

## **National Federation of the Disabled Nepal**

### **General Guidelines for Persons with Disabilities and All Stakeholders on Disability Inclusive Response Against COVID-19 Pandemic**

#### **1. Objective**

The guidelines have been prepared in the context of Nepal by National Federation of the Disabled-Nepal for persons with disabilities and all stakeholders with an objective to outline disable-inclusive efforts against the spread of Corona Virus disease, also known as COVID-19 which is fast spreading across the globe. There are challenges of medical assistance, preparedness, and lack of prevention. Therefore, the guidelines have been formulated in line with the fact that the persons with disabilities are most vulnerable during disasters and pandemics because of multiple obstructions and discrimination based on disabilities.

#### **2. How will COVID-19 affect persons with disabilities?**

- A.** Persons with disabilities might be deprived of daily essentials, regular medical treatment, therapy services, regular medications, consultations and medical equipment and devices (such as catheter, diaper, urine bags, sanitary pads, tissue papers required by people with spinal cord injuries) during lockdown enforced by the government as a measure against COVID-19 resulting in additional problems pertaining to their health and hygiene.
- B.** During a lockdown, persons with disabilities are not able to avail transportation services and cannot go to the market to fetch daily essentials. Unlike others, they face obstructions in walking outdoors which makes them deprived of items of daily need.
- C.** As the time period of the lockdown stretches, there might be shortage of food and daily essentials and prolonged period of lockdown would be distressing and troublesome for persons with disabilities who also are daily wage workers.
- D.** Enough information would not reach the persons with disabilities inside houses because of their serious physical and mental condition, and the public notices relayed by the government on Corona Virus, infection and precautionary measures against it and decisions taken by the government time and again is not accessible to the visually-impaired, hearing-impaired, people with Autism and psychosocial disability, people with intellectual disabilities, among others. Some of the materials are not disability friendly, further restricting access to critical information to people living with disability.
- E.** Correct information would not reach the persons with disabilities because of the complex language, presentation and pictures used in public notices pertaining to COVID-19.
- F.** Situation might force the persons with disabilities, if they are infected by COVID-19, to face discrimination from health workers arising out of lack of information and training to health professionals on behaving with and providing health care to people with range of disabilities.

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<sup>1</sup> Unofficial translation by UNDP Nepal.

- G. If the quarantine zones, infection testing venues, isolation wards and amenities related to it (such as toilets and drinking water facilities) are not accessible for persons with disabilities - for instance with easy movement of people using wheelchairs, white sticks and crutches - then it will not be possible to keep such persons in those facilities making it riskier for the persons with disabilities and also add to the discrimination.
- H. Medicare and other services for persons with disabilities would be impacted because of lack of availability of different techniques including audio, sign languages, note takers, close captioning, visuals, easy language, tack-tiles for communicating information on medical services, consultations and awareness with visually impaired, hearing impaired, people with hearing loss, Autistic persons and people with psychosocial disability.
- I. Persons with disabilities who require round-the-clock assistance of personal attendant, sign language interpreters and similar people would face difficulties in carrying out self-care, retrieve information and day-to-day activities while in isolation/quarantine.
- J. They might be more vulnerable because of the barriers to obtain information, consultation, notices and advices while in quarantine and isolation through preferred means and channels.
- K. The persons with disabilities might be infected because of negligence of guardians and helpers if they happen to touch and use the aids and material used by the persons with disabilities.
- L. If the family members of persons with disabilities are infected and were made to seek treatment through isolation in medical facilities, the people with severe disabilities such as spinal injuries, psychosocial disabilities, intellectual disabilities, autism, visual and hearing impairment, cerebral palsy would face serious risks because of lack of care.

### **3. Things to be considered by different agencies of Nepal government and stakeholders involved in the response against COVID-19**

- A. Special provisions should be made by the government to address the impact of COVID-19 in the lives of persons with disabilities, and ensure supply of daily essentials, compulsory medications (such as Factor used by Hemophilia), medical equipment and material such as catheter, diaper, urine bag, sanitary pad, tissue paper among others used by people with spinal cord injuries and also continue therapy services and psychosocial counseling.
- B. Considering the condition of obstruction of transportation in the situation lockdown, provisions should be made to introduce separate Hotline Telephone service, SMS and Video Calls for persons with disabilities in line with the difficulties faced by them to collect items of daily need and deliver the goods to their doorsteps as per their requirement.
- C. Public notices and government decisions on COVID-19, and precautionary measures should be relayed via sign languages, audio, visual, pictures and simple language to make it accessible for all. For those who have to obtain information through sign languages and video call must be given free data packages by the government through telecom companies.

