

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



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Background

Persons with disabilities are approximately 15% of all persons worldwide, and women with disabilities account for nearly 1 in 5 women globally. During both global and local emergencies, persons with disabilities and particularly women, girls, and gender non-conforming persons with disabilities are often left behind in accessing critical health services.¹ Meanwhile, due to discrimination based on both gender and disability—as well as other factors such as age—women, girls, and gender non-conforming persons with disabilities may experience a heightened need for sexual and reproductive healthcare (SRH) as their risk of gender-based violence rises and they experience even more significant barriers to accessing information, education, employment, and other services. Furthermore, the COVID-19 pandemic and other crises may particularly impact women, girls, and gender non-conforming persons with disabilities in developing countries and other contexts where long-term accessibility measures have not been undertaken and where resources for responding to crises are limited.

All persons with disabilities—including women, girls, and gender non-conforming persons with disabilities—maintain a right to sexual and reproductive health and bodily autonomy, even when facing humanitarian crises. States have agreed to respect, protect, and ensure these rights

by ratifying the Convention on the Rights 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).² These human rights standards should guide COVID-19 response and recovery, as well as preparation for, response to, and recovery from other crises.

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.” 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 the UNFPA-WEI Guidelines, cited above.

Objective of this Checklist

This COVID-19, Gender, and Disability Checklist (the Checklist) is intended to guide States, healthcare providers, and other stakeholders—as well as

United Nations Country Teams (UNCTs) providing guidance on COVID-19 response and recovery efforts—on how to ensure the provision of rights-based and gender- and disability-responsive SRH for women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic and other emergencies. It should also be used as a tool to guide recovery efforts from the COVID-19 pandemic, so as to ensure that rights at the intersection of gender and disability are respected, protected, and fulfilled as part of that recovery.

How to Use this Checklist

This Checklist is divided into three sections, focused on (1) SRHR during the COVID-19 pandemic; (2) Social determinants of SRH during the COVID-19 pandemic; and (3) Ensuring SRHR for women, girls, and gender non-conforming persons with disabilities in the recovery from the pandemic.

Under each section, there are several “Key Actions” for States and healthcare providers to take to ensure that their actions are rights-based and inclusive of gender and disability in the COVID-19 response and recovery. These “Key Actions” are the result of findings from 20 virtual consultations

with and responses to written surveys from more than 250 women, men, girls, and gender non-conforming persons with disabilities conducted by UNFPA, Women Enabled International, and eight national and regional partner organizations throughout the world,³ as well as from applicable human rights standards and guidelines.

The Checklist should be read in conjunction with UNFPA and WEI’s 2018 publication, [*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 services more inclusive of and accessible to women and young persons with disabilities and for targeting interventions to meet their disability-specific needs in all settings, including humanitarian emergencies. This Checklist is also informed by the [*Inter-Agency Standing Committee \(IASC\) Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*](#), as well as by human rights standards surrounding rights at the intersection of gender and disability, particularly as related to sexual health and reproductive rights.⁴

1.0 Ensure SRHR for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic

Like all women, women, girls, and gender non-conforming persons with disabilities continue to have the right and need to access SRH information, goods, and services and exercise bodily autonomy during a crisis. In order to ensure these rights for women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic, there must be a particular focus on the availability and disability-related accessibility of healthcare, including SRH, and on including persons with disabilities in the COVID-19 response.

Key Actions for States

- Women, girls, and gender non-conforming persons with disabilities **have been included in the development of laws, policies, and action plans** on healthcare, including SRH, during the COVID-19 pandemic.
- Information, education, and communication materials** have been produced to raise awareness during lockdowns or other restrictions on movement that persons can still access essential health services, including SRH services, and where those services are located, including in rural and remote areas.
 - These materials are available in a variety of accessible formats.⁵
 - These materials are inclusive of persons with disabilities, including through images and by addressing their particular needs.
- The full-range of SRH goods and services are designated as **essential services** and SRH providers are designated as **essential workers**.
 - All healthcare services, including SRH services, are accessible⁶ to and inclusive of persons with disabilities.
 - SRH workers have priority access to childcare and other social supports.
 - SRH workers have access to adequate personal protective equipment (PPE).
 - SRH workers have priority access to COVID-19 vaccination programmes.
 - SRH workers have been provided with training about ensuring quality and rights-based care for persons with disabilities.
 - SRH workers are not reallocated to other healthcare roles.
- Plans are in place to **monitor the provision of SRH** during this crisis, including the quality of services.
 - Plans include specific monitoring for services to women, girls, and gender non-conforming persons with disabilities.
- Comprehensive sexuality education** programmes have continued within in-person and distance learning curricula.
 - These programmes are accessible to and inclusive of children, adolescents, and young persons with disabilities.⁷

