

REGIONAL ANALYSIS ON
TRENDS AND EMERGING
ISSUES RELATED TO WOMEN
WITH DISABILITIES IN EAST
AND SOUTHERN AFRICA
FOCUSING ON THE COVID-19
PANDEMIC



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REGIONAL ANALYSIS ON TRENDS AND EMERGING ISSUES RELATED TO WOMEN WITH DISABILITIES IN EAST AND SOUTHERN AFRICA FOCUSING ON THE COVID-19 PANDEMIC



ENDING VIOLENCE AGAINST WOMEN

ABOUT UN WOMEN

UN Women works for the elimination of discrimination against women and girls; the empowerment of women; and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace, and security. Placing women's rights at the centre of all its efforts, the UN Women leads and coordinates United Nations system efforts to ensure that commitments on gender equality and gender mainstreaming translate into action throughout the world. It provides leadership in support of Member States' priorities and efforts, building effective partnerships with civil society and other relevant actors. As part of this mandate, UN Women also contributes to gender equality and empowerment of women and girls with disabilities. Details on our work for the empowerment of women and girls with disabilities, towards full and effective participation and gender equality, is available at <https://www.unwomen.org//media/headquarters/attachments/sections/library/publications/2018/empowerment-of-women-and-girls-with-disabilities-en.pdf?la=en&vs=3504>

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ABBREVIATIONS

AU	African Union
COVID-19	Coronavirus Disease 2019
DIIP	Disability Inclusion Intersectionality Portfolio
ESA	Eastern And Southern Africa
FODPZ	Federation Of Organisations Of Disabled Persons Of Zimbabwe
GBV	Gender-Based Violence
HP	Harmful Practice
IASC	Inter-Agency Standing Committee
IPV	Intimate Partner Violence
KICD	Kenya Institute Of Curriculum Development
MGLSD	Ministry Of Gender, Labour And Social Development
NGO	Non-Governmental Organization
NUWODU	National Union Of Women With Disabilities Of Uganda
OHCHR	Office Of The United Nations High Commissioner For Human Rights
PHSM	Public Health And Social Measure
PPE	Personal Protective Equipment
SDG	Sustainable Development Goal
SRH	Sexual Reproductive Health
UN	United Nations
UN DESA	United Nations Department Of Economics And Social Affairs
UNESCO	United Nations Educational, Scientific And Cultural Organization
UNHCR	United Nations High Commissioner For Refugees
UNICEF	United Nations Children's Fund
UNPRPD	UN Partnership For The Rights Of Persons With Disabilities
UN Women	United Nations Entity For Gender Equality And The Empowerment Of Women
WHO	World Health Organization

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This analysis was developed in partnership with the UN Women Disability Inclusion and Intersectionality Portfolio (DIIP) and the UN Partnership on the Rights of Persons with Disabilities (UNPRPD) Joint Programme on Disability Inclusive Response and Recovery Planning for COVID-19.

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Organizations of Persons with Disabilities

UN Women greatly appreciates the contributions of the members of a number of organizations of persons with disabilities who contributed to the analysis, including Roseweter Mudarikwa, Chairperson, Network of African Women with Disabilities, Zimbabwe; Emma Pearce, Gender & Inclusion Consultant, Women's Refugee Commission; Dale Buscher, Vice President of Programmes, Women's Refugee Commission; Rosabel Githinji, Senior Disability Services Officer, National Council for Persons with Disabilities (NCPWD), Kenya; Jane Wamaithe Wamugu, Administrative Officer, National Council for Persons with Disabilities (NCPWD), Kenya; and Jeriter Mutinda Mutisya, Chairperson/Persons with Disabilities COVID-19 Response Fund beneficiary, Albinism County Network, Kenya.

EXECUTIVE SUMMARY

The purpose of this study was to document case studies of good and promising practices on protection of rights and access to services for women with disabilities in East and Southern Africa (ESA) during the COVID-19 pandemic. This was to be achieved through a regional analysis on trends and emerging issues related to women with disabilities in ESA focusing on COVID-19 and the humanitarian context.

This analysis presents COVID-19 responses and recovery measures found mainly in the online literature on trends and emerging issues in the ESA region. It is assumed that the case studies identified in the literature review, focusing on women and girls with disabilities in ESA, reflect the overall experience of the COVID-19 response in the countries concerned.

The methodology in this study involved a documentary approach¹ using framework analysis to examine the official governmental responses to COVID-19, and interventions by non-governmental organizations.

The COVID-19 response and recovery measures taken by governments are cross-cutting and include enforcement of curfews, travel restrictions and social distancing; these measures were initially designed to last only a short time, but in some cases were extended or reintroduced from time to time. The implementation of these measures had implications for the role of the public sector, the private sector and civil society in addressing the effects of the pandemic on women and girls with disabilities.

In terms of identifying examples of good national responses to COVID-19, most reports that focused on women and girls with disabilities that were reviewed disaggregated data in terms of sex, age and type of disability only to a limited extent. This notwithstanding, it was possible during the study to discern how women and girls with disabilities were affected by COVID-19 responses that were informed by the existing domestic policies on inclusivity and global policy briefs on the COVID-19 pandemic response and recovery.

Regarding financial support measures in the ESA region, there are instances of good practice. An example is that women and girls with disabilities were included in the population of persons with disabilities that was targeted by the extra cash transfer programme that was initiated in Kenya as a response to the COVID-19 pandemic and as part of its recovery. The Ugandan Government, through the Ministry of Gender, Labour and Social Development, disbursed money from the National Special Grant for Persons with Disabilities to beneficiaries' bank accounts. This grant was designed long before the COVID-19 pandemic hit, but it was particularly welcomed during the pandemic.

Concerning education, countries attempted to ensure continuity of education provision while schools were closed. In Zimbabwe, the Education Sector Strategy in Preparedness and Response to COVID-19 recognized the different needs of girls and boys and the specific needs of boys and girls living with disabilities.

In terms of addressing the needs of women and girls with disabilities, the National Union of Women with Disabilities of Uganda (NUWODU) undertook several actions to prioritize the rights of women and girls with disabilities during the COVID-19 pandemic. In addition, civil society in the ESA region devoted a large part of its response to helping women and girls with disabilities who were affected by lockdowns. The potential for technology to facilitate the fight against COVID-19 is clear across the continent, evidenced by the use of technology for instant messaging, digital governance and information dashboards.²

1 Bailey, K., 1994, *Methods of Social Research*, Fourth Edition, New York: The Free Press.

2 Association for Progressive Communications. 2020. "African Civic Tech and COVID-19: Five Emerging Trends." Accessed 7 February 2021. <https://www.apc.org/en/pubs/african-civic-tech-and-COVID-19-five-emerging-trends>

The COVID-19 pandemic and experiences from responses and recovery have presented governments with opportunities for actions to reduce health inequities, including accelerating the establishment of systems to ensure universal provision of quality

Recommendations

Ensure the availability of data disaggregated by disability type, age and sex. It is important to ensure that data analysed to inform the COVID-19 pandemic response and recovery are disaggregated by disability type, age and sex. The data should also capture intersectionality, for example female-headed households and pregnant and lactating women with a disability, to inform policymaking and enforcement, programming and service delivery.

Support women and girls with disabilities by guiding efforts to address negative social norms affecting persons with disabilities. Countries in the ESA region should consider addressing negative social norms that affect women and girls with disabilities, among other disadvantaged groups. This should involve and be guided by women and girls with disabilities to influence change in social norms and will demonstrate a serious effort to reduce health inequities.

Declare broadband internet to be an essential service for the domestic violence response. Countries should enforce measures that declare broadband internet or hotlines to be essential services for the domestic violence response and they should be made available in accessible formats to women and girls with disabilities so that they become part of decision-making to address pre-existing structural and systemic inequalities that increase their risk of violence.

Adopt an intersectional analysis framework for understanding violence against women with disabilities. An intersectional analysis framework for understanding violence against women with disabilities can help in the reflection on different forms and levels of violence and aid in the acknowledgement of these. Such a framework will inform longer-term policies and actions to address health inequality.³ United Nations (UN) agencies, national governments

services such as health care, education, sanitation and social protection. Although comprehensive social protection systems require significant investment up-front, the recurrent costs of providing basic social protection floors are affordable in most countries.

and civil society organizations working together through a joint programme should ensure the inclusion of disability in policies, programmes and service delivery that are informed by intersectionality.

Make essential services accessible through a multisectoral response. Lessons from responses to the COVID-19 pandemic in the ESA region present a unique opportunity for countries to rethink the urgent need for improved support to women and girls with disabilities by making essential services accessible through adopting a multisectoral response. A multisectoral response to address the effect of COVID-19 on women and girls with disabilities should encompass as many sectors as possible, including health, environment, economic empowerment, education and technology; for example, the vaccination programme should prioritize women and girls with disabilities and their caregivers.

Support women with disabilities and caregivers of persons with disabilities to generate income. Any government policy designed to support women with disabilities and the caregivers of persons with disabilities should address the need for these groups to secure employment. Access to a sustainable income will enable these groups to participate in self-reliant activities that reduce dependencies and also benefit health and provide protection against gender-based violence, and to fund any education needs.

Document good and promising practices and lessons learnt. Documentation of good and promising practices and lessons learnt from the response to and recovery from the COVID-19 pandemic will encourage cross-fertilization and learning and ensure that the interests of women and girls with disabilities remain at the forefront of policymaking.

