



**INCLUSIVE
PRACTICES
AFRICA**

**His Excellency, President Cyril Ramaphosa,
President of the Republic of South Africa**

Cc:

Dr Zweli Mkhize, Minister of Health

**Ms M Nkoana-Mashabane, Minister in the Presidency for Women, Youth and Persons
with Disabilities**

Ms Lindiwe Zulu, Minister for Social Development

**Prof Hlengiwe Mkhize, Deputy Minister in the Presidency for Women, Youth and Persons
with Disabilities**

Dr Anban Pillay, Acting Director General, Department of Health

**Ms WR Tshabalala, Acting Director General, Department of Women, Youth and Persons
with Disabilities**

Mr Mzolisi Toni, Acting Director General, Department of Social Development

Dear Mr President,

Inclusive approach for COVID-19 for Persons with Disabilities

As a part of the Government's strategy to contain the COVID-19, we urge you to consider an inclusive strategy for marginalized sectors within the population who are likely to be severely affected, with serious consequences. In particular, we draw attention to Persons with Disabilities who constitute at least 7.5% ¹ of our population and particularly, to those living in conditions of poverty. The lessons learnt from the Life Esidemeni tragedy highlighted the human costs that result as a consequence of insufficient attention to and inadequate planning for the health, social and basic needs of Persons with Disabilities.

We commend the Government's current initiatives that takes into consideration the impact of the lockdown on persons with disabilities. Notwithstanding, there are key issues that require urgent attention and action.

Disabled people must be actively included in the strategy to combat COVID-19 through:

- **Actively including marginalised populations, and, in particular, Persons with Disabilities in consultation and decision-making processes.** Consultative meetings at National and Provincial level should be urgently undertaken to achieve a comprehensive approach to disability inclusion. This could be **actioned through the involvement of existing structures related to the National Disability Rights Machinery under the stewardship of Minister Maite, at Provincial and National levels.**
- **Improving access to information about infection mitigation, public restriction plans and services offered:** Many persons with disabilities cannot access health related information since, for example, many are not literate, may not be able to follow verbal communication, may not be able to see visual material, may not be able to understand high levels of complex language. Whilst some awareness information on COVID-19 is available in braille, this is not widely known or available across the country. Information should be available in a diversity of accessible formats and we urge you to draw on the disability sector to address this gap. The **National Disability Rights Machinery has to be called upon to actively reach out to organisations working with persons with disabilities across the country to make accessible information available as a matter of urgency.**
- **Inclusive communication with regards to personal protective equipment and sanitizing:** While the message of wash your hands and maintain social distance is crucial for all, for Persons with Disabilities who require physical assistance, the proximity of personal assistants (who maybe careworkers, but are often family or community members) places everyone at risk of contamination. This requires

specific communication with regards to the use of personal protective equipment and hand washing. In addition to hand washing and sanitizing surfaces, the message to **sanitize all mobile assistive devices is currently missing, for example sanitizing mobility devices such as wheelchairs**, placing Persons with Disabilities and those they are in contact with at risk of contamination.

- **Disaster management plans at all levels needs to provision for Persons with Disabilities to be able to access basic services:** This includes availability of support services, such as dial-a-ride during the lockdown so that accessible transport remains available. The availability of such support services should be accessibly communicated widely. Preparedness, response and operational plans should also include a range of psychosocial support interventions for persons with psychosocial disabilities with human resourcing redirected from services which were deemed non-essential. This radical ‘task shifting’ within and across the health and social development services is required to adequately respond to the urgent needs.
- **Including Health and Rehabilitation professionals as essential service-providers.** This cadre of health professionals appears to be an under-utilised human resource within the current planning for support, **especially with regards to psychosocial and community level interventions. Personal recovery oriented services could be offered at district levels by health and rehabilitation** clinicians who are usually based at tertiary levels. This would action the vision of reducing the mental health treatment gap which usually contributes to hospital readmissions.
- Ongoing **monitoring of the health status of Persons with Disabilities** who have co-morbid conditions.
- **Supporting people with psychosocial disabilities** who are in isolation/self-isolation, through careful monitoring and psychosocial supports.
- **Implementing an emergency training programme for health practitioners/service providers** to ensure that needs of Persons with Disabilities are included in their

intervention practices, including home care treatment and isolation supports, where relevant.

- **Actively supporting community organisations, networks and disabled peoples' organisations to guide and support disability-specific interventions.**
- **Providing access to and ensuring reasonable accommodation** at isolation facilities and for self-isolation and quarantine is imperative.
- Supporting businesses with **mechanisms for reasonable accommodation for work from home** for Persons with Disabilities to sustain their livelihood and well-being.
- The **President alluded to the psychosocial toll of lockdown** in his address to the SA National Defense Force on the 26th of March 2020, referring to the excessive anxiety, sense of isolation and feelings of boredom that may be associated with the lockdown. We commend this recognition of the psychosocial impact of the lockdown. **The mental health needs of everyone in South Africa and especially people with psychosocial disabilities, is a major concern.** Since most persons with psychosocial disabilities rely on particular interpersonal relationships to sustain their wellbeing, access to these people would need to be considered as essential for persons with psychosocial disabilities. The specific social interaction is the support needed. **In many communities, people with psychosocial disabilities cope by spending parts of their days on the street, at others' homes and in community spaces such as shops and parks in the neighbourhood. Having their movements restricted and limited to spaces that may be overcrowded and where gender-based or domestic violence may occur is a risk to mental wellbeing.** Accepting the necessity of the lockdown and acknowledging that most non-government organisations usually offering support in communities are closed during this period, a range of alternate psychosocial interventions should be available to counteract the possible negative consequences.
- The "fear of boredom" referred to by the President in his address is one that echoes the **importance of continued meaningful and purposeful participation in everyday**

activities during lockdown. A population perspective to human doing that draws on the expertise of occupational scientists could collaboratively generate possibilities to deal with this through existing community networks.

- Facilitating **mechanisms for the protection of access to and movement of community health workers and support workers** who are needed for home-based support to Persons with Disabilities is necessary.
- **Personal assistants offering services to Persons with Disabilities should be included as essential services**, even when they leave the community to go to shops, banks, etc. together.
- The **National Disability Task team has been invisible** in the response and **details of any consultations that may have occurred should be publicly communicated so as to allow for inclusive, civic participation.**

We submit this in the spirit of Thuma Mina and the collective action called for at this critical moment. For further engagement: please contact us :

<https://www.inclusivepractices.co.za/content/contact>

1. Statistics South Africa. Census 2011: Profile of persons with disabilities in South Africa. Pretoria 2014.