



RESEARCH REPORT

Perfect 10th: Wairigia Speaks

Documenting the experiences of women with multiple disabilities during COVID-19 in Kenya and Uganda



A photograph of a woman with dark hair, seen from the side, sitting on a white plastic chair. She is wearing a red dress with a white and blue floral pattern. The background is a bright, out-of-focus outdoor setting with green foliage. The text is overlaid on the left side of the image.

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Documenting the experiences of women with multiple disabilities during COVID-19 in Kenya and Uganda

By Article 48 Initiative-KE and Women Probono Initiative-UG

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This publication holds the compiled findings of a research project undertaken by Article 48 Initiative-KE and Women Probono Initiative-UG through the generous funding of Urgent Action Fund- Africa rapid response grant awarded in 2022. The two grantee organisations share responsibility for the research related decisions and undertakings reflected in this publication. The report reflects the contributions and accounts of women with multiple disabilities in Kenya and Uganda who have claimed their space in society by narrating their stories.

Article 48 Initiative

Kenya

<https://article48initiative.org/>

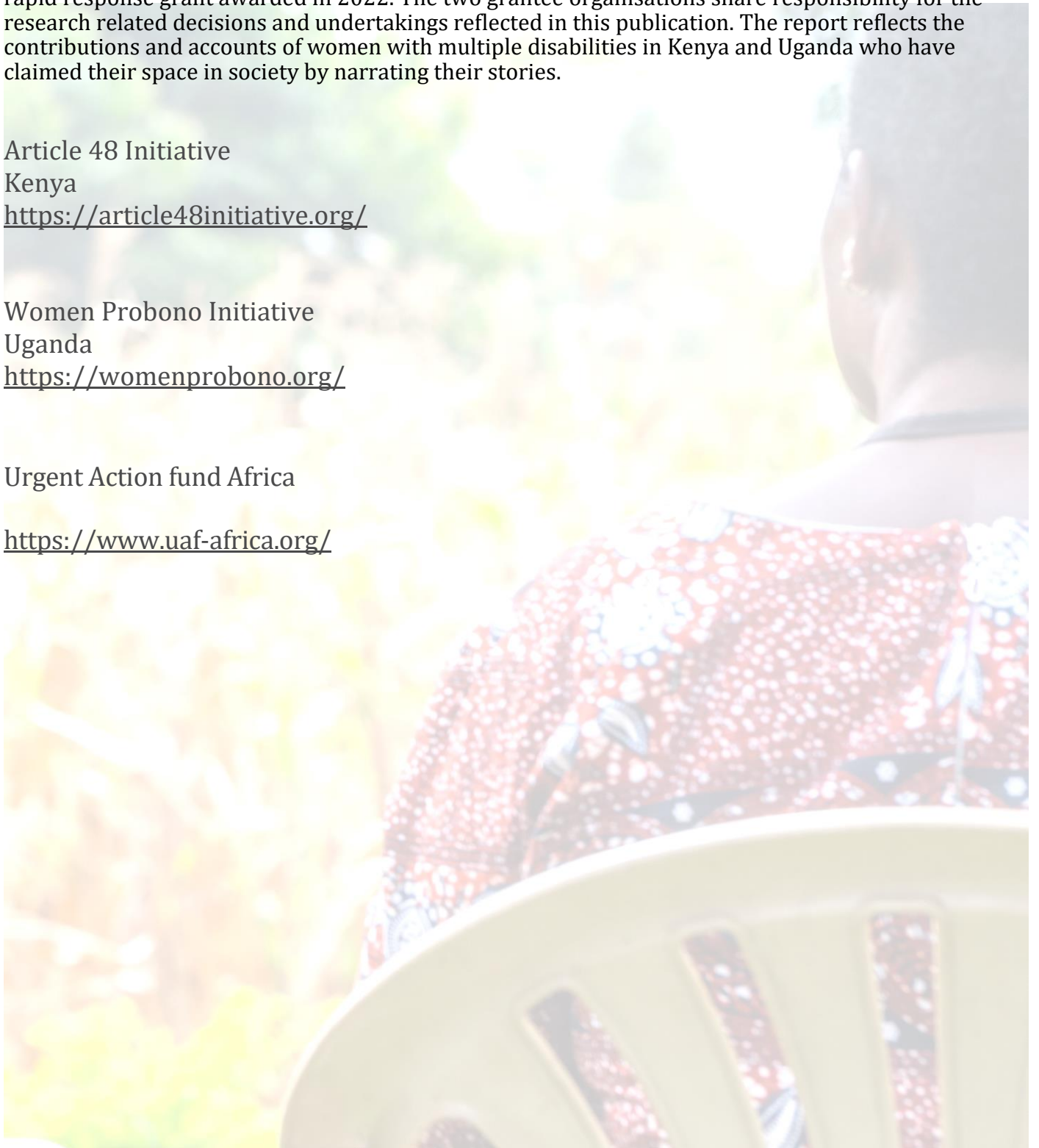
Women Probono Initiative


Uganda

<https://womenprobono.org/>

Urgent Action fund Africa

<https://www.uaf-africa.org/>



A photograph of a person, likely a woman, sitting outdoors. She is wearing a red dress with a white and blue floral pattern. The background is heavily blurred, showing green foliage and a bright, sunny sky. The person's face is partially visible on the right side of the frame, looking towards the left. The overall tone is warm and positive.

For all the disabled women and persons who have been told they are too disabled or not disabled enough, we see you, we are you, you are loved and worthy.

Executive summary

Article 48 Initiative and Women Pro Bono Initiative recognises that structurally excluded people face multiple intersecting systems of injustice that allow invisibility and control by others. By creating spaces to be heard, structurally excluded persons can finally exercise control over the narratives about their lives. In this case, the intersection of multiple disabling conditions (deaf-blind, intellectual, neuromuscular and psychosocial disabilities) and being women create a system of injustice that leads to invisibility and lack of control over one's life. By creating access to power in the form of resources - of knowledge, capacity, fiscal, convening spaces, leadership etc. - in the hands of women and girls with disabilities; we then can give her voice back to demand for their rights; that structures and systems reform and transform to ensure they enjoy these rights.

