

A young woman with dark skin and short hair is smiling at the camera. She is wearing a grey t-shirt over a teal top, a white skirt with purple floral patterns, and blue flip-flops. She is using two wooden crutches. The background shows a building with blue and white walls.

LEAVING NO GIRL BEHIND

THE IMPACT OF COVID-19 ON GIRLS
AND YOUNG WOMEN WITH DISABILITIES



The charity for
girls' equality

INTRODUCTION

“Leave no one behind” is the catchcry of the Sustainable Development Goals (SDGs), an objective that is more important than ever as the world grapples with the worst global pandemic it has seen in more than 100 years.

Girls and young women with disabilities¹ in all their diversities face high levels of discrimination and barriers that make it difficult for them to enjoy their rights, such as access to an inclusive education, employment opportunities, quality health and sexual and reproductive health information and services, and to live free from violence and exploitation.

During the pandemic, girls and young women with disabilities have faced challenges that are unique to their intersecting experiences of gender, age and disability alongside other aspects of their lives such as their sexual and gender identity², their economic and social circumstances and their experiences of displacement and migration.

This report shines a light on the disproportionate impact the pandemic is having on girls and young women with disabilities, and provides a compelling picture of why we must act now to dismantle these barriers as we rebuild our world after COVID-19.

Better data unlocks better outcomes

Now, more than ever, we need a clear picture of the impact of COVID-19 on girls and young women all over the world. However, specific data on girls and young women with disabilities in all their diversities is woefully inadequate. It is rare to find data that is disaggregated by age, gender and disability let alone ethnicity, sexual orientation or other marginalising factors. To understand the full picture of the lives of girls and young women with disabilities and improve outcomes for them in all aspects of their lives, robust data collection is essential. Donors, humanitarian actors and governments can improve the visibility of girls and young women with disabilities by ensuring that data is disaggregated by age, gender, disability and other intersecting factors in collection and reporting across all SDGs.

Patricia, 23, a Youth Advocate with Plan International

I have a visual impairment and think that the COVID-19 pandemic is taking a serious toll on people with disabilities. I understand that everyone is scared about it, but for us, the reality of this disease affects us even more deeply.

We are more prone to a lot of negative things. For example, right now families are striving to stay safe, but the question in my mind is, are children with disabilities, or even adults with disabilities being given the care they need to get through this difficult time?

I am particularly concerned about other girls with disabilities because if girls who have no disabilities are at risk of abuse, you can imagine how much more vulnerable we are, people can very easily take advantage of us and that scares many of us. As a girl advocate with a disability, I feel like I need to raise my voice on behalf of the many other girls and children who are not able to.





Xiomara, 15, uses radio to do her schoolwork at her home in Cusco, Peru

ACCESS TO EDUCATION

Girls and young women with disabilities in all their diversities have the right to an education that is **inclusive** and **equitable** (SDG 4).

The pandemic has posed a major disruption to education and learning for millions of girls and young women around the world. As of early August, 60% of the total population of students enrolled globally continue to be out of school due to country-wide closures in 106 countries.³

Girls and young women with disabilities experienced significant barriers to accessing education prior to the pandemic, with some estimates that only 1-2% of girls with disabilities in the Global South are literate.⁴

The onset of the pandemic has presented unique challenges for girls and young women, as schools, technical colleges and universities are closed and education shifts to remote learning.

Girls with complex learning needs, or those in poorer households and in remote regions are not able to access online lessons due to not having internet access at home, or accessible computers/laptops. In many families where devices are shared, boys are preferred over girls; and we know that girls and young women with disabilities face added barriers to their families prioritising their education.⁵ Similarly, lessons delivered by radio and television may not be in a format that is easily accessed and understood (for example with accompanying sign language).

Girls with disabilities may also rely on teacher aids, basic education support and assistive technology that is only available at school.⁶ These challenges place opportunities to learn during the pandemic out of reach to so many girls and young women with disabilities.



An, 18, and Novel, 17, from Kupang, East Nusa Tenggara, Indonesia, both have hearing impairments.