3 Lokot, M. and Avakyan, Y. 2020. "Intersectionality As a Lens to the COVID-19 pandemic: Implications for Sexual and Reproductive Health in Development and Humanitarian Contexts." *Sexual and Reproductive Health Matters* 28 (1), 1764748.

Involve women and girls with disabilities in programming in conflict and post-conflict situations.

Programmes need to consider putting women and girls with disabilities in conflict or post-conflict situations at the centre of programming and policy

responses. For example, it is important to involve women and girls with disability in post-conflict reconstruction interventions, including the delivery of sexual reproductive health services and rights, without discrimination and applying equity and accountability in implementation.

INTRODUCTION

COVID-19 is exacerbating humanitarian needs in the East and Southern African (ESA) region. The new health challenges for women and girls with disabilities resulting from the pandemic add up to the already existing barriers, challenging even more exclusion. Women with disabilities continue to express concern that they do not have adequate access to basic assistance such as water, shelter, food or health. Measures taken to prevent the spread of the virus does not enable them to efficiently protect themselves and add pressure on health systems which are already not capable of responding to their needs.

Many countries in the region have ratified the United Nations (UN) Convention on the Rights of Persons with Disabilities and the corresponding Optional Protocol,⁴ the African Charter on Human and People's Rights and the Continental Plan of Action of the African Decade of Persons with Disabilities.⁵ These and other policies recognizing disability inclusion have been formulated at both national and international levels. However, policy implementation and enforcement are slow and, hence, little has been achieved so far. Poor social acceptance and political feasibility are the leading barriers to policy enforcement.⁶

Several women's rights instruments also specifically mention the needs of women and girls with disabilities, including General Recommendation 18 of

the Committee on the Elimination of Discrimination Against Women,⁷ the Declaration on the Elimination of Violence Against Women, the Beijing Platform for Action,⁸ the Protocol of the African Charter on Human and People's Rights on the Rights of Women⁹ and the Southern Africa Development Cooperation Gender Policy.¹⁰ Governments across the ESA region have since initiated measures to ensure that the embedded principles and rights are implemented.

Despite the widespread adoption of international, regional and national instruments guaranteeing the rights of women and girls with disabilities, significant gaps remain in their implementation. As a result, information and data on women and girls with disabilities in the ESA region are limited, and their specific needs are not always addressed

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- 4 United Nations Department of Economic and Social Affairs. 2007. "Convention on the Rights of Persons with Disabilities (CRDP)." Accessed 19 July 2021. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
 - 5 African Union Commission Department of Social Affairs. Continental Plan of Action for the African Decade of Persons with Disabilities 2010–2019. Accessed 19 July 2021. https://au.int/sites/default/files/pages/32900-file-cpoa_handbook_english_-_copy.pdf
 - 6 OHCHR | Declaration on the Elimination of Violence against Women. (n.d.). Retrieved July 29, 2021, from <https://www.ohchr.org/en/professionalinterest/pages/violenceagainstwomen.aspx>
 - 7 OHCHR (Office of the United Nations High Commissioner for Human Rights). No date. "Committee on the Elimination of Discrimination against Women — General Recommendations." Accessed 19 July 2021. <https://www.ohchr.org/en/hrbodies/cedaw/pages/recommendations.aspx>
 - 8 United Nations. 1995. Beijing Declaration and Platform for Action. Accessed 19 July 2021. https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf
 - 9 African Union. 2005. "Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa." Accessed 19 July 2021. <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>
 - 10 SADC (Southern African Development Community). No date. SADC Gender Policy. Accessed 19 July 2021. https://www.sadc.int/files/8414/0558/5105/SADC_GENDER_POLICY_-_ENGLISH.pdf

in initiatives promoting women's empowerment.¹¹ However, the UN Women Strategic Plan 2018–2021 guarantees a more systematic approach to reinforce the inclusion of the rights of women and girls with disabilities. This is part of the UN Women's endeavour to achieve gender equality, empowerment of all women and girls and the realisation of their rights. UN Women (regional offices and country offices) and partners continue to be part of the solution. For instance, since 2019, following the launch of the UN Women Strategic Plan, 55 UN Women country offices have captured disability inclusion in their programming through normative guidance, integrated policy advice, operation support and capacity development.

The UN Women ESA regional office, in partnership with the UN Women Disability Inclusion and Intersectionality Portfolio (DIIP) team at headquarters, and the UN Partnership for the Rights of Persons with Disabilities (UNPRPD) Joint Programme on Disability Inclusive Response and Recovery Planning to COVID-19 (including the International Labour Organization (ILO), UN Development Programme (UNDP), UN Children's Emergency Fund, (UNICEF), UN Educational, Scientific and Cultural Organization, (UNESCO), World Health Organization, (WHO) UN Women, UN Population Fund, (UNFPA), UN Department of Economic and Social Affairs (UN DESA) and the Office of the UN High Commissioner for Human Rights (OHCHR)) supported this study to

make available knowledge to guide policy advocacy and programming on disability inclusion, with a focus on the COVID-19 response.

1.2

Purpose and objectives

This study is in alignment with the UN Women global Strategic Plan 2018–2021, the Global Strategy on Empowerment of Women with Disabilities and the ESA regional office's recent mapping study on 'Discrimination faced by Women with Disabilities in ESAR',¹² which covers Ethiopia, Kenya, South Africa, Tanzania, Uganda and Zimbabwe. As part of UN Women's participation in the global UNPRPD joint programme on COVID-19, this study aims to develop a variety of texts, including at least three case studies, success stories and good and promising practices on supporting women with disabilities in the ESA region during the COVID-19 pandemic. The objectives of the study were to:

1. undertake a regional analysis on trends and emerging issues related to women with disabilities in the ESA region, focusing on the COVID-19 pandemic and the humanitarian context; and
2. document good practices on response and recovery efforts by countries in the ESA region with regard to COVID-19 and women with disabilities.

11 UN Women Africa. 2020. Mapping Discrimination against Women and Girls in East and Southern Africa Region. Accessed 23 January 2021. < Mapping Discrimination Against Women and Girls in East and Southern Africa Region

12 Details at <https://africa.unwomen.org/en/digital-library/publications/2020/04/mapping-of-discrimination-on-disabilities-in-esar>

METHODS AND DATA

The methodology in this study involved a documentary approach-based study,¹³ using framework analysis to examine the official governmental responses to COVID-19 and interventions by non-governmental organisations (NGOs) in the consequent implications of the pandemic. The study focused on the countries in the ESA region, with Kenya, Uganda and Zimbabwe providing case studies.

2.1

Sources of Data

The analysis used sources published from March 2020 onwards, which was when most of the countries in the ESA region first experienced cases of COVID-19. The sources, mainly in the form of documents from the government agencies coordinating the COVID-19 response and relevant NGOs, were treated as raw data sources. The analysis looked at decisions taken by national government and other levels of governments, their partners and interventions by NGOs, focusing on how response and recovery measures affected women and girls with disabilities, either directly (measures specifically designed for persons with disabilities) or indirectly (measures not designed specifically for persons with disabilities but which have had an impact on their life).

Information was accessed by reviewing secondary information on measures taken in response to the pandemic. To locate these sources, the consultant researched on the websites that had specific information on COVID-19 responses, focusing on women and girls with disabilities from various stakeholders.

The framework of analysis was informed by sources in the form of reports and other communications from organizations of persons with disabilities, reports by WHO, the UN, the African Union and humanitarian agencies. Women with disabilities were also contacted by phone to triangulate information collated about measures implemented by each country.

2.2

Data analysis

Data analysis was based on a thematic framework analysis of documents identified from existing literature,¹⁴ often used in applied qualitative research with the aim of influencing policy. The analysis identified commonalities and differences in the data and then focused on establishing patterns. The analysis involved the following stages:

- a. The first stage involved an initial reading of the data set and identifying literature on disability inclusion.
- b. The next stage of the analysis was based on guidelines for disability inclusion during the COVID-19 pandemic issued by the ILO,¹⁵ UNHCR.¹⁶

13 Bailey, K., 1994, *Methods of Social Research*, Fourth Edition, New York: The Free Press.

14 Ritchie, J. and Spencer, L. 1994. "Qualitative Data Analysis for Applied Policy Research." In *Analyzing Qualitative Data*. A. Bryman and R.G. Burgess (Eds). London: Routledge, pp. 173–194.

15 ILO (International Labour Organization). 2020. "Joint Brief by ILO, UNICEF and UN Partnership on the Rights of Persons with Disabilities, International Disability Alliance. Special Rapporteur on the Rights of Persons with Disabilities: Disability-inclusive Social Protection Response to COVID-19 Crisis." Accessed 30 January 2020. https://www.ilo.org/global/topics/disability-and-work/WCMS_569092/lang%2D%2Den/index.htm

16 OHCHR (Office of the United Nations High Commissioner for Human Rights). 2020. "COVID-19 and the Rights of Persons with Disabilities: Guidance." Accessed 30 January 2020. https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

and WHO.¹⁷ These documents provided thematic framework (Table 1).¹⁸

- c. During this stage of analysis information that was relevant to women and girls with disabilities was identified and filled into the thematic framework.

- d. This stage of analysis looked at the trends and emerging issues across the dataset, focusing on the nature and extent of inclusion of women and girl with disabilities.

17 WHO (World Health Organization). 2020. Disability Considerations during the COVID-19 Outbreak. Accessed 30 January 2021. <https://www.who.int/publications-detail/disability-considerations-during-the-COVID-19-outbreak>

18 Ritchie, J. and Spencer, L. 1994. "Qualitative Data Analysis for Applied Policy Research. In *Analyzing Qualitative Data*. A. Bryman and R.G. Burgess (Eds.). London: Routledge, pp. 173–194.



