



**Innovation
to Inclusion**

**Disability and
COVID-19**

Influencer Pack

Resources to guide
decisions affecting the
lives of people with
disabilities during and
after a pandemic

Acknowledgements

i2i would like to thank all partner DPOs in Bangladesh and Kenya who conducted the data collection and who made this influencer pack possible.

Bangladesh: Access Bangladesh Foundation (ABF); Alliance of Urban DPOs Chittagong (AUDC); Bangladesh Disabled Development Trust (BDDT); Bangladesh Society for the Change and Advocacy Nexus (B-SCAN); Centre for Disability in Development (CDD); Centre for Services and Information on Disability (CSID); Community Based Disability and Child Protection Organization (CBDCPO); Disabled Child Foundation (DCF); Disabled Development and Research Center (DDRC); Human Rights Disability and Development Foundation (HRDDF); National Council of Disabled Women (NCDW); National Grassroots Disabilities Organization (NGDO); Women with Disabilities Development Foundation (WDDF).

Kenya: Albinism Society of Kenya; Coast Cerebral Palsy Foundation; Community United for the Advocacy of the Child (Comutac); Cerebral Palsy Society of Kenya (CPSK); Deaf Empowerment Kenya; Ecumenical Disability Advocates Network (EDAN); Embrace Inclusion; KADNETT; Kenya Disables Information Advisory Centre (Kediac); Kenya Paraplegic Organisation (KPO); Kenya Union of the Blind; Seme Forum for Persons With Disability; Short Stature Society of Kenya (SHAK); South Nyanza Association of the Deaf; Special Olympics Kenya; Stitching Why Not?; Tinada Youth Organisation; United Disabled Persons Of Kenya (UDPK); USP Kenya; Vision of the Blind; West Kenya Deaf Development Group; Women Challenged to Challenge; Youth on the Move.

While the International Disability Alliance (IDA) and other high-level disability bodies generally use the term Organizations of Persons with Disabilities (OPDs), in this publication we use the term Disabled People's Organisations (DPOs), as this is how the organisations we have been working with on this publication define themselves.

Front cover photo: Diversity and inclusion officer Derek Shimoli Band wears a mask for work at the office of Kenya Union of the Blind, Nairobi.

Photo: i2i/Patrick Meinhardt

Innovation to Inclusion (i2i) aims to improve access to employment in the private sector for people with disabilities. It is a three-year programme based in Bangladesh and Kenya, funded by the UK's Foreign, Commonwealth & Development Office (FCDO) and being implemented by a consortium led by pan-disability charity Leonard Cheshire.

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Introduction

The i2i Disability and COVID-19 Influencer Pack explores the impact of measures to control the spread of the coronavirus pandemic on people with disabilities. The information presented here shows the **challenges** faced by people with disabilities, and **routes to influencing change in attitudes, behaviour and policy** that would make response and recovery efforts more inclusive, now and in the future, in line with the UN Convention on the Rights of Persons with Disabilities.

The information in this pack is drawn from a survey of the lived experiences of more than 300 women and men with disabilities during early COVID-19 responses in April and May, 2020. The survey was carried out in Bangladesh and Kenya as part of the i2i programme.

In Bangladesh, 135 people were surveyed in Dhaka, Sylhet and Chattogram districts. In Kenya, 177 people were surveyed in Nairobi, Mombasa and Kisumu. People surveyed were predominantly in urban and peri-urban areas; 82% in Bangladesh

and 83% in Kenya. Only 18% in Bangladesh and 17% in Kenya were from rural areas.

Participants in the survey represented a range of disabilities, including intellectual, physical, visual and hearing impairments, and mental health issues.

135
people

People surveyed in Bangladesh



177
people

People surveyed in Kenya



Key: ● women ● men ● didn't specify

About this resource pack

Who is it for?

This influencer pack is aimed at both individuals (people with disabilities and their families and communities) and their representative organisations.

The information can be used to guide anyone who wants to influence decisions that affect the lives of people with disabilities in preparation for or response to a pandemic.

How will it help?

Raising awareness of current challenges and what needs to change can lead to knowledge and understanding, support for change and, ultimately, action. Information and education is important, and evidence from people's lived experiences can help people to understand what needs to change and how it can change.

How to use it?

This influencer pack contains thematic resources to influence change in attitudes, behaviour and policy which could make pandemic preparedness, response and recovery far more inclusive of people with disabilities.

