

## **BRIEFING PAPER**

Disability and  
Inclusion  
Perspectives on  
COVID-19

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## **BRIEFING PAPER**

This briefing paper provides key messages on the main issues for ACT Alliance presenting disability-inclusive and sensitive responses with specific focus on COVID-19. It spells out recommendations for ACT Alliance members and other stakeholders beyond the Alliance, such as policy makers and private sector actors.

Our work on disability-inclusive development, from a faith perspective, motivates us to walk together, to provide support and accompaniment, to build solidarity and improve networks of support, to nourish community life with spiritual and pastoral care, with empathy, love, compassion and neighbourliness - during and beyond the crisis.





**As an alliance, we strive to ensure all our work consistently tackles intersecting areas of discrimination, such as gender, disability, nationality, race, religion or belief, class or political opinion.**

## **I-INTRODUCTION**

Discrimination, abuse, and human rights violations against persons with disabilities have worsened during the COVID-19 pandemic, especially for women and girls with disabilities. They face multiple discrimination in their lives: socio-economic disadvantages, social isolation, violence against women, lack of access to community services and sexual and reproductive health services, low quality housing, inadequate healthcare, and fewer opportunities for active engagement into society. <sup>1</sup>

This briefing paper sets out the rationale for the need of a disability-inclusive response which will benefit those that need support the most. The document presents key recommendations for ACT Alliance members and actors in the conduct of their own humanitarian responses.

We have committed ourselves to work for a world where “all God’s creation lives with dignity, justice, peace and full respect for human rights.” <sup>2</sup>. In addition, we follow the UN Agenda 2030 and its core message “Leave No-one Behind.” As an alliance, we also strive to ensure all our work consistently tackles intersecting areas of dis-

crimination, such as gender, disability, nationality, race, religion or belief, class or political opinion. <sup>3</sup> We raise awareness, act upon, and advocate for the rights of all people in order to turn hope to a reality of inclusion and participation. We have joined a collective of religious actors and networks in calling upon governments, faith actors and civil society for strong responses to COVID-19 that follow an inclusive approach. It is essential to put the attention on the needs and rights of persons with disabilities as we have committed as a global faith-based alliance. <sup>4</sup>

## II - CONTEXT

An estimated 15% of the world's population live with disabilities (1 billion people), 80% of whom live in developing countries<sup>5</sup>.

Persons with disabilities face many barriers to full participation in society and are likely to face an increased risk of social exclusion. Social exclusion is a major contributor to the level of poverty which persons with disabilities experience, particularly those in developing countries. It may include being unable to access education, health services as well as humanitarian services being unable to earn a living or to participate in decision making or in family, community, and political life.

These circumstances are aggravated in situations such as the COVID-19 pandemic. Containment measures are disproportionately affecting persons with disabilities due to their already existing disadvantages and attitudinal barriers among stakeholders.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006)<sup>6</sup> is the main guiding framework for disability inclusion. Globally, many countries have signed and ratified the Convention or are in the process of doing so. Article 32 of the Convention requires parties to ensure that international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities.

The Convention moves society away from viewing persons with disabilities as "objects" of charity, medical treatment, and social protection, and

promotes persons with disabilities as "subjects" with rights, capable to claim those rights and make decisions for their lives based on their free and informed consent. It especially promotes persons with disabilities to be active members of society.

In addition, the UNCRPD draws attention to several types of barriers such as legal, institutional, communicational, attitudinal, and physical, which hinder persons with disabilities' equitable enjoyment of their rights. Furthermore, the UNCRPD states in Article 11 that "...Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.". There is growing awareness and impetus for international and community development assistance, and disaster risk management (DRM) and response, to be inclusive of persons with disabilities.



