Disability Inclusion: Tipsheet for GHRP update

April 2020

Overview of suggested focus related to disability

I. Objectives & scope

In line with GHRP, reassert COVID-19 impact among specific population groups including people with disabilities. Emphasize that "Persons with disabilities are not inherently vulnerable. Rather, vulnerability is created, including by multiple barriers and lack of specific support"

II. Updated humanitarian situation and humanitarian needs related to the pandemic, identified at country level

Include people with disabilities within the most affected population groups:

Direct health effects
Specific risk related to COVID-19 & disability: Heightened exposure, serious complications, and mortality
Factors contributing to the risk: ● May have specific underlying conditions that increase their risk of developing a severe case of COVID-19 ● More difficulty exercising preventative measures due to inaccessible information and communication and barriers to accessing WASH facilities. For people with disabilities who require daily assistance, social distancing may not even be possible ● Financial, institutional and physical barriers to accessing COVID-19 health services, including those arising out of stigma and discrimination ● May be living in institutional settings and nursing homes, where the risk of infection can increase if proper quarantine procedures are not in place ● Discriminatory practices in decision-making processes for the use of scarce resources, including medical services (e.g. persons with disabilities may be denied treatment based on the assumption that their chances of survival are lower when compared to persons without disabilities. This, therefore, compounds the risk of serious illness upon infection.)
Indirect health effects
Specific risk related to COVID-19 & disability: ● High morbidity and mortality for non-COVID-19 pathologies ● long term impacts on autonomy and functional independence
Factors contributing to the risk: ● The technology used for remote service delivery (e.g. telemedicine, 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 ● Due to the diversion of resources to the COVID-19 response, essential services are heavily under-resourced and dysfunctional, including assistance to people with disabilities ● The economic impact reduces the affordability of health and rehabilitation.
Socio-economic effects
Specific risk related to COVID-19 & disability: ● Heightened risk of violence, exploitation, and abuse, including GBV, neglect, and abandonment ● Exclusion from alternative education solutions ● Financial strain due to the additional cost of disability

• Lack of access to support and specialized services needed to maintain the functioning and activities of daily living. • Further stigmatized, as a group at heightened risk of exposure and serious complications
Factors contributing to the risk: • Inaccessible GBV prevention and response services (e.g. information about support available, reporting mechanisms such as hotlines) • The technology used for remote service delivery (including MHPSS) may not be accessible to persons with disabilities • alternative education programs (such as remote/ distance learning) may not be inclusive of and accessible to children with disabilities • Beliefs that persons with disabilities cannot make their own decisions or contribute to the response to COVID-19 • Increased movement restrictions due to COVID-19 may worsen these existing challenges • De-prioritization of services for persons with disabilities as resources are rationed and redirected towards the COVID-19 response • Persons with disabilities and their families are more likely to live in poverty
Situation and needs monitoring indicators
Disaggregated by disability: Report against the indicators agreed upon in the first GHRP document, (using the 15% estimate if data is not available). (e.g. INDICATOR 1.1, 1.2 & 4.1)

III. Progress on the response under each Strategic Priority and specific objectives

Describe responses that address each strategic priority and specific objectives, with a clear description of the people with disabilities among the target population groups

Progress under Strategic priority 1 "Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality": Possible outputs in disability inclusion:

- Disability included in the national and local emergency coordination mechanisms
- All preventive measures are inclusive and accessible (e.g. accessible handwashing facilities constructed or retrofitted in X locations)
- Design and delivery of specific protective measures for people with disabilities (e.g. additional or specific hygiene items and supplies to allow for increased handwashing; targeted shelter assistance to allow for physical distancing where individuals are living in overcrowded settings)
- Surveillance data disaggregated by disability
- Healthcare facilities are supported with expertise and capacity to deliver accessible isolation and patient treatment services
- Guidance and policy on health care rationing decisions, including in the context of triage, based on clinical criteria and not on discriminatory criteria, such as age or assumptions about quality or value of life-based on disability

Progress under Strategic priority 2 "Decrease the deterioration of human assets and rights, social cohesion, food security, and livelihoods": Possible outputs in disability inclusion:

- 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
- Persons with disabilities and their representative organizations have been engaged in assessing social and economic impacts and in developing or adapting response plans

- Education actors have been supported to make remote/ distance learning platforms inclusive and accessible, in the context of school closures
- Support services, personal assistance and physical and communication accessibility for people with disabilities are preserved, including during quarantine (E.g. alternative arrangements for distribution of food and NFI deliveries (such as alternative collectors) established for groups at heightened risk, including persons with disabilities)
- The physical, social, and digital infrastructures and services delivery at national and local levels are supported to be inclusive and accessible. (e.g. 'accessible and inclusive MHPSS services established)
- New and expanded cash and voucher assistance programs are disability-inclusive, including in the design of targeting methodology and selection of delivery mechanism/s.

Progress under Strategic priority 3 "Protect, assist and advocate for refugees, IDPs, migrants, and host communities particularly vulnerable to the pandemic": Possible outputs in disability inclusion:

- Mechanisms established/ supported for protection of persons living in institutions, such as relocation to family-based/community- based settings or during shielding high-risk populations.
- Newly established or enhanced protection monitoring, and reporting mechanisms are sensitive to diversity among refugees, migrants, IDPs, and other people of concern.
- Specific measures are taken to ensure that refugees, migrants, and IDPs with disabilities have access to national health systems services.
- Relevant and accurate communication material in a diversity of accessible formats and languages is produced and disseminated

At every strategic priority level:

- Specify the main gaps and challenges concerning people with disabilities in the ongoing response. (e.g. limited capacity of frontline staff, limited availability of disaggregated data, lack of dedicated funding, need for more detailed risk assessment.)
- Explain how ongoing responses have adhered to the guiding principles that guarantee that the rights of persons with disabilities will be respected, protected, and promoted throughout humanitarian preparedness, response, and recovery[1].
- **Response monitoring and indicators:** while disaggregation may be challenging in the current context, it is recommended that disaggregation is considered for the following:
  - Indicator 1.2: % of countries disaggregating surveillance data by disability
  - Indicator 1.3: % of national preparedness and response plans that are disability-inclusive
  - Indicator 2.1, 2.2, 3.1, 3.2: disaggregated by disability

Financial requirements

- The inclusion of persons with disabilities in the COVID-19 response needs to be deliberate and purposeful. If not explicitly included in planning from the start, including in budgeting and resource allocation, there is a risk that persons with disabilities will be excluded from prevention and response measures, despite facing heightened risk. (e.g. budgeting for accessibility around 1% in construction & WASH facilities 3– 7% budget for specific NFIs is recommended). Building an inclusive response from the outset is much more cost-effective than adapting or redesigning for inclusion at a later stage[1].

[1]https://reliefweb.int/sites/reliefweb.int/files/resources/iasc_guidelines_on_the_inclusion_of_persons_with_disabilities_in_humanitarian_action_2019.pdf