



GENDER ALERT ON COVID-19 AFGHANISTAN

June 25, 2020



Issue X: Women with disabilities during COVID-19 times

UN Women and the Afghan Independent Human Rights Commission (AIHRC), with contributions from Human Rights Watch (HRW), jointly issue this tenth alert to continue to highlight the gender specific impacts of COVID-19 in Afghanistan. This alert focuses on the impact of COVID-19 on women and girls with disabilities in Afghanistan. It shows how women and girls with disabilities are particularly at-risk to the adverse impact of COVID-19, have restricted access to vital health care, information and opportunities for meaningful participation in decision-making, and face increased risks of experiencing violence.

This alert concludes with a set of recommendations for consideration by national and international stakeholders. UN Women Afghanistan is committed to advancing the rights, and meeting the needs of women and girls, including through the COVID-19 crisis. This alert serves to advance this aim, by providing a basis for an informed discussion on the gender-specific impacts of COVID-19 on women and girls with disabilities. It highlights the need to develop inclusive and accessible measures to take into account the specific needs of women and girls with disabilities and mitigate the adverse impacts of the crisis on them. Women and girls with disabilities should be meaningfully engaged in

planning and implementation of COVID-19 response and recovery efforts, in order for the COVID-19 response to be effective and to meet the needs of all Afghan people.

CONTEXT & EMERGING GENDER IMPACTS

Decades of conflict and economic and political crisis, leading to widespread poverty, insecurity and slow development, have undermined efforts to address the needs of people with disabilities in Afghanistan, despite the country having one of the largest populations per capita of persons with disabilities in the world, which continues to increase. Conflict and poor access to health services, especially in rural Afghanistan, are leading causes of disabilities.¹ Over 40 years of conflict have contributed to more than one million Afghans living with disabilities, including amputated limbs and other mobility, visual, or hearing disabilities as well as experiencing mental health conditions.² More than half the Afghan population, including many survivors of conflict-related violence, struggle with depression, anxiety, and post-traumatic stress, but fewer than 10% receive adequate psychosocial support from the state.³ Conflict, insecurity and a large number of mines and other explo-

¹Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

²Ibid.

³Human Rights Watch (2019). "Afghanistan: Little Help for Conflict-Linked Trauma."

sives continue to threaten the life, physical and mental well-being of Afghan people.⁴ The Asia Foundation Model Disability Survey of Afghanistan⁵ found that almost 80% of adults aged 18 and over have some form of physical, functional, sensory, or other impairment, with severe disability more prevalent among females (15%) than males (13%). The survey also found that 44% of Afghans did not use assistive devices (eyeglasses, walkers, or other equipment) because they could not access or afford them or were not aware that such devices existed. According to the Community Centre for the Disabled (CCD), nearly 70% of Afghans with disabilities live in rural areas.⁶

The Islamic Republic of Afghanistan ratified the Convention on the Rights of Persons with Disabilities in 2012 and adopted the Law on Rights and Privileges of Persons with Disabilities in 2013, but has taken few concrete steps to implement these instruments, ensure inclusion and guarantee quality and accessible services to people with disabilities.⁷ Lack of adapted infrastructure and transportation and entrenched discrimination and stigma mean that people with disabilities face significant barriers in accessing health care, education and employment. Society and families often continue to see people with disabilities as a source of shame, and discriminate against them, while complex bureaucracy makes it difficult for them to access essential government services.⁸

Decades of crisis have disproportionately affected women in Afghanistan, with Afghanistan ranking 170 out of 189 on the Gender Development Index.⁹ Women and girls have poor access to education, employment, participation in the public sphere and health care. Harmful gender norms continue to impact and limit Afghan women's lives, fueling high levels of violence against women and girls, with 87% of women having experienced at least one form of intimate partner violence.¹⁰ Discriminatory gender norms also limit their access to health care.¹¹ Women and girls with disabilities are uniquely at-risk of discrimination and violence, both for being women and for living with disabilities. Women and girls with disabilities are at heightened risk of experiencing violence, including domestic and intimate partner violence. They have even more restricted access to education, employment, participation in the public sphere, health care, legal protection and other essential services.