Photo: UN Women Rwanda

2.3

Thematic framework

TABLE 1:

Thematic framework

Theme	Explanation
Access to information	Provision of all information in accessible formats, including sign language interpretation, Braille script and an easy-read version
Access to health care	Removal of financial barriers to care and measures taken to ensure equitable access to health care, including measures addressing disability-based discrimination
Access to education	Measures taken to ensure that remote learning is fully accessible
Financial support	Provision of financial support (e.g. money transfers or benefits) to persons with disabilities and their family members, and measures taken to ensure access to financial support, including automatic extension of disability benefits
Protection of people living in residential settings	Measures taken to ensure that people living in residential care are protected from infection
Reasonable accommodation for disabled persons	Adjustments to public health measures to accommodate the needs of disabled people, including flexibility in restrictions on movement in public spaces
Consideration of the needs of persons with disabilities who face multiple exclusions	Measures taken to protect persons with disabilities from vulnerabilities due to multiple exclusion
Inclusion in decision-making processes	Inclusion of persons with disabilities and their representative organisations in advisory and decision-making bodies

Source: *International Journal for Equity in Health*, 2020 Pg. 5¹⁹

2.4

Limitations of Data and Methods

This study looked at only the literature available online and reports on the COVID-19 pandemic, based on experiences of the respective authors. This meant that information that was available for analysis was mainly secondary, with limited in-depth analysis. The data available on the responses of governments and NGOs to the pandemic and recovery were

disaggregated by gender, disability type and age to only a limited extent. As a result, additional time was needed to hunt down reports of interviews with women and girls with disabilities to obtain information about their experiences of the pandemic.

19 Sakellariou, D., Malfitano, A.P.S. and Rotarou, E.S. 2020. "Disability Inclusiveness of Government Responses to COVID-19 in South America: A Framework Analysis Study." *International Journal for Equity in Health* 19, 131.

TRENDS IN THE COVID-19 PANDEMIC AND EMERGING ISSUES RELATED TO WOMEN AND GIRLS WITH DISABILITIES IN THE ESA REGION

This analysis of COVID-19 responses and recovery measures in ESA region is largely based on the online literature on trends and emerging issues. It is assumed that the case studies identified in the literature review and reported here, which describe how women and girls with disabilities in the ESA region have experienced the COVID-19 response, are representative of the experiences of these groups in other countries.

COVID-19 continues to have wide-reaching impacts in the ESA region, and persons with disabilities are more likely than their non-disabled counterparts to have experienced, and to continue to experience, adverse socioeconomic outcomes in the areas of health, education, employment and income.²⁰ Women and

girls with disabilities have been particularly badly affected, experiencing poorer health, lower levels of education and employment and higher rates of poverty, as well as increased risk of gender-based violence.

3.1

Increasing direct and structural forms of violence on women and girls with disabilities

The COVID-19 pandemic has brought economic hardships and stress and, as a result, has exposed women and girls with disabilities to more forms of direct and structural violence. Lockdowns, social distancing and confinement measures have exacerbated the sexual and physical abuse and exploitation of girls with

disabilities to a greater extent than experienced by their non-disabled counterparts.²¹

According to experts on ending violence against women in the ESA region, reported cases of domestic violence against women with disabilities have increased during the COVID-19 pandemic, with many

20 The World Bank. 2020. "Disability Inclusion." Accessed 22 January 2021. <https://www.worldbank.org/en/topic/disability>

21 We Decide ENGAGE. (n.d.). PRB. Retrieved July 29, 2021, from <https://www.prb.org/projects/we-decide-engage/>

more women suffering in silence.²² Restrictions on movements, requiring people to stay at home in order to contain the spread of the virus, have led to an increase not only in reported cases of sexual abuse of girls with disabilities by family members but also other forms of direct violence, such as emotional pain.

The same experts allege that economic hardship, exacerbated by the COVID-19 pandemic, has led some girls with disabilities to cohabit with males who can provide for them, exposing them to the risk of sexual exploitation.²³ It is well known that economic hardship is both a driver of health inequalities²⁴ and the basis of structural violence that, combined with gender, education level, disability and other factors, such as those prevailing during the COVID-19 pandemic, has the potential to exacerbate existing social vulnerabilities in society.

Girls with disabilities, based on the triumvirate of age, disability and gender, are particularly vulnerable to sexual exploitation, and even in normal times their access to sexual and reproductive health information and services is limited. The pandemic and the resulting disruptions to such services is likely only to increase the risk that girls with disabilities will be exposed to sexual exploitation and its consequences.

3.1.1 Heightened vulnerability to gender-based violence during COVID-19 pandemic

Women and girls with disabilities face unique challenges on account of the intersection of gender and disability. The COVID-19 pandemic has contributed

numerous factors adding to their heightened vulnerability to gender-based violence (GBV), including social isolation, a lack of support systems and negative perceptions propagated by the shame and stigma surrounding disability.²⁵ Together, these factors create a high-risk environment in which abuse can easily go undetected.

The prevalence rates for GBV in the ESA region “are among the highest in the world with intimate partner violence (IPV) being widespread. Lockdown confinement, economic stress and anxiety about infection make it very likely that these rates will rise.”²⁶ For instance, South Africa reported 87,000 cases of GBV in 7 days of lockdown,²⁷ and Kenya has seen a significant spike in sexual offences.²⁸ Lockdowns have trapped many women and girls with disabilities who are survivors of GBV in their homes with their abusers; in some cases, the abusers are the very carers who are expected to be of assistance and to report violence to the security services. One woman with a disability interviewed during the course of this study remarked, “How can they report themselves? Never!”²⁹ Women and girls with disabilities who are victims of such violence remain isolated from people and resources of support.

The Federation of Organisations of Disabled Persons of Zimbabwe (FODPZ), with support from UNESCO, has responded to these vulnerabilities by training women and girls with disabilities to “become self-advocates and build their capacities to meaningfully engage in dialogue with local authorities, lawmakers and decision makers on disability rights, addressing GBV, GBV, Harmful Practices (HPs), COVID-19, and Sexual and Reproductive Health and Rights issues

22 UN Women Africa. 2020. “Protection of Women and Girls with Disabilities – A Priority.” Accessed 22 January 2021. <https://africa.unwomen.org/en/news-and-events/stories/2020/05/protection-of-women-and-girls-with-disabilities-during-COVID-19>

23 Ibid

24 Paremoer, L., Nandi, S., Serag, H. and Baum, F. 2021. “Covid-19 Pandemic and the Social Determinants of Health.” *BMJ* 372, n129.

25 Unesco (United Nations Educational, Scientific and Cultural Organization). 2020. “Women and Girls with Disabilities in Zimbabwe Speak about Their Challenges.” Accessed 20 January 2021. <https://en.unesco.org/news/women-and-girls-disabilities-zimbabwe-speak-about-their-challenges>

26 Mahuku, E., Yihun, K.L., Deering, K., Molosani, B. and CARE International. 2020. CARE Rapid Gender Analysis for COVID 19: East, Central and Southern Africa. Accessed 2 February 2021. http://www.careevaluations.org/wp-content/uploads/ECSA-RGA-_-FINAL-30042020.pdf

27 Power Digital. 2020). “COVID-19 Lockdown: Police Receive 87,000 Gender-based Violence Calls.” Power Digital. 3 April. Accessed 12 January 2021. <https://www.power987.co.za/news/covid-19-lockdown-police-receive-87-000-gender-based-violence-calls/>

28 Odhiambo, A. 2020. “Tackling Kenya’s Domestic Violence amid COVID-19 Crisis.” Human Rights Watch. 8 April. Accessed 12 January 2021. <https://www.hrw.org/news/2020/04/08/tackling-kenyas-domestic-violence-amid-covid-19-crisis>

29 Interview with a woman with disability in Zimbabwe during this study.

affecting them and their peers.”³⁰ The training, according to UNESCO, empowered women and girls with disabilities to speak up about their sexual and reproductive health rights, and equipped them with the knowledge and confidence needed for self-representation and to fight against GBV, including sexual violence.

3.1.2 Access to health-care services has been severely affected

Access to services such as health care, education, justice and accessible information has been severely affected by the lockdown restrictions put in place to reduce the spread of the COVID-19 virus.³¹ The COVID-19 pandemic has also exacerbated challenges experienced by women and girls with disabilities in accessing sexual reproductive health services, COVID-19 pandemic control measures have included diversion of medical resources. This has led, for example, to many women and girls with disabilities being forced to either carry unwanted pregnancies or risk unsafe backstreet abortions.³²

The women with disabilities interviewed for this study expressed concerns that physical visits by health-care professionals continue to be barred because of the risk of spreading COVID-19, interrupting the provision of health-care services to women with disabilities. They also reported that, even when they have visited health-care facilities, they have not received the same level of attention as in the past, as health professionals prioritised the treatment of people infected with COVID-19 or because of their fear of contracting COVID-19. The result has been a serious vacuum in the delivery of health-care services to impecunious women and girls with disabilities.

