

# 6<sup>th</sup> International Conference on Disability & Development

16<sup>th</sup> March 2022



# Agenda Day 3

<b>12 – 12:55</b>	Michael Njenga (Chair)
<b>Plenary: The role of NGOs and OPDs</b>	Rejaul Karim Siddiquee and Maria Vlahakis Kamaraj Devapitchai Alison Marshall
<b>12:55 – 13:00</b>	Break
<b>13:00 – 14:00</b>	
<b>Breakout Session 1</b>	<b>Health and access to healthcare during COVID-19</b>
<b>13:00 – 14:00</b>	
<b>Breakout Session 2</b>	<b>Rehabilitation and assistive technology</b>

**Michael Njenga**  
CBM Global Disability Inclusion

Chair

**Maria Vlahakis**

Disability Inclusion Helpdesk, Social Development Direct

**Rejaul Karim Siddiquee**

International Disability Alliance

**Consequences of Exclusion: a situation  
report on organisations of people with  
disabilities and COVID-19 in Bangladesh,  
Nigeria and Zimbabwe**



**Inclusive Futures**

Promoting disability inclusion

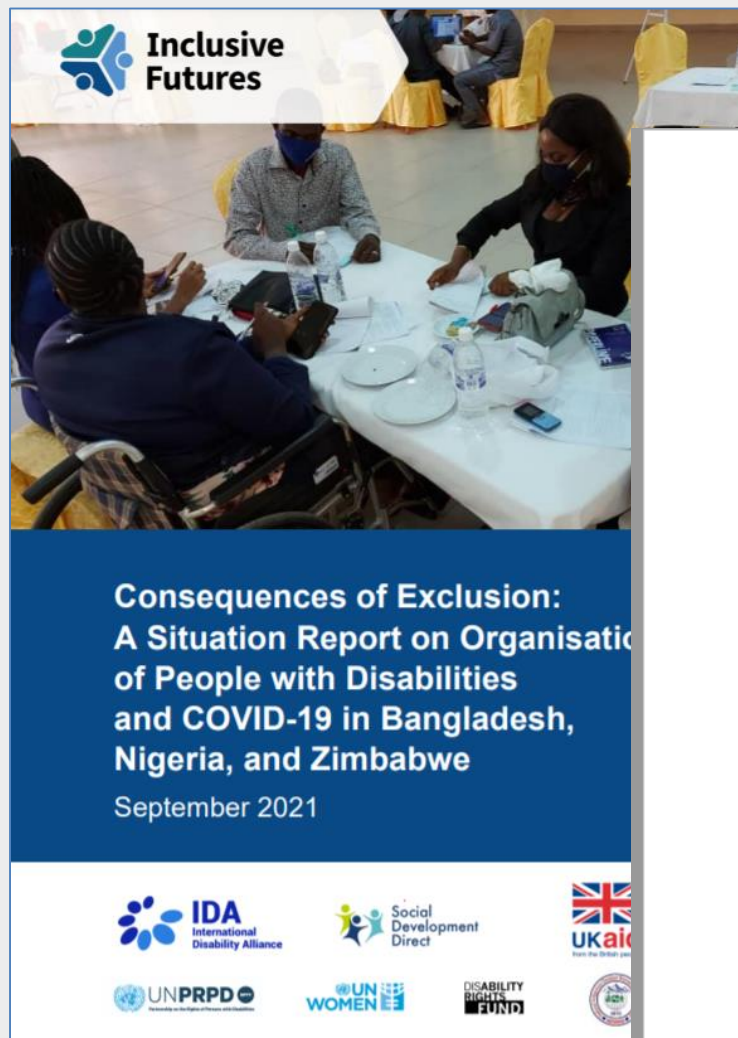
# Consequences of Exclusion: a situation report on organisations of people with disabilities and COVID-19 in Bangladesh, Nigeria and Zimbabwe

ICED Conference – 14-17 March 2022

Rejaul Karim Siddiquee, International Disability  
Alliance

Maria Vlahakis, Disability Inclusion Helpdesk, Social  
Development Direct





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## Rapid Assessment by the Disability Inclusion Helpdesk

- **Rapid desk-based evidence review** and assessment of evidence gaps.
- **Primary research** on how COVID-19 affected OPDs in Bangladesh, Nigeria & Zimbabwe:

**Research question:** “ How has the COVID-19 pandemic affected Organisations of Persons with Disabilities (OPDs), including disabled women’s organisations and organisations of under-represented people with disabilities?”

**Areas of enquiry:**

- The capacity of OPDs to operate
  - The priorities and objectives of OPDs
  - The opportunities for OPDs
- Interviews with 16 OPDs (5 in Bangladesh, 5 in Nigeria & 6 in Zimbabwe)
  - Focus Group Discussions with 27 representatives of 23 OPDs
- **Ethics and safeguarding** protocols in place
  - Project **reference group** overseeing research & acting as sounding board.

## Eight Key Findings

1. People with disabilities and OPDs largely **excluded from disaster planning and response mechanisms**
2. OPDs played **critical role responding** to repercussions of people with disabilities being excluded from disaster planning and responses across key services
3. OPDs played **critical role advocating** for a more disability inclusive response from governments
4. OPDs **adapted to using digital technology** for outreach and information sharing, however it was difficult to reach people with disabilities during lockdowns due to their limited access to digital technologies



## Key Findings

5. OPDs experienced **dramatic reductions to funding & operational capacity**. Access to sustainable funding continues to be a critical priority.
6. COVID-19 has had serious **financial and psychological impacts** on OPD staff and volunteers
7. Impacts of the pandemic have shone a light on **challenges both within & facing disability movements**
8. The rapid assessment identified a range of factors that affected **OPDs' resilience** during the pandemic



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# Considerations:

- Disability inclusion in disaster planning
- Disability data disaggregation, registration and needs assessments
- Long-term engagement with diverse OPDs
- Accessible information and digital inclusion
- Disability-inclusive social protection
- Mental health responses to emergencies
- Coordination for inclusive GBV services
- Inclusive education during emergencies
- Sustainable funding for OPDs
- Use diplomatic influence for disability inclusion during COVID recovery.
- **Need for further research**



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Thanks to all OPDs who took part in the research and to all members of the reference group!

You can access the full report at

<https://www.sddirect.org.uk/media/2268/english-situation-report-opds-covid-19-report-final.pdf>

For more information about the Inclusive Futures programme visit

[www.inclusivefutures.org](http://www.inclusivefutures.org)

