partnered with other organisations to address mental health problems, such as with Red Cross in Kenya and Hesperian in Cambodia.

As food distributions were necessary but not sustainable we supported men and women with disabilities to shift their business or learn new skills to produce products that are in high demand. This included liquid soap and sanitary pad production where we engaged many women groups. Agricultural economic activities continued to remain in high demand.
Suman Nepal (33) is a beneficiary for coffee nursery support. He lives in Mandandeupur Municipality, which is one of the popular coffee plantation area of Kavrepalanchok, which is the largest coffee producing district in Nepal. Suman has a psychosocial disability for which he has been taking medicine for years to control his health conditions. In addition, he has one hand that has poor grasp and shaken restricting him to do heavy physical activities. Suman’s family is fully dependent on agriculture for their livelihood that is hardly able to manage their annual food demand. Suman’s father said: “I am barely able to make sufficient amount of money for other expenses like medicines, education, etc.” As Suman is now selected as a beneficiary for coffee nursery establishment, his father hopes that it will be now be easier to manage money for the medicine expense. It is expected that the establishment of coffee nursery in the area will be a very lucrative local business where a young person like Suman can generate money for their own livelihood. With funding from the UK’s Foreign, Commonwealth and Development Office under the Disability Inclusive Development programme the project supports Suman also to register the nursery at the Coffee Development Board of Government of Nepal so that the coffee seedlings gain a higher value on the market.

Light for the World supported the distribution of Dignity Kits for women with disabilities in Beira, Dondo, Búzi, Gorongosa, and Nhamatanda, Mozambique. The Dignity Kits consisted of capulanas (cloth traditionally used in Mozambique), washable pads and other personal hygiene materials. Our programme manager Leovigildo Pechem shares: “The women with disabilities from our programmes were so happy! Never before had someone thought about their basic needs in emergency situations. It was really beautiful and we will continue strengthening their rights!”

The mother of Bersufekade (7), Ayite, is shouldering the responsibility of providing for her seven children and her mother-in-law since her husband left her right after the birth of Bersufekade once he learned that Bersufekade has cerebral palsy. Due to the pandemic, the entire family is surviving on the mercy of the neighbourhood, some send food items while others send in some small money. “I am grateful for the CBR project, because it feels good to know that now I have someone who shares the burden of taking care of Bersufekade. The affection and commitment from the field worker is amazing. She keeps calling us and encouraging us to make him do the exercises she had shown us for the last three weeks. It is puts me at ease to know someone else is also concerned about the wellbeing of my boy.”

The AIM:

Treat COVID-19 patients and increase health care capacity

AIM:

Develop concrete support measures to strengthen the health systems in our focus and partner countries – giving special attention to people with disabilities and those with chronic diseases.

Light for the World has procured a massive number of personal protective equipment for its extensive network of hospitals and eye health units to ensure a continuity of eye health services across the countries where we work. For example, in Mozambique we procured personal protective equipment such as masks, goggles and protective gloves for five eye health units across the country. Moreover, as people with disabilities have been at higher risk of getting COVID-19 and ending up in hospital, we have raised awareness among health workers about inclusion of people with disabilities, and shared information material to increase awareness on accessibility of information on COVID-19.

An innovative example of providing health services in remote areas without the need of visiting the hospital immediately, is the tele-ophthalmology consultation services in Ethiopia. People can call the hospital and get a consult over the phone. In some instances patients are asked to send pictures via Telegram. Based on these consultations a smaller number of patients will be asked to come to the hospital for further diagnosis and treatment.
Our teams are vital to make an impact. In March 2020 almost all our colleagues had switched to home office. Everybody did an amazing job to make it possible that work could continue, notwithstanding the challenges each of the colleagues faced on a personal and family level. Later in the year in some countries teams could slowly return to office again, while keeping to the official COVID regulations in place. Online training sessions were organized with humanitarian actors in South Sudan, Burkina Faso and Mozambique. We note that progress is being made and organisations show genuine interest to take include persons with disabilities although a continuous effort remains vital.

To ensure that the global vaccination roll-outs and national vaccination plans would be equitable and inclusive COVID-19 vaccination roll-outs. Together with the disability movement we stress the affordability, availability, accessibility and awareness of COVID-19 vaccination strategies, to make sure that no one is left behind and persons with disabilities get the proper protection they need.

**Advocate for a disability-inclusive response**

**AIM:** Call on governments, UN and humanitarian actors and support them to ensure disability-inclusive, accessible and rights-based disaster response

Together with organisations of persons with disabilities, Light for the World advocated to governments, donors, and development actors to make their COVID-19 interventions inclusive of women, men, girls and boys with disabilities. People with disabilities should not be left behind, in any circumstances. Practical suggestions were given such as providing sign language interpretation on COVID-19 press releases. Online training sessions were organized with humanitarian actors in South Sudan, Burkina Faso and Mozambique. We note that progress is being made and organisations show genuine interest to take include persons with disabilities although a continuous effort remains vital.

**Protect our teams and remain operational**

**AIM:** Protect our teams and remain fully operational as an organisation

Our teams are vital to make an impact. In March 2020 almost all our colleagues had switched to home office. Everybody did an amazing job to make it possible that work could continue, notwithstanding the challenges each of the colleagues faced on a personal and family level. Later in the year in some countries teams could slowly return to office again, while keeping to the official COVID regulations in place. Online meetings have become the standard since, rather than gatherings in a meeting room. At the same time we look forward to be able to travel again and have more opportunities for direct interaction.
Acknowledgments

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