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Women Enabled International
Submission to the UN High Commissioner for Human Rights
Promoting, protecting and respecting women's and girls' full enjoyment of human rights in humanitarian situations
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I. Introduction

Women Enabled International (WEI)[1] appreciates the opportunity to provide the below information to the Office of the High Commissioner for Human Rights (OHCHR) on the enjoyment of human rights by women and girls with disabilities in humanitarian situations.

Women and girls with disabilities account for more than half of all persons with disabilities and nearly one-fifth of all women and girls worldwide.[2] Women and girls disabilities face multiple and intersecting forms of discrimination based on their gender as well as their disability, are vulnerable to exploitation and violence, including gender-based violence, and face myriad other barriers to meeting basic needs in humanitarian situations. Yet, as the UN Secretary-General's 2020 report on women, peace, and security notes, women with disabilities are less likely to be prioritized by or have access to humanitarian response efforts and are less likely to be included in peacebuilding.[3]

This submission outlines how women and girls with disabilities experience humanitarian situations in ways that are distinct from those of other persons with disabilities and of other women, with a specific focus on armed conflict situations and the COVID-19 crisis.[4] Related to the COVID-19 pandemic in particular, WEI alongside the U.N. Population Fund (UNFPA) and UN Women recently released a study of the impact of COVID-19 at the intersection of gender and disability, which included consultations and survey results from over 300 women, men, girls, and gender non-conforming persons with disabilities, as well as their family members and others advocating for their rights. Some of this research is summarized below and can also be found at https://womenenabled.org/blog/covid-19/.

Please note that many of the issues identified in this submission likely also impact other marginalized genders with disabilities, including non-binary or other gender non-conforming persons with disabilities. However, there is insufficient information about the lived experiences of other marginalized genders with disabilities in humanitarian emergencies. We hope that future studies and research more broadly addresses the situation of this group.

II. Issues Impacting Women and Girls with Disabilities in Humanitarian Situations

A. Gender-based Violence (GBV)

Outside of humanitarian situations, women and girls with disabilities experience higher rates of GBV than other women and girls, due to factors based on both their gender and disability, as well as other statuses.[5] The World Health Organization (WHO) has recognized that violence typically increases during times of emergency and that women with disabilities are likely to have

additional risk factors, making them more vulnerable to abuse.[6] The United Nations Children's Fund (UNICEF) has also reported that women and girls with disabilities who experience a disruption of essential services, restricted movements, and have primary caregiving responsibilities—all of which are likely to increase during a humanitarian situation—are at a higher risk for GBV.[7]

The CRPD Committee has noted that during armed conflict situations, "women with disabilities are at an increased risk of sexual violence and are less likely to have access to recovery and rehabilitation services or access to justice."[8] For instance, research with conflict affected communities in Ethiopia, Burundi, Jordan and the Northern Caucasus in the Russian Federation found that women and girls with disabilities reported being subjected to sexual violence, including rape, on a repeated and regular basis and by multiple perpetrators.[9] Exposure to sexual violence during conflict may also result in increased HIV infection and psychological trauma among women and girls with disabilities.[10]

GBV against women with disabilities increases during other humanitarian situations as well, including the COVID-19 pandemic. Participants in the research conducted by WEI, UNFPA, and UN Women described dozens of instances of violence against women and girls with disabilities during the pandemic, occurring against themselves, against family or friends with disabilities, or against people on whose behalf they advocated. This violence was sexual, psychological, physical, and emotional in nature and impacted women of diverse ages and diverse disability groups.[11] For instance, Himpunan Wanita Disabilities Indonesia (HWDI), an organization of women with disabilities, conducted a rapid assessment of the needs of women with disabilities during the COVID-19 pandemic. HWDI found that 80 percent of respondents were facing abuse, with 40 percent indicating this abuse was happening daily.[12] This abuse was primarily psychological violence, including by close friends, family, and partners, as well as online violence and some physical and sexual abuse, including rape.[13]

