



Feeling the Pulse

Personal reflections
on the impact of
the COVID-19 crisis

From participants and staff of Community Based Inclusive
Development (CBID) programmes in four countries.

cbm 
christian blind mission

... AND GIVEN ASSISTANCE
... THE GOVERNMENT
TO BE ABLE TO EXPRESS MY OWN VIEWS.



Introduction

The COVID-19 pandemic has had enormous consequences for populations across the globe. To control the spread of the virus and avoid a collapse of health systems, governments around the world took response measures which have hugely impacted communities and community programmes.

Persons with disabilities were already among the most excluded and vulnerable populations before COVID-19 and they have faced additional barriers in their everyday life as the pandemic unfolded. All too often, they have been excluded from response measures and have seen growing vulnerabilities as a result. At the same time, engaging communities and using community platforms and networks to drive inclusive community-led solutions have shown to be powerful strategies to ensure no one is left behind during the response to the pandemic.

CBM is consciously opening spaces for the voices and perspectives of persons with disabilities and their representative organisations to tell their own story and speak for themselves. This research project therefore aimed at providing safe spaces for participants of Community Based Inclusive Development (CBID) programmes in 4 countries, inviting them to share their views on the current situation.

The 'PULSE' study looks at how people with disabilities and CBID workers in their communities perceived the impact of the pandemic and at the coping mechanisms prevalent at individual, family, and community level. Participants discussed their personal well-being, practical challenges during the pandemic and their coping strategies. In this context, they also reflected on their individual resilience and personal growth. The interviews were conducted in October and November 2020

in Bolivia, Niger, Zambia and the Philippines by experienced local researchers, some of them persons with disabilities themselves.

Across all countries, a number of overarching themes were identified such as negative emotions (fear and anxiety often resulting in discomfort and fatigue), communication challenges, and additional barriers in accessing community services. Also, work arrangements and conditions for CBID workers have considerably changed during the pandemic, resulting in psychosocial challenges and often exacerbating existing vulnerabilities of the workers. Self-coping styles like self-awareness and -reflection leading to life adjustment, seeking support and rational cognition have proven to be crucial and have often led to increased affection and gratefulness in challenging circumstances.

The pandemic is not over and will continue to impact communities. It is likely that it will have lasting effects on many societies.

The pandemic is not over and will continue to impact communities. It is likely that it will have lasting effects on many societies. Since every crisis also provides opportunities, it is not only important to ensure that the vulnerabilities of persons with disabilities do not further increase. It is equally crucial that new opportunities for persons with disabilities to participate in their communities are not missed. This piece of research complements the growing literature on COVID-19 by illustrating the effects of the pandemic on individuals in CBM's CBID programmes. I wish you a good and insightful read.



Dominique Schlupkothen

Director

Community Based Inclusive Development



Methodology

This study focuses on perceptions and voices, especially of those seldom heard, providing an adequate exploration of themes, processes, descriptions, meanings and perspectives of the participants.

A total of 55 open interviews, one-to-one, telephone or video interviews that explored the impact of the pandemic on participants' social lives, work lives, and personal wellbeing were conducted by researchers connected to the local disability movements. 44 of these interviews were held with CBID programme participants/people with disabilities, while 11 interviews were conducted with CBID programme staff. The individual sessions lasted an average of 60 minutes.

A format to guide the interviews and discussions was developed to bring uniformity across groups and participants. Participants were recruited through purposive sampling. The interviews were transcribed verbatim, after which there was a thematic analysis to extract key conceptual themes. Philippe Chaize (Global Advisor for CBID) has significantly contributed to the analysis of the interviews, as well as the training of the field researchers.

Ethics

All ethical procedures were respected as much as possible, given the limitations of online interviews and the visibility and interactions they involve. The interviewers gave each participant clear information about the project, rights of participants, and also the choice to anonymise the material (i.e. photos) they sent. Those participating in the interviews were informed about the scope of the exercise as well as its output, and were given space to exercise their rights, including that of withdrawing at any time during the interviews. Confidentiality and anonymity, as far as is reasonably possible, were ensured when writing the report. To avoid singling out any individuals in the interviews, we decided to anonymise (as much as is possible) individual narratives.

