

Including people with disabilities in responses to the COVID-19 pandemic

Guidance for development partners

May 2020



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How to use this document

To quickly access different sections of the document, use **Contents page** and click on the section you would like to read.

Please note:

- each numbered heading represents a **separate theme** (e.g. healthcare, livelihoods, etc.);
- each theme has a list of **suggested interventions**;
- each intervention includes a list of **recommended activities**, highlighted in bold and organised into separate bullet points.

Introduction

Countries around the world are currently responding to the outbreak of COVID-19. The pandemic is ruthlessly exposing the need to develop stronger, more resilient health systems. It is also **disproportionately impacting the lives of people with disabilities**.

Due to high levels of discrimination; inequality; barriers accessing education, employment and healthcare; vulnerable livelihoods; and inadequate social protection schemes, people with disabilities may be highly vulnerable to shocks and crises. This discriminatory context is exacerbated during disasters – which expose existing inequalities.

People with disabilities may also have a health condition that makes them more vulnerable to contracting COVID-19 and developing more severe cases. Many of the preventative measures required to keep the virus at bay are also inaccessible, and social distancing and self-isolation can disrupt essential daily care, assistance and rehabilitation services. The impact of COVID-19 is being further exacerbated by inaccessible health facilities and public health messages, and there are alarming number of cases of discrimination against people with disabilities during the pandemic.

This document provides practical guidance for development partners to develop disability-inclusive responses to the COVID-19 pandemic during the emergency phase of the COVID-19 pandemic. In the immediate- and long-term response to the pandemic, it is vital that all development partners take steps to strengthen health systems that are disability-inclusive. The recommendations are drawn from key resources, detailed at the end of this document, and guidance developed by Sightsavers' technical teams.



1. Intersectionality

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Promote an intersectional response to COVID-19

As part of the COVID-19 response, it is important to consider the interplay of different factors, including (but not limited to) age, disability, gender, ethnicity, religion, language, migratory or nomadic status, homelessness, location, and other contextual factors.

For example, consider the following:

- The virus seems to have higher death rates among men compared to women, and this may be linked to biological and social causes.
- Women represent 70% of the health and social sector workforce globally and are therefore more exposed to the virus as part of their work.
- With stringent social distancing and lockdown measures in place, there is an increased risk of intimate partner or other forms of domestic violence, and women and girls with disabilities are more likely to experience abuse.
- Women, in particular those with disabilities, are more likely to suffer a more severe financial impact, as they are more likely to be involved in temporary or informal jobs, receive lower salaries and have lower financial independence.
- People deprived of their liberty - including those living in prisons, psychiatric hospitals and other facilities - as well as people living in informal settlements are more likely to live in restricted spaces with poor hygienic conditions and limited access to safety and protective measures and equipment. People with disabilities are more likely to be further discriminated against in these circumstances.



2. Assessing gaps and needs

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Various stakeholders at national and international levels are starting to put measures in place to promote disability inclusion and gender responsiveness as part of the COVID-19 response. It is essential to coordinate with other stakeholders and avoid duplications.

Conduct a rapid gap analysis

Consider conducting a rapid gap analysis to **identify existing gaps and needs with regards to the inclusion of people with disabilities in the COVID-19 response** in your country. This can be done by:

- **Seeking feedback from people with disabilities and coordinating with DPOs** to understand barriers, concerns and recommended actions. If this is difficult due to social distancing, consider reaching out using accessible formats including phone, video calls or using SMS polls to gather feedback. This is a key gap, and the collection of experience and evidence of the realities faced by people with disabilities is an area of focus for the disability movement.
- **Monitoring the response from the government and other stakeholders**, such as media, service providers, civil society organisations and the private sector.
- **Referring to the following sections in this document** to identify relevant aspects to be assessed across key focus areas – such as the engagement of people with disabilities in the response, accessible information, access to healthcare and essential services, livelihood and social protection, and independent living and housing.

