

Inclusive DRR, Inclusive Humanitarian Action and protection against violence

Recommendations on COVID response

Situation overview

The corona virus ([COVID-19 outbreak](#)) is impacting populations all over the world. Today 185 Countries, areas or territories have confirmed contamination (21st March 2020), some are countries already in crisis due to conflicts, natural disasters and climate change. The impact on fragile contexts and conflict settings and wider humanitarian systems will be complex¹. The global community is planning to [prepare and respond to this public health emergency](#) by focusing on public health messaging, health coordination, water, hygiene and sanitation and protection interventions.

During public health emergencies some individuals, households and communities face increased risks and consequences due to the higher exposure and barriers they face in accessing critical information, protection and other essential services. **Persons with disabilities** are known to be at increased risk in the COVID-19 pandemic as they face higher exposure rates², due to the need for close contact with personal assistants/care givers, increased risk of infection and complications due to underlying health conditions and socio-economic inequalities, including poor access to health care³. **Older persons** are at an increased risk of multiple rights violations in the pandemic⁴ such as discrimination based on age and must be supported to access services on an equal basis with others. **Women and girls with and without disabilities** are also likely to face higher risks of exposure⁵, increased risks of GBV and domestic violence due to confinement, increased burden of care work (family/child care, care for children out of school and/or sick household members and increased household duties), and disruption of protection mechanisms and crucial services (safe houses, family planning, child and maternal health, sexual and reproductive health care, legal assistance and counselling services). **Children with and without disabilities and their caregivers** need to adapt to [closure of schools](#) ⁶, and other structures (institutions, day care), impacting continuity of learning, protective environment and access to basic requirements (e.g. feeding program, social support, personal assistance, rehabilitation...). This will likely impact physical and psychological wellbeing, as well increased child protection risks including domestic violence, child labor, and adolescent pregnancies. **Migrants and displaced persons with and without disabilities**, especially those on the move, those with no legal status, those living in informal settings or camps and in confinement face increased risk of exposure, due to the absence of contingency planning, poor living conditions, proximity of living spaces, lack of access to publicly available preventative materials, information and services. Additional institutional barriers further hamper access to governmental service provision.

Those risks are often intersecting with other pre-existing inequalities and further increased by gaps in preparedness and response plans. These gaps are variable and context specific and can include:

¹ UNOCHA, <https://www.unocha.org/covid19>

² World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality

³ It has been identified that the impacts of COVID-19 are likely to be worse for people in lower socio-economic groups See, for example, <https://www.weforum.org/agenda/2020/03/coronavirus-pandemic-inequality-among-workers/>

⁴ HelpAge (2020) Protecting older people in the coronavirus (COVID19) pandemic

⁵ Women are more likely to be front-line health workers with globally, 70% of them in health sectors or health facility service-staff (e.g. cleaners, laundry etc.)

⁶ <https://en.unesco.org/themes/emergencies/coronavirus-school-closures>

- **Risk and needs analysis are not inclusive**, considering the specific risks of exclusion and violation of rights of persons with disabilities and other groups such as women and girls, persons with HIV, migrants, or people on the move etc.
- **Epidemic surveillance mechanisms, contingency, preparedness and response plans are not inclusive and accessible**. For example, protocols on preparing and protecting persons with disabilities and/ or their caregiver and families while being hospitalized, in isolation, quarantine or imposed due to physical distancing are lacking.
- Physical distancing, collapse of social support systems and/or separation of caregivers imposes **disruption of continuity of care** (medical, social and rehabilitation care...) which increases protection risks and exclusion from access to health services.
- **Communication and messages are not inclusive and accessible** to all and are not sufficiently diverse (child-friendly, gender and disability sensitive). Adults and children with disabilities and older persons might have limited access to communication modalities used (mass media, social media) or not receive info if confined (institutions, prisons, orphanages, retirement homes etc.) or living remotely.
- **Assistance might not reach all locations** (rural or remote locations, institutions, prisons, orphanages, retirement homes etc.), while closure or disruption of centers and services causes protection concerns and disruption of care impacting physical, psychological wellbeing.
- **Increased discrimination, misperceptions, stigma by community, service providers and systems** against persons with disabilities and other groups are further heightened in a pandemic situation (persons with disabilities perceived as more contagious) placing them at higher risk of isolation, physical, verbal violence, denial of access, discriminatory access. Persons with disabilities are also at risk of being deprioritized or denied access to treatment for corona virus based on the assumption that their chances of survival are less compared to those without disabilities.
- **Physical inaccessibility** of health services, transportation systems, WASH infrastructure and services (water taps or distribution points, latrines, sinks, hygiene messages) increases risk of propagation.
- **Lack of protection and social support mechanisms** for persons with disabilities and their families, leads to socio-economic vulnerability, reduced autonomy, reduced physical and psychological wellbeing (distress, anxiety, negative thoughts etc.), lack of access to basic and specific requirements (e.g. specific hygiene materials, dietary requirements, distribution of food, essential medicines, etc.), increased risk of violence, child protection issues, etc.
- **Lack of accessible consultation and meaningful participation**: Informed consent to health care and other services may not be obtained from all persons with disabilities, especially if various reasonable accommodation is not available. Persons with disabilities also face unequal participation in decision making, including for decisions related to their care.
- Life-saving services such as CMR (Clinical Management of Rape), PSS support for survivors, SRH (sexual and reproductive health services) services for women and girls, safe spaces (child-friendly spaces, safe houses and women centers) can be considered as non-essential by governments as resources are reallocated to respond to COVID 19

