

# The future is inclusive



## Gender and Disability Inclusive COVID Response Guide.

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This guide was produced by SISTERSPEAK237 with the support of the Canadian Fund for Local Initiatives

SISTERSPEAK237 is a not-for-profit organization with a mission to strengthen the leadership, power, and amplify voices of women and minority groups in Cameroon, and develop them into self-reliant and socially conscious leaders.



## Authors

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She is a multimedia journalist from Cameroon who has won a number of awards for her willingness to investigate sensitive topics, social justice and gender rights. The founder of Sisterspeak237, she works to ensure that the mainstream media amplifies the voices of women and youth.

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# Foreword

Cameroon reported its first confirmed case of COVID-19 on March 6, 2020. Since then, the government has rolled out a series of coronavirus containment measures. Local and International NGOs have been very active in COVID response as well. The coronavirus response plans are leaving people with disabilities and women behind.



There are about three million people, out of 26.5 million, living with various forms of disabilities in Cameroon, according to the Club for Young Rehabilitated Blind People (Club des Jeunes Aveugles Rehabilites du Cameroun- CJARC).

Even before the outbreak of the coronavirus pandemic, persons living with disabilities in Cameroon had a peculiar problem – they lacked adequate social support and service delivery. Coronavirus has compounded pre-existing vulnerabilities for them.

We have produced this guide with the support of the Canadian Local Funds Initiative. It is our wish that public and private institutions read it and apply the recommendations not only in COVID Response Plans, but in all other projects.

At SISTERSPEAK237, we are keen on a gender and disability inclusive COVID19 response, nationally. COVID19 will not be over for any of us until it is over for all of us.

And when COVID19 over, our society should not return to the normal where persons with disabilities and women lacked adequate social support and service delivery. We are reimagining the future of access and inclusion for persons with disabilities and women in Cameroon. Disability inclusion is essential to achieving a more just, verdant, and peaceful world and everyone has a role to play in this.

**Comfort Mussa**  
**Founder, SisterSpeak237**

# Acronyms

**PWD** – Persons with Disabilities

**CRPD** – Convention on Rights of Persons with Disabilities

**ICF** – International Classification of Functioning,

**GBD** – Global Burden of Disease

**W&GWD** – Women and Girls with Disabilities

**QCPR** – Quadrennial Comprehensive Policy Review

**MDGs** – Millennium Development Goals

**MHPSS** – Mental Health and Psychosocial Support

**WASH** – Water, Sanitation and Hygiene

**WHO** – World Health Organization

## Some Talking points & group exercises for COVID Response Task Force in your organization.

– How diverse or inclusive is your COVID19 response task force? Look at the composition of your task force and acknowledge who is in it. What can you do to make your task force more diverse and representative of women and persons with disabilities?

Did your team consult persons with disabilities or women in the design and implementation of your response plans?

– How is the data collected in your COVID Response plans disaggregated? Is it collected according to age, gender, and disability.

How will such a disaggregation help your team and quality of reports/results?

– How do you communicate with the communities that you serve? Is your information accessible? Is it relevant to your audiences?

In your key COVID prevention messages when you advice audiences to maintain one meter distance for example, how can you say it in a way that a blind person can understand and implement?

– If your organization operates a toll free line, how can persons who are deaf or have hearing and speech impairments communicate with you?

– With COVID19, we are witnessing transition to online learning and work?



<ul style="list-style-type: none"> <li>Does your program provide reasonable accommodations such as alternative communication formats (Braille, large-print, sign language interpreters, etc.), environmental access, transportation access, programmatic access and economic access?</li> </ul>		
<ul style="list-style-type: none"> <li>As part of long-range and annual planning, do you address accessibility issues with regard to facilities and/or services and include them as a cost of your operations?</li> </ul>		
<ul style="list-style-type: none"> <li>Do you engage directly with Disabled People's Organizations in order to ensure an inclusive approach to the program's design, implementation, monitoring, and evaluation?</li> </ul>		
<ul style="list-style-type: none"> <li>Do you know who the leading Disabled Person's Organizations (DPOs) are in your area? Have you reached out to them to engage them in your project, and to inform them of your services or initiatives?</li> </ul>		
<ul style="list-style-type: none"> <li>Do your communication tools promote disability and gender inclusion and use language that is respectful, humanizing, and nondiscriminatory (i.e. "person with MS" rather than "victim of MS")?</li> </ul>		
<ul style="list-style-type: none"> <li>Have you evaluated your website for accessibility?</li> </ul>		

## DHS – Disability and Health Survey

### Disability Facts and figures

According to WHO, 15% of the world's population or more than a billion people are persons with disabilities. This estimate is remarkably higher than previous World Health Organization estimates, from the 1970s that suggested around 10% prevalence. The World Health Survey holds that about 785 million (15.6%) persons who are 15 years and older have impairment, while the Global Burden of Disease, GBD reports a figure of 975 million (19.4%) persons. Of these, the World Health Survey reports that 110 million people (2.2%) have extreme difficulties functioning properly; while the Global Burden of Disease estimates that, 190 million (3.8%) have "severe disability"—that is conditions such as quadriplegia, severe depression, or blindness.