Key Actions for Healthcare Providers



Hospital and clinic policies explain that persons with disabilities have **a right to be accompanied by a support person or interpreter** to healthcare appointments, even where local regulations or health clinic or hospital rules limit patient accompaniment.

- These policies specifically apply to SRH appointments and in labour, delivery, and post-partum wards.
- Persons with disabilities are routinely informed of this right.
- Support persons are provided with appropriate PPE, as needed.



Home-based SRH services are provided for persons with disabilities, where safe and possible.⁸



Where home or other in-person services may put individuals at risk, **telehealth and other remote services are available** to persons with disabilities.

- Accessible platforms for these services (phone calls, online platforms, etc.) are used.
- Sign language interpretation or other support to access and communicate within these platforms is provided.
- Capacity building and training plans are in place to support SRH workers to implement telehealth services, to ensure accessibility, and to ensure continuity of care.⁹



Policies and procedures are in place to safely screen those accessing SRH services for **gender-based violence**, refer them to appropriate and accessible services, and provide treatment in line with survivor-centred approaches.

- Procedures address the need for privacy from family and intimate partners, including in telehealth appointments.
- SRH workers have been trained to communicate and work directly with persons with disabilities to monitor for violence.
- Procedures include a plan to monitor implementation, focusing in particular on marginalized groups.

Response to gender-based violence against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic will be explored in more detail in a companion Checklist, *COVID-19, Gender, and Disability Checklist: Addressing Gender-Based Violence against Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic*.

2.0 Ensure the Social Determinants of SRH for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic

Women, girls, and gender non-conforming persons with disabilities' access to quality SRH is impacted by a number of other social determinants of SRH, including employment and income, education, access to disability-related supports and services, access to healthcare beyond SRH, and the ability to meet basic needs. In order to ensure SRH for women, girls, and gender non-conforming persons with disabilities, these social determinants of SRH must also be addressed as part of the COVID-19 pandemic response and must be accessible to and inclusive of those living at the intersection of gender and disability, as well as other intersections such as age.

2.1 Ensure Access to COVID-19 and Other Healthcare Information, Goods, and Services

Key Actions for States

- Healthcare guidelines have been issued and distributed to healthcare providers related to **COVID-19 testing, treatment, and vaccination.**
 - Guidelines specifically enumerate that discrimination on the basis of gender, disability (including the full range of disabilities), and other factors such as age is prohibited in the provision of COVID-19 testing, treatment, and vaccinations.
 - Persons with disabilities and their support networks are in priority groups to receive COVID-19 vaccinations.¹⁰
 - COVID-19 testing, treatment, and vaccination centres are fully accessible to persons with disabilities and provide services free or at low-cost.

- Healthcare services and goods needed by persons with disabilities specifically because of their disability are classified as **essential services.**
 - The list of essential goods and services includes services needed primarily by persons with disabilities such as mental healthcare, pain management, and rehabilitation, and equipment like ventilators, hearing aids, wheelchairs, and catheters.
 - Persons with disabilities are given priority access to these goods and services free or at low cost, with particular attention to persons with disabilities who may have more complex needs.

Key Actions for Healthcare Providers

- Data** disaggregated by age, disability, gender, and other factors is collected in healthcare facilities and testing centres on COVID-19 testing, treatment, deaths, and vaccinations.

- Psychosocial support and mental health services** continue or are expanded during the COVID-19 pandemic.
 - These services are available and accessible to persons with disabilities, including those who have experienced violence during the COVID-19 pandemic.

- Hospital and clinic protocols allow for **support persons** to accompany persons with disabilities to all medical appointments.
 - Health workers are trained to communicate directly with the full range of persons with disabilities when they do not have the assistance of a support person.

