Presentation on the leadership and participation of women and girls with disabilities-bringing their voices to the forefront of the recovery and the building back better processes towards the disability-inclusive, accessible and sustainable world in alignment with the Convention on the rights of persons with disabilities to the UN Programme on Disability/DISD/DESA and UN Women.

By

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Introduction

I am very delighted to have an opportunity to present a paper on the leadership and participation of women and girls with disabilities bringing their voices to the forefront of the recovery and the building back better processes towards the disability-inclusive, accessible and sustainable world in alignment with the Convention on the rights of persons with disabilities. This paper will highlight the challenges women with disabilities face in being part of the decision-making process, Participation in the COVID-19 response measures, recommendations, inclusion and strategic alliance.

The role of UN Women in promoting COVID-19 response measures

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) has mobilized action to bring attention to and address the gender dimensions of the pandemic from the global to the country level, leveraging its triple mandate of normative support, United Nations coordination, and operational activities.

UN Women responded immediately, in concert with United Nations partners, to ensure that the gender dimensions of the pandemic were brought to the attention of the global community and informed the United Nations response at the highest levels. On 20 March 2020, UN Women Executive Director Phumzile Mlambo-Ngcuka issued a call to action to governments and other stakeholders on the need for a global response to the COVID-19 pandemic that takes gender perspectives into account, including through sex-disaggregated data and social protection for women. Shortly after, Deputy Executive Director Åsa Regnér issued a ten-point checklist for governments for a gender-responsive COVID-19 response. On 6 April, a second thought leadership article by the Executive Director described the growth of the 'Shadow Pandemic' of violence against women and girls (VAWG), a recognition that sparked global use of this term to characterize the central impact on women and girls, closely followed by the policy briefs and data infographics that provided both the evidence and the recommended responses.

The Secretary-General drew attention to the gender dimensions of the pandemic from the outset. On 9 April 2020, the Secretary-General issued his Policy Brief: The Impact of COVID-19 on Women, with strong support from UN Women, highlighting the pandemic's role in "deepening existing inequalities, exposing vulnerabilities in social, economic and political systems," which in turn were amplifying its impacts.

- Persons with disabilities constitute up to 15 percent of the World's population, 80% live in developing countries and 20% are the poorest of the poor. 51% are women and girls with disabilities. Disability is associated to ill health. The COVID-19 pandemic has disproportionately affected women and girls with disabilities in terms of health care, support and assistance, access and reasonable accommodation as well as limited access to social protection. Despite the principle of live no one behind and the ambition to reach the herd to reach, the COVID-19 response measures including the post recovery programs have excluded women and girls with disabilities in the leadership, participation and management of the Pandemic, revealing the extent to which Governments have failed to implement the Obligations stipulated under the UN Convention on the rights of persons with disabilities. Prejudices, stigma, and discrimination against women and girls with disabilities, including misconceptions that women and girls with disabilities cannot contribute to the outbreak response or make their own decisions has been the major cause of exclusion from the leadership and participation in the COVID-19 response and post recovery programs.
- People experiencing social disadvantage and marginalization are known to be disproportionately impacted by ill-health. In the context of the COVID-19 pandemic, women and girls with disabilities may have increased risk for exposure, complications, and death as:
- Women with disabilities are disproportionately represented among older populations, who are known to be at increased risk in the COVID-19 pandemic. It is estimated that more than 46% of the world's population of people over age 60 have disabilities.
- Girls and women with disabilities may have underlying health conditions that increase their risk of serious complications from COVID-19
- Women with disabilities are disproportionately represented among the world's people living in poverty. It has been identified that the impacts of COVID-19 are likely to be worse for people in lower socio-economic groups.

However, while facing increased risk, men, women, boys and girls with disabilities also face obstacles to accessing prevention and response measures, as we have learned from previous experience:

- Limited availability of disaggregated data results in an inability of surveillance systems to determine the impact on people with disabilities.
- Inaccessible information and communication mean that persons with hearing, visual, intellectual or physical disabilities may not receive key information about prevention and assistance.
- Persons with disabilities face barriers to accessing essential health services and WASH facilities due to environmental barriers; lack of accessible public transit systems; limited capacity of health workers to communicate and work with persons with disabilities; and high costs of health care, exacerbated in some contexts by more limited access to insurance
- Girls and boys with disabilities may be at risk of exclusion from education if remote/ distance learning programmes are not accessible or they do not have assistive devices to allow participation and accommodate learning needs.
- Persons with disabilities can be disproportionately impacted by interrupted home, community and social services and supports, including personal assistance.