The Global Burden of Disease measures childhood disabilities (0–14 years), to be at 95 million (5.1%) children, of whom 13 million (0.7%) have "severe disability". According to the World report on disability the number of people with disabilities is increasing. This increase is due to the fact that most people are ageing – older people are associated with a higher risk of disability – and because of the general rise in cases of non-communicable diseases which can lead to disabilities, such as diabetes, cardiovascular diseases, and mental illness. This report goes on to state that generally there is higher risk of acquiring disabilities amongst people from the poor backgrounds, women, and older people or people with low educational qualifications. In fact, about 80% live in Sub-Saharan Africa (Maghuwa & Juma, 2018).



In Cameroon, not much research has been done in the area of disability and as such data and statistics in this area is hard to come by. However, the Disability prevalence was seen to be 5.4% (DHS IV, 2011) while a later study in 2014 by Mactaggart et al on disability in Cameroon estimated that 10.2% of the population were persons with disabilities. While this study was principally carried out in the North West region, this figure has and is used when doing estimates for disability populations for the rest of the country.

### What is disability?

The concept of disability has been viewed to be one that is constantly being reviewed and changing. Disability across the years has been defined differently:

Article 1 of the Convention on Rights of Persons With Disabilities (CRPD), it states:

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

According to the International Classification of Functioning, Disability and Health, ICF framework, disability can be seen in three dimensions. The first dimension which is impairment; is defined as the limitation of a body function or structure. The second dimension – activity limitation, relates to limitations in performing specific tasks or activities. The third dimension – participation restriction, refers to the limitations and restrictions that people experience in their daily lives.

The WHO holds that “the understanding of disability has moved away from a physical or medical perspective to one that takes into account a person’s physical, social and political context. Today, disability is understood to arise from the interaction between a person’s health condition or impairment and the multitude of influencing factors in their environment”.

This distinction between an impairment and disability is supported in the Cameroonian legislature. According to the Cameroon 2010 Law on promotion and protection of the rights to PWD, there is a distinction made between an impairment and disability.

This law states, “Disability means a limitation of the opportunities of a person with impairment to fully take part in an activity in a given environment.”

The definition of an impairment is given as follows: “Impairment is any loss or abnormality of a function of a psychological, physiological or anatomical structure (2010 Law on the Promotion and Protection of the rights of PWDs).

Going from the definitions of the ICF or WHO as well as Cameroonian legislature, it means that physical limitations or restrictions exist but we can talk of disability where such physical limitations hinder a person from participating on an equal basis as the others in society. A person with disability is therefore a person who is confronted with different barriers like attitudinal, environmental, socio economic and political, which limit them from having access to various opportunities and services like every other person in the society. Therefore, Person with impairment + barriers = disabilities. Such barriers create disadvantage and exclusion from mainstream community life.

For the most part the existing barriers to the participation of persons with impairments is seen as a denial to recognize their basic rights, deliberately putting them at and is viewed as human rights issue. Many actions in this light are usually tailored towards eliminating the existing barriers at different levels and sectors of the lives of persons with disabilities. This is done by taking their needs and peculiarities into consideration. The deliberate actions taken to ensure persons with disabilities are included in various streams of society is termed as disability inclusion.



- Ensure that awareness raising on support to persons with disabilities is included in public messaging campaigns.

-Develop accessible written information products by using appropriate document formats, (such as “Word”), with structured headings, large print, braille versions and formats for people who are deafblind.

-Work with disability organizations, including advocacy bodies and disability service providers to disseminate public health information.

- Whenever possible, have transparent masks available to interact with persons who are hard of hearing (lip-reading).

- Ensure staff involved in the dissemination of health messaging are trained on inclusive communication.

### Checklists for accessibility and inclusion

Below is a checklist to help inform your priorities as an organization for accessibility of your products and services for women and PWDs.

Question	Yes	No	Remark
• Are your physical premises accessible to people with a range of disabilities?			
• Do you provide information in a variety of formats?			
• Is your staff aware of how to interact with individuals with disabilities, and does staff treat them with courtesy and dignity?			
• Do you regularly review and update our premises, products and services and ensure they are accessible to PWDs and women?			
• Do you provide training on access and inclusion and diversity to all employees?			
• Do you have an organization-wide policy on inclusion and on gender?			
• Does your organization clearly promote the principle of disability inclusion in all aspects of programming in order to mainstream disability into all program development (staffing, advocacy, awareness raising, activities, monitoring, etc.)?			