- Health workers are provided with information about the potential health and social **consequences of COVID-19 for persons with disabilities**.
 - Health workers have undertaken additional trainings and online modules to take on expanded roles, including in the provision of healthcare for persons with disabilities, during the crisis.

2.2 Meet Basic Needs

Key Actions for States

- A **COVID-19 national social protection programme(s)** has been adopted.
 - Women, girls and gender non-conforming persons with disabilities have been included in the design, implementation, and monitoring of this programme(s).
 - This programme(s) ensures adequate income or in-kind support for all persons to meet basic needs for clean water, food, housing, heat, sanitation, transportation, communications, and hygiene products including menstrual hygiene.
 - Information about the programme(s) has been distributed to the public in accessible formats.
 - Special measures have been taken to reach women, girls, and gender non-conforming persons with disabilities with the information and programme(s).
 - Applications for social protection are available in accessible formats and do not include onerous requirements, such as the need to obtain a disability identity card.

- Disability-related support workers and interpreters are classified as **essential workers**.
 - Support workers are given personal protective equipment to do their work.
 - Support workers have priority access to childcare and other social supports.
 - Support workers have priority access to COVID-19 testing and vaccination programmes.
 - Persons with disabilities have been given income supplements to pay for support workers and interpreters, as needed and where the State does not directly pay these support workers.

- Awareness raising programmes have been put in place in local communities about the need to check in on and provide **informal support to persons with disabilities** and to their families.

2.3 Ensure Access to Employment and Education

Key Actions for States

- A **national unemployment relief programme** is in place.
 - This programme includes compensation to individuals who were previously employed in the informal sector, were self-employed, or who were independent contractors.

- Disability-related supports for women, girls, and gender non-conforming persons with disabilities to attend **school or university** are in place.
 - Support for technology, internet access, and accessibility of platforms is provided for distance learning.
 - Students with disabilities participate in mainstream schools and classrooms, both in distance learning and in-person schools.
 - Reasonable accommodation is provided to students with disabilities, both in distance learning and in-person schooling.
 - Accessible transportation is provided to attend in-person schools.

- Data** disaggregated by gender, disability, age, and other factors is collected on unemployment and access to education during the COVID-19 pandemic.

3.0 Ensure SRHR for Women, Girls, and Gender Non-Conforming Persons with Disabilities in the Recovery from COVID-19

While there are specific barriers women, girls, and gender non-conforming persons with disabilities have experienced in accessing SRH as a result of COVID-19, many of these barriers are the result of pre-pandemic 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; 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, girls, and gender non-conforming persons with disabilities in policies and programmes surrounding SRHR. 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.

Key Actions for States

3.1 Create an Enabling Legislative and Policy Environment



There is a **robust legal framework** in place to ensure the respect, protection, and fulfilment of SRHR and disability rights:

- The full range of international human rights treaties and any relevant regional human rights treaties have been ratified.
- Reports to U.N. and regional treaty monitoring bodies contain specific information about women, girls, and gender non-conforming persons with disabilities, including their SRHR, and have been developed in consultation with these groups.
- There is a **law, policy, or national action plan on SRHR** that:
 - Provides for access to the full range of SRH information, goods, and services in line with international human rights obligations.
 - Specifically recognizes the intersection of gender and disability and enumerates specific steps to ensure access to SRH for women, girls, and gender non-conforming persons with disabilities.
 - Has a specific and sufficient budget allocated for implementation, including for disability inclusion.
- There is a **law on disability rights modelled on the Convention on the Rights of Persons with Disabilities** that:
 - Specifically addresses gender, including as related to SRH.
 - Has a specific budget allocated to implementing this law and resulting policies.

For more information about creating an enabling legislative and policy environment, see *UNFPA-WEI Guidelines*, Chapter 2.2.

