Leave No Woman and Girls With Disabilities Behind

In Africa During COVID 19 and beyond

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Executive Summary

Disability inclusion is an essential condition to upholding human rights, sustainable development, and peace and security. It is also central to the promise of the 2030 Agenda for Sustainable Development to leave no one behind. The commitment to realizing the rights of persons with disabilities is not only a matter of justice; it is an investment in a common future.

2020 Report of the UN Secretary General on the United Nations Disability Strategy (UNDIS)

In 2019, in the context of its ‘Leave No Woman Behind’ programme, GCAP partners gathered evidence on the lived experience of women and girls with disabilities in Kenya, Mali and Ghana. The subsequent 2021 report, based on their findings, provides a vivid picture of the difficulties which women and girls with disabilities encounter in their everyday lives. It highlights their demands for political action, for participation and for their voices to be heard – demands which they are making more forcefully in the context of the pandemic.

For over a year now, across the world and in Africa, COVID-19 has imposed even heavier burdens on women already struggling to combine paid work, domestic chores and child care – tasks which are made more stressful by poverty and entrenched patriarchal attitudes. Impacts of COVID-19 on women include reduced access to health services, including maternal health; increased exposure to domestic violence in lockdowns; the burden of caring for the sick; and loss of income without compensation as opportunities for work in informal sector dry up.

In the three countries studied in depth (Ghana, Kenya and Mali) approximately one in five of the poorest people have a disability. Poverty and marginalisation are compounded when gender, age and disability intersect, contributing to extreme vulnerability. Across their life course persons with disabilities tend to be significantly poor on many levels, and in technical reports are described as ‘poor multidimensionally’. Evidence gathered by GCAP partners demonstrates that women and girls with disabilities who are chronically poor and begging can be victims of human trafficking and exploitation, lured from the streets where they beg by promises of employment, accommodation and a meal per day. There are no comprehensive statistics on the impact of COVID-19 on women and girls living with disabilities in Africa. Poor data are a consequence of and a cause of invisibility, lack of voice and human rights abuses. There is mounting evidence, however, that violence and prejudice against women and girls with disabilities have increased during the pandemic, to the

extent that UN Women has described this violence as a shadow pandemic – violence which is often perpetrated by those closest to them.

COVID-19 is adding an additional set of issues to the multiple discrimination experienced due to age, gender and disabilities. Already vulnerable and stigmatised before COVID-19, enforced lockdowns, curfews and increased dependence on others have increased risk, violence, poverty and abuse of women and girls with disabilities.

“The community views me as a lesser being and a person not entitled to have a family. Most of the community nicknamed me as “that person on wheel chair”, A woman with disabilities from Kenya, 2019.

Leave No One Behind are the four words and the central thread which weaves together the 169 targets of the 17 Goals of the 2030 Agenda for Sustainable Development. The core principle of Leave No One Behind is derived from the international human rights framework, which informs the provisions of its 17 Sustainable Development Goals (SDGs), applicable to all persons in all countries at all stages of life without discrimination. There are specific commitments in the SDGs for disability inclusion in Goal 4 (Education), Goal 8 (Decent Work and Social Protection), Goal 10 (Inequalities), Goal 11 (Built Environment) and Goal 17 (Partnerships and Data).

Effective and accountable action to ‘Leave No One Behind’ is the litmus test of governments’ commitment to the 2030 Agenda and its Sustainable Development Goals. From the point of view of women and girls with disabilities in Africa it is a test that governments are failing. Even though most governments in Africa have ratified the Convention on the Rights of Persons with Disabilities (CPRD), they are failing to implement its commitments and put in place national and regional polices in accord with its provisions. Today the pandemic is focusing attention on the extent of this failure and its harmful consequences.

The Sustainable Development Goals cannot be reached without commitment, resources and enormous and sustained efforts by governments which, together with civil society organisations and international institutions, must listen to and act on the calls to action by those marginalised by virtue of their age, disability, gender, ethnicity and location.