**Kamaraj Devapitchai**  
WHO Nepal

A Model 3-tier Covid-19 Response in Nepal

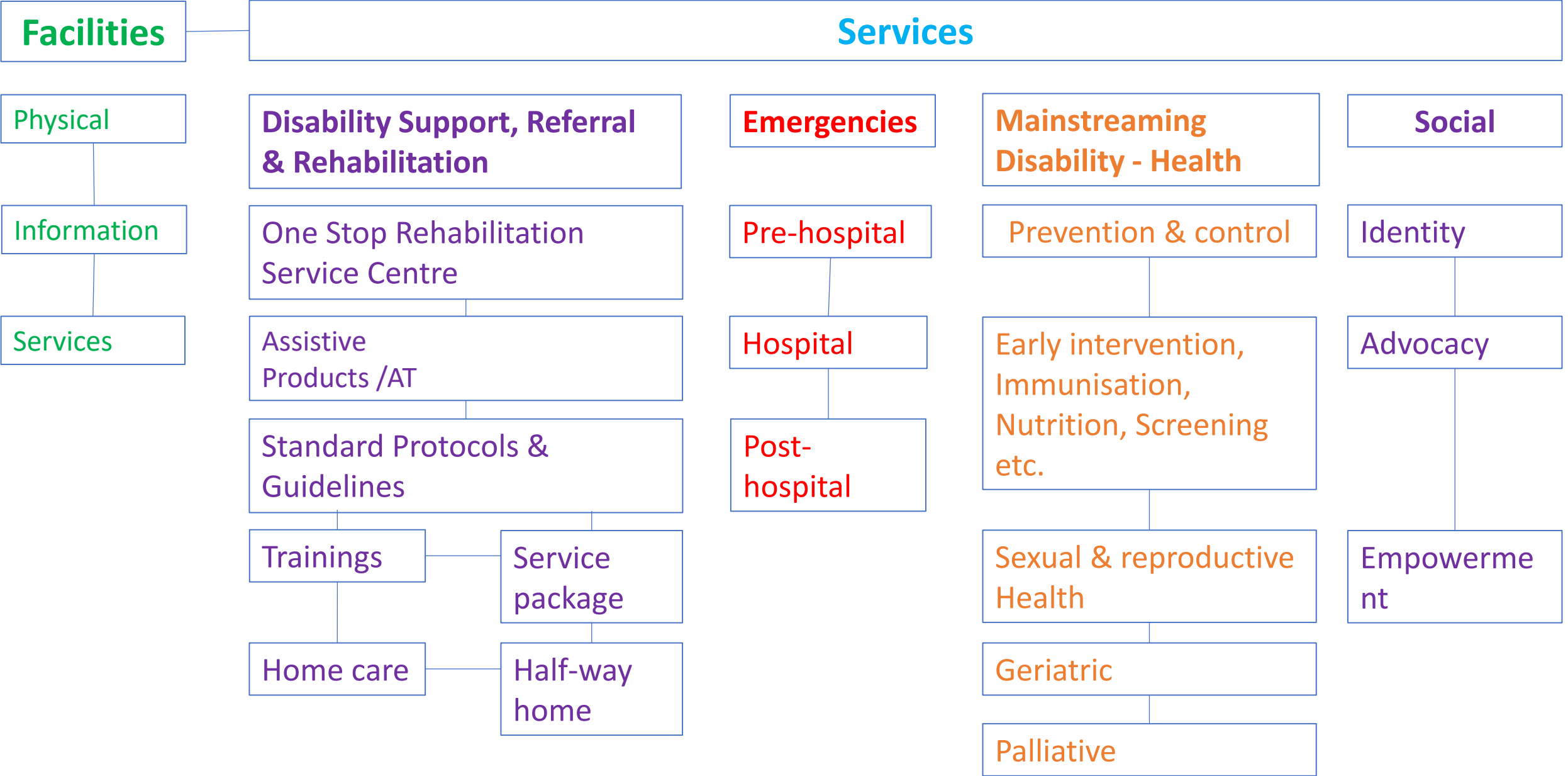
# A Model 3-tier Covid-19 Response in Nepal

**Kamaraj Devapitchai PT, MSc., MPH**  
**WHO Consultant**  
**Nepal**

## A Model One Stop Rehabilitation Services Centre – Conceptual Approach

- Acute (to) sub-acute (to) long-term
- Care pathway – from home (to) hospital (to) clinical rehabilitation (to) half-way home (to) home
- Multi-disciplinary approach/team
- Health and social linkages
- Holistic approach

# Access to Health, Rehabilitation & Emergencies for Persons with Disabilities



# Achievements: Model One Stop (GPH)

## Aawaaz Project: Joint UN Initiative (UNDP, UNFPA, UN Women & WHO) with UNPRPD funds

### 1. Infrastructure:

- Wheelchair workshop constructed
- Accessible pathway was developed: (at reception/pharmacy; OPD to Lab; renovation of basketball court)

### 2. One National Toolkit (3 components):






- Disability-inclusive Hospital Safety Index (HSI)
- Service Availability and Readiness Assessment (SARA) for Rehabilitation (normal times)
- Access Audit checklist

### 3. Standard protocols: Spinal Cord Injury, Stroke, Developmental Disorders, Amputation, Speech & Hearing disorders (Multi-disciplinary; along the care pathway; including social)





[Home](#) / [News](#) / [Detail](#) / [A Reignited Will To Live](#)