**Religious leaders, faith-based organizations, and faith communities can play a major role in saving lives and reducing illness related to COVID-19'**

### III - CORE ISSUES

Governments have the responsibility to respect, protect and fulfil the right to health for all by ensuring accessible, acceptable, and quality health information, goods, and services. States must ensure that COVID-19 treatments are available to all without discrimination. As such, medications, medical consumables, supplies, or equipment required by persons with disabilities to meet their health and rehabilitative needs are not instead reallocated towards COVID-19 treatment for others. According to the World Health Organization persons with disabilities may be at greater risk of contracting COVID-19 because of:

- Barriers to implementing basic hygiene measures, such as handwashing (e.g. hand basins or sinks may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly);
- Difficulty enacting social distancing because of additional support needs or because they are institutionalized.
- The need to touch things to obtain information from the environment or for physical support.
- Barriers to accessing public health information.

Depending on underlying health conditions, persons with disabilities may be at greater risk of developing more severe cases of COVID-19 if they become infected. This may be because of:

- COVID-19 exacerbates existing health conditions, particularly

those related to respiratory function, immune system function, heart disease or diabetes;

- Barriers to accessing health care on time;
- Barriers to obtaining needed information in suitable formats.

Persons with disabilities also face an increased risk of infection and complications due to broader socio-economic inequalities affecting them and their families. They may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on, including the removal of protection safeguards. The barriers experienced by persons with disabilities can be substantially reduced through appropriate action by key stakeholders.

### IV - RECOMMENDATIONS

The following recommendations and actions are proposed to ensure a disability-inclusive response.

#### **Disability-inclusive assessment and planning**

Depending on the circumstances there are several measures to support your planning process to become disability-inclusive. These recommendations can reduce barriers in environment, communications, institutions, and attitudes:

- Involve local OPDs (Organisations of Persons with Disabilities), rep-

## Persons with disabilities are at increased protection risk in the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers and social isolation.

representing persons who have different types of disabilities, in the needs assessment and planning process.

- Collect and analyse needs assessment data, disaggregated by sex, age and disability, using the [Washington Group Set of Questions](#), as well as information on the barriers to and the facilitators of access and participation.
- Whenever possible, involve staff with disabilities in planning and implementation as they can provide meaningful feedback, presence and recommendations.

### Accessibility

Accessibility is one key feature to ensure equal participation and information of persons with disabilities. In emergency situations, such as the COVID-19 pandemic, access to information is vital for persons with disabilities to be able to protect themselves and properly adhere to new public regulations and restrictions.

- Information on COVID-19 and prevention measures should be made available in multiple accessible formats (closed captioning, national sign language, Braille, high contrast, large print option, easy-to-read, easy-to-listen). If this is not possible, feasible alternatives must be developed (phone lines, digitally accessible solutions).
- Testing and treatment health centres must ensure accessible environments in their built infrastructure (ramps, rails, accessibility knobs) and communication (sign language interpreters available, information in different accessible formats).
- Hygiene practices must be extended to any additional infrastructure and personal protective equipment made available to personal assistants/caregivers and sign language interpreters, equally to any other health worker.
- Proactive preventive measures and testing for persons with disabilities identified as susceptible or at higher risk due to their physical conditions.
- Home-based consultations should be available for both COVID-19 specific and general health needs.
- Care for persons with disability should be coordinated between health and social services, families, and caregivers.



### **Protection measures**

Persons with disabilities are particularly high risk of abuse and harm during this pandemic because they are constantly in close contact with personal assistants/caregivers and are socially isolated. The risk is further increased, especially women and girls, due to disruption of pre-existing protection mechanisms and crucial services. Targeted protection measures are needed to overcome the risk.

- Specific support measures for persons with psychosocial disabilities who might be more severely affected by public restriction measures.
- Support is extended to caregivers of persons with disabilities, where their need is also considered
- Health workers should be made aware of the potential health and social consequences of COVID-19 for persons with disabilities through additional training.
- Revising social protections plans and measures to ensure inclusion of persons with disabilities as dis-

ability and poverty are often closely interrelated.

### **Awareness raising among key actors**

Additional training must be provided to staff on disability inclusion and the rights of persons with disabilities to help them identify:

- measures for disability inclusion, considering differing contexts and disability specific needs.
- possible barriers to the participation of persons with disabilities, and
- persons at risk due to their specific impairment.

