Leonard Cheshire Policy Briefing

Protection and care of persons with disabilities in light of Covid-19

This briefing aims to outline what Leonard Cheshire considers to be the most urgent challenges regarding protection and care that with disabilities will face in light of the Covid-19 pandemic and what can be done to ensure that persons with disabilities are not left further behind as a result of this global crisis, but are properly included in policy and programmatic responses to Covid-19.

a) State of play

It is essential that policy makers implement comprehensive safeguarding measures that protect persons with disabilities throughout the Covid-19 response. Persons with disabilities, and particularly those who experience other intersections of inequality, are at increased risk of harm due to a number of factors arising from or exacerbated by this pandemic. Some key challenges include access to health, gender-based violence, child protection, and reporting.

b) Challenges

Access to healthcare is a key concern in terms of prevention of harm to persons with disabilities during the pandemic. Some persons with disabilities who contract the virus could develop a severe case of the disease as it can worsen existing health conditions. In addition, persons with disabilities may not receive care and support services to which they would normally have access putting them at further risk of harm. Requirements to self-isolate and restrictions on the use of transportation may also prevent persons with disabilities from accessing health centres putting them at further risk of harm. There is also a gendered dimension to the issue of accessing healthcare. During previous outbreaks of viruses and diseases, women were less likely than men to have power in decision making around the outbreak, and their needs therefore were largely unmet. For example, during the Ebola outbreak, resources for reproductive and sexual health were diverted to the emergency response, contributing to a rise in maternal mortality in a region with one of the highest rates in the world.

Incidentsof Gender-based violence are likely to increase as a result of Covid-19. As the closure of workplaces and the slowdown of the global economy begins to affect livelihoods, intimate partner violence may increase. Furthermore, self-isolation may increase the psychological impacts of violence as well as the severity and frequency of the violence taking place – as survivors may have to be placed in quarantine with a perpetrator. Girls with disabilities who are marginalised due to harmful social norms, and who may already have been excluded from income generating activities, are more at risk of being forced into survival sex, transactional sex or sexual exploitation and abuse during times of crisis. In other disease and virus-

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related crises, there has been an increase in sexual violence broadly. Girls with disabilities may be at further increased risk of violence due to their lack of power in communities, their potential lack of access to resources and in some contexts their increased levels of social isolation.

**Child protection issues can be exacerbated by crises such as this pandemic.** Violence and other forms of child abuse may increase at the family level. There is a heightened risk of neglect, violence, exploitation, psychological distress and negative impacts on children's development. Child and Forced Marriage may increase as a means to cope economically for families (this can be linked to a need to decrease the number of mouths to feed or bringing in money from bride price). Families may feel that marrying their daughters may provide more safety for her than her family can provide in the current climate as well. With an increase in child marriage, we may also see an increase in early pregnancy and associated death.

**Persons with disabilities are likely to face additional barriers when seeking to report abuse as a result of the Covid-19 pandemic.** For instance, limited contact with their loved ones can impair persons with disabilities' ability to report abuse or neglect when they live in institutions and facilities. Established reporting mechanisms may no longer function, and services may be closed. Where services remain open, staff capacity to respond may be reduced due to illness or due to the diversion of funds to deal with the public health emergency. Safety, security and access to justice services may be disrupted as government institutions shift resources to the public health crisis. In addition, schools can be an important point of disclosure of abuse by children, and their closure removes another mechanism of reporting.

c) **What needs to be done?**

- Appropriate safeguarding responses should be locally-designed and gender-responsive. Coordination between different stakeholders is essential to strengthen the response and for effective use of resources.

- Donors should consider offering additional funding to organisations who are redesigning programmes in response to the pandemic in order to ensure that safeguarding is not only prioritised in programme design, but effectively resourced.

- Mechanisms for reporting safeguarding issues should be strengthened or created where necessary.

d) **Opportunities**

As systems and processes are adapted to respond to the pandemic, there is an opportunity to strengthen coordination between stakeholder such as NGOs, UN agencies, governments and donors around effective safeguarding and to ensure specific considerations for safeguarding persons with disabilities are highlighted in the pandemic response.
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