



Advancing the rights and inclusion
of people with disabilities worldwide



**Protecting Life
Against COVID-19**

The central graphic is a large teal heart. Inside the heart, there are several white line-art icons representing different types of disabilities: a person in a wheelchair, a prosthetic foot, a pair of eyes with an 'X' over one, a person with a dog, a wheelchair, two hearing aids, a pair of glasses, a person with a cane, a hospital building, a person with a hearing aid, a hand with a hearing aid, a speech bubble with an 'X', and two people. A small red heart is positioned in the center of the teal heart.

Rehabilitation International
May, 2020

Contents

Protecting Life Against COVID-19	2
—An interview with Mme. Zhang Haidi, President of Rehabilitation International	
Ensuring a Disability-inclusive Response to COVID-19	7
—by RI’s Commission on Technology and Accessibility	
Physical Activity and Sport at Home during COVID-19 Epidemic	9
—by RI’s Commission on Leisure, Recreation and Physical Activities	
On Relieving Anxiety during the COVID-19 Pandemic	11
—by Prof. Huang Yueqin, Chair of RI’s Commission on Health and Function	
COVID-19 and Impact of Lockdown on Women with Disabilities in India	16
—by Shanta Memorial Rehabilitation Centre	
Health Protection Guide for Persons with Disabilities during COVID-19 Pandemic	21
—by Dr. Pan Lijun, Chinese Center for Disease Control and Prevention	
Build a Strong Psychological Defense Line among the Public	26
—by Dr. Peng Kaiping, Professor of Tsinghua University	
Nobody Left Behind —People with Disabilities, Functioning and Disability during the Coronavirus Epidemic	28
—by Prof. Matilde Leonardi from Italy	
Fighting the COVID-19 Virus, the Experiences of Hong Kong SAR	31
—by Hong Kong Joint Council for Persons with Disabilities	
How to Help Children with Disabilities Avoid Exposure to COVID-19	35
—by China Rehabilitation Research Center for Hearing and Speech Impairment	
Guidelines for Assistive Devices Disinfection during COVID-19 Epidemic	40
—by China Assistive Devices and Technology Center for Persons with Disabilities	
Attentive Ears: Help Center Initiative against COVID-19	43
—by Help Center in Saudi Arabia	
The Work of Fuhong Society of Macau during COVID-19 Pandemic	44
—by Fuhong Society Macau	

Protecting Life Against COVID-19

—An interview with Mme. Zhang Haidi, President of
Rehabilitation International

Editor: The COVID-19 outbreak is a public health crisis never seen before. Every one of us is a witness of this crisis. What are your main concerns as RI president?



Haidi: Our fellow people and their situations worry me most at this moment. The epidemic broke out at a time when we Chinese people were celebrating our lunar New Year. All of a sudden, our bustling life quieted down. We were seized with fear at first, but gradually we calmed down, and followed the call of social distancing. Staying at home, we felt like living on isolated islets. The virus made us apart, but we were even closer at heart.

The distance between China and the rest of the world also seems shortened. I have received many emails from around the world. I'm moved by the care shown by the RI EC members to my fellow people in China.

In times of emergency, persons with disabilities face even greater difficulties. This worries me very much. I feel relieved that, persons with disabilities and debilitated elderly are included in the epidemic control plan of our government. This means they will receive

proper care and assistance. My colleagues at China Disabled Persons' Federation and I have mobilized local disability organizations across the country to help our fellow people. One day late at night, when we learned a disabled child needed urgent help, we called the local disabled persons' federation to help him at once. We also call on the whole society to ensure disease prevention for our fellow people.

Whether persons with disabilities can live in peace depends on how much assistance we provide to them. They must not be neglected in the epidemic containment, nor shall they have passive treatment if infected.

Science is a sword to protect us against illnesses, and humanitarianism is a shield to defend human beings. With these two combined, hope and light will be with us. Under the shadow of the virus, we need all the more to provide humanitarian aid, and bring warmth, confidence and strength to numerous people haunted by illnesses.

Editor: What has RI done as the whole world is fighting the virus that is spreading in over 200 countries and regions?

Haidi: I have sent emails to the RI EC members and all RI members, and called for solidarity to help our fellow people against the virus. RI should play a bigger role at this special moment. On behalf of RI and CDPF, I have written to President of the UN General Assembly Prof. Bande, UN Secretary General Guterres, ESCAP Executive Secretary Dr. Alisjahbana, Chair of the Bureau of the Conference of State Parties to the CRPD Mr. Gallegos, and heads of other international agencies. In these mails I called on the international community and all countries and regions to show more care to persons with disabilities in this anti-virus fight.

President Bande replied that he will continue to work with, and call on Member States to take measures to halt the spread of the disease, while mitigating its social and economic impact, particularly on persons with disabilities, who are among those disproportionately affected. Secretary General Guterres called on the governments of all countries to protect the rights of and interests of persons with disabilities, and guarantee their equal access to healthcare and lifesaving procedures during the pandemic.

On May 15, I took part in the ESCAP webinar themed “Protecting and Empowering Persons with Disabilities in the Context of the COVID-19 Pandemic.” I briefed the webinar audience what RI and CDPF have done against the virus, and made proposals for protecting our fellow people's equal rights and interests.

I have also written to WHO Director General Dr. Tedros. I proposed that WHO convene a video conference for its member states and international disability organizations such as RI, and urge proper protection of persons with disabilities in the global anti-pandemic campaign.

I have exchanged views with people from other international disability organizations,

and invited rehabilitation experts to give guidance to persons with disabilities by video on how to fight the virus. Our members from many countries have shared their policies, measures and experiences.

RI has decided to allocate US\$200,000 on joint programs with ESCAP to help persons with disabilities against the virus. We will strive to earnestly protect the rights and interests of the 690 million residents with disabilities in this region. I hope RI can deliver tangible benefits to those in need.

Editor: While bringing disasters, the virus also opens a window for everyone to observe the outside world. What do you see through this window, as Chairperson of CDPF and a writer?

Haidi: For centuries, humans have never ceased struggling against diseases. In China we have a story about a legendary herbal master who tasted all kinds of plants to look for useful ones to treat diseases. Our ancestors found the first medicinal herb in the wild, and gradually established a grand system of traditional Chinese medicine. The progress of western medicine has expanded the vision of researchers to the microcosmic world. From the discovery of bacterium to that of penicillin, human beings have kept moving on with exploration.

The human struggle with diseases is a war without smoke of gunpowder. The 1918 flu infected nearly half of the world's population and took the lives of millions. That was during World War I, and it grew into a disastrous global public health emergency due to lack of cooperation among countries. It was a horrible memory to human society. It made the world realize that fighting virus is not an issue of any individual country, region or nation. We have to shelve our bias and disputes, and face it together.

As RI president I call for solidarity, mutual support and mutual help. Let's work together to beat the disease!

Editor: During the war against the pandemic, we have read news about inadequate protection of the disabled people, which at times challenged the bottom line of morality. These are happening in both developing and developed countries. Could you share with us your views on the protection of this disadvantaged group?

Haidi: Whether you treat persons with disabilities equally: this is an indicator of civilization of the people in any country and region.

There are 1 billion persons with disabilities around the world, and 85 million of them live in China. They are a group with special difficulties. When an emergency occurs, they are the most vulnerable and face the biggest risk.

This is true with COVID-19. The case fatality rate among the elderly, including persons with disabilities, is the highest. So the government must pay due attention to the persons with disabilities, take targeted measures, care for them, and ensure their basic needs are met. They must increase community services, home care and nursing of those with severe disabilities.

I have one good example in China. There are 2,000 persons with disabilities living in over 100 care centers in Zhumadian, a city in Henan Province, and none of them have been infected so far. This proves that proper protection brings safety.

Editor: An epidemic often worsens the inequality faced by persons with disabilities and poses lasting threats to them. What shall we do to prevent or mitigate such negative impacts?

Haidi: When an epidemic breaks out, it is very important that we respect persons with disabilities and protect their life and health. The COVID-19 has brought great shocks to the global economy, and this will remain so for a long time to come. They are having grave problems with their living conditions, rehabilitation and employment. I have three proposals to make:

First, we should treat every life equally with due respect. We must ensure that persons with disabilities, the elderly, women and children in particular, have equal access to treatment and other services against the virus. We should meet their needs for basic living conditions, rehabilitation, education and employment.

Second, all States Parties must fully carry out the CRPD, and incorporate its implementation into their development policies and legislation. We need to set up long-term mechanisms against the virus, and build networks of cooperation among governments, societies and disability organizations, so that we can provide persons with disabilities whole-process protection, treatment, recovery services, as well as jobs in the course of the pandemic response and recovery. When countries make plans for recovery of the economy, they should consider the special problems and needs of this disadvantaged group, and give them special care.

Third, the international community should work to build a global community of health for all, and improve the international governance system for public health security, so as to enhance the capability to address current public health challenges and potential risks.

Editor: As an almost century-old organization, RI used to play a leading role in the global disability movement, and stand out as a pioneer among the world's disability organizations, but its influence seems declining today. How can RI reveal itself from many international disability organizations, and play its unique role?

