
***The role of social protection in
the mitigation of the COVID-19
pandemic impact and future
social shocks for persons with
disabilities in Peru***

- Policy Analysis -

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Acronyms

CONADIS	National Council for the Integration of Persons with Disabilities
CONTIGO	National Program for the delivery of the non-contributory pension to persons with severe disability living in poverty
CRPD	Convention on the Rights of Persons with Disabilities
DPO	Organisation of Persons with Disabilities
EsSalud	Peruvian Social Health Insurance
FFAA	Armed Forces
INEI	National Institute of Statistics and Informatics
JUNTOS	National Programme of Direct Support for the Poorest
LGPD	General Law on Persons with Disabilities (Law N° 29973 - Peru)
MIDIS	Ministry of Development and Social Inclusion
MIMP	Ministry of Women and Vulnerable Populations
MINSA	Ministry of Health
MINEDU	Ministry of Education
MTPE	Ministry of Labour and Employment Promotion
PNP	Peruvian National Police
SAANEE	Special Educational Needs Support and Counselling Service
SIS	Integral Health Insurance
SISFOH	Household targeting system

Introduction

On March 6th, 2020 the Ministry of Health announced the first case of COVID-19 in Peru. This situation led to the declaration of a sanitary emergency and the adoption of measures to avoid the spread of the virus. Subsequently, on March 15th, the government declared a state of emergency which included a mandatory social isolation. After two years and seven months, the emergency status came to an end on October 27th, 2022. As stated by official data, more than 188,708 died as a result of the virus infection (Valdez et al., 2023).

According to the last census held in 2017 by the National Institute of Statistics and Informatics (INEI), there are over 3 million citizens living with a disability in Peru which represents 10.3% of the total population (INEI, 2017). The Peruvian government has recognized a problem of structural discrimination that affects persons with disabilities due to: i) the limited access to services, ii) stereotypes and prejudices and iii) a precarious institutional structure in disability related matters (Conadis, 2021a p.67).

The data from the National Household Survey - ENAHO 2021 (INEI, 2022) reports that 52.7% of persons with disabilities are senior citizens - 60 years old or older, 86.4% of persons with disabilities have access to some sort of health insurance and only 21.6% will receive a pension at the end of their working

life. By 2022, the incidence of poverty reached 25.8% amongst persons with disabilities, which is higher in rural areas (33.2%) compared to urban areas (23.2%) (INEI, 2023, p.23).

As reported by the Peruvian Ombudsman's Office (Defensoría del Pueblo, 2020f), the situation of persons with disabilities — characterised by a continuous infringement of their rights and the lack of proper services— worsened during the pandemic given that the measures implemented by the government, did not take into consideration their particular needs and the barriers they had to face.

Social protection is a key element to address the economic and social vulnerability of individuals. The global pandemic context highlighted the importance of adaptive social protection instruments to improve the risk management capacity of households (Correa, 2021, p.6). In that regard, this policy analysis aims to identify and assess the social protection programs in Peru. It includes the COVID-19 specific measures adopted by the Peruvian government to determine the extent of their suitability to respond to the specific needs of persons with disabilities. This document will assess actions taken to mitigate the impact of the pandemic persons with disabilities, as well as those designed to guarantee their access to health services, education and other forms of social support.

The Social Protection System in Peru

Social protection has been defined as “the set of public measures that a society provides for its members to protect them against economic and social distress caused by the absence or a substantial reduction of income as a result of various contingencies such as sickness, maternity, employment injury, unemployment, invalidity, advanced age or death of the breadwinner” (International Labour Office, 2004). These measures attempt to respond to problems such as the lack of work-related income, costly access to health care and insufficient support for families and children (United Nations General Assembly, 2015).

Social protection targets individuals, households and communities and its ultimate goal is to prevent, mitigate or cope with risks which can temporarily or permanently lead to or exacerbate poverty and deprivation beyond a level considered acceptable in a given society (Conway & Norton, 2002; Banks et al.,

2017). In this respect, social protection policies and programs should aim to prevent vulnerability and social exclusion throughout the life-course with a particular emphasis on vulnerable groups” (Güemez & Vidal, 2021).

The literature has identified three main components within social protection systems: a contributory component (social security), a non-contributory component (social assistance) and labour market regulations that emphasise the importance of decent work (World Bank, 2023; Güemez & Vidal, 2021). Contributory and non-contributory schemes should be regarded as complementary since they mutually reinforce aspects of social protection (General Assembly, 2010). The principle of inclusiveness suggests that all members of society —regardless of their contributions— should participate in and benefit from social protection (International Labour Office, 2003, p. 24).

Table 1. Social protection components

Contributory component	Non-contributory component	Labour market regulation
Includes programs designed to provide its members with current and future insurance to enable them to maintain a minimum quality of life during their active and inactive stages of life, for example, in times of unemployment, retirement, illness, or disability.	Cash transfers and public subsidy programs financed under the principle of solidarity and targeting those living in poverty, extreme poverty and vulnerability.	Refers to the protection of workers’ individual and collective rights. It plays an essential role in reducing and mitigating the risks associated with unemployment and the decent work deficit.
Social Protection Instruments		
1. Contributory pension	1. Cash or in-kind transfers,	1. Regulation and oversight of

<p>schemes (advanced age, disability, and survivors' pensions)</p> <p>2. Health insurance</p> <p>3. Unemployment insurance</p> <p>4. Leave (maternity, paternity, and sick leave)</p>	<p>conditional or unconditional transfers (conditional cash transfer programs and social pensions)</p> <p>2. Consumer subsidies</p> <p>3. Emergency jobs</p> <p>4. Promotion and access to existing social services (education, health, assistance, housing, among others)</p>	<p>labour standards to promote and protect decent work:</p> <p>(a) formalization of contracts</p> <p>(b) collective bargaining</p> <p>(c) occupational safety</p> <p>(d) minimum wage</p> <p>(e) elimination of child labour</p> <p>(f) non-discrimination policies</p>
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Source: (Güemez & Vidal, 2021).