Dr Jörg Weber
Senior Global Advisor
Community Based Inclusive Development



How CBID programme participants felt affected by the pandemic

At the heart of every CBID programme are persons with disabilities. They are an incremental part of implementing programme activities and ensuring the sustainability of the activities. We have captured the challenges, as well as the opportunities of how the pandemic has impacted lives of persons with disabilities in different areas of everyday lives.

Main findings of the study

Main results from interviews with CBID programme participants

Challenges

- The COVID-19 pandemic affects persons with disabilities as much or even more than anybody else ([p.7](#))
- Negative economic impact for people with disabilities ([p.8](#))
- Lack of accessible information for people with disabilities ([p.10](#))
- Additional physical barriers resulting from (non-accessible) Covid-19 protection measures ([p.10](#))
- Social protection mechanisms and safety nets were insufficient and discriminatory. But the support of Organisations of Persons with Disabilities (OPDs) helped ([p.11](#))
- Decrease in personal autonomy ([p.13](#))
- Reduced access to health services ([p.13](#))

Opportunities

- Importance of involving people with disabilities in COVID-19 response activities ([p.15](#))
- Being closer together ([p.16](#))
- New skills and resources ([p.17](#))
- Positive impact on personal hygiene and nutritional habits ([p.17](#))





Challenges

The COVID-19 pandemic affects persons with disabilities as much or even more than anybody else

For some of those who were interviewed, the pandemic brought fear of getting infected and dying from COVID-19.

As one of the most coercive measures, the lockdown affected the lives of many, modifying many aspects of peoples' social lives...

Andrea, Bolivia



"I went to the doctor in Ballivian Square. He has assured me that it was coronavirus and has told me, you are going to die because you are an elderly person, after you, your sons are going to die. After that I came to my house crying, because he kept repeating that I am going to die with the coronavirus and then my children are going to die. I have cried a lot all that time."

fatoumata, Niger



"The curfew was from 5pm to 5am. So, I really suffer from this situation because I can't go out anymore after the curfew. I was cooped up at home. I couldn't practice my religion as I should, because from 7pm we were holed up at home."

“Social distancing was difficult to adhere to because we are used to closeness”

Elida, Zambia

... and limiting social interactions.

Raquel, Bolivia

“I have a group of friends, who I met playing basketball before the quarantine, from the association of integrated sports. Sadly, since the lockdown begun, I have no longer seen them, we have no longer played together. I guess we won't play basketball for a while.”

Other measures which deeply affected people included physical distancing and wearing the mask.

Elida, Zambia

“I was affected by wearing a mask because I don't feel comfortable wearing them. Social distancing was difficult to adhere to because we are used to closeness.”

The obligation of social distancing has often prevented people from experiencing happy moments they would normally be part of.

Mariama, Niger

“The measure concerning no congregation of people affected me a lot because my little sister gave birth during this period, but unfortunately we could not attend the baptism.”

Negative economic impact for people with disabilities

Loss of activity due to travel restrictions, job termination, salary reduction... the downturn of the economy had a huge impact on individuals and families' income.

Andres, Bolivia

“More than anything it affects our finances. The pandemic put us down a lot. We were already spending the last savings we had. We had to loan.”

fatoumata, Niger

“The pandemic has negatively changed our lives because my husband is a taximan and with these measures taken by the government, it is becoming difficult for him to satisfy the family's needs. Sometimes it is difficult to get even the condiments fees. The coronavirus pandemic has affected my salary, too because since the arrival of the pandemic, I'm not getting my salary.”

Consequently, the lack of income had a direct impact on nutrition and on health.

Andrea, Bolivia

“Then I cried and I kept wondering, how am I going to pay for electricity, gas, water. Last month my husband sent me some money, with that money I have paid for the services and I have gone to buy some meat. Since it was not much I dried it and thus little by little I prepared soups.”



Nabanji, Zambia

“Even food at home was affected somehow because I did not have enough money to buy food for my children.”



Lack of accessible information for people with disabilities

Jika, Zambia

“Announcements were being made with a megaphone and flyers were handed out. Some of us could not read the leaflets since we can’t see. So something in braille would be helpful.”



