

Towards Inclusive Emergency Response and Recovery to Covid-19

Countries around the world were unprepared to manage the Covid-19 pandemic despite the recent experience of epidemics such as Severe Acute Respiratory Syndrome (SARS) and Ebola. The prevention strategy in many countries, including India, was prolonged national lockdown with emphasis on testing, tracing and treatment. Such measures helped in containing the spread but caused economic disruptions leading to contraction of national GDP and widespread loss of livelihoods. The closure of all non-essential services, scaling down of the operations of public services and focus on the treatment of Covid-19 patients particularly impacted the vulnerable groups including persons with disabilities and elderly. The situation has exacerbated the exclusion of marginalised population segments who face inequity even during regular times.

The phrase “new normal” has encapsulated more than just a change in the perception of hygiene and public health measures. Over the past one year wearing masks, maintaining social distancing, virtual communication, self-quarantine and trepidation to touching has made our lives more challenging than ever before. The beginning of the second/third wave has triggered the emergency yet again. Compounding this with the pre-existing layers of difficulties that persons with disabilities experience in their everyday life, only adds to their increased vulnerability to the Covid pandemic.

The pandemic has impacted the persons with disabilities and elderly both directly and indirectly. It is well established that the needs and requirements of each individual differs with the type and severity of disability, socio-economic well-being and location. The vulnerability of persons with disabilities and elderly to Covid-19 is higher due to: *existing co-morbidities; compromised immunity*

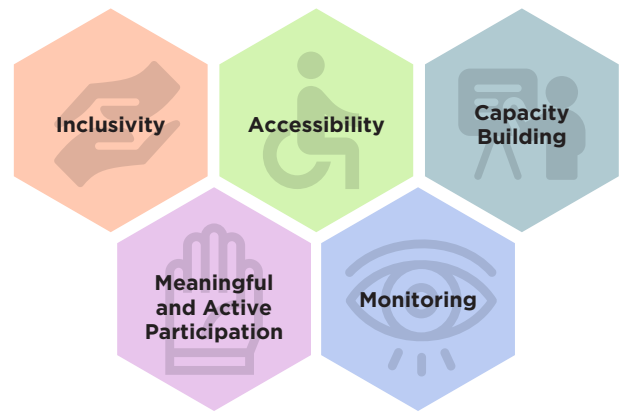
levels; insecurity, stigma and abuse; impact on mental health; non-prioritisation/ discrimination within healthcare systems; disruptions of support systems services; disruptions in access to essential services; financial instability and ineffective social protection schemes.

With the world attempting to adapt to the “new normal” and rebuilding more resilient societies, inclusion and accessibility for these marginalized populations should be emphasized. It is the right opportunity to “build back better¹” by empowering persons with disabilities and elderly populations for independent living and equipping them for any disasters in future. This highlights the need to develop a disaggregated database (both qualitative and quantitative) capturing the types of disabilities. The “Inclusive Guidelines for National Disaster Management - Disability and Disaster” prepared by the National Disaster Management Authority [1] also highlight the significance of determining numbers and magnitude of disability. The needs and challenges of elderly population should also be collated for building inclusive recovery plans.

National and local governments should consider an integrated response and recovery approach to manage the challenges of Covid-19 and future disasters. This approach builds on the tenets of inclusion, accessibility, and safety for all, addressing the challenges and concerns of persons with disabilities, women, elderly and children. The approach will negate inherent exclusions in the systems and be sensitive to intersections of gender and age, among other factors, [1] in the response and recovery plan. It also involves enhancing the capacities of the national and local government to effectively and efficiently address and prevent the barriers that may arise during a large-scale response and recovery mission.

¹ Strategy for recovery from the socio-economic impact of Covid-19 [12]

In this context BASIIC programme at NIUA has prepared this policy brief to highlight on persons with disabilities and elderly and critical related issues, and recommends an inclusive response and recovery plan in disaster situations, including future pandemics. The policy brief is based on specific recommendations with guiding principles of - **Inclusion, Accessibility, Active Participation, Capacity Development and stringent Monitoring** for operationalising 'an applicable to all' strategy, formulated under the Programme.



Guiding Principles of an Inclusive Emergency Response & Recovery

Existing Concerns & Recommendations

Policies & Guidelines

Evidently, the inclusion of needs and concerns of persons with disabilities was added as an afterthought into the advisories and guidelines issued during Covid-19 (after the intervention of the Ministry of Empowerment and Social Justice). The lost time only compounded to the vulnerability of persons with disabilities.