"I have trouble doing school assignments at home," says An, who usually attends a school for children with special needs. Being deaf, means she is unable to speak to her teachers online and so she is struggling to complete her online assignments.

"In my class, there are about 10 children with different disabilities. Some are visually impaired, physically or intellectually challenged, and some children have hearing impairments like me. However, not all the teachers know sign language, so, most of the time we are only given assignments in school," says An who explains that she prefers being able to meet with her teachers and friends face-to-face.

As part of our COVID-19 emergency response, Plan International Indonesia is ensuring the protection of children's rights during the pandemic, especially girls, children with disabilities and children living in remote areas with poor infrastructure.

An, 18, uses sign language to speak to the Minister of Education and Culture, Indonesia during COVID-19 consultation



16-year-old Rasha is an active youth committee member at the Azraq refugee camp in Jordan. In her role, she engages with many girls and women about challenges they face in the camp and conducts interactive sessions where she warns that abuse and violence can have devastating consequences.

GENDER-BASED VIOLENCE

Girls and young women with disabilities in all their diversities have the right to live free from **violence, exploitation and abuse** (SDG 16.2, CEDAW)

Violence against women and girls pre-pandemic was already at alarming levels. The increase during COVID-19 is the 'silent pandemic' that is sweeping across the world with alarming spikes in reporting, demand for gender based violence (GBV) services and GBV related homicides. Despite this, we know that the vast majority of cases remain unreported, and that the statistics only show the tip of the iceberg.

Girls and young women with disabilities face up to 10 times more violence than women and girls without disabilities.⁷ Violence against girls and young women with disabilities is perpetrated in their homes by intimate partners, carers, family members as well as in institutional settings, schools and in the community.

Being able to access outside support services and move around independently is critical for girls and young women and during the pandemic their reliance on family members and/or partners to care for them and perform household tasks increases their risks of violence and abuse.

Stay-at-home orders and the restrictions placed on visitors in institutional settings (such as disability care homes) make girls and young women acutely vulnerable to violence, abuse and sexual exploitation during the pandemic.⁸

Additionally, existing stigma and discrimination against girls and young women with disabilities are exacerbated by COVID-19, where suspicion and fear is directed towards them due to false beliefs that they carry the virus.⁹ This also increases the risk of violence and abuse.



Sisters Fatouma, 18, and Koumba, 16 from Lome, Togo.

“Things are changing, and deaf people are being left behind”

Sisters, Fatouma, 18, and Koumba, 16, are both deaf. They are the eldest of six children and live with their family in Lomé, the capital of Togo. Since the start of the COVID-19 outbreak, the sisters have been left worried by the changes, which they don't understand as no one has properly explained the situation to them.

“Things are changing, and deaf people are being left behind. We have seen things on television. There are people with runny noses, others washing their hands, there are animals and monkeys ... there are many things going on, but what is it?” Fatouma asks.

The girl's father is a salesman and their mother makes carpets. Communication between the sisters and their parents is restricted as they do not know sign language, so conversations are usually short, and limited to the essentials.

With the schools, universities and learning centres in Togo now closed to prevent the spread of the virus, the girls are unable to access their usual sources of information. Fatouma attends a school for deaf children and Koumba attends a local college.

Both face challenges at school – for Fatouma, her school is a long journey away and her family cannot always afford to pay her transport costs, so she often has to miss classes. Koumba's school does not cater for her hearing impairment, so she is unable to understand her lessons and has to copy other girls' schoolwork to keep up.

Without understanding why, the sisters are imitating the behavior of those around them. “We do not understand anything. We are just there, following others. We look at the people who are wearing face masks, so we wear them too, to be like them,” Fatouma says.



Leidy, 9, washes her hands in her home in Cusco, Peru during COVID-19

HEALTH AND WELL-BEING

Girls and young women with disabilities in all their diversities have a right to the **highest attainable standard** of physical and mental health without discrimination (CRPD, Art 25)

Risk of contracting COVID-19

Girls and young women with disabilities are at a far higher risk of contracting COVID-19. Social distancing is impossible for many who rely on carers and outside assistance to meet their daily living requirements and health needs, making them highly vulnerable to contracting the virus. Additionally girls and young women may have difficulty purchasing face masks and accessing hand-washing facilities and other hygiene measures, particularly for those who face economic hardship or live in remote areas.

