Humanity & Inclusion South Sudan Program, Tips on including persons with disabilities in your COVID-19 GBV response

This 'tips sheet' provides an insight to Gender-based violence (GBV) practitioners, on the risks and barriers that persons with disabilities, in particular women and girls may face during response for COVID 19, and practical action for gender-based violence (GBV) practitioners to integrate attention to disability into GBV prevention, risk mitigation and response efforts during the COVID-19 pandemic. This note draws on the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, applying these to the COVID-19 pandemic, response and practical tips from experience of HI and collaborating partners in South Sudan.

Disability and Gender-Based Violence (GBV) in South Sudan

- Globally 1 in 5 women and girls have some form of disability (WHO 2011: 291)[1]. Women with disabilities are up to 10 times more likely than women without disabilities to experience sexual, emotional and physical violence, as well as forced abortions and sterilizations[2]. Violence against women and girls with disabilities is created through the intersection of multiple layers of discrimination linked to their age, disability, gender and socio-economic status. Other risk factors include increased dependency on others for daily care, difficulties to defend themselves physically or verbally, social isolation, misconception about their sexuality and economic dependence. Women and girls with disabilities have limited access to information about sexual and reproductive health and rights, how to protect themselves from violence and where to seek support.

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- In South Sudan, the full magnitude of the GBV problem is unclear and massively underreported; additionally, no accurate data is available on violence against women and adolescent girls with disabilities and their support persons. Estimates show heightened risks for persons with disabilities, and in particular of women and girls with disabilities[3].
- In South Sudan, approximately 98% of reported GBV incidents affected women and girls. 51% are survivors of intimate partner violence (IPV) are women. 33% of women have experienced sexual violence from a non-partner, primarily during attacks or raids. 48% of girls between 15 and 19 are married 'to reduce financial burdens' or to secure much-needed assets for families with as result higher risks of early pregnancy, complex birth etc. In South Sudan studies indicate that some 65% of women and girls have experienced physical sexual violence in their lifetime[4], physical forms of violence including slapping, kicking, punching, throwing objects, pushing, shoving, dragging or threatened with a gun, knife or other weapon is common among women and girls. The risk of child marriage remains constant due to conflict, the country's economic situation and harmful social norms.

UNFPA estimates 50.4% of 13, 300,730 South Sudanese population to be female; hence from a female population of 7,182,000 in South Sudan we can assume there are over 1,436,400 women and girls with disabilities.

- Persons with disabilities are considered to be "of less value". They are less likely to disclose or report the attack because of shame, fear of family/community members who are often the perpetrators, or because the subject is still perceived as a taboo. The combination of these factors makes women and girls with disabilities an easy target of all kind of violence and those with sensorial impairments and intellectual disabilities have been identified as being particularly at high risk. . Additionally, they are exposed to early/forced marriage and pregnancy, as in the eyes of the community, marriage helps remove the 'stigma' of disability and financial provisions for girls with disabilities. But in another hand we also know that it increases risk of Intimate partner violence

[1] UNFPA Population Dashboard South Sudan 2019, https://www.unfpa.org/data/world-population/ss
[2] UNFPA, We decide initiative, https://www.msh.org/sites/msh.org/files/we_decide_infographic.pdf
[3] Persons with disabilities are 1.5 times at greater risk of violence than persons without disabilities, with even higher risk for persons with intellectual and psychosocial disabilities, Hughes et al., 2012
[4] UNICEF GBV report December 2019 https://www.unicef.org/southsudan/media/2071/file/UNICEF-South-Sudan-GBV-Briefing-Note-Aug-2019.pdf

(IPV). About 82% of the population in South Sudan is poor[5]. Data is showing that people with disabilities are 'poorer than their peers in terms of access to education, access to healthcare, employment, income, social support and civic involvement. Social and economic exclusion mean that women and girls with disabilities have fewer resources and are less able/likely to seek support and redress for violence they experience.

- Caregivers of persons with disabilities especially women and girls are also at high risk to suffer from socio-economical exclusion and violence (especially IPV and Sexual abuse and exploitation). Mothers of children with disabilities are often stigmatized and rejected by their families. Their economic opportunities are reduced since they have the responsibility of taking care of persons with disabilities.