## Considerations for Persons with Disability during The Covid-19 Pandemic In Cameroon

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Early in March 2020, the WHO declared the novel corona virus a pandemic due to the rapid way it was spreading. People with disabilities are at greater risk of contracting the virus if special measures are not put in place. Persons with disabilities have been disproportionately impacted by the pandemic, and there is need to ensure that they are not left behind and discriminated against in the course of the COVID-19 response and recovery.

Women and girls with and without disabilities are more likely to face increased risk of GBV, including sexual exploitation and abuse (particularly domestic violence), due to confinement and/or a shift in roles and responsibilities.

Action therefore has to be taken for women and persons with disability to have access to sanitation facilities, public health information especially about how to prevent themselves from contracting corona virus.

### Common barriers to persons with disability in response to the COVID19 pandemic in Cameroon.

- 1- The difficulty to respect social distancing rules. Persons with disabilities are known to be at increased risk in the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers, as well as an increased risk of infection and complications due to underlying health conditions and socioeconomic inequalities, including poor access to health care
- 2- Barriers to hand washing rules . In most public spaces, taps and other sanitation tools like buckets, sinks or water pumps are mostly inaccessible and not inclusive for wheel chair users for example
- 3- Barrier to accessing public health information. This is due to the fact that most of the information on COVID19 in Cameroon is not available in formats that accommodates the needs of people with different range of impairments.
- 4- Barriers to calling the emergency hotline depending on the various disabilities.
- 5- Exacerbating or pre-existing health conditions. Covid-19 is known to worsen already existing conditions. As a result, most persons with disability stand a higher risk of contracting the virus.

### Persons with disability and women , therefore have special needs which should be considered in COVID 19 response

- Ensure gender, disability, age and diversity inclusion through all stages of the response. This should also include gender balanced teams, training on gender, age and disability inclusion.

- Ensure access for persons with disabilities to essential services and protection on an equal basis with others by considering specific needs such as: diverse communication methods; personal assistance/care provided by another person, physical accessibility to structures (particularly WASH and health) and transportation support; equal access to distributions through diversity and relevance of items and adapted distribution techniques etc.

- Provide continued access to all goods and services, including disability-specific support services, necessary for safeguarding the wellbeing of persons with disabilities.

-Identify individual social support systems, which may be family members and/or friends, and include them into service delivery methods where indicated.

- Provide reasonable accommodation and modified modalities (additional amounts of protective gear, water and soap; assistance for social support; transportation costs; home-based interventions to ensure continuity of care, individualized support and accessible design of sanitation and washing facilities).

## ADDRESSING GENDER EQUALITY IN THE CONTEXT OF DISABILITY

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### (Inputs from UN Women)

#### Overview

The integration of women with disabilities in the 2015 development framework and beyond must be reinforced. While all human rights and development norms and standards apply to women and girls with disabilities, they have not enjoyed the full rights on an equal basis with others.

For far too long, women and girls with disabilities have been invisible, both to the advocates of women's rights and of disability rights, and this has increased their vulnerability. Women and girls with disabilities (W&GWD) are likely to experience the "double discrimination," which includes the gender based violence, abuse and marginalization. As a result, women with disabilities often must confront additional disadvantages even in comparison to men with disabilities and the women without disabilities.

The outcome document of the High Level Meeting on Disability and Development must ensure that the gender equality is included as a key challenge. At the same time, gender equality should be an integral part of each of the other key challenges, including through the sex and age disaggregated data and statistics.

#### Statistics related to the intersectionality of gender and disability

- The 2011 World Report on Disability indicates that female disability prevalence rate is 19.2 per cent whereas it is 12 per cent for men.
- The global literacy rate is as low as three per cent for all adults with disabilities, and one per cent for women with disabilities.
- Although all persons with disabilities face barriers to employment, men with disabilities have been found to be almost twice as likely to be employed as women with disabilities.
- Women and girls with disabilities experience higher rates of gender-based violence, sexual abuse, neglect, maltreatment and exploitation than women and girls without disabilities. Women and girls with disabilities are three times more likely to experience gender-based violence compared to non-disabled women.

#### Factors contributing to the existing gender gap in disability

Yet, actions and initiatives to promote the rights of persons with disabilities and disability inclusive development, often do not give adequate attention to the gender gap in disability. Some examples of factors contributing to the existing gender gap in disability include:

- Invisibility of women and girls with disabilities in the work on women, disability rights and development
- Double discrimination faced by women and girls with disabilities often compounded by other factors such as being minorities, indigenous people, refugees, persons living with HIV and AIDS and older people.
- Lack of empowerment and capacity development of women and girls with disabilities, including in leadership and their participation in the decision making in political, economic and social spheres.