Gabriela, Bolivia (mother of a girl with hearing difficulties)

“My daughter did not know what was happening at all, she did not understand what she saw on the street or on TV or why I put on the mask; did not have the information. As a mother I felt powerless, because I didn’t know how to explain to her that there was a pandemic, that there was a virus, I didn’t know how to explain to her, so, talking to some teachers, they tried to send videos, to be able to explain to her”



Additional physical barriers resulting from (non-accessible) Covid-19 protection measures

In addition, in many places the public equipment put at people’s disposal as a hygienic measure to limit the spread of the virus, were not at all accessible.

Moses, Zambia

“I have challenges with hand washing because buckets and basins are usually elevated and if there is no one at home I cannot wash my hands until someone returns home.”



Among the different measures, physical distancing came as a challenge for people who need assistance. Also, it implied that people needed to have an additional request for their assistant, for instance that they must wear a mask. When they could not, they would refuse the assistance to avoid risks and therefore lose opportunities to move. Personal assistance is also needed with close physical relations, which was often made impossible with this measure.

Jika, Zambia

“At the shops where they have hand washing equipment, they need to ensure that someone is guiding us who can see where it is. If I go alone using my white cane it would be difficult for me to know where the equipment is.”



Enock, Zambia

“Social distancing – as a wheelchair user my movements have been restricted as I need assistance to get onto public transport (bus), so I have to take care to avoid exposure. This has made it additionally difficult to look for employment.”



Kitana, Zambia

“My movements became difficult because people were refusing to escort me (push my wheelchair).”

**Lucky, Zambia**

“People who are visually impaired like us normally depend on friends. Going to town was difficult because I never have a guide. Currently, when someone is teaching a visually impaired person, you have to be close to that person. For example, when you are describing a map, you need to design a map in a tactile form, and if you are showing a visually impaired person you need to touch them to guide them so you need that close contact. This has been difficult because of the one meter apart rule...”

**Ernesto, Bolivia**

“Something that has changed is personal assistance. When the pandemic started, we had to cut off physical contact. I had to go back to live with my family because I didn’t have assistance. I have been with my family for about two months, April and May, and my routine has totally changed.”



Face masks have been reported as a problem in many cases, as an affordability issue.

Lynn, Zambia

“Wearing facemasks is a challenge for me since I cannot afford to buy one.”



Social protection mechanisms and safety nets were insufficient and discriminatory. But OPDs’ support helped

There are examples where authorities have put safety net mechanisms for vulnerable people and people with disabilities could benefit from it.

Concepcion, Bolivia

“We have the government assistance, which in a way has helped a lot but now people are just waiting for that, that the government will give poor people money. Eliana has received the disability allowance; they gave me the Juana Azurduy¹ allowance.”

**Angelica, Philippines**

“I received the government assistance of 8,000 pesos through the Social Amelioration Program - but only the first tranche, up to now I’m still awaiting the second tranche. This will help me pay my bills.”



1. There’s an allowance of 150 bolivianos (a bit more than 20 dollars) a month for pregnant woman until the baby’s first year. Adding to that allowance, during the lockdown the government gave 500 bolivianos (80 dollars) for people with disabilities and pregnant women.

Even where there is governmental support, it proved to be malfunctioning in many reported cases.

Enock, Zambia

“I was registered for a social cash transfer but have not received anything up to now and a youth empowerment scheme was announced but no explanation offered on how to access it. I approached the local counselor to see what plans exist for persons with disabilities and there was nothing in the plans apart from a social cash transfer.”



Ernesto, Bolivia

“The mayor’s office has created around a thousand food baskets, and those baskets have been distributed around all Potosí but they did not reach people with disabilities. Many people complained, they said that they are given only to their relatives.”



Local organisations, and specifically Organisations of Persons with Disabilities (OPDs), played a crucial role in supporting people with disabilities, in the form of in-kind support, information sharing or moral support.

Veronica, Bolivia

“I didn’t [receive the food basket], and my other neighbour made me realise that it was the only area where no one received the food basket. Thank goodness, we received support from the association Qhantati (local OPD), I was surprised because they give us a food basket, it was very heavy, for that I thank those of the association.”