The resources should help the development of advocacy strategies by helping to identify:

- **The specific call for change – what do you want to influence?**
- **Who can make this change happen – who do you need to influence?**
- **What advocacy actions are most appropriate – how can you influence?**

Each influencer resource can be used independently to help specific advocacy actions, or together as part of a larger strategy.

What are advocacy actions?

Advocacy action can be any call for a change in behaviour, practice or policy at an individual, community or national level, such as:

Raising awareness within a community through information and education:

- Social media
- Newspapers
- Radio and television
- Billboards
- Training

Social mobilisation within a community:

- Marches
- Demonstrations
- Petitions
- Letter writing

Lobbying of key decision makers:

- Providing briefing papers
- Holding meetings



COVID-19 offers an opportunity to find more inclusive responses and lasting solutions to long-standing inequalities.

Use this resource pack to influence decisions affecting the lives of people with disabilities during a pandemic.

Raising awareness of what needs to change leads to knowledge and understanding, support for change and, ultimately, action

George Ochieng attends a socially-distanced training session on business and life skills for deaf people run by DPO Deaf Empowerment Kenya. 'This training helps to set my mind in finding opportunities and ways to help me in the future,' he says.

Photo: i2i/Patrick Meinhardt

Influencer resource 1: Setting the scene

The COVID-19 pandemic has created a global crisis, the ripple effect from which has intensified existing inequalities in society, such as access to healthcare, education and employment. The context of COVID-19 provides an opportunity to focus on finding more inclusive responses and lasting solutions to these long-standing inequalities.

People with disabilities are among the most marginalised in any society and are more likely to live in poverty, experiencing higher rates of discrimination, neglect and abuse.

Since the United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted in 2006, there has been significant global progress towards overcoming the inequalities and marginalisation experienced by people with disabilities. The 2030 agenda and Sustainable Development Goals (SDGs) have set the target to 'leave no one behind'.

The health, social and economic crisis brought about by COVID-19 threatens to undo the progress made towards equality for people with disabilities.

The experiences of people with disabilities in Bangladesh and Kenya during lockdowns, and other measures to contain the virus during April and May 2020, illustrate this threat. However, these experiences also provide the ways forward and creative ideas for change.

People's lived experiences show disability inclusive COVID-19 preparedness, response and recovery should include both:

- **Scaling up existing support and political commitments through the CRPD and SDGs**
- **Ensuring an inclusive, accessible and agile COVID-19 preparedness, response and recovery which sees government policies aligning with international standards such as the Inter Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019)**

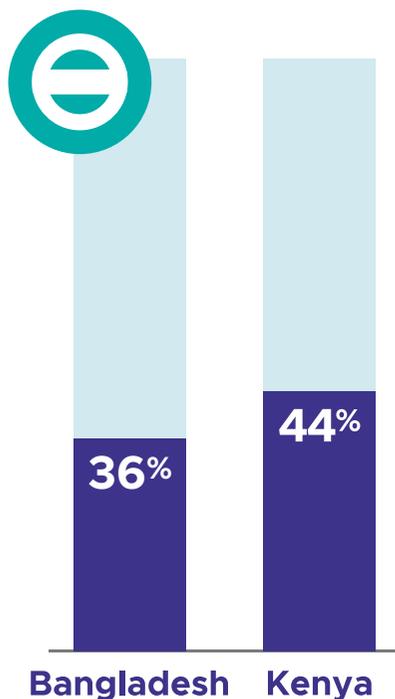
Governments and other stakeholders must meet a number of targets around the meaningful participation of people with disabilities in policy and planning, ensuring their access to information and services, supporting their economic independence, meeting their basic needs in COVID-19 response and recovery and planning for other existing and future crises.



Influencer resource 2: Inclusion in decision making

The challenge

Many of the people with disabilities involved in this survey said they had experienced discrimination during COVID-19 lockdown measures.



‘A major concern is that support doesn’t reach the people it is intended for, including persons with disabilities at grassroots, and the accountability of channels used to distribute the support.’
(Respondent, Kenya)

Of those people that expressed that they had not been discriminated against as yet, many explained that this was due to not being able to leave the house. They felt that when they were able to leave the house again, they would face discrimination.

People said they had experienced discrimination on two levels:
1. Systemic discrimination in the lack of accessible support for people with disabilities and a disability exclusive COVID-19 response.