Credits

+

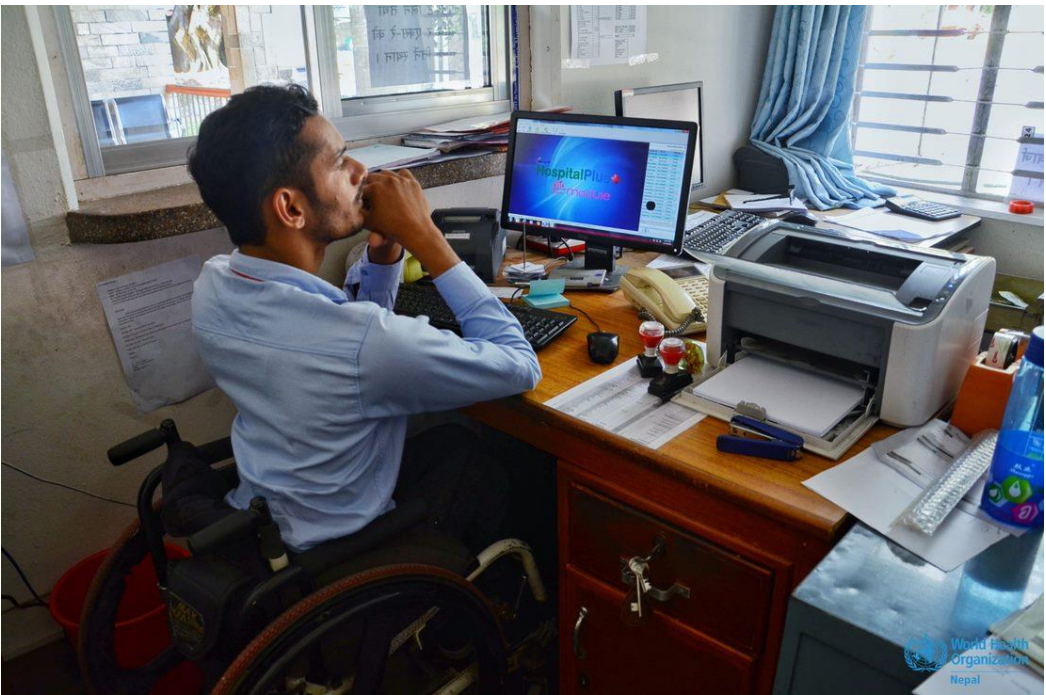
## A Reignited Will To Live

**At One Stop Rehabilitation Centre in Pokhara, persons with disabilities are given new support on life.**

2 December 2019 | Highlights | Nepal

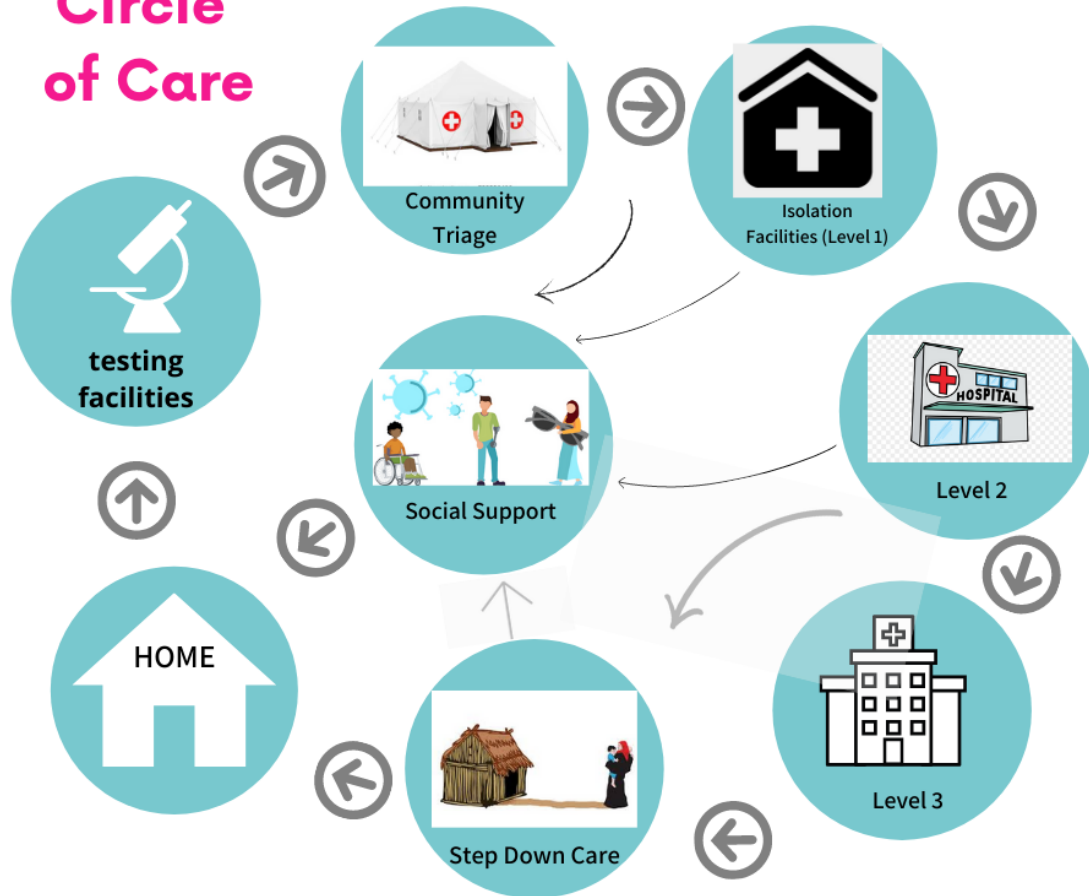
When Chet Prasad Adhikari damaged his spinal cord after he fell from a tree, he was paralyzed from the waist down and he thought his life was over.

"After my injury, I thought I would never be mobile again", states 46-year old Adhikari, who has been in a wheelchair for 20 years. Adhikari is now on his 10<sup>th</sup> year serving as a peer counsellor at One Stop Rehabilitation Centre, in Green Pastures Hospital (GPH), Pokhara, and can be seen moving from one room to the other educating and





# Circle of Care



## Circle of Care - Interventions

### HOME & COMMUNITY

1. Telerehabilitation using KoBO Tool
2. Follow-up on telerehab
3. Dissemination of accessible risk communication materials & home care interventions in viber/whatsapp/fb groups of PWD
4. Involvement & training of other volunteers – FBO, youth club, mothers club etc.

### TESTING FACILITY

1. Virtual help desk - Information & communication on the testing facilities
2. Advocacy for accessible testing area, wheel chair availability etc.
3. Link virtual help desk & testing facilities
4. Weekly data collection
5. DIR Sub Cluster review

### COMMUNITY TRIAGE

Home assessment of PWD for eligibility of home quarantine (yet to be done)  
(To be developed and advocate with Rural Municipality)

### ISOLATION FACILITIES (LEVEL 1)

1. Advocacy for accessible quarantine, bed, WASH, wheel chair availability & caregiver
2. Training of Nurses & Paramedic
3. Link virtual help desk & isolation facilities & virtual expert pool
4. Referral - step up
5. Weekly data collection & DIR Sub Cluster review

### LEVEL 2

- In addition to level 1 interventions, (to be developed)
1. Advocacy & training for level 2 rehab staff on interim guidelines for essential health and rehabilitation services for PWD (MoHP document)
  2. Link rehab staff/PT & Covid 19 patients
  3. Support for Rehabilitation Self-Management after COVID-19 (WHO/EURO)

### LEVEL 3

- In addition to level 2 interventions, (to be developed)
1. Link rehab staff/multi-disciplinary & Covid 19 patients
  2. Multi-disciplinary Rehab interventions (PT / SLT / Clinical Psychologist etc.
  3. Data & follow-up by national TWG (weekly/bi-weekly)

### REFERRAL & STEP DOWN CARE

Post covid care for PWD and those who need it.  
(To be developed and linked)

### SOCIAL SUPPORT

1. Continue to support @ home and community
2. Advocacy & follow-up – Return to work/job, school, IGA etc.
3. Network with multi-sectoral stakeholders (I/NGO, UN, H&N sub cluster, MoSD, RM/UM)

## Four Strategic Areas of Disability-inclusive Preparedness & Response

1. Development and dissemination of **accessible risk communication materials & home care interventions package**
2. Development and integration of **disability-inclusive and rehabilitation specific guidelines, linkages and coordination mechanisms**
3. **Capacity building / trainings** for disabled persons organisations/ DPOs, health care staff, community staff & volunteers
4. **Tele Rehabilitation** – A ‘Call to Care’ initiative /pilot program for preparedness, physical, mental and social wellbeing of persons with disabilities and their carers during COVID-19

# Disability-inclusive Covid 19 Response:

## I. Accessible risk communication & home care interventions package

VIDEO: People with disabilities during COVID 19: How to take care of yourselves?

VIDEO SERIES (4-part):

Home Care Interventions during the Pandemic:

- a) Creative engaging of children at home through Play Based Learning
- b) Sleeping posture for patients with Spinal Cord Injury/SCI
- c) Sitting postures for patients with SCI
- d) Exercises for patients with SCI /wheelchair user

# **TRAINING VIDEO SERIES**

Orientation of Nurses & Paramedics on Disability Inclusion & Rehabilitation in Covid 19 facilities

- Caring for persons with disabilities in Covid 19 facilities (6 parts)
- Training/Learning materials/products
  - Communication board for Intubated Patients and Speech & Language Impairments in Covid 19 Facilities
  - Speech & Language Therapy using Transparent Face Mask
  - Anxiety Thermometer
  - Calm down – Dice
  - Calm down – Clock
  - Essential Toy Kit for Children in Covid Facilities

# Basic disability Inclusion and Rehabilitation Measures in Covid 19 Facilities: Virtual Training Schedule

Session	Video Duration (min:sec)	Resource person (Virtual)
<b><u>Transfer Skills:</u> How to transfer a patient with disability in the Ward/ICU of Covid 19 facilities?</b>	5:15	Occupational Therapist/OT
<b><u>Nursing:</u> How to care for patients with disabilities in Covid 19 facilities?</b>	9:00	Rehab Nurse
<b><u>Anxiety:</u> How to manage anxieties in patients using an anxiety thermometer?</b>	2:48	Psychologist/trained Counselor
<b>Child care: How to calm down and engage children in Covid 19 facilities?</b>	2:43	Pediatrician/Pediatric Physiotherapist/OT
<b>Video Duration</b>	20 minutes	All Rehab experts
<b>Discussion</b>	20 minutes	