In the Philippines, the support has been organised through a coordination between the local government unit and OPDs.

Francis, Philippines

“I was also able to help in the distribution of relief goods for persons with disabilities from the local government. My tricycle was used in the door-to-door delivery of relief goods to houses of members. I also received help from the government like the Social Amelioration Program (1st and 2nd tranche worth 16,000 Pesos), which helped me pay for our bills during the lockdown.”



“My health status is uncertain as I have been unable to follow through at the health centre”

Mousa, Zambia

Decrease in personal autonomy

The loss of income and the restriction measures had a direct effect on the autonomy of people with disabilities.

Nicole, Philippines

“For us to be able to join in the activities of the community, people should change their mindset on our capabilities. They thought that we are easily infected by the virus. Once I was not allowed to enter a grocery store because I’m a person with disability. They tend to generalize that all of us are weak and can easily be infected. Even people in our barangay think the same about us and prohibit us from attending our activities in the association. They expect us to just stay at home during the entire duration of the pandemic. People also think that persons with disabilities need help and are not capable of helping.”



Reduced access to health services

The access to health, essential for some, particularly for monitoring their health situation and receiving their regular treatments, has been jeopardised and in some cases made impossible. The two major reasons for this increased obstacle are due to health centre congestion and the fear/limitation of infection.

Mousa, Zambia

“I was diagnosed with a cyst, but the local clinic was closed due to active COVID-19 cases, so I have not been attended to so far. My health status is uncertain as I have been unable to follow through at the health centre.”

Ernesto, Bolivia

“Another important issue has been the lack of health access. I usually use a probe that needs to be changed every week or two at the most, so I don’t get any infection. I also have to change the bags every three days for which I normally go to the hospital and there I make the request and they give me one catheter and a bag. But during the lockdown I could no longer access the probes. I remember that I did not know what to do. It has been like a critical season.”

Miguel, Bolivia



“I took my daughter to the public pediatric hospital when she had her crisis and they did not treat her, even though I told them she was a girl with a disability and that I was going to pay for the care. They thought my daughter had COVID-19 and ordered me to do the test to rule it out. I told them I was there because of her crisis and I told them what illness she had but still they did not want to treat her.”

Alexa, Philippines



“I got stress because of the lockdown and my medication stopped due to inability to have monthly checkup. I cannot visit the doctor for checkup because their priorities during lockdown are those infected with COVID-19.”





Opportunities

The situation during the pandemic highlighted the need to involve people with disabilities in COVID-19 response activities.

In all the areas of the research, we have evidence of people with disabilities who have been very engaged and who express a strong demand for more participation in the future.

Kitana, Zambia



“In my neighbourhood for those that are not educated, I explain things to them when they are not clear. If they get flyers, for example, they come to me. I have had to explain about disability once, when they wanted to know where I got my education etc. I am a sort of role model. Fellow youths without disabilities also come to ask me sometimes.”

Ernesto, Bolivia



“The first thing to explain about the current situation is: What is COVID-19? How can it be prevented? There is a lot of information on the subject, many things on the networks. So, I had to be well informed to have a reliable source of information; what to do if I got infected, what numbers to call, and then we have assumed a role to ensure the welfare of the partners. That’s why we’ve carried out a campaign to collect food and medicine for the members who were going through this situation of need. Also, we draw up a list of the association phone numbers and each person had to call five persons every week at least once, to know the current state of our partner.”

Alexa, Philippines

“As an officer of our barangay persons with disability association, I ask the members to observe self-discipline and self-care to prevent further spreading of the virus. I also ask them to be more cooperative with the programmes of the government and more understanding with the present situation. I am also involved as one of the facilitators in the programmes of the Las Piñas Persons with Disability Federation, Inc. on the Community Based Enrichment Program (CBEP). In my capacity, I am willing to help whoever is in need, the best I can.”



Veronica, Bolivia

“I would like to be part of the neighborhood council, since I know that in our area a market is missing; we also need public toilets because it gets very dirty, you know. I have also noticed that we need more policemen, it gets dangerous during the night. I think that we have to support the Casa de la Mujer, because it’s an important project for women. There are too many needs in this sector which is why I want to participate in the council; but my mother, she does not agree; I guess I’m going to get involved anyway.”