Haidi: RI has a glorious history that I feel proud of. Disabilities are a social cost to be borne by society in the process of human development. Protecting, caring and helping persons with disabilities are a consensus of modern society. But 100 years ago, this group had suffered bias and discrimination and was regarded as “social problems.”

RI was founded, and like a ray of sunshine, it lit up the world of persons with disabilities. As one of the earliest international organizations for persons with disabilities, it has greatly promoted humanitarianism and social progress. For instance, the Paralympics was originally a proposal of the RI World Congress in 1951. RI first raised the concept of community-based rehabilitation. It designed the universally applied Symbol of Access and donated it for free use around the world. It was one of the initiators of the UN Decade of Disabled Persons. It has also played an important role in the formulation and implementation of the CRPD and the World Programme of Action concerning Disabled Persons.

Since I assumed RI presidency in 2016, I have made progress with the concerted efforts of all our members. The Global Disability Development Fund and Africa Fund set up by RI are warmly welcomed. We held our EC meeting in autumn of 2017 in Africa. In a nursery courtyard, we listened to a disabled woman telling the miserable life of her and her child, who was also disabled. Her tears dropped on our hearts. It was the first time for many of the EC members to visit such a poor country and find there were so many women and children that need help. I will do my best to lead RI and enable it to play a better role in enhancing the well-being of our fellow people.

In 2019 RI set up the RI Award for Outstanding Achievements at my proposal. The award conferring ceremony was held in Moscow and the winners were Mme. Maria Espinosa, President of the 73rd Session of the UN General Assembly, Sri Lanka Eye Donation Society, and Ethiopia's Alpha Special School for the Deaf. They each received a prize of US\$ 200,000. I wish this award can inspire more people to pass on the spirit of love, convey the idea of peace, bring more hope to persons with disabilities, and motivate more people to care for this disadvantaged group.

The year 2022 will mark RI's first centenary. Together with my colleagues, we will raise the torch of love and light up the road toward happiness for our fellow brothers and sisters around the world.

Ensuring a Disability-inclusive Response to COVID-19

RI's Commission on Technology and
Accessibility

Since the global outbreak of COVID-19 pandemic, Rehabilitation International (RI) and its members, especially RI commissions, have been following closely on how the pandemic is affecting lives of persons with disabilities around the world.

Our overwhelming priority is to safeguard the wellbeing of our members, their families and the wider communities in which we operate and serve.

As the COVID-19 continues to impact the health of citizens around the globe and create extreme market volatility, we are aware that each day is bringing significant challenges and pressures to the members of our global family.

Social and economic disruptions are impacting communities and families in all corners of the globe while disproportionately impacting the disability community as one of the most vulnerable groups worldwide.

Being one of the largest and oldest global networks focusing on advancing the rights and inclusion of people with disabilities, at a challenging time like this, we are called upon to be vocal leaders, and advocate strongly for the rights and needs of persons with disabilities. During the uncertain and unprecedented time, we should remain steadfast in pursuit of our mission to assist and support the disability community that we jointly serve.

RI's Commission on Technology and Accessibility (ICTA) Basic Recommendations for Persons with Disabilities during the COVID-19 Pandemic include:

- Always provide information in accessible formats so everybody can understand them.

- Children with disabilities should receive information according to their age.
- Preparedness and response plans, including public restrictions, must be inclusive of and accessible to women and girls with disabilities.
- Persons with disabilities staying at home during quarantine face a higher risk of mental health issues, therefore, governments and other private or social agencies should consider providing adequate measures for stress and anxiety relief.
- Persons with disabilities in need of health services due to COVID-19 cannot be deprioritized on the ground of their disabilities.
- Measures to lessen the impact on the economy of persons with disabilities, their families and their organizations, should be considered, including:
 - Programs for funding civil society organizations to support their employers keeping to jobs.
 - Assistance for self-employed persons with disabilities.
 - Cash delivery mechanisms should be accessible for persons with disabilities.
 - Mobile phones with accessibility features and e-wallets must be promoted to reduce interaction and keep social distancing.
- Deafblind persons rely on physical interaction with others to communicate, therefore special measures are needed during the pandemic, or even afterwards. Some examples are:
 - It's necessary to adopt an extra precaution approach to infection control, along with limiting interactions if possible.
 - Sanitizing between interactions with different individuals who are deafblind.
 - Interpreters also need to take strict sanitizing measures before and after interacting with them.
 - Promote development of innovative technological solutions for communication with deaf/blind persons, besides relaying on touch-based techniques.

Physical Activity and Sport at Home during COVID-19 Epidemic

RI's Commission on Leisure, Recreation and Physical Activities

Continuing physical activity and sport is especially important at a time when you have to stay at home and cannot go to your usual places to do exercises. The Commission on Leisure, Recreation and Physical Activities of Rehabilitation International has already published “Recommendations on Physical Activity and Sport for People with Disabilities”. We would like to add further recommendations for exercising at home:

What options do you have to exercise at home?

1. Prior to taking up new activities at home, you should consult your general practitioner. Consult your doctor before you start to exercise at home and get advice on relevant activities as well as precautions you should take when training alone at home.
2. It is recommended and preferred to take part in “live” sports lessons using video conferencing technology. This is important to get specific instructions and feedback on the exercises from a trainer.
3. Only if this is not available, there are many videos on the Internet with exercises that can be done at home or if possible—and in line with your government recommendations—outside, where you can get some fresh air. Please ensure that the exercises are suitable for you and consult your doctor first. You may look at [UFIT](#), which is an open repository with inclusive activities and exercise sessions targeted at people with disabilities and chronic conditions. Also a lot of national sports organizations have set up training programs for “home use” that can be found on their websites.



Ekehard Froese	Jan S. Johansen
Chair of RI Commission on Leisure, Recreation and Physical Activities	Vice chair of RI Commission on Leisure, Recreation and Physical Activities
Head of Insurance, Benefits, Regress & Statistics of the German Social Accident Insurance VBG	Manager and national secretary Rehabiliteringsforum DK
E-mail: ekehard.froese@vbg.de	E-mail: Jan.Johansen@STAB.RM.DK

On Relieving Anxiety during the COVID-19 Pandemic

**Prof. Huang Yueqin, Chair of RI's Commission on Health
and Function**

**Professor of the Sixth Hospital/Institute of Mental Health of
Peking University**

The sudden outbreak of novel coronavirus pneumonia (COVID-19) threatens us like a dreadful monster. As is the case with all other pandemics, the outbreak of COVID-19 makes all people, especially those with different types and degrees of disabilities, fearful and anxious. They fear they themselves and their families might be infected by the virus and they fear the pandemic will persist. At present, there is a lot of information about the pandemic on the Internet, but sometimes it is hard to tell which is true and which is false. To prevent and control the pandemic, we have cancelled all kinds of gatherings and stayed at home, with little contact with the outside and nearly no entertainment, so we sometimes feel lonely and bored. Under such circumstances, some people are likely to be troubled with anxiety, depression, despair, self-accusation, anger and other negative emotions in addition to panic, chest distress, headache, lumbago, leg pain, gastrointestinal reactions, and even sleep problems such as insomnia and poor sleep. Misled by hearsay, many people went for panic buying of masks, medicines, disinfectants, and even vegetables in supermarkets. On the contrary, some people are blindly optimistic, neglect preventive measures, and disobey precautionary regulations. For the medical staff on the front line of the pandemic prevention and control, it is natural that they feel huge psychological pressure as well as anxiety, fear, grievance, guilt, remorse and despair. If we were patients infected by the COVID-19, how would we feel? Fear, anxiety and despair would be inevitable. What's more, if we were discriminated against, we would feel guilty and remorseful. If such negative emotions are not dealt with properly, some patients may get liable to do harm to others. In addition to the pressure faced by all people, persons with disabilities also have their disability-related pains and difficulties.

I. Causes of Anxiety during the COVID-19 Pandemic

What is it that has caused anxiety among different groups of people after the outbreak of COVID-19? Above all, let's see what anxiety disorder is. It is a common psychological disorder. If one's anxiety is not as severe as to require medical treatment, it is merely regarded as an anxiety symptom. As an emotional response, it consists of physiological tension, sympathetic arousal, worry, fear and panic, as well as behavioral avoidance and social function decline. Although anxiety is a normal psychological response to stress, it will grow into anxiety disorder if the duration is too long and the emotional reaction is too strong. After the outbreak of the public health emergency, many people, though not having anxiety disorder, have displayed anxiety symptoms. This affects their daily life and is not conducive to disease prevention and control. What is it that has caused anxiety after the outbreak of the COVID-19 pandemic? The anxiety symptoms are essentially rooted in one's inability to tolerate uncertainties, i.e. he/she has no idea about how come the pandemic has broken out, whether he/she is in danger, how to avoid infection, and when the alert will be removed. These psychological reactions are common after the outbreak of infectious diseases. Things as trivial as everyday chores can lead to anxiety symptoms, not to mention the unexpected pandemic. Usually, many factors can generate anxiety. But today, the widespread anxiety is attributable to the same cause: the outbreak of COVID-19. Anxiety is difficult for all people, and the COVID-19 patients with anxiety disorders face even worse conditions.