<sup>1</sup>Background Paper for Informal Session on Women with Disabilities, Note by the Secretariat, Fifth Session of the Conference of States Parties to the Convention, on the Rights of Persons with Disabilities (New York, 12-14 September 2012), cites:

It is vital that gender equality should be recognized as a discrete issue and the gender dimensions of the disability inclusive development should be addressed as well with the following reasons:

- As a result of aging and the longer life expectancy of women, the number of women with disabilities is likely to be higher in many populations than the number of men with disabilities. Many older women who are disabled may lack access to services/support. As life expectancy increases, this challenge will become more evident across more countries.
- Gender equality and empowerment of women can reduce the female disability prevalence rate because many women become disabled because of gender discriminatory practices, including early and child marriage, early pregnancy and female genital mutilation.
  - Strategies solely focusing on the disability don't necessarily result in the enhanced gender equality among people with disabilities.
- Women and girls with disabilities are discriminated differently from men: ie: women are at higher risk of sexual violence, forced sterilization, forced abortion and exposure to HIV/AIDS, among others. Thus, targeted interventions will result in more effective and efficient advocacy, including implementation and monitoring of the Convention on the Rights of Persons with Disabilities.
- Evidence indicates that the greater gender equality in education and employment make a marked contribution to development and economic growth. This is why the MDGs and the QCPR has gender equality as a standalone goal. As stressed in the Incheon strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, promotion of gender equality and empowerment of women with disabilities is necessary for the achievement of the disability inclusive development.
- To advance the rights of women with disabilities in society and development, it is essential that their perspectives be included in all aspects of work for women's empowerment, and that all work on disability incorporate a gender perspective. Without the meaningful participation of women with disabilities in the disability dialogue, the goal of "nothing about us without us" cannot be achieved.

The new key challenge promotes gender equality and the empowerment of women and girls as women's human rights and must address the underlying structural causes of gender inequality. The Special Rapporteur on Violence against Women, its causes and consequences, Rashida Manjoo has proposed a "Gender mainstreaming, disability inclusive" approach in her report on violence against women with disabilities as encompassing rather than a disability-inclusive approach. Specific targets to promote the rights of women and girls with disabilities should focus on:

- Women with disabilities' increased leadership, recognition and participation in decisions that affect their lives;

Helander E, Prejudice and dignity: an introduction to community based rehabilitation, 2nd Edition. New York: UNDP, 1998, available at: <http://hrw.org/women/disabled.html>.

<sup>2</sup> Arthur O'Reilly, The Right to Decent Work of Persons with Disabilities (pp. 31-33), Skills Working Paper No. 14, Geneva, International Labour Organization, 2003

- Increased economic participation and empowerment by ensuring their access to decent work with equitable pay and good working conditions, as well as to land and other assets;
- Ending all forms of violence against women and girls with disabilities and ensuring their access to justice/survivor services
- Increased participation in peace, security and in disaster risk reduction and in humanitarian response.
- Ensuring women and girls with disabilities have the capacity to make choices, including about their sexual and reproductive health and rights
- Ensuring girls with disabilities have equal access to both primary and secondary education
- Challenging social norms that create discrimination and perpetuate prejudices against women and girls with disabilities.

## Recommended actions

In order to incorporate gender mainstreaming and targeted, women-specific policies and programs, as well as positive legislation in all aspects of disability inclusive development,

- Use CRPD, CEDAW and other relevant normative instruments to impact the rights of women with disabilities and achieve gender equality, including measures to end physical and sexual violence experienced by women with disabilities.
- Strengthen the collection, compilation and analysis of national disability data and statistics, disaggregated by sex and age, using existing guidelines on disability measurement.
- Increase the leadership and participation in decision-making of women and girls with disabilities, identifying key factors, strategies or approaches that can be shared in this regard.
- Include the rights and empowerment of women and girls with disabilities, and their inclusion in development policies, programmes, monitoring and evaluation with gender based budgeting at all levels, including international cooperation.
- Increase cooperation, partnerships, and synergies between UN entities, organizations of women and girls with disabilities, women's, development, and human rights organizations, among others to provide sustained and sustainable support for the empowerment of women with disabilities.

<sup>1</sup> Background Paper for Informal Session on Women with Disabilities, Note by the Secretariat, Fifth Session of the Conference of States Parties to the Convention, on the Rights of Persons with Disabilities (New York, 12-14 September 2012), cites: In his 2006 In-Depth Study on All Forms of Violence against Women, the Secretary-General observed that surveys conducted in Europe, North America and Australia have shown that over half of women with disabilities have experienced physical abuse, compared to one third of non-disabled women. A/61/122/Add.1, para. 152, Citing to Human Rights Watch, "Women and girls with disabilities", available at: <http://hrw.org/women/disabled.html>.

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UNFPA, Sexual and Reproductive Health of Persons with Disabilities, 2009.