# Communication board

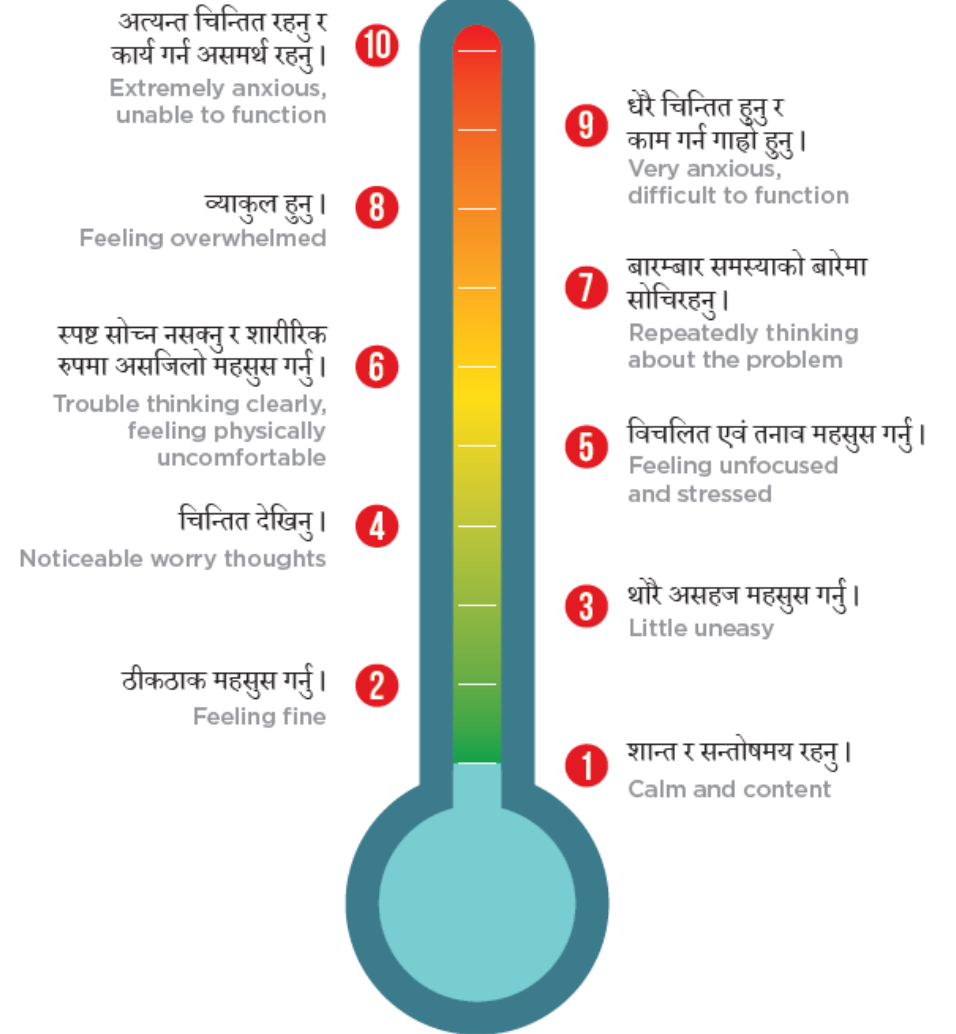






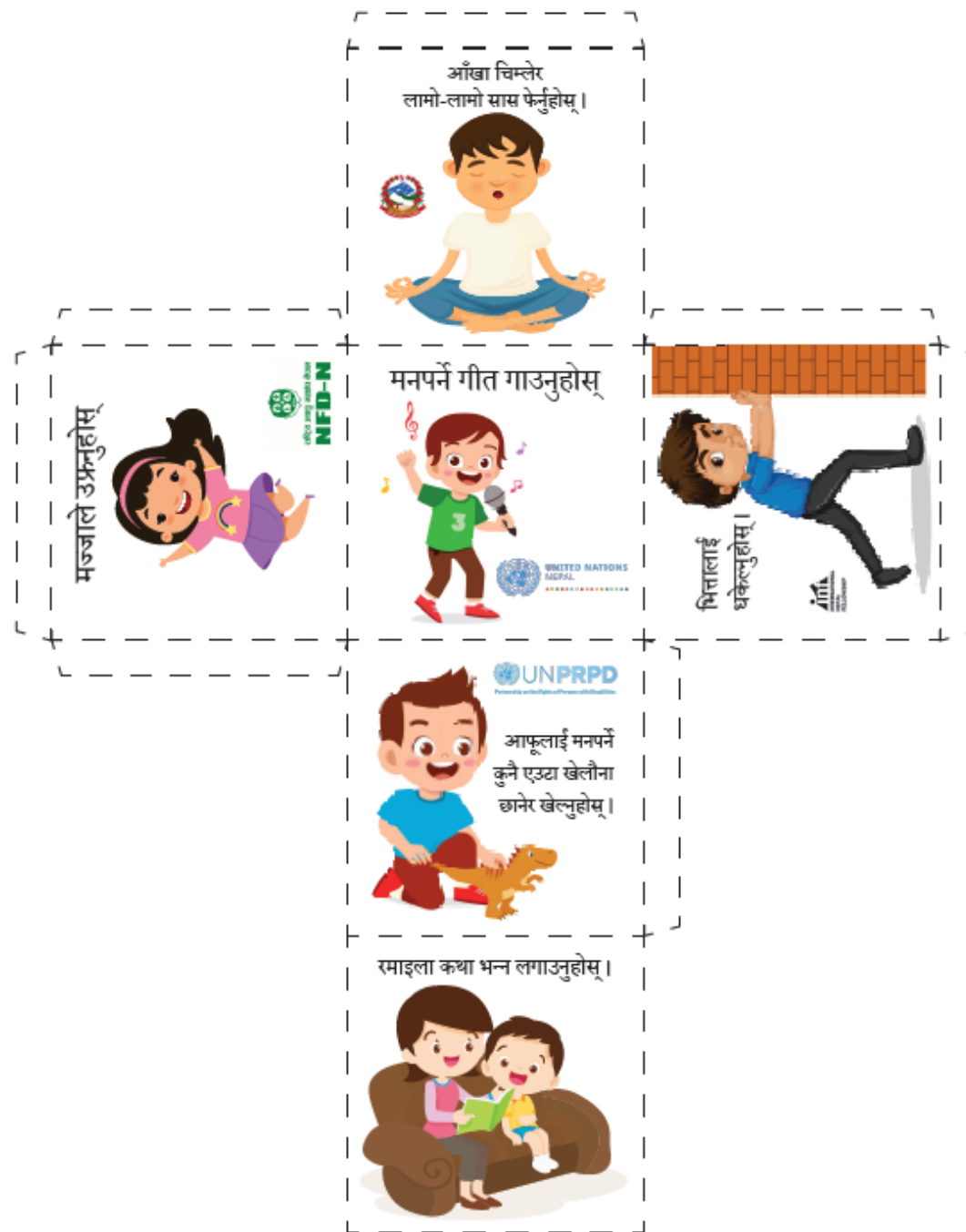
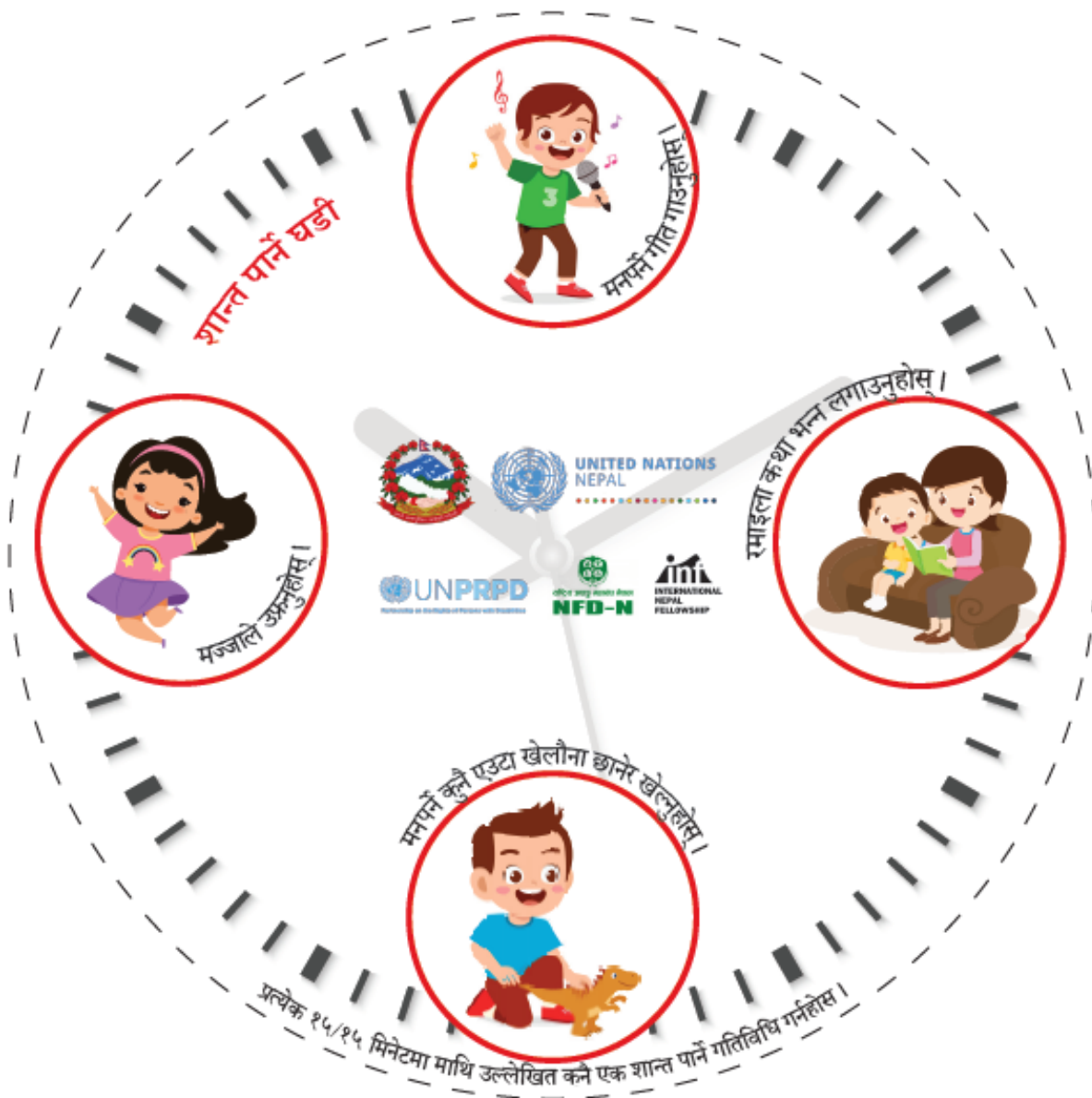
# चिन्ता मापनयन्त्र