Women and girls with disabilities know what needs to happen to make change. Entrenched prejudice, stigma, exclusions must be confronted at the same time as action is taken to implement the rights of women and girls with disabilities, including the right to health, to social protection and to freedom from violence.

The pathway to change is to listen to the voices of women and girls with disabilities, ensure their rights are implemented and include them in all policy arenas.

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Over the past 12 months the impact of COVID-19 and the safety measures of social distancing, lockdowns and curfews have imposed new burdens on women and girls with disabilities, who are already struggling to combine paid work, domestic chores and child care – tasks made more arduous by poverty and entrenched patriarchal attitudes. COVID-19 has meant reduced access to social protection and health services, including maternal health; increased exposure to domestic violence in lockdowns; the burden of caring for the sick; and loss of income without compensation as opportunities for work in the informal sector dry up.

Exclusion is exacerbated by age, gender, poverty, ethnicity, sexual orientation and location, which make it difficult or impossible in many countries for women with disabilities to access social protection, health, education, employment, transportation, community space and political representation. They are also often stigmatised in their own communities and further disadvantaged and marginalised. Lockdowns, curfews and controls implemented in response to COVID-19 make women and girls with disabilities even more dependent on others and increase the risk of violence behind locked doors.

Women have higher prevalence of disability compared to men, 19.2%, and 12% respectively. The vast majority (80%) of persons with disabilities live in low income countries and women and girls represent more than half of all persons with disabilities worldwide and almost 20% of all women. Globally, compared with men with disabilities, women with disabilities are three times more likely to have unmet needs for health care; three times

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7 See https://www.developmentpathways.co.uk/publications/situational-analysis-of-persons-with-disabilities-in-uganda/ for detailed study of these issues
8 Ibid.
more likely to be illiterate; two times less likely to be employed and two times less likely to use the internet. Among those employed, women with disabilities are two times less likely to work as legislators, senior officials or managers.¹¹ And even though people living in poverty are more likely to be disabled and people with disabilities are more likely to be poor,¹² over half the global population (of whom persons with disabilities form a high percentage) do not have social security coverage, with some 4 billion people unprotected. Unemployment among persons with disabilities is as high as 80%.¹³

People with disabilities, both female and male, make up about 15% of the world’s population,¹⁴ one billion people. In Africa females account for a slightly higher percentage of people living with disabilities than males, mainly accounted for by the 60+ age cohort.¹⁵ The likelihood of disability increases with age, with disability prevalence increasing from 12% among working age adults to 39% among older persons.¹⁶ Low and middle income countries have higher disability prevalence compared to high income countries. 90% of children with disabilities in developing countries do not attend school; in developing countries only 50% of women with disabilities are able to read and write, compared with 65% of men with disabilities.¹⁷

¹¹ United Nations. Realizing the Sustainable Development Goals by, for and with Persons with Disabilities - Achieving gender equality and empowering all women and girls with disabilities (Goal 5).
Section 2

Impact of COVID-19

A UNESCO study in Zimbabwe gives a good summary of the particular difficulties faced by women with disabilities dealing with COVID and also sheds light on the increased gender-based violence they are facing:

“... while there are general challenges experienced by persons with disabilities, such as movement restrictions, banning of informal trading, shortage of food and nutrition among others due to COVID-19, women and girls with disabilities experience an additional unique set of challenges.

Grounded in societal values, cultural norms and beliefs, the women and girl child carry the extra burden of looking after the whole family by doing household chores which include, cleaning cooking utensils, household furniture, floors and washrooms, washing clothes, fetching water among many others.