The rapid gap analysis can then be used to **develop clear targets and objectives**. The following sections provide a list of suggested entry points and useful resources.



3. Engaging people with disabilities and DPOs

3. Engaging people with disabilities and DPOs

People with disabilities and their representative organisations must be included in responses to the COVID-19 pandemic.

Support advocacy interventions led by DPOs

- Disabled peoples' organisations (DPOs) in many countries are mobilising to advocate with their governments for the inclusion of people with disabilities in the COVID-19 response. Work with people with disabilities and representative organisations to identify immediate concerns and build a clear advocacy plan to influence government COVID-19 responses.
- There are significant challenges in governments' COVID-19 responses that are important to advocate on, but the response and recovery to COVID-19 is also an opportunity to rebuild fairer, more inclusive societies. It is important to build an advocacy response to the short-term emergency and for longer-term development progress.
- For NGOs, balance messaging on programme suspension with policy messaging and be clear about programme impact. While many activities will be postponed, there are opportunities to adapt approaches, focus on more analysis, move activities online and consider how interactions with programme partners can also inform them on issues of inclusion and accessibility.

Include DPOs in the planning, implementation and evaluation of COVID-19 responses

- **Include DPO members and representatives of other marginalised groups in COVID-19 coordination mechanisms.** Where COVID-19 task forces are being created to coordinate the pandemic response, it is important to ensure representatives of people with disabilities are involved and can influence decision-making processes.
- **Involve DPO representatives in the design, implementation and monitoring of all interventions a part of the COVID-19 response.** Consider supporting DPOs and people with disabilities to be involved in the response and monitoring processes; liaising with governments, service providers, CSOs, and other stakeholders.

Amplify the voice of people with disabilities

- **Facilitate opportunities for people with disabilities to share their experiences, concerns and requests.** Consider engaging with community and national radio, TV, newspapers and other media outlets to promote the rights and perspectives of people with disabilities through accessible communications. During the COVID-19 pandemic and beyond, it is important to ensure the voices of people with disabilities are heard.

3. Engaging people with disabilities and DPOs

Contribute to the COVID-19 Disability Rights Monitor

- **Contribute to the COVID-19 Disability Rights Monitor and support its dissemination among people with disabilities and other stakeholders.** The COVID-19 Disability Rights Monitor is a major international monitoring initiative launched by a coalition of six disability rights organisations to conduct rapid independent monitoring of state measures concerning people with disabilities. The first element of this global initiative is the launch of two surveys requesting official information from governments and the testimonies of people with disabilities and their representative organisations. The surveys aim to collect information about what states are doing to protect core rights of people with disabilities including the rights to life, access to health and essential services.



4. Accessible and inclusive communications

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It is essential that all official information and communications on COVID-19 are disability-inclusive. The International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC) have launched a campaign to call for public health information and communications around COVID-19 to be fully accessible. [Visit IDA's campaign webpage for more information and useful resources.](#)

Support the production and distribution of COVID-19 information in accessible formats

All official communications on COVID-19 must be accessible to and trusted by people with different impairments. This should include, but not be limited to, information on:

- Prevention and safety (such as handwashing)
- Response mechanisms, awareness raising and regulations (such as social distancing measures)
- Available services and support mechanisms (such as procedures to access financial support or emergency relief for people in need).

Consider the following entry points:

- Support the provision of **sign language interpretation** and **captioning** for official government communications on television and the web.
- Support the production of information materials in **large print, high contrast, plain language, easy-read, braille, local languages and dialects, audio and video formats.**
- Support the development of **accessible information services**, such as websites and helplines. Consider supporting the development of services for people with specific needs, such as telephone or web relay services for people who are deaf or have hearing impairments.
- Collaborate with DPOs, community-based organisations and trusted local networks to **distribute inclusive and accessible information** among people with disabilities.
- Engage with community radio stations, TV channels, media outlets, communication agencies, religious and traditional leaders, medical professionals and other trusted local partners to distribute accessible and inclusive information and **reach more marginalised communities.**
- Ensure that **all messages are simple and targeted**, e.g. focusing on key preventive behaviours, such as handwashing with soap. Consider how actionable these messages are for women and men with disabilities in their context. For example, consider the following questions: do people have access to clean water and soap? Do people require support from carers? Can the messages be adapted for specific groups of persons with disabilities?