‘Non-disabled people get different kinds of support from the government and other organisations, but because I am physically disabled I do not get any relief or food any more. And I also can’t get any information regarding relief.’ (Respondent, Bangladesh)

2. Societal discrimination in the lack of awareness of disability and stigma.

‘I got a seizure. The people around me confused an epilepsy seizure with COVID-19 symptoms, so they did not help in first aid.’ (Respondent, Kenya)

People also explained experiencing systemic discrimination and lack of support to enable people with disabilities to access opportunities, compounded by societal or attitudinal discrimination.

‘I am not able to go to work due to the government restriction of movement. Due to the curfew, I am not able to work extra hours. I fear being beaten if caught outside during the curfew hours, considering I can’t walk fast like other people’
(Respondent, Kenya)

Ways forward – awareness and inclusion in decision making

The inclusion and meaningful participation of people with disabilities in the planning, implementation and monitoring of COVID-19 response and recovery should be the cornerstone of any steps towards combating discrimination and any fully inclusive response. The **Charter on the inclusion of persons with disabilities in humanitarian action (2016)** clearly explains meaningful participation in section 2.2.

Governments and stakeholders must adhere to the Charter and to the **Humanitarian inclusion standards for older people and people with disabilities** (ADCAP 2018). Key inclusion standard 4: Knowledge and participation, ensures older people and people with disabilities know their rights and entitlements and participate in decisions that affect their lives.

This will help target lack of awareness and address both the societal attitudes and systematic discrimination of people with disabilities.



Director of Deaf Empowerment Kenya Joseph Gari Ayiro says his organisation's goal is 'to change and improve the lives of people with disabilities through health and education'.

Photo: i2i/Patrick Meinhardt

Awareness raising is critical to breaking down societal attitudes and all key stakeholders must undertake disability awareness training, including:

- **Government departments**
- **Healthcare providers**
- **Employers**
- **Community organisations**

Disabled persons' organisations (DPOs) are key to raising awareness, advocating for and facilitating the inclusion of people with disabilities in decision making. COVID-19 preparedness, response and recovery should seek to partner with DPOs, in line with the recommendations of the Inter Agency Standing Committee (IASC) **Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action** (2019), section 5: Partnerships and empowerment of Organisations of Persons with Disabilities.

Additionally, the formation of a coalition or platform to share best practice between DPOs and other agencies could provide a valuable step towards inclusion in decision making.

What can DPOs do

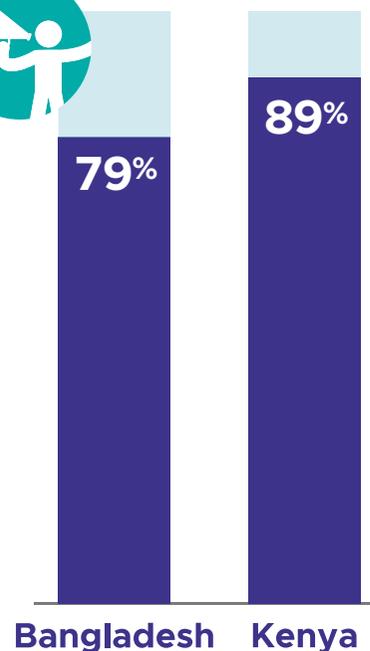
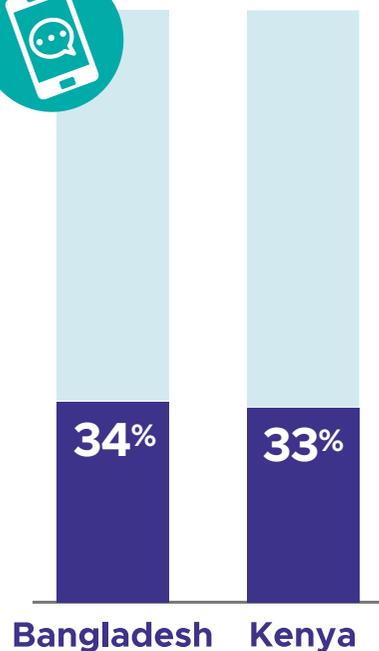
- Create a coalition or platform to share best practice and mobilise members
- Raise awareness of inclusion and international standards among government and other stakeholders
- Lobby government and decision makers to appoint disability focal people

Influencer resource 3: Accessible information and communication

The challenge

Women and men with disabilities in Bangladesh and Kenya pointed to a lack of attention to accessible formats in general public information on COVID-19.

