



GENDER EQUALITY UPDATE 36

COVID-19: EVOLVING ISSUES AND CHALLENGES, WOMEN
AND EXCLUDED GROUPS
INDIGENOUS WOMEN WITH DISABILITIES, WOMEN
ENGAGED IN SEX WORK, LGBTIQ+, HOME-BASED
WORKERS, DALIT WOMEN, DISABLED WOMEN

MAY 2022

OVERVIEW

Since COVID-19 was declared a pandemic on 11 March 2020,¹ the SARS-CoV-2 virus has claimed over six million lives.² It has destroyed the livelihoods of countless people and also disproportionately affected communities and groups who were already marginalized in a pre-pandemic society.

In the wake of this ongoing global pandemic — which is one of the deadliest in history — women and girls face an ever-increasing burden catalyzed by health and financial woes. The pandemic has led to an increase in domestic violence, which has been amplified by restrictions on people’s mobility. Thousands of people have lost jobs and their livelihoods, with a particularly paralyzing impact on women and excluded groups, who have borne this brunt against the backdrop of a weakening global economy. While families continue to struggle, women have supported the elderly and children at the expense of their own mental and physical health.³ Excluded groups, such as the LGBTIQ+ community and people with disabilities, have fared no better. They have become victims of violence and differential treatment, which has included having limited access to medicines and support for their mental well-being. The root cause of increased violence has been stigma and discrimination based on stereotypes surrounding sexual orientation, gender identity and disabilities.⁴ In addition, women with disabilities have become vulnerable to economic violence, leading to the creation of financial barriers that keep them from accessing services. In Nepal too, the impacts of the pandemic on women and excluded groups have been devastating due to the COVID-19 crisis.

International human rights law recognizes that all people, including women, girls, persons with disabilities and the LGBTIQ+ community, have the right to be free from violence even in the face of a humanitarian crisis. Encouragingly,

progress has been observed on several different fronts, with each example helping to lessen the disadvantages women and excluded groups face. One significant milestone is the Supreme Court’s ruling that citizenship is not a prerequisite to accessing relief from the government. Additionally, the Court has stressed that women’s human rights should remain central to the government’s COVID-19 response.

On 29 March 2022, the 28th Gender in Humanitarian Action (GiHA) Task Team Meeting was organized by UN Women to discuss the “Evolving issues and challenges faced by women and excluded groups in the on-going COVID-19 context.” This Gender Equality Update 36 summarizes and expands on the Task Team’s findings concerning the unique challenges faced by the LGBTIQ+ community, Dalit women, home-based workers and disabled women.



**SIMA BAHOUS, UN WOMEN
EXECUTIVE DIRECTOR**

“Our ability to anticipate the next emergencies, prevent them to the extent possible, and manage them when they arise, depends on actively equipping women and girls and their organizations.”



Photo: UN Women

¹ WHO (2020). WHO Director-General’s opening remarks at the media briefing on COVID-19 - 11 March 2020. Retrieved May 2, 2022, from <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² WHO (2022). WHO Coronavirus (COVID-19) Dashboard. Retrieved May 2, 2022, from <https://covid19.who.int/>

³ UN Women (2021). Beyond COVID-19: A Feminist Plan for Sustainability and Social Justice. Retrieved May 3, 2022, from <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Feminist-plan-for-sustainability-and-social-justice-en.pdf>

⁴ UN Women (2020). UN Women Nepal COVID-19 Response Strategy: Blazing Trails in the Humanitarian-Development Continuum October 2020. Retrieved May 3, 2022, from https://reliefweb.int/sites/reliefweb.int/files/resources/UN%20Women%20Nepal%20COVID-19%20Response_Blazing%20Trails%20in%20the%20Humanitarian%20Development%20Continuum-October%202020_1.pdf

SITUATION OF INDIGENOUS WOMEN WITH DISABILITIES IN NEPAL

THE IMPACT OF COVID-19 ON MENTAL HEALTH



Intersectionality of exclusion: Indigenous women with disabilities are marginalized in society through multiple socio-economic challenges, which include gender, ethnicity, financial status, and ability. Nepal's Constitution and legal provisions do not adequately address this layered marginalization and the way it is experienced. As a result of these gaps, 1.3 million indigenous women with disabilities were unable to fully access and enjoy their rights and privileges during the pandemic.



Lack of COVID-19 knowledge and awareness: Certain communities, such as the persons with disabilities in Sindhupalchok district, were not aware of the existence of COVID-19. The information thought to be so widely spread failed to reach certain groups.



