

This Guidance Note on making COVID-19 response Age & Disability-inclusive provides advice for organizations and sectors to ensure essential responses, communication about the outbreak and adapt to services and support are inclusive and accessible for older persons and persons with disabilities.

Since its first confirmation in December 2019 (China), the COVID-19 has since spread to over 197 countries, leading to the declaration of a COVID-19 [global pandemic](#) (link is external) by the World Health Organization (WHO). In addition to regular COVID-19 updates, preventive measures, Protection Sector COVID-19 Preparedness and Response Plan, based on the Essential and Critical Operational Modalities, and in line with recommendations from The Health Sector and the authorities was recently released.

Old age and existing chronic illness, which are known risk factors of disability, have been documented to increase susceptibility to the COVID-19. According to the WHO, certain populations, such as persons with disabilities, may be impacted more significantly by COVID-19. In addition, persons with disabilities may have limited access to COVID-19 preventative information, hygiene measures, quarantine and treatment services/facilities, which can increase their risk.

When crises occur, persons with disabilities and older people often face increased risk and barriers to access services. This is also true of the current COVID-19 pandemic which could result in heightened protection risks for older persons and persons with disabilities, such as:

- ▶ **Social distancing & Separation from caregivers:** Social distancing, a key strategy for reducing the spread of infection in communities, is difficult for those who need support for everyday activities, such as self-care or sign language interpretation. Older persons and persons with disabilities are at increased risk should their family members or caregiver become infected with the virus and require quarantine or self-isolation. Children with different types of disabilities, including children with learning disabilities are particularly susceptible to abuse or to denial of access to services.
- ▶ **Difficulty in access to services:** Existing physical, attitudinal and institutional barriers may prevent persons with disabilities and older persons from accessing health services, water and hygiene infrastructure and communication messages.
- ▶ **Stigma:** Pre-existing prejudice may cause a person with disability who gets infected with COVID-19 to be subjected to increased stigma, which can create a barrier to accessing appropriate health services worsen the impact of the virus.
- ▶ **Limited access to information:** If information is not presented in accessible format, older persons and persons with disabilities may not have access to information on how COVID-19 is transmitted, its symptoms and how they could protect themselves against the disease. Older people may be terrified by the death rate which can increase anxiety.

To ensure that COVID-19 preparation and response measures are accessible to older persons and persons with disabilities, and in line with the principles of “Age, Gender, and Diversity”, “Do No Harm”, and “Leave No one Behind”, the following recommendations should be adopted. All preparedness and response plans must be inclusive of persons with disabilities; including older women with disabilities.

Participation of older persons, persons with disabilities and their respective organizations:

- ✓ Ensure active participation of older people and persons with disabilities and their representative organizations in needs assessment, preparation, planning & implementation of COVID-19 response

Barrier-free communication

- ✓ Persons with disabilities have the same right to, and need of, updates and information about infection mitigation, public restrictions and the services available. This information needs to be shared person-to-person and presented in alternative and accessible formats i.e. text, captioning, high contrast, large print information, radio, television, national sign language, flyers etc.

- ✓ Post information at eye level of a wheelchair-user (1.1-1.3 m from the ground)
- ✓ Present information in plain language using pictures and in an easy-to-read format.
- ✓ Share accessible information with Organizations of Persons with Disabilities and Self-Help Groups

Access to protection services and measures

- ✓ Community Outreach Members, Case Workers and Volunteers to target the most at risk population during their key messaging activities
- ✓ Protection Focal Points in the camps to strengthen monitoring of at-risk individuals and ensure life-saving assistance and services are accessible to older persons, individuals with chronic health conditions and persons with disabilities
- ✓ Joint effort by other actors to urgently refer cases to Protection Focal Points
- ✓ Protection Emergency Response Unit (PERU) to make sure response plan targets older persons and persons with disabilities

Access to WASH measures and facilities

- ✓ WASH services must be accessible for older persons and persons with disabilities – individual WASH requirements need to be considered and should include home hygiene solutions
- ✓ Hygiene promotion to be based on consultation; inclusive messaging, multiple methods (House to House visit, committee)
- ✓ Disinfect railings, ramps, grab rails in accessible water points, toilets regularly
- ✓ Persons with disabilities, older persons and their caregivers may have increased need for soap and cleaner and this should be considered as specific need in distributions.

Access to Health services and measures

- ✓ Provide physically accessible entrances, accessible vertical and horizontal movements, and ensure the usability of health and quarantine facilities
- ✓ Ensure accessible communication means and formats for persons with vision impairment and hearing impairment
- ✓ Ensuring access to health services requires that persons with disabilities and older persons can reach the health services– consider providing transportation or home-based services
- ✓ Health Sector to monitor and have a strategic response plan (within the Essential and Critical operational modalities) for persons with disabilities/pre-existing health conditions, older persons including messaging, medical follow-ups and treatments
- ✓ People with disabilities in need of health services cannot be deprioritized on the ground of their disability or discriminated against

Help in caregiving:

- ✓ Explore the possibility of arranging somebody (example, Child Protection Focal Points) to care for children / adults with disabilities in case parents / caregivers need to go into quarantine or need to be hospitalized

Adopt and encourage positive attitudes:

- ✓ Do not stigmatize persons with disabilities and older people whose conditions are normally associated with respiratory symptoms e.g. difficulty in breathing and cough.

Monitor and evaluate the response:

- ✓ Disaggregate COVID-19 health information and data by sex, age and disability (SAAD). The newly established Protection Mainstreaming Focal Points will advocate and provide support within their respective assigned Sectors to use it to monitor access and inclusion in response approaches.

For more resources on inclusive response, please refer to ADWG Google Drive

https://drive.google.com/drive/folders/1YC7IY19dVg30EhyTK_n8GNz-iEXpp5AQ

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