Ng'ûgî wa Thiong'o wrote a book, offering what is considered a mythical account to the origin Agikûyû people in present day Kenya titled *The Perfect Nine: The Epic of Gikûyû and Mûmbi*. This is an origin story of the nine clans of the Agikûyû people. In the fictional book, the character named Wairigia is depicted to be walking with a limp and the best hunter in the land with the perfect white teeth. By writing this version of the story, in an origin story no less, women and girls along with persons with disabilities are positioned as rightful members of society. Wairigia is also the only person in the book who speaks in a singular voice unlike the nine daughters who speak as one voice. In the traditional practice of not naming the actual number of children, the name Wairigia is rarely recognised as among the daughters of Gikûyû and Mûmbi. It is in honour of Wairigia that we document these stories, so that women and girls with multiple disabling conditions, traditionally can have their voices heard. Every story here represents brilliance, acceptance and triumph from a woman/female gendered person who has been structurally silenced and stigmatised on the basis of disability.

Acknowledgements

As a team we recognise all the women with multiple disabilities we have named Wairigia in this report, and your families, we express deep humility and gratitude in sharing your stories to influence law and policies in Kenya and Uganda.

Thank you for welcoming us to your homes and trusting us with your stories.
We honor you and humbly submit your voices to the world.

We acknowledge all the family members and communities of care that keep supporting us as women with various disabilities.

We are in deep gratitude to Urgent Action Fund-Africa team for the financial support to undertake this necessary research. Thank you for investing in women with disabilities and increasing our visibility.

TABLE OF CONTENTS

Executive summary	5
Acknowledgements	6
Introduction	8
Reproductive Health: Contraception decisions, consensual relationships, Menstrual cycles interaction with disabilities.....	10
Safety in Interdependence of community living, accidents/injury	11
Personal care attendants and aides - financial and attitudinal implications.....	12
Financial realities with disabilities.....	15
Communication barriers with family and service providers for Deaf people	16
Closure of community and care centres during COVID	17
Lack of disability inclusive education	17
Physical accessibility of facilities.....	18
Gender and caregiving	18
Access to Justice during COVID	21
Laws and Policies Instituted by Ugandan and Kenyan Governments during COVID19.....	22
About the research Team.....	23
About	

Introduction

The COVID-19 pandemic has without question impacted the world in way that cannot be challenged. For women with multiple disabilities already existing in a world built and setup for the non-disabled, down to the very systems that sustain it, the realities of the pandemic were even louder. At the same time, due to the extensive exclusion of women with multiple disabilities in everyday life, we had some instances of adjusting easier to a life of lockdowns and limited mobility and social interaction opportunities.

