

Inclusive Governance Guidance Note on COVID-19



Quick facts:

Persons with disabilities are widely being left out of Covid-19 responses around the world and are facing additional stigma and discrimination when trying to access services. There is a global cry for data collection and advocacy around the inclusion of persons with disabilities. HI is committed to the “*nothing about us without us*” approach which places persons with disabilities, through their representative organizations, at the center of the change towards an inclusive Covid-19 response. Persons with disabilities are in the best position to express their requirements and outline barriers in their communities.

The inclusive governance approach fits in a context where the governments (national, regional and local) are in charge of the response to the crisis. In these types of contexts, humanitarian actors do not have the leadership and mandate to make decisions. **Governments are creating policies in response to Covid-19 and must include persons with disabilities as equal citizens within their response frameworks.**

An important ally and partner, the International Disability Alliance (IDA) has a Covid-19 webpage that is updated daily with [comprehensive resources](#).

Another important resource concerning government measures and responses to Covid-19 is [the human-rights checklist by Human Rights Watch](#), including on questions concerning persons with disabilities. It also includes useful practices.

Why is this so important?

The potential impact of Covid-19 on persons with disabilities and other vulnerable groups highlights the need for an inclusive response by all actors, including civil society. **Public measures and prevention information should always be distributed in a variety of accessible formats**, such as easy read, through captions or sign language, braille and accessible to screen reading software. All actors should specifically target vulnerable populations throughout their response efforts. **Some persons with specific disability types are at higher risk of contracting and developing severe cases of Covid-19**, as the infection exacerbates existing health conditions that some people with disabilities experience, such as weakened immune systems, respiratory conditions, or other chronic conditions.

To ensure an inclusive response civil society organizations play an important role. Disabled People’s Organisations (DPOs/OPDs) and their members already have to deal with the emergency situation with little or no direct consideration of the specific requirements associated with the lack of access to basic needs, coordination mechanisms and inclusive response policies.

Key messages :

- **DO NO HARM:** Protect yourself and your family, staff, partners and of course the beneficiaries.
 - Work closely with other stakeholders and ensure coordination in the response is happening at all levels
 - Follow HI's guidelines and the guidance from the national and local authorities regarding COVID 19 at all times.
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- Government consultation and dialogue with civil society to ensure existing laws and policies are being implemented and include persons with disabilities and vulnerable groups. **Where policies and government regulations are being created in direct response of Covid-19, ensure they must be inclusive of persons with disabilities and compliant with the CRPD.**
 - **Meaningful participation of CSOs, DPOs and persons with disabilities in the country-level response:** persons with disabilities must be engaged in every step – the response must follow the rights-based approach and be done with persons with disabilities and DPOs, rather than done to or done for. DPOs have a key role in this response , such as identifying persons, supporting individuals and influencing the response. We need to work in partnership with them to do this.
 - **Financial support to CSOs and DPOs at all levels to properly mobilize the response.** Funders are being flexible and understanding with adapting activities to Covid-19 responses. When proposing new activities and corresponding budgets, ensure DPOs will receive the financial support and compensation that is needed. Ensure this is not just at the national umbrella DPO level, but with other DPOs in the country, also down to the grassroots level.
 - A particular **attention should be given to underrepresented groups** (organizations of people with psychosocial disabilities, organizations of persons who are DeafBlind, etc.) and to their connection with umbrella groups and vice versa, in order to leave no one behind.
 - Support the **connection of DPOs and CSOs with local public actors** responsible for emergency response. Work with DPOs and local authorities to strengthen monitoring of needs, access to Covid-19 protection and response mechanisms to ensure an inclusive response. DPOs also serve an important role around referral, access to information and identification of persons with disabilities.
 - **Monitor and collect data - embed disability into any monitoring, research or data collection mechanisms developed for Covid-19 responses to ensure persons with disabilities are being identified.** Ensure that disaggregated data is monitored, analyzed, and shared with other stakeholders, such as the UN, IDA, and IDDC. Previous responses to disease outbreaks typically fail to disaggregate disability data, so there is a lack of information on what works. Disaggregated disability data is crucial for advocacy at all levels and to include future inclusive responses, especially taking into account intersectionality and **the specific impacts of the crisis on women and girls with disabilities.**