Besides the importance of social protection in alleviating the social and economic vulnerability caused by contextual factors, it also becomes an essential tool for boosting human capital and empowering people. It has a transformative potential to mitigate economic and fiscal shocks by giving people the opportunity to emerge from poverty and become productive members of society (World Bank, 2023). The social protection

system should include the following attributes in order to fulfil the right to social protection: it must be universal, integrated, child-sensitive, gender-transformative, it must have a life-course approach and be able to respond to emergencies (Güemez & Vidal, 2021).

The following chart briefly lists the contributory and non-contributory programs and pensions in Peru.

Table 2. Contributory system		
Name	System	Description
"incapacity for work" pension	Public	Workers may apply as a result of a temporary or permanent physical or mental condition that prevents or reduces their ability to work and earn a living.
Survivor's pension	Public	Survivors of an affiliated member of the private pension system (SPP) are entitled to receive a pension.
Disability / Incapacity for work pension	Private	Workers may receive this pension as a result of an illness or an accident that prevents them from continuing to work. This pension can be temporary or permanent and depends on the kind of impairment: partial or total.
Orphan's pension	Public	Targeting children of a deceased parent. The maximum amount of this pension is 50% of the amount of the pension that the deceased relative would have received. It can be extended for those over 18 years old, as long as they receive an "incapacity for work" qualification.

Table 3. Non - contributory system

Name	Target population	Description
Juntos - (National Programme of Direct Support to the Poorest)	Households with at least one target member: pregnant women, children or teenagers until they complete secondary education or reach the age of 19, whichever comes first.	It is a conditional cash transfer program which seeks to mitigate poverty and stimulate human capital in extremely poor households. Families receive 200 soles (USD 55.02 approx.) every two months in exchange for co-responsibilities in health and education.
Pensión 65 - National Solidarity Assistance Programme	Persons aged 65 and over who live in extreme poverty and do not receive any other type of benefit. Usually intended for people who, due to their previous work history, have not contributed to any of the social security systems and, therefore, will not receive retirement benefits.	It grants a cash transfer of 250.00 (USD 68.78 approx.) every 2 months.
Contigo - National Programme for the Delivery of the Non-Contributory Pension to Persons with Severe Disabilities in Poverty Situations	Persons with disabilities classified as severe by a disability certifying establishment who live in a situation of poverty or extreme poverty and who do not receive income or pension from the public or private sector, including economic benefits from the Social Health Insurance (EsSalud).	It grants a cash transfer of 300.00 soles (USD 82.53 approx.) every 2 months.

a. Obstacles for a disability inclusive social protection system (or support) in Peru

Upon the ratification of the Convention on the Rights of Persons with Disabilities (CRPD), the General Law on Persons with Disabilities - Law N° 29973 was adopted. This legislation recognizes the right to an adequate standard of living, including a set of measures such as the access to orphan's pension, non-contributory pension, early retirement and compensatory aid for the importation of vehicles, devices and assistive technologies for exclusive use.

Some studies have indicated that the goal of fighting against poverty rather than the development of robust public social protection systems in the areas of health, education and social security is the main problem of the Peruvian social protection system (Ubasart & Minteguiaga, 2021). This approach has been imprinted in the disability social protection policies whose main target is to reduce poverty, leaving behind other important

measures that target an overall development of this group.

In addition to this general problem, three main problems were identified: the influence of the

medical model of disability in various measures, the lack of disability perspective in the official assessment of poverty and the predominant association of persons with disabilities to the informal labour sector.

i. The lack of human rights and disability-based approach

Social protection systems were created with the main purpose of ensuring minimum standards of living due to the lack of capacity of individuals to maintain regular income (associated or not with the existence of a temporary or permanent impairment). Therefore, some legal categories such as the *"incapacity for work"* are tied to the idea that persons with disabilities are not capable of generating income and be part of the labour market, thus needing economic support (Smith, 2021, p.284).

In order to receive the pensions described in the first section, potential beneficiaries must undergo an *"incapacity for work"* assessment, which includes a validation of the detriment in capacity to perform work related activities. The barriers and the particular conditions faced by persons with disabilities are irrelevant for this assessment. For example, this has led to misinterpretations such as the one that occurred to Ricardo Galván, a person with disability who entered the labour market and carrying out his duties, lost the mobility of his upper limbs. He filed a petition to receive an *"incapacity for work"* pension, however, the entity refused alleging he did not meet the *detriment* required by law (70%) as prior to the time he started working, he had already reached 70% of *detriment*. According to this

interpretation, persons with disabilities could not expect to receive this particular benefit after acquiring another impairment as their *"incapacity for work"* will not be fully proven (Clínica Jurídica sobre Derechos Humanos y Discapacidad - PUCP, 2021).

