COVID-19 Project at the Intersection of Gender and Disability

Women Enabled International

UNFPA

HYPE Sri Lanka (local national partner for Sri Lanka)

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South Asia Segment

• 5 national consultations – India, Sri Lanka, Nepal, Bangladesh, Pakistan
• 1 regional experts’ consultation

HYPE Sri Lanka
Youth Empowerment Incubator
https://hypesl.org/

Women Enabled International
https://www.womenenabled.org/
Basic Needs

• Disproportionately impacted WWDs in rural settings
• Lack of information and awareness regarding food distribution
• Inaccessibility of food trucks, limited coverage of rural communities
• Lack of access to menstrual products – stock ‘running out’, not considered ‘essential’
• Impact on female carers
• Lack of access during temporary curfew suspensions – face masks obstructing communication for Deaf persons, difficulties with standing in line, barriers to social distancing
• Disruption to communal support systems – fear of contagion and transmission, COVID stigma
Access to Healthcare

• 1990 emergency ambulance service – transport to nearest hospital, no means of getting back home – ‘access gaps’

• Rise in incidence of psychosocial disabilities – disruption to community support services, isolation, containment to homes and restricted environments – inadequate medical/social support

• Lack of COVID related counselling

• Lack of access to clinics, rehabilitation facilities and essential items like catheters, adult diapers etc.

• Emergency services – Mental health related crises not regarded as medical emergencies, National Institution of Mental Health ceased admitting new patients

• Harder to obtain healthcare for those without pre-existing conditions

• Shortage of essential medication – esp. for those on long term medication – led to a reliance on traditional medicine

• Suspension of home-based services

• Lack of access to assistive devices and services
Access to Information

• COVID Specific information – Sign Language interpretation for standard news but not breaking news/ emergency information, no standard sign language in Sri Lanka – local variants

• 1919 – Government information centre hotline – no emergency health information for persons with psychosocial disabilities

• Limited access to information on status of PWDs in institutional settings (lack of accountability), isolation of specific populations

• Civil Society – try to make information more accessible, especially in militarized areas
Social Protection

• Rs 5000.00 living allowance provided by the Government of Sri Lanka (GOSL) for vulnerable populations – Disability Organizations Joint Front (DOJF) facilitated process for allowance to reach persons with disabilities.

• Limited dry rations provided to ‘vulnerable populations’

• Accessibility of quarantine facilities

• Involvement of civil society to fill gaps
GBV

• Escalation in GBV – restriction to home based environments, breakdown of community supports

• Reduced opportunities for safety and recourse – lack of privacy, containment to homes

Not covered in consultation

• Reports of sexual assault and police harassment (persons with intellectual/ learning disabilities)

• Rise in general prevalence of GBV/ domestic violence – no disaggregated data
Access to Education

• Online learning inaccessible – exacerbates existing inequities
  Digital divide, especially inaccessible for students with visual impairments
• De-prioritize needs of learners with disabilities due to resource limitations
• Inability of Deaf students to communicate with members of their household/ community – isolation, alienation
SRHR

• Cultural taboo relating to the sex and sexuality (especially in relation to women with disabilities)
• Curtailment of SRH related services during lockdown, limited information available
• Lack of privacy – especially for Deaf/ hearing impaired women who must rely on interpreters for communicating with SRH service providers
• Negative stereotypes – asexual, hypersexual, deprived of gendered, socially sanctioned roles of wife, mother etc.
• Viewed as burdens – when in fact they do much of the housework – kept in the shadows – shame/ stigma
Economic Impacts

• Many self employed WWDs lost their sources of income – increased dependence

• WWDs who obtained the Rs 5000.00 living allowance not eligible for support schemes for self-employed persons and entrepreneurs.

• WWDs as heads of households – primary wage earners (central province)

• Deaf female garment factory workers were unable to travel to their homes due to restrictions on inter-district travel – lack of information and support
DPO Response

• Link PWDs to relevant service providers
• Lobbying and advocacy, holding institutions accountable (Disability Organizations Joint Front –DOJF)
• Translation of emergency notices to Sign Language – posted on Facebook
• Wellassa organization, Consumer Action Network Mental Health (CAN MH)– provide vital medications to PWDs
• Multi-stakeholder intervention – including universities
HYPE Sri Lanka

• Mental Health Awareness 101, Disability Awareness
• Sensitizing public systems and administrative authorities
• Youth needs campaign – aimed at newly elected parliamentarians
• Social media series on fact checking
• Inclusive voter education
• Collaborating with WEI on regional COVID-19 project
• Publicize hotlines and existing services
• WEI- UNFPA- HYPE collaboration – Tamil consultation, consultation with Deaf women, South Asia regional consultation
Opportunities

• Online activism and engagement through social media (danger of ‘fake news’, sensationalization)
• Cross-movement collaboration and knowledge creation – webinars, reports, engagement of universities, sharing best practices
• Strategic collaboration around ‘curfew passes’ and existing aid distribution frameworks – Mother Lanka Foundation
• Ongoing crisis – opportunity to fine-tune response, shifts in broader thinking around DRR and Disability, re-think budgetary allocations
Moving Forward

• Build Back Better! – Need for disability and gender focused disaster response
• Be prepared for second wave of COVID, similar emergencies in the future
• Factor in menstrual products to basic aid packages
• Address limitations of generic ‘vulnerable persons’-oriented response – need for disability/ gender specific response
• Community level ‘buddy’ system
• Disability sensitization of officials - especially police officers
• Community based inclusive services
• Reconsider how we distribute resources in our societies
• reconsider the division of public/ private life and home/ society - how can we support, connect and hold each other accountable in the private sphere?
• Reassess how we view vulnerability, sickness, community and our relationship with the environment.