



Africa Disability Alliance

Tel: 012 348 1840 / 012 348 9095
Fax: 27 12 348 8796
www.africadisabilityalliance.org

Africa Disability Alliance
(Former Secretariat of the African Decade of Persons with Disabilities)

P. O. Box 1201
Menlyn Centre, 0077
Block 5A, Sanwood Office Park
379 Queens Crescent
Menlo Park, Pretoria
South Africa

**STRATEGY FOR EQUITABLE ACCESS AND RESPONSE TO COVID 19
PANDEMIC (SEAR) PROJECT: ENSURING DISABILITY MAINSTREAMING IN
KEY SECTORS IN SOUTHERN AFRICA:**

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Contact: Mr Kudakwashe Dube, Chief Executive Officer
Mobile: +27 (0) 798720325
Email: akdube@africadisabilityalliance.org

Registration No: 2003/027026/08; **VAT No:** 4810211211; **NPO number:** 036-523-NPO

Directors: Ms Grace Massah (Chairperson), Mr Mahmad Y Noormamode (Vice-Chairperson), Ms Theresa Mofomobe (Treasurer), Mr Kudakwashe Dube (CEO), Ms Judith Madi Mr. Amos Action, Mr Dickson Mveyange (Company Secretary)

STRATEGY FOR EQUITABLE ACCESS AND RESPONSE TO COVID 19 PANDEMIC (SEAR) PROJECT: ENSURING DISABILITY MAINSTREAMING IN KEY SECTORS.

1. BRIEF DESCRIPTION OF AFRICA DISABILITY ALLIANCE (ADA)

The Africa Disability Alliance (ADA) is a coalition of federations/organisations of persons with disabilities and their national/ local structures. (ADA)'s vision is that of **an African continent where people with disabilities enjoy their human rights**. The mission is to be an African knowledge-based organisation that works in partnership with, among others, inter-governmental organisations African governments, Civil Society Organisations (CSOs), academia, human rights institutions and Disabled People's Organisations (DPOs) to promote inclusive development and human rights for people with disabilities.

ADA:

- a. Managed the global Civil Society Organisations (CSOs) under the banner of the Beyond 2015 Campaign that successfully resulted in the UN Sustainable Development Goals (SDGs)
- b. Facilitates the implementation of policy instruments, such as U.N. Convention on the Rights of Persons with Disabilities (CRPD)
- c. Was in the forefront of drafting and championing the adoption, by the AU Heads of States and Governments, of the Protocol to the African Charter for Human and Peoples' Rights on the rights of Persons with disabilities on 29th January 2018 (AU Disability Protocol)
- d. Provided resources, leadership and technical support to the Pan African Parliament (PAP) leading to the adoption of the AU Model Disability Law (MDL) on 19th October 2019.
- e. Created strong local, nation. regional and international coalitions around programmes such as:
 - i. Inclusive Education Programme (funded by OSISA) which produced the SADC Inclusive Education Policy.
 - ii. African Policy on Disability and Development (APPOD).
 - iii. Sustainable Employment Strategies through Access to Inclusive Education (SESIE) project
 - iv. Africa Alliance and Disability Rights (AADIRI) Programme
 - v. Strategic Alliances for Poverty Eradication (SAPE) Programme
 - vi. Disability Inclusive Peace & Security (DIPS) Project
 - vii. Communities of Practice in Disability Advocacy for Mainstreaming (COPDAM):
 - viii. The Alliance for Rights – Africa Towards Disability Inclusion (ARADI)

The overarching principles of ADA are *disability, development and human rights* – promoting basic rights and freedoms. ADA is an interlocking technical agency that provides policy-level expertise and good practice to support policy formulation, programming and implementation processes.

The organisation catalyses the disability programming process by developing tools to achieve objectives of policy and legislation related to disability. It brings together different governments, political structures, networks and organisations thus building consensus and cohesion on complex decision-making processes.

ADA is a reservoir of information and best practices related to all aspects of disability work (including research/ gathering of evidence, formulation of sectoral disability objectives/ output/ indicators, and strengthening of advocacy/ lobbying ability of DPOs and other civil society organisations).