4. Accessible and inclusive communications

- Think about how messages can include a **connection to emotions**: consider using a positive tone ('we can do this') and empathy for people's situation ('we know staying at home is hard' or 'this is happening to me too') to draw people into your messages and increase their willingness to comply with relevant regulations.

Support the production and distribution of resources on mental health

Current events may increase the levels of stress and anxiety among the general population, and people with existing mental health conditions or psychosocial disabilities may experience increased difficulties.

- Collaborate with local and national mental health authorities, service providers, DPOs and other organisations that focus on mental health to **produce information and communication materials on mental health and well-being during the COVID-19 outbreak**.
- Refer to the [WHO guidelines on mental health and COVID-19](#). You may also consult and adapt these [tips from Mind](#). Other resources on mental health and COVID-19 are [available in this repository](#).
- **Support the distribution of mental health information**. Consider engaging with community radio stations and other media outlets in order to give out accessible information to DPOs and other partners.

Sensitise media outlets to promote positive representation of people with disabilities

- **Language used by the media and other stakeholders should not discriminate or marginalise people with disabilities, older people, and people with chronic health conditions**. For example, saying that COVID-19 will 'only' affect older people and those with underlying health conditions implies that those lives are less valuable than others (and it's also incorrect; younger people without underlying health conditions have also been affected).
- Remember that people will be seeking information from a range of sources including formal media outlets informal social media, friends and family. **Information will need to be engaging and trusted to stand out among the mass of information that people might face**. If misinformation or discriminatory messages about people with disabilities and COVID-19 start to emerge, consider assisting media outlets and local stakeholders to challenge these in all their forms.



5. Healthcare and essential services

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Some people with disabilities are more likely to develop serious illnesses when contracting COVID-19, and it is therefore essential to ensure equitable access to COVID-19 treatment. People with disabilities often also rely on other health services which may be disrupted during the COVID-19 outbreak, exposing them to the risk of neglect and abandonment. It may also be more difficult for people with disabilities to comply with social distancing measures, due to their need to interact with carers, support workers, assistants or interpreters. People with disabilities may therefore require support to access protective equipment.

Ensure COVID-19 treatment protocols do not discriminate against people with disabilities

In many countries, the COVID-19 pandemic is causing shortages of essential goods and services, particularly ventilators and beds in intensive care units (ICUs). Under these circumstances, ethics boards and hospitals have started to develop triage processes to decide who should be prioritised to access ICUs and ventilators. These protocols often establish priority mechanisms based on age, marginal number of life years, and quality-adjusted life years (e.g. saving more lives and more years of life). Some protocols have been reported to actively discriminate against people with cognitive, intellectual or psychosocial disabilities and other health conditions.

- **Monitor the development and implementation of triage protocols.** These protocols may be developed by the ministry of health, national or regional ethics boards, or directly by individual hospitals. Review criteria used in the protocols and ensure they do not discriminate based on disability.
- **Advocate with the ministry of health and service providers to ensure triage protocols do not discriminate against people with disabilities.** Collaborate with DPOs and other stakeholders to promote equitable access to health and the right to life in line with Article 25 and Article 10 of the UN Convention on the Rights of Persons with Disabilities (CRPD).
- **Support the development of inclusive triage protocols.** Where protocols have not yet been established or are being developed, proactively reach out to relevant stakeholders, including government, service providers and medical associations, to develop inclusive triage protocols that do not discriminate against people with disabilities, older people and other marginalised groups. Ensure DPOs, people with disabilities and other relevant stakeholders are involved in the process.

