



## Country Support Policy Brief 1



# Women with Disabilities in a Pandemic (COVID-19)

UN Photo/Asad Zaidi

## I. The Challenges:

Governments and global actors - the UN system, health communities and key networks of professional and experts across disciplines and civil society worldwide – are gradually addressing the situation of those with vulnerabilities to leave no one behind in their response to the COVID-19 crisis. This public health crisis has led public authorities in many countries to take drastic measures to enforce restrictions on mobility, including physical isolation to control the spread and to manage the capacity of healthcare facilities as well as economic measures. The preventive measures in the form of restrictions, differentiated local responses, among others, often contribute to the compounding challenges (i.e., movement, limited access to support services etc.) women with disabilities face.

Today, more than ever many women and girls might suffer domestic and sexual violence due to heightened tensions in their homes and institutions. The list includes, among others, women with disabilities, women that care for dependents with disabilities, including children, elderly relatives,) who are confined to their homes with additional caretaking responsibilities as a result of social services including educational classes and sessions being cancelled. Older women with disabilities aggravated by years of institutionalization in homes and asylums, isolated and ignored. The impact of COVID-19 on violence against women and girls warns of the greater risk of falling victim to domestic violence during an emergency context such as this one. The survivors of violence

may face additional obstacles to flee violent situations or to access protective orders or essential services that can save lives due to factors such as lockdown or quarantine. The economic impact of the pandemic can create additional barriers to leave a violent domestic situation and create higher risks of sexual exploitation and consequential economic deprivation. The list of challenges is, however, not limited to violence. Women with disabilities confront challenges including that of lack of legal capacity, access to sexual and reproductive health services. In addition, there is limited data available on the impact of COVID-19 on women with disabilities.

## II. What UN Women Offices and Partners Can Do:

While not all impacts of the COVID-19 crisis can be explained at this time, it is becoming clear that the gender, disability and structural inequalities that underpinned societies before the crisis are being exacerbated, in particular for those who experience intersecting forms of discrimination and exclusion, including women and girls with disabilities.. Below are some early considerations and ideas that can be incorporated in gender-differentiated steps for women and girls with disabilities and for women caregivers with dependents with disabilities through your response at the country, and regional/sub-regional levels:

## Optimizing Comparative and Collaborative Advantages

- In our response to the current situation, it is crucial to leverage UN Women's triple mandate of normative support, UN coordination and operational activities to effectively address challenges faced by women and girls with disabilities. This can be done by leveraging our comparative and collaborative advantages, in particular our expertise in gender and our partnerships. At UN Country Teams (UNCTs) level, there is a clear gap in ensuring gender responsive disability inclusion work. UN Women Country Offices (including MCOs) and Regional Offices can play a leadership role in mobilizing UNCT / Inter-Agency efforts, especially regional and country responses to COVID-19.

## Data and evidence on the situation of women and girls with disabilities

- Take steps to promote to collection, analysis, dissemination and use of reliable data on women and girls with disabilities. Ensure data disaggregated by sex and disability is available when compiling information within your business unit/organisation(s) and carry out a gender analysis, wherever you have an opportunity to do so. Where possible, include differentiated infection rates [COVID-19], information on barriers faced by women when accessing available development and/or humanitarian aid, social protection benefits, and the rates of domestic and sexual violence.

## Disability Inclusive Responses

- All preparedness (i.e., communication strategies) and response plans, ideally, must be inclusive and accessible to users with disabilities. This includes, the use of plain language, accessible formats.
- Institutional responses should differentiate the specific needs of women and girls with disabilities, but also the specific needs they may have within each specific disability group. This is about ensuring all people with disabilities who need it benefit from assistance without discrimination.

## Widening Access to Information and Accessibility

- Take practical steps to ensure that women with disabilities, including rural areas, institutional facilities,

have access to accurate and accessible information regarding the pandemic, including healthcare information, information regarding restriction of movement.

