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REF: PROTECTING PESRONS WITH DISABILITIES DURING COVID-19 7th April 2020

This Covid-19 Advisory has been jointly prepared by the United Disabled Persons of Kenya (UDPK) and the Caucus on Disability Rights Advocacy (CDRA). UDPK is an umbrella organization of National and grassroots associations of persons with disabilities in Kenya. CDRA is a coalition of organisations of and for persons with disabilities. The overarching goal of the initiative is to ensure implementation of the Constitution of Kenya (2010) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and to seek to promote the interests and welfare of persons with disabilities under the Constitution and the law through advocacy.

I. INTRODUCTION

COVID-19 presents particular risks for many people with disabilities around the world. It is for this reason that the Chair of the United Nations Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility have called upon all relevant authorities to adopt measures to appropriately respond to the COVID-19 pandemic, ensuring inclusion and the effective participation of persons with disabilities. WE, the Disability movement in Kenya, having observed and experienced the condition we as a nation have found ourselves since the pandemic struck equally call upon **The Government to make extra efforts to protect the rights of people with disabilities** in responding to the pandemic. Persons with disabilities have the right to self-determination, independence and autonomy, as well as the right to education and employment on an equal basis with others. But the breakdown of vital support systems and networks as a result of COVID-19 exacerbates the obstacles that persons with disabilities face in exercising these rights. We must ensure that a prolonged disruption caused by the emergency does not result in rollbacks of the rights that persons with disabilities and their representative organizations have worked so hard to advance. Universal human rights, including the rights of persons with disabilities, must not be infringed upon in the time of a pandemic.

Under the International Covenant on Economic, Social, and Cultural Rights and the Convention on the Rights of Persons with Disabilities (CRPD), governments must guarantee the rights to information, health, education, and basic standard of living. The CRPD requires governments to ensure accessibility

and reasonable accommodation for people with disabilities and that they can live independently in the community, with support as necessary. Article 11 of the CRPD establishes that States parties shall take all possible measures to ensure the protection and safety of persons with disabilities in the national response to situations of risk and humanitarian emergencies. This comprises measures in all areas of life of persons with disabilities, including the protection of their access to the highest attainable standard of health without discrimination, general wellbeing and prevention of infectious diseases, and measures to ensure protection against negative attitudes, isolation, and stigmatization that may arise in the midst of the crisis. The Kenya Constitution 2010 BILL OF RIGHTS IN SECTION 43 equally guarantee right to health and right to social economic needs.

II. INFORMATION AND COMMUNICATION

Covid-19, by all means presents an unprecedented situation of risk and humanitarian emergency. Given the situation in which we have found ourselves in Kenya, majority of persons with disabilities are in danger due to neglect, discrimination and barriers to information, social services, health care, social inclusion, and education.

In a rapidly evolving pandemic, information is essential for people to make decisions about how to protect themselves and how to access necessities and services during quarantine and self-isolation. It is commendable that information is being provided regularly especially through the Ministry of Health briefs which normally come through both electronic and print media. However, this is not reaching a proportion of the society that cannot interact with these media of communication among them persons with different disabilities. Governments should be providing accessible and timely information about the disease, prevention methods, and services.

To ensure that people with disabilities are not deprived of lifesaving information, communication strategies should include qualified sign language interpretation for televised announcements, websites that are accessible to people with different disabilities, and telephone-based services that have text capabilities for people who are deaf or hard of hearing. Communications should use plain language to maximize understanding.

III. LIVING CONDITION

As we have rightly been informed, COVID-19 spreads rapidly and is especially dangerous to people living in close proximity to others in closed settings. Many adults and children with disabilities live in often overcrowded residential informal urban settings where they face neglect, abuse, and inadequate health care. Governments should take urgent steps to identify and attend to people with disabilities in such informal settings.

IV. VULNERABILITY

A lot of people with disabilities have other secondary conditions which make them more vulnerable to attack by diseases. Without swift action by the government to include persons with disabilities in their response to COVID-19, they will remain at serious risk of infection and death as the pandemic spreads. People who are older, people with chronic health conditions in addition to disabilities for example, conditions that affect their respiratory capacity – may be at particular risk of serious illness or death from COVID-19 infection. These will particularly need to be identified and given the attention they need.

V. PROTECTION STRATEGIES

Governments should also consider the specific needs of people with disabilities when developing prevention strategies. For example, additional guidelines on hand washing should be developed for people with disabilities who are not able to wash their hands frequently or on their own or lack access to sufficient water for hygiene. Products to sterilize and sanitisation should be available to people with disability in all places. Disinfection of Handrails of ramps or staircases used by people with disability has to be carried out. In the Event of public quarantine, appropriate and accessible accommodation suitable to one's disability should be provided. In case of self-quarantine, support services and personal assistance have to be considered.