Many people with disabilities said they could get some information. But they also said access to specific information on government support for employees was generally low.



'The information should reach people with disabilities directly in a way and language they can understand.'
(Respondent, Kenya)

Key concerns raised were:

- **A lack of accessible information**

‘My concern is for those elderly persons with disabilities at the grassroots. The information is mostly in English and on TV and radio. Not many are able to understand English.’

(Respondent, Kenya)

- **A lack of accountability in provision of support – not seeing people’s needs being met by support promised**

‘I have personally been disseminating information about the government support and went ahead to apply together with other people with disabilities who I managed to mobilise. However, I have neither received such support nor witnessed fellow applicants receive the same in my locality.’

(Respondent, Kenya)

Rumki Rani is a primary school teacher in Dhaka and a member of the National Council of Disabled Women (NCDW).

Photo: i2i/ Habiba Nowrose



Ways forward – accessible information and communication

Governments and stakeholders must adhere to the **Core Humanitarian Standard on Quality and Accountability (2017)**, section 4, which states that: ‘communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them’.

Awareness campaigns and other channels promoting the dissemination of information on COVID-19 (including both general information and specific information on support programmes available) must adhere to the relevant guidelines for accessibility (national or otherwise). This may include ensuring:

- **Sign interpreters in TV awareness campaigns and news**
- **Materials in Braille and use of large print**
- **Use of accessible formats on the internet to provide information and specific provision of data packages to enable people with disabilities to access the internet**
- **Convey messages using loudspeakers in communities**
- **Sensitisation through community-based outreach**

What can DPOs do

- Community outreach providing essential information in accessible formats to members
- Support government and others to increase knowledge and understanding of accessibility
- Lobby the media to present more information in accessible formats

Influencer resource 4: Accessible, inclusive and targeted support

The challenge

COVID-19 and measures to contain the spread of the virus in both Bangladesh and Kenya affected the vast majority of both women and men with disabilities of all ages.

Bangladesh

98%



Kenya

93%



Looking across both countries, more than 50% of people's concerns related to the following three problems:

1. **Reduced or no access to food and daily necessities**
2. **Reduced or no support to continue to live independently**
3. **Reduced or no access to health facilities/medication for ongoing or new conditions**

Nasima Akther, chair of the National Council of Disabled Women, takes care of paperwork at her office in Mirpur, Dhaka. **Photo:** i2i/Habiba Nowrose



1. Reduced or no access to food and daily necessities

Many people expressed not being able to access basic food supplies.

‘I fear starvation due to a lack of food provision to support my family and increased poverty among the poor in village.’

(Respondent, Kenya)

2. Reduced or no support to continue to live independently, either due to loss of employment or the impact of lockdown and social distancing measures on support and travel

Many of those who reported that they were receiving support, referred to support from family members, but also cited concerns for burdening family and friends as a result of losing independence.

‘My independence was cut short when I lost my job. I depend on my family for assistance, who are available from 5pm as they go to work during the day.’

(Respondent, Kenya)

Alongside a lack of independence, people also raised concerns that they experienced feelings of isolation with no contact with friends and family.

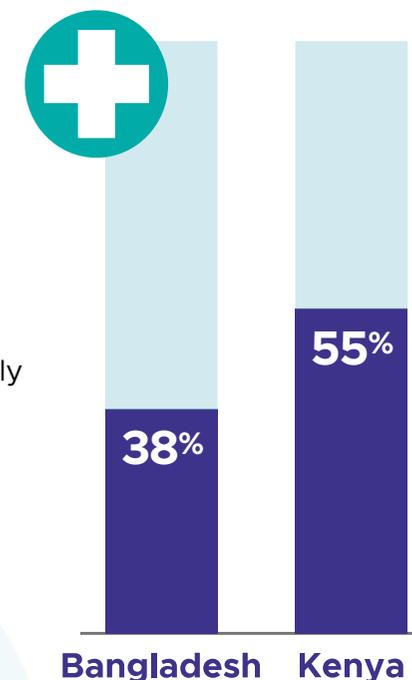
‘I feel terrified, have difficulty getting help from others in my daily activities and can’t communicate with relatives, friends and neighbours.’ (Respondent, Bangladesh)

3. Reduced or no access to health facilities/medication for ongoing or new conditions

For many people with disabilities, access to support services is essential to lead safe, healthy and independent lives.