From the study sample, there are more female caregivers, 56% compared to 46% males. Caregiving adds a further burden to women who already have household duties to perform. This also has implications on programming targeted at improving the care of persons with disabilities. The physical and emotional drain that comes with this role overload negatively affects the health and wellbeing of women and girls with disabilities. All these activities expose them to COVID-19 virus and also mean that, they can become an ‘effective’ agent of spreading the virus.”  

https://unesdoc.unesco.org/ark:/48223/pf0000375260?posInSet=1&queryId=9223b8ff-d3b7-4e1a-802c-cd4b626266f1
The extent of the prevalence of COVID amongst women and girls with disabilities in Africa is not known and Africa accounts for only a small proportion of cases worldwide, with numbers of COVID-19 cases differing widely across the continent. But there are acknowledged difficulties in gathering accurate statistics and many cases go unreported. According to the World Health Organisation (WHO), women as a whole account for an average of around 40% of COVID-19 cases across the continent, ranging from 35% in some countries to over 55% in South Africa. At the beginning of April 2021, South Africa had registered over 1.5 million cases and over 53,000 deaths. New variants and uneven access to vaccines between countries and population groups are now a key concern.

African countries were praised by the WHO for taking swift action to keep cases low, putting in place lockdowns and key public health measures, such as promoting physical distancing, good hand hygiene, and testing and tracing of contacts of people with COVID-19, with isolation of cases. But for women and girls with disabilities the impact of these public health measures and lockdowns has been profound and severe.

Since April 2020 GCAP Africa has been pulling together regional and country specific accounts of how women and girls are experiencing discrimination linked to COVID-19 and putting the case for specific measures to support access to health, income, food and information. Equitable access to vaccination is a key demand. Conscious of the danger of their exclusion from vaccination lists, persons with disabilities are working together to prevent this from happening.

i. COVID-19 pandemic and violence

Stigma, invisibility, and exclusion from services and social protection come together in violence and abuse. Women and girls with disabilities are at greater risk of violence and sexual abuse than women without disabilities. Women with disabilities are at two to four times higher risk of intimate partner violence (IPV) than women without disabilities. In the words of the chairwoman of a disabled persons association in rural Kenya, “Most people do not respect us as people who deserve to be treated with dignity, when something happens to a disabled person, it is not taken as seriously compared to when something happens to a non-disabled person. This is not only by the community, even the police, the hospitals, the schools, the churches, parents, everybody ...., what do you say when a parent takes 200 shillings (USD $2.00) and agrees to close their eyes when their daughter has been raped?”

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21 British Medical Journal (BMJ). https://www.bmj.com/content/369/bmj.m2394
Testimonies submitted to the COVID-19 Disability Rights Monitor Survey revealed “… police harassment, torture, and murder of persons with disabilities and their family members [and] that persons with disabilities were particularly vulnerable to various forms of exploitation, violence, and abuse in countries with strict curfews and strong police or military presence.” 23 The survey includes reports of police brutality against women and girls with disabilities who broke the curfew rules to seek food. For instance, a respondent from a Nigerian organisation of persons with disabilities said that “a mother of a child with Cerebral Palsy was harassed by policemen on her way to collect food relief at one of the distribution centres.” Likewise, a Ugandan respondent said that “a woman with a disability was beaten up after curfew time. She was looking for food.” A South African respondent said that “parents have been fined or arrested for going to buy diapers or medication for their child with a disability.” 24

24 bid.
“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

Women and girls living with disabilities are already at greater risk of violence than their sisters who do not have disabilities. For women in Africa living with disabilities these difficulties are intensified. In the words of Nadia Uwimana, member of UN Women Regional EVAW Reference Group and Legal Representative of Association for women with disabilities,25 “There are many cases of violence against women with disabilities in different forms, reported during COVID-19, and many women suffer in silence. First, there is domestic violence where women with disabilities are forced to stay at home, without the right to go out. Then there is the case of sexual abuse of disabled girls by family members or by people of the locality. There are also cases of exploitation of the disabled girl by her family. There are also cases where girls with disabilities, due to economic hardship are forced to cohabit with men and also face stigma and discrimination. Most of these cases remain undisclosed.” 26

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25 Nadia Uwimana, Member of UN Women Regional EVAW Reference Group and Legal Representative of Association for women with disabilities (Les Vaillantes)

ii. Social protection

Overcoming the multiple and intersecting disadvantages of women and girls with disabilities requires governments across Africa to ensure that the provisions of social protection floors reach women and girls with disabilities and that woman and girls with disabilities have full access to health, education, sexual reproductive and social protection programmes.”