II. Self-adjustment of Anxiety

How to address the diverse psychological problems troubling different groups of people after the outbreak of COVID-19? There should be science-based ways to relieve anxiety.

First and foremost, we must have a proper understanding about the things in concern. First, we should have some knowledge about how the infectious disease has become a pandemic. The pandemic becomes what it is due to factors of three aspects: the source of infection (wild animals, patients); the route of infection (via respiratory air droplets or close contact); and the susceptible (including the uninfected who are generally susceptible and the high-risk groups such as the medical staff in close contact with the patients, the elderly, and those with a poor immune system due to fatigue or huge psychological pressure). Besides, natural factors (temperature, humidity) and social factors (emergency measures taken by the government) are also very important. Second, we must obtain knowledge about the COVID-19. As far as we know, the COVID-19 becomes pandemic in the same way as other respiratory infectious diseases. Currently, no specific medication or vaccination against COVID-19 has been developed, but the antiviral treatment, symptomatic treatment and supportive therapies have worked in most of the cases. The infection prevention and control measures that the public can take include reducing gatherings, wearing masks, washing hands frequently, ensuring frequent ventilation, good nutrition and enough rest, all of which are helpful to curb the spread of the disease. Under

the current circumstances, for medical staff, they can be proud of their special experience during this period of time; for patients, they could take comfort in the thought that they will become immune to the disease after they get cured; for the quarantined, they can take this rare opportunity to rest and relax; and for those who are away from home and cannot return, they could take comfort in the thought that it is worth staying away from home for the safety of the whole family. People with a physical or psychosocial disability can join in the whole-of-nation campaign for pandemic prevention and control and do what is good for themselves and others. We should all remember that advantages coexist with disadvantages and so do blessings and misfortunes. Everything has two sides. When we happen to encounter any disadvantage, we can rest assured that we are on the way to embrace advantages.

Second, accepting reality is a great way to relieve anxiety. Since the circumstances are hard to change and the pandemic has happened, we can do nothing but accept the reality that the city must be put on a lockdown and people must be quarantined. For frontline medical staff, it is inspiring to recall the oath made when they were medical students. From the first day of studying medicine, they are determined to work hard for human health, and it is time to put their professional expertise into use. For patients, they should “take things as they come” and cooperate with medical staff to get cured and recover as soon as possible. For those quarantined after contact with confirmed or suspected cases, they must accept the situation as a cost of pandemic prevention and control. For community residents with no contact with the infected patients, though it is a little uncomfortable to wear masks and stay indoors, prevention and control participated by all people as thus can curb the spread of the pandemic. For those with disabilities or mental disorders, as they have to stay indoors to avoid contacting the virus, their routine might be disrupted, and they have to adjust their daily life and work. However, they must take medicine as prescribed as usual. We should learn to live with all of the anxieties caused by the pandemic. Some people feel anxious for various reasons. Anxiety is not wholly terrible, since moderate anxiety can push one to give his/her best performance and fulfill greater potential; if completely free of anxiety, one may disregard perfection and become mediocre.

Third, expression of one’s feelings helps to reduce physical discomfort. One’s feelings can be expressed to oneself, unbosomed to others, and communicated to the environment by doing physical exercises, such as strolling and climbing a mountain. Or the feelings can be sublimated, i.e. to turn grief into strength and to dry the tears before starting anew. When anxiety cannot be properly expressed, it will cause all kinds of physical discomforts. It is even more so in the case of people with physical disabilities. When people are too anxious to eat or too angry to sleep, it is anxiety causing bodily consequences.

Fourth, to vent one’s negative feelings helps. Having changed our cognition and accepted the reality, we should express our feelings in a proper way. Persons with disabilities are suggested to use appropriate ways to express themselves. They can share their unpleasant thoughts with suitable listeners, telling their families, friends, classmates and colleagues about their worries. If they want to cry, they can just go ahead and have a good cry. It

is advisable to do things without harming others or damaging the surroundings. It is important to have a sense of humor, learn to joke and have a good laugh to relieve the tension, as “laughter will gain one ten years of life”.

Fifth, emotional transfer also helps. When anxiety is intolerable, it is advisable to take a vacation, read novels, watch TV, do housework, decorate the room, or go to the park, playground and outskirts that few people visit to do physical exercises. Do not glue yourself to the mobile phone or the TV all day long, but shift your attention from the COVID-19 to cheerful things. The approach to achieve emotional transfer differs from person to person, and persons with disabilities, as others, should do things they find suitable to their conditions and pleasant to them.

Sixth, to give something up helps to relieve anxiety. At this stage of pandemic prevention and control, many plans cannot be delivered as scheduled. When you think of the tasks that were or wouldn't be completed by the deadline, you will be very anxious. Then you should take comfort in the thought that I'm worse off than some but better off than many, adjust the objectives, and put the unfulfilled on hold. When you justify the postponement and don't blame yourself, you'll feel much relaxed. For persons with disabilities, they should do things within their capabilities; if the original plan cannot be fulfilled, it is not a mistake to give it up.

III. To Seek Professional Help

If all the above suggestions fail to work, and you are troubled with anxiety, worry, fear and panic all the time, it is necessary to turn to mental health professionals. We can go for psychological consultation and guidance, read guides on the pandemic prevention and control, and seek psychotherapy. For patients with mental disorders, if they feel that their emotion is beyond control and has a serious impact on their daily life, they must go see a mental health doctor. Most important of all, regardless of your identity and role in the fight against the pandemic, once you are caught by anxiety that cannot be relieved by yourself and affects your daily life and work, you should attach great importance to it. Deal with it under professional guidance, and don't try to solve it in a desperate and irrational way. With no science-based methods in place, the best time of medical treatment might be missed. It will not only fail to eliminate anxiety, but also will cause unexpected side effects to your physical and mental health. Special attention should be paid to the physical and mental health of persons with disabilities; in case of any emergency, professional help should be sought.

The damage caused by the pandemic to the whole society is grave. The deaths and disabilities incurred by the pandemic are evident, while pains and losses caused by psychological problems cannot be directly estimated; and the aftereffects of resource consumption caused by overreaction will gradually appear. In order to prevent and control the pandemic, the state has taken various measures. Moreover, the whole society has been mobilized to turn anxiety into strength, and the whole-of-nation approach in pandemic prevention and treatment can defeat the novel coronavirus. We firmly believe that the

pandemic will get under control and people's health will be guaranteed. Maintaining physical and mental health will always be the lasting goal of all people, including persons with disabilities.



Author: Prof. Huang Yueqin is director of the Division of Social Psychiatry and Behavioral Medicine of Institute of Mental Health, the Sixth Hospital of Peking University. She is Vice Chair of China Disabled Persons' Federation and Chair of Commission on Health and Function of Rehabilitation International. She works as President of Chinese Mental Health Journal and President of Society of Crisis Intervention of Chinese Association of Mental Health. She is fellow of American Psychiatric Association and fellow of World Academy of Arts and Science.

As a professor of Peking University and honorary professor of the University of Hong Kong, she is principal investigator in a series of research projects and international collaborations on mental health. She has published 329 papers, including 168 first-author and correspondent-author papers, and is editor-in-chief of seven books.

COVID-19 and Impact of Lockdown on Women with Disabilities in India

Shanta Memorial Rehabilitation Centre

COVID-19 has come as a crisis the world was not prepared for. Many women with disabilities have come forward to actively join the crusade to create a safe place for themselves and around themselves. The United Nations and international disability organizations such as Rehabilitation International (RI) and International Disability Alliance (IDA) had come out with recommendations to help persons with disabilities handle this crisis. However, few of these recommendations were focused on needs of women with disabilities. To make any plan the situation had to be assessed. Reports from the field were thus collected from women with disabilities living in the project area of Shanta Memorial Rehabilitation Centre (SMRC), i.e. Gujarat, Odisha and Telangana as we were told by staff in the field that they were undergoing tremendous unforeseen problems. Some insights were shared by Catalina Devandas Aguilar the Special Rapporteur on Rights of Persons with Disabilities, which were similar to what we were hearing from the ground. It is obvious that rural poor women with disabilities across the world are affected more than many others, but our experience had shown that they emerge from these challenges due to their own agency and when they work in solidarity with other women.

India

There are 11.8 million women with disabilities in India who experience considerable difficulties in the everyday lives. With high poverty levels, poor health conditions, lower incomes, lower education and a patriarchal system they face further dangers in COVID-19. To take up the challenge immediate steps would have to be taken in the context of food and medicines. It was soon realized some women were getting left out as information by governments which had universal reach was not accessible. We knew from earlier work that hospitals were not accessible and that disability was not a priority. There was thus strong fear that women would be affected by the novel coronavirus and not be able to reach

medical help and access treatment.

Summary: SMRC in its work found that discrimination and stigma increased in many forms. Networks broke down, services and transportation were not available, bringing new issues before women with mobility disabilities and their access to daily needs. Information to the deaf and those with intellectual disabilities was not available. All the women realized nothing would change unless they get involved themselves. Personal assistants and health care were not available. News was by now filtering in that persons with disabilities were being able to access health care facilities. It was also seen that the new policy of social distancing was again excluding them as they were dependent on personal assistants.