## Ensuring Inclusive Engagements and Consultation with Stakeholders and Beneficiaries

- Engage women with disabilities in all stages of your responses and in all decision-making processes within your organisation(s) and at Inter-Agency/ UNCT levels. Fortunately, many of your offices already have contacts with national human rights mechanisms, gender/women's commissions or different types of thematic national/sub-national working groups, so you can use these mechanisms to perform effective consultations. You can also set up informal networks for women impacted the most from the crisis, such as institutionalized women, older women, women caregivers, etc. The opportunity to interact with these women via WhatsApp or social media can be a real lifeline and lifesaver for them.
- Facilitate direct consultations with organisations of women with disabilities concerning the situation faced by women and girls with disabilities, and in particular their needs and the steps that must be taken to face the pandemic, and make sure their thoughts, interests, contributions and proposals are included in your offices' responses.
- Local organisations of women with disabilities or community-based groups of women with disabilities must be supported to make sure messages about prevention strategies and responses are accessible and understandable and that they reach all these women. It is vital to boost the capacity of these local, informal groups of women with disabilities, which are crucial in identifying and supporting women and girls with disabilities who are victims of violence in the community settings.

## Improved Access to Health and Livelihood Services

- Ensure advocacy to widen access to sexual and reproductive health services, ensuring accessibility including prenatal and postnatal healthcare for women with disabilities. It is vital to offer, in partnership with specialist NGOs, accurate and verified information to pregnant women with disabilities,

their partners and families, so that they may take responsible decisions regarding their health and that of their children about delivery and birth during this period of coronavirus, as well as on their right to give their free and informed consent to any birth-related surgical procedure..

- Advocate for adopting measures to provide direct-compensation to informal women workers with disabilities, including healthcare staff, domestic staff, migrants and those in other sectors most affected by the pandemic, so they may continue generating income and a livelihood. It is important for the disability movement to specifically identify single mothers with disabilities and parental responsibilities so that they can be given priority access to economic support, food, housing and other types of support.
- Ensure services [i.e., in joint programmes etc.] in response to violence against women and girls with disabilities stay available or introduce them where they do not currently exist. Develop new, inclusive and accessible methods of service delivery in the current context and increase support for specialist organisations of women with disabilities to be able to provide local and regional support services.

### Addressing specific Vulnerabilities

- Advocate for implementing measures to protect persons with disabilities and those with vulnerabilities living in institutional settings with heightened risk of neglect, restraint, isolation or abandonment in residential facilities impacted by COVID-19, making communication inclusive and public health messages accessible, including through sign language interpretation, use of plain language text and easy to read formats.

### Fostering Inclusive Policies and Institutions

- Develop policies enabling us to recognize, reduce and redistribute the unpaid work inside homes for healthcare reasons and to look after persons with disabilities, work mostly carried out by women. You can encourage organizations and networks of persons with disabilities to set up free hotlines offering psychological support to these women who are often the mothers.
- Advancing policies and institutions: Global solidarity to respond to the COVID-19 crisis and recovery in all phases is an opportunity to advance disability-

inclusive and gender-sensitive policies, institutions and mechanisms also for 'humanitarian action, disaster-risk reduction and reconstruction' both in normal and fragile settings including Women, Peace, and Security (WPS) and peacebuilding contexts to 'build back better' societies to be more inclusive, accessible and sustainable worldwide.

## III. Follow-Up Action: Going Beyond Minimum

At Headquarters we are working on three fronts: UN System coordination through Inter-agency processes and mechanisms as well as within UN Women, across different thematic sections/teams and business units. Through Inter-agency coordination mechanisms, we are leveraging our current Chairpersonship of UN Partnership on the Rights of Persons with Disabilities (UNPRPD), and, past engagements and co-chairpersonship of the Sub-working Group on Women with Disabilities of the Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities (IASG-CRPD) to deepen the focus on gender responsive disability inclusion. Secondly, we strengthened the UN Women Global Task Team on Disability Inclusion and Intersectionality (GTT-DI). The GTTDI will work with both UN Women HQ Units, and Field Offices (ROs/Cos) to ensure coverage of our support and ongoing collaboration. Please do not hesitate to contact respective members of the GTTDI. Please feel free to send your queries and updates to:

[disability.inclusion@unwomen.org](mailto:disability.inclusion@unwomen.org)

**Finally, we are also broadening our partnership with funding mechanisms and non-state actors so that our work can be scaled up to influence country and regional processes.**

We will continue to facilitate knowledge exchange between and across global, intra-regional, and cross-regional levels. Please also keep us posted as you are dealing with this unprecedented crisis and taking specific actions addressing the concerns and challenges of disabilities, specially women and girls with disabilities.

Please do not hesitate to share with us your ideas so that we can improve our service offerings and support you better.