Disability inclusion considerations for disaster response during the COVID-19 outbreak

The pre-existing and intersecting inequalities and power imbalance can exacerbate in a crisis situation. In the context of COVID-19 pandemic and TC Harold emergencies, response agencies need to ensure protection to improve safety, well-being and dignity for affected populations. It is also crucial to recognize the capacity of affected population in understanding the information and carrying out their role to respond to and effectively participate through the various measures in place to combat the outbreak and stay safe.

- Deal with the immediate threat (cyclone) first. People must not be turned away from shelters due to a lack of space.
- People, including people with disability, are likely to experience distress about the risk of COVID19 transmission. Clear information and addressing barriers to good personal hygiene practice can help.
- The combined stress of people gathering in one place and barriers to accessing shelter may lead to people choosing to not evacuate. This may increase their risk.
- Emphasise: It is safer to evacuate than to stay at home.
- Wash hands, wash hands, wash hands. Hygiene is always an issue in shelters. Washing hands is all the more important now.
- Practice good coughing/sneezing etiquette- into elbow (not hand) to reduce risk of passing on by hand contact.
- Avoid touching, kissing, hugging, and handshakes with non-family members.
- Provide messages in multiple formats- usual accessibility guidance applies.
- Remember just because COVID cases have not been identified, does not mean the virus is not there. The only way we can know is with extensive testing. In all cases, assume the virus is present.

- **Evacuation shelter Management**
  1. *Social Distancing*
     - o People crowded together in an evacuation shelter is a risk in the COVID-19 outbreak context. Providing sufficient space between people/households within shelters may mean that less people can fit within each shelter. ItThis means that a focus in 'peace time' should be identifying extra buildings that are safe, accessible and can serve as evacuation centres during an emergency. But, it is also important that no-one is turned away from an evacuation shelter during an emergency. In particular, no-one seeking shelter should be discriminated against on the basis of their disability.
     - o Agree how physical distancing recommendations are communicated. Ensure ongoing access to support for people with disability and that support is framed as 'essential' - People with disabilities who rely on the support of others for daily activities face difficulties practicing strict physical distancing. Do not enforce physical distancing between a person with disability and their family/support persons for activities including blind persons being guided by a sighted guide, deafblind persons being provided with tactile sign interpretation etc. Consider the bubble around the person with disability and their support person, but not between them.
     - o Considering this ensure that carers and persons with disabilities are well prepared in terms of wearing masks and gloves and constantly washing their hands with soap and water.
     - o Consult with people with disabilities, and people with existing health conditions that put them at greater risk of COVID-19 complications, and determine the best location for them and their family within the shelter.
     - o Consider that these people should be prioritised for space within the shelter that is sufficiently separated from others.
     - o This means that a focus in 'peace time' should be identifying extra buildings that are safe and can serve as evacuation centres during an emergency.
  2. *WASH Facilities*
     - o Shelter locations must have accessible WASH facilities, and extra handwashing stations should be set up.
     - o Inclusive WASH is even more of a priority than usual.
     - o Make sure additional handwashing stations are available (soap and water). Provide accessible/portable handwashing arrangements for individuals as needed.
     - o Making accessible WASH facilities – 1.8x1.8m with 90cm wide door and a rail. Could make an over-toilet frame. Will need to be able to be washed down before every use. Clearly label the toilets male/female or with picture
     - o Ensure there is enough artificial light
     - o Mark pathways in advance from a designated area for people more at risk of COVID to WASH facilities
  3. *Disability Focal Points*

- o It not already in place, designate a disability focal point at all shelters.
- o Use briefings of new staff, especially health staff, to provide an overview of inclusion obligations.
- o The disability focal point should ensure the following when people arrive at the shelter:
  - ▪ Identification of people with particular communication needs. Consider how these needs will be met and who is responsible for doing so.
  - ▪ Identification of people who may require a carer or support. If no carer is present, a support person should be allocated.
  - ▪ Situate carers close to the person they are caring for. Do not separate.
  - ▪ Carers will also need a break, so ensure someone is available to relieve the carer for breaks and rest.

