LEAVE NO WOMAN BEHIND

Lift the Veil of Invisibility of Women and Girls with Disabilities to Hear Their Voices and Address Their Rights and Needs in the Fight Against COVID-19

“It is fundamental to ensure the inclusion and access of persons with disabilities to health services, on an equal basis with others, including medicines, vaccines and medical equipment, as well as to social protection services and other support systems, including for independent living, such as personal assistance, sign language and tactile interpretation, and psychosocial support. Efforts should also aim at providing continued employment, education, as well as prevention from and response to violence. These actions should be provided during the immediate health and emergency responses, as well as development and recovery efforts in the longer term.”

*From the statement of 138 Member States and Observers of the United Nations to the UN Secretary Generals policy brief “Disability-Inclusive Response to COVID-19 – Towards a better future for all”*

“To achieve the highest attainable standard of health for persons with disabilities, the following actions should be considered:

- Strengthen national legislation and policies on health care in line with the CRPD.
- Identify and eliminate obstacles and barriers to accessibility in health-care facilities.
- Improve healthcare coverage and affordability for persons with disabilities as part of universal approaches to healthcare.
- Train healthcare personnel on disability inclusion and improve service delivery for persons with disabilities.
- Empower persons with disabilities to take control over their own healthcare decisions, on the basis of informed consent.
- Prohibit discriminatory practices in health insurance and promote health insurance coverage for assistive products and rehabilitation services.
- Improve research and data to monitor, evaluate and strengthen health systems to include and deliver for persons with disabilities.”

Leaving No One Behind: the COVID-19 Crisis Through the Disability and Gender Lens - United Nations Department of Economic and Social Affairs (UNDESA), May 2020
Women and girls with disabilities represent more than half of all persons with disabilities worldwide and almost 20% of all women worldwide. But their needs and rights are largely unmet, cloaked in invisibility. Available data suggest that women with disabilities are three times more likely to have unmet needs for health care; three times more likely to be illiterate; two times less likely to be employed and two times less likely to use the internet. Women and girls with disabilities are at heightened risk of suffering sexual violence compared to those without disabilities.

These existing gender, age, disability and structural inequalities in public and private environments are being exacerbated by the multifaceted impact of the COVID-19 crisis. Intersecting forms of discrimination related to sexual and reproductive health, gender-based violence, legal protection, unpaid care and domestic work are getting worse. Women and girls with disabilities, including migrants, refugees, and from ethnic minorities face special obstacles and discrimination in accessing health care, social protection and income security, accessible and appropriate housing, education, employment, mental health services, and communication technologies.

The COVID-19 pandemic has shone a light on the extreme vulnerability to contracting the virus of women and girls with disabilities in many countries. Testing is fundamental to prevent the spread of the virus, together with carrying out the World Health Organization’s (WHO) advice to “regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water”, self-isolation except for exercise and shopping, and observe social distancing of about 2 metres.

Data is not available on whether women and girls with disabilities are being tested for the virus. Most women and girls with disabilities largely depend on care services, while many live from hand to mouth for daily survival. Many women and girls with disabilities live in crowded accommodation and do not have access to clean water and adequate sanitation. Therefore, the WHO’s recommendations for staying safe from the virus are very challenging for many women and girls with disabilities.

In Africa, women and girls with disabilities may face multiple challenges and specific discriminations linked to religion and socio-cultural beliefs. Their presence and voices are largely ignored and excluded in critical decision-making processes at community, local and national levels. In many countries public policies and budgets to support their rights is not being made, which is in direct contravention to the provisions of the 2014 Convention of the Rights of Persons with Disabilities and the 2018 African Union protocol on the Rights of Persons with Disabilities.

---

Situational analysis: Voices of Women with Disabilities in Africa

Many women and girls with disabilities who rely on others and find themselves without support due to movement restrictions and physical distancing measures. They are at risk of not having access to food, income, essential goods and medicine, and cannot carry out basic daily activities.

