

## COVID 19 and Impact of Lockdown on Women with Disabilities in India

COVID 19 has come as a crisis the world was not prepared for. Many women with disabilities have come forward to actively join the crusade to create a safe place for themselves and around themselves. Using the resources at their disposal they are going out all out in an attempt to flatten the curve of COVID 19 in this country and globally.

The International Disability Alliance the apex body in disability came out with certain recommendations;

- Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats.
- Additional protective measures must be taken for people with all types of impairment.
- Rapid awareness raising and training of personnel involved in the response are essential.
- All preparedness and response plans must be inclusive of and accessible to women with disabilities.
- No disability-based institutionalization and abandonment is acceptable.
- During quarantine, support services, personal assistance, physical and communication accessibility must be ensured.
- Measures of public restrictions must consider persons with disabilities on an equal basis with others.
- Persons with disabilities in need of health services due to COVID19 should not be deprioritized on the ground of their disability.
- Organizations of Persons with Disabilities can and should play a key role in raising awareness of persons with disabilities and their families.
- Organizations of Persons with Disabilities can and should play a key role in advocating for disability-inclusive response to the COVID19 crisis

Though IDA's recommendations were important, inputs on needs on women with disabilities were not focused on. To make any plan the situation had to be assessed. Reports from the field were thus collected from women with disabilities living in SMRC's project area of Gujarat, Odisha and Telangana as we were told by staff in the field that they were undergoing tremendous unforeseen problems. Some insights were shared by Catalina Devandas Aguilar the Special Rapporteur on Rights of Persons with Disabilities which were similar to what we were hearing from the ground. It is obvious rural poor

women with disabilities across the world are affected more than many others but our experience had shown that they emerge from these challenges due to their own agency and when they work in solidarity with other women.

## **India**

There are 11.8 million women with disabilities in India who experience considerable difficulties in the everyday lives. With high poverty levels, poor health conditions, lower incomes, lower education and a patriarchal system they face further dangers in COVID – 19. To take up the challenge immediate steps would have to be taken in context of food and medicines. It was soon realized some women were getting left out as information by governments which had universal reach was not accessible. We knew from earlier work that hospitals were not accessible and that disability was a not a priority. There was thus a strong fear that the women would be affected by the corona virus and not be able to reach medical help and access treatment.

Summary: SMRC in its work found that discrimination and stigma increased in many forms. Networks broke down, services and transportation was not available, bringing new issues before women with mobility and their access to daily needs. Information to deaf and those with intellectual disabilities was not available. All the women realized nothing would change unless they did not get involved themselves. Personal assistants and health care was not available. News was by now filtering in that persons with disabilities were being able at assess health care facilities. It was also seen that the new policy of social distance was again excluding them as they were dependent on personal assistants.

To assess the situation we came to:

- Realize that data from the field had to be collected and analyzed to understand that the issue was of the most important
- We would ensure participation of women with disabilities in all our work
- Pay attention we did not miss out on the inter sectional ties of disability and we include women of all classes, indigenous women (Adivasis) , Dalits (caste and very poor with no income.

## **Collecting Data**

The State coordinators and field workers started to get in touch with the women from the project field telephonically.

1. SMRC's Project Area (25<sup>th</sup> - 30<sup>th</sup> March 2020: Data from Gujarat, Odisha and Telangana;

## 2. Women with Disabilities India Network

Information from the field from the Women with Disabilities in Gujarat, Odisha and Telangana States of India

- Social distancing is not possible as women are dependent on personal attendants and cannot maintain the distance required. In many cases personal attendants are outsiders increasing the incidence level amongst persons with disabilities
- Personal assistants they depend upon are missing in many cases as i. They have gone home and have not been able to return ii. They have abandoned the women leaving them defenseless and dependent on neighbors, family members iii. They come in daily and are not being allowed by the police.
- Many women living independently have not been able to access daily needs in many places where 1. They do not have help to fetch groceries from the markets, 2. Online orders cannot be made as forms are not in accessible formats. Many are dependent on home delivery, but it is not available everywhere.
- Health facilities have been difficult to access as they cannot go to police stations to request passes. In many cases they are denied medical aid.
- There has been an increase in violence from partners and personal attendant as stress levels within the household increases. There is also no community watch and women with disabilities choose to keep quiet as they fear abandonment by family.
- Psychological stress has increased in the neighborhood affecting everyone. As women with disabilities' experience combating loneliness and isolation gives them more insights into resisting it, they can help people in the community, at this stage when everyone is threatened by isolation, and create a more understanding atmosphere of the situation they have lived all their life.
- Income generation activities have closed so no income for the women.