Unfortunately, because the world has been setup to exclude and ignore us, those with disabilities, this exclusion from planning continued into the pandemic preparedness and response that was effected. This meant that disability specific needs that range from need for sign language interpretation during communication, regular hospital visits for specialist visits, personal care attendants support, therapy or medication were not listed as essential services by governments. The stories we collected in Kenya and Uganda paint this unacceptable image all too clearly.

For this research, we focused on highlighting the experiences of women with multiple disabilities who are thought to be too disabled to be worthy planning for or not disabled enough to make our essential services important. The women whose stories are captured in this research have the following list of disabilities; Deaf, Deaf-Blind, cerebral palsy, muscular dystrophy, depression, Blind or sight-loss, epilepsy, intellectual disability and psychosocial disabilities.

Diagnosis and identification of specific disabilities which is useful to allow for proper care, education and planning emerged as a big issue faced by both adults who develop disabilities in adulthood and parents of children with disabilities. Relevant information is not always made available which complicates and limits the care and support provided.

Sexual assault of women with multiple disabilities was captured as a worrying concern especially when communication with those who have been abused is limited. More worrying is the excusing of abuse and failure to report to authorities when the perpetrators are close members of the community or family. The safety of women with multiple disabilities, including sexual safety is more important than protecting sexual offenders.

Legal capacity of women with disabilities captured in this research are constantly challenged. Unfortunately some existing legal provisions in the two countries make it that women and girls with disabilities are always having decisions made for them especially when it comes for sexual reproductive health and rights. Placement of women with multiple disabilities in institutions unfortunately continues without much support for community services that encourage community integration.

More issues are captured in part one which holds the thematic stories followed by the second section on the legal provisions in both countries and the recommendations. These recommendations were sourced from the women themselves who were respondents in this research.



PART ONE: THEMATIC STORIES

Reproductive Health: Contraception decisions, consensual relationships, Menstrual cycles interaction with disabilities

The sexual and reproductive rights (SRH) of women with multiple disabilities has been overlooked by both the disability community and those working on SRH as was revealed during the study 'Wairigia Speaks: Documenting the experiences of women with multiple disabling conditions during Covid-19 in Uganda and Kenya'. This leaves women with multiple disabilities among the most marginalised groups when it comes to SRH services. Yet women with multiple disabilities have the same needs for SRH services as everyone else. In fact, women with multiple disabilities may actually have greater needs for SRH education and care than persons without disabilities due to their increased vulnerability to abuse.

During the research, women shared how their menstrual cycles (monthly periods) sometimes make the realities of their disabilities more pronounced. Those with seizure disorders identified their episodes being more frequent and leading to more injury around their menstruation. For those with psychosocial disabilities, the realities of their disabilities and those with chronic pain notice these being more pronounced too.

The experience of women with multiple disabilities on health was given by women with multiple disabilities and their caregivers/support persons. The first case involved a woman with visual disability who went for health services. While she was at the health centre with her treatment book she heard a health worker call out for people to go for examination but she remained seated and after a while she heard some people laughing and then handed in her book. The response she got was 'you have all along been there opening your eyes now we are tired'. She explained to the health worker that she was unable to see which is why she didn't respond to the call. The other case was that of a woman who was deaf and had gone for antenatal care but was instead put on medication because the doctor couldn't understand her concerns and didn't know sign language either.

Health centres are not accessible to wheelchair users as well. Some health centres have staircases and the entrances have stones so which present barriers to women with multiple disabilities who are seeking SRH services. At the health centres people stare a lot and stigmatise therefore women with multiple disabilities fear going there to be laughed at; who is it that impregnated a woman with a disability.

The other case involved Chanzo, a person with intellectual disability who was impregnated and abandoned by the man she claimed was responsible. Chanzo's delivery experience was not easy, she and her mother had to travel on a motorcycle in order to reach the nearest public hospital in Uganda. Fortunately, during an earlier examination the doctor had made a medical report that they were not to wait until the contractions came, since Chanzo would not know it was time to push the child. Consequently, Chanzo had to go in for an operation. Chanzo's mother was well aware of that so she did not resist when it came to give consent.

She signed a few documentations and was offered a sit to await whatever came out of the operation. The operation took a little longer than expected and Chanzo's mother grew scared thinking Chanzo had died. Moments later, the doctor walked out with the baby. The doctor went on to mention how troubling the operation was and that the baby was about to rupture Chanzo's uterus. She was put on several medications until she gained consciousness and was later discharged after four days.