Girls and young women with disabilities may also be at risk of contracting the virus as information about COVID-19 in accessible form is unavailable to them. For example, information on symptoms and prevention in Braille, sign language interpretation, captions, audio provision, and graphics.¹⁰

Girls and young women with disabilities who have underlying health conditions are also more susceptible to becoming seriously ill or dying from COVID-19. We are witnessing health systems around the globe buckling under the weight of COVID-19 cases and the limited supplies of ventilators and intensive care beds. There are deep concerns and emerging reports that people with disabilities may not be prioritised in treatment for COVID-19 by overwhelmed health systems across the world. From Women Enabled International's new report:

"Additionally and distressingly, as healthcare shortages increase, States and healthcare providers may be placed in a position to make decisions about who does and does not receive care, a process known as "rationing." This rationing may, due to entrenched discrimination, leave behind the most marginalized, including many women, girls, non-binary, trans, and gender non-conforming persons with disabilities."¹¹



"It's good to talk about social distancing, but what about people like us?"

In Togo, 24-year-old Aimée is finding life during the pandemic particularly difficult. Having lost the use of her lower limbs to a congenital condition, which has also affected four of her older brothers, she has found herself in a precarious situation.

"It's good to talk about social distancing, but what about people like us?" asks Aimée. "I need assistance from people to get food, get dressed in clothes, move about and washing myself."

Aimée is helped every day by several different carers. "The coronavirus is transmitted by physical contact. I always need someone to help me out in various circumstances. These helpers, I don't know where they come from, if they've washed their hands. If they have the virus, it's very easy to pass it on to me."

To support Aimée, Plan International provided her and her carers with hygiene packages that include gloves, face masks, disinfectant gel and liquid soap. We also worked with her family and neighbours to teach them about the disease and the ways they can protect Aimée, and themselves, from catching and spreading it.

Public health messaging on public transport

In Yangon, Myanmar, Plan International's Urban Resilience Project is working with local disability organisations, the Yangon Bus Service and the Yangon Region Transport Authority amongst others to develop IEC material to make public transport more user friendly and inclusive for those with disabilities and to prevent sexual harassment.

Since COVID-19, the project has translated COVID-19 awareness material into sign language and Braille printing to ensure that vital public-health messaging is accessible and assists people with disabilities to understand and protect themselves from COVID-19.





During the Dominican Republic's nationwide lockdown that began in March, Plan International reached vulnerable girls, adolescents and women, who are often forgotten with deliveries of hygiene kits containing sanitary pads.

Access to water, sanitation and good hygiene

Water, sanitation and hygiene (WASH) are the first line of defence against COVID-19. It's widely recognised that access to clean, running water and soap for handwashing is a critical need that must be met in our global response to the pandemic.

Girls and young women with disabilities face pre-existing barriers to accessing WASH, for example no running water in their household or inaccessible toilets and wash facilities. Soap, if available, may be rationed and saved for other members of the household. All of which place girls and young women with disabilities at higher risk and unable to protect themselves from the virus.

Additionally, the pandemic makes menstrual hygiene management even more challenging for anyone who menstruates, including girls and young women with disabilities. At least 500 million women and girls globally lack adequate facilities for good menstrual hygiene management. Sanitary products are less affordable and in scarce supply due to global supply chain disruptions. Additionally, care-givers in the community or family members who are in isolation, will be unable to provide the daily assistance of washing and toileting that is essential to good menstrual hygiene management.

Essential community-based and specialised services that support women and girls with disabilities, are likely to be stopped or disrupted due to social-distancing restrictions and the fear of spreading COVID-19.¹²

Access to health and sexual and reproductive health services

Girls and young women with disabilities have additional challenges in accessing the essential health services that are needed to address their daily medical, sexual and reproductive health and well-being needs.