Being closer together

Fortunately, there have been positive effects of the lockdown situation where people had to live and spend more time together.

Kitana, Zambia

“The good part is that we came together as a family, knowing each other more.”



Veronica, Bolivia

“I guess that a positive thing is that the quarantine has united us, as no one worked, we were all here at home, doing nothing but being all together. My brother-in-law has started to fix things at home, we put things in order. The quarantine has kept us united with my sisters and brothers-in-law, I remember we made at least 3 Huatia¹ during the lockdown; it was a nice way to share experiences and share with family.”



“We are able to show care and support to each other in these difficult times.”

Angelica, Philippines

1. An aymara word, it is a special dish with potato, black potato, sweet potato and meat cooked under ground.

Alexa, Philippines

“The positive effect of this pandemic is that as a family we became closer and have more time with each other. I also developed more patience and endure the loss of opportunity of going out.”



Angelica, Philippines

“One positive aspect of the pandemic was the unifying factor amongst relatives and family members. We are able to show care and support to each other in these difficult times.”



New skills and resources

The absence or the strong limitation of physical interaction led to an important development of the use of technology to build virtual relationships.

Ernesto, Bolivia

“But beyond that, something that I am grateful for is how technology has been used to set up networks. I felt that there were more activities than past years. I was able to access certain courses, talks, and even as a movement we have been able to participate and link to a Latin American network of independent life. Having these contacts has helped us a lot.”



Positive impact on personal hygiene and nutritional habits

The pandemic, with all its dimensions, had some positive effects on life habits, such as nutrition and hygiene.

Concepcion, Bolivia

“I also think this period of time has taught us to eat better, because many times we used to eat in the street, which is the easiest, but we have learned to eat healthier. I think a lot of people don't know how to save for these kinds of situations, I think I've learned that too.”



Hannah, Philippines

“I became more health conscious and dieted for 4 months and became aware of the health protocols.”



And in some instances, people were able to increase their income.

Agnesia, Philippines

“During the lockdown which started March 17, 2020 I made additional income through online selling; as a reseller of food items like leche flan (a popular Filipino dessert made out of egg and milk).”