Incidence of violence: Violence and discrimination against indigenous women with disabilities increased during the pandemic, with over 92 per cent reporting to be survivors of physical and sexual violence according to research conducted by NIDWAN. Further, 52 per cent reported lack of legal services due to limited information and challenges in accessing the justice system. Lack of access to essential services further impacted women's mental health, leading many to develop anxiety disorders and depression and even attempt suicide.



Impact on livelihoods: Over 91 per cent of indigenous women with disabilities suffered job losses during the pandemic, leading them to have social and financial difficulties.



PRATIMA GURUNG, PRESIDENT, NATIONAL INDIGENOUS DISABLED WOMEN ASSOCIATION NEPAL (NIDWAN)

“Indigenous women with disabilities are those who are excluded within the excluded – this is not only from the gender perspective but also from the lens of ethnicity and economy.”



Photo: Pratima Gurung



Lack of government resources: Fifty-five per cent of women with disabilities reported that they had no access to the COVID-19 relief packages distributed by the government.



One size fits all approach: Although the government has taken measures to minimize the impacts of the pandemic, these are not fully responsive to the needs of indigenous women with disabilities. Targeted interventions aligned with the Leaving No One Behind (LNOB) and a twin-track approach are crucial if marginalized groups are to access government-provided support.

RECOMMENDATIONS

- Develop a targeted and focused intervention for indigenous peoples with disabilities to address their needs (based on consultation undertaken with them).
- Embrace an intersectional lens and twin-track approach to reach marginalized groups without leaving anyone behind, in alignment with the SDG framework.
- Recognize and respect the collective rights and right to self-determination among indigenous peoples with disabilities.
- Collect disaggregated data on gender, disability, age, caste, ethnicity, and other indicators.

GOOD PRACTICES

- Acknowledge different communities' indigenous practices on self-isolation measures during COVID-19.
- Ensure access to information in local languages and formats accessible to persons with disabilities.
- Promote indigenous local herbs, medicine and the sharing of food production and knowledge systems.
- Recognize traditional skills and rituals of indigenous peoples.
- Foster self-realization about the degradation and destruction of 'Mother Earth.'
- Honor communities' decisions to return to nature and traditional systems and knowledge.

CHALLENGES FACED BY WOMEN ENGAGED IN SEX WORK



Access to livelihoods: Nepal has over 52,000 women engaged in sex work, with 40 per cent of them working in the Kathmandu Valley. The sex work profession was directly affected by the enforcement of physical distancing during lockdowns.



Ambiguity in legal provisions: Sex work in Nepal is neither legal nor criminalized; this confusion has fostered an environment in which police harassment against sex workers has continued. Sex workers have been denied justice and are subjected to physical and sexual violence. In addition to this, the lack of support from the justice system has resulted in severe mental health issues for several women.



**OMITA JOSHI, PROJECT MANAGER,
COMMUNITY ACTION CENTRE
NEPAL (CAC-NEPAL)**

**“In Nepal, sex work is neither
legalized nor criminalized. This
ambivalence is forcing women
engaged in sex work to undergo a
great deal of ordeal.”**



Photo: Omita Joshi



Lack of documentation: Many women engaged in sex work do not possess legal documents, such as citizenship and birth certificates. This has affected their employment opportunities and limited their access to attaining legal documents, remedies, government services and education for their children.



Sexual violence: Women engaged in sex work report indifference from legal authorities when it comes to rape. Too often, authorities do not take their reports of sexual violence in the form of rape seriously and no formal charges are registered against the perpetrator.

RESPONSE EFFORTS

Relief packages were distributed, and training programmes were conducted by CAC-Nepal, Maiti Nepal and the Forum for Women, Law and Development (FWLD) with support from UN Women through the project titled “Advancing the rights of women engaged in sex work in the COVID-19 context.” Relief was distributed to meet women’s immediate economic needs and capacity development initiatives were organized to help them integrate into sectors that would be less likely to be affected by the pandemic. Based on the lessons learnt from the pandemic, this project focuses on providing alternative livelihood opportunities to women engaged in sex work to ensure their voices and agency so that they are self-reliant and independent during any kind of crisis.

ISSUES, CHALLENGES AND RECOMMENDATIONS FOR THE LGBTIQ+ COMMUNITY IN NEPAL



MANISHA DHAKAL, EXECUTIVE DIRECTOR, BLUE DIAMOND SOCIETY

“When we talk about gender issues, most humanitarian actors define it as women, girls, men and boys. They still use the gender binary lens, ignoring that other gender identity exists as well. There is transgender, gender diverse and intersex people. That’s why it’s crucial for the humanitarian system to use the sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) and feminist-lens. Humanitarian systems need to break away from their gender binary system and include persons of diverse SOGIESC.”



