

# 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 animation campaign – voting during COVID-19 – sanitary measures and procedures – collaboration with IFES (International Foundation for Electoral Systems), CAN MH, Election commission
- 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.