- Response communications and information: **All Covid-19 responses should be in line with the CRPD and ‘Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action’** with Covid-19 actions and language/ communications need to clearly mention people with disabilities so that they are not forgotten in the program design and implementations
- The gendered impacts of the Covid-19 outbreak have been highlighted, already showing increased gender-based violence. Girls with disabilities are already at greater risk of GBV and unpaid care work than girls without disabilities, therefore this could greatly impact them. When implementing an inclusive response **intersectionality needs to be taken into account, and the specific impacts of the crisis on women and girls with disabilities.**

An Inclusive Response

The Inclusive Governance and Inclusive Humanitarian Action teams historically work closely together in certain contexts and will continue to do so while responding to Covid-19, utilizing existing networks at all levels. Countries with overlap include Thailand, CAR, Iraq, Syria, Myanmar, Bangladesh, Kenya and Uganda where the teams coordinate an inclusive response to emergency, protracted conflict and nexus settings. On the other hand, current donor behavior and the different country examples demonstrate that the actual situation of emergency will remain relatively short (estimations up to six months). Touching upon the humanitarian-development nexus the existing partnerships with DPOs thus lead into medium-term planning and strengthening DPO capacities, the rule of law through human rights and the CRPD in particular, as well as **assisting DPOs as civil society stakeholders in their interaction with public authorities, relevant ministries and service providers.** All of these components are critical for an inclusive Covid-19 response, including:

- Ensure the response is compliant with Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD) « [Situations of risk and humanitarian emergencies” and follow the Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.](#)
- Refer and support: shared approaches are around awareness building on rights and protection mechanisms amongst DPOs and community members, including self-help groups (SHG) as some cases DPOs may not be able to work (despite being active members of civil society). A focus is also placed on access to inclusive services and having existing DPOs act as referral mechanisms: identifying beneficiaries while also sharing information with their members about available services.
- Community Based Inclusive Development (CBID): promotes equality and the widest social participation at the grassroots level. It is based on the key notions of decentralization and local citizen participation and the principle that inclusion leads to better outcomes. This means that Covid-19 policies and programs are designed, planned, implemented, and evaluated in ways that allow all people —especially those with disabilities— to contribute to the transformation of their societies.
- Support to drafting and implementing disability policies and to specific sectors (such as rehabilitation, health, education, employment). This support to local and national

authorities will be aimed to set up inclusive local systems and provide social protections. Social protection is critical for long-term socio-economic recovery.

- Technical Assistance: provide support to mainstream actors and systems towards inclusive services and projects to strengthen the inclusive action of states and local services. All technical assistance should include DPOs and share global approaches and methodology, for example on participatory assessments, tailored action plans, staff training and coaching, as well as proposed tools to mainstream disability towards an inclusive response. All technical assistance must also promote the fundamental principles of participation (especially of DPOs), nondiscrimination and accessibility.

Adaptation of existing projects to fit the new situation with COVID 19

There are two main stages to consider:

If movement is still allowed within communities:

- Ensure that there is provision of sanitizer, water and soap, where possible, accessible for all, and provide messages that are relevant and possible to implement, and understood by all community members.
- Update mapping of public actors, CSOs/DPOs in the intervention area, verify the response mechanisms and work with DPOs with relevant expertise for making the response more inclusive (e.g. sign language/easy to read production/inclusive monitoring mechanisms) Ensure a community based inclusive development (CBID) approach.
- Support DPOs in analyzing data on risks, barriers and access for persons with disabilities and to develop advocacy messages to reduce those risk/barriers if the situation worsens.
- Mobilize CSOs/DPOs and provide technical guidance on awareness sessions for their members and their families on prevention, health and access to response services. Share existing awareness rising messages, supporting to adapt materials and provide incentives to cover costs for activities. Ensure an intersectional approach is prioritized.
- Work with CSOs/DPOs to engage with national governments, local authorities and the media to leave no one behind when planning their responses. Emphasize the personal requirements and tailor made approaches for persons with disabilities and need for protection and inclusion. In some cases existing relationships with ministries can be activated to create awareness among governmental stakeholders, knowing that during the crisis the respective ministry of health will play a key role. Pay particular attention to the situation of persons with disabilities living in institutions as they are of heightened risk!
- Remember to consider policies and guidelines if they are being drafted and ensure CSOs/DPOs are being involved in the consultation processes. Share advocacy and

awareness messages on the current state of access for persons with disabilities to services and what needs to be improved.