Measures to contain the spread of COVID-19 have resulted in significant disruptions to services, support systems and informal networks, such as personal assistance, sign language and tactile interpretation, and psychosocial support. The economic impact of COVID-19 may also lead to even greater cuts in existing services in the recovery period.

Overall, nearly half of people with disabilities surveyed were not receiving the ongoing support they needed to live safely with their family or independently during COVID-19.



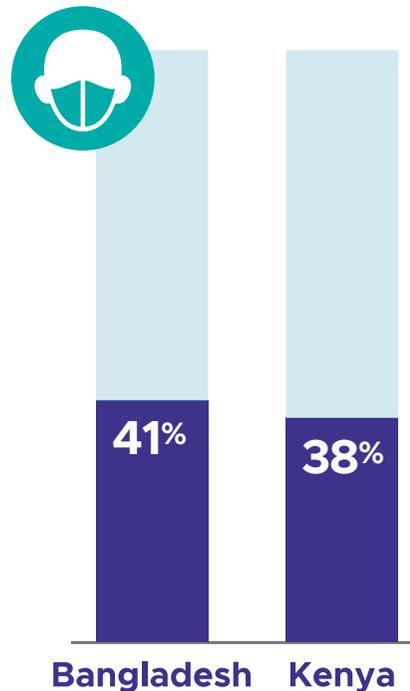
‘I am not able to live life as usual, I cannot access important services like going for my regular review clinics easily.’
(Respondent, Kenya)

Lack of PPE was cited as a major barrier to the three key concerns mentioned above. More than a third of people surveyed in both Bangladesh and Kenya did not have access to PPE.

There was recognition among the people involved in the survey that PPE is essential for people with disabilities to ensure they have independence due to their reliance on touch. People with visual impairments need to be guided or use a white cane and people with mobility disabilities use a device or need to hold onto supports to move around.

‘I have fear of infection because I support myself with my hands when entering a public vehicle.’ (Respondent, Kenya)

‘I need to clean my crutches with sanitiser and it is very expensive now that I have no source of income.’
(Respondent, Kenya)



The main worries expressed by both those who did not have access and those who did have access to PPE were:

- **Its high cost**
‘I have no money. My family cannot access protective equipment like soap, masks and detergent due to financial crisis.’ (Respondent, Bangladesh)
- **Its future availability**
‘I am also concerned that with time I might not be able to access sanitisers for my white cane and hands as the cost of living has gone high. I might be forced to choose between getting the sanitisers and basic commodities like food.’ (Respondent, Kenya)
- **Having to source PPE from markets and concerns over quality**
- **Accessing basic soap but more limited access to sanitiser or face masks, essential for people with disabilities**

What can DPOs do

- Provide essential support: cash payments, food packages, PPE, basic assistive devices and counselling
- Carry out awareness programmes on key gaps in support for people with disabilities
- Offer expertise and support to government and others in planning and delivering services

Ways forward – access to inclusive and targeted support

A combination of both inclusion in mainstream and disability-specific targeted support is necessary during pandemic response and recovery, to ensure inclusion of persons with disabilities in the following three areas: financial support, basic supplies and health services.

Provision of financial support

Financial support should be made available for people with disabilities, this may include:

- **Cash payments**
- **Specific employment programmes**
- **Government guidance to financial institutions and landlords**

Provision of basic supplies

Both government and other agencies (including DPOs) must provide free distribution of the following to people with disabilities:

- **Food packages, where cash payments will not facilitate access to food (for example, where people cannot access markets or markets are not available)**
- **Vital medical supplies, when they cannot be accessed**
- **PPE – governments have a responsibility to provide people with disabilities with PPE and a duty to ensure this is inclusive of people with disabilities, not exclusive**

‘My concern is the cost. I need more money for this equipment. Where the equipment is being given freely, people scramble for them and am not able to scramble for anything.’

(Respondent, Kenya)

Accessible health services

Governments and stakeholders should follow recommendations on health in the Inter Agency Standing Committee (IASC)

Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019) (see section 15: Health) and health inclusion standards in the **Humanitarian inclusion standards for older people and people with disabilities** (ADCAP 2018).