In Zimbabwe, the humanitarian response plan, revised in July 2020 to take account of the response to COVID-19, confirmed the severe impact on access to health-care services the pandemic has had in the country, with evidence of reductions in immunisation coverage and in the number of babies born in health-care facilities and of children admitted for the treatment of acute malnutrition. The number of pellagra cases increased, and malaria, typhoid and diarrhoea outbreaks continued to place an additional burden on the already fragile health-care system.³³

In Uganda, lockdown measures disrupted the provision of health-care services, as access to health-care facilities, for both patients and medical staff, became difficult. Even health-care providers, who were considered ‘essential workers’ and therefore were allowed to continue working during the lockdown, faced challenges in accessing the health facilities.³⁴ As stated in the report by Akina Mama Africa, “Maternal and child health services became inaccessible to women and children as travel was suspended, and transport to health facilities both by patients and health workers became hampered, ... a situation that led to many roadside deliveries, deaths in childbirth, and inability to keep immunisation schedules among others.”³⁵

3.1.3 Loss of work income and livelihood opportunities for women with disabilities

Lockdown regulations have negatively affected the livelihoods of women with disabilities and other persons with disabilities, which has placed them at an increased risk of GBV. Increased anxiety among men related to loss of income, the threat to their socially prescribed role as providers and the subsequent loss

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- 30 Unesco (United Nations Educational, Scientific and Cultural Organization). 2020. “Women and Girls with Disabilities in Zimbabwe Speak about Their Challenges.” Accessed 20 January 2021. <https://en.unesco.org/news/women-and-girls-disabilities-zimbabwe-speak-about-their-challenges>
 - 31 Unesco. 2020. “Rapid Assessment on the Impact of COVID-19 on Persons with Disabilities in Zimbabwe.” Accessed 4 February 2021. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>
 - 32 Plan International. 2020. Under Siege: Impact of COVID-19 on Girls in Africa. Accessed 27 January 2021. <https://reliefweb.int/sites/reliefweb.int/files/resources/Under%20Siege-Impact%20of%20COVID-19%20on%20Girls%20in%20Africa.pdf>
 - 33 Zimbabwe | HumanitarianResponse. (n.d.). Retrieved July 29, 2021, from <https://www.humanitarianresponse.info/en/operations/zimbabwe>
 - 34 Akina Mama Africa. 2020. The State of Social Protection in Uganda on Covid-19 Response: A Technical Brief, June 2020. Accessed 28 January 2021. https://www.akinamamawaafrika.org/wp-content/uploads/2020/10/akina_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf
 - 35 Ibid, p. 5.

of their sense of masculinity may have contributed to the increased number of cases of GBV, particularly against women and girls with disabilities. People with disabilities, especially women, who run microenterprises in Kenya are facing increased levels of vulnerability and exclusion as a result of the COVID-19 pandemic and the associated restrictions on movement and, as a consequence, livelihoods.³⁶ In Kenya, the government's response and recovery scheme, which instituted fiscal, monetary and financial policies to support the most vulnerable and which included tax reliefs and enhanced expenditure for social protection, has now been scaled back.³⁷

3.1.4 Higher susceptibility to COVID-19 infection

Some persons with disabilities, including women and girls, are at a higher risk of COVID-19 infection because their underlying medical condition renders them more susceptible to the virus. Also at increased risk are those living in densely populated

settlements, who are unable to maintain distancing and who often face severe additional obstacles included limited access to basic hygiene facilities, such as water for handwashing and sanitizers, and to medical care.³⁸

In most ESA countries, visually impaired people and wheelchair users may rely on a personal aide or the goodwill of ticket sellers to board public transport³⁹ because buses are not accessible to all. Wheelchair users therefore run an increased risk of their wheelchairs being contaminated with the virus by somebody who might be assisting them.

In addition, the use of face masks is a challenge for deaf persons who communicate by sign language or by lipreading, often with the aid of an interpreter. The masks available in the ESA region are designed to protect the general population from COVID-19 and inhibit lipreading and they muffle voices. In order to read lips it is necessary to ask people to lower their masks when they speak. This increases the risk of an infected individual spreading the virus to both the interpreter and the person with disabilities.⁴⁰

3.2 Issues predisposing women and girls with disabilities to COVID-19 risks

The current discourses around the COVID-19 response and recovery in the ESA region focus on health inequities precipitated by structural violence attributable to exploitative and unjust social, political and economic systems⁴¹ and leading to discrimination against women and girls with disabilities, thus limiting their access to their rights, services, resources and opportunities.⁴²

Health inequities in the ESA region due to determinants arising from structural violence have been exacerbated by the COVID-19 pandemic, leading to hierarchies within societies, which, in turn, have shaped the circumstances of women and girls with disabilities and have had an impact on their health and well-being.⁴³ This study found that structural violence is manifested in aspects of the wider political governance and economics in the ESA region that

36 Inclusive Futures. No date. "Projects in Kenya." Accessed 19 January 2021. <https://inclusivefutures.org/projects-in-kenya/>

37 Kenya Economic Report 2020. p. 56.

38 Battle, D.E. 2020. "The Impact of COVID-19 on Health Care, Education, and Persons with Disabilities in Kenya." ASHAWIRE 6 (5), pp. 1793–1796.

39 Open Institute. 2020. "Impact of COVID-19 on Kenyans with Disabilities." Accessed 14 January 2021. <https://openinstitute.africa/impact-of-COVID-19-on-kenyans-with-disabilities/>

40 Inclusive Futures. 2020. "Supporting People with Disabilities during COVID-19: Find Out about Our Disability-inclusive COVID-19 Work in Kenya, Nigeria, Tanzania and Supporting the UK Government." Accessed 21 January 2021. <https://inclusivefutures.org/our-COVID-19-work-around-the-world/>

41 Rutherford, A., Zwi, A.B., Grove, N.J., et al. 2007. "Violence: A glossary." *Journal of Epidemiology & Community Health* 61 (8), pp. 676–680.

42 Based on UNOY (United Network of Young Peacebuilders. 2018. "Youth4Peace Training Toolkit." pp. 8–10.

43 WHO. 2010. A Conceptual Framework for Action on the Social Determinants of Health. Geneva: WHO. Accessed 3 January 2021. https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

affect individual women and girls with disabilities.⁴⁴ These structural determinants of health inequalities are manifested in, for example, an individual's education, income and occupation, and may overlap with characteristics such as gender and disability.

3.2.1 Increasing health inequities

The structural violence described previously gives rise to determinants such as living and working conditions, food availability, behaviours; biological and psychological factors⁴⁵ which are exacerbated by the COVID-19 pandemic. Structural violence influences each country's context and has had an impact on the health determinants that shape trends and emerging issues in the COVID-19 pandemic related to women and girls with disabilities.

As a result of structural violence, health inequalities are increasing, and the impact of the COVID-19 pandemic is likely to be most acutely felt by disadvantaged populations, among them women and girls with disabilities, who are currently experiencing a disproportionate number of systemic barriers to equity of health. They live in poverty, are vulnerable to COVID-19 infection and lack the capacity to effectively mitigate the direct and indirect consequences of the pandemic. Understanding these patterns of vulnerability occasioned by structural violence and how they shape the risk of COVID-19 is critical to identifying why women and girls with disabilities are the group at greatest personal risk and to understand and appropriately construct relevant mitigation

measures for this group. To provide this understanding, this study identified three health determinants associated with the COVID-19 pandemic, namely handwashing, occupation and access to health care. The study explored these and demonstrated how the effects of the COVID-19 pandemic differ between populations, leading to recommendations on how to reduce the impact of the pandemic on women and girls with disabilities.

Handwashing

Handwashing with water and soap is one of the most effective interventions⁴⁶ to minimize the risk of infection at the community level, and frequent handwashing is recommended by both WHO and the US Centers for Disease Control and Prevention.⁴⁷ Although access to water and sanitation is universal in high-income settings, in the ESA region it remains a basic need, and one to which many do not have access. This is the case even in relatively well-developed South Africa, where millions of inhabitants lack clean running water at home.⁴⁸

Access to soap and water in the home is strongly correlated with income, with the poorest households consistently less likely to enjoy such access. A recent analysis based on the Demographic and Health Surveys of 16 countries in sub-Saharan Africa since 2015⁴⁹ found significant differences in the proportion of households with a place for handwashing and with access to both water and soap. Figure 1 shows the proportion of households these countries with an observed handwashing place that had water and soap, by place of residence (rural or urban) and wealth.

