

Key Messages

COVID-19 RESPONSE: APPLYING THE IASC GUIDELINES ON INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION

Developed by the Reference Group on
Inclusion of Persons with Disabilities
in consultation with IASC Results Group 2
on Accountability and Inclusion

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Endorsed by IASC Principals

IASC GUIDANCE

COVID-19 RESPONSE: KEY MESSAGES ON APPLYING THE IASC GUIDELINES ON INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION

DEVELOPED BY THE REFERENCE GROUP ON INCLUSION OF PERSONS WITH DISABILITIES
IN CONSULTATION WITH IASC RESULTS GROUP 2 ON ACCOUNTABILITY AND INCLUSION

This note provides an overview of the factors that may put persons with disabilities at heightened risk in the COVID-19 pandemic and response in humanitarian settings; and proposes actions to address these risks. This note draws on [the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action¹](#), applying these to the COVID-19 pandemic². This note is intended for use by field coordinators, camp managers and public health personnel, as well as national and local governments and the wider humanitarian community, including organizations of persons with disabilities, who are involved in the decision making and implementation of multi-sectorial COVID-19 outbreak readiness and response activities in humanitarian settings.

➤ **Recognizing intersectionality**

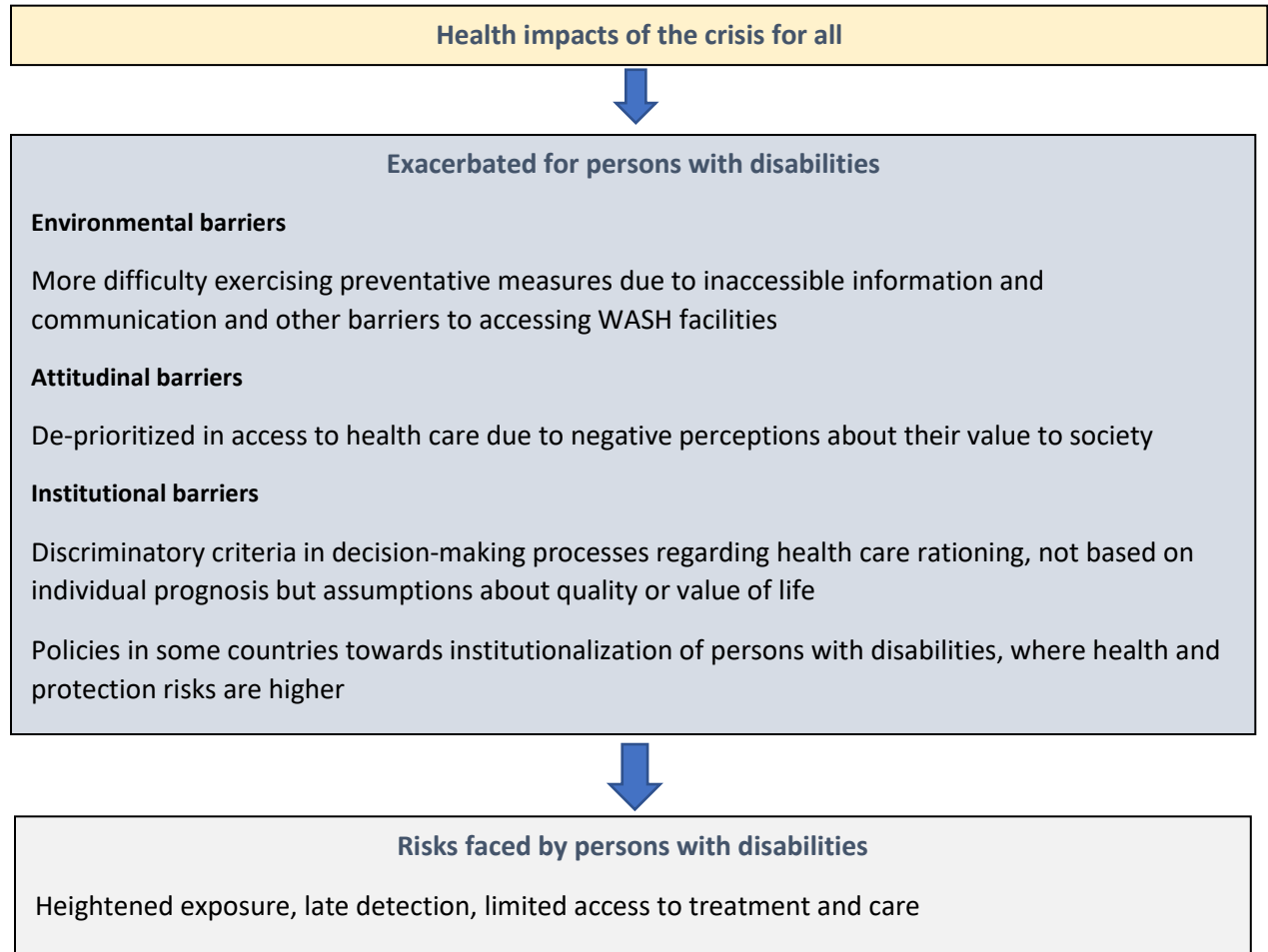
The factors placing persons with disabilities at heightened risk in the COVID-19 pandemic may be exacerbated by age, gender, location and other factors. It is essential that the response to COVID-19 considers persons with disabilities in their full diversity, including men, women, boys and girls, children, adolescents and older persons with different impairment types; and considers people with disabilities living in different humanitarian settings, including remote rural areas, urban slums, informal settlements, camps and camp-like settings.

