

COMPENDIUM OF GOOD PRACTICES DURING THE COVID-19 PANDEMIC

Ensuring Sexual and Reproductive Health and Rights for Women and Girls with Disabilities



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INTRODUCTION AND BACKGROUND

Persons with disabilities are approximately 15% of all persons worldwide, and women with disabilities account for nearly 1 in 5 women globally.¹ During both global and local emergencies, persons with disabilities and particularly women and girls with disabilities are often left behind in accessing health services, including in developing countries and other contexts where long-term accessibility measures have not been undertaken and where resources for responding to crises are limited. Meanwhile, due to discrimination based on both gender and disability—as well as other factors such as age and race—women and girls with disabilities may experience a heightened need for sexual and reproductive healthcare (SRH) as their risk of gender-based violence rises, including violations of bodily autonomy, and they experience even more significant barriers to accessing information, education, employment, and support services.²

Like all persons, women and girls with disabilities continue to have the right and need to access SRH information, goods, and services and exercise bodily autonomy during a crisis.³ This includes to ensure ending preventable maternal mortality and unmet need for family planning. This also includes the right to be safe from gender-based violence and harmful practices. States have agreed to respect, protect, and ensure these rights by ratifying the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and other human rights treaties, as well as signing on to the Programme of Action of the International Conference on Population and Development (ICPD).⁴ These human rights standards should guide COVID-19 response and recovery, as well as preparation for, response to, and recovery from other crises.

As research conducted by UNFPA and Women Enabled International (WEI) in 2020 has revealed, the COVID-19 pandemic has had a profound impact on the rights and wellbeing of women and girls with disabilities.⁵

- ◆ **Healthcare systems and providers have been overstretched**, leading many to reallocate resources and redeploy personnel away from services that women and girls with disabilities need, including SRH services.
- ◆ **Local clinics providing family planning services and shops providing menstrual hygiene items have closed during the crisis**, meaning that everyone in the community must now travel farther to access these goods and services, while mobile clinics were prevented from reaching rural and remote areas due to travel restrictions. This creates an additional burden for persons with disabilities, who must not only identify another accessible family planning clinic but also must locate affordable and physically accessible transportation to access that clinic in another community, a particular challenge in rural and remote communities.
- ◆ As a measure to prevent the spread of COVID-19, **some clinics and hospitals have implemented rules that limit the number of people who can accompany any person**, including persons with disabilities, into those hospitals and clinics. This has had the effect of denying persons with disabilities access to support persons, personal assistants, and sign language interpreters in these settings, thereby limiting their ability to navigate inaccessible environments, meet hygiene needs, or communicate with healthcare providers.

- ◆ **Changes in the way that healthcare services are delivered**—for instance, through telehealth or with personal protective equipment like masks that can limit the ability to lip read—**have not always been designed with accessibility for persons with disabilities in mind** and have not always taken into account the digital divide experienced by persons with disabilities, particularly women and girls with disabilities.

Furthermore, factors that help enable SRHR for women and girls with disabilities have also been negatively impacted by the COVID-19 pandemic. These include access to employment and other income, which has disappeared for many without an adequate social safety net, as well as lack of access to support services and to family, friends, community members, and other persons with disabilities who provide informal physical, psychosocial, and emotional support. These factors also include higher risks of gender-based violence, with increased barriers to reporting this violence and accessing justice, as women and girls with disabilities are isolated at home and may lack access to their usual support networks.⁶

Barriers to SRH that existed before the COVID-19 crisis for women and girls with disabilities have been exacerbated by this crisis. For instance, stigma and stereotypes about women and girls with disabilities—including that they are asexual and do not need SRH services, that they are incapable of making decisions for themselves and of exercising bodily autonomy, and that they cannot be good parents (and therefore should not become pregnant)—impact both whether family and support persons allow them to seek SRH and also the quality of care they receive.⁷ Age, type of disability, race, and other factors also impact these barriers. For instance, healthcare workers and others may be more likely to doubt the capacity of women with intellectual or psychosocial disabilities and girls with disabilities more broadly to make decisions about their SRH, while Deaf or hard-of-hearing women and girls with disabilities may encounter more barriers to direct communication with healthcare providers in SRH settings.⁸

There are, however, many governments, international organizations, and non-governmental organizations (NGOs)—particularly organizations of persons with disabilities (OPDs) led by women with disabilities—that have adopted practices as part of their COVID-19 response that seek to respect, protect, and fulfil SRHR and related rights for women and girls with disabilities. The purpose of this *Compendium of Good Practices on COVID-19, Gender, and Disability* (Compendium) is to highlight these practices and draw on common themes, so that others may learn from and implement similar practices during the COVID-19 crisis and other emergencies.

Good Practice Themes for Effective Gender- and Disability-Inclusion

The good practices outlined in this Compendium come from all regions of the world and represent diverse healthcare systems, cultures, and socioeconomic positions. Despite their contextual differences, many of these practices have several elements in common:

1. **Based in Human Rights and Dignity:** The good practices identified below are grounded specifically in rights and respect for dignity of women and girls with disabilities, in all of their diversity. These include human rights standards around SRHR and around prevention of gender based violence, meeting basic needs, and participation, among others. These good practices utilize the human rights framework to both guide SRH service provision and to empower women and girls with disabilities to advocate for themselves in this context.

2. **Responding to Identified Needs:** Many of the practices highlighted below came about after rapid assessments of the situation of persons with disabilities, and specifically women and girls with disabilities, during the COVID-19 crisis. These rapid assessments were usually conducted with persons with disabilities themselves, as well as their representative organizations, and included a wide range of disabilities. The rapid assessments helped identify the most acute needs facing persons with disabilities and the most urgent threats to violations of their rights, including those related to SRH, so that policy and funding could be targeted to address those issues. They also helped identify practices that would benefit specific groups of persons with disabilities who are often most marginalized, including for instance those belonging to Deaf communities and persons with intellectual disabilities, so that responses were fully inclusive of the diversity of disability.
3. **Ensuring Direct Participation:** At the root of many of the good practices described below is the direct involvement of women and girls with disabilities, as well as their representative organizations, in the design, monitoring, and implementation of the practices. This ensures that the practices are based on the rights and needs of women and girls with disabilities and are, from the beginning, designed to most effectively tackle barriers to ensuring those rights and meeting those needs.