Accessing Justice Mechanisms During COVID-19

Outside of humanitarian situations, women and girls with disabilities frequently face significant barriers to accessing justice.[14] For instance, they may be deprived of legal capacity,[15] viewed as unreliable witnesses due to social stigma,[16] not be able to physically access or navigate courtrooms or police stations,[17] or not be provided with necessary support services such as sign language interpretation.[18] These barriers have been compounded by restrictions imposed during the COVID-19 pandemic. During the COVID-19 pandemic, in many contexts, courts or police were no longer functioning at the same level as previously.[19] Advocates reported problems with getting police involved in investigations during the pandemic, due to limited resources or social distancing rules.[20] In other contexts, women and girls with disabilities reported they did not know how to seek help[21] or there were taboos around reporting or talking about violence.[22]

Most of the time, women and girls with disabilities suffer in silence. In some instances, lack of gender and disability sensitivity and training among police impacted the way they dealt with cases of GBV against women and girls with disabilities during the COVID-19 pandemic. For instance, in Bosnia and Herzegovina, a young woman with intellectual disabilities faced sexual abuse by her uncle, who lived close by. The family reported the abuse to the police, but at the

time of the consultation there had been little action by the police or prosecutors to investigate the case.[23]

B. Sexual and Reproductive Health and Rights (SRHR)

Even outside of humanitarian emergencies, women and girls with disabilities face significant barriers to accessing needed sexual and reproductive health (SRH) information, goods, and services and to exercising bodily autonomy. For instance, women with disabilities are disproportionately subjected to practices such as forced or coerced sterilization, contraception, and abortion, motivated by false and discriminatory assumptions about their sexuality or ability to parent.[24] Furthermore, in addition to disability-related accessibility barriers to information, goods, and services, SRH providers frequently hold inaccurate views regarding women with disabilities or lack training on how to sufficiently support them with their SRH needs.[25]

These barriers to exercising SRHR are exacerbated for women and girls with disabilities during humanitarian situations.[26] In particular, they encounter increased barriers in accessing contraception and menstrual hygiene items in conflict situations and other humanitarian emergencies, despite their right to access all mainstream health services and information.[27] Assumptions by staff that women and girls with disabilities need only disability-related services can lead to the denial of SRH or other gender sensitive services, putting women and girls with disabilities at higher risk of unwanted pregnancy or sexually transmitted infections.[28] Furthermore, as the former Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas has noted, the near-total exclusion of young women and girls with disabilities from education in conflict-affected areas also means that they are less likely to have access to sexuality education, thereby increasing their risk of sexual or physical abuse and of contracting sexually transmitted infections.[29]

The COVID-19 crisis has created further barriers to SRH information, goods, and services and the exercise of bodily autonomy for all persons, including persons with disabilities. Some of these barriers have resulted from COVID-19 restrictions, such as lockdowns or social distancing measures, while others have resulted from fear and stigma, including fear of catching the virus, and cultural barriers to accessing information, goods, and services. Many of these barriers impact all women but are exacerbated for women with disabilities due to the pre-existing barriers to their exercise of SRHR,[30] as well as the creation of new protocols in healthcare settings that have not always considered disability.

In some locations, participants in the WEI, UNFPA, and UN Women research study noted above reported that SRH-related facilities closed down, were reallocated towards other health services with staff reassigned to address COVID-19, or became more limited in the types of services provided, with a disproportionate impact on women with disabilities who did not have accessible or affordable transportation to access services in other communities.[31] Overburdened healthcare systems, shortages in SRH goods, and changes to protocols also limited access to SRH and other healthcare for persons with disabilities, even when those services were technically available.[32]

The Case of Malawi during COVID-19

Compared to many countries around the world, Malawi's COVID-19 infection rate has been relatively low. Between April and December 2020, the country recorded 6,248 cases of infection, and the death toll in the country stood at 187.[33] Even before the first confirmed cases of COVID-19 in Malawi, which occurred in April 2020, the government and healthcare providers had taken significant steps to reduce and prevent transmission of the disease, including limitations on gatherings, changes in protocol at health facilities, and the closure of schools.[34]

Accessing SRH information, goods, and services was challenging for women with disabilities in Malawi even before the COVID-19 pandemic, due to accessibility barriers, discrimination, and biases when exercising their SRHR, as well as the exclusion of women with disabilities from laws and policies on SRHR.[35] During the pandemic, pre-existing barriers were exacerbated, alongside confusion caused by changes to healthcare protocols, which were not always effectively communicated to women and girls with disabilities. For instance, Lyness, a woman with a physical disability, shared that "accessing sexual and reproductive services was a challenge because of transportation issues during COVID. Most women with disabilities live below the poverty line and can't afford private transportation."[36] Lyness further shared that "during the COVID, most hospitals are not giving out family planning. Most of the family planning clinics in the hospital are closed to prevent the spread of COVID."[37]