Photo: Manisha Dhakal

- **Increasing rates of violence:** While the LGBTIQ+ community has long reported incidents of sexual assault, they have been unable to access judicial remedies. Crimes based on sexual orientation and gender identity have been found to be under-reported and are often overlooked. Over 32 people from the LGBTIQ+ community have committed suicide in Nepal during the pandemic. The violence that individuals are forced to endure include violence from family, such as genital mutation in infancy, rejection, corrective rape, conversion therapy, forced surgery, forced marriage, blackmailing and threats. Individuals also face violence in the form of police harassment due to their gender expression, , hate speech, online harassment, rape, assaults and murders.
- **Denial of access to COVID-19 relief:** Several members of the LGBTIQ+ community were unable to access relief during COVID 19. There were no isolation centres that were fully accessible to sexual minorities.
- **Systemic prejudice and stereotypes:** Most of society only recognizes the gender binary of men and women and rejects gender identities that fall outside of it. As a result, there are several civil and criminal codes in Nepal that contain discriminatory provisions against LGBTIQ+ people. Even during the pandemic, this was observed as policies failed to address LGBTIQ+ concerns. A major shortcoming that was felt during the pandemic was the lack of LGBTIQ+ friendly safe-homes and shelters.

ISSUES ADDRESSED

- A documentation of human rights abuses conducted by Blue Diamond Society and Federation of Sexual and Gender Minorities Nepal, resulted in legal and medical support being provided to address the needs of these victims during the pandemic.
- Several studies were conducted to assess why LGBTIQ+ issues remain unaddressed, which revealed a need to provide relief during the pandemic and urgently address mental health issues.
- Sensitization and advocacy programmes to end human rights violations, including gender-based violence, were undertaken.
- Visibility was showcased, since building safe spaces for LGBTIQ+ people begin with visibility.

RECOMMENDATIONS

Public awareness: To foster more meaningful inclusion of marginalized communities in Nepali society, their engagement needs to be tailored based on community requirements. Public awareness is vital to policy change. Partnerships should be taken forward in coordination with LGBTIQ+ organizations, the National Human Rights Commission, Nepal Police, government agencies and service providers. Needs assessment tools are an important part of the process to engage the LGBTIQ+ community as well. The investigative process for gender-based violence cases should be fast-tracked through the legal system and there should be more policy reform advocacy to address LGBTIQ+ challenges.

ESTABLISHING LGBTIQ+ ACCESSIBLE COVID RELIEF

Establishing LGBTIQ+ accessible COVID relief: Blue Diamond Society has worked to document hate crimes involving the LGBTIQ+ while also distributing relief materials to community members. With the establishment of buildings (Samman Griha) for LGBTIQ + communities in nine districts (Sunsari, Dhanusha, Kaski, Rupandehi, Kathmandu, Parsa, Kailali, Banke and Chitwan), it is expected that these infrastructures would be of immense support during crisis situations, like the one triggered by COVID-19. Blue Diamond Society conducted relief efforts, released statements, created radio spots, conducted surveys on the impact of COVID-19 on LGBTIQ+ members, managed mental health training and counselling, disseminated information provided by UN Women, organized meetings with Nepal Police and concerned stakeholders and managed the submission of the United Periodic Review (UPR) on the impact of COVID-19.

ADDRESSING CHALLENGES FACED BY HOME-BASED WOMEN WORKERS



PRABHA POKHREL, PRESIDENT, HOME-BASED WORKERS' CONCERN SOCIETY NEPAL

“To protect the rights of home-based women workers and ensure their socio-economic well-being, certain steps must be taken without further delay. One such step is to identify and register them in the national systems.” - Prabha Pokhrel, President, Home-Based Workers' Concern Society Nepal



Photo: Prabha Pokhrel

- **Majority of home-based workers are women:** Much of the population who work from their homes are women. Globally, the number of such workers stands at 260 million, and out of them, 62 million live in South Asia. In Nepal, the total number of home-based workers is estimated at 1.1 million. Apart from the hospitality sector, they are engaged in manufacturing and producing a wide array of products/ goods, such as pashminas, thankas, garments/woolen items, handicraft products, etc.
- **Different types of home-based workers:** Home-based workers are divided into three types. The home-based workers who earn wages belong to the first type. The second type are those who own their businesses (like retail shops) and operate them without employing others. The family members who contribute to the businesses of the first and second types are the third type of home-based workers.
- **Lack of recognition as workers:** The government does not legally recognize home-based workers as workers. Due to this, they do not receive minimum wages, which negatively impacts their financial security and work security.
- **Financial loans:** Since economic insecurity worsened during the COVID-19 pandemic, many home-based workers withdrew large financial loans to meet their daily needs. However, as the pandemic hit its second year, they found themselves unable to pay off the debts they incurred during the lockdowns. They are in need of financial relief to make their interest payments on loans.