The recommendations would be that next time when the country is experiencing pandemic money is allocated to districts on awareness creation. Let a portion be allocated for persons with disabilities or women with disabilities be contacted directly or through their representative organisations to ensure access of needs for women with multiple disabilities because the representatives are able to reach them like what was done in some districts. She further affirms that even though radio talk shows were carried out, persons who are Deaf were unable to listen which necessitated social workers to reach them in their homes.

The research established that concerns about hygiene differ in homesteads and this may be because of lack of training for the families and any other caregivers. The National Union of Women with multiple disabilities of Uganda (NUWODU) offers support for those needing guidance and training including offering support to women with psychosocial disabilities who birth children in newborn care. Unfortunately, the disturbing idea that children of women with multiple disabilities help their mothers more unlike the family members or caregivers, may lead to cases of sexual assault going unreported.

It also continues to create a wrong belief that women with multiple disabilities are not capable of parenting and presents opportunities for denial of birthing experiences through harmful practices such as sterilisation without informed consent or the denial of pregnancy termination services in case of unwanted pregnancies such as those that may arise from sexual assault. Women with psychosocial and other disabilities need to be protected from violence, including sexual violence. The research identified that very disturbing ideas around care are used to excuse the sexual abuse of women with multiple disabilities by family members and even community workers who should support the seeking of justice.

Safety in Interdependence of community living, accidents/injury

All human beings thrive in places where we feel like we belong and are accepted in our complete selves. The desire for acceptance and belonging exists in women with multiple disabilities too. Depending on the nature of disabilities, one may need a sighted guide if they're Blind or personal care attendant for other everyday activities that range from house chores, body hygiene and leisure activities. In the African and most indigenous communities, the practice of community care is one that was practiced in the care of children, new birth parents, the elderly, the sick and even those with disabilities.

All these; children, new birth parents, elderly, disabled persons and the sick, were not only the recipients of care but also played major roles in community. Interdependence in family and community settings is captured in many of the stories of our research participants. Furaha, who is Blind and shared house chores at home with her family. She is treated like her non-disabled siblings has interdependent relationships with her family and friends who act as her sighted guides at home or in school and has these thought on caregiving:

"I do not believe that parents or family members should be called caretakers because it is their responsibility; a caretaker is one who is paid to help out."

Decision making

The provision of paid caregivers for students with disabilities in universities and colleges, and the allocation of responsibilities at home should always respect the decision of the person with the disability on whether or not to receive help and their agency to choose their caregivers. Most families when concerned for the safety of those with disabilities, may limit the responsibilities outside of the home that they give those with disabilities. However, this makes community interactions very limited and ultimately not helpful for those with disabilities.

"...sometimes a little defiance is good to achieve something for the greater good. Parents/guardians/caretakers need to have confidence and trust in their children with disabilities and stop blocking them from love/marriage with people without disabilities."

Women with multiple disabling conditions will regularly need hospital visits and are more susceptible to COVID. Priority unfortunately was only given to elderly and those at risk. Take for instance the case of Riziki (a child) and Wakesho (an adult) who both needed to have disability related surgeries in 2020. Their surgeries were not only cancelled but also the insurance companies refused to pay for the procedures. When the COVID vaccine came, again women with multiple disabilities were not prioritized and it took caregivers making noise for them to be given priority.

Across the stories collected, it was evident that the conversation around women with multiple disabilities that the experiences of decisions being made for them happens quite often.

Personal care attendants and aides - financial and attitudinal implications

Disability is often believed to be caused by curses or demons, and women with multiple disabilities are often viewed as objects. This belief system leads to the

perpetual abuse, both physical and sexual, for persons with disabilities. Parents with these beliefs are less likely to follow professional prescriptions for intervention. Given these societal factors, caregivers of persons with disabilities, mostly the mother or grandmother, often experience guilt, low self-esteem, stress, and feelings of helplessness while struggling to meet the needs of persons with disabilities.

That is not to say that men cannot be caregivers. In fact, there are men who are caregivers and experience similar challenges as women caregivers. According to the study by Article 48 Initiative and Women Pro Bono Initiative in Kenya and Uganda, Baba A whose daughter has a disability explained some of the challenges that he has been facing as the primary caregiver of her daughter.

He stated that there are things he cannot do for A, things like her periods. Baba A also had a Job that required him to travel very often. However, due to her daughter's condition he would receive regular phone calls after every two weeks from the school that A was attending. The school is a two hours 'drive from their home. So, he was required to leave his place of work, drive two hours 'home to pick his wife and drive another two hours to A's school to pick her up and take them home. Ultimately, these challenges led to him removing his daughter from the school. According to Baba A, his daughter did not seem to be benefiting much from the school activities despite being there for twenty years.