Barriers to SRHR in Malawi have been even more severe during the COVID-19 period for persons with disabilities living in rural areas, which, according to the 2008 Census, accounts for 85.1% of persons with disabilities in Malawi.[38] As virtual consultation participants reported, "in some areas in the rural communities, most of the women with disabilities access their SRHR through health workers who go for outreach for family planning in the communities but, during this COVID-19 period, such outreach is no longer happening. Hence, women with disabilities are not able to access the services."[39] The social determinants of health, including SRH, were also significantly impacted in Malawi due to the COVID-19 crisis. According to the World Bank, in Malawi, more than half of households surveyed had run out of food, with urban households being disproportionally affected.[40] In addition, school closures aggravated the problem by limiting children's access to school-provided food programmes.[41]

C. Other Human Rights Issues

Women and girls with disabilities also face multiple barriers in accessing food, assistance programs, lifesaving services including medical care, accessible information, and safe spaces in humanitarian situations.[42] During emergencies, persons with disabilities may also lose access to rehabilitation, assistive devices, social workers, or interpreters, further hindering their access to mainstream assistance.[43] Women's traditional gender roles as caregivers can add additional burdens on women with disabilities, especially in displacement. A single mother of five children whose leg was amputated after she was struck by a bullet during a government attack on the Bor camp in South Sudan in 2014 said that the poor living conditions in the camp greatly affected her morale: "Now, I am thinking too much. Not about my disability but about how I can support my children. It is too much, and I sometimes think that it is better for me to die because no one is supporting us."[44]

Due to the COVID-19 pandemic, many persons with disabilities have also lost access to personal assistants and other support services, as well as informal systems of support they may have used to take care of daily needs, including shopping for and cooking food, bathing, toileting, taking care of hygiene needs, and maintaining finances, among other tasks.[45] Access to clean water has also become more difficult for many during the crisis.[46] This loss of support has then limited their ability to meet their basic needs and live independently during the COVID-19 crisis.

III. Summary of Legal Framework Supporting the Rights of Women and Girls with Disabilities in Humanitarian Situations

Several international human rights treaties directly apply to the situation of women and girls with disabilities in humanitarian emergencies. For instance, Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD) requires that States take "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters," while Article 6 of the CRPD specifically protects the rights of women and girls with disabilities and recognizes that they encounter multiple discrimination, calling on States to ensure their full and equal enjoyment of human rights.[47]

In addition to the rights protected explicitly in human rights treaties, treaty monitoring bodies and other U.N. mechanisms have outlined how those treaties should be applied to all women, including women and girls with disabilities, in humanitarian situations. In its general recommendations on conflict and disaster risk reduction, the CEDAW Committee has outlined several measures for women and girls in humanitarian situations, particularly salient for women and girls with disabilities, including as related to GBV,[48] access to resources,[49] and access to SRH information, goods, and services.[50] Related to women with disabilities in particular, the Committee has stressed that States must take measures to address the specific needs of those facing multiple and intersecting forms of discrimination in conflict and post-conflict settings, such as women with disabilities,[51] to include specific measures to ensure the promotion and protection of the rights of women and girls with disabilities in disaster health care policies and standards,[52] and ensure housing that is accessible to all women, including those with disabilities, when responding to or preparing for natural disasters.[53]

Furthermore, over the past 20 years, the U.N. Security Council has adopted 10 resolutions on the issue of women, peace, and security (WPS). Although only two of these resolutions mention the needs of persons with disabilities explicitly, and none include an explicit reference to women with disabilities,[54] the WPS resolutions do set out a number of requirements applicable to the rights of women and girls with disabilities. These include urging States to address the root causes of sexual violence; calling for significantly increased representation of women in senior positions in political, peace, and security-related institutions; and calling on States and intergovernmental and regional entities to take into consideration the specific impact of conflict and post-conflict environments on women's and girls' security, mobility, education, economic activity, and opportunities.[55] These requirements should be applied with equal force to women and girls with disabilities.