4. *Reducing and Minimising Exposure to COVID-19 outbreak*
   - o Situate people with disability, old people and vulnerable people (see below) away from 'high traffic' points e.g. away from entrances where people frequently pass by. Take all efforts to reduce possible exposure.
   - o Assessing arrivals needs careful screening, including for possible cases of COVID-19 who are symptoms of cough, fever and running nose. Health staff should assess arrivals:
     - ▪ No/low risk people.
     - ▪ Vulnerable people
     - ▪ People who are showing symptoms of cough, fever and running nose.
   - o People with who are showing symptoms of cough, fever and running nose should be isolated in a designated part of the shelter. Do not group all people who are ill together. For example, someone who is ill from diabetes ('vulnerable') could be placed at high risk if grouped with someone who is ill from COVID-19. Seek medical advice on establishing good screening practices and best available means for isolating people who are ill with COVID in the shelter.
   - o Shelter staff should ensure all people entering the shelter wash their hands before entering every time.
   - o You may use tape to mark squares on the floor to keep people/families apart. Tape can also be used to mark walkways. Ensure that people are 1.5 to 2 metres apart. This distance may not always be possible in a shelter, but efforts to keep physical distance between people/families should be made. People with disability may also have their own physical space needs e.g. alternative queues, wheelchair access etc. As above, support for people with disability must be maintained.
   - o If masks are available, prioritise the distribution of masks to people who are ill, have coughs, sneezing etc. and to carers.

5. *Keep Everyone Informed*
   - o Use it as an opportunity for persons with disabilities to get prepared when they go home
     - ▪ Be prepared with medication supplies/hearing aid batteries/radio batteries in case needing to stay at home for a month or more;

- Develop a plan for what to do if people they rely on for support become sick and how they will stay informed and maintain social contact (phone calls, texts etc.).
    - Advertise accessible feedback/complaints mechanisms (oral, print, sign language, easy-to-read/plain language)
    - Information board with information updated regularly (with time and date it was updated)

- **NFI provision**
    - Distribution of NFIs must include sufficient provision of soap and supplies for menstrual hygiene management. Consider adding hand sanitizer to NFI kits if available.
    - Consider that some people may need additional amounts of hygiene supplies. For example, people with disabilities who use their hands to move around (such as wheelchair users), and people with disabilities and older persons who experience incontinence issues.
    - Stagger distribution times and ensure people are lining up with 1.5m between themselves. Start with the basics: use prominent messaging about obligations for inclusion for people with disability.
    - Stocktake available disability expertise locally.
- **Localisation of the response and recovery**
    - Due to travel restrictions and quarantine measures related to the global COVID-19 outbreak, international actors may not be able to deploy to provide surge capacity and response support during a disaster. Local actors will be the first responders, coordinators, and providers of humanitarian assistance.
    - Organisations of people with disabilities (OPDs) have capacity that should be drawn on. They understand the key risks and barriers people with disabilities face. They have networks that can reach people with disabilities with information and communication. Therefore, include OPDs in decision-making about disaster preparedness, response and recovery. Persons with disabilities should be able to share their experience and communicate with first responders.
- **Social support for all impairments during cyclones when we are faced with COVID19 restrictions including lockdowns and curfews:**
    - Standard approaches to disability awareness/action at coordination level apply.
    - Identify Disability/vulnerability focal point or create one.
    - Prioritise continuity of existing support arrangements where possible.
    - Create means for priority assistance for foo an non-food relief item, including personal protective equipment & sanitation products.
    - Understand inventory of available specific needs items. Focal point should record unavailable items, provide means for follow up and do follow up.
    - Liaise with other service providers to cast a wider net to identify potentially or known vulnerable people or people with disabilities.
- **Strengthening Social Protection and Livelihood mechanisms**
    - Making an extra payment to all the beneficiary of the disability allowance and old age pension as the costs of getting goods and services will increase

- o Expanding cash transfer to those persons with disabilities that have been officially registered but were not eligible to cash transfer
- o Reaching out to people with disabilities of any impairment groups identified as having high support needs as their personal support system may be disrupted:
  - ▪ Identify persons with disabilities with high support needs who are already accessing social protection schemes and other government schemes take measures such as delivering food to their homes to mitigate the risk that they could not procure and get food on their own.
  - ▪ This requires a connection with DPOs and NGOs service providers who works with persons with disabilities at the community level. Utilise your networks of NGOs through the Disaster READY program.
- o In any case, it is important to consolidate the database of persons with disabilities identified by the government system with the membership of DPOS and/or beneficiaries of NGOs especially at the local level to try to identify people with high support needs. One of the challenges relates to older persons with significant support needs as they rarely self-identify as persons with disabilities so they may not appear in any registry.

- **Access to Transportation**
  - o Provide accessible transportation to evacuate persons with disabilities from their homes to evacuation centres.
- **Disability Disaggregated Data**
  - o Collect sex age and disability disaggregated data on who is at the evacuation centres – This will support contact tracing later.
- **Distribution of Humanitarian Aid**
  - o Ensure that humanitarian aid distribution is not limited to evacuation centres, hence, reach out to persons with disabilities who are not able to evacuate to the designated evacuation centres or living with other family members, neighbours and friends.
  - o Ensure that distribution points and other humanitarian services are accessible to persons with disabilities by ensuring that they are able to reach, enter, circulate and use the services.

END