When she was in school, A would get sick all the time but when she came home, she has never been sick again. Based on the findings of the study, caregiving should involve interventions that address the needs of both women with multiple disabilities and their caregivers. From the study, it is clear that caregivers often adapt their occupational routines to meet the needs of women with multiple disabilities, which implies a very significant daily time commitment.

This creates a significant occupational imbalance to caregivers, which has an impact on their somatic, social, and mental health and causes economic and social problems. Women with multiple disabilities need to be provided with additional aid in order to enable them adapt and transform their family environments, which may imply a more equitable access to continuous quality care.

Reproductive Health: Contraception decisions, consensual relationships, Menstrual cycles interaction with disabilities

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The experience of women with multiple disabilities in accessing health. The first case involved a woman with visual impairment who went for health services. While she was at the health centre with her treatment book she heard a health worker call out for people to go for examination but she remained seated and after a while she heard some people laughing and then handed in her book. The response she got was 'you have all along been there opening your eyes now we are tired'. She explained to the health worker that she was unable to see which is why she didn't respond to the call. The other case was that of a woman who was deaf and had gone for antenatal care but was instead put on medication because the doctor couldn't understand her concerns and didn't know sign language either.

Health centres are not accessible to wheelchair users as well. Some health centres have staircases and the entrances have stones so which present barriers to women with multiple disabilities who are seeking SRH services. At the health centres people stare a lot and stigmatise therefore women with multiple disabilities fear going there to be laughed at; who is it that impregnated a woman with a disability.

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Financial realities with disabilities

Women with multiple disabilities experience an increased risk of multidimensional poverty, with deprivation in employment being the leading contributor to poverty. In addition, women with multiple disabilities and their families face extra direct costs such as healthcare costs and transportation costs or indirect effects like no participation in the labour market of people with disabilities or their caregiver and opportunity costs like limited labour opportunities factors that increases their risk of poverty. One participant stated as follows,

I am the primary caregiver and I am the one who makes all the decisions about Mwema, the mother has left everything to me. The mother is also a person with a disability, she has been depressed for so long. There are days she just shouts and screams at me, unprovoked. She is barely aware of what she is doing, her environment or the issue of danger and I worry one day she may never come back. I cannot do anything gainful like a business because I cannot [leave] Mwema with the mother because she will not give her food even when I have prepared it. Sometimes she may change her when I am not at home but she will leave the soiled nappies for me to wash. Mwema has not been toilet trained because she lacks coordination and so we use diapers for her toileting needs although diapers are also a challenge because of the cost involved.

The participant was the mother of Ngao who was suffering from depression and grandmother to Mwema who had cerebral palsy. The study shows that in Kenya and Uganda there is a link between disability and poverty. In fact, it can be concluded that women with multiple disabilities have higher financial needs than non-disabled people due to costs such as inability to hold employment and having to buy expensive incontinence products such as diapers which are very expensive. They are disproportionately represented among those living in chronic poverty. Government support with subsidies for such products would greatly be of help. Conditions associated with poverty such as poor education which is made worse by lack of inclusive education in both countries, nutrition and lack of accessible health services or safe living and working conditions. Processes of getting subsidised cost medication and services are often long and tiresome for women with multiple disabilities who are already dealing with inaccessibility everyday.

Communication barriers with family and service providers for Deaf people

Interaction and communication difficulties have been a significant contributor to poor employment rates. Communication barriers also continue to be the primary issue contributing to a lack of proper health care for women with multiple disabilities especially during the COVID 19 pandemic. Women with multiple disabilities faced limited access to support during the pandemic. A participant Nandi who was deaf-blind talks about the issue of illiteracy amongst her peers due to lack of education and education services to support the deaf-blind and this lead to high rates of unemployment which translate to high levels of poverty as well.

'As women with multiple disabilities we need to be empowered so that we are able to stand up for ourselves and be able to take part in decision making processes in our homes and communities. In the event of another pandemic, women with multiple disabilities should be recognised as part of the community and when the government is implementing certain decisions, women with multiple disabilities should always be consulted. On the issue of the mandated covid 19 vaccinations, people should be aware that women with multiple disabilities have other complications so they should at least do proper check-ups and consultations with them to make sure that they do not get further complications as a result of the vaccines.'