## ANXIETY THERMOMETER





# Calm down – Dice; Calm down – Clock



### **CALMING TOY KIT**

*Purpose for use: Distraction play for calming the child's emotional distress*

*Material Included:*

- 1. Squeeze Ball – squeeze and soothe stress/anxiety away (Tactile)*
- 2. Light up Bouncy ball – Bounce and gaze at glitter (Visual, Tactile)*
- 3. Rainbow Slinky Spring – Pull, drop down (Multisensory interactive)*
- 4. Colourful Rattle – Shake it, roll it and hear it (Auditory)*
- 5. Colourful pinwheel – Blow and see it spin (Multisensory Interactive)*

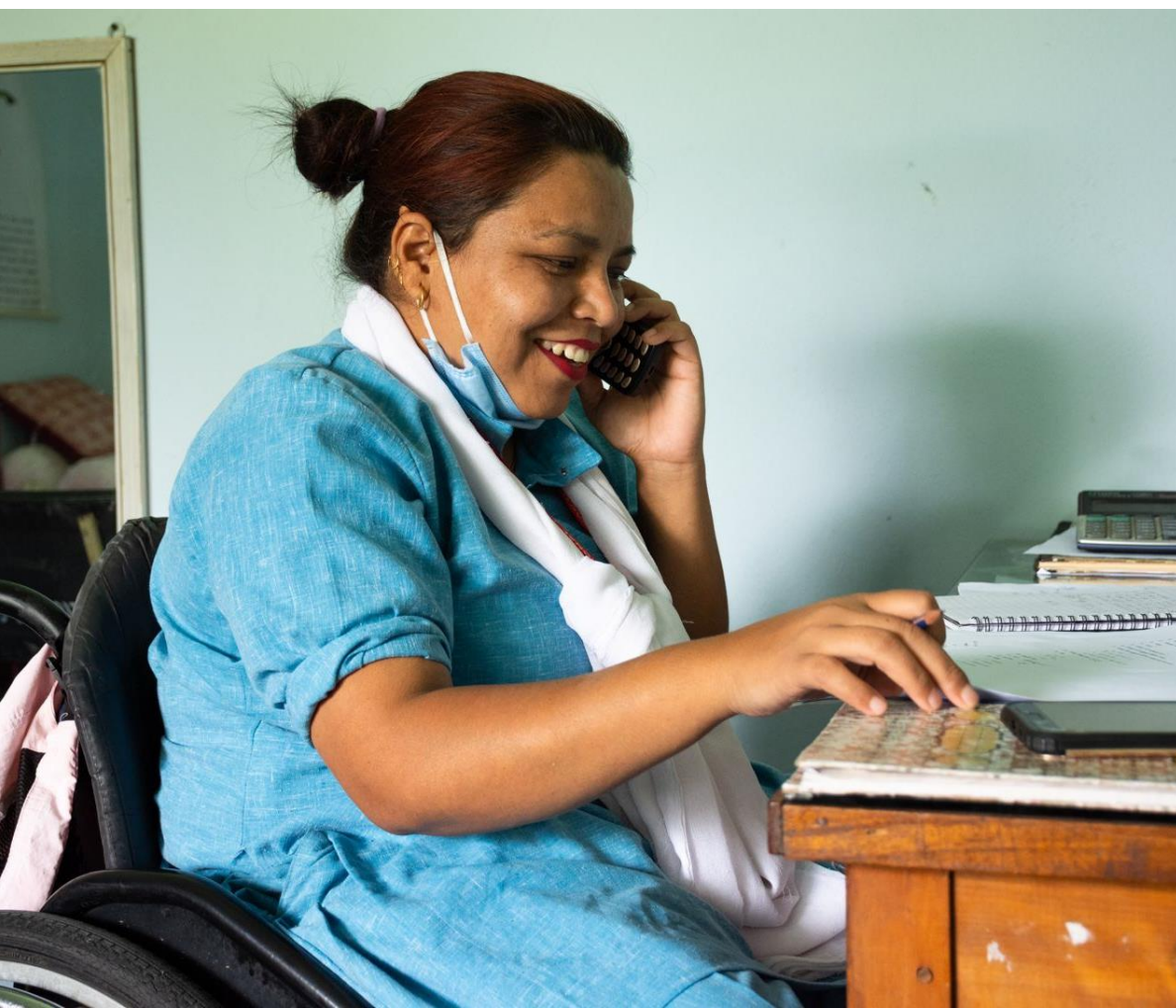
### **ENGAGING TOY KIT**

*Purpose for use: Developmental play for stimulating brain functions*

*Material Included:*

- 1. Notebook & Crayons – fine motor skills, creative expressions, conceptual learning*
- 2. Building Blocks – eye-hand coordination, learning preschool concepts, visuoconstruction play*
- 3. Farm animals – make belief play, building language skills, concepts*
- 4. Push bicycle toy – cause and effect, imitative & make belief play*
- 5. Stickers – can be used as rewards*