RECOMMENDATIONS

- Identify and register women home-based workers as an unorganized labor force in the national database.
- Create strong and effective social protection systems that systematically and specifically cover home-based workers' labor rights.
- Identify and recognize home-based workers as vulnerable groups in national registers on accessing relief.
- Enact mechanisms to access rights provided by the Constitution and Labor Act.
- Provide financial support through cash transfers.
- Increase accessibility to subsidies, place a moratorium on interest payments and create easily accessible low-interest loans.
- Foster a targeted and easily accessible policy environment for the cooperatives and producer companies of home-based workers that is also supportive of working capital.
- Nurture the collectives of women home-based workers.
- Consult with home-based workers collectives on policy and other matters, such as social welfare, working conditions, etc.
- Urge concerned national and international institutions to advocate for justice and equity for home-based workers.

EVOLVING ISSUES AND CHALLENGES FACED BY DALIT WOMEN

- **Financial insecurity of Dalit women:** Over 42 per cent of Nepal's Dalit community lives below the poverty line. The onset of the COVID-19 pandemic has further aggravated their already fragile socio-economic situation. According to a study conducted by Samata Foundation titled, "Impact of COVID-19 on Dalit Community of Nepal, 53 per cent of Dalits engaged in informal sectors industries lost their jobs due to the pandemic.
- **Poverty as a threat multiplier:** As a result of the loss of employment and livelihoods, several Dalit families lacked medical treatment and subsequently faced malnourishment. At the same time, many children belonging to the Dalit community did not have access to online education because they did not have access to laptops, smartphones, and internet. The school drop-out rate, particularly for Dalit girls, has increased sharply.
- **Problems with distribution of relief materials:** Many Dalit households across the country were unable to receive adequate relief distributed by the government during the lockdown period, especially Dalit communities in the Terai region. In some cases, Dalit communities reported facing discrimination from government authorities during relief distribution.
- **Gender-based violence:** Lack of employment and increased consumption of alcohol led to higher rates of gender-based violence towards Dalit women within their own families.
- **Relief measures for Dalit families:** The Centre for Dalit Women Nepal was engaged in distributing relief materials to the Dalit community during the lockdown. Radio/FM programs were produced and broadcasted to create awareness amongst community members who had not accessed relief. Relief packages were distributed to the marginalized communities affected by COVID-19 within the Dalit community, which included women, children, people with disabilities and pregnant and lactating women.



GAURA NEPALI, GENERAL SECRETARY, CENTER FOR DALIT WOMEN NEPAL

"The Dalit community is extremely under privileged. That 42 per cent of the total members of this community live below the poverty line just attests to this fact. The onset of the COVID-19 pandemic has further exacerbated their already fragile socio-economic situation."



Photo: Gaura Nepali

MANAGEMENT OF CHALLENGES

- Information, Education and Communication
- (IEC) materials on COVID-19, including posters and pamphlets, were produced, and distributed as precautionary measures.
- Local radio stations developed and broadcasted messages to raise awareness on COVID-19, caste-based discrimination, and untouchability.

RECOMMENDATIONS

- **Gender Equality and Social Inclusion (GESI) disaggregated data collection:** While collecting population data, the Government of Nepal needs to include and maintain Sex, Age and Disability Disaggregated Data (SADDD) and information on women and excluded groups, including people with disabilities (Hill and Terai-region Dalits) to identify their special needs and develop a strategy based on this.
- **Strategy development:** Strategies should focus on short, medium, and long-term ways to cope with disasters and should include a contingency plan to address unexpected situations. The government should prioritize special cases and the needs of Dalit women. There is a need to move away from the blanket approach on relief distribution and instead, adopt a special needs approach while enhancing coordination between the three tiers of government. To reduce the risk of high dropout rates, support to school-aged children should continue, especially for Dalit girls and vulnerable low-income communities.
- **Need for collaboration:** Civil society organizations (CSOs) should collaborate with government agencies to implement awareness programmes in hard-to-reach remote areas and establish an effective mechanism for monitoring. Non-governmental organizations (NGOs) should develop an action plan to cope with emergencies. Dalit CSOs, women, and key leaders should be engaged in this process by forming an inclusive task force that can voice the concerns and recommendations of the community. NGOs should coordinate with related issue-based organizations and community groups, including Dalit People Organizations (DPO), Indigenous People Organization (IPO) and the Disability People's Organization, for maximum efficiency and effectiveness while aligning to the 'Leave No One Behind' approach.

