

Brief Guidance note

The outbreak of coronavirus in November 2019 and being declared by the World Health Organisation as a pandemic on 19th March, 2020 . Fiji reported its first case on 19th March, 2020 with the Ministry of Health now confirmed numbers to date at 16. With the flooding of information for CONVID on social media, the common themes are : it is transmitted through direct contact with respiratory droplets of an infected persons (through coughing and sneezing), that one can be affected by touching surfaces contaminated with the virus and touching of ones face (nose/eyes/mouth).

Fiji's disability population stands at 13.7% of the overall population. This equates to 113,595 aged 3years and above reported to have at least one functioning challenge.¹ The female disability population stands at 52.7% while that of males at 47.3%. Disability is slightly more prevalent amongst the female than male, generally.

Looking at the age group of persons with disabilities, disability in male increases past the national prevalence rate from 50 years and above while disability in female increases past the national prevalence rate from 55 years and above. This could reflect the fact that health problems leading to functional limitations tend to increase with age.

Across divisions, eastern has the largest prevalence of 4.3 per cent compared to Central, Northern and Western with similar prevalence rate. The Eastern division is mainly the maritime region.²

Risks faced by persons with disabilities in the COVID19 outbreak

- Persons with disabilities are known to be at increased risk in the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers, as well as an increased risk of infection and

¹ FBoS.Release 1,2018.2017 Population and Housing Census.pp13

² ibid

complications due to underlying health conditions and socioeconomic inequalities, including poor access to health care.³

- Depending on one's impairments the inability to implement basic hygiene measures, such as hand washing.
- The need to touch things to obtain information from the environment or for physical support.
- Potentially increased food insecurity, loss of support mechanisms and protection concerns negatively affect physical and psychological wellbeing (distress, anxiety, negative thoughts etc.).
- The risks and additional restrictions faced by persons with disabilities in times of community isolation may further impede health, safety, independence and autonomy of individuals.

Protection risks for specific groups of persons with disabilities during the COVID 19 outbreak

- Women and girls with and without disabilities are more likely to face increased risk of GBV, including sexual exploitation and abuse.⁴
- Protection risks for women and girls with disabilities are further increased due to disruption of pre-existing protection mechanisms and crucial services (family planning, child and maternal health and sexual and reproductive health care services, legal assistance and counselling services).⁵
- Children with and without disabilities may need to adapt to closure of schools and other structures. School closure impacts continuity of learning and leads to an absence of protective environments and reduced fulfilment of basic needs (e.g. feeding programs, social support, personal assistance, access to assistive devices and rehabilitation). This may lead to negative impacts on physical and

³ World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality

⁴ CARE (2020) Gender implications of COVID19 outbreaks in development and humanitarian settings

⁵ CARE (2020) Gender implications of COVID19 outbreaks in development and humanitarian settings

psychological wellbeing, as well as increased child protection risks including abuse, neglect, exploitation and violence.⁶

- Older Persons are at an increased risk of multiple rights violations in the COVID19 pandemic⁷, such as discrimination based on age, and must be supported to access services on an equal basis with others.

Upholding the rights of persons with disabilities in relation to the COVID19 response

- All preparedness and response plans must be inclusive of and accessible to all persons with disabilities, including women and girls with disabilities.⁸ This means ensuring that all workers have sufficient training on disability, providing individualised support and have the skills and knowledge to provide treatment to adults and children with disabilities.
- In the event of a quarantine, support services as well as physical and communication accessibility must be ensured.⁹
- When in quarantine, personal assistants/caregivers, support persons/family, and/or interpreters shall accompany persons with disabilities as required, upon agreement by all parties and subject to adoption of all hygiene/protective measures.¹⁰
- Personal assistants and interpreters should be, when possible, proactively tested for COVID-19 to minimize the risk of spreading the virus to persons with disabilities.¹¹
- When infected with COVID-19, persons with disabilities may face increased barriers in seeking and receiving health care. In situations of increased pressure on the healthcare system, a risk may emerge where persons with disabilities experience discrimination and negligence by health care personnel. However, in line with basic rights, persons with disabilities and older persons in need of health

⁶ UNICEF (2020). COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures

⁷ Help Age(2020).Protecting older people in the coronavirus(COVID19) pandemic

⁸ International Disability Alliance (IDA). (2020) Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance

⁹ ibid

¹⁰ ibid

¹¹ ibid

services due to COVID-19 should not be deprioritized or denied treatment on the basis of disability and/or age.¹²

- Informed consent to health care and other services should always be obtained from all persons with disabilities regardless of the type of impairment. Various communication methods should be utilised to enable this, such as written, verbal and sign language.
- Children and adults with disabilities should be enabled to exercise maximum participation in decision making and their treatment and when required they should be supported to communicate their needs while under treatment

Recommendations: Inclusions in the COVID 19 response

International Disability Alliance¹³ and World Health Organisation¹⁴ give similar sentiments . They are :

- Ensure persons with disabilities receive information about infection mitigating tips, public restriction plans, and the services offered in a diversity of accessible formats, including: easy-read format; high contrast print and, where possible, braille; and use of available technologies such as subtitles in verbal messaging.¹⁵
- Ensure access for persons with disabilities to essential services and protection on an equal basis with others by considering specific needs such as:
 - a) Diverse communication methods;
 - b) Personal assistance/care provided by another person;
 - c) Need for physical personal contact to support daily activities and independence and therefore additional hygiene considerations and supplies;
 - d) Physical accessibility to structures (particularly WASH and health) and transportation support;

¹² ibid

¹³ International Disability Alliance (IDA). (2020) Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance

¹⁴ WHO (2020) Disability considerations during the COVID-19 outbreak

¹⁵WHO (2020) Disability considerations during the COVID-19 outbreak

- e) Equal access to distributions through diversity and relevance of items and adapted distribution techniques;
- Equal access to financial support and adapted and safe methods of delivery.
- Ensure staff involved in the dissemination of health messaging are trained on inclusive communication.
- Ensure staff involved in the development of materials for health and other service-related messaging are trained in accessible Information, Education and Communication materials to enable adoption.
- 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.
- Identify individual social support systems, which may be family members and/or friends, and include them into service delivery methods where indicated. For example, employing the patient- and family-centred approach to service provision for children with and without disabilities.
- Ensure support during and accessibility for critical counselling and during quarantine/ hospitalization (e.g. sign language interpreters, personal assistants/care givers).
- Whenever possible, have transparent masks available to interact with persons who are hard of hearing (lip-reading).
- Ensure protection of personal assistants/care givers in an equal manner with other health care workers dealing with COVID-19.8 Provide reasonable accommodation and modified modalities (additional amounts of protective gear, water and soap; assistance for social support; transportation costs; home-based interventions to ensure continuity of care, individualised support and accessible design of sanitation and washing facilities).
- Ensure that awareness raising on support to persons with disabilities is included in public messaging campaigns