"When [girls with disabilities] were sick it was not possible to go to health facilities because there was no public transport. Health facilities were now focusing so much on COVID and ignoring other diseases ... Due to the lock down, they did not have funds to support them to pay hospital bills in private clinics." Lydia Tebekkanya, Safer Cities Program Manager, Kampala

Services such as physiotherapy, psychotherapy, or the regular hospital care girls and young women normally receive, are either not available or restricted due to strict lockdown measures and resources being diverted to pandemic response. Access to sexual and reproductive products and information that may ordinarily be available are limited due to supply issues.¹³

Additionally, girls and young women may not have their network of supports such as carers or friends that would assist them to connect with services. As public transport systems reduce or stop services and taxi fares increase, girls and young women with disabilities who rely on these modes of transport may not be able to travel to access essential medical appointments or pharmacies to purchase essential items such as their medication, contraception and condoms.

Access to carers, personal assistants, support services and specialist health services

Girls and young women with disabilities face the additional challenges related to accessing the disability related supports that they need to maintain their health, well-being and daily living requirements. Girls and young women with disabilities may find themselves without their in-home carers and personal assistants due to lockdowns curfews.¹⁴

For similar reasons, girls and young women may be faced with difficulties travelling to and from health appointments, therapy and support groups and specialist services – for example, to replace hearing aids or repair wheelchairs.¹⁵ All of these barriers are a threat to the health and well-being of girls and young women.



Girls learn how to make face masks in Benin

ECONOMIC SECURITY AND EMPLOYMENT

Girls and young women with disabilities in all their diversities have a right to gain a living by work freely chosen or accepted in a labour market and a work environment that is open, inclusive and accessible to persons with disabilities (CRPD, Art 27)

The World Bank estimates that COVID-19 could push 71 million people into extreme poverty by the end of 2020.

Girls and young women with disabilities in all their diversities who already struggle with exclusion from the labour market, have faced significant challenges in maintaining employment during the pandemic and are likely to suffer significant loss of income as a result.

“During lock down all people were at home and only essential service staff were working. The people with disabilities were stopped from working because they could not easily access transport to their working areas as most people were walking to their work places.” Lydia Tebekkanya, Safer Cities Program Manager, Kampala

For those working in street and market businesses, lockdowns, curfews and restrictions on trade are likely to have resulted in a loss of employment. Lack of accessible transport, social distancing rules and risks to their own health during the pandemic are also factors that may make it difficult for girls and young women to attend their workplaces.¹⁶

In many of the countries that Plan International works in, social income support is not available to supplement lost incomes placing girls and young women at risk of extreme poverty. Only 28% of persons with significant disabilities have access to disability benefits globally, and only 1% in low-income countries.¹⁷

FOOD SECURITY

On 21 April 2020, the World Food Programme warned that, unless swift action is taken, some 265 million people worldwide, double the numbers from the previous year, face acute food shortages. This, in a world where some 144 million children under 5 years are already malnourished, 47 million of them acutely so.¹⁸

On top of long-running poverty and malnutrition, in 2019, a record 51 million people are estimated to have been driven from their homes by conflict and disasters, just before the COVID-19 pandemic hit.

These multiple crises combine with lethal consequences and, in families already struggling to survive, it is girls and young women, particularly those with disabilities who are already vulnerable and excluded, who are the hardest hit.¹⁹

CREATING EMPLOYMENT OPPORTUNITIES DURING COVID-19

Mutual benefit in Indonesia: how people with a disability are finding new sources of income during the COVID-19 crisis²⁰

Yayasan Plan International Indonesia's project entitled 'WASH and Beyond: Transforming Lives in Eastern Indonesia' under Australia's Water for Women (WfW) Fund is working with people with disabilities and has seen first hand how COVID-19 has impacted the livelihoods of people with disabilities:

"Since the COVID-19 pandemic, the massage effort for groups of people with disabilities has been completely closed. We do not have any source of income, because no one dares to come for a massage for fear of contracting the virus", Baiq Hadijah said when met at the office of the Samawa Disability Persons Institution (LPPDS).