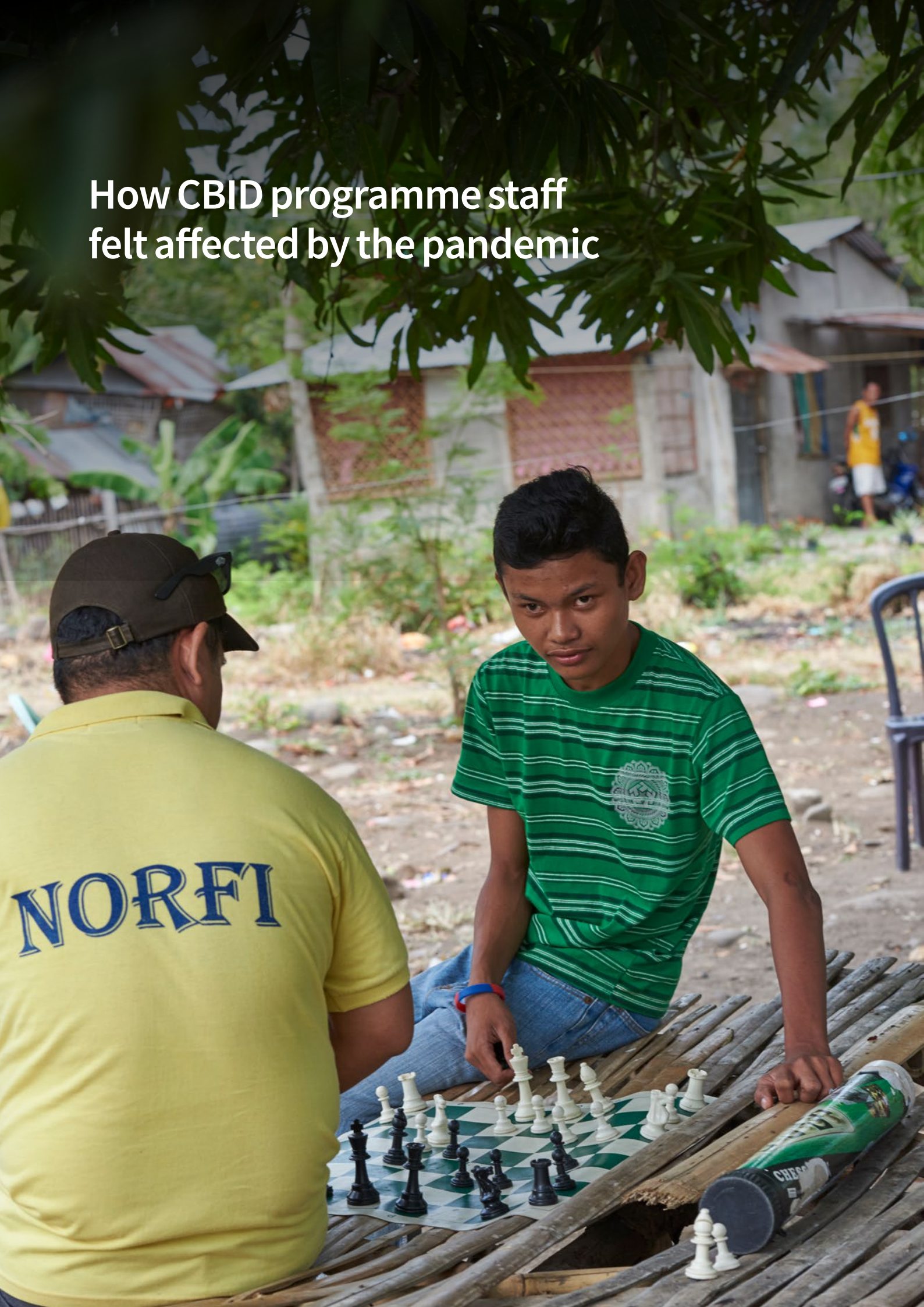


Andres, Bolivia

“Yes, on the one hand, in health especially, since one is washing ones hands every time, or using gel alcohol. All of that is good for our health. That would be the good and positive thing about the pandemic after all.”



How CBID programme staff felt affected by the pandemic



The interviewees selected in this category work as fieldworkers, programme managers, advocacy officers and OPD members embedded in CBID programme structures.

In all 4 countries, this research and these interviews took place during a national ‘lockdown’, involving significant restrictions on citizens’ way of life including measures such as ‘staying at home’, social distancing and the closure of workplaces, shops and other services. While some professions, or ‘key workers’, were considered to provide an essential service to the public and were therefore excluded from various restrictions allowing them to continue working throughout the pandemic, CBID personnel were not considered “essential” and had to adhere to the restraints of the lockdown measures in the target countries.

The results of the interviews presented in this section are snapshots of impressions, observations and feelings of these individuals’ lives. The circumstances surrounding the COVID-19

pandemic are rapidly changing and individuals are constantly adapting to changes and challenges in their lives and routines.

Main results from interviews with CBID Programme staff

Challenges

- Feelings of loneliness and fear (p.20)
- Feelings of helplessness (p.21)
- Economic problems (p.22)
- Feeling overwhelmed by the workload (p.23)

Opportunities

- Feelings of appreciation (family, health) (p.24)
- Work – life balance (p.24)
- Discovering and developing new work skills and activities (p.25)
- Team building and new networks (p.27)





Challenges

CBID programme staff specifically expressed:

Feelings of loneliness and fear

One of the most intense feelings many of the interviewees expressed is loneliness. In the CBID workers efforts to stay safe and save lives, many of their usual ways of seeing family and friends, or just familiar faces have been put on hold. Some of the CBID programme staff describe how restrictions have prevented them from seeing their families and how that changed their outlook on life:

Adrian, Bolivia

Fieldworker

“It changes your life but we have to learn how to deal with that”



Golotina, Bolivia

Fieldworker

“It has been very complicated for me, since I don’t live with my family here and, yes, I have suffered. You want to be with them, be sure that they are well”



The fear of getting sick oneself was a recurring theme throughout all interviews.