As Devandas reported, traditional approaches of social assistance have served as basis for the dissemination of the medical model of disability on a global scale, resulting in multiple human rights violations and the reinforcement of segregationists practices (Smith, 2021, p.275). Nonetheless, these perspectives are no longer valid from a human rights-based approach since disability does not automatically mean "inability" or "invalidity" to generate income. It is necessary to reaffirm that persons with disabilities, including persons with intellectual or psychosocial disabilities, can be included in the labour market.

The first step to ensure their effective inclusion is to adapt work, social environments and provide adjustments. Besides this, the programs aiming to provide support must not replicate stigma nor prevent persons with disabilities to fully develop and achieve their goals.

ii. Poverty measurements and disability gaps

Social assistance and social protection measures focus on vulnerable populations living in poverty. The Household Targeting System (Sistema de Focalización de Hogares - SISFOH) identifies people or groups in

situations of poverty, vulnerability or exclusion through a Socio-Economic Classification (CSE) that measures the household well-being which leads to a qualification of non-poor, poor and extremely poor.

This system does not take into consideration the variable “disability” in its design, disregarding the strong association between poverty and disability. The household measurement of poverty carried out by SISFOH overlooks the poverty situation of persons with disabilities, which is often caused by the extra expenditure on infrastructure adjustments, the acquisition of smartphones and other assistive technologies. Paradoxically enough, such expenditures disqualified them from being eligible for social protection programmes despite their disabilities (Rosas, 2023). For example, the “CONTIGO” programme requires the proof of the following concurring requirements to be eligible for the non-

conditional cash transfer benefit: i) the severe disability condition certified by a specific procedure, ii) to live in poverty or extreme poverty according to the Household Targeting System and iii) to not receive any other income regardless of how small it is. This very strict eligibility criteria entails some issues. First, it leaves aside persons with mild conditions who face social barriers and may live in poverty. Second, the fact that persons with disabilities must not receive any income or pension acts as a disincentive for them to enter the labour market. Third, as mentioned above, the assessment of poverty does not take into consideration the impact of disability in the economy of the household and the extra costs of living in a situation of disability, which are also necessary for them to subsist.

iii. Informality

It is estimated that approximately 61% of the Peruvian population lacks of social protection due to a predominant informal labour market structure with low-productivity jobs, generating income instability and higher levels of vulnerability to shocks (Correa, 2021, p.7). The current system places great emphasis on assistance programmes or benefits for those who are part of the contributory systems, which can only be accessed by being part of the formal labour market.

There is a very consistent high rate of persons with disabilities performing informal activities with lower salaries and without the protection they need. In 2021, according to the INEI, 76.5% of the working population without disabilities were in the informal sector compared to 87% of persons with disabilities in the same condition (Ramos, 2022). This also impacts the quality of health services they receive since informal workers are affiliated to the Integrated System of Health (Sistema Integral de Salud - SIS), with a very low coverage in disability-related services such as therapy and rehabilitation.

Social protection for persons with disabilities during the COVID-19 pandemic

The government issued various legal, administrative, informative as well as other measures to mitigate the impact of COVID-19. Most of them addressed the Peruvian population broadly and some of them targeted

the particular situation of persons with disabilities. This section analyses these measures according to the methodology presented below.

a. Methodology

The following analysis includes academic articles regarding social protection & disability, social protection legislation adopted before and during the COVID-19 pandemic adopted until January 30th, 2021 (DS N° 011-2021-PCM) and other relevant documents issued by the Peruvian government (media releases, guidelines and web pages).

Following the thematic framework created by Sakellariou et al. (2020), eighteen policies

have been analysed according to these seven thematic frameworks which are relevant to understanding the impact of the COVID-19 pandemic. Additionally, nine (9) in-depth interviews with key stakeholders, including government officials, persons with disabilities and Organisations of Persons with Disabilities (DPO) representatives have been conducted in order to gather relevant information and their perceptions on these regulations.

Table 4. Thematic framework

Theme	Definition
Accessible information	Providing all information in accessible formats, including sign language, audible options, Braille script and easy read.
Access to health care	Care taken to ensure equitable access to pre-pandemic levels of health care, including measures addressing disability-based discrimination.
Financial support	Providing financial aids (e.g. cash supplements or benefits), to persons with disabilities and their family members/caregivers, in the event they have to stop working. It also includes measures taken to ensure such access, including automatic extension of disability benefits such as disability pension and career's pension.
Education	Measures taken to address the underlying poverty and inequality that prevents poor children from accessing education or fully benefiting from the education they receive. It can also be understood as the reduction of direct or indirect costs of accessing it (Education Resource Guide, n.d.). For example: the provision of

	devices, tablets.
Consideration of the needs of persons with disabilities who face multiple exclusions	Measures and recommendations taken to protect persons with disabilities who are at increased risk of social exclusions and poverty, such as women, children, homeless people, prisoners, migrants/refugees, elderly people and members of Culturally and Linguistically Diverse (CALD) communities.
Certification	Eligibility for benefits.
Reasonable accommodations for persons with disabilities	Adjustments to public health measures to accommodate the needs of persons with disabilities, including flexibility in restrictions of movement in public spaces and other restrictions expected of the non-disabled population.

b. Analysis

I. Accessible information

Accessible information refers to the provision of information in accessible formats including sign language interpretation, audio descriptions, macro types, text display, multimedia devices, written language, auditory systems, plain language, digitised voice media, and other argumentative or alternative modes and means of communication.