# TELEREHABILITATION



## Data Summary (as of 8 September):

VULNERABILITY MAPPING AND COPING CAPACITY ASSESSMENT & INTERVENTIONS	PWD (n=109)	CWD (n=58)	Caregiver (n=67)	Total & %
1) Do you know the symptoms of Coronavirus/ Covid-19?				
No and awareness given	28 (26%)	24 (41%)	27 (40%)	79 (34%)
Do you know how to hand-wash?				
No and taught	31 (28%)	11 (19%)	12 (18%)	54 (23%)
2) Do you know how to keeping safe distance, sneezing and coughing into your elbow and not touching your face often?				
No and taught	17 (16%)	7 (12%)	12 (18%)	36 (15%)
3) Do you have any medical and/or rehab-related complications?				
Yes, for rehab-related complications, referred to concerned GPH Medical/Rehab Team	26 (24%)	9 (16%)	2 (3%)	37 (16%)
Serious concern, urgent intervention from concerned GPH Medical/Rehab Team	0	0	0	0
4) Do you have enough food supplies?				
No, needs guidance, refer to Chief Administrative Officer/CAO	15 (14%)	3 (5%)	8 (12%)	26 (11%)
Serious concern, urgent intervention from GPH social services unit	1 (1%)	1 (2%)	0	2 (1%)
5) Do you have enough medical supplies?				
No, needs guidance, refer to Chief Administrative Officer/CAO	12 (11%)	3 (5%)	9 (13%)	24 (10%)
Serious concern, urgent intervention from GPH Medical Team	1 (1%)	0	0	1 (0%)
6) Do you continue/support basic therapy at home?				
No, encouraged to do/support basic exercises to prevent complications & referred to GPH Rehab team	NII	16 (28%)	8 (12%)	24 (10%)
Yes, need guidance, referred to GPH Rehab team	7 (6%)	2 (3%)	5 (7%)	14 (6%)
No, not yet rehabilitated, referred to GPH Rehab team	14 (13%)	0	0	14 (6%)
7) Any concern with your assistive devices & hearing aid? Do you know how to clean PWD/CWD assistive devices?				
No and taught cleaning the devices	19 (17%)	NA	10 (15%)	29 (12%)
Yes, needs urgent intervention, referred to P&O or Ear centre (or)	13 (12%)	5 (9%)	0	18 (8%)
Yes, but can wait, referred to P&O or Ear centre	28 (26%)	7 (12%)	7 (10%)	42 (18%)
8) In the last month, have you often felt nervous and stressed?				
Yes/may be at least one intervention shared/taught and referred to GPH Psychological services team	13 (12%)	NA	3 (4%)	16 (7%)
Serious concern with suicidal thoughts, urgent referral to GPH Psychological services team	1 (1%)	NA	0	1 (0%)

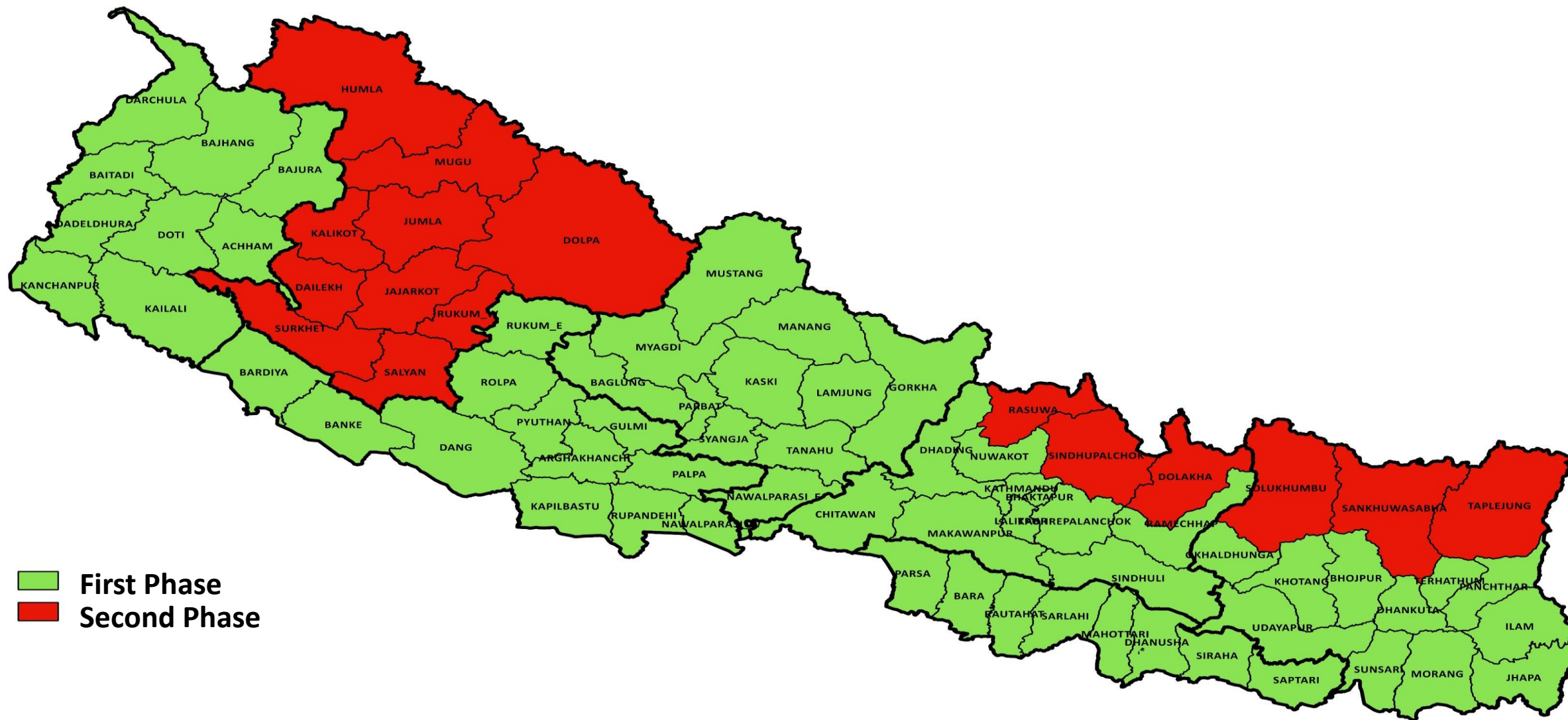
# YES, WE CAN! Persons with Disabilities-led Disability-inclusive COVID-19 Response

Partial support from Aawaaz Project (UNPRPD)

**Implemented Country-wide: 77 districts in 7 provinces in 2 phases**

- **Joint advocacy and technical leadership** and support to national, provincial and sub-provincial authorities
- **Facility access audit** of COVID-19 facilities and ensure essential standards for disability inclusion and rehabilitation are in place.
- Dissemination of **accessible risk communication materials, rehab products & home care interventions** package
- **Capacity building** / trainings of Disabled Persons Organizations/DPO, health care staff, community volunteers including faith-based organizations/FBO
- **Tele Rehabilitation** – A ‘Call to Care’ initiative /pilot program for preparedness, physical, mental and social wellbeing of persons with disabilities and their care-givers
- Establish provincial and district level (in terrain & hill districts), **sustainable structures and processes** for emergencies and in normal times.





■ First Phase  
■ Second Phase

## Achievements

- **7 disability-inclusion and rehabilitation sub-clusters** in each province have been formed which meets every week at the provincial level to discuss issues related to Covid 19 facilities and services, and to find innovative solutions with the support of key governmental stakeholders and partners.
- **77 Virtual help desks** at the district level have been formed at the district level to assist with information and services for persons with disabilities during the pandemic.
- Around **2,000** (1% of certified) persons with disabilities directly benefitted from services through virtual help desk at the district level - Covid-19 information, food and medical supplies, referral etc.
- Approximately **86,000** persons (43% of certified) with severe and complete disabilities will directly benefit due to successful vaccine policy advocated by NFDN & partners.

- **About 9,000** (10% of eligible) were fully vaccinated with single dose JJ vaccine. Thanks to the successful advocacy by NFDN & partners towards a government order for disability inclusion.
- In partnership with Nepal Red Cross Society, transportation to vaccine facilities in **32 Pallikas** (4%) of the country was arranged in which persons with disabilities also benefitted.
- Established at least **2 dedicated vaccine corners** for persons with disabilities at one in Dhangadi (Sudurpaschim) and other in Pokhara (Gandaki province)
- **65 Woman peer counselors** at the district level are trained to address psycho-social issues related women and girls with disabilities during the pandemic including gender-based violence.
- **156 women and girls with disabilities** were given psychosocial counselling, relief measures with the support of partners. Issues related domestic and gender-based violence were intervened timely.
- **254 Covid 19 facilities** in all provinces have been assessed for disability-inclusiveness.