To assess the situation we came to:

- Realize that data from the field had to be collected and analyzed to understand that the issue was of the most importance;
- We would ensure participation of women with disabilities in all our work;
- Pay attention we do not miss out on the intersectional ties of disability and we include women of all classes, indigenous women (Adivasis), Dalits (low caste and very poor with no income).

Collecting Data

The State coordinators and field workers started to get in touch with the women from the project field telephonically.

1. SMRC's Project Area (25th—30th March 2020: Data from Gujarat, Odisha and Telangana)

2. Women with Disabilities India Network

Information from the field from the women with disabilities in Jharkhand, Odisha and Telangana States of India

- Social distancing is not possible as women are dependent on personal attendants and cannot maintain the distance required. In many cases personal attendants are outsiders increasing the incidence level amongst persons with disabilities.
- Personal assistants they depend upon are missing in many cases as: (1) They have gone home and have not been able to return; (2) They have abandoned the women leaving them defenseless and dependent on neighbors and family members; (3) They come in daily and are not being allowed by the police.
- Many women living independently have not been able to access daily needs in many places where: (1) They do not have help to fetch groceries from the markets; (2) Online

orders cannot be made as forms are not in accessible formats. Many are dependent on home delivery, but it is not available everywhere.

- Health facilities have been difficult to access as they cannot go to police stations to request passes. In many cases they are denied medical aid.
- There has been an increase in violence from partners and personal attendants as stress levels within the household increases. There is also no community watch and women with disabilities choose to keep quiet as they fear abandonment by family.
- Psychological stress has increased in the neighborhood affecting everyone. As women with disabilities have experience in combating loneliness and isolation, this gives them more insights into resisting these. They can help people in the community, at this stage when everyone is threatened by isolation, and create a more understanding atmosphere of the situation they have lived all their life.
- Income generation activities have closed so no income for the women.

Situational analyses of COVID-19, women with disabilities and their requests from the field of Gujarat, Odisha and Telangana dated 31st March 2020.

- Majority of them are wage labours, house maids, construction workers, petty shop managers, vegetable vendors, etc; and some of them are single and abandoned women. Because of the COVID-19 effect, all of them have lost their wages and there is no income for them to purchase the food grains to feed the family. They are in distress and requested us to support them.
- The 1000Rs promised by government has yet to reach them and the ones that do not have a bank account will be deprived of money. The nearby ATMs do not have money and they need support to go far away. Moreover, the police stop them at every step and the family avoids taking them.
- Urgent need of sanitary pads and medicines which the women need on an everyday basis are unavailable. As it is locked down, they cannot go and get them and somebody else cannot go and collect them from the government hospital, so some mid-way has to be developed for them to survive during this period.
- No sanitizers and masks are available. Moreover, the prices are higher and they cannot afford them.
- The grocery shops are open for a limited period and as they are slow they get pushed aside. Many had little food left and needed somebody to help them buy the necessary items, to be able to eat two meals a day.
- Housing/shelter is a major problem. A woman with a disability was asked to leave a petty shop she ran and where she slept at night, by the person who rented it to her. She could not go home as her husband was abusive. She shifted out and has to sleep outside with her children under a piece of old polythene she salvaged. She has asked the

government for polythene provided during disasters but has been refused as COVID-19 is not a “disaster” in the conventional sense.

- Another woman has been forced to move out from her rented hut to wash utensils along with her children in a small roadside food place (dhaba/diner) catering to truckers so that can get a place to stay at night. These places are open to abuse.
- Some women with disabilities were earning their living by growing vegetables but cannot sell it as transportation is not available to take the crop to the market. Therefore they have no money and no work.
- Many people and also government have been sending money/cash to organisations to help the women. The organisations have sent the girls and women home without the money. The women are getting neglected by the family as well as by these organisations.
- Those earning daily wages cannot access income.
- The women with thalassemia are not getting blood.

SMRC’s work in the disability community offers a lens to identify barriers and vulnerabilities and to get out of this situation together with women we are trying out to:

- Set up telephonic networks to talk to each other and friends in the neighborhood.
- Wherever possible staff have been calling the women to find out problems they face and assisting them, including distribution of food.
- Convey their issues to the local governance system so requirements can be fulfilled.
- Write their experiences to document it for meeting the post COVID-19 situation.
- Set up a register of personal assistants for those who need them on a temporary basis.
- Set up a register of women who need food/medicine/medical aid but cannot access it. Get them connected to those supplying it.
- Set up a cell in each State to connect the women to the government officials in charge.
- Use WhatsApp message or video call using sign language.
- Update the information on COVID-19 as among people without disabilities.
- Help get communication done when wearing a mask with the orally deaf becomes difficult.

As COVID-19 peaks and stronger lockdown measures are taken, mobility is becoming more difficult. Some issues are taken up at national and international level:

1. With SMRC support an information video for the deaf was made by the Office of the Commissioner for Disabilities.
2. Joined the Thematic Group on Disaster Risk Reduction (TGDRR) network, an international network, and wrote to the Secretary General to bring issues before States.
3. Wrote to the Ministry of Disability for cash and other support which have been provided by the State.
4. Joined international disability and gender networks on policy change.

Disability is still an issue on the margins, and fear of institutionalization is high, but voices are getting louder and visibility is increasing, including those of the women. Let us, all in our community, help wherever we can.

We need to think of the present but also of the future and how we can recover as in many cases incomes are no longer available.

We look forward to your suggestions and information. Provide suggestions to what needs to be advocated at local, national and international level.

Email to smrcbbsr@gmail.com Call tel: 9937212367 (Aditi Panda National Coordinator) 7978536209 (Kalika Mohapatra COVID-19 Coordinator) 9438689316 (Poonam Nayak Odisha Coordinator) 9879003981 (Nita Panchal Gujarat Coordinator) 9885025175 (B.Swarooparani Telangana Coordinator)

Shanta Memorial Rehabilitation Centre, PII Jaydev Vihar, Bhubaneswar, Odisha

Health Protection Guide for Persons with Disabilities during COVID-19 Pandemic

Dr. Pan Lijun, Chinese Center for Disease Control and Prevention

Due to the novel coronavirus epidemic (COVID-19), persons with disabilities have to stay indoors for a long time, doing much less exercise but having much more screen time than before, which inevitably affects their physical and mental health. If they go outdoors or go to a crowded place for shopping or seeing the doctor, inadequate health protection might leave them exposed to the coronavirus that might be on the surface of objects or in respiratory droplets. This paper, in view of the health risks faced by persons with disabilities when staying at home, going outdoors, buying daily necessities and seeing the doctor, puts forward protective measures.

I. Staying at Home and Doing Outdoor Activities

1. Keep the thermometer, mask, hand disinfectant, qualified disinfectant liquid and other anti-epidemic articles at hand.
2. Do a good job in health monitoring by taking temperature every morning and evening. Should such suspected symptoms as fever, dry cough, fatigue, nasal congestion, runny nose, sore throat and diarrhea appear, the guardians, care givers or family members should be informed promptly.
3. When the environmental temperature is agreeable, windows should be opened for ventilation every day to increase indoor air circulation; windows should be opened twice or three times a day, 20 to 30 minutes each time. Please keep warm and avoid catching cold.
4. To use the split air conditioner, the following steps are recommended:
 - (1) Clean the air conditioner in the first place. We should disconnect the power supply of the air conditioner, and wipe the dust off the shell with a damp cloth without

dripping water; follow the instructions to open the cover plate, remove the filter screen, wash the dust off the filter screen with tap water, let it dry in the air or dry it with dry cloth, install the filter screen and close the cover plate. Then we can turn on the air conditioner and use the cool mode to check whether the air conditioner is in normal operation.

(2) Ensure ventilation before using the air conditioner. Before turning on the split air conditioner, the first thing is to open the doors and windows for ventilation for 20–30 minutes, and it is recommended that the air conditioner operates at the maximum air volume for more than 5–10 minutes before the doors and windows are closed. After the split air conditioner is turned off, the doors and windows shall be opened for ventilation. For crowded areas (like meeting rooms) that use the split air conditioner for a long time, there should be a 20-30 minute ventilation every two or three hours. Indoor temperature should be kept no lower than 26°C. If the indoor temperature demand can be met, it is suggested that the doors and windows should not be completely closed when the air conditioner is running.

5. Increase the frequency of cleaning and disinfecting toilets and tableware. The disinfectant can be diluted into disinfectant liquid according to the instructions to wipe or soak the sanitary ware.

Gloves must be worn before using disinfectant. As the disinfectant is very corrosive and irritant, if there is no glove to block the contact between the skin and the disinfectant, it will cause serious irritation to the skin and mucous membrane as well as slight pain to the hands.