Build the capacity of healthcare workers

Even when discriminatory policies are not in place, healthcare workers may still have unconscious bias and negative attitudes towards people with disabilities. They may also lack knowledge and skills to include people with disabilities in their work.

- **Explore opportunities to increase health workers' knowledge about COVID-19 and disability.** This could be done in different ways, for example through the

5. Healthcare and essential services

development of brief information materials or online training sessions. Ensure people with disabilities are fully included in this process.

- **Engage with hospital management.** Sensitise hospital managers (general health facilities as well as COVID-19 treatment centres) to the needs of people with disabilities. Ensure people with disabilities are fully included in the process and consider providing technical support where required.

Improve the accessibility of COVID-19 treatment facilities

Infrastructural and communication barriers can prevent people with disabilities from accessing health facilities. Examples of barriers include lacks of ramps (or ramps that are too steep) lifts to access higher floors, colour contrast and tactile information, accessible directional signage and accessible toilets.

- **Advocate with the ministry of health and health service providers to improve the accessibility of COVID-19 treatment facilities.** Ensure all purpose-built and converted health centres dedicated to COVID-19 treatment are accessible. Simple and affordable solutions can be identified to improve accessibility, including using mobile ramps, printing/writing directional signs and other information using large, high-contrast text, and establishing simple protocols for health staff to support people with disabilities entering health facilities.
- **Consider organising rapid accessibility audits.** Organisations with experience of accessibility auditing could explore the opportunity to organise rapid assessment of COVID-19 treatment facilities. These would need to be organised in consultation with relevant DPOs, while minimising the number of people involved, using relevant protective equipment (e.g. masks, gloves, headcovers, etc.) and following safety protocols. Sightsavers has developed an [Accessibility Standards and Audit Pack](#) that can be adapted and used to conduct assessments in COVID-19 treatment facilities.

Ensure public health and support services are disability-inclusive

- **Identify available services at national and sub-national levels.** These services may include emergency health services, psychological support and telephone helplines.
- **Engage with service providers to promote disability inclusion throughout their services.** Consider providing technical support, where feasible, in collaboration with relevant DPOs and other partners.
- **Consider supporting the development of specific services for people with specific needs,** such as telephone or web relay services for people who are deaf or have hearing impairments.

5. Healthcare and essential services

Promote safety and continuity of essential services for people with disabilities

Although it is to be expected that certain services will be disrupted, it is crucial to ensure essential services used by people with disabilities remain functional. For example, due to their communication, mobility and personal needs, some people with disabilities may need to have close contact with carers, support workers, assistants and interpreters. Promoting continuity of services is essential also when people with disabilities are requested to self-isolate.

- **Develop plans to ensure continuity of services.** Ensure carers, support workers, personal assistants, sign language interpreters and deafblind interpreters are designated as key workers and provided with the support that enables them to carry out their jobs.
- **Ensure access to rehabilitation and assistive devices.** During the pandemic, people with disabilities must be able to access necessary health, education, and rehabilitation services. They also need to access to mobility aids, devices and assistive technologies.
- **Ensure priority access to soap, hand sanitisers and personal protective equipment (PPE), such as masks and gloves, for people with disabilities and their carers, support workers, assistants and interpreters, as well as staff working in nursing homes and residential institutions.** Support the development of information materials and guidance protocols to minimise the spread of infection and encourage the provision of inclusive services. Consider supporting the development and distribution of transparent face masks for interpreters.
- **Ensure proactive testing for individuals at higher risk,** including people with disabilities with underlying respiratory or other health conditions; carers; support workers; assistants and interpreters.
- **Strengthen safety measures and disinfection procedures in care and nursing homes, and other services accessed by people with disabilities.** Consider supporting the development of information materials and guidance protocols for inclusive care and improved safety measures, e.g. more frequent disinfection of entrance doors and knobs, handrails of ramps or staircases, and accessible toilets.