All pandemic response or recovery actions must involve ensuring awareness among staff and appropriate tools and devices are available including:

- **Disability awareness training for health workers**
- **Providing community outreach to support accessibility for people with disabilities including:**
 - » Basic, low tech assistive devices, such as white canes for people with visual impairments to become independent
 - » Essential PPE
 - » Counselling and mental health support for individuals and families

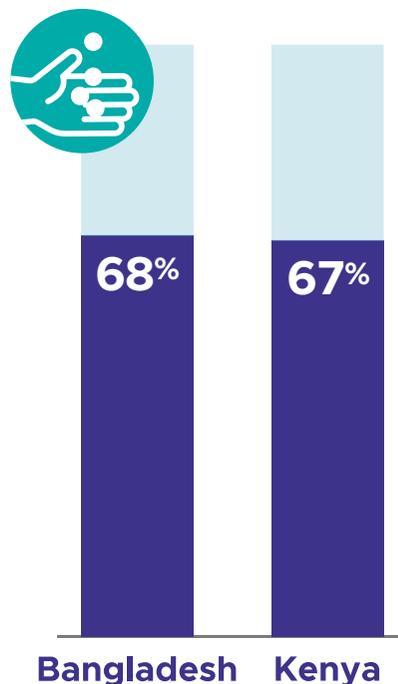
Influencer resource 5: Employment and economic independence

The challenge

The loss of economic independence as a result of COVID-19 was raised as a key concern by survey participants. This related to the immediate loss of employment as a result of COVID-19 and fears for their future job security.

Loss of employment

In both countries, two thirds of the women and men with disabilities surveyed expressed that they were not able to work.



Many of those who could not work expressed one of the following reasons:

- **Their place of work had closed**
- **They were unable to travel to work**
- **They were unable to work from home**
- **There was a lack of demand for their work**

'I depend on working with groups to make items such as bead jewellery. The machines we use cannot be taken home and this means I cannot make the jewellery and sell them to earn a living. I have no source of income now. I also do training to make the jewellery and because of social distancing, I can no longer do that.' (Respondent, Kenya)

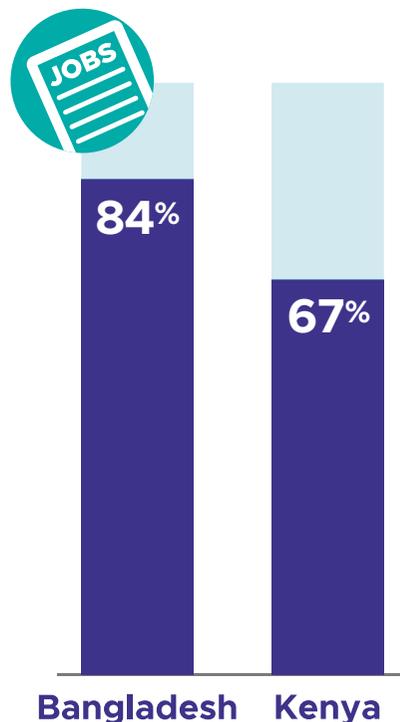
For those who were able to continue working, a range of barriers were given, including:

- **Difficulty travelling to work**
- **Lack of measures, including social distancing, hygiene and PPE**

'I have to walk all the way to the office. It's very hard. Our office did not provide any protective equipment for us. So there is no health safety.' (Respondent, Bangladesh)

Concern for future job security

In both countries, many of the people surveyed were concerned about their job security.



The main concerns raised in relation to employment and future job security relate to:

- **Inability to go to work during this period and uncertainty over future of their employment and when restrictions will be lifted**
‘Of course, I’m worried. The matter of getting my salary is uncertain. If the factory is closed for a long time, the workers may be laid off. The factory may even close. There is no chance to be safe with the job.’ (Respondent, Bangladesh)

- **Lack of income due to low business, reduced number of customers and clients or cancellation of orders**
‘As a self-employed person with a disability, there are few customers because most people are working from home. With hawking, it is difficult to tell the number of customers you can reach during the day,’ (Respondent, Kenya)
- **Inability to provide for their family and sense of being a burden**
‘Of course, I’m feeling insecurity in my current job situation. The teaching profession is closed in a pandemic situation. My future salary is uncertain. I don’t how I will afford my baby’s food and my mother’s medicine each month.’ (Respondent, Bangladesh)

What can DPOs do

- Share news on any government support available to members
- Carry out awareness programmes for employers, around issues such as working from home
- Provide employers with tools to budget for reasonable accommodation and workplace accessibility, including accessibility audits
- Lobby for change in government employment programmes across all sectors (public, private and self-employed)



People were aware of the wider impact of COVID-19 on the economy, and the consequences for their circumstances and future job security.