Clearly, inappropriate communication strategies and responses often lead to serious job and health repercussions for deaf-blind persons. Both communication and social skills are necessary for deaf-blind persons to relate successfully in the employment and health sectors.

Closure of community and care centres during COVID

Redeployment of staff to provide COVID-19 relief and temporary closures of community and care centres greatly affected the right of women with multiple disabilities to access healthcare facilities. When documenting the experiences of women with multiple disabling conditions during Covid-19 in Uganda and Kenya it was revealed by participants that some women with multiple disabilities could not move around or carry out their responsibilities during the Covid 19 period due to the standard operating procedures in the relevant countries at the time, for instance social distancing, staying indoors etc.

This meant that women with multiple disabilities couldn't attend to their duties or meet their daily needs. For example, Nyarko who is a person with visual impairment always needs someone to guide her around and she often touches this person's hand/arm for support but she couldn't do that now because of social distancing. She also often gets the batteries for her hearing aids from Kampala but again due to the restriction on movements, she couldn't get new ones so she would take time without hearing as the batteries would be dead. On whether any persons or organisations ever reached out to her for support or assistance, she doesn't know of any neither did she get any external help from anyone as she was left out when they (the government) were distributing food and money to vulnerable persons in different communities in the country and yet she also didn't have any money and needed the financial support.

There are some organisations based in her district that help women with multiple disabilities such as NUDIPU, but those had also closed since only essential workers such as doctors and media personnel were allowed to work so she couldn't access even those one for any assistance.

Lack of disability inclusive education Deaf-Blind

Inclusive education means that all children regardless of their ability level, are included in the mainstream classroom, or in the most appropriate or least restrictive environment (LRE), that students of all ability levels are taught as equals, and that teachers must adjust their curriculum and teaching methodologies so that all students benefit.

According to the study Wairigia Speaks: Documenting the experiences of women with multiple disabling conditions during Covid-19 in Uganda and Kenya one participant Kanga revealed that the education system in Uganda did not adequately cater for persons with disability. Kanga, a woman with intellectual and physical disability explained that the education system available did not allow her to catch up after missing school due to an epileptic attack.

The experience of Kanga shows the lack of proper awareness about specific disabilities can lead to exclusion from important spaces such as education. She also asked for provision of menstrual hygiene products during lockdown and free pads especially for people in hard-to-reach areas but was not granted. Inclusiveness is about creating an environment where each and every child is an integral part of the school system notwithstanding their disabilities. Participants also

recommended that inclusive disability education should be coupled with practical transitional opportunities to employment.

Physical accessibility of facilities

Women with multiple disabilities often face physical barriers in Kenya and Uganda. For example, in the public transport system, there are no reserved seats for women with multiple disabilities or alternative communication. People with physical impairments, especially wheelchair users, are often limited to more expensive private forms of transport because of inadequacies in the public transport systems. In addition, people with visual impairments are unable to find the correct stages/bus-stops due to absences of tactile.

According to the study by Article 48 Initiative and Women Pro Bono Initiative in Kenya and Uganda, it was revealed that women with multiple disabilities still face various barriers including physical barriers that inhibit their participation in the society including in election processes. A case in point was that of Pendo who was a person with both physical and psychosocial disability and was vying for the seat of Member of County Assembly (MCA) as the only woman, youth and disability candidate in her ward.

However, mobility was a great challenge to her campaign with over 55 kilometers / 35 miles of campaign area coverage. Many residents appealed to the incumbent MCA to partner with Pendo as they liked them both as candidates. However, the latter responded that he would not stoop low to campaign with a disabled and unmarried woman which hurt Pendo deeply.

Clearly, public transport is not always an option for women with multiple disabilities in Kenya. Particularly, access to services including electoral processes by persons with disabilities, as well as their ability to participate in other community settings, is not equal to that of the general population.

Lack of physical accessibility makes it harder for those with disabilities to interact with everyday life in community, this leads to us not being seen participating in public life. Unfortunately, this makes it that the levels of acceptance by non-disabled people who do not interact with us every day is very low and the levels of stigma remain quite high. Investment in accessible public spaces and transportation are provided for in the laws in both countries but remains very low.

Gender and caregiving

Women with multiple disabilities experience multiple and intersectional forms of discrimination. Disabilities put a disproportionately higher burden on women than on men, whether as women with multiple disabilities or as caretakers of women with multiple disabilities. The case of Furaha illustrates the challenges that women with multiple disabilities face in society. Furaha, a woman with visual

impairment shares that at home everyone treated her like any other child and that's why she was able to learn how to navigate different things around her on her own with no help of a guide. She shares that due to the known expense of personal care attendant and guide, her desire to be independent is high.