In Peru, the first case of COVID-19 was announced on March 6th on national television by the former president. This announcement was followed by a broadcast of daily presidential messages which lacked sign language interpreters and subtitles on an initial period. The absence of accessibility measures was addressed by the Peruvian Ombudsman who also required Conadis to disseminate information in simple language and alternative formats as well as the development of an accessibility monitoring plan. Having access to timely, official and reliable information was crucial during the pandemic. However, other accessibility

measures like braille, subtitles, easy to read formats and other measures were not fully incorporated. For example, only 12 out of 18 of the policies listed in Table 3 were accessible for screen readers. In addition, Conadis published a [YouTube video](#)¹ with the intention to disseminate Legislative Decree N° 1468, which is summarised in simple language and has sign language interpretation.

Persons with disabilities also experienced other difficulties to fully access information. An important percentage live in poverty which translates in the inability to access internet connection and electricity. Others that are illiterate were not able to access the content available on the internet and other platforms. Moreover, health services and other institutions did not have protocols or guidelines designed to provide information to persons with disabilities during this context (Defensoría de Pueblo, 2020a).

Key informants reported that persons with disabilities lacked digital devices, such as

¹ Conadis. (5 June 2020). Decreto Legislativo N° 1468 y sus disposiciones en beneficio de las personas con discapacidad. URL:

<https://youtu.be/lCk8MnXXESQ?si=2Ivyw9IDQWbNtNIU>

smartphones and data connectivity, which made it difficult for them to access virtual services offered during the pandemic. Since the prevention measures were not communicated in an accessible way, even those who could access digital services, could not participate on an equal footing as the accessibility requirements were not met.

One participant stated that:

Persons with disabilities have not been trained to access these means. There were connectivity problems, lack of access to equipment or old equipment. The state should have taught them, and given them free internet. The virtual work that has been done has not been effective. The Municipality of the District has done some training, but sometimes the person with disability was not able to participate (Participant 6).

The Peruvian government implemented various phone and WhatsApp lines, some of which were focused on the prevention and treatment of COVID-19, such as Central 113 Salud, while some others such as Línea 100

and Chat 100 were focused on receiving complaints regarding domestic violence. For instance, the Service Protocol of Línea 100 took into account a differentiated approach recognising that certain groups required differentiated line of action (sensory deficits, difficulties in articulating words and problems associated with the functional deterioration inherent to age, etc.) (Ministerio de la Mujer y Poblaciones Vulnerables, 2021). Other lines provided user-friendly information about government services such as Línea 1880 of the Juntos social programme and the associated WhatsApp line run by Conadis.

By the end of April, 2020, Legislative Decree N° 1468 was issued. It established various measures for persons with disabilities, focusing on their protection during the sanitary emergency. This regulation stated the obligation of health services to ensure accessibility and non-discrimination (Article 4.1). Additionally, it emphasised the mandate of accessibility on information, instructions or recommendations related to the COVID-19 emergency, including radio, television, internet or written media (Article 4.5).

II. Access to health care

The Peruvian government adopted different measures to provide health services during the pandemic, including COVID-19 specific and general health services. The Legislative Decree N° 1468 was adopted as a disability related legislation which established different provisions to guarantee accessible health services without discrimination as well as the continuity of medical services including mental health care, rehabilitation and timely delivery of medicines. This legislation also mandated prioritised health care for persons with disabilities. However, the Ombudsman's Office reported the lack of supplies, the denial of admission for patients and the absence of a mechanism for relatives to receive information

in a timely manner, including the cases of patients requiring special assistance due to disability or advanced age (Defensoría del Pueblo, 2020d).

The Health Sector approved documents focused on the COVID-19 clinical management (RM N° 139-2020-MINSA) followed by guidelines on prevention, diagnosis and treatment (RM N° 193-2020-MINSA). They described specific procedures to be fulfilled by health professionals in different scenarios of diagnosis and management of COVID-19 cases as well as some safety and preventive measures. These documents did not incorporate any specific

measures for persons with disabilities and other social disadvantaged groups given that its main focus were risk factors associated with severe COVID-19 infections.

The rapid increase of patients expecting to be admitted to intensive care units led health professionals to make decisions on the allocation of scarce resources. According to the Ethical Considerations for Decision Making in the Health Services (RM N° 212-2020-MINSA), a contextual assessment of the recovery opportunities and treatment of the patient was needed. It clearly specifies that age or disability by itself are not constituent factors to make clinical decisions, thus, it was mandatory to conduct an integral assessment of the patient (Ministerio de Salud, 2020a p.19).

Vaccines were distributed in different phases as stated in the National COVID-19 Vaccination Plan, its phase II sought to "reduce severe morbidity and mortality in the most at-risk population". Therefore, it included people with comorbidities such as, people with Down Syndrome, haemodialysis patients and chronic diseases, people with rare or orphan diseases, people with mental and neurodevelopmental disorders, among others (Ministerio de Salud, 2020d). The vaccination plan was strictly designed according to a medical criteria that could potentially affect health conditions. It did not take into account other social vulnerabilities, including those

III. Financial support

Financial support was a main part of the strategy taken by the Peruvian government to mitigate the economic impact of the pandemic. The Ministry of Development and Social Inclusion (MIDIS) leads the design, implementation and oversight of policies and social programmes targeting people living in poverty, vulnerability and social exclusion. As described above, CONTIGO provides cash

experienced by persons with disabilities.