6. Avoid sharing towels with other family members; frequently expose clothes and quilts to the sun; develop a good personal hygiene habit; refrain from spitting anywhere; cover the nose and mouth with tissue or elbows when sneezing.
7. Ensure good nutrition, eat properly, exercise moderately and ensure enough sleep to improve the immune system. The specific suggestions are as follows:

- (1) Ensure food diversity and have a balanced diet

We should try to have more than 12 kinds of food a day and more than 25 kinds a week. We should take more fresh fruits and vegetables, at least 300 grams of vegetables and 200 grams of fruits every day, and preferably dark vegetables should account for more than a half of the intake. We should increase the intake of aquatic products which should be taken at least three times a week, and we should eat 5–7 eggs a week. The average daily intake of fish, poultry, eggs and lean meat should be 120–200g. We should increase the consumption of milk and legumes, and take 300 grams of liquid milk or equivalent amount of dairy products every day. People with lactose intolerance can choose yogurt or low lactose milk products, avoid drinking milk on an empty stomach, drink many times but a small amount of milk each time, or drink milk while taking grains. We should take 25 grams of soybean products in addition to a proper amount of

nuts each day.

- (2) Keep a light diet and drink enough water

Steamed, boiled and stewed food is healthier than the smoked, pickled, fried food which one should try to avoid. The intake of cooking oil and salt should be respectively no more than 30 grams and 5 grams per person per day. We must drink 7–8 cups of water (1500-1700ml) per day, but wine is not recommended.

- (3) Maintain a healthy weight and pay attention to chronic disease management

It is advisable to weigh yourself once a week, avoid sitting for a long time, and get up once an hour; make the best use of the home conditions to do physical exercises, and engage in moderate physical activities for more than 150 minutes per week; and monitor the risk factors of chronic diseases such as blood glucose, blood lipid and blood pressure every three months to improve your self-management of chronic diseases.

8. Wash hands frequently. Do not touch your eyes, mouth or nose with the dirty hand. Wash hands with hand sanitizer (or soap) in running water after returning from outdoors, after coughing and hand covering, and before meal and after toilet. We should wash hands in the right way or rub hands with quick drying hand sanitizer.
9. Meat and eggs should be thoroughly cooked before eating.
10. Do not drop in others' home gather, dine together or treat each other to dinner.
11. We should try to avoid going out when feeling sick, avoid crowded places, and wear masks when going outdoors.
12. Keep warm when going out. We should wear masks when we go to crowded public places, take public transportation or come in close contact with other people.
13. While living with quarantined family members at home, we should do a good job in cleaning and disinfection, strengthen personal protection, and wear masks.
14. It is inadvisable to lie in bed for a long time; instead we should move on the ground at appropriate times.
15. We should wear masks during rehabilitation training, and the training should be appropriate in intensity. Hand hygiene should be immediately done at the end of the training.

II. Shopping for Daily Necessities

1. Farm Market

- (1) Before entering the farm market, it is necessary to evaluate the sanitation,

ventilation or people flow of the market. If sewage, vegetable leaves and other waste scatter in the market, it shows the market is in poor health management and should be avoided. If the market is found with a dense flow of people, poor ventilation and relatively closed space, it should be avoided as well.

(2) Wear a mask and take disinfecting wipes with you. In a crowded place or in close contact with others (within 1 meter), persons with disabilities should wear masks, strengthen hand hygiene, carry quick drying hand disinfectant or disinfecting wipes, and cover the nose and mouth with tissue or elbows when sneezing.

(3) Commodity selection. When selecting goods, we should try to select packed vegetables, fruits or meat in the zone with few people, reduce conversation with the salesperson, keep a distance of more than 1 meter from others when purchasing goods, use non-direct contact payment such as scanning payment, and try to avoid cash payment.

(4) Make the stay at the farm market as short as possible. We should leave the stall or the farm market as soon as possible after the payment.

2. Shopping malls and supermarkets

(1) Before entering the shopping malls and supermarkets, it is necessary to evaluate the sanitation, ventilation or people flow therein. If there is any strange smell, it indicates that the place has poor ventilation. It is recommended not to enter or reduce trips to the place.

(2) Wear a mask and take disinfecting wipes with you. Persons with disabilities should wear masks when they are in close contact with others (within 1 meter), like in selecting commodities, queuing for weighing, etc. After selecting the goods or directly touching the frequently contacted objects' surfaces with hands, like the elevator buttons, handrails, etc., it is necessary to wipe the hands with the quick drying hand disinfectant or disinfecting wipes, and it is necessary to cover the mouth and nose with tissue paper or elbows when sneezing.

(3) Selection of goods and payment. We should try to buy prepackaged products, choose indirect payment, and try to avoid cash payment.

(4) Reduce direct contact with the shopping cart, storage cabinet, elevator button, escalator handrail, toilet door handle and other public equipments and facilities. After the unavoidable contact, it is advisable to wash hands in the right way or rub hands with quick drying hand disinfectant.

(5) After the payment, we should leave the shopping malls and supermarkets as soon as possible.

(6) Means of transportation. It is recommended to take private cars or ride shared bicycles to shopping malls and supermarkets, and try to reduce the use of public

transportation and in particular crowded buses.

III. Medical Treatment

1. Select the nearest hospital as required, make an appointment for registration online or by telephone in advance, learn about the medical treatment process of the medical institution during the epidemic, get familiar with the location of the department to see the doctor, and immediately leave the hospital after the treatment.
2. Wear a mask throughout the medical treatment, ensure proper personal hygiene, avoid touching the mouth, eyes and nose with hands, and cover the mouth and nose with tissue and elbows when sneezing or coughing.
3. Ensure good hand hygiene, try to avoid touching the door handle, registration machine, ATM and other objects, wash hands in time or rub hands with quick drying hand disinfectant after the unavoidable contact with the objects.
4. When waiting and queuing, we should keep a distance of more than 1 meter from others, and try to choose stairs over elevators. If you take the elevator, avoid the over-crowded elevator.
5. Private cars are preferred. If you take public transportation, please keep a safe distance from other passengers and try to keep windows open for ventilation when you take buses and taxis.
6. After returning home, wash hands in running water with hand sanitizer (or soap) or directly rub hands with quick drying hand sanitizer.
7. After returning home, change the coat immediately and wash the clothes as soon as possible. In case of contact with any one with suspected symptoms in the hospital, it is necessary to disinfect the coat by physical means as soon as possible, namely, to boil it at above 56°C for 30 minutes or dry it for 20 minutes at above 80°C in the dryer, and use chemical disinfectant to soak and disinfect it for further disinfection.

Build a Strong Psychological Defense Line among the Public

Dr. Peng Kaiping, Professor of Tsinghua University

The positive mindset advocated by psychology is an optimistic and upward psychological state, as reflected in people's positive understandings and emotions. Such a mindset can greatly enhance people's feelings of health, morality, significance, happiness, etc. Especially in the face of major emergencies; when life is at stake, it can greatly stimulate people's initiative, collectivism, heroism and optimism. When people are faced with difficulties and pressures, positive psychology advocates two coping mindsets which are complementary to each other: one is to establish a problem-oriented positive mindset, and actively work to solve practical problems; the other is to establish a positive mindset for emotional regulation, to adjust thinking and cognition, and to seek support from multiple sources.

In order to find an appropriate way to cope with the epidemic, it is necessary to analyze the causes of psychological changes of the public during the epidemic and explore the internal laws. The sudden outbreak of the epidemic has disrupted people's work and life. Some people are not psychologically prepared, have no relevant coping experience in this regard, and are prone to anxiety, confusion, emptiness, depression and other negative emotions. About COVID-19, though we have some knowledge about its pathogenesis, we have yet to develop the measures for treatment, prevention and control of the epidemic as it takes time to conduct in-depth research into the disease, which is also part of the reason for people's emotional and psychological fluctuations.

In the face of the epidemic and its harm, we should be clear-headed and restrain the tendency of over thinking and negative thinking. From the perspective of psychological and emotional control, when a crisis comes, people will naturally tend to benefit and avoid harm, which is the result of human evolution and natural selection. Therefore, it is normal to have psychological and emotional changes in the face of crisis, but it is unnecessary to worry excessively, otherwise the physical health will suffer. We should use proper ways to relieve

pressure and look forward. Life is colorful and full of possibilities. People need to get a sense of fulfillment, engage in society, and win recognition of others.

Although the epidemic has changed the lifestyle and the life tempo, life has and will continue, and we need to go forward. In the face of the epidemic, we can still maintain a proper life tempo, set new goals and make new achievements. If we look farther and relax, we can find many things which tend to be ignored are in fact very important. With such new discoveries, we can have and maintain a positive attitude as there are many meaningful things to do. When we think we share the same circumstances with people from all sectors of society, we will have a more positive mindset.

In a certain sense, human history is a history of constantly fighting against various disasters, accumulating experience and achieving victories. After all, the haze cannot block the sunshine; no matter how forbidding the difficulties are, they cannot stop people from yearning for and pursuing a better life. In front of the epidemic, we must keep a positive attitude and adhere to science-based rationality. Let us all learn to be brave, strong and kind and build a strong psychological defense line, so as to provide a powerful source of strength for combating the epidemic.

Nobody Left Behind

—People with Disabilities, Functioning and Disability
during the Coronavirus Epidemic

Prof. Matilde Leonardi from Italy

Unless governments and communities take action, discrimination against people with disabilities could increase during the COVID-19 pandemic.