By Kenya Ghana Federation of Disability Organizations (GFD). Global Call to Action Against Poverty (GCAP) Association Malienne pour la Sauvegarde du Bien Etre Familial (AMASBIF) and Polycom Development Project.

The COVID-19 pandemic has highlighted how important access to social protection is for everyone, and especially persons with disabilities, and at the same time has exposed the flaws which exclude them from the benefits to which they are entitled. People with disabilities need and have the right to social protection to compensate for the cost of having a disability, providing a way to help them to overcome barriers to participation in society.

In every country accessible and adequate social protection is supposed to be available, in line with government commitments to the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs). Social protection facilitates access to essential services, education, employment and social and economic inclusion, and plays an essential role in crisis and recovery.

The evidence gathered across Africa revealed how defective design, inaccessible pay points, poor access to information on entitlements and problems of coverage and adequacy are denying untold numbers their right to social protection. For example, in Ghana, provisions for persons with disabilities fall under a number of schemes, including the Livelihoods Empowerment Against Poverty (LEAP) Programme; Labour Intensive Public Works (LIPW); National Health Insurance Authority (NHIA); School Feeding Programme; the EBAN Elderly Card; and the “7.5% District Assembly Common Fund” (3% DACF). The EBAN Elderly Welfare Card, launched in 2015, is intended to provide easy access public institutions and to avoid queuing for persons aged 65 years and above at hospitals, banks and other public places and a 50% discount on bus fares.

Yet of the eleven women interviewed in a GCAP focus group in 2019 only six had accessed financial support. In all six cases this was from the DACF. There are no records of people with disabilities benefiting from LIPW.

The social protection laws and regulations of Mali include the 2016 National Social Protection Policy and action plan, universal health coverage policy and the 2015-

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2024 strategic plan for the social and economic promotion of people with disabilities. Nevertheless, the focus groups stated, “Inequality of treatment: women with disabilities have limited access to food, protection, housing, training, information, new communication technologies, employment, decent pay, a home, procreation. They believe that they are instrumentalised by politicians and institutions that get rich on their backs.”

Persons with disabilities in Kenya are entitled to basic income and health services, but evidence shows that infrastructural limitations,\textsuperscript{28} compounded by the poor quality of information available to persons with disabilities regarding their entitlements, result in poor take-up – difficulties now exacerbated by Covid. Women and girls with disabilities and their families find it hard to get information on where and how to obtain the benefits available; and, even if there is information, unsuitable transport, environmental factors and badly located and faraway venues for services which are not necessarily COVID secure for persons with disabilities make it hard to access them.

### iii. Education, employment and health

In Kenya, there is discrimination in hiring, retention, promotion, pay and access to training, credit and other productive resources.\textsuperscript{29} World Bank research has confirmed that children with disabilities have been shown to be at a substantial disadvantage in enrolling in school, completing primary or secondary education, or being literate. Disabled girls are routinely denied all levels and types of education with very negative consequences for their employment prospects and self-esteem. Drop-out rates for girls with disabilities are high. They are often discouraged from continuing in education; they may be isolated; they don’t play with other children either at home or in school; and they are often bullied and given derogatory nicknames.

Girls with disabilities have difficulty getting an education; school buildings are not accessible; and learning materials are not adapted to their needs. And some school heads even turn away children with disabilities, depriving them of their right to education and denying them the opportunity to compete for the jobs which could provide an income for themselves and their families. After leaving school, at best they are assigned menial jobs as cleaners or messengers in offices and institutions or are even reduced to begging for a living.”