Most girls with disabilities (80%) are not going to school

due to resistance and reluctance from both schools and families as well as lack of capacity by schools to support participation by children with disabilities and lack of dedicated transportation.¹² As Afghanistan's school system struggles to meet the needs of students, there is very little extra support or access to education for children who have disabilities. Regular government schools typically have no institutionalized capacity to provide inclusive education or assist children with disabilities. Children with disabilities who attend regular schools are unlikely to receive any special assistance. Only a few specialized schools for children with disabilities exist, and they are of limited scope. With no system to identify, assess, and meet the particular needs of children with disabilities, they are often kept home or simply fall out of education.¹³

Women and girls with disabilities are more likely to live in poverty, to have greater unmet needs for health care and to be less literate and employed. Disability remains heavily stigmatized in Afghanistan, as detailed throughout this alert, and people with disability are frequently socially isolated, humiliated and denied access to public spaces and social events.¹⁴ Women with disabilities are generally seen as unfit for marriage.¹⁵ In addition, they are overrepresented among the Internally Displaced Person (IDP) population,¹⁶ facing greater barriers than people without disabilities to access humanitarian assistance and vital services.

SPECIFIC AREAS FOR ATTENTION

Lack of meaningful participation in decision-making:

Despite specific needs, the voices, needs and capacities of women and girls with disabilities continue to be under-represented in both development and humanitarian areas. Women and girls with disabilities have few opportunities to meaningfully participate in and lead decision-making.¹⁷ Because of stigma and discrimination, their voices continue to be ignored or not equally considered. Women and girls with disabilities should be meaningfully consulted and engaged in both planning and implementation of COVID-19 response and recovery efforts, in order to ensure that their needs are met.

⁴OCHA (2019). Humanitarian Response Plan Afghanistan 2018-2021.

⁵The Asia Foundation (2020). Model Disability Survey of Afghanistan 2019.

⁶Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

⁷The Asia Foundation (2020). Disability Survey Is Afghanistan's First in 15 Years.

⁸OCHA (2019). Afghanistan: Humanitarian Needs Overview (2020).

⁹UNDP (2019). Human Development Reports - Gender Inequality Index.

¹⁰Global Rights (2008). Living with violence: A national report on domestic abuse in Afghanistan.

¹¹UN Women, WHO and UNFPA (2020). Gender Alert on COVID-19 in Afghanistan | Issue IX: Women's Access to Health Care During COVID-19 Times.

¹²Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

¹³Human Rights Watch (2017). "I Won't Be a Doctor, and One Day You'll Be Sick" - Girls' Access to Education in Afghanistan.

¹⁴Human Rights Watch (2020). Afghanistan: Women with Disabilities Face Systemic Abuse.

¹⁵Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

¹⁶Ibid.

¹⁷Women's Refugee Commission (2016). Working to Improve Our Own Futures: Inclusion of Women and Girls with Disabilities in Humanitarian Action.

Exacerbated impact and inequalities due to COVID-19:

The stigma and barriers faced by women and girls with disabilities make them a particularly at-risk group whose needs should be included at all stages of response and recovery efforts. The disruption caused by COVID-19 to health, social and economic systems are likely to have a disproportionate impact on people with disabilities, and more particularly women and girls, compared to the general population. The multifaceted impact of the COVID-19 crisis risks compounding and exacerbating pre-existing inequalities. The COVID-19 pandemic is likely to disproportionately impact women and girls with disabilities, who face both gender discrimination and stigma and barriers associated with accessing support and services.

Prior to COVID-19, women with disabilities were experiencing disproportionately high rates of poverty and faced social exclusion and lack of equitable access to resources such as education, employment, health care, information, legal and support systems and meaningful participation in the public sphere. Discrimination and restricted access to critical services, areas and information can be life threatening in the midst of a pandemic. In the COVID-19 context, barriers to access translate into higher risks and greater impact, which can lead to higher mortality rates.¹⁸ The risks are particularly heightened for women and girls with disabilities who experience other intersecting forms of discrimination, including displacement and poverty.¹⁹