How to Use this Compendium

This resource aims to aid a range of actors such as United Nations Country teams, civil society, governments, multilateral organizations, and others involved in COVID-19 response and recovery—as well as planning, response, and recovery from other crises—to ensure that their practices are inclusive of women and girls with disabilities and ensure their rights. With the barriers identified above in mind, this Compendium will focus on outlining good practices related to three objectives:

- 1 **Ensuring gender- and disability-inclusive SRH during the COVID-19 pandemic**
- 2 **Meeting social determinants of health for women and girls with disabilities during the COVID-19 pandemic**
- 3 **Ensuring long-term SRHR for women and girls with disabilities in the recovery from COVID-19 and beyond**

Under each of these objectives, this Compendium will provide a short description of the human rights standards that good practices should seek to support for women and girls with disabilities. Each objective will then be broken down into specific categories of activities under which the good practices fall. Finally, this Compendium will describe several good practices under each activity as undertaken by governments, international organizations, and non-governmental organizations (particularly women-led organizations of persons with disabilities) that are seeking to support the rights and well-being of women and girls with disabilities during the COVID-19 pandemic and beyond.

METHODOLOGY

In identifying good practices for this Compendium, UNFPA and WEI assessed the following criteria:

- ◆ Whether the practice was **responsive to specific gaps in SRH or other service provision** or addressed gaps in social determinants of health for women and girls with disabilities caused by the COVID-19 crisis;⁹
- ◆ Whether the steps undertaken in the practice were, in the case of States, **strengthening their implementation of the CRPD** and other relevant human rights obligations during the crisis or for the long-term and, in the case of NGOs or service providers, were **based on human rights and in line with guidance in this regard**;¹⁰
- ◆ Whether women and girls with disabilities, including through OPDs, were **involved in the design, implementation, and/or monitoring** of the practice; and
- ◆ Whether the activities had the **potential for replication**, including with modifications as needed, in other contexts or in other emergency situations.

Who are persons with disabilities?

According to the CRPD, persons with disabilities are **“those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”**¹¹ The CRPD reflects the human rights model of disability, which recognizes that impairment is an important part of human diversity, that disability is created by the lived environment rather than inherent in the person, and that persons with disabilities are rights holders. For more information about the human rights model of disability, see UNFPA and WEI’s [*COVID-19, Gender, and Disability Checklist: Ensuring Human Rights-Based Sexual and Reproductive Health for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic.*](#)

UNFPA and WEI identified the good practices outlined below through several means. First, many of these good practices were identified through virtual consultations with and responses to written surveys from over 300 women, men, girls, and gender non-conforming persons with disabilities and their family members, advocates, and support persons conducted by UNFPA, WEI, and eight national and regional partner organizations throughout the world during the second half of 2020.¹² A full summary of the results of these

consultations is available in the report, [*The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights*](#). Second, these good practices were identified in consultation with regional UNFPA offices and country teams, which had familiarity with programmes led by governments and NGOs on the ground in those locations. Finally, some of these good practices were identified by monitoring news reports and advocacy at the intersection of gender and disability around the world during the COVID-19 crisis.

After identifying these good practices, staff from Women Enabled International sought follow-up interviews with individuals implementing the practices to seek further information, where needed, or to ensure a full understanding of the elements of the good practice, the reason for undertaking the practices, and any challenges faced and overcome. The written information contained in each good practice has also been reviewed by the implementers for accuracy, where possible. Where interviews were not possible, staff from WEI relied on reports, the text of legislation and policies, and other written materials to document the practice.

This Compendium and the methodology for identifying good practices in this document have significant limits. For instance, although researchers attempted to identify good practices that particularly ensure rights for gender non-conforming persons with disabilities, research did not reveal significant practices that targeted this group, whose experiences are frequently distinct from women and girls with disabilities. Furthermore, the practices outlined in this Compendium have been implemented for only a short time, in response to a particular crisis, and the assessment of these practices has also been limited in scope and time. As a result, many practices included in this Compendium are identified as “good practices” because of their potential for a positive impact on the SRHR and related rights of women and girls with disabilities during the COVID-19 pandemic but do not yet have concrete results and may not have been thoroughly evaluated by women and girls with disabilities themselves. Actors interested in scaling up the good practices outlined in this document should carefully consider their context and be aware of these limitations.

GOOD PRACTICES SUPPORTING OBJECTIVE 1: *Ensuring Gender- and Disability-Inclusive SRH during the COVID-19 Pandemic*

All women and persons with disabilities have a right to SRH.¹³ Indeed, SRH is a fundamental component of the right to health, and government obligations to ensure the right to health, including the right to SRH, do not abate during a global pandemic.¹⁴ In particular, for governments to meet their obligations, they must ensure that women and girls with disabilities maintain access to SRH services and can exercise bodily autonomy, including by:

- ◆ Ensuring the **availability** of SRH information, goods, and services, including near or in the homes of persons with disabilities or via accessible transportation;
- ◆ Ensuring the **accessibility** of SRH information, goods, and services, including that information is provided in accessible formats, that communications support is provided, that care is free or provided at low cost, that facilities and equipment are physically accessible, and that support persons are allowed to accompany persons with disabilities to SRH appointments, when needed and requested;
- ◆ Ensuring the **acceptability** of SRH information, goods, and services, meaning that care is disability sensitive and culturally appropriate, and that **bodily autonomy** is assured, in that SRH is provided without violence, coercion, or discrimination and with guarantees that individuals can make decisions for themselves about SRH; and
- ◆ Ensuring that SRH information, goods, and services are **of good quality**, meaning that information is accurate, goods and services are provided by skilled medical personnel who are trained to ensure rights-based care for persons with disabilities, that there is adequate sanitation, and that there is safe and potable water.¹⁵

Governments, international organizations, and NGOs around the world are engaging in good practices to meet these obligations and ensure that women and girls with disabilities can access the SRH services, goods, and information that are essential to fulfilling SRHR and the right to bodily autonomy.

Good Practice 1

Ensuring SRH Information and Services are Available, Accessible, Acceptable and of Good Quality for Women and Girls with Disabilities

Good Practice 2

Strengthening Access to SRH Goods for Women and Girls with Disabilities

Good Practice 3

Providing Peer Support to Promote Empowerment and Access to Information on Rights in the Context of SRH

1*Good Practice***Ensuring SRH Information and Services are Available, Accessible, Acceptable and of Good Quality for Women and Girls with Disabilities**

Practices around the world are taking particular care to ensure that women and girls with disabilities can access SRH services during the COVID-19 pandemic.

SPOTLIGHT: Ensuring Accessible SRH Services and Goods for Women and Girls with Disabilities During the COVID-19 Pandemic in Tajikistan

Shortly after the first cases of COVID-19 were diagnosed in **Tajikistan**, the Ministry of Health in conjunction with UNFPA-Tajikistan and several local OPDs observed that health personnel had been redeployed away from services that were unrelated to COVID-19, including SRH services. In May 2020, these partners launched a joint project to provide access to information, free SRH services, sanitation and hygiene products, and psychosocial support for persons with disabilities to ensure their SRHR during the COVID-19 pandemic.