People with disabilities are not letting themselves be discouraged by the current difficult conditions however. The project has been supporting them with agency building through Participatory Action Research (PAR) where they learn to advocate for their WASH rights including foundational gender equality and social inclusion (GESI) training. This process has helped them during the COVID-19 crisis as well.

During this pandemic situation, their massage business had to close, but they have adapted quickly to become mask-making entrepreneurs! So far YPII has been supporting their new business direction in fabric mask production, procurement and distribution.

"There are several people with disabilities who have the ability to sew, have tried to pioneer the business of making masks. Initially for our own needs, but including many requests from outsiders. The most orders are currently coming from Yayasan Plan International Indonesia, which ordered 1,440 masks with 3 layers of cotton fabric according to the Ministry of Health's recommendation" said Baiq Hadijah.

This order provides mutual benefits for people with disabilities and YPII. For YPII the order helps staff continue to undertake their frontline COVID-19 response across Sumbawa in a situation where mass shortages are creating challenges in obtaining personal protective equipment during this health crisis.

For people with disabilities, Baiq Hadijah said that orders from YPII has been helping them to earn income during the spread of the COVID-19 pandemic and the closure of their other business. He also empowers all persons with disabilities in his group. For those who have the ability to sew, the task is to sew the masks. While those who do not have that ability are tasked with cutting cloth, washing and ironing masks so they are ready to use and distribute.

He hopes that the current condition will soon recover so that the lives of groups of people with disabilities return to normal by carrying out activities as before, but in the meantime, this partnership is helping many stay employed and stay protected.



Novel, 17, uses sign language to speak to Indonesian Child Protection Commissioner

LEADERSHIP AND PARTICIPATION IN ALL RESPONSE & RECOVERY EFFORTS

Adopting a response and recovery framework that centres the views and needs of girls with disabilities is critical during the pandemic and in developing recovery plans at every level – local, state and national.

In June, Plan International Indonesia facilitated an online forum for 50 children and young people from various regions in Indonesia to hold discussions with the Ministry of Education and Culture and the Indonesian Child Protection Commission. An and Novel took part to represent children with disabilities from Kupang and were able to give their recommendations.

"During the pandemic, it is increasingly difficult for us to understand the subjects given to us because there is no assistance from the teacher. I hope that the Minister can provide us with teachers who can speak sign language and can supply us with the equipment to support our education at school and at home," said An, speaking to the Minister of Education and Culture, Nadiem Makarim.

Novel also conveyed a number of concerns when speaking to the Indonesian Child Protection Commission Deputy Chairman, Rita Pranawati, including that children with disabilities have difficulty communicating with non-disabled people; 70% of children with disabilities do not go to school, and children with disabilities are vulnerable to sexual violence.

"Not only at school, we are also faced with living in a non-inclusive environment. We are vulnerable to being bullied." Novel said.



WHAT CAN GOVERNMENTS, DONORS AND HUMANITARIAN ORGANISATIONS DO TO SUPPORT GIRLS AND YOUNG WOMEN WITH DISABILITIES DURING COVID-19?

Education

Ensure that girls and young with disabilities in all their diversities have equitable and inclusive access to remote education and learning. With more than 43% of students having no internet access in their household, low-tech and low-cost remote learning solutions that are accessible and inclusive (for example written in Braille) are a critical part of ensuring that girls with disabilities can continue to learn while at home.²¹

Prioritise action to bring all girls and young women back to school – both returning students and those previously out of school – through targeted measures for the poorest and most marginalised girls including those with disabilities. Ensure school reopening plans are equity-focused and designed to leave no one behind, with contextualised consideration to intersecting and exacerbating inequalities.

Read more strategies on supporting girls to return to school in Plan International's joint report:
[Building back equal: Girls' back to school guide](#).

Gender-based violence

Ensure that lockdowns, stay-at-home orders, and other limits on movement specifically allow for people to leave their homes to escape violence, including physical, sexual, emotional, psychological, and financial violence.

