

Caring for Persons with Disabilities in the context of Covid-19 Pandemic

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PREAMBLE

While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response. Many persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death. During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during this period, while those living in institutions are vulnerable to more devastating conditions including contraction of the Coronavirus that may lead to massive deaths within the institutions.

According to the 2019 census, 2.2% (0.9 million people) of Kenyans live with some form of disability. The majority are among the poorest part of the population. Persons with disabilities face various physical, attitudinal and institutional barriers to access food, health, shelter and protection on an equal basis with others. They also face disability-based discrimination, which is exacerbated in situations of crisis, and when it intersects with other factors, such as poverty, gender or age. PWDs express concern about the deterioration of their psychosocial and socio-economic wellbeing due to the impact of COVID-19.

To make sure persons with different types of disabilities are included in any COVID-19 preparedness, mitigation and response, they need to be consulted and their specific needs and equal rights accounted for. Barriers for persons with disabilities in accessing health services and information need to be intensified. Persons with disabilities also continue to face discrimination and other barriers in accessing livelihood and income, support, participating in online forms of education, and seeking protection from violence. Particular groups of persons with disabilities, such as prisoners and those who are homeless or without adequate housing, face even greater risks (Evidenced by increased PWDs begging on the streets of cities). PWDs with mental health issues and especially those living on the streets are at higher risk of contracting the CORONAVIRUS.

Awareness of these risks leads to better responses that can allay the disproportionate impact experienced by persons with disabilities. This paper aims to:

- ❖ bring awareness of the pandemic's impact on persons with disabilities and their rights;
- ❖ draw attention to some promising practices already being undertaken around the world;
- ❖ Suggest way forward for community based support for PDWs

What Is The Impact of COVID-19 on The Right of Persons With Disabilities To Live In The Community?

Persons with disabilities face specific barriers in carrying out their daily lives in the community due to COVID-19 response measures. For instance, stay at home restrictions that do not consider their needs create disruptions and new risks to their autonomy, health and lives. Many persons with disabilities who rely on others for daily living (through formal

support by service providers or informal support by relatives/friends) find themselves without support due to movement restrictions and physical distancing measures. This may leave them at high risk without access to food, essential goods and medicine, and prevented from carrying out basic daily activities such as bathing, cooking, or eating.

Public information on COVID-19 measures is not systematically communicated nor disseminated in accessible formats and means to reach all persons with disabilities (e.g. sign language interpretation, captioning, Easy to Read format, etc). In addition, some persons with disabilities, such as persons with psychosocial disabilities and autistic persons, might not be able to cope with strict confinement at home. Short and careful outings throughout the day are key for them to cope with the situation.

COVID-19 on the Right to Education of Persons with Disabilities

Persons with disabilities are less likely than others to complete education, and more likely to be excluded altogether from schooling. Because of COVID-19, most States have temporarily closed education institutions affecting all students, including students with disabilities. To reduce the impact of disruption in education, some States are adopting remote learning practices. In these cases, however, students with disabilities are facing barriers on account of the absence of required equipment, access to internet, accessible materials and support necessary to permit them to follow online school programs. As a result, many students with disabilities are being left behind, particularly students with intellectual disabilities. Learners with disabilities in Kenya are basically going through same challenge and risk dropping off any online schooling programmes if measures are not taken timely.

Some of the Key Actions States and other Stakeholders can take to alleviate the Impact on the Right to Education of PWDs.

1. Provide clear guidance to education and school authorities on the scope of their obligations and the variety of available resources when providing education outside schools.
2. Use a multi-sectorial approach to ensure PWDs have access to information
3. Ensure access to Internet for remote learning and ensure that software is accessible to persons with disabilities, including through the provision of assistive devices and reasonable accommodation.
4. Provide guidance, training and support for teachers on inclusive education through remote learning.
5. Establish close coordination with parents and caregivers for early education of children with disabilities.
6. Provide guidance and distance support for parents and caregivers to assist in setting up equipment and to support the education program of their children with disabilities.
7. Provide guideline on state of preparedness for learning institutions in regard to PWDs and COVID-19 safety protocols.
8. Develop accessible and adapted materials for students with disabilities, to support remote learning.
9. Develop accessible educational audio-visual materials to disseminate through different media (e.g. online on demand, televised educational programs, etc.)

