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

Shanta Memorial Rehabilitation Centre

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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 in an attempt to flatten the curve of COVID-19 in this country and globally.

The Iinternational Disability Alliance (IDA) 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 impairments.
- 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 COVID-19 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 COVID-19 crisis.

Though IDA's recommendations were important, we needed to know whether locally they were viable. Further to take forward our projects in the field the situation had to be assessed. Reports from the field were thus collected from 200 0f the 600 women with disabilities living in the project area of Shanta Memorial Rehabilitation Centre (SMRC), i.e. Gujarat (60), Odisha (70) and Telangana (70) as we were informed by staff in the field that they were undergoing tremendous unforeseen problems. Some insights were shared by Catalina Devandas Aguialr 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 the 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 not a priority. There was thus strong fear that women would be affected by the novel coronavirus 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 were not available, bringing new issues before women with mobility disabilities and their access to daily needs. Information to the deaf and those with intellectual disabilities was not available. Health care were not available to any women. All the women realized nothing would change unless they get involved themselves. News was by now filtering in that persons with disabilities were not being able to access health care facilities. It was also seen that the new policy of social distancing was again excluding them as they were dependent on personal assistants who were usually family members but the male men went out and there was increasing danger of their getting the virus and passing it on. All the family lived in one or two rooms maximum

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 importance;
- We would ensure participation of women with disabilities in all our work;
- Pay attention we do not miss out on the intersectional ties of disability and we include women of all classes, indigenous women (Adivasis), Dalits (low caste and very poor with no income[1]).

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 (25th—30th 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

Situational analyses of COVID 19, women with disabilities and their requests from the field of Gujarat, Odisha and Telengana dated 31st March – 5th April 2020.

- **100%** of them are wage labours, house maids, construction workers, petty shop managers, vegetable vendors, etc; and some of them are single and abandoned women.

C Issues Faced:

Information

80% women with disabilities in the three states had no access to public information from government sources media reporting was inaccessible. Their source of information were our field staff, the family and the front line workers in the village. In most cases no one thought it important to convey word of mouth information.

Social Distancing

- Social distancing is an important way to avoid the virus. For women with disabilities it was not possible as women are dependent on personal attendants and cannot maintain the distance required. Though 90% had carers from within the family and they all lived in usually one or maximum two rooms.

As most men went out to meet friends and other workers now at home they brought danger of corona virus entering into the house. In about 10% cases only personal attendants are outsiders increasing the danger amongst those with disabilities they cared for.

- **In this 10%** Personal assistants they depend upon were missing as: They had gone home and were not able to return . Of these 60% were not allowed by the police to return the rest did not try to come back.

Food Insecurity

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.

- This the most problematic for every women with disability. Since the lockdown they have access to one meal a day
    - In Telangana civil society was active and after a week everyone had dry ration (food) but access still limited to one meal.
    - In Odisha at this stage of the lock down food was very inaccessible. 90% women with disabilities had low access to food. The money they received as pension and ex gratia was taken away by family member but in terms of food they came low in the family ladder and received food once a day
    - In Gujarat food insecurity continues and 80% women had no access to food and were at the mercy of family. They had one meal a day

- Women living independently have not been able to access daily needs in many places where: (1)They do not have assistance to fetch groceries from the markets; (2)Online orders cannot be made as forms are not in accessible formats and services were closed during the lockdown. Many are dependent on home delivery, but it is not available everywhere and closed down during lockdown.

Health

- Health facilities have been difficult to access for 100% women wit disabilities as they cannot go to police stations to request passes. In many cases they are denied medical aid as hospitals

closed down outdoor services.

- In one case a woman was pregnant but could not go to hospital and lost the child
- In another case a woman wanted an abortion but due to the lock down could not and now in a follow up we found she cannot as she is 6 months pregnant
- In another case the woman has cancer and needed weekly medicine from the hospital but could not due to lack of transportation
- Government has announced telemedicine services but staff in the three States could not access it. Telemedicine as devised by the State is not accessible

Urgent need of sanitary pads and medicines which the women need on an everyday basis are unavailable. As it is locked down, they cannot go and get them and somebody else cannot go and collect them from the government hospital, so some mid-way has to be developed for them to survive during this period.

- No sanitizers and masks are available. Moreover, the prices are higher and they cannot afford them
- The 2 women with thalassemia interviewed are not getting blood.

Violence

There has been an increase in violence from partners and family members as stress levels within the household increases. Women complained about verbal (80%) and economic violence (90%), battering in 30% cases. As women were answering to the survey were using phones belonging to a family member and were secluded in the house they could not respond to the questions on sexual abuse but 70% responded that they would let us know when we met.

There is also no community watch and women with disabilities choose to keep quiet as they fear abandonment by family.

Input Psychological Stress

- Psychological stress has increased in the neighborhood affecting everyone. As women with disabilities have experience in combating loneliness and isolation, this gives them more insights into resisting these. 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.

Livelihood and Social Protection

- Income generation activities have closed so no income for the women.

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

The 1000/- promised by government has yet to reach them and the ones that do not have a bank account will be deprived of money. The nearby ATMs do not have money and they need support to go far away. Moreover. the police stop them at every step and the family avoids taking them.

10% of the women with disabilities who were earning their living by growing vegetables cannot sell the produce as transportation is not available to take the crop to the market Therefore they have no money and no work.

100% women who were entrepreneurs doing garment making and handicrafts had to close their units and have no income and chances of restarting them seems difficult.
80% women are earning daily wages cannot access income.

Homelessness

Housing/shelter is a major problem and 100% women live with families. Some women have faced abuse and asked to leave home as with the lockdown all male members working outside were supposed to come back

In Gujarat

i. 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 a piece of 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

ii. 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.

Migrants

Odisha Only one woman (Blind) was a migrant and gone to Jagatsingpur to work she was not allowed to return to her village.
In Gujarat a family who traveled to Delhi was quarantined. The rooms and toilets were not accessible.
A woman studying and working outside came home during the lockdown but was not allowed home and asked to go back to the place she worked. On returning the hostel she stayed in refused her entry and she is afraid of losing her job.

Girls with Disabilities

Sixty girls were included in the survey to ask one question on education

100 % girls did not access education as it went online.

Only 5 women/girls in Odisha out of 200 and 3 women/girls out of 200 in Gujarat had access to smart phones. This technology is essential for accessing education

For young girls with disabilities who needed counseling it was not available. Depression was high

Sanitary napkins were not available

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 to:

- Set up telephonic networks to talk to each other and friends in the neighborhood.

- Wherever possible staff have been calling the women to find out problems they face and assisting them, including distribution of food.

- Convey their issues to the local governance system so requirements can be fulfilled.

- Write 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 a register of women who need food/medicine/medical aid

but cannot access it.Get them connected to those supplying it.

- Set up a cell in each State to connect the women to the government officials in charge.

- Use WhatsApp message or video call using sign language.

- Update the information on COVID-19 as among people without disabilities.

- Help get communication done when wearing a mask with the orally deaf becomes difficult.

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

1. With SMRC support an information video for the 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 have 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 is high, but voices are getting louder and visibility is increasing, including those of the women. Let us, all in our community, help wherever we can.

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 local, national and international level.

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[1] The intersectionality needs more working on as KGTBTIQ were not included