Similar to the WPS resolutions, Security Council Resolution 2475 regarding persons with disabilities calls for the "particular [needs] of women and children with disabilities" to be considered in assistance for civilians with disabilities affected by armed conflict more generally.[56] Ideally, Member States should read the WPS resolutions and resolution 2475 in tandem, ensuring that the rights, participation, and specific needs of women and girls with disabilities are part of their overall response and preparation for humanitarian situations.

IV. Good Practices Towards Ensuring Rights for Women and Girls with Disabilities during the COVID-19 Crisis

Many States, U.N. agencies, and civil society organizations undertook practices to ensure the rights and well-being of women and girls with disabilities during the COVID-19 pandemic, which may be extrapolated to other humanitarian emergencies. More information can be found in the recent WEI, UNFPA, and UN Women publication, *Compendium of Good Practices during the COVID-19 Pandemic: Ensuring Sexual and Reproductive Health and Rights for Women and Girls with Disabilities*.

In Tajikistan, the Ministry of Health, with UNFPA-Tajikistan and local organizations of persons with disabilities, observed that health personnel had been redeployed away from services unrelated to COVID-19, including SRH services. To tackle this issue, they launched a joint project to provide access to information, SRH services, sanitation and hygiene products, and psychosocial support for persons with disabilities. As many of the centres providing SRH services were not accessible, they built five accessible rooms 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 to counsel, observe, and refer persons with disabilities on SRH.

In Kenya during the COVID-19 pandemic, the organization This-Ability Trust developed a toll-free system for women with disabilities to find accessible SRH services and produced materials on family planning and online curricula for medical providers. They also delivered online training on SRHR through an accessible platform and redistributed sanitary pads and other hygiene products received from UNFPA, reaching approximately 300 women with disabilities.

In Guatemala, before the pandemic, the Collective *Mujeres con Capacidad de Soñar a Colores* (Women with the Ability to Dream in Colour) established a theatre group to create peer-to-peer connections for rural women with disabilities through the arts, and to allow the women to have a safe space to dialogue. Despite the pandemic, the group kept their weekly meetings, but in an online format. Several women were not familiar with online meetings, nor did they have electronic devices, so the collective provided the equipment and support needed. The group discussions encouraged many women to open up about issues they have never been able to discuss before, such as SRHR, and to overcome the taboos surrounding it. This then led the women to identify SRHR as the main topic of the theatre group for 2021.

V. Conclusions and Recommendations

Women and girls with disabilities have unique experiences and face unique violations of their human rights in the context of humanitarian situations. With that in mind, we hope that OHCHR will highlight how multiple and intersecting forms of discrimination based on gender, disability, and other statuses impact experiences in humanitarian settings. We also hope that OHCHR will include references to human rights and humanitarian law that is specifically applicable to women and girls, particularly those with disabilities, as a tool to guide States on how to ensure rights for women and girls in all of their diversity during humanitarian situations. In particular, we hope that OHCHR will consider including in its report:

- Gender as well as disability and other characteristics play important roles in the lived experiences of persons with disabilities in humanitarian situations, and as such, States need to **ensure the implementation of human rights standards across treaties** before, during, and after humanitarian emergencies to ensure that the issues most impacting women and girls with disabilities are included in their plans, responses, and recoveries.
- **Participation of women and girls with disabilities** in emergency prevention, preparation, response, resolution, and recovery processes is key to ensuring that the lived experiences of women and girls with disabilities are recognized and reflected and that they are included in society moving forward from humanitarian situations.
- **Ensure that SRHR is respected, protected, and fulfilled** for women and gender non-conforming persons with disabilities at all times, including during COVID-19 and other humanitarian emergencies. States should guarantee that **virtual and telehealth platforms for delivery of SRH services are accessible to persons with disabilities** and that in-person options remain available for those who need them, including with accessible public transportation to reach those services.
- To help address higher rates of sexual violence during humanitarian situations, States must **better equip law enforcement, courts, and support networks** to communicate effectively with survivors of sexual violence, including specific training on the rights of women and girls with disabilities.
- Continue or **initiate efforts to tackle stereotypes and stigma** about gender and/or disability, as a means of protecting individuals from violence during the ongoing COVID-19 crisis and ensuring they get the community supports and healthcare they need without discriminatory rationing.
- States must undertake **long-term efforts** to ensure the full respect, protection, and fulfilment of SRHR, the right to be free from violence, and related rights for women and girls with disabilities at all times, which will then have a positive impact on their realization of rights during humanitarian emergencies.

