



Brief guidance note

A disability-inclusive COVID-19 response

Recent evidence suggests that the individual prevalence rate of persons with disabilities living in Syria, aged 12 years and above is 27%.¹ In Aleppo and Idlib governorates these figures are exceeded: according to available data 59% of females and 27% of males (Aleppo) and 42% of females and 30% of males (Idlib) have disabilities.² With regards to age, across Syria 99% of females and 94% of males over the age of 65 years have a disability,¹ which is especially important to note when considering the intersectionality of gender, age and disability in COVID-19-specific response planning and implementation of activities.

Risks faced by persons with disabilities in the COVID-19 outbreak

- Persons with disabilities are known to be at increased risk in the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers, as well as an increased risk of infection and complications due to underlying health conditions and socio-economic inequalities, including poor access to health care.³
- These risks are compounded by numerous barriers to family crisis preparedness due to displacement and drastic changes in living conditions, a lack of access or obstructed access to public health and protection messaging, risks of increased stigma on the basis of disability, inaccessibility of WASH infrastructure, potentially discriminatory attitudes and procedures of the health workforce and systems, and potentially disrupted protection and social support mechanisms.
- In situations of severe pressure on health systems, persons with disabilities, including children with disabilities are at risk of being deprioritised or denied access to treatment for COVID-19 based on the assumption that their chances of survival are less compared to those without disabilities. This would be considered a violation of basic human rights.
- Physical distancing and/or separation from care givers and support networks could result in disruption of medical, social and rehabilitation care. This could lead to adults and children with disabilities not receiving adequate assistance for health-related concerns, which may result in life-threatening situations.
- Potentially increased food insecurity, loss of support mechanisms and protection concerns negatively affect physical and psychological wellbeing (distress, anxiety, negative thoughts etc.).
- The risks and additional restrictions faced by persons with disabilities in times of community isolation may further impede health, safety, independence and autonomy of individuals.

Protection risks for specific groups of persons with disabilities during the COVID-19 outbreak

- Women and girls with and without disabilities are more likely to face increased risk of GBV, including sexual exploitation and abuse⁴ (particularly domestic violence), due to confinement and/or a shift in roles and responsibilities.⁵
- Protection risks for women and girls with disabilities are further increased due to disruption of pre-existing protection mechanisms and crucial services (family planning, child and maternal health and sexual and reproductive health care services, legal assistance and counselling services).⁵
- Children with and without disabilities may need to adapt to closure of schools and other structures. School closure impacts continuity of learning and leads to an absence of protective environments and reduced fulfilment of basic needs (e.g. feeding programs, social support, personal assistance, access to assistive devices and rehabilitation). This may lead to negative impacts on physical and psychological wellbeing, as well as increased child protection risks including abuse, neglect, exploitation and violence.⁶
- Children sharing treatment spaces with adults are at risk of increased anxiety, fear and of their needs not being identified and/or met.
- Older persons are at an increased risk of multiple rights violations in the COVID-19 pandemic,⁷ such as discrimination based on age, and must be supported to access services on an equal basis with others.

Upholding the rights of persons with disabilities in relation to the COVID-19 response

- Needs and risk assessment and analysis activities should be disaggregated by gender, age and diversity, including disability, and should consider the specific risk of exclusion and violation of rights for adults and children with disabilities.
- All preparedness and response plans must be inclusive of and accessible to all persons with disabilities, including women and girls with disabilities.⁸ This means ensuring that all workers have sufficient training on disability, providing individualised support and have the skills and knowledge to provide MHPSS to adults and children with disabilities.
- Restrictions in provision of humanitarian services must consider persons with disabilities on an equal basis with others.
- In the event of a quarantine, support services as well as physical and communication accessibility must be ensured.⁸

¹ H NAP (2019) Disability: Prevalence and Impact

² H NAP (2019) IDP insight: Disability

³ World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality

⁴ Turkey Cross Border GBV Guidance Note on GBV service provision in the time of COVID-19

⁵ CARE (2020) Gender implications of COVID19 outbreaks in development and humanitarian settings