Bachir, Niger

Teacher

“My job exposes me more to illness, because we teach really full classes with more than 50 students per class”



In addition to the stress is a sense of disempowerment, of not being able to be physically close to loved ones that were severely sick.

Darna, Philippines

OPD member

“I have a nephew who got infected with COVID-19. He got it from a co-worker and he was exposed to that person because he was his subordinate. This caused so much stress in the family because we cannot even visit my nephew in the hospital especially during the time he was in a critical condition”





Feelings of helplessness

With staff in CBID programmes being forced to work from home, the COVID-19 pandemic is having a profound impact on the way work is being carried out and how objectives are being met. Especially managers in these programmes express concerns about working objectives that cannot be met.

Attikou, Niger
Programme Manager



“And in our context, I don’t think the objectives can be achieved with this way of working”

Others expressed their frustration at not being able to work efficiently in the midst of the ongoing chaos surrounding them.

Belen, Bolivia
Programme Manager



“I felt impotence, it was a full chaos, and you felt the weakness of our health system that managed the pandemic so badly”

Technical staff specifically, such as therapists, faced new challenges.

Chanda, Zambia
Physiotherapist



“We stopped conducting physio sessions because I was scared for my part: I travel with a bus, which I avoided, to avoid catching the virus and passing it on to the children. After all, handling of the children requires physical contact”

Amid contact restriction, fieldworkers express their fear of programme participants getting disconnected from their individual development plans.

Elida, Zambia
Fieldworker



“It’s a drawback to most of the mothers that just started this year. They do not know enough to train the children on their own.”

Economic problems

The COVID-19 pandemic and ensuing lockdown came with an unparalleled level of economic uncertainty and anxiety across the globe. The economic downturn in countries of the Global South was almost certainly worse than any other recent global economic crisis that we know of.

The crisis has inflicted economic hardships especially for workers with limited-term contracts or volunteer workers, which applies to the majority of CBID programme staff. Many CBID workers are reliant on secondary sources of income. These secondary jobs breaking away caused considerable hardships.

Bupe, Zambia

Fieldworker

“It affected me economically because every time you go out you have some extra income. I couldn’t do extra activities like buying and selling items outside of my regular work because borders were closed”

The loss of the second job, often led to meals that had to be skipped in fieldworkers’ families.

Amukusana, Zambia

Fieldworker

“...we had to have lunch, but now we don’t”

“...we had to have lunch,
but now we don’t”

Amukusana, Zambia

Luz, Bolivia

Fieldworker

“...there is no money; and that is being seen a lot now. Many of the families I see eat at 10 or 11 and then have something for lunch at 4 in the afternoon, that’s the routine, there is no longer dinner”

The lack of income in many families of CBID staff is aggravated by the fact that prices for food and commodities of daily living partially increased sharply.

Darna, Philippines

OPD member

“I had to stop my online reselling for now, especially since the cost of tricycle fees have tripled. And the cost of food has also doubled, the meat that we used to order for lunch that costs 25 pesos each has increased to 45 to 50 pesos each. Everything has increased during the pandemic except our monthly allowance in the barangay which remained at 800 pesos per month”



Feeling overwhelmed by the workload

The pandemic has illuminated not only stressors in private lives, but also at the work place, notably with the intensity of work and workload as perceived by workers.

“I had to do more work than I had within the last seven years... and also I had less rest, mainly managing humanitarian assistance...”



Alejandro, Bolivia
Fieldworker



“All of us entered a rhythm of activism...we did things beyond our projects tasks, because the entire social project is based on a community approach. Then during the lockdown this issue was paralysed and breaks our approach. Then after hard lockdown you have to resume the whole set of activities, and there comes the stress”

Some interviewees expressed their struggle between having to emotionally support programme participants and actually themselves needing the same sort of support.

Chikoudi, Zambia
Fieldworker



“There was no support. There was no emotional support or counselling. We had to give counselling to clients instead”

Opportunities

It is clear, that 'new' trends in workplaces are emerging, having been catalysed by the COVID-19 pandemic.