The socio-economic consequences of COVID-19 are likely to particularly impact people with disabilities, especially women and girls who already had limited access to education and employment, due to restrictive gender norms. With COVID-19, people with disabilities could be left without vital assistance and advocacy support due to social distancing.²⁰ School closures could lead to more girls with disabilities being denied education or dropping out of school early, especially girls living in poverty or living in rural, remote and hard to reach areas.²¹ Already facing exclusion and discrimination in employment, women with disabilities will be more likely to lose their jobs and experience unemployment during the crisis and recovery.²² The economic impact of COVID-19 may also increase household poverty, which will negatively impact people with disabilities and their families, considering the extra costs and expenditures often related to accessing support for a

disability (accessible housing and equipment, assistive devices, specific goods and services, etc.), in the absence of state-funded or subsidized services.²³

Without inclusive and accessible measures to mitigate the devastating impact of the COVID-19 crisis on women and girls with disability, the pandemic is likely to cause women and girls with disabilities to be more at risk and have a long-term impact on their physical and mental well-being, health, socio-economic development and participation in society.

People with disabilities at risk of COVID-19:

People with disabilities are among the most marginalized and stigmatized people under normal circumstances. Many people with disabilities have been unable to acquire the necessary national identity card to utilize government services.²⁴ With COVID-19, they are at serious risk of infection and death, due to discrimination and lack of access to vital health care. Increased needs for health care, disruption of health services, pre-existing health conditions and limited ability to implement preventive measures leave people with disabilities at more risk of contracting and falling seriously ill from COVID-19. People with disabilities are likely to be disproportionately impacted by low quality or inaccessible healthcare services and are particularly affected by the disruption of support services they rely on caused by the pandemic. In some cases, pre-existing health conditions can expose people with disabilities to more risk of developing serious health conditions due to COVID-19. The COVID-19 crisis is also likely to impact their mental health due to isolation and lack of access to services, which can lead to increased stress and depression.²⁵ For instance, people with mental health conditions may struggle more than the general public to cope with strict confinement at home.²⁶

The risk of contracting the virus is compounded by other factors for people with disability. Some may need to touch their surroundings to obtain information about the environment or for physical support. It may also be difficult for some of them to implement preventive measures, including physical distancing, hand washing and respiratory etiquette, due to their disability, the inaccessibility of hygienic infrastructure and the need for personal care.²⁷ People with disability may also face barriers in communicating

¹⁸United Nations Department of Economic and Social Affairs (2018). Leaving no one behind: the COVID-19 crisis through the disability and gender lens.

¹⁹World Bank (2018). Rural population (% of total population) – Afghanistan. Accessed on 21 June 2020.

²⁰UN Secretary General (2020). SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: Responding to the socio-economic impacts of COVID-19.

²¹UN Secretary General and UN Women (2020). Policy Brief: The Impact of COVID-19 on Women

²²UN Secretary General (2020). Policy Brief: A Disability-Inclusive Response to COVID-19.

²³United Nations Human Rights Office of the High Commissioner (2020). COVID-19 and the Rights of Persons with Disabilities: Guidance.

²⁴Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

²⁵Handicap International Humanity & Inclusion (2020). COVID-19 in humanitarian contexts: no excuses

to leave persons with disabilities behind! Evidence from HI's operations in humanitarian settings.

²⁶United Nations Human Rights Office of the High Commissioner (2020). COVID-19 and the Rights of Persons with Disabilities: Guidance.

²⁷World Health Organisation (2020). Disability considerations during the COVID-19 outbreak.

symptoms they may have.

People living in institutional settings are more likely to contract the virus, due to the rapid spread of the virus in those settings. Institutionalized persons with disabilities face heightened risk of contracting COVID-19 due to underlying health conditions, difficulty in enforcing social distancing amongst residents and staff, and abandonment by staff.²⁸ People in institutional settings, where people with disabilities are overrepresented, such as social care homes and psychiatric facilities, as well as prisons, experience significant barriers to implement basic hygiene measures and physical distance, and have limited access to COVID-19-related information, testing and healthcare.²⁹ Persons with disabilities living in institutions also face greater risks of human rights violations, such as neglect, restraint, isolation and violence.³⁰

Increased risks of violence:

Emerging evidence shows that across Afghanistan, violence against women and girls, particularly domestic violence, has increased. Hotlines are documenting significant increases in calls related to violence against women and girls.³¹ An Oxfam survey found that 97% of female respondents saw gender-based violence increase since the beginning of the COVID-19 outbreak.³² Another remote assessment conducted in five provinces indicates that 35% of respondents reported an increase in gender-based violence due to the pandemic in their communities.³³ While survivors of violence need to access support services more than ever, COVID-19 has disrupted the provision of essential services, as resources are diverted to dealing with the health crisis. A majority of women and girls were already not seeking help due to fear of reprisals, stigma, economic dependence, and lack of awareness about their rights and access to services. The measures put in place to curb the spread of the virus have raised additional barriers and increased risks for survivors of violence seeking help. Where services exist, many women and girls surviving violence are often currently unable to seek support due to movement restrictions, disruptions of services, and limited opportunities to find privacy away from their abusers and seek help.³⁴

Women and girls with disabilities are at increased risk of violence both in and out of their homes.³⁵ Global data from low to middle income countries have shown that women with disabilities are two to four times more likely to experience intimate partner violence than women without disabilities.³⁶ Women with disabilities are up to ten times more likely to experience sexual violence.³⁷ Evidence further demonstrates that women and girls with disabilities face increased risk of violence in settings affected by conflict.³⁸ Women and girls with disabilities are at significant risks of experiencing higher levels of violence due to insecurity, health, and financial worries as well as cramped and confined living conditions stemming from the COVID-19 crisis. They experience higher levels of stigma and discrimination, exposing them to more risks of experiencing violence and reducing their ability to seek support.³⁹ The stigma associated with reporting abuse of this kind means that few women, especially those with disabilities, report those responsible. With COVID-19, increased stigma and discrimination against persons with disabilities within communities has also been reported globally.⁴⁰

While, due to the health crisis, women without disabilities face major obstacles in accessing support services including health care, shelters, legal aid and psycho-social support, women with disabilities may face added barriers due to dependence on the perpetrator for mobility, communication and/or access to medications and health care.⁴¹ Services are commonly not accessible for people with disabilities, making reporting abuse and accessing services and assistance particularly challenging for people with disabilities. For instance, hotlines are often not equipped with interpretation services for deaf and deafblind persons, and emergency shelters and services are not equipped to meet the need of people with disabilities.⁴²

Restricted access to vital health services:

People with disabilities face important challenges in accessing critical health care services. One overarching and serious risk is that in situations of severe pressure on health systems, persons with disabilities are deprioritized or denied access to treatment for COVID-19 based on the assumption that they are less likely to survive or less deserving.⁴³ Health workers may have limited capacity and

²⁸United Nations Human Rights Office of the High Commissioner (2020). COVID-19 and the Rights of Persons with Disabilities: Guidance.

²⁹UN Secretary General (2020). Policy Brief: A Disability-Inclusive Response to COVID-19.

³⁰United Nations Human Rights Office of the High Commissioner (2020). COVID-19 and the Rights of Persons with Disabilities: Guidance.

³¹UN Women (2020). Gender Alert Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls.

³²Oxfam (2020). A New Scourge to Afghan Women: COVID-19

³³Child War Canada (2020). Remote Assessment for GBV trends under COVID-19

³⁴UN Women (2020). Gender Alert Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls

³⁵Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

³⁶What Works to Prevent Violence against Women and Girls Global Programme (2018). Disability and Violence against Women and Girls.

³⁷UNFPA (2016). We Decide: Young Persons with Disabilities: Equal Rights and a Life Free of Violence.

³⁸Women's Refugee Commission and International Rescue Committee (2015). "I See That It Is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings.

³⁹What Works to Prevent Violence against Women and Girls Global Programme (2018). Disability and Violence against Women and Girls

⁴⁰UN Secretary General (2020). Policy Brief: A Disability-Inclusive Response to COVID-19.

⁴¹GBV AoR Helpdesk (2020). Disability Considerations in GBV Programming during the COVID-19 Pandemic.

⁴²United Nations Human Rights Office of the High Commissioner (2020). COVID-19 and the Rights of Persons with Disabilities: Guidance

⁴³Ibid.

training to respond to the specific needs of, and to communicate and engage with, persons with disabilities. In addition, structural and infrastructure issues, including lack of transportation and accessible vehicles, ramps, elevators, and wheelchair-accessible infrastructure continues to limit their access to health care.⁴⁴ For many Afghan people with disabilities who live in rural areas, lack of transportation and long distances to clinics can create insurmountable barriers to obtaining health care.⁴⁵ Furthermore, people with disabilities often have to rely on others to reach health facilities.

