

## ESARO Guidelines for Inclusion of Children with Disabilities in COVID-19 Response Programs May 2020

### **Why it's important to consider Children with Disability for COVID-19**

According to World Health Organization (2011) about 15% of world population aged 15 and above, has disabilities. This was based on a survey conducted in 59 countries. UNICEF estimates that about 10% of children under 18 years suffers from disabilities. More than 140 countries signed or ratified the UN Convention of Rights of Persons with Disabilities (2006). But still most developing and least developed countries lack systemic interventions for essential wellbeing for persons with disabilities.

For the scale, speed and uncertainties around COVID-19 pandemic, the Persons (/Children) with Disability (PwD/CwD) are at higher risk of being forgotten and remain invisible from necessary intervention and attention in healthcare, protection against violence, wash and hygiene services, education and risk communication activities. In this regard UN, UNICEF and WHO, among other leading agencies issued guidance<sup>i</sup> on how to ensure persons with disabilities are included in all aspects of COVID-19 response and recovery.

UN/ASG Memo on COVID-19 response highlights that, PwD/CwD community may have specific underlying conditions that make the disease more dangerous for them. It can be harder for PwD to take prudent steps to protect themselves, or to access health care services if they contact the virus. Quarantine and isolation measures are impacting essential services required by PwD to live their lives. The UN/SG's policy brief on impact of COVID, highlights that for some children the impact will be lifelong. Persons with disabilities "*face particular, disproportionate risks, and require an all-out effort to save their lives and protect their future*".

### **What are the main things we need to consider?**

UNICEF Country Offices should actively consider PwD/CwD community in all programmatic responses for the on-going and post pandemic responses. For ease of use the action points from following documents<sup>ii</sup> are considered and summarized:

- 1) UNICEF Guideline: "COVID-19 response: Considerations for Children and Adults with Disabilities"
- 2) UN/SG: "Policy Brief: The Impact of COVID-19 on children" 15 APRIL 2020"
- 3) Memo from UN/ASG (UN Internal E-mail from Ana Maria Menendez Perez /03 Apr 2020): "Allocation of Humanitarian Response Plan funds for COVID-19: consideration of gender and the situation of persons with disabilities"
- 4) WHO Guideline: "Disability considerations during the COVID-19 outbreak" Besides the above there are numerous other guidelines are made available for use. The volume and number of these documents could be overwhelming to converge into COVID-19 response

plans. Hence this ESARO document will highlight the main actionable items. Offices should complement this guideline with government and UNICEF programmatic priorities.

### **How practically COs can address these issues:**

*According to UN ASG's memo*, when reviewing programs/projects in the context of humanitarian response for COVID-19, offices should

- Capture the impact of COVID-19 on persons with disabilities in their diversity, to reach those furthest behind; it will be important for assessments and response strategies.
- Commitment for inclusion of PwD/CwD in projects emanating from the Humanitarian Response Plans.

*UN/SG's policy brief* provides a deeper analysis of these effects. It identifies a series of immediate and sustained actions for attention from governments and policymakers, including in relation to the following three priorities (adjusted for Children with Disabilities for this document)

- 1) Rebalance the combination of interventions to minimize the impact of standard physical distancing and lockdown strategies on children with disabilities and expand social protection programs for them.
- 2) Prioritize the continuity of child-centered services, with a focus on equity of access – particularly in relation to schooling, nutrition programs, immunization and, and communitybased child protection programs.
- 3) Provide practical support to parents and caregivers, including how to talk about the pandemic with children with tailored messaging dependent on children's ages, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning from birth onwards.

*According to UNICEF and WHO guidelines* the main action points include:

- Support and advise parents, caregivers, family and friends to encourage and care for children with disability to continue playing, reading, learning, and connecting with friends using telephone calls, texts or social media during quarantine and lockdown situations.

### **Ensure Public health information, digital or printed, is in standard accessible format:**

- Work with disability organizations, including advocacy bodies and disability service providers to disseminate public health information to PwD and CwD.
- Consider information channels that will be accessed by persons with disabilities. Keep in mind that persons with disabilities may have lower levels of access to social media and other technology-based platforms.