Covid-19 on Work, Income and Livelihood of Persons with Disabilities

Persons with disabilities are less likely than others to be employed and when employed, they are more likely to be employed in the informal sector. As a consequence, they have less access to social insurance based on employment than others which decreases their economic resilience in the current COVID-19 context. For those who are employed or self-employed, they may be prevented from working from home due to the absence of equipment and support which are available in the workplace, and face increased risks of losing their income and job. In addition, COVID-19 measures may indirectly affect persons with disabilities by preventing family and bread-winners of the household from working, negatively impacting the overall income of the household. The lack of income represents a disproportionate burden on persons with disabilities and their households which typically face extra costs and expenditures related to disability (accessible housing and equipment, assistive devices, specific goods and services, etc), pulling them more rapidly into poverty.

To help mitigate such challenges, the government should consider some of the following options:

1. Provide financial aid for persons with disabilities without any income (e.g. lump sum payments; tax relief measures, subsidization of goods, etc.).
2. Increase existing disability benefits, including through advancing payments to cover extra costs.
3. Extend automatically any soon-to-expire disability related entitlements.
4. Provide financial compensation for self-employed persons with disabilities who find their income reduced.
5. Implement financial assistance programmes for persons who stop working to support or to prevent contamination of their family member(s) with disabilities and who are not covered by unemployment or sickness benefits.
6. Provide financial support, including through tax credits, to employers of persons with disabilities to provide equipment required for teleworking.
7. Ensure that food provision schemes include persons with disabilities and are responsive to their needs, including logistical measures to deliver food at their houses.

Specific Risks Faced By Persons with Disabilities during the COVID-19 Outbreak:

- ✦ Persons with disabilities, face increased risks of infection and complications during the COVID-19 pandemic due to underlying health conditions and socioeconomic inequalities, including poor access to health care. These risks are compounded by numerous barriers in the preparedness and response including:- lack of meaningful consultation of persons with disabilities, lack of access to public health and COVID-19 information and messaging, increased stigma on the basis of disability and other intersecting factors, inadequate accessibility of the Water, Sanitation Hygiene (WASH) and health infrastructure, lack of inclusive surveillance mechanisms, contingency plans, preparedness and response plans.
- ✦ If Covid-19 cases increase, persons with disabilities, especially those facing high stigma, such as persons with psychosocial disability and/or intellectual disabilities, may be at risk of being deprioritized or denied access to treatment for Coronavirus based on the wrong assumption that their chances of survival are less compared to those without disabilities.
- ✦ Physical distancing, movement restrictions and/or separation from care givers may impose disruption of medical, social and/or rehabilitation care and/or individual support affecting their health status and heighten exposure to COVID-19.
- ✦ Lack of protection and social support mechanisms for persons with disabilities can lead to increased vulnerability, affect physical and psychosocial wellbeing, reduce autonomy, increase risk of violence and increase difficulty accessing specific requirements (dietary requirements, medicines, etc) Women and girls with disabilities are more likely to face risks of Gender Based Violence (GBV) including domestic violence, due to confinement and potential disruption of services and protection mechanisms.
- ✦ Due to lack of economic empowerment, some persons with disabilities resort to begging, which exposes them to increased risk of violence and abuse, and increased risks of exposure to COVID-19 due to a lack of access to information and hygiene protection measures.
- ✦ Children with disabilities need to adapt to closure of schools and other support structures. This impacts continuity of learning and leads to an absence of protective environments and access to basic needs (e.g. school feeding programs). This might lead to negative impacts on physical and psychological wellbeing, as well as increased child protection risks.
- ✦ Older persons (PWDs), especially those who head households or live without family support, may be at an increased risk in the pandemic, due to a lack of outreach services for awareness raising on COVID-19 and/or movement restrictions to access required assistance.
- ✦ Persons with disabilities living in crowded places, which makes it difficult or impossible to practice safe physical distancing are at higher risk of contracting the Coronavirus. They may also have insufficient water supply and access, which impedes their ability to implement hygiene protection measures.