Additional risks of GBV for persons with disabilities during COVID 19

There is currently no research which explores the intersection between GBV and disability in relation to the COVID-19 pandemic. However, it is well recognized across literature that crises exacerbatse pre-existing inequalities, disproportionately affecting women and girls with disabilities and adding to their risk of violence, abuse and exploitation

- **Separation from caregivers, support staff and assistants**: In the event that either party becomes infected and / or is quarantined, persons with disabilities may find themselves separated from their usual caregivers, support staff and assistants. In these situations, persons with disabilities may not receive adequate support to ensure their daily care needs are met with safety and dignity.
- **Disrupted social services and assistance:** Where home, community and social services – including personal assistance – are interrupted due to social distancing and to quarantine procedures, it is likely that family members will assume these roles. The crisis exacerbates burdens of unpaid care work on women and girls who absorb the additional work of caring for children, persons with disabilities and/or elders. This situation can exacerbate violence against persons with disabilities in the household. This can also present an extra challenge of confidentiality when persons with disabilities especially women and girls will require assistance from a family member to reach protection services.
- **Reduced financial resources:** – will hinder women and girls with disabilities and female caregivers from accessing protection services, as they will be unable to pay for transportation and prioritize basic needs of the household. They can also be more likely to suffer from Sexual Exploitation and Abuse or be engaged in transactional sex.
- **Prolonged periods of confinement** within homes in combination with change in social protection, health and other services further increases risk of violence against persons with disabilities. Self-isolation may increase the psychological impacts of violence as well as the severity and frequency of the violence taking place – persons with disabilities survivor of violence or at risk may have to be placed in quarantine with a perpetrator
- **Risks of negative psychological effects increase,** including confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Persons with various disabilities have additional uncertainties, especially due to collapse of social support systems, being confronted with prejudice, stereotypes (such as communities associated the virus with characteristics of persons with disabilities) and even discrimination based on disability.

Overall social distancing measures and the economic slow-down as a result of the COVID-19 restrictions affects greatly informal sector where persons with disabilities are particularly active and characterized by the lack of or absence of social protection measures. Those particularly exposes women and girls to **increased risk of exploitation and abuse** in comparison to their male counterparts. Women with disabilities are more likely to live in conditions characterized by poverty and isolation, increasing the likelihood that they experience violence without recourse.

[5] https://www.worldbank.org/en/country/southsudan/overview

Gaps in GBV prevention for persons with disabilities during Covid 19

- The mainstream services relevant to the prevention and mitigation of gender based violence (psychosocial, health, livelihood, education, security and justice) but also SHR services may be deprioritized as focus is more on COVID 19 health and WASH response. Additional community-based protection mechanisms might be hampered due to public restriction plans or change in daily routines of communities due to economic hardship.
- Persons with disabilities, as well as older persons, young children, those who are illiterate or have low levels of education might have limited access to GBV prevention and response information (such as information provided in inaccessible formats, lack of information dissemination applicable to needs of persons with disabilities, or limited reach to more isolated communities and house-holds
- There is limited service delivery to survivors of violence and failure of existing service providers to understand and respond to the specific needs of women with disabilities who are survivors of violence. GBV workers might lack awareness of the heightened risks that women and girls with disabilities face in regard to their specific needs and how to identify and accommodate those. For example, how to communicate directly in a respectful manner with a girl with intellectual or speech impairment.
- Services for women experiencing violence tend not to be accessible to women and girls with disabilities or prove inadequate to respond to the specific needs of women and girls with disabilities,

Recommendations for an Inclusive GBV response during Covid-19:

- **Develop and disseminate key messages and conduct awareness raising session on non-discrimination, protection of women and girls with disabilities, and adaptation of COVID-19 response**. Include messages on the rights of men, women, boys and girls with disabilities and other groups at-risk to COVID response. Engage persons with disabilities in community-led awareness raising to address identified risks, access barriers to information and protective measures and to reduce stigma against persons with disabilities and other groups
- **Engage with** relevant stakeholders such as **organizations of persons with disabilities (OPDs), older persons and women's groups** in order to disseminate GBV prevention and response information to persons with disabilities, using relevant & multiple channels (mass media, social media, radio, traditional channels,). Ensure staff involved in the dissemination of messaging are trained on inclusive and safe communication
- Ensure that written information and messages are provided in a **diversity of accessible formats** including easy-read format, use of pictures and high contrast print, large font, plain language. Disseminate on Information and messages should also be available through **numerous accessible channels (radio, TV, speakers, posters). Organize** sign-language, clear messaging, translation into local language for public messaging.
- **Review GBV prevention and response mapping,** directories of services and provide information on services accessible to women and girls with disabilities. Communicate any changes in your response teams and areas of intervention in service provision. Collaboration and coordination between protection cluster and sub cluster, health, livelihood actors, included disability specific actors and relevant government and partners to **update referral pathways, risk mitigation measures to ensure inclusion of women and girls with disabilities**
- All needs assessment and monitoring data should collect disability, gender and age disaggregated information, and use an intersectional lens. B**e aware of how intersecting factors that can increase risk of violence and abuse against person with disabilities and/or limit access to care and protection (care-giver support, communication barriers, stigma, lack of right awareness, low access to technology devices, acceptance of violence in communities etc.)**. Understand which groups are at heightened risk of different forms of violence and abuse and understand how these may vary across settings will help to address these specifically
- Monitor protection needs of persons with disabilities & groups at risks: collect information on stigma, and misperception around persons with disabilities (e.g. physical violence due to beliefs persons with disabilities are 'spreading virus' and early/forced marriage of women and girls with disabilities. Collect, use and share data on persons with disabilities disaggregated by age, gender, disability (preferably using the Washington group set of questions)

- **Train first responders on how to handle disclosures of GBV/CP cases including girls and women with disabilities**. Staff who are part of an outbreak response must have basic skills to identify and communicate with persons with disabilities in a respectful manner, ask for informed consent, respond to disclosures of GBV/CP that could be associated with or exacerbated by the epidemic, and ensure referral to accessible services, handle cases in a compassionate and non-judgmental manner and know whom to refer to for further care, protection and treatment, and how to provide care on the spot.
- **Train GBV practitioners on Inclusive MHPSS**
- Monitor and establish critical support mechanisms for households with persons with disabilities and individuals at risk due to economic hardship ; separation of family members, assistants, caregivers in hospitalization and/or isolation and quarantine, leading to loss of income, collapse of continuity of care and social support. Provide individual protection assistance (cash / in-kind) for persons with disabilities. Cash-based protection assistance is essential for ensuring access to services, food and essential items during lock-down & with reduced market availability. Individual protection assistance should be accompanied with 'contingency planning' to ensure adequate preparation in case of lockdown scenario or quarantine. In-kind support i.e. assistive devices, hygiene and sanitation products and food is also critical.
- Ensure accessibility of services by prioritizing outreach, remote case-management & proactive identification of persons with disabilities & other groups at risk of exclusion. Organize check-in calls & phone-based support in accessible formats in partnerships with OPDs

Challenge and report stigma and protection risks

- Community awareness should encourage community members to challenge stigmatization in community, by reaching out to the focal points, and also through sharing information that COVID-19 can affect anyone and that prevention measures must be undertaken by everyone, rather than singling out specific groups.
- Use disability inclusion advocates or champions to depict people with disabilities as assets-helpers, problem solvers and in leadership roles, not as patients and beneficiaries of charity.
- Avoid stigmatizing language such as 'suffering' or 'victims' and avoid characterizing persons with disabilities as 'vulnerable' (consider instead using 'disproportionately impacted' or increased risk, to acknowledge the role of society in creating vulnerability)

Selected global resources, on COVID-19 and persons with disabilities:

- UNFPA, Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities[6]
- WHO (2020) Disability considerations during the COVID-19 outbreak: https://www.who.int/internal-publications-detail/disability-considerations-during-the-covid-19outbreak
- the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

[6] UNFPA Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf