

Brief guidance note: A disability inclusive COVID19 response, Syria

Persons with disabilities account for at least 27% of Syria's general population¹ and an estimated 37% of the IDP population.² Persons with disabilities are disproportionately affected by the COVID19 pandemic. This is primarily due to multiple intersecting barriers to health and other essential services, also because discrimination is exacerbated in times of crisis.

Risks faced by persons with disabilities during the COVID19 outbreak:

- Persons with disabilities are known to be at increased risk in the COVID-19 pandemic 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 care.³
- These risks are compounded by numerous barriers to emergency preparedness due to displacement and drastic changes in living conditions, such as inaccessibility of contingency planning, lack of access to public health and protection messaging, risks of increased stigma on basis of disability; inaccessibility of WASH infrastructure; discriminatory health workforce and systems, lack of protection and social support mechanisms.
- Persons with disabilities are at risk of being deprioritised 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 distancing and/or separation of care givers and support networks impose disruption of medical, social and rehabilitation care and adults and children with disabilities may not receive assistance with health-related concerns. Therefore, persons with disabilities face additional protection concerns due to closure or disruption of much needed services.
- Food insecurity and protection concerns hamper physical and psychological wellbeing (distress, anxiety, negative thoughts etc.).
- The risks and additional restrictions faced by persons with disabilities in the response further impedes independence and autonomy of individuals.

Protection risks for specific groups of persons with disabilities during the COVID19 outbreak:

- Women and girls with and without disabilities are more likely to face increased risk of GBV including domestic violence, due to confinement and/or a shift in roles and responsibilities.⁴
- Protection risks for women and girls with disabilities are further increased due to disruption of pre-existing protection mechanisms and crucial services (safe houses, family planning, child and maternal health and sexual and reproductive health care services; legal assistance; counselling services).⁴
- Children with and without disabilities need to adapt to closure of schools and other structures. This impacts continuity of learning and leads to an absence of protective environments and access to basic needs (e.g. feeding programs, social support, personal assistance and rehabilitation). This might lead to negative impacts on physical and psychological wellbeing, as well as increased child protection risks including domestic violence, child labour and pregnancy.
- Older persons are at an increased risk of multiple rights violations in the pandemic,⁵ such as discrimination based on age and must be supported to access services on an equal basis with others.

Upholding the rights of persons with disabilities in relation to the COVID19 response:

- Risk and needs analysis activities should consider the specific risk of exclusion and violation of rights for persons with disabilities.
- All preparedness and response plans must be inclusive of and accessible to all persons with disabilities, including women with disabilities.⁶
- Measures of humanitarian service-based restrictions must consider persons with disabilities on an equal basis with others.
- During quarantine, support services, physical and communication accessibility must be ensured.⁶

¹ HNAP (2019) Disability: Prevalence and Impact

² HNAP (2019) IDP insight: Disability

³ World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality

⁴ CARE (2020) Gender implications of COVID19 outbreaks in development and humanitarian settings

⁵ HelpAge (2020) Protecting older people in the coronavirus (COVID19) pandemic

⁶ International Disability Alliance (IDA). (2020) Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance

- When in quarantine, personal assistants/care givers, support persons/family or interpreters shall accompany persons with disabilities, upon agreement by all parties and subject to adoption of all hygiene/protective measures.⁶
- Personal assistants, support workers and interpreters should be, when possible, proactively tested for COVID 19 to minimize the risk of spreading the virus to persons with disabilities.⁶
- Remote services should be accessible to persons with disabilities on an equal basis with others and therefore service providers should consider delivery in various accessible modalities.^{6,7}
- When ill with COVID19, persons with disabilities may face additional barriers in seeking health care and also experience discrimination and negligence by health care personnel. Therefore, persons with disabilities in need of health services due to COVID19 should not be deprioritized or denied treatment on the basis of disability.^{6,7}
- Informed consent to health care and other services should always be obtained from all persons with disabilities regardless of the type of impairment. Various communication methods should be utilised to enable this.
- Persons with disabilities should be enabled to exercise maximum participation in decision making and their treatment and should be supported to communicate their needs while under treatment on an equal basis with others.

Recommendations: Inclusion in the COVID19 response

- Ensure gender, age and disability inclusion through all stages of the response.
- Ensure persons with disabilities receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats including braille, easy-read format and high contrast print with use of accessible technologies where possible.^{6,7}
- Ensure access for persons with disabilities to essential services and protection on an equal basis with others⁷ by considering specific needs such as:
 - Diverse communication methods;
 - Personal assistance/care provided by another person;
 - Need for physical personal contact to support daily activities and independence and therefore additional hygiene considerations and supplies;
 - Physical accessibility to structures (particularly WASH and health);
 - Equal access to distributions through diversity and relevance of items and adapted distribution techniques;
 - Equal access to financial support and adapted and safe methods of delivery.
- Ensure staff involved in the dissemination of health messaging are trained on inclusive communication.
- Ensure staff involved in the development of materials for health and other service-related messaging are trained in accessible IEC materials to enable adaption.
- 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 .⁶
- Identify individual social support systems and include them into your service delivery methods when possible.
- Ensure support during and accessibility for critical counselling and during quarantine/ hospitalization (e.g. sign language interpreters, personal assistants/care givers).⁶
- Whenever possible, provide transparent masks to interact with persons who are hard of hearing (lip-reading). Ensure protection of those personal assistants/care givers similarly as other health care workers dealing with COVID19.⁶
- Provide reasonable accommodation and modified modalities (additional amounts of protective gear, water and soap; assistance for social support; transportation costs; home-based interventions to ensure continuity of care).⁶
- Awareness raising on support to persons with disabilities should be part of all protection campaigns.⁶

⁷ WHO (2020) Disability considerations during the COVID-19 outbreak