Given that primary healthcare centres were shut down during the pandemic or devoted to the COVID-19 response, the provision of medicines and disability related services such as rehabilitation were interrupted for persons with disabilities. Particularly, services for persons living with rare diseases were severely affected. Throughout the different interviews, more than one participant referred to an increased stigmatisation and discrimination towards persons with disabilities in the context of the pandemic. The communication strategy from the government instead of protecting them from contagion, resulted in stigmatising even more persons with disabilities, as they blamed them for carrying and spreading the virus, thus reinforcing the already existent detrimental prejudices and incentivizing their isolation. This aspect was identified by more than one participant as regression in the achievements of disability rights advocacy.

Additionally, a Mental Health Plan was developed as it became a compelling issue. It included a component related to the strengthening, expansion and articulation of community mental health services which were already part of the strategy of the National Plan for Strengthening Community Mental Health Services 2018-2021 (Ministerio de Salud, 2020b).

transfer assistance to persons with severe disabilities. Persons with disabilities could also be potential beneficiaries of Juntos and Pension 65 programmes. The government authorised the payment in advance of these cash transfer programmes for the periods of March-April/May-June and July-August/September-October 2020 (DS N° 004-2020-MIDIS, DS 009-2020-MIDIS). However,

the amounts were not increased despite the severe economic circumstances persons with disabilities were trying to overcome.

In addition to these social programmes, during the COVID-19 pandemic, the government implemented various cash transfers in order to support those most affected by the health and economic crisis. The following is a list of the cash transfers provided:

- **Bono "Yo me quedo en casa":** targetted to households in poverty or extreme poverty. It consisted in a monetary subsidy of 760 soles (USD \$208.18 approx.) that was provided to vulnerable households. It was delivered in two parts, of 380 soles (USD \$104.09 approx.) each.
- **Bono Independiente:** monetary subsidy of 760 soles (USD \$208.18 approx.), given in two parts of 380 soles each, which was provided to self-employed workers whose households are classified as non-poor by the Household Targeting System (SISFOH).
- **Bono Rural:** monetary subsidy of 760 soles (USD \$208.18 approx.) for households in rural areas living in poverty or extreme poverty.
- **Bono Familiar Universal:** monetary subsidy of 760 soles (USD \$208.18 approx.) per household, delivered in two instalments of 380 soles (USD \$104.09 approx.) each. The recipient was a member of the benefited household who received the voucher. Among beneficiaries were members of the Juntos, Pensión 65 and Contigo social programmes.
- **Bono 600:** monetary subsidy of 600 soles (USD \$164.35 approx.) for households in the regions and provinces of Peru in extreme health alert. Beneficiaries of the social programmes Juntos, Pensión 65 or Contigo were included.
- **Bono Yanapay:** economic subsidy of 350 soles (USD \$95.87 approx.) provided to reactivate the economy of people living in poverty or beneficiaries of the social programmes Juntos, Pensión 65 or Contigo. This support could be deposited into a bank account or be paid in person at home for those over 80 years and persons with severe disabilities.
- **Bono Alimentario:** economic subsidy of 270 soles (USD \$73.96 approx.) granted to advanced age persons from poor or extremely poor households, as well as to members of households in the Juntos, Contigo and Pensión 65 programmes who receive the corresponding subsidies as of June 2022.

There was not a cash transfer initiative targeting exclusively persons with disabilities. Also, the disability perspective was not present in the design of these particular programmes since the SISFOH system was the main criteria of allocation. Organisations of persons with disabilities agreed with the fact that the targeting developed by the government was not done adequately. UNICEF Perú (2021) pointed out the lack of updated SISFOH data which led to enormous limitations and delays in decision-making regarding the construction of the registry of beneficiaries. Although the response of the cash transfers was improving and adapting, it became evident that this did not respond to a broader strategy.

Persons with disabilities also faced barriers in the collection of cash transfers and other payments given that financial institutions required them to do so with guardians and other representatives. This occurred despite the elimination of substituted decision making in the legal system, as reported by the Ombudsman's Office (Defensoría del Pueblo, 2020e).

For employees in the formal labour market, five programmes of withdrawals from both the private pension fund and the Compensation for Time of Services (an unemployment benefit received at the cessation of the

employment relationship) fund were authorised in order to give workers greater liquidity. However, a very small percentage of persons with disabilities are part of the formal labour market; therefore, the impact of these measures was limited for them.

IV. Education

Peru recognizes the right to inclusive education, which implies the obligation to enrol children without disabilities in regular schools, guaranteeing the provision of accommodations and supports. Schools were shut down for almost two years, from March 2020 to March 2022. In response to this situation, the government developed the virtual strategy “*Aprendo en Casa*” which launched content in different platforms such as TV, radio, internet (Ministerio de Educación, n.d.). This strategy lacked different accessibility features —only sign language interpretation was available—, thus the education sector announced the progressive incorporation of accessibility measures in light of the multiple requests formulated by civil society organisations (Sociedad y Discapacidad - SODIS, 2020).

strategy was the lack of access to internet and electronic devices, especially in poor and rural areas. In this context, the government authorised the purchase of electronic devices to be delivered to students and teachers living in situations of poverty and economic vulnerability (Decreto Legislativo N° 1465). The distribution of devices was delayed multiple times given the contractual issues with providers. According to the Ministry of Education, the devices included the Guidelines for the pedagogical attention of students with special needs —this content was previously launched as a part of the “*Aprendo en Casa*” strategy— (Ministry of Education, 2020). Even though the Ministry announced the incorporation of apps designed to assist children with disabilities (Aguirre Tácanan, 2020), there is no clear information on how the distribution plan targeted persons with disabilities.