¹ See the IASC Guidelines for more detailed guidance on including persons with disabilities in humanitarian response, including cross cutting and sector- specific considerations as well as information on how to partner with and empower organizations of persons with disabilities, and roles and responsibilities of key stakeholders

² This note is also informed by the World Health Organization (WHO) guidance on [Disability Considerations During the COVID-19 Outbreak](#) and applies the guidance contained therein to humanitarian contexts

I. How are persons with disabilities affected by health impacts?

Persons with disabilities face an increased risk of contracting and not accessing the needed treatment and care for COVID-19 due to environmental, attitudinal and institutional barriers:



Persons with disabilities also face an increased risk of contracting COVID-19 due to reliance on hands-on assistance for daily tasks; reliance on tactile surfaces for communication and mobility; repetitive exposure due to operation of mobility devices; and for people with some types of disabilities, difficulty understanding social distancing and keeping their hands away from the face.

Depending on underlying health conditions, people with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected³. Further, 46% of people over the age of 60- who are at higher risk of developing severe disease- have disabilities⁴.

³ World Health Organization (2020) Disability Considerations During COVID-19 Outbreak

⁴ <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>

Key actions to address the health impacts: must do

Participation

- Engage persons with disabilities and their representative organizations⁵ in developing COVID-19 outbreak preparedness and response plans, including in assessing risks and options for minimizing these; and ensuring accessibility of the public health response (including facilities identified and referral systems established for screening, isolation and treatment, as well as risk communications and WASH facilities)

Addressing barriers

- Ensure that all WASH facilities and services, including hand-washing facilities, are accessible to men and women, boys and girls with disabilities of all ages and impairment types. Consider provision of additional or specific hygiene items and supplies to persons with disabilities to allow for increased hand washing; and provision of household-level WASH facilities, where possible
- Consider providing targeted assistance to people at heightened risk to enable them to exercise preventative measures (e.g. shelter assistance to allow for physical distancing where individuals are living in overcrowded settings; provision of masks⁶ where physical distancing is not possible). Ensure any minimum package of services created during access restrictions considers men and women with disabilities of all ages and impairment types
- Provide alternative arrangements for food and non-food item (NFI) distribution to households of persons with disabilities, to enable them to exercise physical distancing (e.g. delivery to the shelter)
- Ensure all information is provided in multiple accessible formats, to reach people with visual, hearing and intellectual disabilities. Accessible formats can be used across all forms of media and include sign languages, Easy Read, plain language, audio, captioned media, Braille, augmentative and alternative communication. Information must also be age appropriate and in languages used by affected communities
- In the context of increased reliance on technology for communication and service delivery (including telemedicine), consider specific barriers faced by persons with disabilities in humanitarian settings, including older persons or rural residents who may have more limited experience of technology
- Ensure that screening, isolation and treatment facilities and other services established as part of the COVID-19 response are accessible to people with disabilities, including those living in remote or otherwise disadvantaged locations. This includes ensuring that mechanisms established for communication between separated family members and with other support persons is accessible
- Ensure that women and girls with disabilities continue to have access to sexual and reproductive health services. This includes ensuring that remote or other alternate service delivery mechanisms are accessible