HI Key Actions and Recommendations:

HI's operational strategy for the COVID-19 response is to protect most at risk communities, including adults and children with disabilities and other groups at risks, by promoting and implementing inclusive and safe preparedness and response measures. The following actions are recommended and should be adapted on basis of the context, needs, and available resources, protective measurement for HI and partners and capacities of each program.

Activity 1: Ensure accessible, diverse and appropriate messaging and community awareness

- Ensure women, men, boys and girls with different types of disabilities and other groups at risk of exclusion (or discrimination) have **access to inclusive messaging/risk communication and community awareness** about prevention and protection measures, infection mitigating tips, public restriction plans, public health messages, contingency planning and services offered.
- Ensure that information and messages are provided in a **diversity of accessible formats** including braille, easy-read format, sign language, and high contrast print with use of accessible technologies where possible. Information and messages should also be available through **numerous accessible channels** (mass media, social and traditional media, key community focal points, etc.).
- Ensure messaging/risk communication is **available in local languages and language spoken by displaced populations and are disability, gender and age sensitive**. Messaging should challenge gender, age, and disability stereotypes, be respectful and free of bias (For example, challenge association of COVID-19 transmission with persons with disabilities, persons living on street or older persons)
- **Work with HI teams, partners and other experts with relevant expertise on accessibility and diversity of messages** (e.g. OPDs can support printing braille versions, producing sign language videos or Easy-To-Read formats, child-friendly messages, sub-scripts and captioning for video/infographics, accessibility requirements for information platforms and digital messages, Women's right organization can help to avoid gender stereotypes and support gender sensitive messages. They can also support in identifying and addressing barriers in accessing information and communication.
- Strengthen **epidemic risks management** through DRM networks and community engagement initiatives and set-up community feedback systems to monitor information gaps and reactions on messaging particularly to prevent and cope with misperceptions, rumors, anxiety, distress, negative coping mechanisms, discrimination of certain groups due to misperceptions). Work with those networks and initiatives to strengthen referral and surveillance mechanisms. This to contribute to the local and provincial early warning systems (if any) led by health and/or DRM authorities; to feed their information systems, the surroundings communities and possibly triggering health interventions.
- **Disseminate information to partners** (OPDs, older person's organizations, disability networks, women's rights organizations etc.) and **groups at risks of discrimination**, in isolation, including in locations of intervention that might not be reached through traditional messaging like institutions, retirement homes, orphanages, prisons

- Ensure staff involved in the dissemination of health messaging are **trained on inclusive and safe communication**; Ensure staff involved in the development of materials for health and other service-related messaging are **trained in accessible and child friendly IEC materials** to enable adaption.