Another barrier that impeded the access to information and to the “*Aprendo en Casa*”

V. Consideration of the needs of persons with disabilities who face multiple exclusions

This thematic framework refers to the measures taken to protect persons with disabilities who are at increased risk of social exclusion and poverty, such as women, children, homeless people and prisoners, indigenous communities, older adults, etc. These measures include any form of community support and/or services.

national territory. In order to monitor those individuals at higher risk to suffer drastic infections, the Red Amachay (Amachay Network) —whose official name is “Support Network for Older Adults at High Risk and Persons with Severe Disabilities” — was created. This network remains active to this

The state of emergency was followed by various exceptional and temporary measures to prevent the spread of the COVID-19 in the

day and it is integrated by different sectors². The package of prioritised services included at the outset were:

- Counselling on healthy practices and guidelines to prevent infection and mitigate the effects of coronavirus infection (COVID-19), according to the protocol established by the Ministry of Health.
- Identification of warning signs for coronavirus infection (COVID-19).
- Immunisation (pneumococcal and influenza, according to current vaccination schedule).
- Follow-up of probable cases and investigation of household contacts.

This network brought government services closer to the population and established a connection between the actors and the beneficiaries. Nevertheless, the restriction of the services offered by this network only to persons with severe disabilities, proves the persistent approach taken by the government to protect only those with the most “severe” conditions, disregarding the needs of persons with disabilities who may not fit within that category but who live in a context of scarce community services and lack of family networks require support services and monitoring.

On March 31st 2020, the Municipality of Lima, in coordination with Lima’s Beneficence, inaugurated “La Casa de Todos” (Everyone’s House). This initiative rescued more than 200 senior citizens who were found in a situation of abandonment in the streets and provided temporary housing for them. Those who were not in a situation of total abandonment or

disability were transferred to the corresponding care centres. A previous initiative to register homeless people at the beginning of 2020 found that most of them had health conditions and addiction problems (Defensoría del Pueblo, 2020b).

Article 4.2 of Legislative Decree N° 1468 referred to institutionalised persons with disabilities as those residing in residential care centres, residential shelters, temporary shelters or serving a court order in a prison. It mandated that directors of these facilities must make the necessary adjustments to the physical environment and take the corresponding actions to prevent COVID-19 transmissions, considering the necessary arrangements for testing persons with disabilities and caregivers. Similarly, it mentioned the inclusion of mechanisms for persons with disabilities to maintain communication with their families or people in their close environment, through other accessible means or technologies. Home visits to residents of Care Centres were suspended and these facilities had the mandate to implement temporary measures to monitor their services.

In January 2022, legislation that promotes the protection of orphan children and teenagers was adopted seeking to provide economic assistance and support. This regulation indicated that children with disabilities are prioritised and they may keep the benefit as long as they remain “*severely disabled*” after turning 18 until they reach 25 years old. In June 2022, children and teenagers who became orphans during the pandemic were also included in these benefits.

² The Ministry of Health (MINSA), the Ministry of Development and Social Inclusion (MIDIS), the Ministry of Women and Vulnerable Populations (MIMP), the National Council for the Integration of Persons with Disabilities (Conadis), Social Health Insurance (EsSalud), National Superintendence of Health (SuSalud), Armed and Police Forces Health

Service, Comprehensive Health Insurance (SIS), the National Assembly of Regional Governments, Association of Municipalities of Peru, Network of Urban and Rural Municipalities of Peru, Regional Governments, Local Governments, in accordance with the provisions of Emergency Decree N° 026-2020.

VI. Certification

In order to be recognized as an individual living in a situation of disability and to claim the benefits regulated by law, persons with disabilities must undergo a certification process. Despite its importance, by 2020 only 6.5% of the total population with disabilities was certified according to the MINSA database. Therefore, it is inferred that 93.45% of persons with disabilities do not have a disability certificate which constitutes a barrier that could limit access to the family disability allowance (Defensoría del Pueblo, 2022a) as well as limited access to healthcare as certification was required. For example, even though persons with severe disabilities were automatically enrolled to the Integral Health Insurance system (SIS), the lack of a certification meant no access to prioritised healthcare.

An important provision brought by the Legislative Decree N° 1468 was the authorisation to prove disability conditions

through other documents beside the official certification. This included, the resolution of registration in the National Registry of Persons with Disabilities, a medical certificate or report issued by a medical professional of the corresponding speciality or general practitioner in the case of evident impairments. In the absence of the aforementioned documentation, exceptionally, the condition could be accredited through the presentation of an affidavit. It was an efficient way to identify persons with disabilities in a context of scarce information which impeded the proper design of measures for this group. Legislative Decree N° 1468 also introduced the obligation of the Municipal Office for the Attention of Persons with Disabilities (OMAPED) to have an updated database of organisations of persons with disabilities as well as data on persons with disabilities in their jurisdictions, indicating their type of disability, severity, assistive technologies and other support needs.

VII. Reasonable accommodations for persons with disabilities

Reasonable accommodations refer to adjustments to accommodate the needs of persons with disabilities. This includes flexibility in restrictions on movement in public spaces and other restrictions expected of the non-disabled population.