COVID-19 RESPONSE BY THE MINISTRY OF WOMEN, CHILDREN AND SENIOR CITIZENS, NEPAL

- **Creating shelters for survivors of gender-based violence:** In the context of the COVID-19 pandemic, the operationalization of shelter homes (Aashraya Sthal) for survivors of violence has been established. Moreover, 34 survivors of gender-based violence have been provided with due compensation through the Gender-Based Violence Elimination Fund.
- **Programs for pregnant and lactating women:** For the past three years, a coordination unit formed under the President's Women Empowerment Programme has been working in three sectors related to women: social transformation, economic empowerment and protection and rescue. In relation to protection and rescue, a total of 325 pregnant/lactating women in 44 districts have received the required medical support and treatment.
- **Economic empowerment of women:** The Ministry has organized the Women Entrepreneur Festival twice at the provincial and national levels. It has provided grants to 111 local-level entrepreneurships. Additionally, there are plans to establish the Gender-Based Violence Elimination Fund in all 753 local government units of the country by providing them each with NPR 10,000 as seed capital. As part of this plan, 77 of these government units reported the establishment of such funds.
- **Prevention of human trafficking:** During the pandemic, reports of human trafficking increased. To resolve this, the Ministry prepared and submitted a draft of an amendment to the Human Trafficking and Transportation (Control) Act, 2008 for endorsement. At the same time, the draft of the Second National Workplan on Human Trafficking has been prepared, along with the finalization of the criteria for operating a Single Women Security Fund under the Ministry.



MAMATA BASTOLA, UNDER SECRETARY, MINISTRY OF WOMEN, CHILDREN AND SENIOR CITIZENS

“The Ministry has developed the National Gender Equality Policy 2021 with an aim to institutionalize a gender-responsive system in all three tiers of government.”



Photo: Mamata Bastola

CHECKLIST/RECOMMENDATIONS

Source:

UN Women (2021). Covid-19, Gender, And Disability Checklist: Preventing and Addressing Gender-Based Violence Against Women, Girls, And Gender Non-Conforming Persons With Disabilities During The Covid-19 Pandemic. Retrieved May 3, 2022, from <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/COVID-19-gender-and-disability-checklist-en.pdf>

United Nations (2020). Policy Brief: The Impact of COVID-19 on Women. Retrieved May 3, 2022, from <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>

KEY ACTIONS FOR STATES

<input type="checkbox"/>	Laws, policies, or action plans have been developed specifically related to preventing and addressing GBV during COVID-19, and/or broadly related to humanitarian emergencies, as well as adapting service delivery in case of lockdowns or other mobility restrictions.
<input type="checkbox"/>	Women, girls, and gender non-conforming persons with disabilities have been meaningfully engaged in the development, implementation, and monitoring.
<input type="checkbox"/>	The laws, policies, and action plans recognize that women, girls, and gender non-conforming persons with disabilities may experience the same forms of GBV as others and also experience unique forms of violence, such as violence perpetrated by caregivers or support staff or the withholding of medications, assistive devices, or assistance with daily living tasks, and all of these forms are included in the definition of GBV.
<input type="checkbox"/>	Accountability mechanisms have been established and funded to ensure the effectiveness of these laws, policies, and action plans, including to monitor the provision of GBV support services.
<input type="checkbox"/>	Plans include monitoring residential institutions and establishing appropriate and accessible reporting mechanisms to guarantee the right to safety and privacy for all institution residents.

<input type="checkbox"/>	Public awareness campaigns about the heightened risks of GBV during the COVID-19 pandemic have been undertaken
<input type="checkbox"/>	These campaigns include GBV perpetrated against women, girls, and gender non-conforming persons with disabilities and their rights, as well as how to access GBV support services during the pandemic, how service delivery has been adapted to prevent transmission of COVID-19, and how individuals at risk of violence can seek help
<input type="checkbox"/>	Information about GBV is provided in several accessible formats (see Accessibility and Accessible Formats on page 5).
<input type="checkbox"/>	Campaigns provide age-appropriate information and portray women, girls, and gender nonconforming persons with disabilities in a positive way.
<input type="checkbox"/>	Agencies undertaking these campaigns work closely with organizations of persons with disabilities to ensure the information is disseminated effectively among women, girls, and gender non-conforming persons with disabilities.