As part of this programme, the Ministry of Health and its partner OPDs identified that many of the centres providing SRH services were not accessible, particularly to persons with physical disabilities. As a result, they built five accessible rooms—fully equipped with medicines, hygiene products, and personal protective equipment—in local reproductive health centres or local NGOs in both urban and rural areas. These rooms were specifically designed for persons with disabilities to access SRH during the pandemic and were staffed by 10 providers hired specifically to counsel, observe, and refer persons with disabilities on issues related to SRH. Through these services, women with disabilities have received ultrasounds to detect reproductive diseases or disorders or other issues, including related to cervical cancer; contraceptives; counselling on healthy lifestyles, family planning, and sexually transmitted infections; psychosocial support for stress related to daily life or related to violence; and referrals for further testing and services.



Photo Credit: UNFPA Tajikistan

Women with disabilities in particular have learned about these rooms and the services they provide through social networks, the website of the National Association of Persons with Disabilities, and leaflets distributed by the OPDs involved in the project. Between September and November 2020, 456 persons with disabilities received SRH care and/or psychosocial support through the project, while 43 received contraception. Because of these services, some women with disabilities were able to find out about reproductive cancers in the early stages, increasing their chances for effective treatment. The Ministry of Health and OPDs plan to continue the operation of these rooms beyond the pandemic, as well.

Furthermore, as part of this project, the Ministry of Health identified that there were no standard operating procedures in place for ensuring respectful healthcare, including SRH, for persons with disabilities. As a result, they established a working group to develop standard operating procedures, taking into account the rights of persons with disabilities in this context. Following the adoption of the standard operating procedures, in December 2020 the Ministry of Health conducted trainings with a wide range of healthcare specialists that included an overview of the rights of persons with disabilities and the need to ensure that they are treated with dignity. This has increased the capacity of these specialists to ensure that healthcare, including SRH, is available, accessible, acceptable, and of good quality for persons with disabilities both during and beyond the COVID-19 crisis.

Many other measures undertaken by States and NGOs to address SRH accessibility during the COVID-19 crisis have targeted all women but may have a significant positive impact on access particularly for women and girls with disabilities. For instance, in the United Kingdom, a new policy adopted in light of the pandemic allows people in the early stages of pregnancy to access medical abortion pills via telemedicine appointments, rather than having to attend clinics in person, while the pills themselves would be shipped to their homes. This policy has allowed individuals in need of abortion to continue to follow social distancing guidelines and abide by lockdown orders while also being able to ensure their SRHR.¹⁶ Home-based medicine delivery and administration, when combined with an option to still seek in-person care, may particularly benefit women and girls with disabilities, who otherwise face numerous financial, transportation-related, communications, and physical accessibility barriers to reproductive healthcare, in addition to concerns about contracting COVID-19.

SPOTLIGHT: Recognizing that Support Persons are Essential during Labour and Birth in New York

While all pregnant persons can benefit from having a known support person with them during labour and birth, many persons with disabilities may require the assistance of professional support persons such as personal assistants or sign language interpreters, or informal supports such as partners and friends. These supports are to ensure that pregnant persons with disabilities can effectively communicate with healthcare providers, to can receive assistance with identifying and changing positions during birth, and/or otherwise ensure their right to respectful care. Recognizing that many pregnant persons, including persons with disabilities, may need support to effectively access SRH services, in March 2020, the Department of Health of the U.S. state of New York, which became a global epicentre of the COVID-19 pandemic that month, issued a set of resources on pregnancy and COVID-19 for healthcare providers in the state. These resources stated that:



For labor and delivery, the Department considers one support person essential to patient care throughout labor, delivery, and the immediate postpartum period. This person can be the patient's spouse, partner, sibling, doula, or another person they choose.¹⁷

Despite this guidance, two major hospital systems in the state issued rules in March that prohibited partners or other support persons from accompanying pregnant persons to the hospital, including during labour, birth, and the post-partum period, without exception for persons with disabilities.¹⁸ Following a public outcry, on March 28, the governor of New York issued an Executive Order requiring that pregnant persons be allowed to bring one support person with them to the hospital at the time of labour and birth, an order which has persisted throughout the pandemic in New York.¹⁹

2

Good Practice

Strengthening Access to SRH Commodities for Women and Girls with Disabilities

SRH-related commodities, such as menstrual hygiene items, have also been difficult for many women and girls with disabilities to access during the COVID-19 crisis, due to supply shortages and the closure of family planning clinics and stores or pharmacies providing these commodities.²⁰ International organisations and NGOs around the world, however, have built on existing mechanisms for distribution of these commodities and on relationships with women with disabilities to ensure that women and girls with disabilities continue to receive the menstrual hygiene items they need.

- ◆ The UNFPA country office in **Kenya** has partnered with This-Ability Consulting, an organization focused on Kenyan women with disabilities, to ensure that women with disabilities receive dignity kits containing hygiene items, including those related to menstrual hygiene, and other in-kind support during the COVID-19 crisis (more information below).
- ◆ In **Bangladesh**, the UNFPA office serving the Rohingya refugee camps in Cox's Bazaar has established 23 "Women Friendly Spaces," where personnel provide goods and services related to meeting basic needs for women and girls. As part of the COVID-19 response efforts, UNFPA has been distributing hygiene kits through these spaces containing soap, sanitizer, and washing powder to 25,000 women and girls, with priority being given to particularly vulnerable groups like girls with disabilities and pregnant women.²¹

SPOTLIGHT: Ensuring Menstrual Hygiene Programmes are Inclusive of Women and Girls with Disabilities during Times of Crisis in Sri Lanka

During the COVID-19 pandemic in **Sri Lanka**, sanitary pads have been hard for many people to access, particularly in rural areas, as shops have run out of supplies. This has been compounded for women and girls with disabilities, who face increased barriers to traveling to other locations to obtain sanitary pads due to the unavailability of accessible and affordable transportation, particularly as unemployment has increased. The Family Planning Association of Sri Lanka, alongside the Mother Care Foundation, has distributed sanitary pads—as well as dignity packs including items such as soap and toothbrushes—to approximately 5,000 women and girls across Sri Lanka during the COVID-19 pandemic. This programme has proactively included women and girls with disabilities by ensuring that a woman with a disability leader was part of the planning of the programme and by consulting with OPDs in Sri Lanka to identify women and girls with disabilities who might be in need. Out of the 5,000 packs distributed, 1,500 were distributed to women and girls with disabilities all throughout Sri Lanka.