It is recommended that:

- All advisories and guidelines issued by national and local governments should adopt an inclusive approach, encompassing the diverse needs of persons with disabilities/elderly in the initial design of the advisory itself.
- Policy measures adopted by all layers of government, for pandemic readiness and recovery response, must consider the needs of persons with disabilities (including women/children with disabilities) within humanitarian settings, institutions (Old age home, rehabilitation centre etc.) and squatter settlements.
- Stakeholders, including urban planners, public health experts, civil society organisations working with under-represented groups, persons with disabilities and their representative organisations, should participate in the design of recovery plans.
 - Comprehensive assessment of urban landscapes in terms of hazards, risks, and vulnerabilities should be undertaken to predict, avoid, and respond to emerging disease outbreaks more effectively.
 - Recovery networks should be developed to promote individual and organisational preparedness of persons with disabilities and elderly with clear monitoring and feedback mechanisms to build back better.

Mainstreamed Data Collection

The needs and requirements of each individual differs with the type and severity of disability, socio-economic conditions and location. The disaggregated database on persons with disabilities is urgently needed for the preparation of an effective "Inclusive Emergency Plan". At present, Census of India provides aggregated data

on limited parameters. The lack of disaggregated data often leads to absence of required provisions for invisible disabilities and others. It is recommended that:

- Census should include disaggregated data on all of the 21 disabilities (as per the Rights of Persons with Disabilities Act, 2016), . Further, mapping of the persons with disabilities at neighbourhood and community levels would facilitate delivery of timely support and inclusive recovery efforts.
- Need assessment of persons with disabilities, with attention to persons with high support requirements and older persons, should be carried out.
- Government agencies should collect, publicly report, and disseminate open, reliable, timely, and disaggregated data which ensures confidentiality but includes the types of disability, age in five-year increments from 60, and gender on the impact of Covid-19/pandemic/disasters to allow targeted interventions and evidence-based inclusive governance responses.
- Participatory and accessible methods should be used to develop common databases on disability.
- Uniform process should be adopted for data collection/measurement/storage to allow cross-national data comparability along with different geographical contexts and departments.
- Training and sensitization of the officials involved in data collection.

Essential Services

Lack of access to essential services, medical needs and assistance has been a huge concern for persons with disabilities and elderly. This should be addressed by:

- Restrictions during lockdowns/curfews should encompass reasonable accommodation to needs of persons with disabilities. This should include - incorporating "availability of care-takers/helpers" to persons with disabilities and elderly as essential services; health needs and regular check-ups to not be deprioritised etc.
- Ensure development and continuity in access to quality care and support, including through financial assistance

in form of incentives to service providers. For instance: pension for caretakers, incentives for special delivery of goods and services to these groups etc.

- Delivery of essential food and non- food items to persons with high support needs [2] should be ensured by local bodies during curfew/lockdowns. The families of persons with disabilities, elderly living alone should be identified and registered with the local services providers for the ease of tracking them during the planning of emergency response systems.
- Creation of a “social net” at a neighbourhood level can ensure immediate availability of daily needs of these people through RWAs/neighbors during the scarcity of the services.

Health care

Persisting health conditions and co-morbidities among persons with disabilities and elderly highlight the need for continuous health care. Given their high risk of infection and susceptibility of related health conditions, a robust and inclusive health care system should be integrated into response and recovery plan. Key recommendations are as follow:

- An accessible and inclusive information system for the health care providers, persons with disabilities and their families should be created. This would provide information on availability of accessible & disable friendly health services to persons with disabilities/ their families and the details of their medical record to the health care providers. An extension of “One Nation One health card”² initiative as announced by the Prime minister could be leveraged for the same.
- Provision of medical facilities for the persons with disabilities and elderly should be facilitated by the local bodies during the disaster-induced disruptions. Measures may include online or phone-based consultations, dedicated hotlines, dedicated television programmes and telemedicine services.
- Health and social care workers, as part of the pandemic response systems, should be provided special training to interact and respond various needs of persons with disabilities. The training should take into account additional needs and pandemic-related risks posed by persons with disabilities.
- Universal Design principles should be used in design of Health care infrastructure (physical & digital). Accessible quarantine centres and hospital rooms should be provided.
- Online training programmes should be delivered in partnership with DPOs, CSOs and networks of health care centres to strengthen the skills across the geographical, cultural, and economic settings.