⁶ UNICEF (2020). COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures

⁷ HelpAge (2020) Protecting older people in the coronavirus (COVID19) pandemic

⁸ International Disability Alliance (IDA). (2020) Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance

- When in quarantine, personal assistants/caregivers, support persons/family, and/or interpreters shall accompany persons with disabilities as required, upon agreement by all parties and subject to adoption of all hygiene/protective measures.⁸
- Personal assistants and interpreters should be, when possible, proactively tested for COVID-19 to minimize the risk of spreading the virus to persons with disabilities.⁸
- Remote services (such as phone-based counselling) should be accessible to persons with disabilities on an equal basis with others, and therefore service providers should consider delivery in various accessible modalities.^{8,9}
- When infected with COVID-19, persons with disabilities may face increased barriers in seeking and receiving health care. In situations of increased pressure on the healthcare system, a risk may emerge where persons with disabilities experience discrimination and negligence by health care personnel. However, in line with basic rights, persons with disabilities and older persons in need of health services due to COVID-19 should not be deprioritized or denied treatment on the basis of disability and/or age.^{9,8}
- Informed consent to health care and other services should always be obtained from all persons with disabilities regardless of the type of impairment. Various communication methods should be utilised to enable this, such as written, verbal and sign language.
- Children and adults with disabilities should be enabled to exercise maximum participation in decision making and their treatment and when required they should be supported to communicate their needs while under treatment.

Recommendations: Inclusion in the COVID-19 response

- Ensure gender, age and diversity, including disability, inclusion through all stages of the response. Which at a minimum this should include gender balanced teams, training on gender, age and disability sensitive care, referral to appropriate services and equal access to MHPSS services.
- Ensure persons with disabilities, their care givers and older persons are prioritised within the response including at assessment stages. Adults and children with disabilities who may need more targeted support and information need to be identified from the outset.
- Ensure children with and without disabilities are supported by a care giver whilst under treatment and where possible children should be treated separated from adults under treatment.
- Ensure persons with disabilities receive information about infection mitigating tips, public restriction plans, and the services offered in a diversity of accessible formats, including: easy-read format; high contrast print and, where possible, braille; and use of available technologies such as subtitles in verbal messaging.^{8,9}
- Ensure access for persons with disabilities to essential services and protection on an equal basis with others⁸ by considering specific needs such as:
 - Diverse communication methods;
 - Personal assistance/care provided by another person;
 - Need for physical personal contact to support daily activities and independence and therefore additional hygiene considerations and supplies;
 - Physical accessibility to structures (particularly WASH and health) and transportation support;
 - Equal access to distributions through diversity and relevance of items and adapted distribution techniques;
 - Equal access to financial support and adapted and safe methods of delivery.
- Ensure staff involved in the dissemination of health messaging are trained on inclusive communication.
- Ensure staff involved in the development of materials for health and other service-related messaging are trained in accessible Information, Education and Communication materials to enable adoption.
- Where feasible ensure that additional protective measures for people with significant difficulties in moving around are available, including for self-care, as they may be more exposed to the virus due to dependence on physical proximity to others and therefore have less control over measures to prevent exposure, while they are also more likely to have underlying health conditions.⁸
- Identify individual social support systems, which may be family members and/or friends, and include them into service delivery methods where indicated. For example, employing the patient- and family-centred approach to service provision for children with and without disabilities.
- Ensure support during and accessibility for critical counselling and during quarantine/ hospitalization (e.g. sign language interpreters, personal assistants/care givers).⁸
- Whenever possible, have transparent masks available to interact with persons who are hard of hearing (lip-reading).⁸
- Ensure protection of personal assistants/care givers in an equal manner with other health care workers dealing with COVID-19.⁸ Provide reasonable accommodation and modified modalities (additional amounts of protective gear, water and soap; assistance for social support; transportation costs; home-based interventions to ensure continuity of care, individualised support and accessible design of sanitation and washing facilities).⁸
- Ensure that awareness raising on support to persons with disabilities is included in public messaging campaigns.⁸

⁹ WHO (2020) Disability considerations during the COVID-19 outbreak