44 Ibid.

45 Ibid

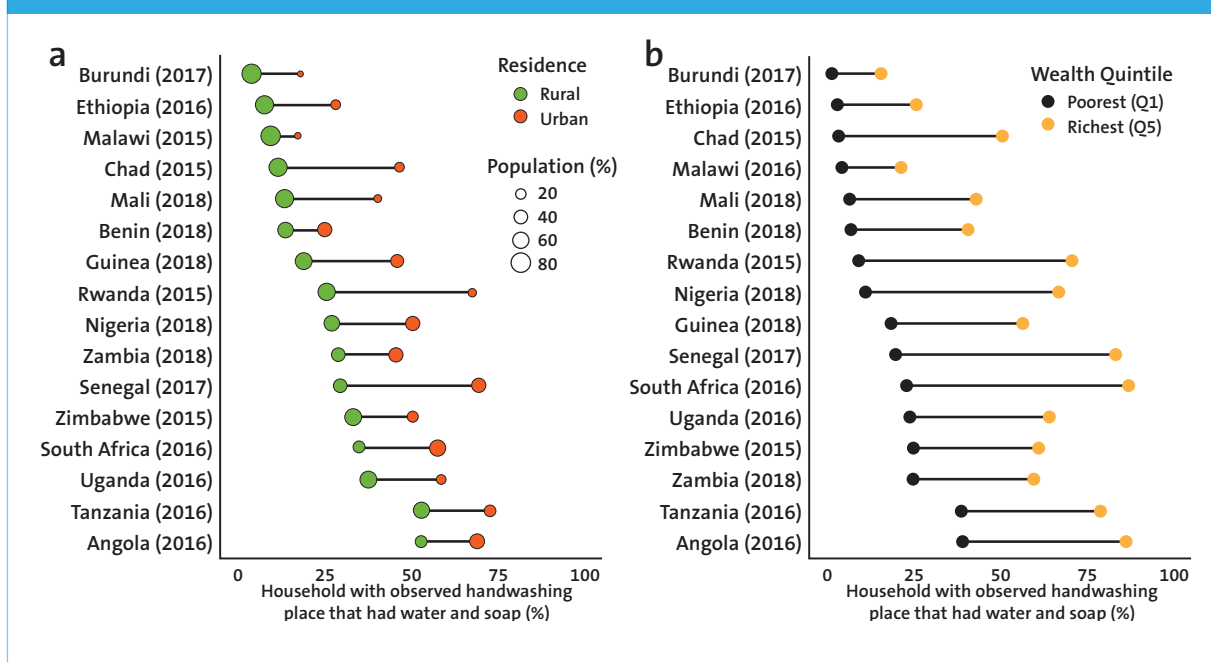
46 WHO (World Health Organization). "Clean Care is Safer Care." Accessed 9th December 2020. https://www.who.int/gpsc/clean_hands_protection/en/

47 CDC (Centers for Disease Control and Prevention). "Coronavirus Disease 2019 (COVID-19): How to Protect Yourself & Others." Accessed December 2020. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

48 Powell, A. 2020. "'Wash your hands' is tough message across Africa." VOA News. 1 April. Accessed 12 January 2021. <https://www.voanews.com/science-health/coronavirus-outbreak/wash-your-hands-tough-message-across-africa>

49 Jiwani, S.S. and Antiporta, D.A. 2020. "Inequalities in Access to Water and Soap Matter for the COVID-19 Response in Sub-Saharan Africa." *International Journal for Equity in Health* 19, 82.

Figure 1: Inequalities in the proportion of households with an observed handwashing place that had water and soap, by (a) place of residence and (b) wealth



Source: International Journal for Equity in Health. 2020. p. 2.⁵⁰

The results from 16 countries in sub-Saharan Africa indicate that, on average:



Only 33.5% of households with an observed handwashing place at home have water and soap.

Rural residents, who represent the majority of the population in the region, have a much lower access compared to their urban counterparts. Urban-rural disparities are wide in all countries, reaching up to 41.8 percentage points in Rwanda, where rural residents represent 82.8% of the total population and only a quarter of them have access to handwashing with water and soap. This basic need remains astonishingly low even in urban areas in countries such as Malawi (16.9%), where the urban-rural gap is narrower ... inequalities between the richest and poorest households are as alarming, revealing gaps as large as 63.7 percentage points in South Africa. Burundi had the lowest access regionally, showing 3.8% of rural residents and 1.7% of the poorest households having water and soap at home.⁵¹

50 Jiwani, S.S. and Antiporta, D.A. 2020. "Inequalities in Access to Water and Soap Matter for the COVID-19 Response in Sub-Saharan Africa." International Journal for Equity in Health 19, 82.

51 Ibid

Issues around hand washing can be linked to health determinants related to occupation and income, as these, in turn, determine the level of housing and, consequently, access to clean water.⁵² To bridge this gap in the short term, several countries in the region have installed handwashing stations with soap at public sites as an early response to the COVID-19 pandemic. In some places, specifically in rural areas, taps, intended to enable safe handwashing, have been installed but as yet do not provide running water.⁵³ Most of these handwashing stations are also not accessible to persons with disabilities. NGOs have intervened in limited ways by distributing soap and ensuring access to clean water, along with other preventive strategies in rural areas, humanitarian and informal settlements.

Occupation

Occupation has a direct impact on how well people, including women and girls with disabilities and their caregivers, can protect themselves from COVID-19 (and, indeed, other infections). Occupation determines the extent to which preventative measures such as social distancing (if work cannot be carried out remotely), handwashing and wearing a face mask can be implemented.

The pandemic has led to a significant decline in both formal employment and informal work opportunities for women, while care burden (especially childcare and the care of elderly family members) has increased as a result of the effects of lockdowns and movement restrictions.⁵⁴ These changes in employment patterns have increased the prevalence of certain risks,⁵⁵ have disproportionately impacted women and girls with disabilities and are threatening to reverse the advances in disability inclusion attained before the pandemic.⁵⁶



Photo: UN Women Rwanda

In Kenya, opportunities for formal employment are more limited for women with disabilities than for their male counterparts, and those who do work often do so in deplorable conditions. Women with disabilities earn lower incomes, have poor access to high-quality health care, including advice on family planning, and are also vulnerable to GBV.⁵⁷ A person's occupation may result in poverty and increase the risk of disability through malnutrition, inadequate access to education and health care, unsafe working conditions, a polluted environment and a lack of access to safe water and sanitation.⁵⁸

Access to the health system

Access to the health system has a direct impact on health consequence for everyone, but such access has been compromised by the COVID-19 pandemic and the measures put in place to prevent spread of the virus. The requirement to stay at home has left

52 WHO. 2010. A Conceptual Framework for Action on the Social Determinants of Health. Geneva: WHO. Accessed 3 January 2021. https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

53 Jiwani, S.S. and Antiporta, D.A. 2020. "Inequalities in Access to Water and Soap Matter for the COVID-19 Response in Sub-Saharan Africa." *International Journal for Equity in Health* 19, 82.

54 UN Women. 2020. "UN Secretary-General's Policy Brief: The Impact of COVID-19 on Women." Accessed 20 January 2021. <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-COVID-19-on-women>

55 Kampala Capital City Authority. No date. "GirlsEmpoweringGirls Programme." Accessed 29 December 2020. <https://www.girlsempoweringgirls.ug/the-programme/>

56 Achana, B. 2020. "Thriving through COVID-19." National Union of women with Disabilities of Uganda. 13 July. Accessed 24 January 2021. <https://www.nuwoduganda.org/index.php/2020/07/13/thriving-through-covid19/>

57 International Development Studies. 2020. Disability Inclusive Development: Kenya Situation Analysis June 2020 Update. Accessed 26 January 2021. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15508/DID%20Kenya%20SITAN_June%202020.pdf?sequence=1&isAllowed=y

58 The World Bank. 2015. "Making Quality Education Accessible to Children with Disabilities." Accessed 2 January 2021. <https://www.worldbank.org/en/news/feature/2015/12/03/making-quality-education-accessible-to-children-with-disabilities>

those with disabilities without access to disability-friendly services, including much-needed specialised face-to-face therapeutic and medical care services.⁵⁹ Those who have additional underlying health needs are not only more susceptible to the effects of COVID-19 but may be at increased risk of contracting the virus because they frequently cannot access information about how they may protect themselves against infection in an accessible format such as Braille, sign language, captions, audio, easy-read or graphics.⁶⁰

Access to health and psychosocial services for women with disabilities, despite being extremely important, even life saving, has become a nightmare on account of enforcement of COVID-19 prevention measures in ESA countries.

In Zimbabwe, we are not expected to go out of our places of residence for fear of contracting the virus. We have instructions to call personal doctors when sick but we do not have personal doctors as their fee is expensive and we cannot afford [them] due to lack of money ... Options of visiting a doctor at a health facility are next to impossible as such visits must also be within curfew hours. Medication is also not assured from public facilities available for us. Some of us depend on personal assistants who have deserted us because we are said to be more susceptible to the disease.⁶¹

Women with disabilities are exposed to structural health inequities; these need to be addressed with disability-sensitive approaches alongside enforcing COVID-19 prevention measures aimed at the general population. The approaches, in addition to virtual access to health and psychosocial services could include facilitation of transport, provision of sanitary and other hygiene items and safe and timely support.⁶² Accordingly, governments need to ensure access to

treatment and lifesaving services for women and girls with disabilities in line with the Sustainable Development Goal (SDG) of leaving no one behind and reaching the furthest first.⁶³

3.3 Negative Social Norms

Understanding the impact of COVID-19 on women and girls with disabilities as outlined previously clearly shows that addressing their unique situation means more than simply ending GBV and/or creating institutions and structures for their inclusion. The women with disabilities interviewed for this study pointed out the need to expand the discourse on determinants of health inequities exposing them to COVID-19 infection, which should include addressing the presence of negative social norms that affect women and girls with disabilities. Social norms relate to people's attitudes, feelings and values and are usually anchored in the culture of a society. Examples include patriarchal norms and behaviours, which might result in early and/or forced marriages, and imposing or forbidding particular religious and/or cultural practices.⁶⁴ Perhaps the most uncomfortable to confront are negative social norms that make violence acceptable⁶⁵ or normal, or even glorify it, making culture a significant factor in the health inequities that affect women and girls with disabilities.

