



Report on Disability and COVID 19 Twitter chat

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Background

Persons with disabilities are likely to be disproportionately affected by COVID 19 due to a variety of barriers in accessing information on prevention of COVID 19 and hygiene practices and to various extends their dependence on physical contact with the environment and others for support.

Certain impairments may also dispose PWDs to risk factors such as respiratory conditions. As noted by the UN Special Rapporteur on the rights of persons with disabilities, Catalina Devandas, "People with disabilities feel they have been left behind. Containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe".

One of the gaps that has been noted is lack of information on the numbers of PWD that have been directly affected or impacted by COVID 19.

Objectives

UNFPA in partnership with This Ability Trust has organized a twitter chat with the objective of the raising awareness on the experiences of persons with disabilities during the COVID 19 pandemic, identify challenges and explore solutions to the challenges and gaps to ensure inclusion and greater involvement of persons with disability in the national COVID 19 response.

Panelists



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**Covid19
and
Disability**
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Key Issues Raised

Vulnerabilities

- Inadequate access to critical information, lack of Sign Language Interpretation, use of English language only in the MOH messages. This challenge is greater in rural areas.
- Pre-existing inequalities in access to social services: work, food, water, shelter, medicines, sanitary products, therapy services, sexual and reproductive health services, education, etc. which have now been worsened by COVID 19
- Pre-existing health conditions that make PWDs more susceptible to contracting the virus, experiencing more severe symptoms upon infection and be an increased risk of death from the COVID 19. There's also fear that contracting COVID-19 would mean separating parent from child and this raises anxiety among children with disabilities because they are dependent on their parents/guardians
- Job losses for persons with disabilities and or primary care givers of PWDS
- Loneliness and isolation women with disability and a feeling of being trapped at home. Women with disabilities, mothers of children with disability and their families had to self-isolate early. Lack of social support, hygiene items, medicines etc. is affecting their quality of life.
- Convergence of gender inequality, disability and COVID-19
- Poverty: Many persons with disabilities live in poverty and so there is hardly any food, medical or hygiene item reserves.

Impact of COVID 19

- Rise in mental health challenges in disability communities. Parents are overstretched with sudden demand to turn their homes into schools and offices. The constant presence of everyone in the home is anxiety inducing for kids with disabilities
- Regression of girls with disabilities is increasing due to the cancellation of therapy and education programs. For children with disabilities, the disruption of school routines and access to therapy has brought on anxiety and a resumption of undesirable behaviors.
- Menstrual poverty: This has resulted from reduction of support and loss of economic opportunities.
- Incidences on sexual assault and GBV have increased for women and girls with disabilities. Girls and women with different abilities are more vulnerable at home/ in the community compared to when they are in school or a controlled environment with supervision.
- Reported increases in seizures and onset of seizures occasioned by anxiety and the lack of medicines, self-harming behaviors and hyperactivity which is stressing an already stressed care giver with no income coming in. In the beginning with certain health centers zoned for COVID-19 treatment, persons with disabilities did not know what alternative centers they could access.
- Double stigma: Persons with disabilities continue to face stigma and discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence.

Engaging Persons with disability

- Work with the community to design solutions. We have to rise above our unconscious bias and place power back in the hands of women and girls with disabilities. They know what needs to be done to ensure access. “Ask disabled people what they want instead of assuming. So far, they have told us they want food, access to information, access to sanitisers...they can't queue in the chief's camp...targeted food relief is an option”
- Public awareness in the communities, involvement of local leaders in the community e.g. chiefs and local media.
- Representation of the PWDs at every decision table especially at the community levels including parents and care givers. Persons with disability should be placed at the centre of the response participating on an equal basis from planning, innovation, implementation, monitoring and reporting.
- Targeted outreach to persons with disabilities through their networks and OPD to understand their needs and amplify these needs.
- Capacity strengthening on advocacy
- Scaling up best practices from Organizations of Persons with Disabilities (OPD)
- Involvement of PWDs in the national Covid 19 response committees, county response committees.

Leveraging technology and various platforms to better serve PWDs

- Make virtual rehabilitation services – teletherapy - accessible through partnerships with Safaricom & Ministry of Health. Physiotherapists, occupational therapists & speech therapists are available.
- Amplify the voices of PWDs through storytelling and highlighting innovative solutions.
- Use of technology to bridge communication gaps: (i) Augmentive Communication devices for persons who communicate differently to minimize isolation, ACC devices for non-speaking children, visual images, pictograms for hearing impaired children etc. (ii) Quantification of the disabled population in Kenya using mobile technology, engagement through use of bulk messaging and establishment of toll free lines for protection and mental health services.
- Presentation of information in all languages and modes such as picture social stories

Best practices

- Self-advocacy: Persons with disabilities are well able to advocate for their own needs.
- Referral and linkages to various services and support mechanisms available at both the community and public sector and non-public sectors institutions.
- Use of support groups to identify and quickly address the needs PWDs especially girls with disabilities and mothers of children with disabilities
- Service continuity and scale-up: DPOs have been active in easing the burden of their clients by supplying essentials, food and medications. A partnership with government. Department of social protection would bring these services to scale.

- Creating synergies between existing programmes and institutions will be an efficient way forward to address the needs of PWDs during and after the Covid-19 pandemic.
- Lobbying for PWDs inclusion during crisis situations.

Recommendations

Policy

- Generation of strategic information: Mapping out every home with a disability and creation of a database with information on the nature of the various disabilities. In the longer term, an Analysis of available data, identification of gaps and designing of a specific periodic survey for and with PWDS to collect current disaggregated data by disability, age and gender. In the short term, a rapid assessment on the current realities of PWDs during the pandemic will determine the responsiveness of existing initiatives to these needs.
- Policy implementation and monitoring: An assessment of the implementation status of 'The Access to Government Opportunities, AGPO 2018 policy' should be conducted and the policy implementation strengthened to ensure PwDs participation in the national development growth. Greater focusing should be paid to girls and women with disabilities due to the unique socio-economic challenges.
- PWD representation: Include PWDs in the national COVID 19 and County response committees.
- Economic recovery: Early access to ALL government services, access to business recovery and start-up capital for persons with disability and a reduction of taxes for parents of children with disabilities will facilitate economic participation by PWDs on an equal basis.
- Education: Learning resources for kids with disabilities should be prioritized. These should take into account the varied nature of disabilities. In addition, teacher capacity building and training on Inclusive Education should be expanded. In Kenya, about 71% of Children with Disabilities (CWDs) were attend school while 21.0 percent never attended school (Kenya Population Census, 2009).
Capacity building and service delivery
- Train Community health workers in neurodiverse spectrum Management, social comprehension of hidden disability. Infrastructural development etc.
- Facilitate interested PWDs and their families to be trained as Community health workers.
- Develop SOPs for service providers, with regular audit processes that include the target demographic.
- Integrate services and provide them under one roof "Huduma centre style". This would eliminate movement challenges from one service point to another and promote efficiency.
- Display disability inclusive service charters at health and other facilities to make access for persons with disabilities easier.
- Partnership between the respective government departments/agencies and the DPOs will not only ensure service continuity but service at scale.