- ✦ Persons with disabilities are overrepresented among the prison population, in particular persons with psychosocial disabilities and persons with intellectual disabilities. They are at heightened risk of infection due to the high risk of infection in crowded and unhygienic conditions where physical distancing is not possible. In particular, many prisoners with disabilities depend on the informal support of their peers to access food, move around and bathe, and prison health services are generally inadequate to meet their needs.
- ✦ Persons with disabilities, particularly those with psychosocial and intellectual disabilities are also over represented among the poorest populations. Homeless persons with disabilities and those living in emergency shelters and informal settlements are particularly vulnerable to contracting COVID-19 on account of overcrowded living conditions, lack of access to water and sanitation, and due to their pre-existing health conditions.

Inclusion in the COVID-19 Planning, Preparedness and Response:

Persons with disabilities generally have more health-care needs than others – both standard needs and needs linked to impairments – and are therefore more vulnerable to the impact of low quality or inaccessible health-care services than others. Compared to persons without disabilities, persons with disabilities are more likely to have poor health.

To achieve the highest attainable standard of health for persons with disabilities, the following actions should be considered:

- ✦ Risk and needs analysis and related preparedness and response planning processes should consult persons with disabilities and consider the specific risk of exclusion and barriers they may face.
- ✦ All preparedness and response plans must be inclusive of all persons with disabilities.
- ✦ All communication and awareness raising messaging on COVID-19 must be accessible. Ensure that information and messages are provided in a diversity of accessible formats including: sign language, easy-read format, plain language and pictograms, and high contrast print with use of accessible technologies where possible. Information and messages should also be available through numerous accessible channels.
- ✦ Consult with persons with disabilities and their caregivers/personal assistants during planning for isolation and/or quarantine to ensure support services, physical and communication accessibility. When in quarantine, personal assistants/ support workers shall accompany persons with disabilities.
- ✦ Remote services should be accessible to persons with disabilities on an equal basis with others.
- ✦ When training COVID-19 frontline staff including those doing awareness raising, it should include modules on equality of rights of persons with disabilities of different age groups to reduce stigma and discrimination.
- ✦ Ensure meaningful participation of persons with disabilities in coordination mechanisms and through all stages of the response, i.e. preparedness, mitigation and response, and related monitoring efforts.
- ✦ Risk and needs analysis, including identification of barriers and facilitators, should be inclusive, using an intersectional lens to consider the specific risks of exclusion of persons with disabilities and other groups at risk.
- ✦ Collect disaggregated data on disability¹⁵, gender, age and other relevant criteria to monitor and address the gaps in the response.
- ✦ Engage persons with disabilities in public health messaging. Ensure all IEC (International Electro-technical Commission) materials for health and other service-related messaging are including inclusive messaging in word and picture.
- ✦ Ensure persons with disabilities receive information about COVID-19, public announcements on COVID-19, including response plans and the services offered, in a diversity of accessible formats including plain language, sign language, braille and high contrast print when possible.
- ✦ Ensure MHPSS (Mental Health and Psychosocial Support), child protection services and other protection services are accessible, including during quarantine and/or hospitalization (e.g. sign language interpreters, care givers and sighted guides).
- ✦ Ensure protection for care givers similarly as required by health workers in the COVID-19 response.

- ✦ Provide reasonable accommodation and modified modalities of humanitarian response such as additional amounts of protective gear for support persons/ care giver, adapted amounts of hygiene items; Cash assistance; Transportation to reach testing or treatment; and/or home-based interventions to ensure continuity of care.
- ✦ Check on preparedness of all learning Institutions in regard to the wellbeing and rights of persons living with disabilities
- ✦ Consider the option of an integrated curriculum for home schooling for specific categories of PLWDs
- ✦ Strengthen national legislation and policies on health care in line with the UN-CRPD (United Nations Convention on the Rights of Persons with Disabilities).
- ✦ Identify and eliminate obstacles and barriers to accessibility in health-care facilities.
- ✦ Improve health-care coverage and affordability for persons with disabilities as part of universal approaches to health care.
- ✦ Train health-care personnel on disability inclusion and improve service delivery for persons with disabilities.
- ✦ Empower persons with disabilities to take control over their own health-care decisions, on the basis of informed consent.
- ✦ Prohibit discriminatory practices in health insurance and promote health insurance coverage for assistive products and rehabilitation services.
- ✦ Improve research and data to monitor, evaluate and strengthen health systems to include and deliver for persons with disabilities
- ✦ Identify needs of PWDs based on each community and create a model of entry of entry for care and wellbeing of the PWDs

What are some of the Promising Practices in Some of The States around The World In Regard To the Impact of Covid-19 to PWDs?