The COVID-19 pandemic disclosed an epidemic of stigma, discrimination, and prejudice against vulnerable people in particular children, people with disabilities and ageing people. According to the World Health Organization (WHO), more than 1 billion people are living with disabilities world-wide. The COVID-19 pandemic is likely to disproportionately affect these individuals, rising barriers of different types and at different levels and thus putting them at higher risk of morbidity and mortality.

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

Depending on underlying health conditions, people with disabilities may also be at greater risk of developing more severe cases of COVID-19 if they become infected.

This may be because of COVID-19 might exacerbate existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes; and barriers to accessing health care.

People with disabilities may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on.

The barriers experienced by people with disabilities can be reduced if key stakeholders take appropriate actions.

People with disabilities face barriers in all areas of life.

- Education
- Employment
- Social & political life
- Community participation
- Health

Disabling barriers: widespread evidence

- Inadequate policies and standards
- Negative attitudes/discrimination
- Lack of provision of services
- Problems with service delivery
- Inadequate funding
- Lack of accessibility
- Lack of consultation and involvement
- Lack of data and evidence

Barriers have negative consequences in several life areas

- Lower educational achievements
- Lower levels of employment

- Higher rates of poverty
- Poorer health outcomes

People with disabilities have to be able to participate in society “on an equal basis with others”.

All the barriers increase disability and during the COVID-19 epidemics in all affected countries the barriers faced as well as the needs of persons with disabilities increased. The guiding framework for responding to the needs of people with disability should be the UN Convention on the Rights of People with Disability (UNCRPD). It condemns discrimination and all forms of barriers that prevent accessibility to care and inclusion of all people and many countries ratified the UNCRPD with the engagement to have it implemented and applied. Countries are therefore requested to identify barriers, and take action to eliminate them, as well as to identify needs, and take actions to meet them, so that the participation level of people with disabilities is comparable to the participation level of the general population of a country.



MATILDE LEONARDI, MD, PROF. Italy

Director Neurology, Public Health, Disability Unit and Coma Research Centre

Director, Italian WHO Collaborating Centre RB

Neurological Institute Carlo Besta IRCCS Foundation, Milan, Italy

WHO FDRG Co-chair, and Expert on Disability and ICF

WFNR FLYING FACULTY

Professor of Neurology Public Health Disability and Member of

Board of Directors Bioethic Centre

Catholic University, Milan

Fighting the COVID-19 Virus, the Experiences of Hong Kong SAR

Hong Kong Joint Council for Persons with Disabilities

Subtitle: Measures and additional considerations needed for people with disabilities in fighting the COVID-19: Roles and Actions of Hong Kong Joint Council for Persons with Disabilities, and its member organizations.

Benny Cheung, former RI Vice President for Asia and Pacific, Chairman of Hong Kong Joint Council for Persons with Disabilities. Joseph Kwok, Vice Chair of RI Social Commission, and Co-Chair of Hong Kong Society for Rehabilitation WHO Collaborating Centre for Rehabilitation. We are sharing the special measures being taken by Joint Council, its member organizations, and Hong Kong Society for Rehabilitation in fighting COVID-19 outbreak, and additional considerations needed for people with disabilities.

COVID-19 Hong Kong Statistics Update, as of 4 April 2002

- Hong Kong SAR Government is supported by an expert advisory group comprising world renowned experts, and works in close collaboration with China Central Government, and WHO in fighting the virus;
- Hong Kong SAR is now facing the second wave of COVID-19 outbreak. From late March, there were an average of 50 new cases per day, mainly from inbound travelers and residents who have travelled outside Hong Kong;
- Hong Kong reported 862 confirmed cases, 186 discharged patients, and 4 deaths.

Hong Kong Joint Council for Persons with Disabilities is the coordinating council of NGOs of and for persons with disabilities. It has 140 member organizations, including 35 NGOs of persons with disabilities. Joint Council works closely with governmental bodies

in policy advocacy, services planning, implementation and monitoring. It also collaborates with the private sectors, to support persons with disabilities.

Joint Council works with Government to support service providers in implementing measures to reduce social contact and for infection control measures, and to give special considerations to persons with disabilities and their families. Key measures include:

- Reducing scope of services, except the essential services;
- Home care services continue to provide meal, escort, nursing and administration of medicine services;
- Special day services for people with disabilities will remain open by appointment to serve those in special need;
- Service providers are encouraged to provide services online and through non-contact means;
- Social enterprises will continue to pay the salaries of disabled employees through special cash allowances and rental relief from government;
- To implement reinforced cleaning and disinfection guidelines on service premises, facilities and environment;
- Staff members are duly supported with personal protective equipment, including masks and alcohol handrub;
- Staff teams are organized on different shifts and to allow working from home;
- Service operators will be given allowance in meeting government contractual service output, and no reduction in contractual sums;
- Community mobilization: Joint Council and Hong Kong Council of Social Service launched a community mobilization programme, involving charity funds and private sector to fund and source care packs, which contain masks; alcohol handrub and anti-epidemic information. By the end of March, 1.8 million masks, and 240,000 bottles of alcohol handrub were distributed to 400,000 families, including those with members with disabilities, through 1,500 service units of many NGOs.

Members of Joint Council provide additional targeted information on COVID-19, highlighting information relevant to people with disabilities and their support networks. For example:

- Direction Association of the Handicapped, an organization of persons with quadriplegia, publishes an anti-epidemic information handbook, highlighting the needs of different

disability groups in personal hygiene, cleaning and disinfection of assistive devices.

- Chosen Power, an organization of persons with intellectual challenges, publishes a simplified picture booklet on anti-epidemic information.
- The Jockey Club Autism Support Network launches a special web site to meet the information needs of persons with autism, their carers, and service providers.

Since the COVID-19 outbreak, Hong Kong Society for Rehabilitation (HKSR) has launched caring campaign and special measures to support persons with disabilities:

1. Delivering anti-epidemic care packs, including masks and handrub jells to persons with disabilities and people with chronic illnesses;
2. Identifying needs and providing counselling support through telephone consultation;
3. Staying connected with service users on WhatsApp and social media, sharing health tips and anti-epidemic guidelines relevant to people with disabilities;
4. Producing homebound physical exercise e-booklet and video relevant to people with disabilities;
5. Providing physiotherapy consultation through telephone;
6. Conducting vocational training courses with lectures and tutorials online through Face book;
7. Sending out to home-bound persons with disabilities blessings in small gifts together with information and tips on at-home exercise;
8. The social enterprise which runs retails shops on assistive devices and health foods, since mid-February, has sourced worldwide for masks, which are sold to NGOs and health professional bodies at market discount prices. The social enterprise has launched its own brand of masks.
9. Rehabus, a unique service of HKSR on specialized transport for people with disabilities has maintained its services in transporting people with disabilities to hospitals and work with enhanced disinfecting measures for the vehicle compartments.

The residential homes of HKSR, which provide specialized care and support for persons with stroke, and elderly with dementia have undertaken the following special measures to fight the virus:

- Stepping up the daily cleansing and disinfection work;

- Setting up partition on dining tables to prevent cross infection during meal time;
- Ensuring supplies of anti-epidemic materials, including masks, isolation gowns, alcohol handrub jells and alcohol disinfection cotton;
- Posting updated information about epidemic prevention;
- Taking the temperature of the residents twice daily;
- Every day before work, staff are required to take and record body temperature;
- Arranging daily individualized training program for residents;
- Providing video conferencing for residents to connect with families and friends.

Supported by local authorities, all residents and staff of HKSR Yee Hong Height in Shenzhen, China, were tested for COVID-19, and all returned negative.

With the above special measures, HKSR elderly homes reports the following impacts:

- No confirmed case was reported in HKSR elderly care homes;
- Residents continue to receive quality care and rehabilitation services;
- All staff members continue to deliver high level of care and professional services;
- Targeted communication mobilization programs have raised significant resources supporting the services of the homes;
- The homes are operating on self-financing basis, and their financial conditions remain positive and solid;
- Residents facing financial hardship will receive fee allowance during the epidemic period.

We just share with you our experiences in fighting the virus. The battle has not been won. However we are hopeful that when summer comes, we shall be holding hands with smiling face, but no masks, to enjoy the beauty of nature, and community socialization. Hong Kong is committed to collaborating with the RI Global family in fighting the COVID-19 global pandemic. Together we shall overcome.

How to Help Children with Disabilities Avoid Exposure to COVID-19

China Rehabilitation Research Center for Hearing and Speech Impairment

COVID-19 is a new highly infectious disease, and people of all age groups including children are susceptible to it. But the disease can be effectively prevented by reducing going outside in public, maintaining good personal hygiene habits and taking protective measures. This article puts forward some protective measures to keep the disease away from children with disabilities.

I. How to do a good job in personal protection?

1. Minimize the time of staying outside

- (1) Avoid areas severely hit by the epidemic.
- (2) During the epidemic, refrain from visiting or dining together with relatives and friends and try to stay at home.
- (3) Avoid crowded public places and especially places with poor ventilation, such as public baths, hot springs, cinemas, Internet bars, KTV bars, shopping malls, stations, airports, docks, exhibition halls, etc.