Activity 2: Identification, social support and referral of at-risk households and individuals

- **Review orientation and referral mechanisms** (mapping of services, actors, 3WW, 4WW, referral protocols, referral coordination mechanisms at national, sub-national and community levels and **ensure updated information is available to all relevant stakeholders**, including those at community level (HI and partners community-led referrals); include COVID call centers or information platforms; health and protection pathways, including GBV and Child Protection, COVID reference centers; helplines for protection or psychosocial concerns, social support systems for at risk individuals, etc.
- **Review and adapt identification of groups at risk of discrimination and exclusion, prioritization criteria, modalities and SOPs to be inclusive:** ensure collection of disability, age and gender disaggregated data, adapt / update vulnerability analyses/ priority ranking specific to COVID-19 through partners (DRM networks, community led-initiatives, HI and partner protection teams, OPDs with relevant expertise); adapt modalities and support mechanisms (e.g. CASH transfers for emergency health/protection referrals and continuity of care and protection of staff). Factors to consider in vulnerability criteria could include: access to protective measures, coping and mitigation strategies (prevention and response mechanisms, self-sufficiency to prepare for quick confinement), access to critical food, medication, health concerns, etc.
- **Support and continue community-led contingency and response planning and referrals, including identification, referral of at-risk households and individuals** (based on revised prioritization criteria) through existing referral mechanisms in line with local authority's guidance and HI/ partners SOPs. For example by supporting carrying out village/district contingency planning to support identification of households at risk/ referral of suspected cases/ community communication in safe and inclusive manner without creating panic/ use of protective gear/ setting-up quarantine, isolation and protective measurements/ setting-up support systems of persons who need support in daily life/ mitigate reduced information flow; where HI teams have already experienced mass casualties management (MCM) and 'safe hospitals' projects: support to health units in reinforcing and making inclusive their Mass Casualties Management systems
- Strengthen **individuals, household and community contingency plans** before hospitalization, isolation, quarantine, looking at continuity of care, preparation of essential medicines, food stock, social support mechanisms (e.g. language interpreters, personal assistants/ caregivers, etc.), protective materials, sufficient hygiene materials (water and soap). Prepare for additional measures in case of physical distancing will be required. Promote HH contingency plans and business continuity planning alongside the most at-risk groups and individuals to better prepare their main activity and livelihoods for a coming shock and a potential quarantine / For Survivors or at-risk people, support development of individual safety plan
- Support households at risk due to family members, assistants, caregivers in hospitalization and/or isolation and quarantine, leading to loss of income, by **identifying and providing protection and social support services** based on in-country guidelines and HI standards (CASH/ vouchers/referral/assistance)

Activity 3: Understand and monitor specific risks and needs of persons with disabilities, their caregivers, families and other groups at-risk and promote inclusive and safe response by sharing of learnings, providing technical advisory, sensitization and capacity building together with partners

- Support multi-agency assessments, preparedness and response plans/ vulnerability analysis/ targeting and prioritization criteria and standard operational procedure to be inclusive. Promote inclusive programming, MEAL and disaggregation of data by disability, gender, age and other relevant criteria.
- Promote Disability, Gender and Age analysis with an intersectional lens and be aware of how intersecting factors can increase risk of violence and abuse and/or limit access to care and protection.
- Share and promote the use of data on factors of risk and discrimination, such as in-country data on disability, gender and age specific access/participation/protection issues, findings from barriers and facilitators assessments, and share learnings on inclusion from similar situations. Adapt global advocacy messages on protection of rights of groups at risk (persons with disabilities, older persons, women and girls, migrants and refugees)
- Support meaningful participation of men, women, boys and girls with and without disabilities, OPDs and other CSOs (with relevant expertise at all levels) to be engaged in decision-making throughout the stages and activities of the response and coordination. Including design/revision of guidance; awareness rising and advocacy/ translation and review of materials in local and accessible language and formats etc.
- **Monitor and address gaps in the response**, as well as stigma, misperception and protection risks on basis of disability, gender, age or other factors, using global and in-country data (e.g. Need of continuity of care; denial of access to health services and intensive care; protection of those living in institutions, residential schools; provision of reasonable accommodation; long-term funding to reduce impact of COVID). Adapt awareness rising and advocacy messages, IEC materials and mechanisms accordingly.
- **Develop and disseminate key messages and conduct awareness raising session on inclusive and safe COVID-19 response**, including on the rights of men, women, boys and girls with disabilities and other groups at-risk to COVID response and decision-making together with relevant stakeholders (iDRR, DRM networks, OPDs, older persons and women's associations) and through relevant channels (mass communication, social media, radio, traditional channels, cluster meetings, working groups). Support community-led awareness raising to address identified risks, access barriers to information and protective measures and to reduce stigma against persons with disabilities and other groups, including people experiencing respiratory symptoms, people who have completed the quarantine etc.)
- Adapt inclusive health, protection, and WASH projects/interventions to respond to gaps and promote inclusive and safe COVID-19 response (see below)
- Provide reasonable accommodation and modified modalities (additional amounts of protective gear, water and soap; hygiene products for women and girls assistance for social support; transportation costs; home-based interventions to ensure continuity of care)