Protecting girls and young women with disabilities in all their diversities from gender-based violence during COVID-19 requires a targeted and inclusive response. Gender-based violence services and the justice system (police & courts) must partner with girls and young women with disabilities to understand and meet their intersectional needs during COVID-19. In particular, they must ensure that responses such as hotlines, protection services, justice services and humanitarian GBV programs are accessible and inclusive taking into account girls age and disability.

Girls with disabilities often fall through gaps of child protection and GBV systems and therefore it's essential that gender-transformative and inclusive child protection systems can respond to and protect girls with disabilities during COVID-19. All aspects of child protection systems – including laws and policies, law enforcement agencies and child protection services, need to take into account different gender and disability dimensions underlying violence affecting girls with disabilities and be informed and guided by gender-sensitive and responsive principles and actions, including age and sex disaggregated data.

Health

Donors, governments and humanitarian agencies must place girls and young women with disabilities at the centre of all health related prevention and response efforts guaranteeing that people with disabilities are never discriminated against and excluded from accessing health care for pre-existing conditions and in the treatment of COVID-19.

All public health messaging must be delivered in accessible forms to ensure that girls and young women with disabilities are able to understand and act on the most up-to-date advice provided by authorities. For example, public health officers giving a televised address should ensure that sign language interpreters are present.

Girls and young women must be prioritised in the distribution of preventative measures including access to soap, clean running water, anti-bacterial gel and face masks.

Prioritise marginalised groups including girls and young women with disabilities in accessing all forms of health care and medication during COVID-19, including sexual and reproductive health care. Ensure that appointments via telephone or other virtual means include accessible supports (for example sign language translation).

Employment and economic security

Expand mainstream and disability-targeted social protection and adapt delivery mechanisms to provide adequate relief and support to girls and young women with disabilities and their families – for example in the availability and delivery of cash transfers, emergency payments, rent subsidies, food vouchers and food subsidies.

Design and scale up essential services to reach all girls and women in the most affected communities, including maternal and young child health, sexual and reproductive health information and services, clean water and safe sanitation, and accessible information about the pandemic. These vital services should be free to access and use.

Support girls and young women with disabilities to return to work with proper COVID-19 responsive occupational health and safety standards. Where girls and young women cannot return to their previous role, offering alternative employment opportunities, for example in manufacturing face masks or gowns for health workers.

Food security

Secure the safe operation of food supply chains and essential services, including food processing, transport and local markets, in order to stabilise food systems and prices, and ensure the safety of all food sector workers.

Ensure continued flexible funding for existing humanitarian programmes in conflict-affected, disaster hit and fragile contexts; simplify procedures to enable humanitarian organisations to adapt to the rapidly shifting context of the COVID-19 pandemic, without compromising staff safety.

Urgently provide new funding to save lives and livelihoods among hard-hit populations, including refugees. Funding must be gender-responsive and comprehensive, encompassing nutrition and income support, water and sanitation, child protection, essential health supplies, education and accessible information about sexual and reproductive health and rights and the pandemic, in order to protect girls' immediate and longer term interests.

ABOUT PLAN INTERNATIONAL

Put simply, we're the charity for girls' equality.

We tackle the root causes of poverty, support communities through crisis, campaign for gender equality, and help governments do what's right for children and particularly for girls.

We are here to ignite the creativity, talent and ideas of girls in all their diversities. We are informed by evidence, and always learning.

We've been doing this for over 80 years, but we don't do it alone. We bring people together to create change that lasts. Children, families, local communities, government, schools, businesses, and you.

We do what we do so babies can survive their first 1000 days, so children can learn in safe environments, so girls can live and work without discrimination, so young people can stand up for their rights, and so all children can break free from poverty. We view the children, families and local communities we work with as our partners and our equals.

We believe a better world is possible. An equal world; a world where all children can live happy and healthy lives, and where girls can take their rightful place as equals. This is the world you are helping us create.

A better now for her. A better future for everyone.

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END NOTES

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