- D.** Quarantine spots, testing centers and isolation wards must be selected and build in such a manner which makes the centers and available amenities accessible to women and children with disabilities, wheelchair users, crutches users, visually impaired, people with intellectual disabilities, Autism, Hemophilia, psychosocial disability. Disability information and support centers should be formed at such facilities.
- E.** Provisions should be made to ensure regular supply of medications and medical equipment and material for persons with disabilities which they require because of their physical or mental condition, if they are infected or put in quarantine or isolation.
- F.** Statistics on persons with disabilities who are kept in quarantine and isolation wards must be taken into account and communicated effectively.
- G.** Health workers who are working to contain COVID-19 must be trained on special needs of the persons with disabilities while providing treatment, medicines and consultation.
- H.** Special attention must be kept on immediate implementation of provisions of immediate testing to prevent spread of Corona in hostels, rehabilitation centers where persons with disabilities kept with residential facilities.
- I.** Information and notices relayed at the quarantine zones and isolation wards must be made accessible to everyone including people with hearing impairment, visual impairment and psychosocial disabilities through incorporating easy languages and mediums such as sign language, Braille, Audio and visuals.
- J.** Provisions should be made to provide security measures to personal attendant, aides, interpreter and note takers while assisting the people with disabilities who require such services at quarantine facilities and isolation wards.
- I.** Facility should be given with special priority to people with 'complete and severe disability' (Red and Blue card holders) and additional financial help or social security allowance should be allocated considering their additional burden for medicine, treatment and prevention cost in this situation.
- L.** Special attention should be ensured considering possible conflict and abuse in family, office, and organization against the person with disability, children and women. For example, ensure accessible complaint and rescue mechanism and detaining the culprit.
- M.** Include a person living with disability institutionally in every mechanism to be formulated in every level to prevent COVID-19 and prepare preventive measures.

#### **4. Things to be considered by healthcare professionals involved in treatment:**

- A.** Should have proper knowledge about the way of communication and dealing with a person with disabilities according to their condition and seek assistance with relevant experts.

- B. Use proper communication methods while consulting and suggesting health-related issues. Be sure whether the person with disabilities properly gets it or not.

**5. Things to be considered by an institution operating therapy and rehabilitation service or residential facility:**

- A. Discontinue group therapy until the pandemic of the COVID-19 is contained.
- B. Demonstrate exercises that can be done at home, follow up or consult through Phone, Viber, WhatsApp, skype so that services can be received from home without reaching the rehabilitation center.
- C. Clean assistive equipment and disinfect them.
- D. Inform caregivers on required skills and knowledge providing assistance to people living with disability.
- E. Ensure hygiene while home visit, e.g. wear mask, and wash hands before and after the treatment.
- F. Use every option to make resident or residential facility infection-free. Frequent movement from outside should be stopped until the infection ends. Use sanitizer, wear mask and wash hands and maintain distance in case of emergency movement.
- G. Ensure information flow on virus, infection and measures of prevention to the person with disabilities living in resident through every means.
- H. Get regular information about the health condition of the person with disabilities living in residents. Take help from healthcare professionals if any symptom is found.
- I. Promote the practice of washing hands regularly, using sanitizer and maintaining social distance to the person with disabilities.

**6. Things to be considered by family members or caregivers of a person with disabilities**

- A. Keep assistive equipment away from the person with fever, difficulties in breathing or cough. If for any reason these assistive accessories come into contact with such person, the material should be disinfected using sanitizer or disinfect before using it.
- B. Both caregiver and person with disability use mask and wash hands or use sanitizer.
- C. If you or your caregiver has any symptoms of fever or cough, do not assist each other, consult with the doctor.
- D. Use tissue paper or cover your nose and mouth with an elbow while coughing or sneezing. Put the tissue paper into the well-covered dustbin after use. At last, wash your hand properly or use sanitizer.
- E. Caregiver must wear a mask and should wash hands properly before helping or serving the person with disability.
- F. The caregiver or especially parents of a person with disabilities should prepare for an alternative of regular care if they infected from COVID-19.

- G. Make sure necessary things like soap, sanitizer, tissue paper and a vessel with cover is near your reach.
- H. If you need a caregiver for cleaning, ask them to wash hands properly and wear a mask.
- I. If you need to touch things like push rim or handle of the wheelchair, break, crutches, stick or glasses and hearing equipment clean them with soap or sanitizer before using. Then wash your hand with soap or use sanitizer before using these things.
- J. Not to touch assistive equipment of persons with disabilities unreasonably.
- K. Keep stock of medicines and other equipment if you are using them regularly due to physical or mental conditions or other health-related issues.
- L. Follow social distancing and ask your caregiver to follow the rule. Do 'Namaste' instead of shaking hands.
- M. If you use sign language wash your hands frequently or use sanitizer because it needs to move your hand near to mouth, nose and eyes regularly.

**7. Roles to play by an institution related to persons with disabilities, civil society, and other service providers institutions**

- A. During lockdown period, take regular information and updates about persons with disabilities through various mediums (Telephone, Skype, Messenger, Facebook, Twitter, Whatsapp, Mobile, Email). Coordinate with a related government agency if any help needed.
- B. Communicate authentic information of COVID-19, its infection and preventive measure to the person with disability.
- C. Take initiation to coordinate with a healthcare professional if a person with disabilities found to have symptoms of infection.
- D. Lobby and advocate if the person with disability is discriminated while treatment because of their impairment.
- E. Facilitate and coordinate for the persons with disabilities to get access to different services during the lockdown.
- F. Suggest and advocate in government, international agencies, UN agencies to make COVID-19 response disability inclusive.
- G. Help government's relief program and be facilitator and expert to make it disability inclusive.