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**Women Enabled International Survey on COVID-19**

**March-April 2020**

COVID-19, sometimes called the coronavirus, has impacted the health and safety of communities around the world. We believe it is having a particular impact on women, girls, non-binary, and gender non-conforming persons with disabilities, including related to their rights.

Women Enabled International (WEI) is collecting evidence of the experience of women, girls, non-binary, and gender non-conforming persons with disabilities in the context of COVID-19. We hope that, by showing the impact of measures to prevent and address COVID-19 on women, girls, non-binary, and gender non-conforming persons with disabilities, we can give advocates the tools to advocate for better policies that fully respect, protect, and fulfill rights at the intersection of gender and disability. Please send all responses to WEICovid19survey@gmail.com.

WEI is a human rights non-governmental organization working to advance rights at the intersection of gender and disability, particularly as related to women and girls with disabilities. If you have any questions about this survey, please contact Amanda McRae, WEI Director of United Nations Advocacy, at a.mcrae@womenenabled.org.

1. **About You**

*Note that we will not use information to identify you without your permission. See Section 3 below.*

* 1. Name [required]:
	2. Age [required]:
	3. Location (City and Country)[required]:
	4. Contact information [required; list at least one]:
		1. Email:
		2. Phone or WhatsApp:
	5. What is your gender or gender identity? (e.g. woman, transwoman, nonbinary, gender non-conforming, etc.)
	6. Do you identify as a person with a disability? YES/NO [required]
		1. What is your disability or impairment? [optional though important for gathering accurate data]
1. **Impact of COVID-19 on Your Life**

*Please answer the questions below from your own point of view. You do not have to answer all of the questions and only need to share information you are comfortable sharing.*

* 1. What actions is your national, state, or local government taking in response to COVID-19? [Mark one below with YES]
		1. Lockdown, shelter-in-place, or stay at home order
		2. Encouragement to stay away from other people, but not mandatory
		3. No actions so far
		4. Other {please describe]:
	2. How has COVID-19 and your government’s response affected your personal **access to health services**, including sexual and reproductive health services like contraception, maternal health services, and abortion? Please describe.
	3. Is your country currently considering or implementing plans to **“ration” health care** (meaning that, if there is not enough personnel or equipment like ventilators, life-saving health care will be provided to some but not others, or removed from regular users to give to others)? If so, do you have any concerns about your country’s approach to rationing? Please describe
	4. How has COVID-19 affected your **personal safety**? Have you been, or are you afraid you might be, subjected to **physical, emotional, sexual, psychological, or financial violence** by the people you live with or others during this time?

*If you are a survivor of violence or immediately fear violence and need urgent assistance, please contact us at a.mcrae@womenenabled.org**and we will do our best to connect you with local gender-based violence services.*

* 1. How has COVID-19 affected your **access to support services** that you may need to live independently and participate in the community? Please describe.
	2. How has COVID-19 affected your **ability to work**, **income** (from a job or other source) or your **access to education**? Please describe.
	3. Are there any other issues you have faced as a result of COVID-19 that you would like to tell us about?
1. **Consent to Use Information**
	1. Do you agree to allow WEI to include parts of your answers above in our publications and communications work? YES/NO
	2. Do you agree to allow WEI to use information that might identify you in our publications or communications work, including [Type YES after all that you are comfortable with]:
		1. First Name:
		2. Age:
		3. Location:
		4. Gender or Gender Identity:
		5. Disability Status and Description:
	3. Can someone from WEI contact you if we have any questions or to invite you to participate in a virtual consultation? YES/NO
		1. If so, what is your preferred method of contact?
			1. Email
			2. Phone
			3. WhatsApp

Thank you for taking the to complete this survey. Please send all responses to WEICovid19survey@gmail.com.