Thank you for your time and attention to this submission. If you have any questions or require further information, please do not hesitate to contact the authors of this submission via a.mcrae@womenenabled.org.

[1] Women Enabled International is an international non-governmental organization working to advance human rights at the intersection of gender and disability to: respond to the lived experiences of women and girls with disabilities; promote inclusion and participation; and achieve transformative equality.
[2] Report by the UN Secretary-General on Women, Peace, and Security, ¶ 39, U.N. Doc. S/2020/946 (2020).
[3] *Id.*

[4] WEI has also compiled information about the impact of climate change and natural disasters on women and girls with disabilities. This information can be found at: https://womenenabled.org/pdfs/WEI-Submission-to-CEDAW-Committee-on-GR-on-Climate-Change+DRR-January-30-2017-Final.pdf.
[5] *See, e.g.*, WOMEN ENABLED INTERNATIONAL, FACTS: THE RIGHT OF WOMEN AND GIRLS WITH DISABILITIES TO BE FREE FROM VIOLENCE (2018), https://womenenabled.org/fact-sheets.html.
[6] WORLD HEALTH ORGANIZATION, COVID-19 AND VIOLENCE AGAINST WOMEN: WHAT THE HEALTH SECTOR/SYSTEM CAN DO 1 (2020), https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf.
[7] UNICEF, COVID-19 RESPONSE: CONSIDERATIONS FOR CHILDREN AND ADULTS WITH DISABILITIES (2020), https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf.
[8] CRPD Committee, *General Comment No. 3 (2016) on women and girls with disabilities*, ¶ 49, U.N. Doc. CRPD/C/GC/3 (2016).
[9] WRC & INTERNATIONAL RESCUE COMMISSION (IRC), "I SEE THAT IT IS POSSIBLE" BUILDING CAPACITY FOR DISABILITY INCLUSION IN GENDER-BASED VIOLENCE PROGRAMMING IN HUMANITARIAN SETTINGS 1-11 (2015), https://www.womensrefugeecommission.org/research-resources/building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview/.
[10] Stephanie Ortoleva, *Right Now! –Women with Disabilities Build Peace Post-Conflict*, CENTER FOR WOMEN POLICY STUDIES (2011), https://www.peacewomen.org/node/90492.
[11] *See, e.g.*, a woman with a mental disability, Yemen, age 30 (written survey response); a woman with a physical disability, Yemen, age 23 (written survey response) ("I do not feel safe as I was verbally abused from some of my brothers."); Janine, a woman with a visual impairment, the Philippines, age 43 (December 2020) (reporting documentation of several cases of rape of women and girls with disabilities during the pandemic); Lyness, a woman with a disability and advocate for children with disabilities, Malawi (October 2020) ("There are cases which have been reported. Girls with disabilities have been raped and about 500 schoolgirls have been impregnated. Most girls are raped by their own family members. They take advantage of the hearing impairments because they think they are not able to explain what happened to them … Most of the time women and girls with disabilities suffer in silence. They won't tell relatives what has happened because it is often an uncle, brother, or father that has been the abuser."); Patience, a woman with a physical disability, Nigeria, age 47 (October 2020) ("During the lockdown in Nigeria, we saw a spike in violence against women with disability. We had a deaf girl that was gang raped within the same environment. I think there was a lot of increase in violence at home. And for women and girls with disabilities, it was more because of the lockdown."); A virtual consultation participant from Pakistan (October 2020) ("I have seen home violence… When everything is closed, there are no jobs and transportation facilities. My friend came over and told me about the situation she had been in with her husband at home.")
[12] *Id.*
[13] Maulani, a woman with a physical disability, Indonesia, age 58 (December 2020).
[14] Special Rapporteur on violence against women, its causes, and consequences, *Rep. of the Special Rapporteur on violence against women, its causes, and consequences, transmitted by Note of the Secretary-General*, ¶ 25, U.N. Doc A/67/227 (Aug. 3, 2012) (by Rashida Manjoo) ("justice and post-conflict reconciliation activities generally do not include women with disabilities, nor are such programmes made accessible or inclusive.").
[15] *See* COUNCIL OF EUROPE COMM'R FOR HUM. RTS., WHO GETS TO DECIDE? RIGHT TO LEGAL CAPACITY FOR PERSONS WITH INTELLECTUAL AND PSYCHOLOGICAL DISABILITIES (2012).
[16] *See, e.g., Working with people with disabilities as witnesses*, DISABILITY JUSTICE (Apr. 24, 2014), https://disabilityjustice.org/disabilities-as-witnesses/.
[17] *See, e.g.*, Afr. Comm'n on Hum. & Peoples' Rts., *Concluding Observations and Recommendations on Sixth Periodic Report of the Republic of Namibia on the Implementation of the African Charter on Human and Peoples' Rights*, ¶ 14 (2016); *Cameroon*, ¶ 39 (2014); *Mozambique*, ¶ 12 (2014).
[18] *See, e.g.*, Liya, advocate for persons with disabilities, Ethiopia, age 35 (October 2020), ("The justice system is not also accessible for women and girls with disabilities. Police officers don't have sign language interpreter).
[19] *See, e.g.*, Lyness, a woman with a disability and advocate for children with disabilities, Malawi (October 2020) ("The pandemic makes the situation worst because of the stay at home order and courts won't proceed with the case saying that this is a family matter.").
[20] Shampa, a woman with a disability and advocate for persons with disabilities, India (October 2020) ("The system in India is we have police, but they are given the role of taking care of lockdown situations. … They are not sensitized to disability or, either to gender inclusion. So all of a sudden when we call the police station, we just don't find they are there."); Misti, a woman with a disability and advocate for women with disabilities, Bangladesh (October 2020); Maulani, a woman with a physical disability, Indonesia, age 58 (December 2020) ("Limited

mobility has rendered it difficult to collect evidence and take statements from witnesses to give a case during the pandemic.").

[21] *See, e.g.*, Pamela, a woman with a disability, Malawi (October 2020); a woman with encephalitis, Iraq, age 38 (written survey response).

[22] *Id.* ("When that happens [violence], it is hard for people to bring forward the challenges that girls and women are facing in their homes. And later people will ask 'Oh! She has a baby. What happened?' But nobody wants to say what happened.").

[23] SPECIAL OLYMPICS, UNFPA, & WOMEN ENABLED INTERNATIONAL, REGIONAL SUMMARY ON KEY FINDINGS AND POSSIBLE SOLUTIONS, UNFPA-WEI PROJECT ON COVID-19, PERSONS WITH DISABILITIES, AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: VIRTUAL CONSULTATIONS WITH WOMEN, GIRLS, GENDER NON-CONFORMING (GNC), AND YOUTH WITH DISABILITIES 6 (2020) (on file with author).

[24] Special Rapporteur on violence against women, its causes, and consequences, *Rep. of the Special Rapporteur on violence against women, its causes, and consequences, transmitted by Note of the Secretary-General*, ¶¶ 28, 36, U.N. Doc. A/67/227 (2012).

[25] *See, e.g.*, T. Kroll, et al., *Barriers and Strategies Affecting the Utilisation of Primary Preventative Services for People with Physical Disabilities: A Qualitative Inquiry*, 14 HEALTH & SOC. CARE IN THE CMTY. 284 (2006).

[26] Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 37 on Gender-related dimensions of disaster risk reduction in the context of climate change*, ¶ 68(f), U.N. Doc. CEDAW/C/GC/37 (2018); JENNY HOLDEN, ET AL., DISABILITY INCLUSIVE APPROACHES TO HUMANITARIAN PROGRAMMING: SUMMARY OF AVAILABLE EVIDENCE ON BARRIERS AND WHAT WORKS, UKAID DISABILITY INCLUSION HELPDESK REPORT NO. 9 5 (2019). In situations following natural disaster, the CEDAW committee noted that "Women and girls with disabilities are at particular risk of gender-based violence and sexual exploitation during and following disasters due to discrimination based on physical limitations and barriers to communication, as well as the inaccessibility of basic services and facilities."

[27] INTER-AGENCY STANDING COMM., GUIDELINES ON THE INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION 112 (2019), https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines.

[28] *Id.*

[29] Special Rapporteur on the Rights of Persons with Disabilities, *Sexual and reproductive health and rights of girls and young women with disabilities*, ¶ 24, U.N. Doc. A/72/133 (2017).

[30] *See* UNFPA & WOMEN ENABLED INTERNATIONAL, 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 (2021) https://womenenabled.org/blog/covid-19/.

[31] *See, e.g.*, a woman with a visual impairment, Tunisia, age 23 (written survey response) ("I went to many health civil society run centres and the services provided were counselling and contraceptives only."); Lyness, a woman with a physical disability and advocate for children with disabilities, Malawi (September 2020) ("During the COVID, most hospitals are not giving out family planning. Most of the family planning clinics in the hospital are closed to prevent the spread of COVID."); a woman with a visual impairment, Bangladesh (October 2020) (reporting that, during times in the pandemic, almost all health facilities were closed, including family planning facilities); Sofía, a woman with a disability, Argentina, age 21 (October 2020) ("It seems like there are no campaigns providing free contraception and condoms anymore. It is all about coronavirus. [There is nothing] about family planning, and regular check, like pap smears … are being rescheduled, as if sexual health was less important."),

[32] *See, e.g.*, a woman with a learning disability, U.K., age 51 (September 2020); Nidhi, a woman with a visual impairment and advocate for women with disabilities, India (October 2020) (**"**Particularly in this phase of lockdown, there were situations around accessing sanitary napkins, sanitary wear, so it had impacted sexual health tremendously."); a woman with a disability from a marginalized caste, Nepal (October 2020) (**"**There has been lack of the menstrual hygiene kit during this period and people are facing several issues. The lockdown has increased the issues regarding accessibility of resources. We have launched distribution programmes distributing the menstrual hygiene toolkit as well but it has not reached [enough] people.").

[33] Moses Michael-Phiri, *COVID-19: Malawi closes borders for 14 days*, ANADOLU AGENCY (Dec. 23, 2020), https://www.aa.com.tr/en/africa/COVID-19-malawi-closes-borders-for-14-days/2085816.

[34] Zawadi Chilunga, *Mutharika lays out Malawi 'response plan' on Coronavirus: Bans gatherings of 100 people, schools closing*, NYASA TIMES (Mar. 20, 2020), https://www.nyasatimes.com/mutharika-lays-out-malawi-response-plan-oncoronavirus-bans-gatherings-of-100-people-schools-closing/.

[35] *See, e.g.*, Disabled Women in Africa & Humanity and Inclusion, *Joint Submission to the Committee on the*

Rights of Persons with Disabilities, 13th Pre-Sessional Working Group for the establishment of the List of Issues – Malawi (UNCRPD) (First Cycle, 2020), https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fICO%2fMWI%2f41149&Lang=en.

[36] Lyness, a woman with a physical disability and advocate for children with disabilities, Malawi (September 2020).

[37] *Id.*

[38] MALAWI NAT'L STAT. OFFICE, POPULATION AND HOUSING CENSUS 2008: DISABILITY AND THE ELDERLY 5 (Volume 11, 2010).

[39] Anne and Rejoice, advocates for women with disabilities, Malawi (September 2020).

[40] *How livelihoods deteriorated in Sub-Saharan Africa due to COVID-19*, WORLD BANK (Jan. 7, 2021), https://blogs.worldbank.org/africacan/how-livelihoods-deteriorated-sub-saharan-africa-due-COVID-19.

[41] *Id.*

[42] HANDICAP INTERNATIONAL, DISABILITY IN HUMANITARIAN CONTEXT: VIEWS FROM AFFECTED PEOPLE AND FIELD ORGANIZATIONS (2015), https://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/1500/attachments/original/1449158243/Disability_in_humanitarian_context_2015_Study_Advocacy.pdf?1449158243.

[43] *Id.*

[44] *South Sudan: People with Disabilities, Older People Face Danger*, HUMAN RIGHTS WATCH (May 2017), https://www.hrw.org/news/2017/05/31/south-sudan-people-disabilities-older-people-face-danger.

[45] *See, e.g.*, Lyness, a woman with a physical disability and advocate for children with disabilities, Malawi (September 2020) ("Service providers are working limited hours and they are only available on specific dates."); a woman with a hearing impairment, Oman, age 31 (written survey response) ("I could not have my personal aid with me. Instead, I relied on sign book to translate what I need to say."); a woman with a physical disability, Palestine, age 25 ("My sister in law helps me with my personal needs such as combing my hair and tying my shoes. […] As for service providers, the sessions stopped for a while.") (written survey response).

[46] See, *e.g.*, a deaf woman, Ecuador (October 2020) ("They cut my running water service at home. These kinds of inconveniences are the result of a lack of communication, particularly with us as deaf people."); Soneni, a woman with physical disability, Zambia, age 35 (October 2020) ("The issue of water, it's also been a problem for me. … We have one communal source of water where everyone gets it from. I have to send people to get water for me. And we pay for that water every day. COVID-19 has highly affected my livelihood.").

[47] Convention on the Rights of Persons with Disabilities, *adopted* Dec. 13, 2006, art 6, 11, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (*entered into force* May 3, 2008). The Paris Agreement also notes in its preamble that "Parties should, when taking action to address climate change, respect, promote and consider their respective obligations on human rights, the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity."

[48] Related to gender-based violence, the Committee recommended that all States parties ensure equal participation in diplomatic organizations, establish warning systems, and gender-specific security measures to prevent the escalation of gender-based violence, and include gender-related indicators in warning systems. CEDAW Committee, *General Recommendation No. 30: Women in conflict prevention, conflict, and post-conflict situations*, ¶ 32, U.N. Doc. CEDAW/C/GC/30 (2013). The Committee also recommended ensuring a zero tolerance policy for instances of gender-based violence, ensuring access to justice, and investing in technical expertise and resource allocations to address the specific needs of women and girls subject to violence. *Id.*, ¶ 38. The Committee also recommended training for law enforcement, judicial capacity-building measures, data collection and standardization, dissemination of procedures and referral pathways to link security actors with service providers on gender-based violence, and the creation of one-stop shops offering medical, legal, and psychological services for survivors of sexual violence.

[49] Regarding access to resources, the Committee recommended establishing education programs for conflict-affected girls who leave school prematurely, considering and prioritizing gender equality in post-conflict economic recovery. *Id.*, ¶ 52.

[50] The Committee recommended the development of specialized health care services and educational programs for women and girls with HIV and AIDS, and stressed that all these efforts should be coordinated with stakeholders from humanitarian and development communities to create a comprehensive approach. The Committee has also noted that States needed to ensure equitable access to comprehensive reproductive health care and education. *Id.*, ¶ 52.

[51] *Id.*, ¶ 57.

[52] CEDAW Committee, *General Recommendation No. 37 on Gender-related dimensions of disaster risk reduction in the context of climate change*, ¶ 68(f), U.N. Doc. CEDAW/C/GC/37 (2018).

[53] *Id.*, ¶ 62(d).
[54] *See* S.C. Res. 2106 (June 24, 2013) (recognizing the importance of providing timely assistance to survivors of sexual violence, urges United Nations entities and donors to provide non-discriminatory and comprehensive health services, including sexual and reproductive health, psychosocial, legal, and livelihood support and other multi-sectoral services for survivors of sexual violence, taking into account the *specific needs of persons with disabilities*"); S.C. Res. 1960 (Dec. 16, 2010) "Reaffirming the importance for States, with the support of the international community, to increase access to health care, psychosocial support, legal assistance, and socio-economic reintegration services for victims of sexual violence, in particular in rural areas, and taking into account the *specific needs of persons with disabilities*" (emphasis added).
[55] S.C. Res. 2467, ¶ 13 (Apr. 23, 2019); S.C. Res. 2242, ¶¶ 1, 3 (Oct. 13, 2015). Other requirements include specifically addressing the needs of women and girls living with HIV and AIDS, ending impunity and prosecuting those responsible for all forms of violence committed against women and girls in armed conflict, implementing specific and time-bound commitments to combat sexual violence, adopting a gender perspective negotiating and implementing peace agreements, and specifying priorities and strategies for better socioeconomic conditions in post-conflict situations. S.C. Res. 2106 ¶ 20 (June 24, 2013); S.C. Res. 1889 ¶ 3, 10 (Oct. 5, 2009); S.C. Res. 1960, ¶ 5 (Dec. 16, 2010); S.C. Res. 1325 ¶ 8 (Oct. 31, 2000).
[56] S.C. Res. 2475, ¶ 4 (June 20, 2019). The resolution also encourages States to "take appropriate measures to ensure that persons with disabilities have access on an equal basis with others to basic services provided in the context of armed conflict, including education, health care services, transportation and information and communication technologies and systems." *Id*. at 5.