Since compulsory social immobilisation was mandated, some guidelines regulating the return of individuals to their habitual residencies were regulated when reasons of vulnerability were proved. Among these criteria were persons of advanced age and those travelling for medical treatment. Although persons with disabilities were not taken into account literally, a later version of these guidelines did include them, allowing them to travel with human support. It was also

authorised for persons with autism to go for walks or therapeutic outings under the supervision of their caregiver during the mandatory quarantine, for a period of 15 minutes (El Peruano, 2020).

Regarding reasonable accommodations in the workplace, article 4.7 of the Legislative Decree recognised remote working as a priority measure for persons with disabilities. If the work activities were not compatible with remote work or in the absence of an agreement, a paid leave —subjected to future compensation— was regulated. These measures reached family members up to the fourth degree of consanguinity or second degree of affinity who were the caregivers of

persons with disabilities diagnosed with COVID-19 (Art. 20.2 of DU. N° 026-2020).

Exceptionally, employers were allowed to terminate employment contracts. Key informants revealed that workers with disabilities were easily dismissed, suspended and that remote working did not have a beneficial impact on them keeping their jobs. In addition, as workers with disabilities in the formal sector were largely included in operative and manual labour, remote work did not benefit them. Some participants considered that the pandemic was the perfect excuse to dismiss workers with disabilities in the private and public sector. The non-renewal of contracts had the same effect as a dismissal in the public sector. The legal provision of labour suspension (*suspensión perfecta* in Spanish) allowed employers to suspend the payment of salaries to workers as their labour was suspended too. This last legal measure

worked to channel dismissals, facilitating the formality of this practice (Rosas, 2023).

In health-related matters, the Guideline for health care in a temporary hospitalisation environment and temporary critical care environment (Ministerio de Salud, 2020c) clearly established that relatives or other companions were not allowed to the temporal hospitalisation or the critical temporal attention areas (article 6.1.5.3). This regulation impeded persons with disabilities to receive appropriate support, for instance: deaf individuals who needed interpreters or persons with intellectual disabilities who required their family support to understand the instructions of health professionals.

The Judiciary adopted a virtual procedure for the appointment of supports for the exercise of the legal capacity of persons with disabilities.

Conclusions

The government took different measures to alleviate the impact of the COVID-19, however, there were very few initiatives targeting the specific needs of persons with disabilities. Despite the adoption of a disability specific legislation (DL N° 1468) its implementation was not successful due to the structural barriers faced by this group before the pandemic, such as general lack of accessibility, limited health & rehabilitation services, the absence of identification mechanisms and disaggregated data on persons with disabilities. Main findings according to the thematic framework are as follows.

Accessible information

Due to the urgency of the COVID-19 pandemic, not all official government communications were accessible (e.g. of the 18 policies we reviewed, 12 were accessible). Most of the regulations analysed in this document were accessible for screen readers and the presidential announcements included sign language interpretation as time progressed. Nevertheless, information in easy read formats and subtitles was not broadly available. There was no clear strategy on the dissemination of information for those individuals with disabilities who did not have electronic devices and internet connection.

Access to health care

Important COVID-19 instruments did not incorporate specific measures regarding persons with disabilities such as the guidelines: Care and Clinical Case Management of COVID-19 (RM N° 139-2020-MINSA) and Technical Document: Prevention, Diagnosis and Treatment of people affected by COVID-19 in Peru (RM N° 193-2020-MINSA). The vaccination plan included persons with disabilities in its phase two under the category of "persons with comorbidities".

The prioritisation of the COVID-19 response led to the suspension of rehabilitation services, the distribution of medicines and other primary health services needed by persons with disabilities.

Financial support

The government authorised the anticipated payment of the social cash transfer programmes in place, however, the amounts were not increased. Some other temporary cash transfer initiatives were adopted to mitigate the economic impact of the pandemic. The targeting criteria was focused on persons living in poverty, without taking into consideration disability as a solid ground to measure poverty. This lack of updated data and the lack of a proper identification system of persons with disabilities limited their full inclusion in this set of measures.

The measures regarding the withdrawal of contributions from the private pension funds and other work-related benefits left the vast majority of persons with disabilities outside as it only applied to those who belong to the formal labour market.

Education

The remote learning strategy "Aprendo en Casa" included sign language interpretation. Yet it did not incorporate all the accessibility measures required by the diverse group of children with disabilities. A virtual support strategy was added to the existing system of support. The lack of access to internet and electronic devices impeded children with disabilities living in rural and poor areas to access educational content. This situation was not fully addressed due to a delayed distribution of devices.

Consideration of the needs of persons with disabilities who face multiple exclusions

The Amachay Network attempted to bring services closer to the population and to provide information. Though, its restriction on the target population narrowed its scope as beneficiaries were only advanced age persons and persons with severe disabilities, leaving behind other persons with disabilities who needed support in a context of scarce community services and lack of family networks. Regarding institutionalised persons with disabilities, DL N° 1468 required directors to make the necessary adjustments to prevent the transmission of COVID-19 and ensure periodic tests. This policy also required directors to adapt the communication mechanisms between the persons with disabilities and their relatives as in-person visits were not allowed. As well as the establishment of a service monitoring mechanism to guarantee the quality of the services. Additional measures such as "La Casa de Todos" and the inclusion of persons with disabilities in the benefit system up to the age of 25, were positive, as their needs were made visible.

Certification

Given the barriers to obtaining a disability certificate in the context of the pandemic as well as the certification gap, DL N° 1468 implemented a temporary mechanism. It included the disability card issued by Conadis as well as the administrative registration, medical certificates and exceptionally, an affidavit.