2. JUSTIFICATION OF THE SEAR PROJECT

Healthcare can be neither universal nor equitable if it is less accessible to some sections of society than it is to others. The “Health for All” concept asserts that attaining health for all as part of overall development starts with primary health care based on *“acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford”* (Alma-Ata Declaration, 1978). Since that Declaration, all countries have been urged to consider the Health for All concept when formulating policies and action plans. It was believed that, by interpreting Health for All in a national social, political and developmental context, each country would be able to contribute to the global aim of ‘health for all’.

Health policies built on the value and importance of equity ensure that health services aimed at responding to the COVID 19 virus are justly distributed within the population. This means that priority is given to the poor, vulnerable and socially marginalized population groups such as persons with disabilities and the elderly in/out of residential care facilities.

In March 2020 the World Health Organization (WHO) declared the outbreak of a novel coronavirus disease, COVID-19, to be a pandemic, due to the speed and scale of transmission. People with disability may be at greater risk of contracting COVID-19 because of:

- a. Barriers to implementing basic hygiene measures, such as hand-washing (e.g. handbasins or sinks may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly);
- b. Difficulty in enacting social distancing because of additional support needs or because they are institutionalized;
- c. The need to touch things to obtain information from the environment or for physical support;
- d. Barriers to accessing public health information.

Depending on underlying health conditions, people with disability are at greater risk of developing more severe cases of COVID-19 if they become infected. This may be because of:

- a. COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes;
- b. Barriers to accessing health care.
- c. People with disability may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on.

3. OBJECTIVES AND OUTPUTS

Objective 1: Capacity to create awareness about the COVID 19 Virus

To strengthen the capacity of Disabled People's Organisations (DPOs), their federations and networks including duty bearers (government, partners, Civil Society Organisations (CSO) (all hereby referred to as Stakeholders), to provide appropriate responses to the COVID 19 that benefit diverse populations of persons with disabilities in Africa.

Outcome 1: Leadership, management, activists and members of stakeholders in the five regions of Africa are able to raise awareness on the COVID 19 virus using WHO and other guidelines.

Indicator for Outcome 1: At least one hundred and twenty leaders, activists, managers/members of Stakeholders from the five regions of Africa capacitated with resources/ Information Communication Technology (ICT) communication to create awareness on the impact of COVID 19 virus on persons with disabilities.

Outputs for Outcome 1:

Output 1.1 Stakeholders have a strong voice to advocate for pro-disability COVID 19 awareness raising activities using disability-inclusive strategies.

Indicator for Output 1.1: Twenty national awareness campaigns implemented by persons with disabilities targeting duty-bearers implemented in the five regions of Africa.

Planned Activities for Output 1.1

1. Create an online platform moderated by ADA providing real time exchange of African context ideas, experiences, suggestions, tips and motivation on COVID-19 between peers DPOs, leaders, and duty bearers driving regional action.
2. Regional campaign by persons with disabilities using, among others, accessible short messages and videos clips, group chats, social media awareness on topics such as social distancing and keeping safe from COVID-19.
3. DPOs and persons with disabilities strategise, submit proposals on disability inclusive COVID-19 response strategies to regional organs and agencies of the African Union and the United Nations operating in Africa.
4. Targeted country-specific messages and policy proposals for disability inclusive COVID 19 plans will be submitted to national and regional COVID task teams.
5. Role models and DPO leaders highlight the plight and needs of persons with disabilities, conveying messages on mainstream media and government COVID-19 communication targeting persons with disabilities.

6. Assessment and documentation of risks/mitigation measures/opportunities emanating from the COVID-19 virus.

Output 1.2 Hygiene systems for protection against COVID-19 strengthened for DPOs and their members.

1. DPOs with plans to ensure that their offices, social facilities, project sites have hygiene systems inclusive of handwash basins/sanitizers, cleaning facilities for assistive devices and surfaces.
2. Women and girls with disabilities groups mobilized to actively participate in the COVID 19 campaigns and knowledge on how to produce standard home-made face masks and other hygienic products.
3. DPOs collaborate with health services to provide centres with reasonable and accessible accommodations as quarantine or isolation facilities for COVID-19 positive/ contacts with disabilities.