COVID-19 has forced hundreds of millions of employers and employees worldwide to engage in a sudden, massive, real-time experiment with

remote work arrangements, including staff and volunteers in CBID programmes. Beyond the difficulties encountered by CBID staff, many of them feel that these new ways of working offer opportunities, and that this time of crisis may define a new outlook on life.

Feelings of appreciation (family, health)

Appreciation of good health and family bonds were identified as an important buffer for the impact of work during the pandemic and in coping with work-related changes.

Chanda, Zambia
Programme Manager

"I really appreciate the value of the family now...much more than before"

Armelle, Niger
Fieldworker

"Seeing all this going on, sickness and people who are not well, I really thought I am happy to be out there and able to work"

Work – life balance

Appreciation of good health and family made some of the participants rethink their past attitudes concerning how to best balance work with private life.

Luz, Philippines
OPD member

"A positive aspect of my daily life that changed during the pandemic is that I have more time to finish household chores especially those that I did not tackle before the pandemic"

Golotina, Bolivia
Fieldworker

"Seeing my children growing up more consciously is my greatest satisfaction"

"I really appreciate the value of the family now...much more than before"

Chanda, Zambia



Discovering and developing new work skills and activities

Many participants described discovering working online and with phone support as one of their biggest professional achievements during the COVID-19 pandemic.

Golotina, Bolivia

Fieldworker



“The follow-up has been done through phone calls and WhatsApp. Sometimes the media gave bad information, for example, and the people were in disbelief and not following recommendations”

Bupe, Zambia

Fieldworker



“The world is evolving, what other skills do I need in my professional work? I am a counsellor but do I know ICT?.. because then that became a major thing you need to follow...so I learnt about it..”

Adrian, Bolivia

Programme Manager



“We learned about and then we talked about the consumption of vitamins and there were no medications, there was no vitamin C, zinc or omega 3”

At the same time, some of the managers recognised the need to be technically better prepared for the future.

Mariam, Niger
Programme Manager

“Training of field workers to provide them with appropriate and inclusive skills and capacities is important in future as well, because the use of ICT4D will be paramount and will definitely make the difference between people and organizations”

Giving psychosocial support to programme clients was seen as a challenge but was enjoyed by CBID programme staff.

Amukusana, Zambia
Fieldworker

“We were trained and carried out PFA (Psychological First Aid) with people with disabilities and their families, which involves active listening. It has also been important, to promote relaxation exercises, everything has also been transmitted, as a way to improve mental health in the community”

“We were trained and carried out PFA (Psychological First Aid)”

Amukusana, Zambia

New roles in teaching mothers and caregivers were taken on.

Karen, Philippines
Fieldworker

“I see myself educating mothers on how to handle their children during the pandemic since teaching is a passion for me”

Modes of distance therapy were developed to accommodate programme participants' needs.

Chanda, Zambia
Physiotherapist

“I realised there is a knowledge gap: how do they receive a service, talking about physical distancing and not meeting, how can we put some therapies like physio online for people to be able to access and do these things from home using media, internet, but how do people get to access them, talking about accessibility”

Accessible communication was discovered as a new field of work.

Luz, Philippines
OPD member

“I would really need to learn more on the use of the different platforms like Zoom, GoToMeeting, Microsoft Teams, Google Meet etc. so in turn, I can teach persons with visual disabilities as well, especially now that classes are all online”

Team Building and new networks

An effective response to the unexpected shocks triggered by the pandemic, was the mobilization of knowledge or resources, and the collaboration of an ample scope of organisations to provide the necessary social support and services to face the challenge. CBID programme managers and fieldworkers see this as an opportunity.

CBID programmes developed new networks locally.

Belen, Bolivia

Fieldworker



“Coordinating with other institutions and organisations allowed us to get and distribute some more medicines for those who were in need. That is why I think coordination amid this type of crisis is key to enhance a response, combining efforts”

The interviewees additionally describe that for many of them it was the first time, they had the opportunity to link up with national or international humanitarian actors.

Karen, Philippines

Fieldworker



“We actually never had real contact with state actors. Suddenly UN organisations are getting interested in what we are doing in the communities and that was really exciting”





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