Support the use of telehealth services

People with disabilities face increased barriers compared to the rest to the population when it comes to accessing health facilities. Particularly during the COVID-19 outbreak, when social distancing measures are implemented, telehealth can be put into place to reduce these barriers and provide remote support to those who need it.

5. Healthcare and essential services

- **Support the use of telehealth services for people with disabilities.** These may be integrated into a wider telehealth programme for the whole population or be a dedicated service for people with disabilities.
- **Ensure telehealth is accessible and inclusive.** Services may include telephone consultations, text messaging and video conferencing, including consultations in sign language for deaf patients.
- **Ensure telehealth is provided for a wide range of services.** These services may include general healthcare consultations, rehabilitation needs, psychological support and COVID-19-related needs.
- **Support the distribution of accessible information about telehealth services.** Ensure people with disabilities, carers and families, including those living in remote areas, have access to information about available services. Support the distribution through TV, radio, web, printed materials, formal and informal networks at community level (such as religious and traditional leaders), and ensure information is accessible and available in multiple formats.

Support the use of home-based services

While experiencing increased barriers in accessing health facilities, people with disabilities are also likely to have reduced access to telephones and digital technology. They are also more likely to live in areas without continuous access to electricity and may have reduced financial resources to invest in airtime. Some people with disabilities may not be able to communicate independently through phones or other digital technologies, particularly when services are not designed with accessibility in mind. For these reasons, not all people with disabilities may be able to access telehealth and may require direct contact with health workers.

- **Support the use of home-based consultations for people with disabilities.** If home-based health services are available to the general population, ensure people with disabilities are included and prioritised. If similar services are not available, advocate for the establishment of home-based consultations for people with disabilities.
- **Ensure home-based consultations are provided for a wide range of services.** These may include general healthcare consultations, rehabilitation needs, psychological support, and COVID-19-related needs.
- **Support the distribution of accessible information about home-based services.** Ensure people with disabilities, carers, and families, including those living in remote areas, have access to information about available services. Support the distribution through TV, radio, web, printed materials, formal and informal networks at community level (such as religious and traditional leaders), and ensure information is accessible and available in multiple formats.

5. Healthcare and essential services

Make WASH programmes inclusive

Frequent handwashing with soap and water is one of the key actions required to prevent the spread of the virus. However, many people in developing countries do not have access to soap and water, and people with disabilities are more likely to experience barriers compared to the rest of the population. Many water, sanitation and hygiene (WASH) programmes around the world are being adapted in response to the COVID-19 pandemic response.

Mainstream disability inclusion and accessibility in WASH programmes. Working with health organisations, government partners and DPOs, ensure that WASH programmes are inclusive of and accessible to people with disabilities. Consider the specific barriers faced by women and girls with disabilities. Also consider:

- Environmental barriers (e.g. water access points, paths to reach facilities, height of water taps, presence of steps and other barriers, transportation required to reach facilities).
- Communication barriers (e.g. directional signage; information shared via written, audio, visual media; colour contrast; local languages).
- Attitudinal barriers (e.g. stigma and discrimination towards people with disabilities, fear and misconceptions, misinformation about relationship between disability and COVID-19).
- Financial barriers (e.g. costs for accessing information and facilities, additional costs incurred by people with disabilities).
- Institutional barriers (e.g. lack of involvement of DPOs and people with disabilities in design, implementation and monitoring of WASH programmes; lack of considerations around inclusion and accessibility).



6. Livelihoods and social protection

6. Livelihoods and social protection

People with disabilities, women in particular, are more likely to suffer financially during the COVID-19 outbreak, as they are:

- More likely to be unemployed, self-employed, involved in informal work, be paid lower wages and have less secure incomes
- Less likely to have access to labour protections
- More likely to be excluded from social protection mechanisms.
- More likely to incur in higher costs, such as those for carers and personal assistants
- More likely to face discriminatory barriers accessing employment and appropriate reasonable accommodations.