Myths and misinformation on COVID-19 in some ESA countries have been built around social norms. In certain Zimbabwean societies, for example, "disability is associated with witchcraft, considered a curse making the birth of a disabled child to be associated with bad omen for the family. This hostile view of disability explains the low social acceptance and isolation experienced by persons with disabilities."⁶⁶ Cultural beliefs play a key role in perpetuating

59 Plan International. 2020. Under Siege: Impact of COVID-19 on Girls in Africa. Accessed 27 January 2021. <https://reliefweb.int/sites/reliefweb.int/files/resources/Under%20Siege-Impact%20of%20COVID-19%20on%20Girls%20in%20Africa.pdf>

60 The World Bank. 2020. "Disability Inclusion." Accessed 22 January 2021. <https://www.worldbank.org/en/topic/disability>

61 Interview with a woman with a disability.

62 UN Women Africa. 2020. "Protection of Women and Girls with Disabilities: A Priority!" Accessed 22 January 2021. <https://africa.unwomen.org/en/news-and-events/stories/2020/05/protection-of-women-and-girls-with-disabilities-during-COVID-19>

63 Ibid

64 Galtung, J. 1990. "Cultural Violence." *Journal of Peace Research* 27 (3), pp. 291–305.

65 Ibid

66 Unesco. 2020. "Advancing the Rights of Women and Girls with Disabilities in Zimbabwe." Accessed 2 February 2021. <https://en.unesco.org/fieldoffice/harare/unprpddisabilityrights>

discrimination and stigma, and are responsible for the fear and shame surrounding disability, propelling some parents to abandon children with disabilities.⁶⁷

Addressing negative social norms means highlighting cultural perceptions and stereotypes about women and girls with disabilities. Social norms and cultural stereotypes can coincide and interact, resulting in experiences of discrimination, including GBV and disability bias. Such are the social norms that entrench structural factors contributing to inequalities.

3.4 Governance Factors in COVID-19 Response

Weak governance is increasingly being blamed for the discrepancies in COVID-related policy choices and health and socioeconomic outcomes. The enforcement of some COVID-19 measures by the police and military, for instance, has been characterised as a human rights violation⁶⁸ in a number of countries in the ESA region.

In Kenya, a report on human rights implications of the COVID-19 pandemic in the country highlights the neglect of human rights principles and delayed economic and social rights enjoyment.⁶⁹ Social media users have also expressed their disappointment in the government for mismanaging funds allocated

to the COVID-19 response. As cases continue to rise, public mistrust of the government, as seen on social media, may erode adherence to government-enforced public health and social measures (PHSMs).⁷⁰

Women with disabilities in Zimbabwe have expressed concern with governments delivery of PHSMs at grassroots level. “we do not have a platform for sharing our concerns at community level. We are therefore disconnected with top leadership level where decisions on PHSMs are made ... That is why the measures are not responding to our needs as women with disabilities. In fact, some measures go against the very personal support we cannot do away with. For example, I find it discriminating as [a] visually impaired person who needs services of a guide in order to move around, when my guide fears to hold my arm because I may have coughed into my elbow as per some of the coughing and sneezing guidelines to prevent spread of COVID-19 virus. Such guidelines so much emphasized by WHO exacerbate exclusion of those of us who must be held in order to move. If we were consulted, I would have asked the government to provide our personal assistants with PPEs.”⁷¹

In enforcing the PHSMs, the governments need to consider strengthening grassroots governance structures by building their capacities on inclusivity.

67 Ibid

68 Partnership for Evidence-based Response to COVID-19. 2020. “Bi-Weekly Report 14–27 October, 2020.” Accessed 23 January 2021. https://au.int/sites/default/files/documents/39536-doc-perc_biweekly_29oct20.pdf

69 Miroro, O. and Itcovtz, H. 2020. “COVID-19 and Governance in Africa: Emerging Issues.” INCLUDE. 22 July. Accessed 26 January 2021. <https://includeplatform.net/news/COVID-19-governance-africa-emerging-issues/>

70 Partnership for Evidence-based Response to COVID-19. 2020. Bi-Weekly Report 14–27 October, 2020.” Accessed 23 January 2021. https://au.int/sites/default/files/documents/39536-doc-perc_biweekly_29oct20.pdf

71 Interview with a woman with a disability.

COVID-19 RESPONSES AND RECOVERY FOCUSING ON WOMEN AND GIRLS WITH DISABILITIES IN ESA

4.1

Examples of good national responses focusing women and girls with disabilities

National responses to contain the spread of the COVID-19 pandemic in ESA corresponded with the WHO's guidelines to prevent infection and slow the transmission of the disease. The measures taken by governments are cross-cutting and include enforcement of curfews, travel restrictions and social distancing, which were initially designed to be in place for a short period but have been extended or reintroduced from time to time. The results of implementing these measures have had implications for the role of the public sector, the private sector and civil society in addressing the effect of the pandemic on women and girls with disabilities are similar and cuts across the region.

This study attempted to delineate good national practices in response to COVID-19 focusing on women and girls with disabilities, but this was found to be challenging, as the reports reviewed disaggregated available data by gender, age and type of disability to only a limited extent. However,

responses guided mainly by gender policies addressing inclusivity, guidelines on disability inclusion and briefs on COVID-19 pandemic response and recovery provided clues as to how the needs of women and girls with disabilities are addressed. In Uganda, for example, some of the government-led COVID-19 responses included the needs of women and girls with disabilities, because the strategies were buttressed by the 2015 National Social Protection Policy.⁷² This policy defines social protection as public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation.

The following are abridged descriptions of examples of COVID-19 responses spearheaded by government agencies that were found to uniquely target women and girls with disabilities in the region. Table 2 shows the summary of the government responses in each country presented.

⁷² Akina Mama Africa. 2020. The State of Social Protection in Uganda on COVID-19 Response: A Technical Brief, June 2020. Accessed 28 January 2021. https://www.akinamamawaafrika.org/wp-content/uploads/2020/10/akina_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf

4.1.1

Financial support measures offered by government

Examples of good practice in the area of financial support measures in the region include the inclusion of persons with disabilities in the extra cash transfer programme in Kenya. The financial needs of persons with disabilities in Kenya were addressed to protect them from the impact of the pandemic on their livelihood. The Kenyan Government identified persons with disabilities who were not already receiving regular money transfers and included them in the programme.⁷³ The state-funded financial support was also extended to those living in poverty, the elderly and those caring for children with disabilities. The Ugandan Government, through the Ministry of Gender, Labour and Social Development (MGLSD), disbursed cash to beneficiaries' bank accounts from the National Special Grant for Persons with Disabilities.⁷⁴ This grant was designed long before the COVID-19 outbreak, but it was particularly welcomed during the pandemic. In Botswana, the government established and contributed seed money to a COVID-19 Relief Fund; individuals and business in the private sector were encouraged to contribute to the fund as part of their social responsibility.⁷⁵

4.1.2

Support to education provision at home

Some countries attempted to ensure continuity of education provisions during the period when schools remained closed. In Zimbabwe, the Education Sector Strategy in Preparedness and Response to COVID-19 recognizes the different needs of girls and boys and the special needs of children living with disabilities.⁷⁶ The strategy emphasizes that all activities implemented under the strategy should directly

address gender discrimination and promote gender equality to ensure that no harm comes to children. The participation of children living with disabilities in educational activities is actively encouraged, furthering their inclusiveness.⁷⁷

In Kenya, the government, through the Kenya Institute of Curriculum Development (KICD), put in place measures to keep children busy at home with school programmes aired on media coupled with virtual learning sessions for some learning institutions.⁷⁸ Parents were advised to ensure that their children continue their learning by making use of the KICD's media extension services. Primary and secondary school pupils were encouraged to tune in to a radio channel broadcasting programmes on various learning topics. All learning institutions were ordered to close from 16 March 2020 until January 2021.

Some schools, especially privately owned ones, attempted to implement online instruction using the internet, but they faced challenges owing to poor connectivity in remote areas, costs, fatigue as a result of staying at home for a long time and limited e-learning materials. Parents also lacked the motivation and skills necessary to use mobile devices and the internet for instruction.

4.1.3

Addressing specific needs of women and girls with disabilities

The National Union of Women with Disabilities of Uganda (NUWODU) took a number of actions to prioritize the rights of women and girls with disabilities during the COVID-19 pandemic: "NUWODU adapted its work plan to fit the climate of lockdown by continuing to consult women and girls with

73 Interview with a government official from the State Department of Social Protection.

74 Akina Mama Africa. 2020. The State of Social Protection in Uganda on Covid-19 Response: A Technical Brief, June 2020. Accessed 28 January 2021. https://www.akinamamawaafrika.org/wp-content/uploads/2020/10/akina_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf

75 COVID-19 Relief Fund | Government of Botswana. (n.d.). Retrieved July 29, 2021, from <https://covid19portal.gov.bw/covid-19-relief-fund>

76 Zimbabwe Ministry of Primary and Secondary Education. 2020. Education Cluster Strategy: Zimbabwe Covid-19 Response and Preparedness Strategy. Accessed 4 January 2021. http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/zimbabwe_education_cluster_covid_strategy_12.05.2020_final.pdf

77 Ibid

78 Vidiya, P. 2020. "KICD Radio Lessons Keep Students Learning during COVID-19 Break." The Star. 16 March. Accessed 22 January 2021. <https://www.the-star.co.ke/COVID-19/2020-03-16-kicd-radio-lessons-keep-students-learning-during-COVID-19-break/>

disabilities through hotlines, ensuring information regarding how to stay safe reaches this vulnerable group. Women and girls with disabilities are among the marginalised communities who are most likely to see their livelihoods evaporate, their healthcare needs overlooked, and their lives upended during a crisis.”⁷⁹

During the lockdown occasioned by the pandemic, the Girls Empowering Girls Programme in Uganda transitioned to remote coordination and adopted

a virtual mentoring model to ensure continuity of delivery.⁸⁰ The programme, supported by Unicef Uganda, targets both in-school and out-of-school girls and aims to improve their opportunities for a better future by making small cash transfers to the girls’ primary caregivers through Give Directly. As part of the COVID-19 response, the programme also implemented remote enrolment for preregistered beneficiaries.