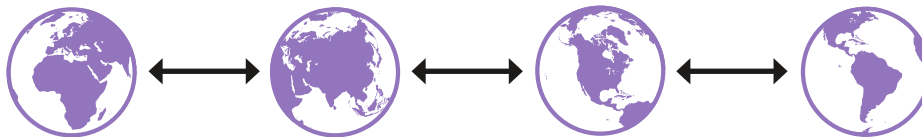
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*Good Practice***Providing Peer Support to Promote Empowerment and Access to Information on SRHR**

Many organizations have also sought to bring together women and girls with disabilities to provide peer-to-peer support during the COVID-19 crisis and to speak and learn about sensitive issues, including SRHR and gender-based violence. By convening women and girls with disabilities, these organizations are helping to fill a gap that was opened by social distancing rules and lockdown measures, which have isolated persons with disabilities from family, friends, community members, and from other persons with disabilities, who had previously provided an informal network of support and shared learning.

Before the pandemic, *Mujeres con Capacidad de Soñar a Colores* (Women with the Ability to Dream in Colour) in **Guatemala** established a theatre group to create peer-to-peer connections for women with disabilities living in rural areas through the arts. This theatre group, made up of 14 women with disabilities, also allowed the women to have a safe space to discuss important issues. Despite the pandemic, the group kept their weekly meetings—meetings that helped the women through the pandemic and empowered them with information—but in an online format. Several women from the theatre group were not familiar with online meetings, nor did they have electronic devices, so the collective provided the equipment and support needed for them to join in the meetings. One of the participants is Flory, an indigenous woman with a physical disability who was able to purchase a smartphone for the first time during the pandemic. The collective lent her a laptop and provided her with support and information on how to use both devices and join online meetings. Flory shared that having this support was crucial to maintain the theatre activities and their discussions throughout the pandemic, and the new skills learned made it possible for the participants to support each other when someone had technical issues. The group discussions made many women open up about issues they have never been able to discuss before, such as SRHR, and the camaraderie in the group led the group to overcome the taboos surrounding SRHR issues and to be willing to talk and learn more. This then led the women to identify SRHR as the main topic of the theatre group for 2021.

CERMI Mujeres Foundation in **Spain** developed an online support group to respond to and prevent gender-based violence during the pandemic, providing women with disabilities with psychological support and facilitating their access to information about other issues related to GBV. The project included not only Spanish women with disabilities, but also women from Latin America. The group met weekly to discuss important issues along with the conference of experts to share more information on topics such as SRHR, isolation and loneliness, motherhood, and the #MeToo movement, among others. Many women shared their lived experiences on each topic throughout the 21 online meetings held as of December 2020.



In **Latin America**, a working group of young persons with disabilities focused on the intersection of gender and disability called La Luz de Frida (The Light of Frida) formed in July 2020 with participants from countries across the region, including Uruguay, Argentina, Costa Rica, Brazil, the Dominican Republic, Nicaragua, and Panama. La Luz de Frida will work together on communications, joint advocacy, cross-movement building with other feminist and disability movements, and training of young persons, with and without disabilities, to defend their rights, including as related to SRHR, and address gender-based violence and inequalities.

SPOTLIGHT: Providing Space for Women with Disabilities in the United Kingdom to Learn and Connect during the COVID-19 Pandemic

[My Life, My Choice](#) (MLMC) is an approximately 600-member self-advocacy organization based in the Oxfordshire region of the **United Kingdom**, led by persons with learning disabilities. Its mission is to make sure that there is independent support for persons with learning disabilities in Oxfordshire to have their say, claim their rights and to take control of their own lives; to make sure that the views of persons with learning disabilities are taken seriously by both professionals in the services they use and the wider public; and to “Power Up” their lives so they can make a positive contribution to society.



In 2019, MLMC members and staff decided that they wanted to convene a group of women with learning disabilities, to give these women the opportunity to speak and learn about things that were important to them and about their rights as women, including their rights in the context of health. This women’s group held its first meeting in early 2020. However, as the COVID-19 pandemic hit England and the UK government mandated a lockdown, these measures prevented the group from having further in-person meetings. Recognizing the potential value that this women’s group could provide, however, MLMC members and staff sought to ensure that the group continued by virtual means.

Photo Credit: My Life, My Choice



In order to continue the group, MLMC members and staff had to overcome several significant hurdles related to the acquisition and use of technology. Many of the women in the group had never used computers before and/or lacked equipment and internet access to join a virtual meeting, as did their support people and family members, and it was difficult for MLMC staff to provide support over the phone. Indeed, some of the women lived in supported living arrangements which did not have WIFI, and some of those that did banned the use of Zoom or other virtual meeting technologies as a measure of “protection” for their residents.

MLMC was able to identify a charity that provided free used laptops to give to some of the women and was able to raise the funds to buy tablets for others. MLMC also produced some material in Easy-Read format about how to use Zoom, which has been helpful to some of the women. MLMC has further partnered with another UK-based organization, Ability Net, who can provide remote technological support to the women to help them join virtual meetings

With this support, the women’s group has gone from meeting once each month, to every two weeks, to now every week. The format and topics of the meetings alternate. One week, the session is structured around a topic that has been identified and is important to the members of the group. The next week, these women set aside time for coffee and informal conversation. Slowly, the group has expanded from 6 members in August and September to 10 in February 2021, as MLMC is able to work out internet access and technological support for women who need that support.

According to one of the women’s group leaders, the continuation of this group during the pandemic has been a big boost to the women who are part of it. It ensures that they do not lose contact with each other, that they can see their friends, and that they can ward off depression. It is something all of the members can look forward to, particularly when they are required to stay at home.

GOOD PRACTICES SUPPORTING OBJECTIVE 2: *Meeting Social Determinants of Health for Women and Girls with Disabilities during COVID-19*

Women and girls with disabilities' access to quality SRH is impacted by a number of other factors, including but not limited to access to income, access to disability-related supports and services, the ability to meet basic needs, and freedom from violence.²² To ensure that women and girls with disabilities live in an enabling environment for their exercise of SRHR, including their exercise of bodily autonomy, several of their other rights must also be fully respected, protected and fulfilled. These include:

- ◆ The right to participation in political and public life, including by forming and participating in NGOs and OPDs and monitoring the implementation of human rights obligations (CRPD, arts. 29 & 33);
- ◆ The right to be free from violence, exploitation, and abuse (CRPD art. 16; CEDAW Committee General Recommendations No. 19 and 35);
- ◆ The right to an adequate standard of living and social protection, including clean water and hygiene, poverty reduction and social protection programmes, affordable disability-related services and devices, and housing (CRPD, art. 28).

Good practices towards addressing the social determinants of SRH for women and girls with disabilities during the COVID-19 pandemic will incorporate these rights and address acute problems, while ensuring that these individuals are consulted about and actively involved in implementing programmes to address the impact of COVID-19. These good practices will also suggest ways to or provide examples of preventing and addressing violence committed against women and girls with disabilities during the COVID-19 crisis.