Activity 4: Ensure HI interventions (health, including rehab and MHPSS, WASH, education, protection) are safe and inclusive (considering disability, age, gender and other factors of concern)

- Collaborate with inclusion and protection focal points and partners to ensure HI intervention are inclusive and safe: adapt and contextualize SOPs, tools and messages
- Provide sensitization to HI staff and partners engaged in COVID-19 response: non-discrimination, inclusion, protection (identification of persons with disabilities, needs, risk and barriers, how to accommodate their needs, inclusive communication and messaging, safe programming)
- Train first responders (HI staff and partners) on how to handle disclosures of GBV/CP cases. Staff who are part of an outbreak response must have basic skills to respond to disclosures of GBV/CP that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom refer to for further care, protection and treatment, and how to provide care on the spot.
- Promote accessible, disability, age, gender sensitive health, hygiene and protection messages using the global messaging and accessible channels, technologies and formats of messaging, including sign language and easy to read.
- Use learnings on inclusive and safe programming, HI and partners data on risks, barriers and facilitators on basis of disability, gender, and age to adapt HI interventions
- Monitor inclusive and safe programming towards communities by disaggregation of data by disability, gender and age, and through monitoring of protection risks and barriers of access and participation

Recommendations for the response aftermath

- Advocate to allocate resources to vital structures for persons with disabilities, and other groups at risk including social support systems, safety nets, rehabilitation care and psychosocial support
- Monitor community risks and conduct community awareness rising to reduce stigma, misperceptions, and social breakdown, toward persons who are contaminated and those at risk of stigma, such as persons with disabilities Support analyses and use of health and protection data that has been disaggregated, and other qualitative data to identify and address protection risks, factors of discrimination, issues of unequal access/participation towards certain communities, groups (migrants, persons in institutions, persons with disabilities, women and girls)of groups at risk to advocate for inclusive health emergencies

Other resources

- HI Operational Framework COVID 19
- List of Resources
- Ongoing and planned actions HI IHA
- Practical tools per activity (under construction)

Section below still under revision (27/03/20)

HI WASH / SHELTER / NFI response

- Provide instructions to staff and partners on how to protect themselves, including how to accommodate needs of persons using assistive devices or who need support in daily life. Ensure protective materials (masks, gloves, hand sanitizer, etc.) are provided to partners as well. (DPOs, DRM networks etc.)

- Conduct age, gender and disability sensitive hygiene promotion sessions to at all members in at risk communities. Mobilize male and female promotors; sensitize them on inclusive communication and provide messages in accessible formats. Collaborate with experts to adapt hygiene kits and messages for those with specific requirements and set-up alternative modalities for distributions (e.g. door-to door, proxy distribution)
- Identify communities, families that might be isolated and reach out (institutions, prisons, orphanages, retirement homes etc.)
- Collaborate with health, WASH cluster and relevant government to ensure hygiene awareness messages and hygiene kits are safe to access and responding to need of men, women, boys and girls with disabilities. Mobilize relevant expertise to make accessible hygiene promotion messages and provide inclusive WASH, communication and outreach sensitization. Sensitize procurement partners/ those on markets and distributors on non-discrimination to reduce stigma and misperceptions towards certain groups and ensure access of all
- Installation of accessible hand/washing stations, easy and safe to access and use for all in strategic locations (office, public spaces, entrances of buildings, kitchen, sanitation blocks). Adapt models and provide home-based solutions for those who have difficulty reaching public areas (e.g. water and soap / hand sanitizer options in the household)
- Support community, family and individual contingency planning for households at risk, including persons with disabilities and / or their families / caregivers to access water, hygiene facilities/ prepare for physical distancing, social disruption/ quarantine/ hospitalization
- Shelter: identify living conditions of vulnerable households and communities in areas of intervention, monitor and respond to safety, physical, psychological wellbeing and autonomy of persons with disabilities, injuries, older persons. Consider accessibility and protective measurements when providing shelter kits for persons with functional limitations and other groups at risk
- Non-food Items; Distribute NFI to vulnerable households, in collaboration with OPDs and other CSO
- Coordinate with WASH, Shelter, Health Cluster, and working groups, by reviewing strategies, messaging, and items; provide learnings, data on barriers and risks and materials to promote inclusive preparedness and response plans.