Looking across both countries, more than 50% of the concerns raised about the economic impact of COVID-19 on people related to:

- **Not being able to access government benefits**
- **Being unable to access finances while not being able to work**
- **Losing employment completely and not receiving full salary**
- **Not being able to find employment**

'With the economy on its knees, I have little hope that I will even be able to sell my items. Most businesses are closing down and the recovery will take a long time. I am gradually going back to being jobless.'
(Respondent, Kenya)

Maryanne Mungai works as a cashier at the Carrefour supermarket in Two Rivers, Nairobi.
Photo: i2i/Patrick Meinhardt

Ways forward – financial security and accessible employment

Governments and stakeholders should follow recommendations on livelihoods in the Inter Agency Standing Committee (IASC) **Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action** (2019) (see section 14: Livelihoods). These recommendations include both mainstream and targeted approaches. The **Humanitarian inclusion standards for older people and people with disabilities** (ADCAP 2018) also provide food security and livelihoods inclusion standards which should be followed.

During the immediate impact of COVID-19 response and recovery, government provision of cash support should be accessible to people with disabilities.

Any programmes to provide training or employment during COVID-19 response and recovery should specifically target people with disabilities and ensure their inclusion through disability equality training.

In any preparedness, response or recovery measures, employers should ensure disability awareness training and special provision for people with disabilities including:

- **Flexible work arrangements, such as working from home**
- **Provision of equipment required to work from home, including data packages for internet use**
- **Provision of any Assistive Technology required (such as digital technology to enable working from home or mobility devices to facilitate independent travel to work)**

- **Provision of PPE to facilitate a return to work**
- **Proper hygiene measures, which include accessible facilities to wash hands in the work place**
- **Provision for social distancing in the workplace**
- **Provision for appropriate transportation to/from place of work (such as time allowance to arrive late/leave early, or financial support for appropriate transport arrangements)**



Ripa Tabassum, human resources officer for textile company AJI Group, keeps colleagues updated on workplace rules at the factory in Savar, Dhaka. **Photo:** i2i/Habiba Nowrose

Influencer resource 6: Gathering and using disaggregated data

The challenge

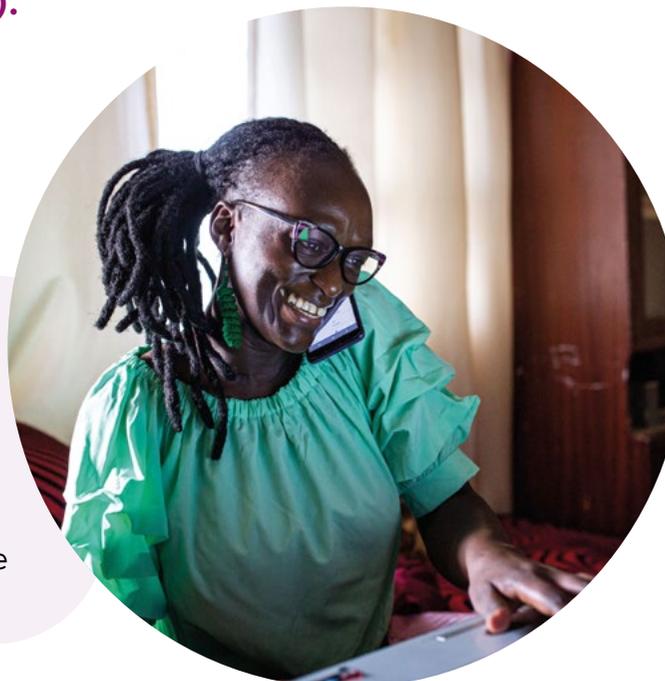
Information gathered through the i2i survey has highlighted the need to better understand the experiences of women and men with disabilities, people with different impairments (for example, intellectual, physical, hearing or visual impairments), people within different age categories and people living in different environments (urban, peri-urban and rural).

For example, the lived experiences gathered through the survey showed there may be differences in access to information between urban and rural environments, or differences in the economic impact of COVID-19 on employment and job security or overall experience of discrimination.