TABLE 2:
Governments’ good practices in response to Covid-19 focusing on women and girls with disabilities

Area of good practice	Examples from government response and recovery to COVID-19
Area of good practice	Examples from government response and recovery to COVID-19
Financial support measures offered by the government	The inclusion of persons with disabilities in the extra cash transfer programme in Kenya, Uganda and South Africa. In Uganda, the MGLSD fast-tracked disbursement of cash to beneficiaries’ bank accounts from the National Special Grant for Persons with Disabilities. In Botswana, the government established the COVID-19 Relief Fund and allocated seed money to it, encouraging individuals and business in the private sector to contribute as part of their social responsibility
Relevant and accessible information	The National Council for Persons with Disabilities engaged different media stations (Kenya). NUWODU adopted its work plan and continued to consult women and girls with disabilities (Uganda)
Access to education	The Zimbabwe Education Sector Strategy in Preparedness and Response to COVID-19 recognises the different needs of girls and boys, including children with disabilities. A partnership between an NGO and the Kenya Institute for Curriculum Development was implemented to ensure disability-inclusive assessment tools for schools
Consideration of needs of disabled people who face multiple exclusions	The Federation of Organisations of Disabled Persons of Zimbabwe (FODPZ), with support from Unesco, trained women and girls with disabilities to meaningfully engage in dialogue with local authorities. NUWODU adapted its work plan to fit the climate of lockdown by continuing to consult women and girls with disabilities through the use of hotlines

79 Archana, B. 2020. “Thriving Through COVID-19.” National Union of women with Disabilities of Uganda. 13 July. Accessed 24 January 2021. <https://www.nuwoduganda.org/index.php/2020/07/13/thriving-through-covid19/>

80 Akina Mama Africa. 2020. The State of Social Protection in Uganda on COVID-19 Response: A Technical Brief, June 2020. Accessed 28 January 2021. https://www.akinamamawaafrica.org/wp-content/uploads/2020/10/akina_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf

4.2

Examples of Civil Society Responses targeting Women and Girls with Disabilities

Civil society in the ESA region devoted a large part of its response to helping women and girls with disabilities affected by lockdowns and policies put in place by governments to curb the spread of COVID-19. Locked indoors, women and girls with disabilities faced greater risk of GBV and loss of livelihood. Civil society rose to the challenge and designed and implemented responses to help women and girls with disabilities withstand the ramifications of the COVID-19 pandemic, as detailed in the following sections.



Photo: UN Women/Nathan Ali

4.2.1

Creating accessible COVID-19 resources

The following examples of good practice have been supported by Light for the World and partners. Light for the World is a global disability and development organisation that is “breaking down barriers to enrich society and empower people with disabilities in some of the poorest regions of the world.”⁸¹

Light for the World created a range of accessible resources⁸² to address the response gap in credible, accessible information on COVID-19 for persons with disabilities. The resources created for communities in Kenya and Uganda addressed some of the myths surrounding the virus and provided practical information on how to get help. The resources are available in local sign language and audio formats for those with hearing and visual impairments.

Light for the World collaborated with partners and the Kenya-based Limuru Cheshire Home for girls with intellectual disabilities and Ear Trek to make an inclusive face mask that “has a clear transparent rectangle patch in the centre to enable lip reading and more visible facial expressions, making communication possible for hearing-impaired people.”⁸³

4.2.2

Supporting women with disabilities to mitigate loss of livelihood

In Uganda, the Aga Khan Foundation, in partnership with NUWODU, has provided cash relief to support the most critical needs of women and girls with disabilities and to share life-saving health information with them.⁸⁴ The beneficiary must have access to a mobile phone to access information and receive money through a mobile payment system. A number

81 Light for the World. No date. “Light for the World”. Accessed 19 July 2021. <https://www.light-for-the-world.org/light-world>

82 Light for The World. 2020. “5 Ways We’re Helping People with Disabilities Weather COVID-19 in East Africa.” Accessed 28 January 2021. <https://www.light-for-the-world.org/5-ways-were-helping-people-disabilities-weather-COVID-19-east-africa>

83 Inclusive Futures. 2020. “Supporting People with Disabilities during COVID-19: Find Out about Our Disability-inclusive COVID-19 Work in Kenya, Nigeria, Tanzania and Supporting the UK Government, August 2020.” Accessed 21 January 2021. <https://inclusivefutures.org/our-COVID-19-work-around-the-world/>

84 Aga Khan Development Network. 2021. “Our Stories. Martha’s Story: Living with Disability in Uganda during COVID-19.” Accessed 1 February 2021. <https://www.akdn.org/our-stories/marthas-story-living-disability-uganda-during-COVID-19>



Photo: UN Women/Aidah Nanyonjo

of women and girls have yet to be reached, either because they do not have phones or because they have yet to be identified.

In Uganda, in response to the plight of women with disabilities who, in striving to maintain their livelihoods, are at risk of being infected by the virus, Light for the World trained 96 women with disabilities and who are the mothers of children with disabilities to make liquid soap and gave them a start-up kit so that they could use their training to make enough money to feed their families.⁸⁵ In Rwanda, humanity and inclusion teams have adapted activities where they operate, including refugee camps in the eastern province of Nyabiheke.⁸⁶ The organization is distributing awareness-raising messages on the risks of the COVID-19 pandemic and its transmission among refugees. According to the organization, it is also sharing information about how people can protect themselves by washing their hands, staying at home and refraining from touching the face. The organization is also distributing water basins, soap and other hygiene items.

4.2.3

Supporting technology to facilitate the fight against COVID-19

Africa Civic Tech has facilitated COVID-19 responses in a number of ESA countries. The potential for technology to facilitate the fight against COVID-19 is clear across the continent, and there is evidence of the use of instant messaging, digital governance and information dashboards.⁸⁷ COVID-19 standard operating procedures have been communicated digitally across countries in the ESA region. Governments and companies are reported to have employed digital contact-tracing measures, albeit with some concerns over data privacy and surveillance.⁸⁸

While the emerging remote technology has been instrumental in shaping the fight against COVID-19, how many women and girls with disabilities the technology has reached is not clear. Sensitization to include them or report on how they are benefiting during and in the aftermath of the pandemic remains crucial.

4.2.4

Protection of women with disabilities in humanitarian settings

In November 2019, the Inter-Agency Standing Committee (IASC) launched the new *Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*⁸⁹ (hereafter referred to as the IASC Disability Guidelines). The IASC Disability Guidelines seek to ensure that all phases of humanitarian action are disability inclusive, and that persons with disabilities are not only recipients of humanitarian assistance but treated as partners and actors in all phases of

85 Make 12.4% Work. 2020. "Skills Development in the time of Corona: Liquid Soap Making." Accessed 30 January 2021. <https://wecanwork.ug/skills-development-in-the-time-of-corona-liquid-soap-making/>

86 Humanity & Inclusion. 2020. "COVID-19 in Rwanda: Living No One Behind including Students Living with Disabilities." Accessed 21 January 2021. https://www.hi-us.org/covid_19_in_rwanda_ensuring_no_one_is_forgotten_including_students_with_disabilities

87 Association for Progressive Communications. 2020. "African Civic Tech and COVID-19: Five Emerging Trends." Accessed 7 February 2021. <https://www.apc.org/en/pubs/african-civic-tech-and-COVID-19-five-emerging-trends>

88 Collaboration on International ICT Policy for East and Southern Africa. 2020. "COVID-19: How Civic Techies Are Stepping Up to Aid the Fight in Africa." Accessed 7 February 2021. <https://cipesa.org/2020/08/COVID-19-how-civic-techies-are-stepping-up-to-aid-the-fight-in-africa/>

89 IASC. 2019. IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019. Accessed 19 July 2021. <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

humanitarian response, including preparedness, response and recovery, including from natural disasters and conflict and forced displacement.

The IASC Disability Guidelines complement the *IASC guidelines for integrating gender-based violence (GBV) interventions in Humanitarian Action (2015)*, the *handbook for coordinating gender-based violence interventions in emergencies 2019*, the *IASC gender handbook (2018)* and the *Inter-Agency minimum standards for gender-based violence in emergencies programming* for 2019. The tools provide additional guidance for gender and GBV actors on identifying

and addressing the barriers faced by persons with disabilities, as well as their families, support persons and caregivers, when accessing a range of programmes, including GBV prevention and response activities. In 2020, UN Women, UNFPA, UNHCR, the Women's Refugee Commission and the Network of African Women with Disabilities jointly facilitated training on the IASC Disability Guidelines for GBV and gender actors in the ESA region. The training sessions provided information, tools and resources for integration into priorities and capacity development at country level.



Photo: UN Women/Eva Sibanda

CONCLUSIONS AND RECOMMENDATIONS

5.1

Conclusions

The COVID-19 pandemic responses and recovery efforts in the ESA region are yet to see the reasonable inclusion of women and girls with disabilities. The intersectional nature of the disadvantage faced by women with disabilities has not been adequately recognized and therefore has not informed COVID-19 response strategies by governments. For example, although the intersections between disability and poverty and between disability and gender are well known,⁹⁰ very few of the measures discussed here address this issue. Gender violence affects women and girls with disabilities, but they might not be able to remove themselves from a dangerous situation because of prevalent negative social norms, and assistance mechanisms may not be accessible to them during the COVID-19 pandemic.