**Situational analyses of COVID 19 and women with disabilities and requests from the field-Gujarat, Odisha and Telangana dt 31<sup>st</sup> March 2020**

- Majority of them are wage labours, house maids, construction workers, petty shops, vegetable vendors etc and some of them are

single and abandoned women. Because of the COVID 19 effect, all of them have lost their wages and there is no income from them to purchase the food grains to feed the family. They are in distress and requested us to support them

- The 1000/- promised by govt has yet to reach them and the ones that do not have a bank account will be deprived of the money. The nearby ATMs do not have money and they need support to go far away. Moreover the police stops them at every step and the family avoids to take them
- Urgent need of sanitary pads and medicines which the women need on an everyday basis. As it is lock down , they cannot go and get it and somebody else cannot go and collect them from the govt hospital , so some mid-way has to be developed for them to survive during this period
- No sanitizers and masks available. Moreover the rates are more and they cannot afford.
- The grocery shops are open for a limited period and as they are slow they get pushed aside. Many had little food left and needed somebody to help them buy the necessary items, to be able to eat two meals a day
- Housing / shelter is a major problem. A woman with a disability was asked to leave a petty shop she ran and where she slept at night, by the person who rented it to her. She could not go home as her husband was abusive. She shifted out and has to sleep outside with her children under old polythene she salvaged. She has asked the government for polythene provided during disasters but has been refused as COVID 19 is not a 'disaster' in the conventional sense.
- Another woman has been forced to move out from her rented hut to wash utensils along with her children in a small roadside food place (dhaba/diner) catering to truckers so that can get a place to stay at night. These places are open to abuse.
- Some women with disabilities were earning their living by growing vegetables but cannot sell it as transportation is not available to take the crop to the market. Therefore they have no money and no work
- Many people and also government have been sending money / cash to organisations to help the women. The organisations have sent the

girls and women home without the money. The women are getting neglected by the family as well as by these organisations / ashrams.

- Those earning daily wages cannot access income.

SMRC's work in the disability community offers a lens to identify barriers and vulnerabilities and to get out of this situation together with women we are trying out :

- Setting up telephonic networks to talk to each other and friends in the neighborhood
- Wherever possible staff has been calling the women to find out problems faced and assisting them including distribution of food.
- Conveying their issues to the local governance system so requirements can be fulfilled
- Writing their experiences to document it for meeting the post COVID 19 situation.
- Set up a register of personal assistants for those who need them on a temporary basis
- Set up register to of women who need food / medicine/ medical aid but cannot access it. Get them connected to those supplying.
- Set up a cell in each State to connect the women to the government officials in charge.

As COVID 19 peaks and stronger lockdown measures are taken mobility is becoming more difficult. Some issues taken up at national and international level:

1. With SMRC support an information video for deaf was made by the Office of the Commissioner for Disabilities
2. Joined the Thematic Group on Disaster Risk Reduction (TGDRR) network an international network and wrote to the Secretary General to bring issues before States
3. Wrote to the Ministry of Disability for cash and other support which has been provided by the State
4. Joined international disability and gender networks on policy change.

Disability is still an issue on the margins, and fear of institutionalization high but voices are getting louder and visibility much more including those of the women. Let us together in our community help wherever we can (see end of note what we can do)

We need to think of the present but also of the future and how we can recover as in many cases incomes are no longer available.

We look forward to your suggestions and information. Provide suggestions to what needs to be advocated at i.local. National and 3. International level.

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