VI. SUPPORT SERVICES

People with disabilities who live at home often rely on community-based social support to meet their basic daily needs, including for meals and hygiene. There are serious concerns among disability rights groups about interruption of these services. Support aides do not have personal protective equipment to minimize exposure or the spread of infection or are becoming infected themselves and require quarantine. Unless persons with disabilities remain at home, it is very difficult for them to keep to the much talked about social distancing. For instance, a blind person will need to be guided and there is no way he can be guided and keep to the recommended one-and-a-half-meter distance. Many of those on wheelchairs will need people to handle the wheelchairs and as pointed out earlier, many persons with disabilities live in rather crowded informal urban settlement where many people live in one room. Even for those who may have homes where they could keep the distance, support with basic needs will be required for them to remain at home. They will also need support from professionals who will understand Covid19 and how to ensure personal hygiene and protection. Protective gears and services will also be needed.

VII. PEOPLE WITH PSYCHOSOCIAL DISABILITIES

With policies requiring social isolating to stem the spread of coronavirus, people with psychosocial disabilities, such as anxiety or depression, may be in particular distress and may benefit from additional mental health support services. Indeed, self-isolation and quarantine could be distressing for most people in general. Government policies should ensure community-based services continue and crisis counselling programs are accessible to all.

VIII. HEALTH CARE

The Government should take all appropriate measures to ensure access for persons with disabilities to health services and provide persons with disabilities with the same range, quality and standard of health care as provided to other persons, including mental health services. The Government should also continue providing to persons with disabilities the health services required by persons with disabilities specifically because of their disabilities. During the ongoing COVID-19 pandemic, State should prevent discriminatory denial of health care or life-saving services, food or fluids on the basis of giving priority to Covid19.

VIII. BASIC NEEDS

Poverty is a major factor affecting persons with disabilities and has deep impact on their health and living condition. It affects protection measures from infection even in widely publicised pandemic like Covid19. Priority should be given to address situations of poverty, and deprivation of persons with

disabilities. This is mainly because a lot of persons with disabilities are in the informal sector earning their living on daily basis as either casual workers, petty traders or living on begging. These economic activities are totally suppressed under the policy of keeping in doors at home. The Government should ensure that economic hardship during the crisis is addressed particularly with respect to persons with disabilities who may face the loss of means of livelihood and additional barriers to meet basic essential needs. The Government may need to consider food subsidies or other means of social protection.

IX. EDUCATION AND WORKPLACE

Children with disabilities face barriers to accessing a quality, inclusive education. As governments close schools, many schools are implementing online instruction. In other cases, parents are assisting their children with work that is collected from the teachers. Children with different disabilities are largely excluded since online instruction is not made accessible to them, including through adapted, accessible material and communication strategies. Many parents are unable to assist their children with disabilities especially where the disabilities are sensory or intellectual as they do not possess the requisite skills to do so. The Government should ensure accessible material and lesson plans are equally available to students who do not have access to the internet and those who can only benefit from the non-standard ways of learning.

The same applies to the workplace and working remotely. Even in these unpredictable times, The Government must commit to consulting persons with disabilities and their representative organizations, and ensuring that our non-traditional ways of working, learning, and engaging with each other, as well as our global response to the coronavirus, are inclusive of and accessible to all people, including persons with disabilities.

X. CONSULTATION WITH PERSONS WITH DISABILITIES THROUGH THEIR REPRESENTATIVE ORGANISATIONS

Consultation with persons with disabilities through their representative organisations goes beyond matters education and workplace. These organisations have a long history of advocacy and they are in touch with their members at the grassroots. They understand the needs and aspirations of their members as well as other persons with disabilities in all corners of the country. They are a source of important information on persons with disabilities and involving them in decision making is in line with the provisions of the CRPD. The governments in its endeavour to protect PERSONS WITH DISABILITIES during the coronavirus pandemic will need to consult with them regularly to make sure policies and practice in regard to the pandemic meet their needs. They should be effectively and meaningfully be involved in the design and implementation of awareness raising and public education campaigns.

XI. REFUGEE CAMPS SITUATION

COVID-19 could be catastrophic in settings such as refugee camps or other temporary camps, where people live in close proximity and often lack access to basic services. People with disabilities in places like these face severe obstacles to basic services such as shelter, water, sanitation, and medical care. Special attention will need to be given to persons with disabilities in such settings.

In conclusion, WE impress on the Government to ensure that information on Covid-19 is provided to all persons with disabilities in accessible format and that persons with disabilities through their representative organisations be enlisted as partners in information dissemination particularly to persons with disabilities. WE urge the government to ensure that all health providers take immediate action to avoid any form of disability-based or age-based prioritisation in providing COVID-19 medical care and to act immediately and to the maximum of their available resources to ensure that no person is denied

access to COVID-19 vital medical care as well as life-saving equipment or medicine on the basis of age and/or disability. We further urge the Government to Deliver medical treatment in full compliance with the principles of humanity including equal dignity and non-discrimination for all. In addition to health services, we appeal to the Government to ensure that persons with disabilities who have lost their means of income during this pandemic and those who suffer abject poverty be considered for social protection including food subsidy where possible.

Yours Faithfully



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