It is therefore fundamental that the financial components of the COVID-19 response are disability-inclusive.

Promote non-discrimination in employment

- **Promote access to remote work and reasonable accommodations for people with disabilities.** Wherever possible, people with disabilities should be able to retain their job and work remotely on an equal basis with others. Reasonable accommodations should be provided to allow people with disabilities to retain their job during the COVID-19 outbreak. These may include, for example, facilitating access to digital devices, personal assistance or sign language interpretation services.
- **Monitor discrimination of people with disabilities in employment.** While many businesses will need to adapt or even cease their operations during the COVID-19 pandemic, it is important to ensure people with disabilities are not discriminated against on the basis of disability (e.g. losing their job because they have a disability and considered “more disposable”). Targeted actions will need to be developed based on identified violations.

Promote continuity of disability benefit programmes

- **Advocate with government and service providers to ensure disability benefit programmes are not disrupted.** Where needed, ensure reviews and assessment can be done remotely.
- **Ensure access to disability benefits does not disqualify people with disabilities from accessing additional financial aid during the COVID-19 pandemic.** Disability benefits cover additional costs experienced by people with disabilities compared to the rest of the population and should not replace financial aid during the outbreak.

Promote access to social protection and safety nets

- **Advocate with government to ensure social protection payments are accessible and inclusive for all.** People living in remote areas and people without bank accounts may experience more difficulties in accessing these payments, and people with disabilities are more likely to be over-represented in these groups.

6. Livelihoods and social protection

- **Support the establishment of financial aid and safety nets for people with disabilities and other marginalised groups.** Many people with disabilities depend on services that have been suspended; may incur in additional costs compared to the rest of the population; and may not have enough financial resources to purchase food, medicine and sanitary items.

Promote access to food and essential items

Ensure people with disabilities have access to food and other essential items.

Activities may include:

- Promoting priority access for older people and people with disabilities across shops, supermarkets and marketplaces.
- Ensuring food aid is distributed at accessible locations.
- Supporting the development of delivery programmes for people who may not be able to leave their home and purchase food and other essential items, such as soap and other personal hygiene items, liaising with DPOs, CSOs and volunteer groups.



7. Education

7. Education

Due to widespread school closures, ministries of education and other education providers, with support from the international development community, are endeavouring to promote distance education. It is essential that DPOs are involved in the design of these programmes to ensure they address possible the needs of learners with disabilities as fully as possible.

Promote access to appropriate educational resources and platforms

- **Support the provision of appropriate learning materials.** For instance, these materials should be produced in a variety of formats (braille, large print, audio), written in accessible language, attractively and accessibly presented, readily available, and free of charge.
- **Support the development of accessible learning platforms.** If radio transmission is used as the broadcasting medium, families of children with disabilities need to be provided with radios if they lack them. Mechanisms need to be put in place to ensure children who are deaf or hard of hearing can access the same educational content. If television is used as broadcasting medium, we need (for instance) to ensure that programmes have subtitles/signing and therefore are accessible for children with hearing impairments. We also need to ensure programme content is not delivered entirely visually and therefore will be understood by children with visual impairments.
- **Support children with disabilities to access educational resources.** Children with disabilities will require access to the resources that will enable their education to continue: for instance radios so they can listen to programmes, stationery, textbooks, and assistive technology.

Promote inclusive teaching and learning approaches

Distance education programmes need to employ **teaching and learning approaches that are inclusive for children experiencing difficulties with learning**: for instance through building on existing knowledge, providing specific examples to illustrate points, reinforcing understanding, providing relevant content, and using simple, clear language to communicate information.