- i. The Bioethics Committee of the San Marino Republic produced COVID-19 guidance on triage, which prohibits discrimination on the basis of disability: “The only parameter of choice, therefore, is the correct application of triage, respecting every human life, based on the criteria of clinical appropriateness and proportionality of the treatments. Any other selection criteria, such as age, gender, social or ethnic affiliation, disability, is ethically unacceptable, as it would implement a ranking of lives only apparently more or less worthy of being lived, constituting an unacceptable violation of human rights.”
- ii. The Office for Civil Rights at the United States Department of Health and Human Services issued a bulletin to ensure that authorities prohibit discrimination on the basis of disability, stating that “persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative “worth” based on the presence or absence of disabilities or age”. The bulletin also provides guidance to authorities on ensuring outreach and accessibility of information and communications to persons with disabilities for equal opportunity to benefit from emergency response efforts, “including making reasonable accommodations [to] help ensure that the emergency response is successful and minimizes stigmatization.”
- iii. The United Arab Emirates has launched a national program to test persons with disabilities in their homes and as of mid-April had conducted 650,000 COVID-19 tests of persons with disabilities.
- iv. In the Philippines, the Commission on Human Rights has published information to support health agencies tailor public messages for vulnerable groups of the communities, including children and people with disabilities.
- v. In Canada, the COVID-19 Disability Advisory Group was established with the participation of persons with disabilities and their representative organizations to advise the government on disability-specific issues, challenges and systemic gaps and strategies, measures and steps to be taken.

- vi. Paraguay and Panama have developed systems to ensure that relevant information is provided in accessible formats. In the same vein, the New Zealand Ministry of Health has a section of its website dedicated to providing information in accessible formats, including sign language and easy to read. The government of Mexico adopted a similar practice.
- vii. In Argentina, support persons are exempted from restrictions of movement and physical distancing to provide support to persons with disabilities.
- viii. Community support networks have developed in Colombia and recruit volunteers that support persons with disabilities and older persons with their groceries and other purchases. The government of Kenya should consider establish community support networks to support PWDs in clusters. Thus, there is need to establish community support services for PWDs in collaboration with Counties.

RECOMMENDATIONS

In regard to challenges that many of the PWDs in Kenya could be facing, there is a need to consider the following recommendations:

1. Set up a special committee (Covid-19 Response Team for PWDs) to take charge of programmes that would support PWDs within their communities
2. Establish Community Support Networks and recruit volunteers that work with and support PWDs within their communities
3. Provide funding to empower PWDs who are in business or are able to run business
4. Work with Like-minded Organizations/NGOs/CBOs to support PWDs
5. Organize for Home Schooling and Physiotherapy, emotional support, feeding programmes for PWDs through the support groups within the community.
6. Organize for Covid-19 tests to PWDs and organize for home based care/support for those who test positive. Counties could as well identify and set up isolation centers for PWDs
7. Ensure a holistic approach in regard to communication about Covid-19 to ensure it is able to reach out all PWDs.
8. Through community volunteers, provide psychosocial support programmes for PWDs within their local communities.

CONCLUSION

The impact of the COVID-19 pandemic affects all groups in society. Persons with disabilities are especially vulnerable to the physical, mental and social effects of the pandemic. Cognitive impairments can limit understanding of information to protect them relying on care givers to be vigilant on their behalf during quarantine. Restrictions on usual activities are likely to induce mental stress especially among those who are autistic leading to an escalation in challenging behaviors, risk of placement breakdown and increased the use of psychotropic medication. PWDs are vulnerable to exploitation by others where the usual community supports no longer function to protect them. In future pandemics, it is important that lessons are learned from the impacts COVID-19 have on PWDs. There is need to use Community Based Support Groups to reach out to PWDs and support their livelihood and wellbeing during the Covid-19 pandemic.

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