3.2 Ensure Access to Disability-Inclusive Services

- **Barriers** that women, girls, and gender non-conforming persons with disabilities face to available, accessible, acceptable, and quality SRH information, goods, and services have been identified and addressed.
 - **Guidance** has been provided to SRH facilities on how to ensure that SRH facilities and equipment are physically accessible, services and goods are economically accessible, patients are provided with information in accessible formats, and sign language interpreters or other trained support people are provided.
 - A **nationwide accessibility audit** has been conducted to assess the full range of accessibility measures in SRH facilities.
 - An action plan has been put in place to address gaps in accessibility.
 - SRH providers and staff are required to undergo **training on human rights, particularly gender and disability rights**, including as part of medical education. This training includes:
 - Information to counter the incorrect assumption that persons with disabilities are asexual or incapable of making healthcare decisions.
 - Information on the diversity of disability and on providing respectful care to persons with disabilities.
 - An **awareness-raising programme in the community** is in place about the need for SRH for persons with disabilities, including about their rights in this context, and to counter stigma and stereotypes around disability and sexuality.

For more information about ensuring access to disability-inclusive services, see **UNFPA-WEI Guidelines**, Chapter 2.4.

3.3 Development, Implementation, and Monitoring of SRH Programmes

- Women, girls, and gender non-conforming persons with disabilities **participate and are included** in SRH programme development, implementation, and monitoring.
 - Government entities routinely work with independent, human rights-based organizations led by women, girls, and gender non-conforming persons with disabilities to develop, implement, monitor, and evaluate policies and programmes related to SRH.
- **Disaggregated data is collected** on women, girls, and gender non-conforming persons with disabilities surrounding SRH.
 - Disaggregation includes gender, disability, age, sexual orientation, socio-economic status, and living environment, among other relevant statuses.

For more information about development, implementation, and monitoring of SRH programmes, see **UNFPA-WEI Guidelines**, Chapter 2.3.

Endnotes

- 1 See, e.g., COVID-19 Disability Rights Monitor, *Disability rights during the pandemic A global report on findings of the COVID-19 Disability Rights Monitor* 7 (2020), <https://covid-drm.org/assets/documents/Disability-Rights-During-the-Pandemic-report-web.pdf>; Women Enabled International, COVID-19 at the Intersection of Gender and Disability: Findings of a Global Survey (May 2020) <https://womenenabled.org/blog/covid-19-survey-findings/>.
- 2 Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, arts. 11, 23 & 25, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611 (entered into force May, 3 2008); Convention on the Elimination of All Forms of Discrimination against Women, adopted Dec. 18, 1979, arts. 12 & 16(e), G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46, U.N.T.S. 13 (entered into force Sept. 3, 1981); *Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept.5-13, 1994, Sec. 6.30-33 & 7; U.N. Doc. A/CONF.171/13/Rev.1 (1995).
- 3 Partner organizations include El Círculo Emancipador de Mujeres y Niñas con Discapacidad de Chile (CIMUNIDIS), Disabled Women in Africa, HYPE Sri Lanka, Movimiento Estamos Tod@s en Acción (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 States region, as well as West and Central Africa.
- 4 A briefing paper summarizing international human rights standards surrounding SRHR, including for persons with disabilities, is available at <https://womenenabled.org/atk.html>.
- 5 Accessible formats include video with captioning and sign language interpretation, audio, large print, Easy Read, plain language, braille, and digital screen reader compatible formats. For examples of materials available in Easy Read and screen reader-accessible Word versions, see <https://womenenabled.org/wei-unfpa-guidelines.html>.
- 6 Accessibility as it pertains to disability access refers to physical, social, economic, and cultural accessibility and should include accessible facilities, equipment, information, communications, and transportation. See UNFPA-WEI Guidelines, Chapter 2.4.
- 7 See UNFPA, *Adapting Comprehensive Sexuality Education Programming During the COVID-19 Pandemic* (June 2020), <https://www.unfpa.org/resources/adapting-comprehensive-sexuality-education-programming-during-covid-19-pandemic>.
- 8 See OHCHR, *COVID-19 and the Rights of Persons with Disabilities: Guidance* (April 2020), https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf.
- 9 See UNFPA, *COVID-19 Technical Brief for Maternity Services* (July 2020), <https://www.unfpa.org/resources/covid-19-technical-brief-maternity-services>.
- 10 See International Disability Alliance, *Reach the furthest behind first: Persons with disabilities must be prioritized in accessing COVID-19 vaccinations* (December 2020), https://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_on_accessing_covid-19_vaccinations_edited_bb.docx.



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