Reasonable accommodations for persons with disabilities

The mandatory social isolation had an important impact on persons with disabilities, especially those with autism and psychosocial disabilities. The government allowed short therapeutic walks along with their caregivers. Persons with disabilities were recognized as a "vulnerable group" which made them qualify for remote work as long as their activities were compatible with this modality. If not, paid leave and the termination of the contract were allowed. The prohibition of family access to hospitalisation areas left persons with disabilities who required support in a highly vulnerable situation

Appendix

These are the eighteen policies identified that relate to social protection and persons with disabilities:

Pandemic policies related to persons with disabilities				
	Name	Date	Document number	Thematic framework
1	<u>Supreme Decree authorising the advance of transfers to users of national programmes of the Ministry of Development and Social Inclusion</u>	13/3/2020	DS N° 004-2020-MIDIS	Financial support
2	<u>Emergency decree establishing various exceptional and temporary measures to prevent the spread of the coronavirus (COVID-19) in the national territory</u>	15/03/2020	DU N°026-2020	Consideration of the needs of persons with disabilities who face multiple exclusions. Reasonable accommodations for persons with disabilities Social protection
3	<u>Emergency Decree establishing additional measures to strengthen the surveillance and health response system for COVID-19 in the national territory and to reduce its impact on the Peruvian economy</u>	16/03/2020	DU N° 027-2020	Financial support
4	<u>Design approval of "Technical Document for the implementation of the Support Network for the elderly at High Risk and Persons with Severe Disabilities in the face of COVID-19"</u>	18/03/2020	DS N° 005-2020-MIDIS that approves RM. N° 066-2020-MIDIS	Consideration of the needs of persons with disabilities who face multiple exclusions.
5	<u>Resolution of the Executive Direction that exceptionally provides for the suspension of home visits to users of the Residential Care Centres (CARs) and the Integrated Attention Service for People with Disabilities (SAIPD), under the responsibility of the Unit of Protection Services for Persons with Disabilities, with anticipated</u>	18/03/2020	RDE N.° 048-2020-INABIF/DE	Consideration of the needs of persons with disabilities who face multiple exclusions.

	<u>effectiveness from 16 March to 30 March 2020</u>			
6	<u>Emergency Decree establishing measures to reduce the impact on the Peruvian economy of the prevention provisions established in the declaration of a State of National Emergency in view of the risks of spread of COVID-19</u>	27/03/2020	DU N° 033-2020	Financial Support
7	<u>Ministerial Resolution that declares the start of the school year through the implementation of the "Aprendo en casa" strategy, as of April 6th 2020 and approves other provisions</u>	31/03/2020	RM N° 160-2020-MINEDU	Education
8	<u>Emergency Decree establishing complementary measures to mitigate the economic effects on workers and employers of covid-19 and other measures</u>	13/04/2020	DU N° 038-2020	Reasonable accommodations for persons with disabilities
9	<u>Ministerial resolution approving the Technical Document: Prevention, Diagnosis and Treatment of persons affected by COVID-19 in Peru</u>	14/04/2020	RM N.° 193-2020-MINSA	Health services
10	<u>Virtual form and procedure for the judicial recognition of disability supports and safeguards</u>	17/04/2020	RA N° 000122-2020-CE-PJ that approves Directive N°006-2020-CE-PJ	Reasonable accommodations for persons with disabilities
11	<u>Emergency Decree establishing the extension of the measures provided for in Emergency Decree No. 027-2020 for the economic protection of vulnerable households at risk of the spread of COVID-19</u>	20/04/2020	DU N° 044-2020	Financial support
12	<u>Legislative Decree that establishes provisions for the prevention and protection of persons with disabilities</u>	22/04/2020	DL N° 1468-2020	Accessible information Access to health care Consideration of the

				needs of persons with disabilities who face multiple exclusions. Certification Reasonable accommodations for persons with disabilities
13	<u>Manual for the Implementation at Local Level of the Support Network for Older Persons at High Risk and Persons with Severe Disabilities, for the prevention and control of COVID-19</u>	24/04/2020	RVM N.º 001-2020-MIDIS/VMPE S	Consideration of the needs of persons with disabilities who face multiple exclusions.
14	<u>Pedagogical guidelines for the Basic Education service in 2020 in the context of the health emergency due to the COVID-19 Coronavirus</u>	25/04/2020	RVMI N.º 093-2020-MINEDU	Education
15	<u>Guidelines for the transfer and quarantine of persons who are away from their usual place of residence, as an effect of the social isolation measures for the National Emergency by COVID-19 & amendment</u>	16/04/2020 & 1/05/2020	RMI N° 097-2020-PCM; modified by RSD N°008-2020-PCM/SD.	Reasonable accommodations for persons with disabilities
16	<u>Emergency decree establishing extraordinary measures to reduce the negative impact on the economy of households affected by the compulsory isolation and social immobilisation measures at national level</u>	05/05/2020	DU N° 052-2020	Financial Support
17	<u>National COVID-19 vaccination plan</u>	16/10/2020	RM N° 848-2020-MINSA	Access to health care
18	<u>Third update of the "Register of the first group of beneficiary households in urban areas of the monetary subsidy authorised in Article 2 of Emergency Decree N° 052-2020"</u>	22/03/2022	RM N° 066-2022-TR	Financial support

Note. The names of the policies are originally in Spanish, the translation is ours.

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