Considering the weakened and overwhelmed health care system of Afghanistan, with the additional disruptions to health services caused by the conflict and the pandemic, people with disabilities are less likely to receive timely and appropriate support and services. Lockdown and movement restrictions, as well as the rapid spread of the virus among health workers and the general population, may also mean that caregivers may not be able to assist people with disabilities, which may deprive them of adequate and dignified support, particularly for people with disabilities who rely on others for daily living.⁴⁶ Fear of contracting the virus may also deter people with disabilities and/or their caregivers to seek health care and assistance.

The under-resourced Afghan health system fails to meet the needs of people with disability, and women and girls with disabilities are far less likely to access health care and assistance.⁴⁷ The restrictions women and girls with disability experience are greater due to intersecting forms of discrimination related to their disabilities and gender. As mentioned in the previous Gender Alert on Women's Access to Health Care During COVID-19 Times, in the context of COVID-19, restrictive gender norms and rigid gender roles have a disproportionate impact on women and girls' health and access to health care, making women particularly at-risk of the adverse impact of COVID-19. Cultural restrictions on women and girls' movement, limited decision-making, social norms saying that they should receive medical care last, lack of female health workers and the practice of many women being obliged to be accompanied by a mahram - or male relative - when travelling outside their home are significant gendered barriers to their access to health services.⁴⁸ This is further exacerbated for women and girls with disabilities who face greater restrictions in accessing health care services. Given the intersection of gender and disability discrimination and

stigma, their health is also more likely to be deprioritized. In the context of COVID-19, this means that women and girls with disability have restricted access to vital health care services for both COVID-19 and non-COVID-19 issues. They also face more important challenges in accessing sexual and reproductive health care, as well as critical services for survivors of violence, including health, police, justice and social services. The economic impact of COVID-19 may also lead to even greater cuts in critical services for people with disabilities, women and girls and survivors of violence in the recovery period.⁴⁹

Barriers to access information:

As mentioned in the previous Gender Alert,⁵⁰ due to gender norms restricting women and girls' access to information, and lower literacy rates among women, women are less aware about COVID-19 risks, symptoms and preventive measures.⁵¹ Women and girls are less able to access information through preferred means of communications for COVID-19.⁵² Data from a community perception survey conducted in three provinces showed that only 30% of women were aware of COVID-19 compared to 48% of men and only 36% of women versus 45% of men were aware of protective measures. Women and girls with disabilities, particularly with visual, hearing or cognitive disabilities face additional barriers to access and understand public health information, which is not available in accessible and easy-to-understand formats, significantly limiting their access to critical information and services related to COVID-19.⁵³ With limited accessible information related to COVID-19 and preventive measures, this makes women and girls with disabilities less able to protect themselves from contracting the virus, and less likely to access health services.

Women and girls with disabilities in humanitarian contexts:

During crisis, people with disabilities face higher risk and additional challenges to access basic services due to lack of adapted services and infrastructure as well as stigma and discrimination in the community. This is exacerbated in conflict settings and amidst a pandemic when resources are limited and are shifted to respond to COVID-19. The COVID-19 crisis has triggered disproportionate risks and barriers for people with disabilities in humanitarian settings, especially for women and girls. A global study conducted by Humanity & Inclusion (HI) demonstrates that people with disabilities are often left behind in humanitarian response.⁵⁴

⁴⁴Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

⁴⁵Ibid.

⁴⁶United Nations Relief and Works Agency for Palestine Refugees in the Near East (2020). COVID-19 Disability-Inclusive Response.

⁴⁷Human Rights Watch (2020). "Disability Is Not Weakness" - Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan.

⁴⁸UN Women, WHO and UNFPA (2020). Gender Alert on COVID-19 in Afghanistan | Issue IX: Women's Access to Health Care During COVID-19 Times.

⁴⁹UN Secretary General (2020). Policy Brief: A Disability-Inclusive Response to COVID-19.

⁵⁰UN Women, WHO and UNFPA (2020). Gender Alert on COVID-19 in Afghanistan | Issue IX: Women's Access to Health Care During COVID-19 Times.