Marriage and life partnerships between people with and without disabilities are still viewed with negative perceptions. More often than not, the non-disabled partner is made to feel like they are doing the one with a disability a favour or could have done better by themselves to choose a non-disabled person to be with. Depending on the nature of disabilities, some people with disabilities experience outright discrimination and shunning by the families of their partners.

If the non-disabled partner listens to these views which may also come from the general public, and if they are not secure in their partnership, these couples often part ways. In that community, women with multiple disabilities are rarely viewed as intimate and sexual beings which may lead to stigma and discrimination.

The stories collected during the research also included accounts by a woman with a disability who acts as a carer to an elderly member of their family, others who are in-charge of care for their siblings too. Such stories remind us that women with multiple disabilities are not only recipients of care and that they offer care and are important parts of the community. Therefore, interventions that will directly create awareness to the public and protect the health and safety of women with multiple disabilities needs to be put in place.

Access to Justice during COVID

Finally, is the reality of violence that women with multiple disabling conditions face. From being targets of sexual and gender based violence to police brutality for violating COVID guidelines and no recourse being provided.

While carrying out this research, Jacky a deafblind woman had been raped during covid and conceived a child. When Jacky had to give birth, the doctors ascertain that she had been "destroyed" and the matter should be reported to the police. Due to communication problems, it was clear that Jackie would have to go for C-section to deliver the child which came with extra cost implications on the family. The Police refused to investigate Jacky's case arguing that she would make a difficult witness.

Several caregivers expressed fear of leaving their children at home for fear of being targeted for sexual violence. Police rarely investigate these cases and if they do, there will be no court attendance or remand for the accused as COVID had equally shut down the courts and prisons.

Finally, those who were found violating COVID guidelines, they also suffered violence especially from the police. Take for instance the case of Sheila who was arrested for violating curfew and found herself behind bars. She says the prison officers would spray some substance every day in the prison "to prevent COVID" but this substance actually made them more sick. In Kenya the government called

for a prison decongestion exercise yet person with disabilities, especially those with mental disabilities were never released from prison. Yusuf a lawyer mentioned how his client “a female with mental disability deteriorated further in custody due to her cases being mentioned over and over due to COVID lockdowns.



PART 2: LEGAL ANALYSIS



Laws and Policies Instituted by Ugandan and Kenyan Governments during COVID19

The policies and directives referred to below are being analysed against the background of Article 11 and 19 of the Convention on the Rights of Persons with Disabilities and the East Africa Persons with Disabilities Act of 2016 which both countries are signatory too.

Government Policies Reviewed for purposes of this paper:

KENYA

1. Establishment of the National Emergency Response Committee on Coronavirus, February 28 2020.
2. Travel Ban, both international travel and inter-counties travel. March 6 2020.
3. Curfew/Lockdown, March 27 2020.
4. Closure of schools and higher learning Institutions, March 18 2020.
5. Closure of Workplaces and Social Gatherings, March 27 2020.
6. Prison Populations Release, April 2 2020.
7. Tax Amendment Act 2020 on April 25 2020 which equally allocated 10 billion Kenyan shillings to vulnerable groups.

UGANDA

1. Airport Screening introduced, March 5 2020.
2. Quarantine for passengers introduced, March 11 2020.
3. Ban on public gatherings and school closure on March 18 2020.
4. Suspension of Public transport March 25 2020.
5. Lockdown/curfew measures introduced on March 30 2020.
6. Introduction of Food subsidies May 5 2020.

Impact on Women with multiple disabilities

- When COVID-19 hit, citizens were required to wear masks, carry sanitisers and other provisions as safety measures to prevent them from contracting the virus. This was a huge burden financially for persons with disabilities as their day-to-day necessities e.g. adult pampers are already expensive.
- Both governments instituted a Social distancing directive of 1.5m. In addition, Lockdown measures were put in place. In Kenya specifically, no movement was allowed between 6.00am to 7.00pm and no movement between counties. In Uganda Similarly, no movement between 7.00am to

7.00pm, and food would be distributed to the most vulnerable through local District Governments. This affected women with multiple disabilities who have to rely on touch to navigate the world.