- ❖ Quarantine, health facilities and transport established as part of the COVID-19 response may fail to cater for the needs of children and adults with disabilities, including with regards to accessibility.

In health emergencies, people with disabilities may be less likely to be prioritized in resource allocation and priority setting

Recommendations

- ❖ Inclusion of persons with disabilities in COVID-19 response needs to be deliberate and purposeful. If not explicitly included in planning from the start, including in budgeting and resource allocation, there is a risk that women and girls with disabilities will be excluded from prevention and response measures, despite facing heightened risk.
    - o Identify and address barriers that prevent safe access to health services, including: Ensuring the availability of accessible transport and physical accessibility at health premises.
    - o o Work with communities and OPDs to address any social norms that result in persons with disabilities being de-prioritized in accessing medical attention
    - o o Ensure that all service providers including health professionals are trained in accessible forms of communication, including access to sign language interpreters and other resources to support communication
    - o Ensure that sanitation and washing facilities are accessible and affordable, including in health facilities, schools, Early Childhood Development facilities, and public spaces
    - o In the context of limited resources, rationing and treatment decisions may negatively affect persons with disabilities. Work with local health actors to ensure such decision- making processes are guided by human rights standards and do not discriminate based on disability
- ❖ Identify women and girls with disabilities who may need more targeted support and information
- ❖ Prevent and address the secondary impact of the outbreak- minimize the human consequences of the outbreak
- ❖ Monitor and ensure plans are in place for a continued provision of support and assistance for people with disabilities where caregivers and service providers may not be able to visit their homes due to hospitalization, quarantine or social distancing practices
- ❖ When social distancing is recommended, people who are already more isolated will be among those most impacted. Ensure that mental health and psychosocial support (MHPSS) mechanisms are accessible to persons with disabilities, including those living in care facilities. For example, support front line workers and actors with both knowledge of COVID-19 as well as MHPSS skills8 on how to refer individuals who may need more specialized support, while ensuring that sufficient personnel are equipped with knowledge and skills to deliver MHPSS to children and adults with disabilities.
- ❖ Provide support to education actors to ensure that distance learning platforms are safe and accessible to children with disabilities; teachers are trained on supporting children with disabilities remotely; and that any special education programmes are included in measures to ensure continuity of education. Provide support to caregivers of children

with disabilities, including those with development and/or intellectual disabilities, in implementing specific consideration when managing care and education of their children at home, and their own mental health and psychosocial wellbeing

- In the context of reallocation of resources, support the continuity of inclusive health and social services used by persons with disabilities, including rehabilitation, assistive technology, and personal assistance
- Ensure that public messaging is respectful and free of bias, avoiding the potential for stigma against any part of the population based on age or disability (for example, inadvertently associating a rise in COVID-19 transmission with people with disabilities, through messaging on the increased risk faced by older populations and those with underlying health conditions)
- As with other women and girls, women and girls with disabilities who experience disruption of essential services, restricted movements and have primary responsibility for caring for their families are at increased risk of gender-based violence (GBV). Ensure that any programmes to prevent and respond to GBV are inclusive of women and girls with disabilities (e.g., ensuring that information and reporting channels are available in multiple and accessible formats)
- Contribute to the evidence base on how the pandemic and the response impacts differently on population groups depending on gender, age, disability, underlying medical conditions and other factors. For example, through KAP studies, monitor stigma against persons with disabilities such as beliefs that persons with disabilities are responsible for spreading the virus
- Enhance risk reduction and in-country preparedness including coordination
    - Engage with organizations of persons with disabilities in designing and delivering prevention and response plans
    - Support participation by organizations of persons with disabilities in local and national coordination mechanisms
    - Support disaggregation of monitoring and surveillance data by disability, using the Washington Group Short Set of Disability Questions, and the Washington Group UNICEF Child Functioning Module for children