



Inclusion Task Force
Yemen

TIPSHEET

Ensuring health response to COVID-19 in Yemen is inclusive of people with disabilities

This tip sheet provides an overview of the factors that may put persons with disabilities at heightened risk of COVID-19 pandemic; and proposes actions to address these risks within the COVID health response. This note draws on [the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#), World Health Organization (WHO) and the practical field experience of HI and collaborating partners in Yemen.

Throughout all phases of health actors' response to COVID-19, the needs and rights of persons with disabilities need to be considered. This document shares practical tips on how to identify and reduce the risk faced by these groups by designing and delivering a more inclusive health response.

HI-Yemen mission



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WHY DOES DISABILITY INCLUSION MATTER IN THE HEALTH RESPONSE TO COVID?

First and foremost, persons with disabilities, like all persons, have a right to medical care appropriate to their condition. However, realizing this right in Yemen, including in response to COVID-19, faces many challenges, including:

- Most health facilities in Yemen are not accessible to people with limited mobility. People with disabilities might have difficulties practicing basic hygiene measures, such as handwashing (e.g. hand basins, sinks or water pumps may be physically inaccessible), or rubbing their hands together, thoroughly);
- There is a high risk that people with disabilities cannot reach health facilities and hence they risk not being screened or treated for COVID-19 due to barriers at family, community and health system level, e.g. health facilities often are far away, transportation is scarce and/or not accessible for persons with disabilities, and they have often have limited access to household.
- Prejudices, stigma, and discrimination against people with disabilities, including misconceptions that people with disabilities cannot contribute to the outbreak response or make their own decisions and discriminatory attitudes of community members and health workforce risks leading to reprioritization or even denial of access to health services for persons with disabilities;
- Health facilities testing and treatment facilities, centres for isolation and quarantine, may fail to cater to the needs of persons with disabilities, including with regards to accessibility, accommodation, the specific needs of girls, boys, women and men with disabilities, and lack of care-givers specialized to their disability at the same time as no additional provisions and protocols regarding outside care-givers;
 - Special measures to ensure informed consent may be required for persons with disabilities;
 - Protective measures may not be tailored for people with disabilities e.g. visually impaired persons may rely heavily on their sense of touch to obtain vital information and be mobile, requiring more regular cleaning of high touch surfaces, and of assistive devices also for mobility-challenged persons. Those who require assistance for basic functions and mobility will face difficulty practicing physical distancing

Barriers faced in accessing health prevention and response

Physical barriers: Persons with disabilities might face additional barriers to protect themselves from Covid-19, such as using handwashing stations that are inaccessible (too high, too low, not adapted taps), regularly washing hands and/or cleaning their environment, including sanitation facilities (doors of toilet facilities are accessible for wheel chair users) without adjusted universal design, facilities in proximity to household, adapted equipment and/or support.

Communication barriers: Public health campaigns and hygiene promotion messages might not reach persons with disabilities without door-to-door campaigns or 1:1 risk communication modalities, or might not represent and address the specific needs of persons with disabilities, and not be accessible to people with disabilities due to lack of diverse communication modalities (such as lack of sign language, Braille, and/or plain language), leading to limited knowledge on risks and how to protect themselves and others and access services.

Attitudinal barriers: People with disabilities and those facing underlying health conditions, often encounter stigma and discrimination at family and community level, negatively affecting their mental health and wellbeing as well as access to water, sanitation and hygiene services. Stigma and misperceptions might lead to in-effective outbreak control as it is associated with challenges adopting healthy behaviours and increasing transmission.

Institutional barriers: Lack of reasonable accommodation¹ and universal design of health facilities and products (such as design of handwashing stations and hygiene kits; no sensitization and training of staff on disability inclusion and non-discrimination (such as how to adapt hygiene messages to diverse groups and communicate with persons with difficulties speaking, hearing, seeing, understanding etc.); lack of meaningful participation with persons with disabilities and representative organizations.