Any change in the policy provisions or measures implemented by governments and other stakeholders must be gender inclusive and meet the different needs of people living in different circumstances and environments.

What can DPOs do

- Gather disaggregated data to inform actions within programmes
- Use disaggregated data to raise awareness among government and other organisations
- Lobby government and others to gather and better use disaggregated data



Juliette Awuor is studying for a masters in development communication. She also does freelance consultancy work from her Nairobi home and is involved with a start-up called Participant, specialising in assistive products.

Photo: i2i/Patrick Meinhardt

Ways forward – disaggregated data

Governments and other stakeholders must ensure that they meet the **Core Humanitarian Standard on Quality and Accountability** (2017), that communities and people affected by crisis receive assistance appropriate to their needs.

To ensure assistance is relevant and appropriate, the collection of disaggregated data is essential, as per the Inter Agency Standing Committee (IASC) **Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action** (2019) (see section 4: Data and information management). This includes using tools such as the **Washington Group Short Set on Functioning** and/or the Extended set.

The **Humanitarian inclusion standards for older people and people with disabilities** (ADCAP 2018), promotes not only the collection, analysis and use of disaggregated data, but also engagement with people with disabilities themselves to ensure COVID-19 response is relevant to their needs (see Key inclusion standard 1: Identification).

The design and delivery of data collection initiatives must also be inclusive, so people with disabilities or their representative DPOs are involved in the design of any data collection initiative on the impact of COVID-19, or other future pandemics.

It is also recommended that DPOs are supported to collect and analyse data to enable governments and other stakeholders to reach people with disabilities more effectively and design more inclusive responses.

Ensuring disaggregated data is available will enable mapping of context and the development of a context-specific plan to ensure the provision of targeted support for people and households most at risk. This is especially important for:

- **People with disabilities living in rural areas**
- **Women with disabilities**
- **Older people with disabilities**

Miriam Wawira Njeru works remotely from her home in Kitengela, Nairobi, as part of the customer care team for Safaricom.

Photo: i2i/Patrick Meinhardt



Influencer resource sheet 7: Useful guidelines

Guideline: Inter-Agency Standing Committee (IASC) Key Messages on Applying IASC Guidelines on Disability in the COVID-19 Response (2020) (<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/iasc-key-messages-applying-iasc>)

Content: Based on the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, (see below), this document summarises factors that may put persons with disabilities at increased risk in the COVID-19 pandemic and suggests actions to address these factors.

Guideline: Inter-Agency Standing Committee (IASC) Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action (2019) (<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>)

Content: Comprehensive guidelines on inclusion of people with disabilities.

Guideline: Humanitarian Inclusion Standards for Older People and People with Disabilities (ADCAP) (2018) (<https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities>)

Content: Produced as part of the Age and Disability Capacity Programme (ADCAP) programme and designed to be used as guidance for programming, and as a resource for training and advocacy, particularly for influencing organisational policies and practice to be more inclusive.

Guideline: Core Humanitarian Standard on Quality and Accountability (2017) (<https://corehumanitarianstandard.org/the-standard>)

Content: Nine commitments to improve the quality and effectiveness of humanitarian assistance.

Guideline: Charter on the inclusion of persons with disabilities in humanitarian action (2016) (<http://humanitariancharter.org/>)

Content: Following the launch of the Sustainable Development Goals (SDGs) in 2016 the commitment to 'leave no one behind' became one of the five core commitments of the Agenda for Humanity, set at the World Humanitarian Summit. The Charter pledged to place people with disabilities at the centre of humanitarian response, and to ensure they receive protection and assistance without discrimination.

Guideline: The Washington Group Short Set on Functioning (WG-SS) (Washington Group on Disability Statistics) (2020)

(<https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>)

Content: Six questions to be integrated into wider population based surveys or censuses, to identify whether people have difficulty in performing basic universal activities across six core functional domains: walking, seeing, hearing, cognition, self-care and communication.

Guideline: Disability Data in Humanitarian Action (2019)

(<https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action#8>)

Content: Learning toolkit on the use of the Washington Group Short Set of Questions on Disability in humanitarian action.

Guideline: United Nations Convention on the Rights of Persons with Disabilities (CRPD) (2006) (<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-11-situations-of-risk-and-humanitarian-emergencies.html>)

Content: Article 11 (on situations of risk and humanitarian emergencies) calls upon States Parties to take "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters"

Your Notes



Contact us

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