<input type="checkbox"/>	Professional support services to assist persons with disabilities in meeting basic needs, as well as sign language interpreters, are designated and adequately resourced as essential services and their staff are defined as essential workers .
<input type="checkbox"/>	Support workers and users are given accessible personal protective equipment (PPE), such as masks that allow lip reading.
<input type="checkbox"/>	Support workers have priority access to childcare and other social supports
<input type="checkbox"/>	Support workers have been considered when prioritizing frontline workers in health and social care settings in vaccination.
<input type="checkbox"/>	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 (see below for more information about social protection measures).
<input type="checkbox"/>	Essential health services and psychosocial support, including counselling, are included in primary health care services and are community-based.

<input type="checkbox"/>	COVID-19 national social protection and unemployment relief programmes have been adopted.
<input type="checkbox"/>	Women, girls, and gender non-conforming persons with disabilities, as well as independent, human rights-based organizations of persons with disabilities and feminist organizations that work at the intersection of gender and disability, have been meaningfully engaged in the design, implementation, and monitoring of these programmes.
<input type="checkbox"/>	These programmes ensure adequate income or in-kind support for all persons to meet basic needs for clean water, food, housing, heat, sanitation, accessible transportation, communications, hygiene products, and compensation to individuals who were previously employed in the informal sector, were self-employed, or who were independent contractors.
<input type="checkbox"/>	These programmes ensure that cash or in-kind support goes directly to the person affected, rather than to a family member or caregiver/support staff, as a means of preventing financial abuse.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Relief programmes include emergency funding for home and community-based services to prevent the institutionalization of persons with disabilities.

KEY ACTIONS FOR GBV SUPPORT SERVICE PROVIDERS

<input type="checkbox"/>	GBV support services have established relationships with women-led organizations of persons with disabilities , as well as youth and feminist organizations that work at the intersection of gender and disability.
<input type="checkbox"/>	GBV support services, NGOs, National Human Rights institutions, National Gender Commissions, and local independent monitoring mechanisms work together to develop accessible safe spaces for all women to share their fears and feelings about the pandemic, including peer-to-peer support networks.
<input type="checkbox"/>	Special measures have been taken—such as ensuring access to technology as well as training on technology and establishing safe in-person opportunities for meetings—to include women, girls, and gender non-conforming persons with disabilities in these networks, ensuring they face no accessibility-related or attitudinal barriers to meaningfully engage.

KEY ACTIONS FOR STATES

<input type="checkbox"/>	GBV services are designated as essential services , are adequately resourced, and their staff are defined as essential workers .
<input type="checkbox"/>	Funding has been provided to GBV support services to ensure an increase in capacity to serve victims/survivors of GBV due to the rise of GBV cases during the pandemic, with funding specifically earmarked to support disability-related accessibility.
<input type="checkbox"/>	Funding has been provided to adapt service provision to the circumstances of the pandemic, with accessible hotlines, telehealth, and online services available, ²⁴
<input type="checkbox"/>	Safe, in-person GBV services remain available.
<input type="checkbox"/>	GBV service providers have been trained to ensure a high-quality and rights-based approach to service provision for persons with disabilities. These include: <ul style="list-style-type: none"> <input type="checkbox"/> Services to prevent GBV; <input type="checkbox"/> Shelters or safe spaces for victims/survivors; and <input type="checkbox"/> Health and rehabilitation services for victims/survivors
<input type="checkbox"/>	GBV service providers, both inside and outside of health facilities, and users are provided with accessible PPE.
<input type="checkbox"/>	Sexual and reproductive health service providers, a valuable point of contact for identifying situations of GBV and redressing violence, are included in the list of essential workers.
<input type="checkbox"/>	Accessible and affordable transportation is available to in-person GBV services and provided from several locations, including rural and remote areas.
<input type="checkbox"/>	Accurate and comprehensive information on GBV services is provided in accessible formats.