KEY CONSIDERATIONS TO ADDRESS IDENTIFIED RISKS: RECOMMENDATIONS FOR PROGRAMMERS

- Consult and involve with the different categories of people with disabilities to collect information about their needs, possible intervention and improve of services deliver. Similarly coordinate with specialised disability NGO for better services intervention and referral
- 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. For example,
 - Ensure that facilities are clean and hygienic, and that sanitation, washing facilities and supplies are available and accessible to avoid putting people with disabilities to any further harm
- Work with 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

¹ Reasonable accommodation' means necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. (UNCRC, Article 2.)

and addressing barriers to access health services and referral pathways (mobilize support networks, assistance, cover transportation costs, reasonable accommodation for consultation)

- Ensure health staff are trained on identification and referral of vulnerable groups and mechanism is in place for reporting protection concerns
- Design emergency health units and related transportation systems accessible and safe to all. Remove access barriers in existing in health facilities i.e. accessible infrastructure especially consultation and quarantine services, “Easy Read” and pictograms Accessible formats means, the use of sign languages, Easy Read, plain language, captioned media, Braille, augmentative and alternative communication, protective environment during consultations and purchasing specific medication, additional protective gear; sanitizer to clean assistive devices, transportation costs for access to health services.
- Communication with disability should diverse ways to meet different needs. In addition to the verbal and written information, important to communicate with people with intellectual, cognitive and psychosocial impairments.
- Provide additional support to people with disabilities and their families when they are quarantined, while ensuring their autonomy and protection e.g. access to doors and toilets etc. As people with disability often rely on care givers, consider increasing the pool of those from family you can call upon, convert the public material to easy read, use of mobility devices for those who need daily routine.)
- Persons with disabilities may have less access to COVID-19 risk education and preventive measures. Ensure public information health messages are accessible to them, taking into account different types of disability (visual, hearing, physical, mental) and ensuring age-appropriate messaging, including for children.

RECOMMENDATIONS FOR FRONTLINE STAFF, INCLUDING HEALTH AND HYGIENE PROMOTERS

- Ensure persons with disabilities and their care-givers have access to basic personal protection equipment (e.g. gloves and masks), adapted as necessary to their needs;
- Provide persons with disabilities and their families with instructions and equipment (additional hand sanitizer, disinfectant spray, etc.) on how to keep their environment and any assistive devices clean.
- Inform people with disabilities on health referral pathways; support monitoring of critical health needs; establish contingency plans. Engage their families to ensure continuity of care (medication, dietary needs, rehabilitation care, psychosocial support
- Sensitize relevant health workforce on how to accommodate needs of persons with disabilities, including how to ensure their autonomy and protection e.g. inclusive communication tips, how to identify and record health needs and access for persons with disabilities.
- Support alternative arrangement for people with disability to enable access health facilities e.g. mobile health services if possible, accompaniments arrangement (youth assisting the person with disability)
- Monitor discriminatory practices in health facilities and ensure needs-based prioritization criteria for health assistance, in particular critical consultations and intensive care. Ensure health facility services i.e. testing, consultation and quarantine, are non-discriminatory, rights-based and accessible for all.
- Deliver, wherever possible, home-based consultations for people with disability, especially those with mobility-related or mental disability, including for their general health needs and, where appropriate, for COVID-19 related needs.
- Train staff and volunteers based who are direct contact with people with disabilities in prevention of sexual exploitation and abuse (PSEA), Code of Conduct and also ensure that all health staff understands the principle of non-discrimination
- 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.
- Ensure that hand-washing stations and sanitation facilities are accessible and installed in frequently accessed areas by persons with disabilities including in health facilities and public spaces.
- In the context of limited resources, rationing and treatment decisions may negatively affect persons with disabilities. Work with local health actors to ensure such decision-making processes are based on medical needs, are guided by human rights standards and do not discriminate based on disability.
- Identify adults and children with disabilities who may need more targeted support and information, by using the Washington group set of questions in health monitoring tools, and reaching out to relevant networks, organisation of persons with disabilities.
- Report to the local protection cluster lead any reported or suspected cases of abuse against persons with disability taking place in their home environment, for follow-up by the Protection Cluster.

Resources:

1. Disability considerations during the COVID-19 outbreak
<https://www.who.int/who-documents-detail/disability-considerations-during-the-covid-19-outbreak>
2. Situation of Yemen in COVID-19 outbreak-acaps <https://reliefweb.int/report/yemen/covid-19-impact-yemen-risk-report-update-8-april-2020>
3. Guidance for Managing Ethical Issues in Infectious Disease Outbreaks-WHO
<https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf;jsessionid=FC370845265097C417BEBC2942D24367?sequence=1>

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