- In response, **21 Unified Covid 19 hospitals** will be provided with basic assistive devices for demonstration and advocacy by WHO. Persons with disabilities are part of the monitoring & review committee of the hospital in this regard.
- **Structural access audit** of Bir hospital/Covid 19 facility has been completed by persons with disabilities, and the plan is to demonstrate a disability-inclusive facility for other hospitals to learn.
- **1666 Household of persons with Disabilities** have been assessed up-to-date to know the suitability for quarantine and/isolation. This data is used for advocacy with the municipality for prioritizing individuals in community quarantine/isolation.
- The district focal persons are **screening/following up persons with disabilities for post covid symptoms. 27 responses** received.



- **830** persons with disabilities have been reached out with **telerehabilitation** intervention questionnaire and were provided appropriate support and/or referred to relevant stakeholders/service providers.
- **CSO mapping 320 partners** have been identified/mapped at the district level.
- In Gandaki, Karnali & province 1, **more than 50 forefront health care staff (nurse & paramedic) of at least 15 covid 19 facilities** have been trained in basic disability and rehabilitation aspects.
  - Participants learnt about,
    - Basic disability rights & issues
    - Simple tools to communicate with persons with disabilities
    - Techniques to calm & engage children with disabilities



नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मन्त्रालय  
स्वास्थ्य सेवा विभाग, टेकु, काठमाडौं

प.सं. २०७३/०७८ च.नं. ३१४५

टेकु, काठमाडौं, नेपाल

मिति : २०७८-०३-२८

श्री स्वास्थ्य कार्यालय : ७७ बट्टे जिन्सा

विषय :- कोभिड विरुद्ध खोप अभियानको संचालन सम्बन्धमा ।

कोभिड-१९ रोगको रोकथाम र नियन्त्रणको लागि विभिन्न चरणमा खोप अभियानहरू सफलतापूर्वक संचालन गरीरहनु भएकोमा धन्यवाद दिदै सोहि सन्दर्भमा नेपाल सरकारले कोभिड विरुद्धको खोप आपूर्ति गरी अभियानहरू निरन्तर गर्ने नेपाल सरकार माननीय स्वास्थ्य तथा जनसंख्या मन्त्रीस्तरको मिति २०७८/०३/२८ नौ निर्णयानुसार खोप उपलब्धताका आधारमा मिति २०७८/०३/२९ गते देखि तपशिल बमोजिम अभियान संचालन गर्ने गराउने व्यवस्थाको लागि अनुरोध छ ।

तपशिल

१. खोप दिने मधित समूह :

Sinopharm Inactivated, BIBP (Vero Cell) खोपको हकमा

- ६५ वर्ष र सो माथिका उमेर समूहका कोभिड विरुद्ध पहिलो मास खोप लगाउन बाँकी सबै नागरिकहरू,
- विरबधिपालय, विध्यालयका प्राध्यापक, शिक्षक र कर्मचारीहरू,
- सार्वजनिक यातायातमा कार्यरत चालक र सहचालकहरू,
- नेपाल सरकारले लोकेका आपावरयक सेवामा संलग्न खोप लगाउन बाँकी व्यक्तिकहरू
- खोप अनिवार्य गरेका देशमा जाने नेपाली नागरिकहरू

Janssen AD26COV2.5 Vaccine को हकमा

- ६० वर्ष देखि ६४ वर्ष उमेर समूहका कोभिड विरुद्ध पहिलो मास खोप लगाउन बाँकी सबै नागरिकहरू,
- पूर्ण र अति बरात अपाङ्गता (बर्ग क र बा) भएका नागरिकहरू,
- हाल नेपालमा बसोबास गरिरहेका शरणार्थीहरू
- स्वास्थ्य संस्थामा कार्यरत स्वास्थ्यकर्मी र सरसफाईकर्मीहरू (यस अघिको अभियानहरूमा खोप लगाउन छुट भएका)

नोट : माथि लोकिएको प्राथमिकता भित्र मात्र रही जिन्सा कोभिड खोप समन्वय र अनुगमन समितिको निर्णयानुसार खोप प्रदान गर्नु हुन र अन्यथा भएका प्रचलित कानूनबमोजिम हुने बहोत अनुरोध छ ।

*(Signature)*

डा. विमल रमण सिंह  
सह-निर्देशक





YES, WE CAN ! Persons with Disabilities/ PWD Disability-inclusive COVID-19 Response

## Orientation of Frontline Health Care Staffs of COVID Facilities on Basic Disability Issues on Rehabilitation

Date: 2078/08/23 (9 December, 2021)

Venue: Surkhet

Coordinated By:



District Health Service

Organized By:



राष्ट्रिय अपाङ्ग महासंघ नेपाल  
NFD-N

Supported By:



World Health  
Organization  
Nepal



## Orientation of frontline health care staff of COVID facilities on basic Disability Issues and Rehabilitation

Date – 3<sup>rd</sup> November 2021

Venue – Royal Sakura Restaurant Pvt. Ltd



NFD-N

Organizer

National Federation of the  
Disabled Nepal



Supported By  
World Health Organization



YES, WE CAN ! Persons with Disabilities/PWD led Disability-inclusive COVID-19 Response

## Orientation of Frontline Health Care Staffs of COVID Facilities on Basic Disability Issues on Rehabilitation

Date: 2078/09/02 (17 Dec., 2021)

Time: 11:00 AM

Venue: Kanchanjunga Party Palace, Biratnagar

Organized By:

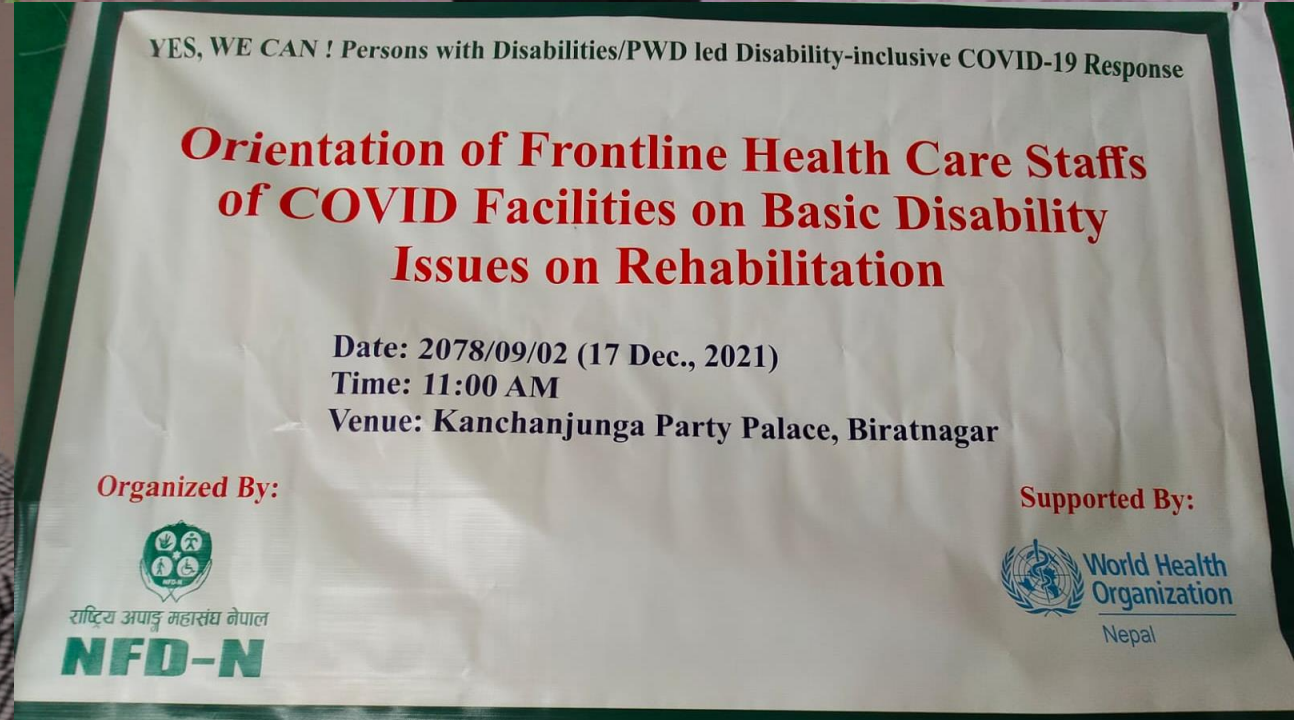


राष्ट्रिय अपाङ्ग महासंघ नेपाल  
NFD-N

Supported By:



World Health  
Organization  
Nepal



A two-day “National Policy Dialogue/Workshop on Disability Inclusion and Rehabilitation” was organized on the 16th & 17th Dec.’21 in Pension Vasan Hotel, Dilli Bazaar, Kathmandu

- Chief / Joint Secretary of Ministry of Women, Children & Senior Citizens, Under-secretaries of MoSD and Provincial Health Directors from 4 provinces, Chief of Leprosy Control & Disability Management Section of MoHP (disability focal point) and representatives from other ministries, provinces and partners were present during the 2-day policy dialogue.
- Learning/experiences from disability inclusion and rehabilitation projects by NFDN and partners including the WHO-NFDN Yes We can project were shared.