Laws, policies, and action plans for the COVID-19 response include **measures to ensure access to justice for GBV.**

<input type="checkbox"/>	Police designate investigation and response to GBV as a top priority and do not divert resources from GBV response to enforcing COVID-19 lockdowns or other measures.
<input type="checkbox"/>	Legal aid services are integrated among essential services, and information about the services is widely disseminated in accessible formats.
<input type="checkbox"/>	Police and judiciary staff are trained on the rights of persons with disabilities, how disability-specific elements of GBV manifest, and on heightened risks during the pandemic.
<input type="checkbox"/>	Courthouses continue to operate in person or via virtual means, with support to ensure accessibility and reasonable accommodations for victims/survivors of GBV to participate in court proceedings.
<input type="checkbox"/>	Victims/survivors of GBV have access to free or affordable legal aid services and do not encounter other financial barriers to accessing justice.
<input type="checkbox"/>	Victims/survivors of GBV with disabilities, particularly those with intellectual or psychosocial disabilities, can exercise their right to full legal capacity and access justice on an equal basis with others. For instance, they are not denied their right to testify as a victim or a witness on the grounds of disability.
<input type="checkbox"/>	Virtual judicial proceedings, including those related to the issuing of protective orders, occur on accessible platforms, and both virtual and in-person proceedings provide sign language interpretation, simultaneous closed captioning, or other accessibility measures, as needed.
<input type="checkbox"/>	In-person judicial proceedings utilize social distancing rules, and victims/survivors of GBV and their support persons are provided with appropriate and accessible PPE.



Plans are in place to **monitor the provision of GBV support services and justice** during this crisis, including the quality of services.

<input type="checkbox"/>	Plans include specific monitoring for services to women, girls, and gender non-conforming persons with disabilities, including quality and accessibility.
<input type="checkbox"/>	National human rights institutions are adequately resourced and facilitated to undertake this monitoring.
<input type="checkbox"/>	Women, girls, gender non-conforming persons with disabilities and independent, human rights-based organizations of persons with disabilities are included in the monitoring process.



Qualitative and quantitative data disaggregated by gender, disability, age, and other factors is collected on GBV, including in long-term residential care institutions and psychiatric hospitals, during the COVID-19 pandemic.

<input type="checkbox"/>	Data collection is aligned with the set of questions outlined by the Washington Group on Disability Statistics and the Data Collection on Violence against Women and COVID-19: Decision Tree. Feminist organizations and organizations of persons with disabilities are provided with funding to collect and analyse data on GBV.
<input type="checkbox"/>	Data is widely disseminated and used to improve the provision of GBV services, prevention of GBV, and protection of women, girls, and gender non-conforming persons with disabilities from violence and to assist stakeholders in addressing existing barriers in the provision of GBV services.

KEY ACTIONS FOR GBV SUPPORT SERVICE PROVIDERS

<input type="checkbox"/>	Information, education, and communication materials have been developed to raise awareness about GBV and about the availability of GBV support services during lockdowns or other restrictions on movement.
<input type="checkbox"/>	These materials are available in a variety of accessible formats (see Accessibility and Accessible Formats on page 5).
<input type="checkbox"/>	These materials are inclusive of women, girls, and gender non-conforming persons with disabilities, including through images and by addressing their particular needs.
<input type="checkbox"/>	Materials provide information about the availability of GBV and sexual and reproductive health services and their locations.
<input type="checkbox"/>	Materials have been distributed through a variety of platforms, including television with sign language interpretation, radio, social media, and in hard copy formats, using Easy-Read or plain language.
<input type="checkbox"/>	Materials have been provided to organizations of persons with disabilities to distribute to their members and constituents
<input type="checkbox"/>	Hospital and clinic policies, GBV support services, police, and court personnel are aware that persons with disabilities have a right to be accompanied by a support person or interpreter when seeking GBV support.
<input type="checkbox"/>	Women, girls, and gender non-conforming persons with disabilities are routinely informed of this right.
<input type="checkbox"/>	Women, girls, and gender non-conforming persons with disabilities are provided with information and support to find and contact interpreters and support persons.
<input type="checkbox"/>	Women, girls, and gender non-conforming persons with disabilities and their support persons are provided with appropriate and accessible PPE, as needed.
<input type="checkbox"/>	Procedures are in place to ensure that women, girls, and gender non-conforming persons with disabilities can communicate directly and confidentially with GBV service providers, particularly in cases where a caregiver or support person may be a perpetrator of GBV.
<input type="checkbox"/>	Where in-person support services may put individuals at risk, accessible virtual and other remote services are available to women, girls, and gender non-conforming persons with disabilities.
<input type="checkbox"/>	Access to electronic devices to utilize GBV support services is provided to women, girls, and gender non-conforming persons with disabilities, as well as funding for phone credits and internet access.
<input type="checkbox"/>	Resources in accessible formats on how to use virtual/remote platforms and how to enable accessibility features in those platforms are provided to persons who access virtual/remote services. See Accessibility and Accessible Formats on page 5.
<input type="checkbox"/>	Supports are provided through several different virtual means, including phone calls, online platforms, social media communications, and text messaging, to ensure accessibility and privacy.
<input type="checkbox"/>	Sign language interpretation or other support to access and communicate within these platforms is provided.
<input type="checkbox"/>	Capacity building and training are in place to support workers to implement virtual services, ensure their quality and confidentiality, ensure accessibility, and provide continuity of support. ²⁸