HEALTH

- 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.
- Work with HI partners and staff to strengthen identification of health needs of persons with disabilities and other groups at-risk (including critical sexual and reproductive health, maternal and child health, medical GBV services) including identifying and addressing barriers to access health services and referral pathways (mobilize support networks, assistance, cover transportation costs, reasonable accommodation for consultation)
- Design emergency health units and related transportation systems accessible and safe to all
- Sensitize relevant health workforce on inclusive health how to accommodate needs of persons with disabilities, including how to ensure their autonomy and protection

- Monitor discriminatory practices in health facilities and ensure right-based prioritization criteria for health assistance, in particular critical consultations and intensive care.
- Ensure continuity of health care by providing support to care-givers, parents and support networks on home-based activities for rehabilitation, psychosocial support, taking into consideration workload of households and recommendations of the government and WHO for physical distancing

MHPSS

- Adapt IASC MHPSS guidelines for COVID to fit HI interventions and ensure contextualization and inclusiveness (adapt recreational activities, group counselling, distance methods)
- Identify communities, families that might be isolated and reach out (institutions, prisons, orphanages, retirement homes etc.) **Prioritize persons with disabilities, their families and care-givers and other vulnerable households** who might be isolated, discriminated against and face difficulties to cope with changing situation and experience higher levels of distress and anxiety.
- Provide accessible and adapted messages and support (how to deal with situation; hospitalization, isolation, quarantine, looking at continuity of care, preparation of essential medicines, food stock, social support mechanisms (e.g. language interpreters, personal assistants/ caregivers, etc.), protective materials, sufficient hygiene materials (water and soap). Prepare for additional measures in case of physical distancing will be required for persons with limited levels of autonomy
- Psychosocial support: mobilize male and female psychosocial workers, sensitize them on inclusive communication and how to accommodate psychosocial support needs of men, women, boys and girls with disabilities or other groups with particular needs. Diversify communication channels (combine mailing/texting/call-in) for those with difficulties hearing/speaking/understanding, and those with limited access to technology, social messaging. Collaborate with structures with relevant expertise (OPDs) to make available sign language, captioning, accessible messages
- Sensitize those working on hotlines on inclusive communication and accommodations and services for persons at risk, such as persons with disabilities, older persons, isolated individuals etc. share mapping of disability, gender and age inclusive service and support systems; disaggregate data by age, gender and disability to monitor and mitigate risk of certain groups
- Adapt community-based psychosocial activities and psycho-education to ensure they are disability; age and gender sensitive (adapt messaging, recreational activities, recommendations for individuals and care-givers on physical and psychosocial wellbeing). Sensitize outreach workers on inclusive and safe communication and include disability awareness rising messages to reduce stigma and misperception against those with disabilities (e.g. intellectual or psychosocial disabilities). Reach out to those who might be isolated (see above) and conduct door-to door (considering protective measurements). Provide information on services and systems responding to particular needs and risk of groups at risk (support networks, contingency measurements).
- Include recommendations on gender, age and disability inclusive COVID response in all capacity development initiatives to HI staff and partners. Mobilize staff with relevant expertise and partners to speak about impact of COVID on groups at risk (e.g. OPD)
- Coordinate with health Cluster, and MHPSS working groups, by reviewing strategies, messaging, and items; provide learnings, data on barriers and risks and materials to promote inclusive preparedness and response plans. Mobilize partners with relevant expertise to meaningfully participate (e.g. OPD)
- Add a component on basic support to GBV survivor and safe referral to PFA training.

PROTECTION

- Collaborate with gender/CP/GBV clusters, relevant government and partners to adapt protection messages, referral pathways, risk mitigation measures to ensure they are inclusive of women and girls with disabilities
- Country strategic plans for preparedness and response must be grounded in strong gender analysis, taking into account gendered roles, responsibilities, and dynamics. This includes ensuring that containment and mitigation measures also address the burden of unpaid care work and heightened protection risks, particularly those that affect women and girls with and without disabilities.
- Understanding which groups are at heightened risk of different forms of violence and abuse and understand how these may vary across settings.

EDUCATION

- See HI Inclusive Education in Emergency Guiding Note on COVID-19