Promote home-based care and educational support

- Parents, guardians, and other family members need to be provided with **information about how to protect and care for children with disabilities during the COVID-19 pandemic**: e.g. hand-washing strategies, ways of including them in family activities, and the importance of not letting other people into the family home. WhatsApp can be an effective medium for delivering such messages. Coordinate with WASH programmes and other local partners to promote access to inclusive information.
- **Support families' access to essential items.** Children with disabilities and their families should be provided with necessary resources: for instance soap for handwashing.

7. Education

- **Contribute in challenging misinformation.** Parents, guardians, and other family members need to be provided with basic information that will dispel myths about the causes and effects of COVID-19.
- **Enable families to support children with disabilities to access education.** Families need to be provided with information which will enable them to promote home-based learning: for instance, strategies for supporting the braille literacy of children with visual impairments.
- **Promote access to appropriate medical support for children with disabilities.** For instance, children with epilepsy will require access to medication. These children need to be able to access such support during the pandemic as much as possible.
- **Promote the wellbeing of children with disabilities.** Relevant personnel (teachers, social workers etc.) need to monitor the wellbeing of children with disabilities and their families on a regular basis. WhatsApp messaging and mobile phone calls are good ways of doing this.

Ensure children with disabilities are included when schools reopen

It is imperative that DPOs are involved in the process of re-opening schools. When schools and other learning centres are reopened, they need to be as inclusive as possible for children with disabilities. Children with disabilities need to access:

- **Catch-up support.** If they are excluded from school and confined to the home, children with disabilities could lose academic knowledge. They will also lose non-academic skills due to the lack of opportunities to use them, and lack of access to the necessary training/tuition. Examples of these are sign language skills for deaf children and orientation and mobility skills for children with visual impairments. These children will therefore require access to supplementary tuition and training/coaching when they return to school. Schools should consider prioritising children with disabilities by allowing them to come back to schools before the other children (but only when it is safe for them to do so).
- **Guidance and counselling.** On returning to school, many children will require such support as they may have suffered various forms of trauma during the pandemic. Guidance and counselling services need to be aware of the specific challenges children with disabilities are particularly likely to have experienced during the pandemic, so these services can respond appropriately once these children return to school.
- **Assistive technology.** Children with disabilities may use assistive technology (for instance low vision aids or hearing aids) which may have been lost, damaged or stolen when they were confined to the home. Service providers therefore need to ensure these devices are repaired/replaced as soon as possible when they return to school.

7. Education

- **Medical services and nutrition.** Children with disabilities often have specific health needs. These may have become severe during the pandemic due to a lack of access to medical services and adequate nutrition. It is important that these needs are addressed when they return to school.
- **Support with enrolment.** Parents of children with disabilities may be particularly reluctant to re-enrol their children in school after the pandemic. This may be because they are over-protective of their children, they prioritise the education of other children in the family or for other reasons. Children themselves may also be reluctant to return to school. We need to ensure families of children with disabilities receive the support and encouragement that will facilitate their swift re-enrolment into school.
- **Further safety measures.** Schools can consider additional strategies for ensuring children's safety. For instance, through:
 - Ensuring children have access to handwashing facilities and materials and possess the necessary handwashing skills. Some children with disabilities will require plenty of practice, supervision, support, and encouragement to develop these skills.
 - Reducing over-crowding in classrooms, for instance, by ensuring children only sit at every other desk. If schools adopt a shift system (for instance, half the children go to school in the morning and the rest of the children in the afternoon), they can ensure that every child still has the chance to go to school.



8. Independent living and housing

8. Independent living and housing

Even though people with disabilities have the right to an adequate standard of living, they may face discrimination and abuse from landlords or housing providers during the COVID-19. Reports from various countries indicate that people with disabilities have been evicted from rented houses, shelters, dormitories and other accommodations during the outbreak. Homeless people- who are also more likely to have disabilities - are particularly at risk to contracting COVID-19 due to limited access to hygiene, nutrition and healthcare, and an inability to practise safe social distancing. Within institutions, people with disabilities are more exposed to abuse, violence and neglect.