Good Practice 1

Including Women and Girls with Disabilities in the COVID-19 Response

Good Practice 2

Preventing and Addressing Gender-Based Violence

Good Practice 3

Meeting Basic Needs for Women and Girls with Disabilities

1

*Good Practice***Including Women and Girls with Disabilities in the COVID-19 Response**

Several governments have included women and persons with disabilities in their plans for response to COVID-19. For instance, the “National COVID-19 Preparedness and Response Plan” in **Malawi** identifies persons with disabilities and pregnant and lactating women as people needing special protection during the COVID-19 period, including related to preventing violence, accessing education, meeting basic needs, and detection and treatment of COVID-19. As part of ensuring disability inclusion, the plan calls on officials to review screening and other protocols and provide material for quarantine facilities to make sure that protocols and facilities are child friendly and address rights and needs of marginalized populations, including people with disabilities.²³

SPOTLIGHT: A Model Policy on Inclusion of Women and Girls with Disabilities in the COVID-19 Response in Indonesia

Recognizing the disproportionate impact of the COVID-19 crisis on the rights and well-being of women and girls with disabilities, the **Indonesian** Ministry of Women Empowerment and Child Protection, in consultation with a women with disabilities-led NGO, Centre for Women, Disabilities, and Children Advocacy (SAPDA), developed a set of guidelines aimed at other national and local government actors on how to ensure the response to COVID-19 is inclusive of women and girls with disabilities. Based in human rights, with specific references to the CRPD and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), these guidelines recognize that women with disabilities may encounter more barriers to ensuring their health and safety during the COVID-19 crisis, such as those described above. The guidelines offer concrete guidance on how to address those barriers now and into the future.



The Ministry of Women Empowerment and Child Protection and SAPDA have provided guidance on a range of topics:

- **Preventing COVID-19 Infection:** The guidelines outline that government actors need to ensure the provision of information about COVID-19 in accessible formats; train healthcare providers on how to ensure safe services continue for women with disabilities, including in online and in-person settings; that social assistance, including assistance to meet basic needs, should be provided to women with disabilities so that they do not have to take unnecessary risks, that peer-to-peer support networks should be strengthened for women with disabilities to help relieve stress; and that support from employers, educators, and those providing services to women with disabilities should continue in order to allow women with disabilities to safely participate in the community.
- **Empowerment and Participation:** The guidelines highlight that all COVID-19 planning, implementation and evaluation processes must ensure equal opportunities for women with disabilities to be involved and that OPDs should be involved in the collection of data around the COVID-19 crisis;

- **Preventing and Addressing Violence:** The guidelines outline that there is a significant risk of physical, psychological, or sexual violence against and exploitation of women with disabilities, including neglect by family members, during the COVID-19 period, and call on stakeholders to identify these risk factors, ensure accessible options to report violence, develop a service guide for women with disabilities who are victims of violence, and optimize a referral network of service providers trained to work to address the impacts of violence.

Related to SRHR in particular, these guidelines highlight that women with disabilities face barriers to meeting their reproductive health needs, both during and prior to the pandemic. In particular, the guidelines recognize that some reproductive health goods, including sanitary napkins and contraceptives, may be too expensive during an economic downturn and thus may become unavailable to women with disabilities. The guidelines outline the need to ensure that special measures are taken to ensure the well-being of pregnant women with disabilities during the COVID-19 crisis.

2

Good Practice

Preventing and Addressing Gender-Based Violence

In addition to State activities to address the risk of gender-based violence in COVID-19 response plans and guidance, as outlined above, many international organizations, NGOs, and OPDs have undertaken good practices to document, prevent, address, and provide support to victims of violence committed against women and girls with disabilities during the COVID-19 pandemic.

SPOTLIGHT: Providing Violence-Related Peer-to-Peer Support for Women with Disabilities in Pakistan

In **Pakistan**, the National Forum for Women with Disabilities (NFWWD) contracted with the UNFPA country office to develop a peer-to-peer support program to respond to the heightened risk of violence against women and girls with disabilities during the COVID-19 pandemic. As part of this project, they conducted two surveys—one of women with disabilities and one of services providers—to get a sense of the extent of and response to gender-based violence. One finding of this survey was that women with disabilities did not feel secure talking about incidents of violence or harassment that had occurred in their homes during the COVID-19 pandemic, leading to psychological stress.

Following this survey, NFWWD launched a peer-to-peer support program to help ensure that women with disabilities had someone to talk to and through which they could seek assistance in the event of violence or other problems they were encountering during the COVID-19 pandemic. NFWWD held a 7-day training with 10 women with disabilities focused on the provision of peer-to-peer support, including training on rights in the context of violence, how to identify and address gender-based violence, the issues most impacting women with disabilities, and how to provide support. As of December 2020, these 10 women with disabilities had conducted over 200 peer-to-peer support sessions with women with disabilities who had experienced violence or who otherwise wanted to talk about issues they were facing due to isolation at home with family during the COVID-19 pandemic.



As these sessions occur over virtual platforms, NFWWD equipped the 10 women with disabilities providing peer support with laptops and internet connectivity, as well as training on various virtual platforms for communication. Those seeking support can then choose the platform that is easiest for them. This still requires that women with disabilities seeking support have access to at least a mobile phone and a private place to speak, which is not always available, and NFWWD is seeking to address this gap in its further implementation of this peer-to-peer support project.

In **Sri Lanka**, the Employer's Federation of Ceylon's Specialized Training and Disability Resource Centre is developing a mobile application called "Be Safe," targeted at women with disabilities who are in need of urgent care or assistance, including as related to gender-based violence. This application contains emergency numbers, hospital addresses and contact information, police station numbers, and information about how to contact women development officers (who provide support for a range of services). This information is in formats accessible to women with disabilities, including text written in plain language, the ability to make the text larger and enlarge the screen, screen-reader friendly text and images, and with female sign language interpretation, as well as a list of sign language interpreters that individuals can contact if they need assistance.

In **Kazakhstan**, the UNFPA country office conducted a rapid assessment to identify the needs of persons with disabilities during the COVID-19 lockdown. The findings of the needs assessment demonstrated that persons with disabilities lacked awareness about their rights, including as related to gender-based violence, and about available services, while also experiencing increased risk factors for violence. For example, 7 out of 10 women interviewed did not know where to seek help in the event of violence, while one-third of those surveyed reported that their relationships with family members had deteriorated during the COVID-19 lockdown. UNFPA-Kazakhstan, the Association of Women with Disabilities "Shyrak," and a government body called the National Commission for Women, Family, and Demographic Policy used the findings to record videos on how to prevent COVID-19, and how to seek support in cases of gender-based violence, which include captions and sign language interpretation. These videos were distributed through social media and broadcast on television.²⁴ In addition, they developed and published the book, *To Women about Important Things: Your*



Photo Credit: UNFPA Kazakhstan

Reproductive Health and Reproductive Rights (originally in Kazakh and Russian), also published in Braille and audio formats. The book provides information on SRH, family planning, reproductive rights, and accessible services.