<input type="checkbox"/>	Services for rehabilitation from GBV—including mental health services and psychosocial supports —continue or are expanded during the COVID-19 pandemic.
<input type="checkbox"/>	Services are available and accessible to women, girls, and gender non-conforming persons with disabilities who have experienced violence during the COVID-19 pandemic, in-line with Accessibility and Accessible Formats on page 5.
<input type="checkbox"/>	Services are community-based and affordable.
<input type="checkbox"/>	Service providers have received specific training on disability and accessibility and the specific needs of women, girls, and gender non-conforming persons with disabilities.
<input type="checkbox"/>	Women, girls, and gender non-conforming persons with disabilities are provided with information about these services, as well as their purpose and benefits, in accessible formats, and these services are provided only with the informed consent of the recipient of these services themselves.
<input type="checkbox"/>	Funds for accessible outreach to inform persons with disabilities about these services are provided.

<input type="checkbox"/>	SRH service providers routinely monitor and screen women, girls, and gender non-conforming persons with disabilities for GBV during the COVID-19 pandemic.
<input type="checkbox"/>	Procedures are in place to ensure privacy and confidentiality when asking about GBV in SRH settings, including when sign language interpretation and other types of communication supports are used, and SRH service providers are trained to communicate directly with persons with disabilities about GBV.
<input type="checkbox"/>	Screening and monitoring are done in line with the standards of safety and risk mitigation.

IT IS RECOMMENDED THAT NATIONAL RESPONSE PLANS:

- *Put cash in women's hands — if a country has an existing program in place that can directly place money in the hands of women, such as conditional cash transfer programs using mobile banking, those programs should be expanded.*
- *Introduce measures that can either be implemented with low transaction costs (such as temporarily eliminating electricity bills for poor consumers).*
- *Use pre-existing national social protection programs and adapt targeting methodologies to ensure income for groups affected by COVID-19 and especially where women are heavily represented (tourism, teaching, retail, restaurants, hospitality, etc).*
- *Extend basic social protection to informal workers.*
- *Introduce measures to alleviate the tax burden on women owned businesses.*
- *Use women's networks and civil society organisations, including microfinance and savings groups, to communicate on benefits.*
- *Integrate a gender assessment in all country assessments to understand the impact of COVID-19 on women and girls, including economic impact, and how to address it effectively.*

IT IS RECOMMENDED THAT NATIONAL MEASURES COULD INCLUDE:

- *Ensure continuity of care for older persons, persons with disabilities and those who recover from COVID-19:*
- *Exempting unpaid family caregivers from lockdown restrictions and providing them with the support and equipment necessary to do their jobs safely.*
- *Preparing unpaid caregivers and community health workers with information, training, adequate equipment and livelihood support to respond to the COVID-19 pandemic effectively.*
- *Expand and provide inclusive social protection for caregivers to mitigate the effects of the overload of unpaid care work by:*
- *Expanding access to paid family leave and paid sick leave.*
- *Introducing paid reductions in working time / work-sharing for workers with care responsibilities.*
- *Expanding the reach and benefit levels of social assistance programmes that disproportionately target women, such as cash transfers and social pensions, and suspending all conditionalities for the duration of the COVID-19 crisis.*
- *Introducing new cash transfers, including for women with care responsibilities.*
- *Provide additional bonuses, subsidies and vouchers to hire child services for workers unable to telecommute and extend this to informal workers.*
- *Prioritize investments in and access to basic accessible infrastructure and public services, including in rural areas, informal settlements and IDP and refugee camps, by:*
- *Expanding childcare support for working parents where schools, childcare and respite care services are closed, with a particular focus on safe and accessible services for essential workers.*
- *Continuing school feeding programmes and adapt them to the crisis context by preparing rations for delivery or pick-up.*
- *Ensuring access to sufficient and affordable water, sanitation, and hygiene services for vulnerable groups of women, including in informal settlements, rural areas, and refugee camps.*
- *Procuring goods and services for infrastructure and public services from women-owned enterprises.*