These measures should be accompanied by advocacy efforts for disability inclusion:

- During inter-agency meetings on COVID-19 response.
- While engaging with government officials and service providers.

## IV – GOOD PRACTICES

*These good practices and practical suggestions were developed from the experiences of East Jerusalem YMCA-Rehabilitation Program (EJ YMCA-RP) in Palestine and YAKKUM in Indonesia.*

### **Good practices on COVID-19 Disability-inclusive measures**

- Persons with Intellectual Disabilities needs were assessed through a phone questionnaire with caregivers, mainly mothers, after they left the shelter centres. EJ-YMCA recognised that families find it difficult to meet their needs because of the fragility of their economic situation, lack of awareness and skills, and exclusion from duty bearers' emergency response plans. Coordinated support was arranged the needs identified, mostly health and medical.
- Targeted support for persons with disabilities included hygiene kits, food parcels, and medications were provided. These were secured through coordination with local entities, such as municipal-ities, local industries, and community entities, and distributed in coordination with local authorities and emergency committees.
- Special needs for persons with intellectual disabilities, women with disabilities, single parents of children with disabilities were addressed in the response.
- Frontliners – health workers, field social workers and psychosocial counsellors were trained on inclusive response, stress management, and remote counselling and home visits.
- Dedicated phone numbers for individuals in need of psychosocial support were established.
- Phone calls to check on beneficiaries, explore their needs, offer mental health support and counselling service were conducted by psychosocial counsellors and social workers in all field teams.
- Remote group and individual counselling through phone and social media networks was ensured.



### **Good practices on COVID-19 Disability-inclusive measures: Advocacy**

- Engagement with government agencies to respond to the assessed needs through letters, media, and visits.
- Coordinate and work with local networks to convey COVID-19 messages pertaining to persons with disabilities collectively.
- Advocate for disability inclusive measures and communication in meetings with international agencies and human rights organizations such as the Office of High Commissioner for Human Rights.

## **IV – RESOURCES**

### **Inclusive Humanitarian and COVID-19 response:**

- [IASC guidelines](#) on how to create disability-inclusive humanitarian responses for different actors.
- International Disability Alliance: [10 recommendations for inclusive COVID-19 Response.](#)
- [Evidence from Humanity International on the Need for Disability Inclusion in COVID-19 Response.](#)

### **Women and girls with disabilities during COVID- 19:**

- European Disability Forum: [Recommendations on women and girls with disabilities inclusion in COVID-19 response.](#)
- Women Enabled: [Statement on Rights at the Intersection of Gender and Disability during COVID-19.](#)

### **Further resource lists can be found at:**

- [IASC COVID-19 Accountability and Inclusion.](#)
- Interagency Network for Education in Emergencies: [COVID-19 Resources on Inclusion.](#)
- Global Action on Disability (GLAD) Network: [COVID-19 response and the rights of persons with disabilities.](#)

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## **V - NOTES**

- 1 European Disability Forum, Webinar “Left behind? Women with disabilities during COVID-19” <https://www.youtube.com/watch?v=e5Bbc0HnGFc>
- 2 ACT Alliance Founding Document: Vision Statement <https://actalliance.org/wp-content/uploads/2015/09/ACT-Founding-document-ENG.pdf>
- 3 ACT Alliance Global Strategy [https://actalliance.org/wp-content/uploads/2019/05/EN\\_act-strategy-2019-26\\_web-3.pdf](https://actalliance.org/wp-content/uploads/2019/05/EN_act-strategy-2019-26_web-3.pdf)
- 4 ACT Alliance Public Statement on Disability Inclusion <https://actalliance.org/wp-content/uploads/2018/11/ACT-Alliance-public-statement-on-disability-inclusion-EN.pdf>
- 5 World Report on Disability World Bank
- 6 UNCRPD <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>



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*A coalition more than 135 churches and church-related organisations working together in over 120 countries to create positive and sustainable change in the lives of poor and marginalised people.*

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