### Outcomes:

1. Recommendations from the dialogue/workshop was presented before the Chief Secretary of Ministry of Women, Children and Senior Citizens (Nodal ministry for disability affairs) which also includes three systemic recommendations towards disability inclusive Covid 19 Response.
2. NFDN will follow-up outcomes with relevant ministries supported by WHO & partners





# Monitoring & Review Framework for Assistive Devices in 21 UCH

1.	Patient transfer boards for chair to bed and bed/trolley to bed
2.	Portable commodes (chairs for shower/toilet)
3.	Discharge wheelchairs
4.	Pressure-relieving cushions for wheelchairs
5.	Slide sheets
6.	Pairs of crutches
7.	Walking frames
8.	Pressure relieving mattresses

## **I. Monitoring & Review Committee for Assistive Devices: At the Hospital level**

### **Members:**

1. Medical Superintendent/representative
2. Nursing Superintendent/representative
3. Store Manager
4. Social Services Unit / SSU In-charge
5. Physiotherapy In-Charge
6. Provincial/district representative of National Federation of Disabled Nepal/NFDN
7. WHO Liaison Officer for the hospital

## II. At the Federal & Provincial level:

### Members:

1. Director of Central Covid 19 Hospital / representative
2. WHO Liaison Officer (based in Bir Hospital)
3. National representative of NFDN
4. Representative from Health Emergency Operations Centre (HEOC)
5. Representative from Management Division (MD) of MoHP
6. Representative from Curative Services Division (CSD)
7. Representative from Epidemiology & Disease Control Division (EDCD)
8. Chief, Leprosy Control and Disability Management Section (LCDMS)





# Structural Access Audit of Bir Hospital

- Signages
- Tactile pavement
- Two-step Counter
- Refurbishment of disabled-friendly toilet
- Low hospital beds
- Estimate: USD 20,000





## Conclusions

- A 3-tier systems and processes towards disability-inclusive Covid 19 response was developed, piloted and scaled up.
- As a result, persons with disabilities including women and girls with disabilities were supported at home, in Covid 19 facilities and in vaccination.
- The Nepal model is based on system thinking, shows promising results and is applicable to other similar LMIC context.
- Strengthening and sustaining such initiatives until it is integrated into the disaster preparedness and response framework is a challenge.

**Alison Marshall**  
Sense International

COVID deepened exclusion of people with  
deafblindness: the impact on families across the  
world and how we adapted

# COVID deepened exclusion of people with deafblindness: the impact on families across the world and how we adapted.

March 2022

[www.senseinternational.org.uk](http://www.senseinternational.org.uk)



# Similar challenges reported across the world



Based on our work in Bangladesh, India, Kenya, Nepal, Peru, Romania, Tanzania, Uganda.

# Quotes from people with deafblindness

## Reference:

- ‘Because of COVID, everything is a mess’: How have people with disabilities experienced the pandemic in Nepal and Bangladesh?
- Brigitte Rohwerder, Stephen Thompson, Jackie Shaw, Mary Wickenden, Shubha Kayastha, Anita Sigdel, Fatema Akter, and Rabia Bosri.
- Inclusive Futures and Institute of Development Studies with funding support from the UK Government.

# Impact on people with deafblindness

1. Orientation and information
2. Poverty
3. Education
4. Health
5. Mental health



## Impact: orientation

Fear of infection:

- “There is a threat that we can get the virus easily as we have to touch around to walk and navigate” Nepali man

Fear from others:

- “I have to touch everything to identify [things] - this is not acceptable in society. Everyone fears that maybe I am contagious.” Bangladeshi woman

## Impact: information


'No access to information to deaf-blind and other people with disabilities. No flow of information in accessible format from government' Nepali man

- Tactile sign language requires proximity and touch.
- Social distancing made it impossible for interpreter-guides to support people with deafblindness.





## Information: our response

- Accessible posters and videos, social media posts.
  - Called for interpretation of announcements
  - Phoned families to explain and update regularly.
  - On-line sign-language training for families / carers. Fathers more involved.
- 
- Provided teachers with face-masks with clear mouth-panels to facilitate lip-reading.

## Impact: poverty

- Global Report on Deafblindness (2018): compared to people with other disabilities, persons with deafblindness more likely to be in the bottom 40%. Poverty was more common in households with younger members with deafblindness.
- “If our aunt had not helped us in this situation, we would not have eaten.” Bangladeshi woman
- “It was a really bad dream for all of my family members... we were not able to take our 3 regular meals. We did not have any type of good food in that time during the corona.” Bangladeshi woman

# Poverty: our response

Food and hygiene kits: distributed by local partners.



## Impact: education

With schools shut and no home visits by staff...

- Children struggled with the change to their routine and not being allowed out.
- Parents struggled to keep children stimulated.



## Impact: education

“For them it’s very hard. For them everything is mundane, same room, same kitchen... So, they get very irritated when they have to stay in the same place for long time and get aggressive.”

Nepali parent of child with deafblindness

“...The teachers teach them new things and play with them. They feel different there. ... It quite difficult for us to teach them new things.”

Nepali parent of child with deafblindness



## Education: our response

- We offered families and carers ideas for games, exercises and learning which could be done at home with household objects
- **Romania:** shared learning resources and videos on-line, including about on-line safety.





# Education: our response

- **Kenya:**
  - accessible hand-washing points in schools.
  - tablets to families with pre-loaded learning materials for home-education.
- **Peru:** on-line training for teachers while schools were shut.
- Fear will be harder to get children back to school.



## Impact: health

- Babies not screened for vision and hearing impairments: may not be picked up until later - a set back to their development.
- Sensory stimulation and physical therapy interrupted: impeded development at a critical age.
- No access to pharmacies / unable to afford medication: increase in poor health.



# Health: our response

- Explained symptoms and how to stay safe by phone.
- Trained parents / carers to provide physiotherapy at home.
- Purchased and distributed medication e.g. for epilepsy.



**Uganda:** secured exemption from transport ban and used our vehicle to take people to hospital.

## Impact: mental health

Global Report on Deafblindness (2018) “... persons with deafblindness are more likely to experience depression and other mental health conditions compared to both people without sensory impairments or with visual or hearing impairment alone.”

“Everyone has spent their days in misery.”  
Bangladeshi man

“I have been sad. It almost feels like violence. I am not able to go to places. I am worried that I will get infected.” Nepali man

## Mental health: our response

- We kept in touch with people with deafblindness and families by phone and resumed face-to-face visits as soon as possible.
- **Kenya:** set up referral to expert local partner and paid for counselling sessions.
- **India:** piloting training for staff and partners on how to spot signs of mental ill-health.



# Lessons learned



- **Technology:** in future more support, education and training will be delivered remotely. Pros and cons. Must ensure people with disabilities aren't left behind without technology or internet.
- **Local partners** are key for local access.
- **Mental health:** more support is needed - will build into our work ahead.