2. Personal protection and hand hygiene

- (1) Wear a mask when going out. Wear a surgical face mask or N95 mask when going to public places, seeing a doctor, or using public transportation.

- (2) Keep hands clean. Try to avoid contact with public facilities in public places; use hand sanitizer or soap to wash hands in running water or use alcohol-based hand sanitizer after returning from public places, after coughing and covering the mouth and nose with hands, and after using toilet and before meal; avoid touching the mouth, nose and eyes with hands when we are not sure whether the hands are clean or not; cover the mouth and nose with tissue when sneezing or coughing, and cover the mouth and nose with elbows and cloth when there is no tissue paper.

3. Do a good job in health monitoring and medical treatment

- (1) Do a good job in monitoring the health of our own as well as our family members. Parents of children with disabilities should take their children's temperature twice a day, in the morning and evening.
- (2) Should any suspected symptoms of COVID-19 appear, like fever, cough, fatigue, sore throat, chest distress, dyspnea, mild nausea, nausea and vomiting, diarrhea, headache, palpitation, conjunctivitis, mild limbs or lump muscles, the patient in concern should wear a mask and seek medical treatment nearby. He/she should try to avoid public transportation like subway and bus as well as crowded places. When visiting the doctor, he/she should truthfully tell the doctor his experience (if any) of travelling to or staying in the epidemic-hit areas as well as his contact with confirmed cases or suspected cases of COVID-19, in a way to cooperate with the doctor to carry out relevant investigations.

4. Ensure proper hygiene and develop healthy habits

- (1) The windows should be frequently opened for ventilation. At least a 30-minute ventilation a day should be ensured.
- (2) Family members should avoid sharing towels, keep home furnishings and tableware clean, and frequently expose the clothes and quilts to the sun.
- (3) Don't spit on the floor, wrap the mouth and nose secretions with tissue, and then discard them in a covered garbage can.
- (4) Ensure good nutrition and exercise properly.
- (5) Keep at hand such materials as the thermometer, surgical face mask or N95 mask and household disinfection articles, etc.

II. How to protect children with disabilities in daily life?

1. If possible, we should avoid taking children out, and in particular avoid public places or closed space, like shopping malls, theaters, hot springs, children's entertainment centers, etc. If going out is absolutely necessary, we should try to avoid public transportation and stay at least 1 meter away from other people.

2. During the epidemic, it is suggested to postpone or cancel the routine health examination for children, to avoid going to the hospital, and to cancel the centralized rehabilitation training.
3. Don't take children to visit relatives and friends, to join in parties or to dine together with others. The acquaintances shall not be allowed to touch babies or talk with kids at a close distance. And we should avoid contact with the people with respiratory infection and those who have been to the areas severely hit by the epidemic over the past two weeks.
4. The room shall be kept clean with fresh air and proper temperature. Ventilation should be ensured every day and we must keep ourselves warm in extremely cold weather. The children should be taken away from the room being ventilated to avoid catching cold.
5. Parents and caregivers should wash their hands properly before having fun with or conducting rehabilitation training for the children with disabilities, change clothes and shoes after going home, and wash hands before touching the kids. They should remind or help children to wash their hands with hand sanitizer or soap in running water before meal and after using toilet, playing games, coughing, sneezing, and contacting saliva and secretion.
6. Reduce the chance of infection. Family members should avoid sharing towels and cups; instead they should use serving chopsticks and spoons. We should avoid kissing children, and breathing and panting to them. Moreover, children's toys and articles should be disinfected regularly.
7. Breast milk is the best "medicine" to boost the newborn's immune system. Pure breastfeeding should be ensured for the infants less than 6 months old. It is recommended to continue breastfeeding the infants of more than six months old till they reach 24 months while complementary food is properly fed to them. However, if the mother is a confirmed or suspected case of COVID-19, breastfeeding should be suspended and the mother should be isolated till her full recovery.
8. Between receiving the instruction for reopening the institution after the end of the epidemic and resuming centralized rehabilitation training, all rehabilitation institutions for children with disabilities should do a good job in disinfecting the environment as well as the playing and teaching equipment and tools, formulating the epidemic prevention and control management plan, and stocking anti-epidemic protection materials.

III. How to protect children with disabilities when they go out?

1. If it is necessary to see a doctor, the parents should make sure the children wear a mask on the condition that they do not suffer any discomfort like breathing difficulty. The super young kids cannot wear masks for the risk of suffocation. If children have to go out, it is suggested to keep them away from unprotected people as far as possible. In

principle, masks are not required in open space, but in crowded or closed places, to wear a mask is a must.

2. It is recommended to carry tissue and alcohol-based hand sanitizer when going out. When coughing or sneezing, you should cover your mouth and nose with tissue. The tissue used to cover your mouth and nose or wipe your nose should be wrapped up and discarded into a covered dustbin. When it is inconvenient to wash hands in running water while staying outdoors, parents should use alcohol-based hand sanitizer to disinfect their hands after coughing, sneezing and wiping their kid's nose. Special wet wipes should be used for infants.
3. We should wear gloves when going out and any daily gloves, except wet gloves, are acceptable. We should try to reduce contact with public facilities and certain parts of public places. We should remind children not to touch things here and there when they go out, and ask them to avoid touching the mouth, nose and eyes with their hands when they are not sure whether their hands are clean or not.
4. After returning home, the first thing it to take off clothes and change shoes, and then it is to wash hands and face properly. If the children cooperate, their nose and mouth can be cleaned. The clothes and gloves worn when going out as well as the articles carried along should be cleaned and disinfected in time if they are suspected of being exposed to the virus (like after visiting a fever clinic).

IV. Points of attention for children to wear masks

1. It is recommended that children choose products that meet the protection standards and are labeled as particulate protective masks for children or teenagers.
2. It is hard for an adult mask to properly fit a small child's face, so it's not recommended for children to wear adult masks.
3. Before helping children put on masks, parents should carefully read and correctly understand the instructions, so as to help the children use masks correctly.
4. Parents should always pay attention to whether the children feel comfortable with the mask. If children feel uncomfortable when wearing the mask, adjustment should be made or the mask should be taken off in time.

V. What to do when children fall ill?

If a child has cough, fever or other symptoms, and it is confirmed that he/she has not gone outside and has no contact with anyone infected by the epidemic, the temperature of the child can be monitored and his/her condition should be treated as common respiratory tract infection at home. If the fever persists, cough worsens, dyspnea occurs, or the mental

state is poor, it is recommended to bring the child to see a doctor at the nearest hospital where pediatric outpatient service is offered. Please refer to the requirements issued by National Center for Disease Control and Prevention or relevant health management department for personal protection precautions when going to the hospital.

VI. What to do when the children's care-givers show suspected symptoms?

When suspected symptoms of novel coronavirus infection are found in the parents or other caregivers of the children, like fever, dry cough, fatigue, sore throat, chest distress, dyspnea, nausea and vomiting, diarrhea, conjunctivitis, muscle soreness, etc., masks should also be worn at home, and medical treatment should be sought and isolation should be done in time. It is suggested that the children should be kept out of contact with the suspected case until the latter's body temperature returns to normal for more than 3 days. During the isolation period, the children should be temporarily taken care of by other reliable caregivers.

If the parents or caregivers who have close contact with the children are diagnosed as suspected or confirmed cases, the children need to be quarantined at home for medical observation. If quarantine for medical observation cannot be done at home, it can be done at an institution. The medical observation shall last 14 days, starting from the last contact with the case without effective protection. Once the infection is ruled out by the results of case investigation, the medical observation can be terminated.

VII. How to do rehabilitation training for children with disabilities during the epidemic?

Parents should make full use of the rehabilitation knowledge to do home-based rehabilitation, keep in touch with the rehabilitation service institutions, and obtain online professional guidance on rehabilitation provided by the specialized service institutions, so as to reduce the impact of the epidemic on the children's rehabilitation, and improve the effect of the home-based rehabilitation training.

Guidelines for Assistive Devices Disinfection during COVID-19 Epidemic

China Assistive Devices and Technology Center for Persons
with Disabilities

With the increase in the elderly population and the number of persons with disabilities, there is a growing demand for assistive devices. Appropriate disinfection of assistive devices is an important measure for epidemic prevention and control.

To cope with the ongoing COVID-19 epidemic, we can use the chlorine-based disinfectant and the 75% alcohol which are easy to obtain and relatively safe to disinfect assistive devices.

In the first place, we should read the instructions to make clear of the range and method of application, expiration date and storage method of the disinfectant, and try to avoid mixing different disinfectants. The chlorine-based disinfectant should be used immediately after being made ready; electricity and fire should be kept away when using alcohol for disinfection. Wipe or wash the surface of the objects to remove disinfectant residual after disinfection has taken effect. In the process of disinfection, the staff should ensure proper personal protection.

The frequency of preventive disinfection should be based on the locality's risk level related to the epidemic and the frequency of using assistive devices.