Output 1.3 Persons with disabilities with protective measures from the desperation of hunger and effects of COVID-19 lockdowns and restrictions.

1. Advocacy for direct support targeting desperate, vulnerable persons with disabilities, particularly those in institutions, urban informal settlements and rural areas.
2. Advocacy for food vouchers system for essential items including sanitary pads and sunscreen for persons with albinism delivered to vulnerable persons with disabilities.
3. Collaboration and cooperation with government, the private sector and development partners on disability inclusive COVID 19 responses in different sectors of government/society including inclusive education, transport and healthcare.
4. Short-medium and long-term strategies for post COVID 19 recovery, reconstruction and economic development will be established.

Objective 2: Access to healthcare particularly COVID-19 responses

To make recommendations/ create guidelines to support implementation of health policy/ COVID-19 response strategies, at country level, that promote/contribute to access by persons with disabilities who experience limited resources and consequent high relative risk for morbidity and premature mortality.

Outcome 2.1: Persons with disabilities in Africa have access to health care services and benefit from COVID-19 response strategies.

Indicators for Outcome 2.1

At least one thousand five hundred persons with disabilities in at least six targeted countries access healthcare services and benefit from COVID-19 response strategies available in their areas.

Output for Outcome 2.1

Output 2.1.1 Gaps and Barriers identified/addressed

Gap(s) and barriers in the provision of basic health care services and COVID-19 response are identified/ documented and mitigated with evidence-based recommendations/ strategies based on the needs of persons with disabilities are developed/submitted to duty bearers.

Planned Activities for Output 2.1.1: Access to Health Services and COVID 19 Responses in countries

1. Use the Equiframe Manual¹ to support an analysis of the content and implementation of COVID 19 related health policies that benefit the persons with disabilities in each targeted country, by facilitating access to greater inclusion and human rights in the health sector.
2. Activities related to the COVID-19 virus include creating awareness about a broad range of measures following and promoting the WHO guidance on basic protection measures during the COVID-19. These measures include:
 - a. Ensure public health information and communication is accessible.
 - b. Undertake/advocate for targeted measures for persons with disabilities and their support networks.
 - c. Advocate that the COVID-19 health care is Accessible, Affordable and Inclusive of persons with disabilities.
 - d. Promote telehealth and health concerns of Persons with Disabilities which will include streamlining and prioritising access points at hospitals for appointments and medication or the delivery of medication to accessible points within communities.
 - e. Develop and implement service continuity plans beyond the COVID 19 virus.
 - f. Provide sufficient support for people with disabilities who have complex needs and have pre-existing conditions or are in institutions, homes or other residential facilities.
 - g. Extra support to be provided by family, friends and neighbours for a person with disability.
3. Advocacy to ensure that public/private sectors, partners and other duty bearers must:
 - a. Make availability of dedicated accessible transport facilities through partnerships with NGOs and DPOs (who have dedicated services) and as well as other departments/ stakeholders.
 - b. Inclusive quality education, much of which is now or will be online, must be made available in accessible formats to all children/youth/students.

Output 2.1.2 SEAR objectives supported with sustainable financing/resources

Proposals for the mainstreaming of the SEAR Programme in public/ private financing mechanisms and a dedicated Africa Trust Fund for the benefit of DPOs, persons with disabilities and other vulnerable population groups are developed/promoted to mitigate the gaps/ the impact of the COVID-19, including post-virus economic recession and social/health consequences.

¹ https://www.researchgate.net/publication/304781660_EquiFrame_Manual_-_First_Edition

Planned Activities for Output 2.1.2

- a. Mobilise and advocate for inclusion of disability in all responses to the COVID-19 pandemic, including government budgets, stimulus packages, recovery/emergency funds, development co-operation funds, development finance institutions (DFIs), and international aid packages. These must mainstream the needs of persons with disabilities, across all departments of Government/sectors with clearly ringfenced facilities for the disability sector.
- b. Each government sector, working with and alongside DPOs/networks, must have capacity (e.g. committed senior management, personnel and budgets) to roll-out funded disability responsive programmes at national, provincial and particularly at local government/ city/town/village levels during and after the COVID-19 pandemic.
- c. Representatives of DPOs, partners, alliances and participating governments will adopt a range of strategies that have good prospects of sustaining the outcomes of the SEAR Programme.
- d. The Africa Trust Fund (already developed: host country agreement, constitution, operating procedures, staffing structure) will be established with an emergency allocation to be made available to the struggling DPOs, persons with disabilities, and their families/communities to support emergency responses, sustainable projects and partnerships before and as a result of the COVID 19 pandemic.
- e. A project development/resource mobilisation facility/unit, spread in different African countries, put in place to support the SEAR Programme.