SPOTLIGHT: Raising Awareness about Gender-based Violence against Women with Intellectual or Developmental Disabilities in Spain during COVID-19

Plena Inclusion is an umbrella organization for persons with intellectual or developmental disabilities in Spain, made up of organizations operating at the regional and local levels. Observing the heightened risk of violence during the COVID-19 pandemic, particularly for women with intellectual or development disabilities, Plena Inclusion launched the #VoyTapadaNoCallada (#MyMouthIsCoveredNotShut) social media campaign. This campaign was developed by the working group on women at Plena Inclusion, composed of 17 women with intellectual or developmental disabilities from many regions in **Spain** and their support persons, in collaboration with Plena Inclusion's communications and gender inclusion professional staff.



The campaign consisted of a social media "face mask" photo filter with the campaign's hashtag written on it, so followers could share a selfie using the filter as a way to protest against gender-based violence targeted at women with disabilities. On November 25, 2020, the International Day for the Elimination of Violence against Women, Plena Inclusion held a virtual protest through Zoom and Facebook Live, to claim the right to a life free from violence for women with intellectual or developmental disabilities. During the protest, alongside the #MyMouthIsCoveredNotShut campaign, women from the Plena Inclusion women's working group released an Easy-Read version of position paper about ending violence against women with disabilities, originally drafted by the Spanish women with disabilities OPD, CERMI Mujeres. The document highlights the connection between the pandemic, isolation, and the rise of gender-based violence. The #MyMouthIsCoveredNotShut campaign had engaged more than 6,000 persons on social media as of December 2020.

Image Credit: Plena Inclusión

Manifestación virtual contra la violencia machista

Pinta tu mascarilla o prueba nuestro filtro virtual
en Facebook e Instagram

**Publica una foto o un vídeo
con tu mensaje**



Usa la etiqueta
#VoyTapadaNoCallada



3

*Good Practice***Meeting Basic Needs for Women and Girls with Disabilities**

Several NGOs, OPDs, and international organisations have taken special measures to support the ability of women and girls with disabilities to meet their basic needs for water, sanitation, hygiene, food, and income during the COVID-19 crisis. For instance, in **Malawi**, the Malawi Council for the Handicapped, Malawi Union of the Blind, and Malawi National Association of the Deaf jointly embarked on a five-month COVID-19 Response Project to respond to needs of persons with disabilities. Through this project, various basic food items like flour, sugar, and salt were distributed, as well as face masks, hand sanitizer, information on prevention and spread of COVID-19 in Braille or large print, and DVDs with information in sign language.

SPOTLIGHT: A Holistic Approach to Addressing the Needs of Women with Disabilities during the COVID-19 Pandemic in Kenya

This-Ability is a women-led organization focused on women and girls with disabilities in **Kenya**. They work on four strategic pillars: advocacy, rights (economic rights and SRHR), social norms, and sustainability. As part of these pillars, they prioritize the use of technology as a way to increase their impact and amplify the voices of women with disabilities. This-Ability is also an implementing partner for UNFPA in Kenya, focused on SRHR for women and girls with disabilities.

According to This-Ability, the COVID-19 crisis has had a significant impact on the lives and well-being of women with disabilities in Kenya. At the beginning of the crisis in March, persons with disabilities could not access the information the government was providing about the crisis, there was no specific strategy to ensure support for the disability community, and safety measures like social distancing and sanitizing did not reflect the realities of the lives of a majority of persons with disabilities, and women and girls with disabilities in particular. Women with disabilities had trouble accessing food assistance programmes, which were in high demand and often required hours of queuing to get assistance, limiting their ability to independently meet their basic needs. Additionally, there was an increase in sexual violence, leading girls with disabilities to experience unwanted pregnancies and leading their families to consider sterilizing them as a misguided measure of “protection.”

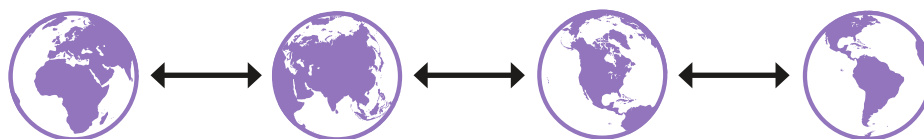
To respond to this crisis, This-Ability—in partnership with UNFPA, Global Fund for Women, and African Women Development Fund—has been distributing in-kind support to women with disabilities in 8 counties in Kenya. This in-kind support includes cash transfers of \$30 per month, donated sanitary pads, and dignity kits from UNFPA for girls with disabilities (containing soap, reusable pads, underwear, a toothbrush, toothpaste, and other essential items). To distribute this support, and to also ensure wider support for women with disabilities during the COVID-19 crisis, This-Ability has established a system with two focal points in each of the 8 counties. These focal points are women with disabilities who help identify those in need and liaise between This-Ability staff and women with disabilities on the ground. As of December 2020, this in-kind support had reached approximately 300 women with disabilities.



Furthermore, through its training programs and its accessible [e-learning platform](#), This-Ability has gathered women with disabilities together during the COVID-19 crisis to continue to learn about important topics, including digital literacy, gender, storytelling, and sexual and reproductive health. This-Ability also created the [Paza Podcast](#) as a safe space of discussion for women with disabilities. In addition to gaining skills through these programs, these women with disabilities also make informal connections with each other that have proven instrumental during the COVID-19 pandemic, as they provide each other with informal networks of support. As an example, a WhatsApp group established to communicate with women with disabilities about a training program on marketing has also become a platform for those women to share their experiences during the crisis and find ways to support each other.

Finally, This-Ability has created a [data collection platform](#) on women with disabilities in the country using USSD (Unstructured Supplementary Service Data) technology. Relying on the fact that 98% of Kenyan households have access to at least a basic mobile phone, This-Ability has undertaken local mobilization campaigns that request users to complete a short survey, including their national identification number, gender or gender identity, disability, age, and county. This gives This-Ability and other actors in Kenya a more accurate picture of where women with disabilities live and how to reach them. The USSD system is linked to a Bulk SMS service which also allows This-Ability to reach out to households via text message to provide increased access to critical information.