**Focus group discussion**

*Ghana, 2019*


Without education, employment is more difficult and few allowances are made for women with disabilities in the workplace. While school completion rates for all children across Africa are improving, the gap in completion rates in both primary and secondary schools between girls with disabilities and girls without disabilities is increasing.\textsuperscript{30} Poverty is a huge problem because it costs a lot more to ensure that a child with a disability can attend school regularly. More has to be done too to convince parents that it is worth sending a child with a disability to school. And school buildings must be made accessible. The online classes organised during the pandemic are not accessible to girls with disabilities, further reducing their opportunities to learn and therefore likely to increase their dropout rates.

Ten respondents (male and female) to a survey about COVID-19 undertaken with Organisations of Persons with Disabilities in Uganda in August 2020 reported that they had lost 64% of their monthly income since the start of the outbreak. After adjusting for purchase power parity, this is the equivalent of falling from €203 to €73 per month. In the same survey one in three women respondents reported an increased risk of physical and/or sexual violence.\textsuperscript{31} Before the pandemic some persons with disabilities were able to make money by working, but now they are stuck at home with no money coming in, and there are reports that this is causing squabbles among family members.

In three focus study countries (Kenya, Mali and Ghana) women with disabilities had difficulties in accessing the services they were entitled to, including health, because information about their entitlements was not available or because the offices they needed to visit were not disabled-friendly. The pandemic has intensified these problems. In Kenya it has been reported that almost three quarters of persons with disabilities living in informal settlements in urban areas are less likely to have adequate access to health services, due to stigma and infrastructural limitations.\textsuperscript{32} Evidence gathered by GCAP also highlights how widespread misconceptions about the sexuality of women with disabilities results in poor access to sexual and reproductive health services, including family planning and maternal health care.


iv. Lack of disaggregated data

Despite efforts of the international community and civil society to promote assessment of disability through the use of the Washington Group questions on functioning (a standardised set of questions which can detect the extent, trends and levels of disability, and which, because of their simplicity and brevity, can be incorporated into national censuses and survey instruments), women and girls with disabilities are largely uncounted and invisible in national statistics in many countries in Africa. The lack of systematic data collection on disability, disaggregated by sex and age, means that the extent of disability is often invisible to governments, official institutions and the wider world. Without data that tell them where people with disabilities live, how many there are, what age and what sex they are, what sort of disability they have, government institutions cannot even begin to provide the services and protections they need. Consequently, the social protection which is theirs by right is not delivered.

It also means that it is impossible to count the number of women and girls with disabilities relative to boys and men. This contributes to the invisibility of children, especially girls, with disabilities. Official data on disability in Mali, Kenya and Ghana, collected by means of censuses, almost certainly underestimates prevalence. This may be the case in other African countries. There is, therefore, a double challenge for statistical authorities – to collect accurate data on disability for the whole population and, second, to collect age and gender specific data which will accurately provide the numbers of women and girls living with disabilities over the life course as well as the type and severity of disability. This may have had negative consequences for the provisions of support to the women and girls with disabilities during the pandemic.

Action must be taken on disaggregation of data to fulfil the pledge of governments to Leave No One Behind. Target 18 of Goal 17, the penultimate paragraph of the SDGs, embracing all the goals and targets that precede it, calls for countries “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.”

Section 3

Making the changes – What ought to happen?

i. Implement the rights of persons with disabilities.

In the words of the UN Secretary General, when introducing the UN Disability Strategy in 2020, “when we secure the rights of persons with disabilities, we move the world closer to upholding the core values and principles of the UN Charter.”

The rights of persons with disabilities are supported by overarching human rights frameworks, derived from the 1948 Universal Declaration of Human Rights and the subsequent body of international human rights law. African countries have ratified the Convention of the Rights of Persons with Disabilities. The African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities, agreed in 2018, promises in its Article 17, to “promote, protect and ensure the full and equal enjoyment of all human and people’s rights by all persons with disabilities, and to ensure respect for their inherent dignity,” with specific provisions for women and girls.