I. Disinfection at Home

1. Preventative disinfection:

Heat and humidity-resistant assistive devices such as cushions and bent handle spoons

can be disinfected by circulating steam or boiling for 30 minutes. If discoloration and corrosion are not a consideration, chlorine-based disinfectants can be used. It is not the case that the higher the concentration of chlorine is, the more effective the disinfectant will be. Excessive disinfection is not only harmful to human health, but will also cause water, air and soil pollution. The proportion between chlorine and water, and wiping or soaking time shall be determined according to the instructions on using the chlorine-based disinfectant, and then the disinfectant residual shall be wiped or washed away with clean water. When using alcohol-based disinfectant, we should wipe or spray the surface with alcohol for 3 minutes, and do the disinfection twice. For sphygmomanometers, thermometers and other personal medical aids, it is recommended to use alcohol for disinfection; for other assistive devices, such as wheelchairs, crutches, bath chairs, commode chairs and hoists, chlorine-based disinfectants or alcohol can be used for disinfection. If conditions permit, ultraviolet disinfection can also be used, but direct exposure of human body to ultraviolet light shall be avoided, and the assistive devices shall be placed within proper range.

2. Terminal disinfection:

Terminal disinfection is thorough disinfection of the place upon the departure of the confirmed cases and asymptomatic patients.

When there is no visible pollutant, the devices can be disinfected by circulating steam or boiling for at least 30 minutes. If discoloration and corrosion are not a consideration, the devices can be soaked with the disinfectant with a concentration of 1,000 mg/L of effective chlorine for 30 minutes and then be cleaned as usual.

When there is a small quantity of pollutants on the surface of assistive devices, use disposable water absorbing material to dip the disinfectant with a concentration of 5,000–10,000mg/L of effective chlorine to remove the pollutants carefully; when there is a large quantity of pollutants on the surface, use disposable absorbing material to cover the surface completely and then spray the disinfectant with a concentration of 5,000–10,000mg/L of effective chlorine on the water absorbing material, keep it there for more than 30 minutes, and then remove it carefully. After that, we should wipe or spray the disinfectant with a concentration of 1,000mg/L of effective chlorine onto the surface of contaminated assistive devices for disinfection for at least 30 minutes.

The cleaning cloth and disposable absorbing materials used in the disinfection process shall be put into the waste bag to be tied tightly.

We should wash hands and change personal protective materials immediately after the disinfection.

II. Disinfection at Facilities

1. Preventive disinfection:

Before returning to work, the surface of exposed assistive devices and outer packages should be disinfected as required. Heat and humidity-resistant assistive devices can be disinfected by circulating steam or boiling for 30 minutes. If corrosion of assistive devices is a consideration, alcohol disinfectant is recommended; when the surface of assistive devices is large, chlorine-based disinfectant is recommended. If possible, ultraviolet disinfection can be used.

After disinfection, the assistive devices can be covered with one-off transparent plastic cloth or other things to prevent contact or penetration of droplets, and then the cover can be disinfected with chlorine-based disinfectant or replaced with another one-off cover regularly to prevent the damage of the assistive devices by disinfectant.

2. Terminal disinfection:

The terminal disinfection at facilities is done in the same way as at home.

About the disinfection, a detailed record should be kept, with the information including but not limited to the name of the disinfectant, concentration of disinfectant, disinfection time and disinfection personnel, etc.

Attentive Ears: Help Center Initiative against COVID-19

Help Center in Saudi Arabia

In collaboration with the Ministry of Health of Saudi Arabia and due to the global pandemic of COVID-19, and its psychological impact, the Help Center launched the initiative “Attentive Ears”, which stems from our social responsibility towards persons with intellectual disabilities and their families in Saudi Arabia.

This initiative aims to support families psychologically to adapt to the challenges and pressures experienced by them and their offsprings with intellectual disabilities in light of the current situation, where a team of volunteers consisting of more than 10 specialists from the Help Center offer their service and support.

The initiative also provides an opportunity for people with intellectual disabilities to communicate directly, encourages them to express their feelings, and helps them cope with the current situation and the change in their daily routine.

This initiative is based on the advice and guidance that have been provided to the families of the Help Center since the beginning of the current crisis, and on the previous experience through the services provided to 5,000 families over the past 34 years, where a family communication group is created for each age group, and all the Help Center social media are being used to spread awareness and education during this period.

The initiative aims to act as a hotline using social media and smart phone applications as a means of direct contact with specialists.

The Help Center is a private non-profit organization committed to enhancing the quality of life of individuals with intellectual disabilities by giving them the opportunity to learn, live, work, and play, in a safe environment. We believe that it is important to empower individuals with intellectual disabilities to become active, vocal, and productive community members starting at an early stage of their development, to support their families within their bigger community, and to promote and advocate for the human rights of people with intellectual disabilities.

The Work of Fuhong Society of Macau during COVID-19 Pandemic

Fuhong Society of Macau

The Fuhong Society of Macau¹ is a nonprofit social service organization, founded by a group of volunteers in May 2003. At present, it operates 12 service units, mainly providing service for people with disabilities, autistic persons and people with mental illness, helping them to learn more skills and knowledge, so that they can realize the sufficient growth in all physical and spiritual aspects.

People with disabilities enjoy all basic human rights, recognition and respect must be the most important aspects to them. They have the right to accept all essential aids so that they can realize sufficient growth in all physical and spiritual aspects. The organization will make all efforts to ensure the respect for their rights.

Due to the COVID-19 pandemic, countries are racing to slow the spread of the virus by testing and treating patients, carrying out contact tracing, limiting travel, quarantining citizens, and cancelling large gatherings such as sporting events, concerts, and schools.

In Macao, there are a total of 45 cumulative confirmed cases of COVID-19, no deaths from the disease and no record or occurrence of community transmission. Until 21 May, the Health Bureau announced that the last COVID-19 patient in Macao had fully recovered and had been discharged from hospital, which means that all 35 COVID-19 patients during the two waves of outbreak have been discharged from hospital.

The government is preparing for the resumption of the normal functioning of society, and plans to extend nucleic acid testing to some groups of people such as fishermen, social workers, or people in indoor establishments with large groups of people, such as care homes, prisons and hospitals. Schools reopened for senior secondary school students and junior high school students on May 4 and May 11 respectively. The Education Bureau will

decide when to resume classes for students of primary schools, kindergartens and special education schools. Besides, teachers and other secondary school staff members who live in Macau will have to undergo the nucleic acid test once, while local teachers and pupils commuting between Macau and Zhuhai will have to undergo the test every seven days. The coronavirus situation in Macau is now “under control” and border restrictions between Macau and Zhuhai have extended the limitation. Yet, Macau still requires all arrivals from China’s mainland — including Macau residents — to submit a negative test result for COVID-19 when entering. Macau residents could receive tests at the border, but visitors will be refused if they don’t have test results on them.



From February till now, most of the social service organizations in Macau have been stopped, except 24 hours residential service that continues to offer diverse services for people with moderate or severe intellectual disabilities. Although services have been restricted, our Fuhong Society of Macau carried out various methods to keep in touch with our service users, such as making phone calls and home visiting.



Likewise, our outreach team distributes resources to persons with mental illness in rehabilitation and bringing them love and care. We also extend our services for parents or caregivers of the disabled persons, by uploading videos for them to learn and help them while living with the disabled persons, to overcome the fallout from the COVID-19 pandemic. During the outbreak, our social enterprise maintains the normal operation of the service, such as masks packaging and laundry service, ensure to have a proper working and good working condition with the aim of contributing for our society. In terms of entertaining, we organized an online live show (<https://www.youtube.com/watch?v=mfNrvhM1Y0>), performed by our autistic service users, “Life Band” and artists, strive for delivering affirmative support to the community, and fight against the pandemic together.





Since its emergence in every continent, cases are rising constantly. In recent times, an increase in symptoms of depression and anxiety is already being reported in a number of countries in relation to the COVID-19 pandemic. The COVID-19 pandemic is highlighting the need to urgently increase investment in services for mental health, or there will be a risk of a massive increase in mental health conditions in the coming months. We should consider ways to prevent a similar pandemic recurring and we wish the pandemic will be alleviated as promptly as possible, the economy and people's livelihood will be back on track, and the affected countries will continue to thrive!

As we have been concerned about the current issues in other countries, we sincerely hope that all of you can stay safe, take time to care for your loved ones, and have the opportunity to help others in your community who need support. In the near future, hope we can continue our rehabilitation work for people with disabilities again! Let's keep in touch and hope to work with you very soon!

1 Website: www.fuhong.org.mo Facebook: www.facebook.com/fuhongmacau
Weibo: weibo.com/fuhongmacau Instagram: [fuhongmacau](https://www.instagram.com/fuhongmacau)



Ms. Maria de Fatima
Salvador dos Santos
Ferreira, President,
Fuhong Society of
Macau



Ms. Chau Wai I,
Jennifer, Director,
Fuhong Society of
Macau



**866 United Nations Plaza New York New York 10017 USA ◆ Phone: +1 (212) 420-1500 ◆
Fax: +1 844-489-9560 ◆E-mail: info@riglobal.org ◆ Website: www.riglobal.org**