Some organizations have also taken steps to ensure that funding is available for organizations led by women and girls with disabilities, to help address needs in their communities during the COVID-19 crisis. For instance, the Global Resilience Fund (GRF), a partnership between social justice funders committed to resourcing girls' and young women's activism through the COVID-19 crisis, is providing small grants to organizations led by young women and girls. The Fund, which began its work in 2020, took disability inclusion to heart from its inception, including partners in the Fund who are organisations working at the intersection of gender and disability and frequently seeking their advice and input. In the implementation of its mission, the Fund has also made specific efforts to ensure that its grant application is simple and accessible and that the process for selection of grantees is inclusive, including by ensuring that a young woman with disabilities is on the selection panel. The Fund has also taken proactive efforts to reach out to organisations led by girls and young women with disabilities to apply for funds. As a result, in its two rounds of funding, GRF has made over 30 grants to organisations working on issues impacting the intersection of gender and disability from around the world.²⁵



Good practices have also addressed the mental and social health impacts of the COVID-19 pandemic for women and girls with disabilities. For instance, in **Latin America**, a programme led by the regional youth-focused organization of persons with and without disabilities, **Movimiento Estamos Tod@s en Acción (META)**, and the UNFPA Latin American Regional Office sought to address the basic needs of persons with disabilities for self-care and protection from COVID-19. Through accessible audio-visual products, social media campaigns, and Easy-Read materials in Spanish, Portuguese, and local sign languages, the **#TambiénEsCuidar (#TakeCareToo)** initiative sought to provide information to persons with disabilities about taking care of their mental health, listening to their bodies, and ensuring that they do activities that they like and that make them feel good, alongside accessible messages on preventing COVID-19. The campaign targeted six countries impacted by the COVID-19 crisis, including Argentina, Panama, Uruguay, Brazil, Nicaragua, and Costa Rica. Some of these materials reached more than 5,000 individuals on Facebook and other social media platforms, ensuring that a wide range of people were receiving messages about self-care and meeting their basic human needs during the COVID-19 pandemic.

Image Credit: Movimiento Estamos Tod@s en Acción and UNFPA Latin America Regional Office

TODA CAMPANHA DE SAÚDE É CONOSCO.



As juventudes sabemos que coisa precisamos
Precisamos ser consultadas!

Ahora que hablamos tanto del COVID-19...

¿QUÉ ES CUIDAR?

HAY COSAS QUE SON CUIDADOS, Y NO LO SABEMOS.



Necesitamos detenernos y pensar

GOOD PRACTICES SUPPORTING OBJECTIVE 3: *Long-Term Efforts to Ensure SRHR for Women and Girls with Disabilities During and Beyond the COVID-19 Pandemic*

While there are specific barriers women and girls with disabilities have experienced in accessing SRH as a result of COVID-19, many of these barriers are the result of pre-COVID systems that have failed to ensure SRHR. These include gaps in the legal framework around SRH and disability rights; barriers to available, accessible, acceptable, and quality SRH information, goods, and services at the programme and facility level; discrimination, stigma, stereotypes, and cultural taboos in communities and among healthcare workers about disability, including around the sexuality and ability to parent of persons with disabilities; and gaps in routine collection of data about and participation and inclusion of women and girls with disabilities in policies and programmes surrounding SRHR.²⁶ In order to ensure truly inclusive, responsive, and rights-based SRH for persons with disabilities and to prepare for the next crisis, stakeholders should address these systemic issues as part of their COVID-19 recovery efforts.

Good practices in this context include measures to strengthen implementation of the CRPD and other human rights treaties, training on SRH to provide rights-based and respectful care for persons with disabilities, and empowering women and girls with disabilities to contribute to the development, implementation, and monitoring of SRH programmes. Many of the good practices outlined above, though developed to respond specifically to the COVID-19 pandemic, are also setting a foundation for the fulfilment of SRHR in the long-term. This section briefly outlines additional practices undertaken by States, as well as NGOs and OPDs, during the COVID-19 pandemic to ensure that SRHR is respected, protected, and fulfilled for persons with disabilities during the COVID-19 crisis and beyond.

Good Practice 1

Creating an Enabling Legislative and Policy Environment for SRHR for Persons with Disabilities

Good Practice 2

Developing, Implementing, and Monitoring SRH Programmes

The Missing Piece: Tackling Attitudinal Barriers to SRHR

Women and girls with disabilities also face stigma, stereotypes and intersectional discrimination based on gender and disability related to their SRH and ability to exercise bodily autonomy. We were not able to identify policies or programmes adopted during the COVID-19 pandemic that are specifically working to tackle these attitudinal barriers to SRHR. However, **it is imperative that States, international organizations, and NGOs address these attitudinal barriers as part of their recovery from COVID-19**, in their response to future crises, and for their long-term efforts to respect, protect, and fulfil SRHR for persons with disabilities.

1

Good Practice

Creating an Enabling Legislative and Policy Environment for SRHR for Persons with Disabilities

Some States have continued to make progress on recognizing and ensuring the rights of women and girls with disabilities during the COVID-19 pandemic. For instance, in 2020, St. Lucia ratified the CRPD and its Optional Protocol, while Liechtenstein signed the CRPD, a first step toward ratification and integration into national laws and policies. This brings the total number of ratifications of the CRPD to 182 and of the Optional Protocol to 97. Other States have taken steps during the COVID-19 pandemic to adopt laws and policies that are working to ensure that the rights of all persons with disabilities as enumerated in the CRPD and other human rights treaties, including their SRHR, are respected, protected, and fulfilled.

SPOTLIGHT: Adopting Legislation during the COVID-19 Pandemic to Ensure Disability Rights and the Implementation of the CRPD in Pakistan

In January 2020, the Parliament in **Pakistan** adopted a bill to “promote, protect, and effectively ensure the rights and inclusion of persons with disability in the communities” and to “put in place [a] legal and institutional framework to protect the rights of persons with disabilities in general and women, children and the elderly in particular, as called for by the United Nations Convention on the Rights of Persons with Disabilities, as well as other human rights treaties and conventions to which Pakistan is a state party.”²⁷

This law contains specific references to the rights of women, children, and transgender persons with disabilities and addresses many of the barriers these individuals have to ensuring their rights, including rights related to SRH. In particular:

- The law outlines that special measures should be taken to ensure that women, children, older persons, and transgender persons with disabilities have full protection under the law to enjoy their rights, and that government and the private sector shall take necessary measures to ensure their development, advancement, and empowerment. (para. 6).



- Related to reproductive rights in particular, the law outlines that the government “shall provide free services regarding reproductive health especially to women with disabilities” (para. 14(5)), bans forced sterilization (para. 14(4)), and provides protections for the exercise of legal capacity for all persons with disabilities (para. 5(2)).
- Related to freedom from violence, including gender-based violence, the law classifies physical injury against persons with disabilities as an elevated crime and provides for free violence shelters and free legal aid for survivors of violence. It also mandates immediate investigation of accusations of violence against persons with disabilities (para. 8).
- Related to situations of risk and crises, the law mandates that persons with disabilities be a “top priority” and be provided with protection and safety (para. 20).