“I live with my daughter who helps with selling water on the street. My daughter’s husband who used to support us was involved in an accident and is bedridden, so I am left with only my daughter. Ever since the lockdown started, my daughter cannot go out and sell the water to support us in the house.” Elizabeth Antwiwaa, a visually impaired woman in Kumasi, Ghana

“I go out to beg for alms by the roadside with my young son. We live on the money we get from the alms daily. Now we are kept indoors because of the lockdown. The government announced that they will help vulnerable people. The only thing we’ve received so far is a pack of cooked food shared in the community and I only got the chance to get one to eat”. Ayesha, 38 years old, Accra, Ghana

While there appear to be some good examples of countries that have put measures in place to ensure support to women and girls with disabilities, we are hearing directly from the women and girls themselves that more robust attention needs to be given to ensure that they are not even more left behind because of the pandemic.

Working with women and girls with disabilities and in light of the call of action of the SG to support women and girls with disabilities we call on key stakeholders, especially governments and civil society organizations (CSOs) to take prompt and appropriate action as follows:

GOVERNMENTS

1. To ensure health services and Ministries of Health prioritize the provision of face masks, alcohol-based hand sanitizers, and other preventive support to women and girls with disabilities.

2. In the light of restricted out-patient department (OPD) services, Ministries of Health should sensitize health officers and attendants to give immediate and prioritized medical attention to girls and women with disabilities and their children at medical facilities.

3. Government hospitals should ensure that women and girls with disabilities (WGDs) have their own protected slots to treatment in a day due to curfews and not be treated together with non-disabled persons).

4. Ensure that media and all visual broadcasts that provide updates and advice on precautionary measures for the general populace include sign language interpretation.
Leave No Woman Behind

Lift the Veil of Invisibility of Women and Girls with Disabilities to Hear Their Voices and Address Their Rights and Needs in the Fight Against COVID-19

a) Ensure that women and girls with disabilities with visual challenges - low vision, the partially sighted and the visually impaired - are supported with large print font size information (between 16 pt and 18 pt fonts) on COVID-19, and that all printed information on COVID-19 should have audio and electronic format and brail versions.

b) In order to include all women and girls with psychosocial disabilities (bipolar and schizophrenia, attention deficit disability, cerebral palsy, down syndrome, Alzheimer’s and dementia) in the safety and security measures against COVID-19 ensure that public information on the COVID-19 be in clear and simple language and be available in easy to read versions using pictures or symbols.

c) Physical distancing is extremely challenging and at times impossible for women and girl with disabilities. Governments must therefore ensure that personal assistants, caregivers, and guides have appropriate personal protective equipment (PPE) and wash their hands and arms as well as sanitize their hands and arms whiles they provide support to women with disabilities and their children, and support girls and women with disabilities and their children to adopt good hygiene through hand and arm washing and sanitisation.

5. Improve healthcare coverage to be affordable for persons with disabilities as part of universal approaches to healthcare.

6. To ensure the safety and security measures for women and girls with disabilities, there must be budgetary allocation towards strategies that target women with disabilities in the prevention of COVID-19 for them to stay home with their children and not be infected

CIVIL SOCIETY ORGANISATIONS

1. CSOs for PWDs and women and girls related CSOs should network and partner to address the challenges identified during this pandemic.

2. CSOS to follow the principle of “Nothing about us without us” principle, and involve women and girls with disabilities in decision making process.

3. CSOs to partners with organisations of women and girls with disabilities in public events such as hand-washing activities, distribution of food, conducting interviews with women and WWDs in slums to support sharing of knowledge on the challenges experienced as a result of COVID-19.

4. Support raising COVID-19 awareness to PWDs in local languages.

5. Participate and promote “talking walls” activities – drawings and writings on walls - to pass information on COVID-19, with the help of youths in the slums.
6. CSOs should work with the government to provide many hand-washing points in the slums and communities with PWDs.

7. Educate communities and local government on the importance of offering disability friendly services to PWDs during the COVID-19 pandemic.

8. Promote and provide mental health services on radios, TVs, and posters including in braille and sign language.

9. Promote and advocate for local and national government provision of health access, food and income support through the universal roll out of the social protection floor and ensure access to these provisions for women and girls with disabilities.

10. Promote collection of data and its disaggregation by age, sex, and disability analysis of the barriers faced by women and girls with disabilities.

11. To mainstream disability welfare approach to their programming so that persons with disabilities can access more opportunities and resources.

Signed by

1. Global Call to Action Against Poverty (GCAP)

2. Ghana Federation of Organisations of Persons with Disabilities (GFD) - Ghana

3. AMASBI - Mali

4. Polycom Development Project - Kenya