



GRRIPP

Gender Responsive
Resilience and Intersectionality in
Policy and Practice

GENDER, DISABILITY AND PANDEMIC:

Understanding intersectional effects on the health and wellbeing of women with disabilities and the role of local government to build a more resilient society

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Context

Women with disabilities often face double discrimination because of the intersection of multiple marginalised identities, particularly gender and disability. Literature shows that the Covid-19 pandemic has exacerbated inequalities and discrimination experienced by women and girls with disabilities, putting them more at risk. Nepal ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010, and included disability in the country policy agenda, however it is not known how effectively the health policy is implemented and practiced.

This project sought to assess the role of local government in reducing disparities and creating a resilient environment for the affected. The project collected qualitative data by conducting interviews and group discussions to understand the experience of women with disabilities. It also conducted a participatory policy review through workshops with relevant stakeholders at the local level and a forum for dialogue between local government and other stakeholders. The project was implemented in two disaster-hit districts (Lamjung & Gorkha) outside Kathmandu, the capital city of Nepal.

Objectives

The overall objective of the project was to assess the impact of the COVID – 19 pandemic (and other disasters) on the health and wellbeing of people with multiple and intersecting identities, and examine the role of local government in reducing multidimensional vulnerabilities for populations at risk. Moreover, to examine how effectively support and regulatory mechanisms function and the role of Municipalities and Rural Municipalities in the delivery of support services to populations at risk.

Participants

Women with disabilities were the primary participants of the project. However, government officials, political leaders and other stakeholders at local level also benefitted from participating in project activities such as training, workshops and interaction meetings. Moreover, the academics and researchers working in this project also benefited from working together and learning/sharing from each other.

This participant shared their lived experience with living with disability and intersecting effects of gender, disability, and disaster.

Credit: Tribhuvan University



Research findings

The study found that women with disabilities experienced various challenges during the pandemic and other disasters. Due to limited mobility or severe disabilities they needed someone to accompany them to health facilities, leading to greater transport costs that negatively affected their access to health services. Health facilities offered limited services and the layout and equipment were disability-unfriendly.

Negative stereotypes against women with disabilities in society led to their exclusion from public participation forums thereby limiting their awareness of available services. Intersectionality of gender, poverty, and disability has affected the experiences of women with disabilities living in rural municipalities of Nepal.

This study recognised that women with disabilities faced additional challenges in humanitarian crises. These were:

- Everyday intersectional discrimination as a result of gender and disability(ies), which was then exacerbated by disaster and Covid-19 related crises.
- The breakdown of economic structures, health care services, family and community support, educational opportunities, housing, transportation, and other infrastructures.
- The loss of assistive devices, caregivers, and supportive networks as a result of disaster made them more dependent on others and at greater risk of exploitation.
- Increased levels of sexual and gender-based violence in and out of the home, especially against people with

intellectual and mental disabilities. This was also due to factors such as stigma and discrimination, being seen as 'easy' targets, social exclusion and isolation, loss of protective supportive mechanisms, and limited mobility.

- Inadequate access to shelter, and goods to fulfill basic needs including menstrual hygiene in humanitarian contexts.
- Loss of livelihoods, which increases their poverty and makes them vulnerable to exploitation.

Recommendations

- Family, society, and community must take responsibility. Vulnerable groups must be prioritised during disasters, and the government especially local government, must plan ahead and build an inclusive infrastructure.
- Service providers must address the unique barriers that people, especially women, with disabilities face when accessing services.
- Policy makers must incorporate an intersectional and gender lens to service systems to enhance understanding of the varying degrees of vulnerability.



Disability and gender-related policy dialogue. Participants of the workshops were the policy makers, implementers and consumers at the local level. Credit: Tribhuvan University

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