⁵ Where relevant, this may also involve participation by support persons. However, persons with disabilities must remain at the center of the intervention

⁶ Following WHO advice on the use of mask in the context of COVID-19 [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

- Plan to provide alternative personal assistance in case a caregiver or support person is quarantined or affected by a COVID-19 induced lockdown
- Work with relevant service providers to ensure access to risk appropriate personal protective equipment that is appropriate for different impairment types, and training on infection prevention and control for the staff of social care service providers
- Ensure that residential settings and care facilities are included in any distribution of hygiene supplies and materials, and that these supplies are gender sensitive
- Work with service providers to ensure continuation of essential services and stocking of WHO list of essential medicines
- Ensure that all health care is provided on the basis of informed consent, including for people with intellectual and psychosocial disabilities. For example, provide information about treatment options in accessible formats, including easy to read
- Advocate with relevant authorities for health care rationing decisions, including in the context of triage, to be made on the basis of clinical criteria and not on discriminatory criteria, such as age or assumptions about quality or value of life based on disability

Empowerment and capacity development

- Provide training on accessibility standards and communicating effectively with persons with disabilities to community health workers, medical providers, child protection teams, education personnel and others engaged in the COVID-19 response

Data collection and monitoring

- Ensure that all needs and risk assessments in the context of COVID-19 consider the particular risk factors for men, women, boys and girls with disabilities of all ages and impairment types. This may require adaptation of current methodologies for assessments to ensure accessibility and their engagement
- Support disaggregation of surveillance data by sex, age and disability. Support data analysis and use of the data as a basis for evidence-based decision making

II. How are persons with disabilities affected by social and economic impacts?

Social and economic impacts of the crisis for all

Violence, exploitation and abuse, including gender based violence (GBV), as households face added economic stress and are forced into prolonged periods of isolation in confined spaces

Disruption in services

School and childcare closures

Distress due to anxiety about the pandemic and social isolation

Financial strain due to reduction of income- generation opportunities, illness of household head and/ or 'stay at home' orders (with particular impact on persons in the informal economy)

Stigma against infected individuals



Exacerbated for persons with disabilities

Environmental barriers

Inaccessible GBV prevention and response services (e.g. information about services available, reporting mechanisms such as hotlines)

Technology used for remote service delivery (e.g. online mental health and psychosocial support) may not be accessible to persons with disabilities, particularly in humanitarian settings where access to technology is already more limited

Distance/ remote learning and return to school programmes may not be inclusive of and accessible to children with disabilities

Attitudinal barriers

Inaccurate beliefs that women and girls with disabilities are not at risk of sexual and gender- based violence

Beliefs that persons with disabilities cannot make their own decisions about their health care or other matters, or contribute to the response to COVID-19

Institutional barriers

De-prioritization of services for persons with disabilities as resources are rationed and redirected towards the COVID-19 response

Structural inequalities that result in persons with disabilities and their families being more likely to live in poverty



Risks faced by persons with disabilities

Heightened risk of violence, exploitation and abuse, including sexual and gender- based violence, neglect and abandonment

Exclusion from education

Exclusion from participation in economic and income generation activities

Lack of access to services needed to maintain functioning and good health, including assistance with tasks of daily living, medicines, specialized foods and products

Not having the financial means to stock up on food, medications and other essential items

Children and adults with intellectual and psychosocial disabilities, including those on the autism spectrum and persons with dementia may become particularly distressed at a change in routine

Further stigmatized, as a group at heightened risk of exposure and serious complications

Violence, exploitation and abuse in the COVID-19 context

People with disabilities, particularly women and girls with disabilities, are disproportionately at risk of violence, exploitation and abuse, including GBV and these risks are exacerbated in the context of the pandemic for a number of reasons:

- Where usual support services are no longer being provided, persons with disabilities may be forced to rely on family and other household members for support with daily tasks, including personal assistance
- Children and adults with disabilities face increased risk in the household when families are under increased stress and separated from community support networks due to physical distancing measures. Some persons with disabilities may experience confinement in the same space as their abuser
- Persons with disabilities living in residential settings, such as institutions and detention facilities, will be even further isolated from protective family and support networks where visits to these facilities are restricted. Risks can be further increased in the situation of staff shortages due to COVID-19

Key actions to address social and economic impacts: must do

Participation

- Engage persons with disabilities and their representative organizations in assessing social and economic impacts and in developing or adapting response plans. Ensure the full diversity of persons with disabilities is represented, including in relation to age, gender and impairment type

Addressing barriers

- Ensure that GBV prevention and response services are accessible to, and prioritize, children and adults with disabilities, including through remote GBV case management support and accessible hotlines. Ensure that information about the availability of accessible, confidential services reaches persons with disabilities
- Consider arranging regular visits by community health workers for households with higher support requirements, where the situation allows
- Work with education actors to ensure that remote/ distance learning options and return to school programmes are inclusive of and accessible to children, adolescents and youth with disabilities, such as through modification of learning materials and delivery of remedial programs to prevent exacerbation of learning inequality
- Ensure that existing mental health and psychosocial support (MHPSS) services can continue (e.g. through phone calls); and that those developed as part of the COVID-19 response should not reproduce discrimination and are accessible to and inclusive of persons with disabilities⁷
- Ensure that any alternative arrangements for distribution of food and non-food item (NFI) deliveries (such as alternative collectors) have taken into account the accessibility requirements of persons with disabilities and recognize the heightened risk persons with disabilities may face
- Ensure that any cash and voucher assistance and food assistance programmes are disability, age and gender inclusive, including in design of targeting methodology and selection of delivery mechanism/s
- In the context of increasing reliance on technology for remote service delivery (e.g. education, MHPSS), consider specific barriers that persons with disabilities may face, including older persons and rural residents who may be less familiar with technology
- In risk communications, avoid generating stigma against persons with disabilities, such as inadvertently linking a rise in infections and application of restrictive measures to persons with disabilities. Ensure all messaging is non-discriminatory, such as by emphasizing that COVID-19 can affect anyone, rather than singling out specific groups. Depict people with disabilities as assets and actors in the response, not as beneficiaries of charity
- Work with relevant authorities to ensure that re-allocation of resources towards the COVID-19 response does not disproportionately impact persons with disabilities (i.e. preventing a redirection of resources away from services for persons with disabilities, such as those related to provision, repair and maintenance of assistive technology)
- Establish mechanisms for protection of persons with disabilities of all ages and impairment types living in institutions, such as relocation to family-based/community- based settings, with adequate support. Establish accessible remote means for family members and other support persons to remain in contact with persons with disabilities living in residential facilities

Empowerment and capacity development

- Work with service providers on development of innovative delivery mechanisms, such as remote coaching on home-based rehabilitation

⁷ See IASC [Interim Briefing Note on MHPSS in the Covid19 response](#)

- Make provisions to support parents and caregivers of children with disabilities, including for services the student typically receives in school, such as positive behavior support, speech and physical therapy (e.g. through provision of toolkits with simple activities for parents/ caregivers to do with their children, or remote teacher assistance)
- Train community health workers on detecting signs of abuse in children and adults, including older persons, with disabilities
- Ensure that free and informed consent for GBV services remains a priority during the COVID-19 response

Data and monitoring

- Support disaggregation of data on social and economic impacts (including in relation to GBV or SEA) by age, sex and disability
- Promote disability-sensitive data analysis and reporting, and use of analytical findings for evidence-based decision making and programming