⁵¹Johanniter; Afghan Capacity and Knowledge (JACK), Organisation for Human Welfare (OHW) and Afghanistan Centre for Training and Development (ACTD) (2020). Community Perception Survey – COVID 19 Knowledge, Attitude and Practice Survey in Kabul, Kunduz and Khost Provinces.

⁵²WHO, REACH, NRC, RCCE (2020). Communities' Information Access, Preferences, Needs, and Habits.

⁵³United Nations Department of Economic and Social Affairs (2018). Disability and Development Report Realizing the Sustainable Development Goals by, for and with persons with disabilities

⁵⁴Handicap International Humanity & Inclusion (2020). COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI's operations in humanitarian settings.

The majority of them do not have sufficient access to basic assistance such as water, shelter, food or health care to afford to stay at home. In addition, they might not be able to receive the specific services that persons with disabilities may need, such as rehabilitation, assistive devices, and access to social workers, which is further hindering their access to essential assistance.

Experiences from different countries highlight that the main barriers that prevent people with disabilities from obtaining access to humanitarian assistance are lack of accessible information on available services and difficulty in accessing the services themselves. This includes lack of physical or financial access, lack of staff trained in supporting people with disabilities, and distance from the services.⁵⁵ To ensure adequate access to basic assistance such as water, shelter, food or health for people with disability, particularly for women and girls, an inclusive and disability-inclusive humanitarian response is required. For instance, in the context of COVID-19 access to health services, psychosocial services and water and sanitation facilities and hygiene options for people with disabilities, that take into account the gendered barriers women and girls face, in addition to physical accessibility issues, must be prioritized.

RECOMMENDATIONS TO INTERNATIONAL & NATIONAL STAKEHOLDERS:

1. Ensure that people with disability are not left behind during the COVID-19 outbreak and that they are treated with respect, dignity and without discrimination. Ensure access to health, protection, social, psychosocial, mental health, legal and justice services for people with disabilities, particularly women and girls and people living in institutions.
2. Ensure that women and girls with disabilities and organizations of people with disabilities are meaningfully consulted and engaged in all stages of the COVID-19 response and recovery to ensure plans are disability-inclusive and gender-sensitive, at the national, provincial and community-levels. Ensure that the specific needs of people with disabilities, particularly women and girls and other marginalized groups, are meaningfully included in all response and recovery COVID-19 plans.
3. Prioritize and target people with disability by putting in place gender and disability-responsive measures to effectively reach, and take into account, persons with disabilities in development and humanitarian programmes. Ensure physical accessibility of all services, government buildings and health facilities, as well as in the humanitarian sector at camp and community level with specific attention to food distribution points, water,

sanitation and hygiene infrastructure, health structures, shelters and education infrastructure.

4. Train health-care personnel on disability inclusion, improve service delivery for persons with disabilities and prioritize access of people with disabilities, particularly women and girls, to COVID-19 testing and treatment.
5. Ensure that public information campaigns target information channels that can be accessed by persons with disabilities and are made available in easy-to-read and plain language and accessible means and formats, including audio-description, sign language, text messages, digital technology, captioning, and relay services.
6. Prioritize testing and promote preventive measures within institutions, including social or community care settings, psychiatric facilities and prisons to reduce infection risks by addressing overcrowding, implementing physical distancing measures for residents, modifying visiting hours, mandating use of protective equipment, and improving hygiene conditions. Promote better recovery by adopting and reinforcing deinstitutionalization strategies to close institutions and return people to the community, and strengthening supports and services for people with disabilities and older persons.⁵⁶
7. Assist and require schools to accommodate the needs of children with disabilities in developing remote education plans, and ensure that as schools re-open they do outreach to children who were already out of school or at particular risk of not returning, including children with disabilities and girls.
8. Collect gender and disability disaggregated data to enable evidence-based analysis of the socioeconomic impact of the COVID-19 crisis and to facilitate targeted and mainstreamed policies for women and girls with disabilities.
9. Undertake a comprehensive review of health and support services for people with disabilities to identify and remove barriers to health care and ensure accessible and gender-responsive infrastructure for all health facilities, including in rural and remote areas.

⁵⁵Ibid.

⁵⁶OHCHR (2020), Covid-19 and the Rights of Persons with Disabilities: Guidance.