If movement is not allowed and individuals are ordered to stay home:

- In accordance with Articles 11 and 21 (CRPD), ensure that the information and communication mechanisms of public actors are inclusive, using different formats (signs, audio and written) with a focus on easy-to-read format for persons with intellectual disabilities or low literacy rates.
- Support CSOs/DPOs to share information to local authorities and service providers on where their members live so food distribution, cash transfers and other services are provided directly to them and their families
- Update and adapt referral mechanisms used by DPOs since access to services will change: ensure their members are receiving updated information on where and how to access inclusive services
- Act as a coordination mechanism and establish (if not already) and strengthen links with DPOs, local actors, networks and monitoring mechanisms and between emergency responders.
- Collect and gather information of target beneficiaries, providing inputs on national plans of action for a Covid-19 response and work with DPOs through different task forces to develop position papers for the inclusion persons with disabilities and other vulnerable groups
- Support local CSOs/DPOs to increase awareness and safety to share with members through safe methods (similar to other awareness raising sessions but maintaining distance) such as phone calls and text messages where internet isn't available. Where phones are not available, utilize self help groups and other informal community mechanisms to share via word of mouth (again, maintaining distance).
- Support DPOs to collect information on the situation of their members to share at the national level and feed global advocacy messages and networks. This can greatly increase attention to their needs and if they are being left out of the response. While facing dangerous situations of isolation, this is an extremely important component. Again, closely take into account persons with disabilities living in institutions.

Examples of some HI programs already adapting their activities through an Inclusive Governance approach:

- ◆ In Kenya, through the Disability Inclusive Development (DID) Program, new task orders can be submitted to respond to Covid-19. The team is finalizing proposed activities and a corresponding budget to adapt current education and livelihood activities in Kakuma Refugee Camp. They are working with existing DPO partners through all of their activities on inclusion, accessible awareness raising and mitigation. DPOs will collect stories of persons with disabilities on their experience during Covid-19 for data and advocacy purposes. The team will also work with DPOs to develop messages and conduct radio awareness sessions, print accessible materials and share sign language videos. DPOs will also mobilize and provide hygiene packs and Personal Protective Equipment (PPE) for persons with disabilities and their caregivers.
- ◆ In Iraq, the Building Peaceful Futures Project is shifting their community inclusion awareness campaigns to focus on Covid-19 information and key messages around inclusion. This includes door to door posters/flyers, and media campaigns. The CRPD monitoring field assessment on health, education and livelihoods is continuing through phone interviews, with discussion of adapting the monitoring tools to be adapted to monitor access to services during Covid-19.
- ◆ In the Philippines, HI staff are conducting online discussions/sharing on how to influence local authorities to consider the voice of persons with disabilities in local responses. DPO leaders who already have experiences are able to share their technical knowledge. Part of the online discussions are around how to implement laws related to Covid-19, such as the recently released *Guidelines on Providing Proper Welfare of Persons With Disabilities During the Enhanced Community Quarantine Due to Covid 19 Pandemic*. They are actively sharing resources as they come out through the online discussions, phone calls and text messages.
- ◆ In Sierra Leone, the HI team is working to support persons with disabilities indirectly by working with the ministries and DPOs by offering to review materials to make sure they are accessible. One of the projects has a quarterly budget for advocacy, so this quarter's budget will be given as a grant to 3 DPOs to launch a call for proposals to submit ideas on how to ensure people with disabilities are reached during this COVID19 response.

Questions? Please contact Humanity & Inclusion's Inclusive Governance team:

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