Objective 3: Monitoring, Evaluation, Dissemination

To increase the chances/opportunities for monitoring/evaluation of the outcomes of the SEAR Programme.

Outcome 3.1: Monitoring and Evaluation

At least forty representatives of DPOs and duty bearers are able to develop/ utilise a monitoring/ evaluation framework for (disability) mainstreaming to report on implementation of the SEAR Programme as a whole and other COVID 19 responses.

Indicators for Outcome 3.1: An adaptable Information Communication and Technology (ICT)-based (disability) monitoring/evaluation framework (MEF), that provides data/statistics, clarity and measures progress in achieving the SEAR Programme/other COVID 19 responses/ objectives made part of the ongoing processes/activities and practices by the end of the second year.

Output for Outcome 3.1: Representatives of DPOs/federations/ forums/ networks and duty-bearers mainstream/ implement monitoring and evaluation by the end of the second year.

Indicator: At least forty representatives DPOs/federations/ forums/ networks and duty-bearers able to use ICT-based MEF.

Planned Activities for Output 3.1

- a. Relevant ICT-based MEF established with linkages to similar frameworks at national level.
- b. Collection and analysis of monitoring/ evaluation data from different surveys currently being implemented in different countries in Africa and globally.
- c. Dissemination and utilisation of MEF data/statistics in planning/implementing COVID-19 responses.

The outcomes and indicators will be used as a base for monitoring and evaluation. In-ward focused monitoring and evaluation (M&E) strategy will be implemented to track progress in the implementation of the SEAR Project. Planned activities will include:

- a. Ensuring that inputs (time, manpower, finances, etc.), work schedules, and implementation works are proceeding according to plan with improved access to COVID 19 responses.
- b. Providing a record of input or resource use, activities and results; conducting gender and other vulnerability analysis; Warning of deviations from initial objectives and their outcomes.

4. SUMMARY OF BUDGET CONSIDERATIONS

Budget Category	Year 1 Rand	Year 1 Euro	Year 1 US\$
Exchange Rate Rand =	1	0.0501	0.0544
Objective 1: Capacity to create awareness about the COVID 19 Virus	800000	40040	43480
Objective 2: Access to healthcare particularly COVID-19 responses & Sustainable financing/ resources	420000	21021	22827
Objective 3: Monitoring, Evaluation, Dissemination	70000	3504	3805
Personnel Costs	660000	33033	35871
Administration and Project Costs	215000	10761	11685
Grand Total	2165000	108358	117668

5. CONCLUSION

A core value of Health for All is equity and a concern for equity has direct implications for how decision-makers choose their priorities in health policy, in particular how decision-makers select which public health issues and population groups merit the most attention when faced by a pandemic such as the COVID-19 virus. The COVID 19 responses based on equity must contribute to the empowerment and inclusion of persons with disabilities in all affected sectors of government/society.

We appeal for help and support to give persons with disabilities in Africa a fighting chance of inclusion in the COVID 19 responses.

Contact:

Kudakwashe Dube (Mr), CEO
Africa Disability Alliance (ADA)
P. O. Box 1201, Menlyn Centre, 0077, Pretoria, South Africa
Block 5A, Sanwood Office Park
379 Queens Crescent
Menlo Park, Pretoria
South Africa

Tel: +27123481840 or +27123489095 (not available during COVID 19 Restrictions)
Skype Number: +27127436689
Fax: +27 (0) 866896242
Mobile/WhatsApp: +27 (0) 798720325
Email: akdube@africadisabilityalliance.org
Website: <http://www.africadisabilityalliance.org/>