As illustrated by the analysis of the few COVID-19 response measures implemented, intersectionality of vulnerability to the COVID-19 pandemic is not at the top of the policy emergency agenda in ESA countries. Further exacerbating exclusion of women and girls with disabilities are structural and intermediate health inequalities that can have a disproportionate adverse effect on this group through increased poverty, reduced access to health services and heightened vulnerability within the household.⁹¹ Contributing to these barriers to effective service delivery for women and girls with disabilities are limited data. There is lack of separate data on cases of GBV against women and girls with disabilities, including intimate partner violence.

Despite the exclusion of women with disabilities, some COVID-19 responses advanced by governments, the private sector and civil society clearly attempt to targeting women and girls with disabilities either directly or indirectly. For example, some financial support measures offered by government agencies

have directly targeted women and girls with disabilities. In addition, there is some support for education at home, but there is no evidence that such support is reaching girls with disabilities.

Good examples of civil society responses targeting women and girls with disabilities include creating accessible COVID-19 resources, supporting women with disabilities to mitigate the loss of livelihood and supporting technology to facilitate the fight against COVID-19. Civil society digital response actions help communities, women and girls with disabilities to work together to meet the needs of vulnerable people and those most at risk of infection.

The COVID-19 pandemic and experiences from responses and recovery have presented governments with opportunities for actions to reduce health inequalities, including accelerating the establishment of systems to ensure universal provision of high-quality services such as health care, education, sanitation and social protection. Although comprehensive social

90 WHO. 2011. World Report on Disability 2011. Geneva: WHO.

91 UN DESA 2020. "UN/DESA Policy Brief #65: Responses to the COVID-19 Catastrophe Could Turn the Tide on Inequality" Accessed 4 January 2021. <https://www.un.org/development/desa/dpad/publication/un-des-policy-brief-65-responses-to-the-COVID-19-catastrophe-could-turn-the-tide-on-inequality/>

protection systems require significant investment upfront, the recurrent costs of providing basic social protection interventions are affordable in most countries.⁹² In other interventions, the pandemic has emphasised the need to accelerate the deployment

of such systems. The pandemic has also revealed that access to services such as broadband internet or hotlines for domestic violence prevention must be treated as essential for preventing inequalities in well-being.

5.2 Recommendations

5.2.1 Ensure the availability of data disaggregated by disability type, age and sex

Given that the missing information on gender dynamics has already been noted in the COVID-19 pandemic response and recovery, it is important to ensure that data available for analysis to inform COVID-19 pandemic response and recovery are disaggregated by disability type, age and gender. Where possible, intersectional data, such as data on female-headed households and pregnant and lactating women with a disability, should be collected. Data are important in informing and guiding UN entities, national governments, civil society organizations and the private sector on policymaking and enforcement, programming and service delivery.

5.2.2 Support women and girls with disabilities by guiding efforts to address negative social norms affecting persons with disabilities

Countries in the ESA region should consider addressing negative social norms that affect women and girls with disabilities, among other disadvantaged groups. This will demonstrate a serious effort to reduce health inequities.⁹³ Consideration should be made to consult women and girls with disabilities to influence change in social norms.

5.2.3 Declare broadband internet and hotlines essential services for responding to domestic violence against women with disabilities

As a result of the COVID-19 pandemic, humanitarian actors are quickly shifting to remote and online modalities of engagement with stakeholders,⁹⁴ with the risk of leaving behind women and girls with disabilities, particularly those in resource-limited settings and those from lower socioeconomic backgrounds.⁹⁵ Countries should enforce measures that declare broadband internet and hotlines essential services for domestic violence responses, and they should be made available in formats accessible to women and girls with disabilities so that they become part of decision-making to address pre-existing structural and systemic inequalities.⁹⁶

5.2.4 Adopt intersectional analysis as a framework for understanding violence against women with disabilities

Violence against women with disabilities occurs at multiple levels, from the individual household and workplace to structural relations; it is influenced

92 Plan International. 2020. Under Siege: Impact of COVID-19 on Girls in Africa. Accessed 27 January 2021. <https://reliefweb.int/sites/reliefweb.int/files/resources/Under%20Siege-Impact%20of%20COVID-19%20on%20Girls%20in%20Africa.pdf>

93 Open Institute. 2020. "Impact of COVID-19 on Kenyans with Disabilities." Accessed 14 January 2021. <https://openinstitute.africa/impact-of-COVID-19-on-kenyans-with-disabilities/>

94 Women's Refugee Commission. 2021. "Leaving No One Behind: Online Networking In the COVID-19 Context — Lessons Learned from the Webinar Series on Disability Inclusion in Gender and GBV Humanitarian Interventions." Accessed 2 February 2021. <https://www.womensrefugeecommission.org/research-resources/leaving-no-one-behind-online-networking-in-COVID-19-context/>

95 Ibid.

96 Lokot, M. and Avakyan, Y. 2020. "Intersectionality As a Lens to the COVID-19 Pandemic: Implications for Sexual and Reproductive Health in Development and Humanitarian Contexts." *Sexual and Reproductive Health Matters* 28 (1), 1764748.

by economic, social and political institutions.⁹⁷ Micro-level interventions will be insufficient to reduce health inequities resulting from violence against women with disabilities unless supported by macro-level structural changes that are cognisant of incentives at the micro level. An intersectional analysis framework for understanding violence against women with disabilities can help in the reflection on and acknowledgement of different forms and levels of violence, informing longer-term policies and actions to address health inequality.⁹⁸ For example, when experienced together, the dimensions of poverty, disability and gender create several different layers of discrimination that compound each other, making intersectional analysis a preferred framework for understanding these forms of violence. UN agencies, national governments and civil society organizations working together should ensure the inclusion of disability in policies, programmes and service delivery that are informed by intersectionality.

5.2.5

Making essential services accessible through multisectoral response

Lessons from responses to the COVID-19 pandemic in the ESA region present a unique opportunity for countries to rethink the urgent need for improved support to women and girls with disabilities by making essential services accessible through adopting multisectoral responses. Girls with disabilities, in particular, should be targeted for accessible and inclusive education in their learning environment. This should include reallocating and targeting resources towards more inclusive health, social and educational services⁹⁹ and supporting the collection of data disaggregated by gender and disability for emergency response and monitoring to help with tailored interventions.

Support can also be provided to education systems to ensure that distance learning is accessible and that teachers are trained and supported to remotely teach girls and other children with disabilities. The support should ensure that caregivers are supported as well, providing the right mechanisms for inclusive water, sanitation and hygiene, nutrition, mental health and psychosocial support for children with disabilities and their families living in humanitarian situations.¹⁰⁰ Women and girls with disabilities and their caregivers should be among the first group to receive the COVID-19 vaccine not only because of their increased vulnerability to the effects of the virus but also because most measures put across by governments do not favour them. For instance, wheelchair users are dependent on people to push them or help them access transport or institutions, hence putting them at a higher risk of contracting COVID-19.

Women and girls (including boys) with disabilities need to be considered in both mainstream policy and disability-specific policy, on issues such as communication and information-sharing, education, health, employment and social support. This needs to happen in the medium- and long-term plans once the immediate crisis subsides. Recovery efforts need to be inclusive and multisectoral so that persons with disabilities are not further disadvantaged. Multisectoral response plans for COVID-19 responses on women and girls with disabilities should explore as many sectors as possible, including health, environment, economic empowerment, education and technology.

5.2.6

Support women with disabilities and caregivers of persons with disabilities to generate income

Any government policy designed to support women and girls with disabilities and their caregivers should address the need for these groups to secure an occupation that provides a sustainable income. This will

97 Study Finds Poverty Spread Ebola | Partners In Health. (n.d.). Retrieved July 29, 2021, from <https://www.pih.org/article/study-finds-poverty-accelerated-ebola>

98 Lokot, M. and Avakyan, Y. 2020. "Intersectionality As a Lens to the COVID-19 Pandemic: Implications for Sexual and Reproductive Health in Development and Humanitarian Contexts." *Sexual and Reproductive Health Matters* 28 (1), 1764748.

99 McClain-Nhlapo, C. 2020. "An Inclusive Response to COVID-19: Education for Children with Disabilities." GPE. 11 May. Accessed 2 February 2021. <https://www.globalpartnership.org/blog/inclusive-response-COVID-19-education-children-disabilities>

100 Idib

enable them to participate in self-reliant activities that reduce dependencies and also benefit health and provide protection against GBV, and enable them to pay for any educational needs. Any income intervention should include work with families and communities on social norms around gender and disability.

5.2.7

Documentation of good and promising practices and lessons learnt

It is important to document good and promising practices and lessons learnt in the COVID-19 pandemic response and recovery, focusing on women and girls with disabilities. Such documentation from different countries on laws, policies, investments and programming on women with disabilities will encourage cross-fertilization and learning for the purpose of putting at the forefront the interests of women and girls with disabilities in decision-making, political participation and advocacy.

5.2.8

Involve women and girls in conflict and post-conflict situations

Programmes need to consult and consider putting women and girls with disabilities in conflict or post-conflict situations at the centre of programming and policy responses in all sectors, including peacebuilding and governance, sexual reproductive health services and rights, maternal health and economic empowerment. It is important, for example, to involve women and girls with disability in advocacy, interventions and service delivery of sexual reproductive health services and rights without discrimination but, rather, ensuring the application of equity and accountability in implementation.



Photo: UN Women/Eskinder Debebe

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UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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