- To stay safe from COVID-19 people were told to stay at home, which was referred to as lockdown. A curfew was further put in place. This resulted in most people with disabilities losing their jobs hence being unable to afford their food (which in most cases requires a particular diet), medicine and hospital visits. This led to the rise of urban to rural migration where services barely exist in the village.
- Violation of the curfew saw a rise in arbitrary arrests by the police, violence by an increase in domestic violence in most homes. The incidences of gender based violence being of high concern as it led to increased mental health relapses until an emergency mental health service number had to be set up in Kenya by the Kenya Red Cross and Ministry of Health.
- Access to regular disability services was curtailed with the Policy that only essential services will be allowed to continue in public hospitals. 80% of person with disabilities seek therapy and disability related medical interventions from public hospitals on a regular basis. These services were declared non-essential and no alternative services or community based services provided by the governments as per Article 19 of the Convention on the Rights of Persons with Disabilities.
- The government made it mandatory for all citizens to get the COVID-19 vaccine. Instead of prioritising persons with disability as a vulnerable group of persons in the society, they only prioritised the elderly only and afterwards it was first come first served. Person with disabilities were turned away from the vaccine.
- Learners with disabilities were the most affected by closure of schools. Education is therapy for learners with disabilities. In addition, this offers respite care for the primary caregiver. In most circumstances, service providers such as tactile interpreters and access to assistive tech for online learning would be found in schools and not in the community. Closure of schools meant regression for learners especially those with cognitive disabilities and lack of access to reasonable accommodations for those in the community. With Learners at home, it meant caregivers could no longer access respite care.



PART 3: RECOMMENDATIONS

1. To increase inclusive disability education and employment opportunities with conducive environments for persons with disabilities. This will increase chances of formal and informal employment for women with multiple disabilities including business startups and farming which is important financially, is dignifying and empowering psychologically. This can include grant/financial support to start business and empower persons with disabilities.
2. To develop a one stop center for women with multiple disabilities to access government services including registration, medical assessments, tax-free products and equipment, access to menstrual hygiene products, disability card, assistive devices, cash transfer and tenders.
3. To improve and invest in civic education about disability and disability data collection in order to strengthen policy asks and delivery.
4. To make medicine and equipment/tools used by persons with disabilities affordable.
5. To formulate and implement policy/programs that consider caregivers and respite care for caregivers.
6. Women with multiple disabilities need to be empowered so that they are able to stand up for themselves and be able to take part in decision making processes in their homes and communities.
7. On the issue of the mandated COVID-19 vaccinations, people should be aware that women with multiple disabilities have other complications so they should at least do proper check-ups and consultations with them to make sure that they do not get further complications as a result of the vaccines.
8. Equip medical facilities in all areas to an extent where they are able to properly assess, diagnose, treat or manage cases of disability.
9. That the government should work on the sexual harassment instances that many women with multiple disabilities face so that they also stop being viewed as sex objects.
10. Parents/guardians/caretakers need to have confidence and trust for them children with disabilities and stop blocking them from love/marriage with people without disabilities. We are all equal and should be treated like everyone else.
11. Providing healthcare insurance plans that will help women with multiple disabilities obtain medical care with no hindrances whatsoever.
12. The grassroots management of funds for women with multiple disabilities needs to be looked into. All the funds spent as COVID recovery and very little of it got to women with multiple disabling conditions.
13. Access to justice during emergencies should be considered an essential service. Women with multiple disabilities found themselves on the

wrong side of the law due to covid guidelines and with no recourse to justice due to communication and attitudinal bias.



About the research team

Article 48 initiative (A48) is a legal and advocacy organization which promotes access to justice for women without discrimination. Established in 2019, the name Article 48 initiative is lifted from the Constitution of Kenya, 2010 Article 48 which burdens the State to ensure access to justice for all persons. It is on this premise that the organization advocates for the right of persons with disabilities to access justice in accordance with the Convention on the Rights of Persons with Disabilities(CRPD).

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Women's Probono Initiative (WPI) began providing free legal services to women who cannot otherwise access legal representation in Uganda in July 2018. Given that Uganda is a patriarchal society and social inequities exist that can otherwise be challenged in a free and democratic society.

WPI serves as a knowledge hub for research and knowledge management on women's rights, Sexual Reproductive Health and Rights (SRHR), provision of free legal advice and impact litigation with a bearing on women and girls. In this regard, WPI thanks the research team of Elizabeth Achola, Maria Rahom Bukirwa, Rose Wakikona, Yvonne Kabaheesi and Primah Kwagala.

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