Promote secure housing and prevent institutionalisation

- **Ensure people with disabilities are guaranteed secure housing conditions.** For example, advocate for the suspension of rent payments for those who do not have resources to pay during the COVID-19 pandemic, and support the identification of suitable structures to house people with disabilities who have no accommodation or are at risk of losing secure housing.
- **Ensure people with disabilities are not institutionalised due to lack of necessary support and/or because of self-isolation procedures.** Institutionalisation of people with disabilities in care homes, hospitals or other facilities cannot be considered an acceptable measure to prevent or mitigate the spread of the virus. Liaise with DPOs and other relevant stakeholders to prevent institutionalisation and identify suitable alternatives.
- **Monitor and report abuses and violations of the right of people with disabilities to secure housing conditions.** Support DPOs and other organisations in preventing abuse and neglect, particularly within institutions, and report violations through appropriate channels and procedures.



9. Evidence generation

9. Evidence generation

Collecting evidence on the impact of COVID-19 on people with disabilities and their inclusion in the COVID-19 pandemic response is crucial to ensure they are not left behind. The suggestions below focus on potential entry points for data collection and evidence generation during the emergency phase of the COVID-19 response. Further evidence on the impact of the pandemic (e.g. the longer-term impact of school closures on children with disabilities) will need to be collected following the initial emergency, as part of the recovery phase.

Collect evidence on the inclusion of people with disabilities in the COVID-19 pandemic response

Assist service providers (e.g. health clinics) with collecting evidence on the inclusion of people with disabilities in their COVID-19 responses. Consider qualitative and quantitative evidence. Examples of focus areas may include:

- Access to COVID-19 treatment for people with disabilities
- Access to other services, e.g. financial aid, food distribution, psychological support, etc.
- Evidence of discriminatory or inaccessible interventions (e.g. triage protocols, health information, etc.)
- Evidence on mental health impact of COVID-19
- Evidence on financial impact of COVID-19 on people with disabilities
- Evidence on neglect, violence and abuse within households, communities, hospitals and institutions
- Evidence on good practice to make the pandemic response more inclusive
- Testimonies from people with disabilities, families, carers, service providers, etc.

Collect data and information on disability

- **Assist service providers to collect data and information on disability.** This should involve disability-disaggregated data using the Washington Group Question Sets, including the Short Set and Child Functioning module and Model Disability Survey. Official data and evidence gathered by governments and service providers during the COVID-19 response, particularly in relation to access to treatment, is unlikely to be disaggregated by disability.
- **Build the capacity of service providers to collect data on disability.** Many health and education management information systems will not currently collect and disaggregate disability data using internationally comparable tools. Assist service providers to build their capacity to collect data on disability, and to embed disability, age and gender into existing survey and research projects on COVID-19.



10. Resources

10. Resources

Communication for Development Network: [Mapping of Communication Resources – COVID19](#)

Global Partnership for Education: [Education in the Time of COVID-19](#)

IASC: [Briefing note on addressing mental health and psychological aspects of COVID-19](#)

IDDC and CORE Group: [Repository of resources on COVID-19 and disability](#)

International Disability Alliance: [COVID-19 and the disability movement](#)

OECD: [A framework to guide an education response to the COVID-19 Pandemic of 2020](#)

RCCE: [COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement](#)

UN ESCAP: [Ensuring Disability Rights and Inclusion in the Response to COVID-19](#)

UNICEF: [COVID-19 response: Considerations for Children and Adults with Disabilities](#)

USAID: [COVID-19 and Education: Initial Insights for Preparedness, Planning and Response](#)

WHO, UNICEF, IFRC: [Key Messages and Actions for COVID-19 Prevention and Control in Schools](#)

WHO: [Disability considerations during the COVID-19 outbreak](#)

Contacts

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We work with partners in low and middle income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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