The 2006 Convention of the Rights of Persons with Disabilities 34 covers the rights of persons with disabilities in all contexts and areas of life, including political participation, employment, health, social protection, crises and humanitarian emergencies. The Convention on the Rights of Persons with Disabilities and its optional protocol was followed over 10 years later by the UN General Assembly resolution on its implementation,35 adopted in 2017, focusing on the special needs and challenges that women and girls with disabilities face.

The ILO Social Protection Floors Recommendation, 2012 (No. 202) stipulates that disability benefits be part of progressively extended social protection, and that essential healthcare includes specific provisions for disability.

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The majority of African countries, including Ghana, Kenya and Mali, have signed the African Charter and ratified the CRPD and its optional protocol and some have a number of provisions in law to support persons with disabilities.

Despite this, as women with disabilities and their organisations have repeatedly pointed out, there are systemic failures in these countries to uphold their rights to basic services, social protection, freedom from violence and political participation. Women with disabilities who are candidates for political office face many hurdles, due to stigma, gender, access and finance, and persons with psychosocial and intellectual disabilities continue to be deprived of their rights to vote and to run for election.

Even where there are laws that supposedly provide support for women and girls with disabilities, the depth of stigma and negative attitudes toward disability often makes them ineffective.

Fewer than half of African countries have legislation in place to protect and promote the rights of persons with disabilities. This failure to implement the rights of persons with disabilities contravenes both the provisions of the 2006 Convention on the Rights of Persons with Disabilities - CPRD and its optional protocol, the African Union 2018 protocol for the rights of persons with disabilities and the 2015 Addis Ababa Action Agenda and its six references to disability rights.

Photo from GCAP Mali

36 https://au.int/sites/default/files/treaties/36440-treaty-protocol_to_the_achpr_on_the_rights_of_persons_with_disabilities_in_africa_e.pdf
37 https://www.iddcconsortium.net/blog/disability-specific-references-in-the-addis-ababa-action-agenda/
Quotes from the focus group discussions on the women and girls with disabilities

Focus group discussion in Ghana, 2019

“What should be done differently? The community must embrace girls and women with disabilities, mentor them, offer opportunities to participate in developmental programs, educate the public on the capacities of the person with a disability, empowering the woman or girl with disability to rise above the challenges and encouraging parents to educate and allow their girls with disabilities to socialise in society.”

Focus Group Discussion in Ghana September 2019

“Traditional beliefs are still strong in Ghana which means that the birth of a disabled child can be seen as a curse and taken to be a sign that evil spirits have been at work. Disabled children are often shunned or even left to die because they are considered a bad omen. Laws and beliefs are changing, however, and outright neglect is rare but disabled people are still viewed as a burden to their families and objects of pity. They are not expected to be seen in social gatherings and, if they do go, they attract uninvited looks.”

Informant from Ghana in 2019

“I get the information I need through radio and television, what about my brothers and sisters who cannot see and hear?”

Informant from Nigeria

“Social services should target women and girls with disabilities …. Education for women and girls with disabilities is not accessible and is money consuming, they need help in this area.”

Informant from Tanzania

“To do things differently we must empower the community to understand the rights of women and girls with disabilities. Moreover, the community should participate in the activities that are conducted by the women and girls with disabilities in order to know our talent and the capacity that we have.”

Focus Group Discussion in Ghana, 2019

“Exclusion from education means that women with disabilities cannot get the jobs that could be the springboard for political participation and the possibility of taking on decision-making responsibilities. Cultural norms also exclude disabled people and women; for example, in the Ashanti community, it is forbidden to have a disabled chief and persons with disabilities are denied participation in decision making bodies and are prohibited even from engaging with traditional leaders.”
**ii. Take political action**

“The Government is the main actor, and the barriers are the lack of political will to improve the lives of persons with disability.”