Information

The right of everyone to make informed choices and supported decision making is crucial. Proper dissemination of information is an important aspect in this regard. This should be ensured by:

- Formats and dissemination of all public information

including crisis response measures, health & social protection services offered are made accessible for all including persons with disabilities and elderly.

- Providing persons with disabilities with specific information for them on infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats with the use of assistive technologies, wherever possible. [4]
- Providing more auditory information systems in vernacular dialect to ensure accessibility for persons with visual impairment.
- Public service announcements related to the pandemic should have sign language interpreters and closed captions included to ensure maximum reach.

Safety and Support

- “Family support services” should be promoted for supporting families of persons with disabilities with proper information.
- Community support should be expanded for persons with disabilities and elderly, through awareness generation and sensitisation.
- Inclusive and accessible “victim assistance services” should be provided to prevent domestic violence and abuse.
- “Safety nets” should be developed at the neighbourhood/ community-level of relevant players including local police, civil societies, RWAs etc.

Built Infrastructure

Inaccessibility in the built environment is prevalent and can be addressed in the “rebuilding” initiatives. Key recommendation in this regard are:

- A percentage of accessible and inclusive housing should be reserved for persons with disability and elderly. Physical as well as technological provisions should be accommodated to enhance the degree of accessibility of the house and to support independent living.
- In the absence of a caretaker and accessible accommodation, provision to shift them to the nearest accessible accommodation/ institutional facility, should be included.
- Audio sensors and sensory automation systems should be provided in the built environment. Alarm systems, intercom, and surveillance mechanisms (without intervening into the privacy) should be strengthened in public and private buildings
- The “Build Back Better” plans, focused on public spaces and built environments, should include tactile and audio features.
- Accessible WASH facilities and Covid infrastructure should be strengthened in all public buildings and spaces. Accessible and Inclusive WASH facilities to be provided with the slums and squatter settlements.

Employment & Financial Stability

Loss of jobs and stable income, anticipated costs of healthcare, inaccessibility to health insurance, among

² Under the aegis of this scheme, a person's medical history, doctor consultations, diagnosis and prescribed treatment will be saved in a digital database.

others can substantially impact individuals' financial stability and independence. Social protection which, at any point in time, is critical for persons with disabilities and elderly has proven to be a crucial vector of relief in Covid crisis. Though the national government announced three months advance payment under NASP³, the low rates of enrolment in such schemes and limited assistance are areas of concerns. These should be addressed by:

- Reasonable accommodation and allowance (focused on maximum use of their potential and minimum exposure to contracting the infection) to persons with disabilities/elderly by the employer should be ensured. Disability-inclusive Occupational Health and Safety (OSH) measures should also be ensured [7].
- Mobile or online registration or payment mechanisms should be established for delivering social protection mechanisms.
- Specific funds should be earmarked for providing benefits to persons with disabilities/elderly in cases of sickness, quarantine and self-isolation.
- Disability benefits should be increased to provide extra payments or advance payments. Cash transfers should be provided to all registered persons with disabilities, regardless of their current work status. [2]
- Any soon-to-expire disability/pension-related entitlements should be extended automatically.
- Mechanisms like "disability top-up" to recipients of primary social assistance schemes who are identified as having a disability (old age, child grant, poverty assistance) should be established to cover pandemic costs. [2]

Technology (Education, Information & Communication)

Covid has made everyone dependent on technology for communication, working, learning and entertainment. Technology has acted both as an enabler and a divider for the vulnerable groups. Lack of accessible platforms/application for persons with disabilities and the digital divide for elderly has been the prominent issues. This should be addressed by the following measures:

- E-learning and online education platforms and tools should be accessible and empathetic to children with disabilities. User feedback should be encouraged to address existing problems.
- Special and interactive curriculum and e-learning modules should be devised to accommodate the needs of children with intellectual disabilities.
- Channels of communications through straightforward and accessible digital platforms should be created for

persons with disabilities and elderly, to reduce isolation and anxiety.

- Dedicated television programmes/ helplines, among others, can act both as media of communication and entertainment. Audio and visual clipping of proper method of sanitisation of assistive devices for persons with disabilities should be streamed on popular national news channels.
- Technologies and platforms that are compliant to accessibility standards should be promoted and incentivised. Accessible government applications/platforms for Covid tracking and response may be co-created with CSOs, DPOs, and research organisations.
- Mechanisms to improve access and training for persons with disabilities and older persons to IT devices such as smartphones and iPads should be devised.

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³ National Social Assistance Programme

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