- Include captioning and sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media.
- Convert public materials into “Easy Read” format for people with intellectual disability
- Develop accessible written information by using appropriate formats, such as “Word”, with structured headings, large print, braille versions and formats for people who are deaf or blind (these can be accessed by screen readers Assistive Technology devices).
- Include captions for images used within documents or on social media. Describe pictures using accessibility features e.g. Alternative Text in Word.
- Use images that are inclusive and do not stigmatize disability.
- Make websites accessible using W3C/WCAG2<sup>xiii</sup> recommendations.
- Provide additional targeted information on COVID-19, relevant to and for people with disability and their support networks. This may include information on continuity plans; telehealth and hotline numbers; locations of accessible health services; and locations where hand sanitizer or sterilizing equipment can be accessed when their supplies are low, or in situations where they may be required to self-isolate.

**Targeted measures including direct financial support and compensation for people with disability and their support networks**

Work with representative organizations on disability to rapidly identify fiscal and administrative measures, for

- Individuals who need time off from work to care for CwD for a limited period, for support provided during normal working hours.
- Individuals who may need to self-isolate, and where coming to work would place people with disability at greater risk of infection.
- Short term financial support for disability services and providers to ensure they remain financially sustainable if they experience a downturn in their operations.
- From state level economic stimulus package lump sum payments, tax relief, subsidization of items e.g. Assistive Technology Devices, leniency and allowable deferral of common expenses.
- For procurement of Assistive Technology Devices for distance learning for CwD and other common usages.
- Seek UNICEF Supply Division support through ESARO/Supply for procurement of AT devices. SD is in the process of finalizing a catalogue of most used AT devices.

**Targeted measures for disability service providers in the community:**

Work with the disability service providers to identify actions for the continuation of services and priority access to protective equipment.

***Support for families and caregivers***

- Ensure that agencies providing disability caregivers have continuity plans for situations in which the number of available caregivers may be reduced.
- Consider trainings and if possible, develop online modules to prepare a new workforce and those who will take on expanded roles for during and after the COVID-19 pandemic.
- Work with other local disability and caregiver agencies to undertake the prioritization of the most critically needed disability services and those that are essential to be kept open. Identify the clients most vulnerable to a reduction in services.
- Work with disability service providers to reduce bureaucratic recruitment barriers while still maintaining protection measures, such as police checks for caregivers.

***Support for prevention of transmission and access to treatment***

- Engage with organizations of persons with disabilities in designing and delivering prevention and response plans
- Prioritize disability caregiver agencies for access to no-cost personal protective equipment, including masks, aprons, gloves and hand sanitizers.
- Ensure that caregivers of people with disability have access to COVID-19 testing alongside other identified priority groups.
  - Identify and address barriers that prevent safe access to health services, including accessible transport and healthcare premises.
  - Ensure that sanitation and washing facilities are accessible and affordable, including in health facilities, schools, Early Childhood Development facilities.

***Support to address socio-economic impacts***

- Provide support to education actors to ensure that distance learning platforms are safe and accessible to children with disabilities; teachers are trained on supporting children with disabilities remotely.
- Ensure that any programs to prevent and respond to GBV are inclusive of women and girls with disabilities
- Ensure that disability caregivers are considered as essential workers and exempted from curfews and other lockdown measures that may affect the continued provision of support services.
- Deliver appropriate disability services through home-based consultation or through similar platforms as used in telehealth.
- Advocate to ensure that children and adults with disabilities living in institutions, residential schools and other places have access to appropriate prevention and response measures

- Provide a hotline for disability services to communicate with government and raise concerns. Repurpose and train Child Help Line (116) or Health Help Lines to provide support to CwDs and caregivers. Identify the potential for increased violence, abuse and neglect against people with disability because of social isolation and disruption to daily routines; support mitigation of these risks, for example providing an accessible hotline to report.
- Ensure that the existing monitoring and complaints mechanisms remain functioning and effective and accessible.

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i Policy Brief: The Impact of COVID-19 on children <https://unsdg.un.org/resources/policy-brief-impact-covid-19-children>

WHO: Disability considerations during the COVID-19 outbreak  
<https://www.who.int/publications-detail/disability-considerations-during-the-covid-19-outbreak>

COVID-19 response: Considerations for Children and Adults with Disabilities <https://intranet.unicef.org> ii Look Endnote - i

iii Web Content Accessibility Guidelines (WCAG) Overview  
<https://www.w3.org/WAI/standards-guidelines/wcag/>