**Focus group discussion**
in Ghana, 2019

Political involvement by women with disabilities can influence disability rights and is considered a key strategy for change. However, in Mali, Kenya and Ghana it was observed that, even if a woman with disabilities puts herself forward for a political leadership position, her abilities may not be recognised and she will not have financial and social support to represent her political party in elections. If she cannot gain a place in the leadership structures of her local community it is very difficult to break into political life at a higher level. Furthermore, there are no guidelines for political parties on inclusion of women with disabilities, which compounds the barriers of lack of finance, attitude, disability unfriendly facilities and lack of inclusive access.

Overcoming exclusions and barriers requires countries to respond to the unique needs and unmet rights of women and girls with disabilities. Better opportunities for political participation by women with disabilities as political influencers and voters are essential for change together with overcoming discriminatory attitudes and doing away with the barriers to education, social protection, essential health services, employment, protection before the law and ensuring participation in social and development activities, political decision making and community life.

In Addis Ababa in **October 2019 at the Beijing plus 25 conference**, women and girls with disabilities called on their governments to guarantee the promotion and realisation of their human rights in all national and regional policies, according to the provisions of the Convention of the Rights of Persons with Disabilities, its optional protocol and the African Union Protocol to the African Charter on Human and People’s Rights. Furthermore, they demanded that no girl or woman with disabilities should be left behind and or remain uncounted in the next review and implementation period of Beijing +25. They asked that each of the 12 areas of action of the Beijing Platform for Action should have specific reference to and policy provision across the life course for women and girls with disabilities.
The COVID-19 pandemic should be shaping immediate and future actions to ensure the social, economic and environmental fabric of our world be one of peace, justice and security for all.

COVID-19 has exposed the systemic flaws of economic and social inequalities within and between countries. It has highlighted the discriminations experienced on a daily basis by those marginalised by virtue of age, disability, gender, ethnicity and location. It has drawn attention to the importance of human rights and government accountability to their citizens. Lockdowns have shown how exclusion and risk can made more dangerous for those already marginalised.

COVID-19’s devastating effect on older people, people with disabilities, the care sector, frontline services and those with underlying health conditions has underlined the importance of a whole-of-society approach which provides well-resourced health systems and delivers social protection for all ages and without discrimination. It has highlighted the importance of Agenda 2030 and the Sustainable Development Goals as the global framework to ‘build transformatively forward’.

Key recommendations include:

- Governments to identify persons with disabilities on a priority basis to make sure that they have social protection and are included in the support systems developed during the pandemic, and ensure that they receive adequate food and nutrition.

- Governments to ensure that the regular health needs of women and girls with disabilities are met during the pandemic.

- In planning for economic recovery and the restoration of livelihoods after the pandemic, governments should include specific opportunities for women and girls with disabilities.

- Judicial and rights institutions and law enforcement bodies should draw up special protocols and procedures for dealing with violence against women and girls with disabilities.

- Women and girls with disabilities should have equal access to COVID-19 emergency responses and vaccines without discrimination.

- Women and girls with disabilities should have equal opportunities to contribute fully to their communities and countries.

- Governments should put in place inclusive policies that enable, rather than prevent, their development and contributions.

- Women and girls with disabilities demand to be fully involved and equal participants in developing and implementing policies on disability, gender equality, social development, environmental sustainability and humanitarian programmes.

- A unified Africa approach to issues of women and girls with disabilities in addressing the COVID-19 pandemic is required.

- In all countries of the region women and girls with disabilities and their representative organisations are calling for full involvement in developing and implementing policies on gender equality and women’s rights.

- UNECA and all governments must ensure availability of up to date regional and national data and statistics on women and girls with disabilities.

- There must be meaningful representation of women with disabilities in national, regional and international political processes in all countries of Africa and within the African Union and organisations of the United Nations and multilateral bodies.
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