The Parliament has established a Special Committee on the Rights of Persons with Disabilities to oversee the implementation of this Act and is doing so in conjunction with organizations of persons with disabilities, including those that are led by women with disabilities and promoting rights at the intersection of gender and disability.

2

Good Practice

Developing, Implementing, and Monitoring SRH Programmes

States, NGOs, and international organizations have also taken steps during the COVID-19 crisis to address barriers to disability-inclusion in SRH services. In 2020, UNFPA’s country office in **Ecuador** worked with the government body CONADIS, to develop disability-inclusive SRH programming that will continue beyond the COVID-19 crisis. This programming has engaged persons with disabilities themselves (particularly women and girls with disabilities) in the design and implementation. The project released a set of guidance on SRHR for young persons with disabilities in Ecuador, also available in sign language. The guidance tackles the discrimination faced by young persons with disabilities when accessing SRH services and provides information about laws and policies to empower young persons with disabilities to advocate for their rights in this context.

Furthermore, as outlined above, the programme in **Tajikistan** to provide disability-accessible SRH services during the COVID-19 pandemic has also included training of healthcare providers on the rights of persons with disabilities and how to provide them with quality care. Training such as this helps overcome stereotypes about persons with disabilities and other attitudinal barriers to their SRHR, both during the pandemic and in the long-term.

In **Latin America**, the UNFPA Latin America and the Caribbean Regional Office and RIADIS, a Latin America regional organization of persons with disabilities, also collaborated to launch a regional accessible course to strengthen knowledge about SRHR and gender-based violence for women with disabilities and foster their local, national, and regional advocacy. The aim of this course is to strengthen participants’ knowledge and capacity related to human rights and give them the tools to share this knowledge with their organizations, families, communities, and governments. Through a 6-week course, 160 women with disabilities across the region learn about personal development of women with disabilities, international human rights treaties and conventions, gender-based violence, and sexual and reproductive health and rights. The course also aims at connecting women with disabilities across the region for information sharing and more coordinated action.

CONCLUSIONS

The good practices outlined above are a snapshot of activities around the world to ensure the rights and well-being of women and girls with disabilities during the COVID-19 pandemic and beyond. These practices support women and girls with disabilities in accessing the SRH-related services, goods, and information they need, ensure that they can live lives free from violence and meet their basic needs, and ensure that they are included in efforts to tackle the issues that most impact them. These practices are diverse and particular to the circumstances of the regions, countries, and localities where they have been implemented. We hope that the regional and disability diversity of the programmes, laws, and policies in this Compendium will serve as inspiration for the development of other more good practices tailored to the circumstances of women and girls with disabilities.

More Information on Ensuring Rights-Based SRH for Persons with Disabilities

In 2018, UNFPA and WEI, with the support of the Spanish Agency for International Development Cooperation (AECID) through the project “We Decide,” published [*Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*](#) (the UNFPA-WEI Guidelines). The UNFPA-WEI Guidelines provide practical guidance for making SRH and gender-based violence services more inclusive of, and accessible to, women and young persons with a variety of disabilities and for targeting interventions to meet disability-specific needs in all settings, including humanitarian emergencies. The UNFPA-WEI Guidelines provide further information about how to ensure rights for women and young persons with disabilities both during and outside of humanitarian emergencies and crises situations, which alongside this Compendium can help inform the development of practices to ensure and enabled SRH for women and girls with disabilities.

In response to the COVID-19 pandemic in particular, UNFPA and WEI have drawn from the Guidelines to develop the [*COVID-19, Gender, and Disability Checklist: Ensuring Human Rights-Based Sexual and Reproductive Health for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic*](#) (Checklist). This Checklist, developed with support from the U.N. Partnership for the Rights of Persons with Disabilities Multi Partner Trust Fund through a joint programme, provides concrete recommendations to States, healthcare providers, and others on steps they should take to ensure that SRHR is respected, protected, and fulfilled for persons with disabilities during this crisis and beyond.

ENDNOTES

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- 7 CRPD Committee, *Gen. Comment 3*, *supra* note 3.
- 8 UNPRPD, UNFPA, & WEI, *COVID-19 Impact Assessment*, *supra* note 5.
- 9 See, e.g., *Id.*
- 10 See, e.g., UNFPA AND WOMEN ENABLED INTERNATIONAL, WOMEN AND YOUNG PERSONS WITH DISABILITIES: GUIDELINES FOR PROVIDING RIGHTS-BASED AND GENDER-RESPONSIVE SERVICES TO ADDRESS GENDER-BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (2018), <https://womenenabled.org/wei-unfpa-guidelines.html>; Inter-Agency Standing Committee, *Inclusion of Persons with Disabilities in Humanitarian Action* (2019), <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>.
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- 12 Partner organizations include CIMUNIDIS (Chile), Disabled Women in Africa, HYPE Sri Lanka, META (Latin America), My Life, My Choice (U.K.), National Forum for Women with Disabilities (Pakistan), Shanta Memorial Rehabilitation Centre (India), and Special Olympics (Eastern Europe and Central Asia). Written survey results were also gathered in the Arab region and in West and Central Africa.

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- 23 The full text of Malawi's "National COVID-19 Preparedness and Response Plan" is available at https://covidlawlab.org/wp-content/uploads/2020/06/Malawi_National-COVID-19-Preparedness-and-Response-Plan_Final_08-04-2020_.pdf.
- 24 These videos are as follows: *Prevention of violence during quarantine*, https://www.youtube.com/watch?v=KMIAJ_IWTO8&feature=youtu.be; *Preventing coronavirus among people with disabilities*; <https://www.youtube.com/watch?v=PJ4ZO7tzs&feature=youtu.be>; *Protocol for going outside - Actions against COVID-19*, <https://www.youtube.com/watch?v=4NdZViF5mmQ&feature=youtu.be>; *Protocol for returning home - Actions against COVID-19*, <https://www.youtube.com/watch?v=d6fdA48oaPA&feature=youtu.be>; *Protocol for those living with high-risk groups*, <https://www.youtube.com/watch?v=UKcJ9to7Mlc&feature=youtu.be>.
- 25 For more information on the Global Resilience Fund's approach to accessibility and inclusivity, see <https://www.alliancemagazine.org/blog/making-funding-process-accessible-gloabl-resilience-fund-reflects/>.
- 26 CRPD Committee, *Gen. Comment 3, supra* note 3.
- 27 The full text of Pakistan's law on disability rights, as adopted by the National Assembly, is available at http://www.na.gov.pk/uploads/documents/1578658292_632.pdf.

