



# WOMEN AND GIRLS WITH DISABILITIES

A BRIEFING PAPER ON ODA AT THE CROSSROADS OF  
DISABILITY AND GENDER



Women and girls with disabilities are rarely taken into consideration or specifically targeted through humanitarian and development investment. They have also been under-recognized by the women's rights movement – the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) does not explicitly refer to women and girls with disabilities.<sup>1</sup> And despite the Convention on the Rights of People with Disabilities (CRPD) that recognizes how women and girls with disabilities face multiple and intersecting discrimination, they have been historically marginalized by disability rights movements. Yet disability rights cannot be guaranteed in a context that does not affirm the equality of all women and gender diverse people.<sup>2</sup> As long as women and gender diverse people with disabilities continue to be excluded, women's empowerment and women's meaningful participation will not be attained by all women.<sup>3</sup>

## 1. Making the Case

According to DAWN Canada, women with disabilities and Deaf women are the largest, poorest minority group with the highest rates of physical, systemic, financial and psychological and family violence.<sup>4</sup> While it is estimated that one in four households has a family member with a disability,<sup>5</sup> the global prevalence is higher for women in low and middle-income countries, where women are estimated to comprise up to three-quarters of people with disabilities.<sup>6</sup> Rates of disability increase when compounded with age,<sup>7</sup> refugee status, race, conflict and other intersecting identities and contexts.

One in three women worldwide have been subjected to either physical and/or sexual violence or intimate partner violence in their lifetime;<sup>8</sup> but women with disabilities are twice as likely to experience gender-based violence.<sup>9</sup> They are exposed to additional risks of emotional, physical and sexual abuse and violence, particularly by caregiv-

ers and health care providers. Between 40% and 68% of young women with disabilities will have experienced sexual violence before age 18.<sup>10</sup> Women and girls with disabilities are also much less likely to have access to comprehensive sexuality education and contraception, to be screened for sexually transmitted infections and HIV/AIDS, and to receive routine screenings for breast, cervical, and ovarian cancers, among other things.<sup>11</sup>

They are also more likely to be forced into pregnancy or subjected to forced or coerced procedures, such as sterilisation, abortion, and contraception.<sup>12</sup> "They have often been excluded from development activities promoting access to sexual and reproductive health and rights (SRHR) information and services because having a disability is falsely associated with being asexual; because SRH services are often not appropriate for, or accessible to, women with disabilities;<sup>13</sup> and because there

1. UNDESA, 'Women and Girls with Disabilities: Using Both – the Gender and Disability Lens', 2020.

2. Rangita de Silva de Alwis, 'Disability Rights, Gender, and Development—A Resource Tool for Action' (Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs; United Nations Population Fund; Wellesley Centers for Women, 2008).

3. Nepveux, 'So That the Stew Reaches Everybody: Women's Negotiations of Leadership and Power in Ghana's DPO's', in *Disability in Africa*, ed. Toyin Falola and Nic Hamel, 1st ed. (Boydell and Brewer Limited, 2021), 319–42.

4. DAWN Canada, 'More Than A Footnote: Infographic', n.d.

5. World Health Organization and World Bank, 'World report on disability 2011', 2011.

6. UN Women, 'Issue Brief: Making the SDGs Count for Women and Girls with Disabilities', 2017.

7. UN Women, 'Issue Brief: Gender, Age, and Disability: Addressing the Intersection', 2022.

8. World Health Organization, 'Fact Sheet: Violence against Women', 2021.

9. DAWN Canada, 'Fact Sheet: Women with Disabilities and Violence', n.d.

10. World Health Organization, 'Fact Sheet: Violence against Women'.

11. Sangeeta Mecwan, Manushi Sheth, and Renu Khanna, 'Enhancing Social Accountability through Adolescent and Youth Leadership: A Case Study on Sexual and Reproductive Health from Gujarat, India', *Gender & Development* 29, no. 1 (2 January 2021): 151–69.

12. AECID, WeDecide, and UNFPA, 'Young Persons with Disabilities: Global Study on Ending Gender-Based Violence and Realising Sexual and Reproductive Health and Rights', 2018.

13. Cathy Vaughan et al., 'Building Capacity for a Disability-Inclusive Response to Violence against Women and Girls: Experiences from the W-DARE Project in the Philippines', *Gender & Development* 24, no. 2 (3 May 2016): 245–60, <https://doi.org/10.1080/13552074.2016.1194031>.

are limited accurate data on the prevalence of disability, and on the SRHR experiences and needs of women with disability available to inform disability inclusive SRH activities.” The family planning needs of 22% of women and girls with disabilities aged 15 to 49 are still largely unmet.<sup>14</sup>

Furthermore, girls with disabilities are less likely to access quality education than boys,<sup>15</sup> particularly in refugee settings and countries affected by armed conflict or natural disasters. For example, in 2013, UNICEF reported that only 42% of girls with disabilities completed primary school, compared to 51% of boys with disabilities.<sup>16</sup> Girls with disabilities face multiple barriers. They are more at risk of violence, harassment and trafficking than boys, particularly on the way to and from school.<sup>17</sup> Menstruation is stigmatized around the world, and the cultural shame attached to the natural process makes girls feel too embarrassed to fully participate in school. Lack of education and limited access to sanitary supplies are important to consider, especially for girls with disabilities who may have to rely on a caregiver, a family member or a teacher to support them.

Most importantly, despite efforts to better address the representation of women and persons with disabilities in the political sphere, women with disabilities are severely underrepresented in decision-making, whether in government, parliaments, as senior managers or as leaders. For example, despite Rwanda’s strong representation of women in the Chamber of Deputies (60%)<sup>18</sup> and the fact that they ensure one seat for persons with disabilities,<sup>19</sup> never has there been representation of women with disabilities in parliament. Women with disabilities face difficulties reaching leadership positions within Organisations of People with Disabilities (OPDs) where

patriarchal norms prevail.<sup>20</sup> For example, “Women with disabilities are grouped into committees or sections in umbrella organisations led by men, which keeps them away from the decision-making process.”<sup>21</sup> They are also underrepresented in gender equality institutions: In nearly half of countries, national machineries for gender equality included no women with disabilities among their members.<sup>22</sup>

Women with disabilities are consistently excluded from funding programs and decision making spaces and are often rendered invisible. Most women’s rights policies and programs do not mention women with disabilities or deaf women, while accessibility policies do not address violence or women specifically. DAWN Canada’s examination of GBV policies in Canada between 2015 and 2017 revealed that Quebec, Ontario, B.C. and Canadian policies consistently either footnoted or ungendered women with disabilities (WWD) in their policies. Ungendering WWD is a practice DAWN Canada has denounced repeatedly and is when cohorts of women are grouped in a research or policy document, for example - Indigenous women, Black women, rural women, senior women and people with disabilities experience increased rates of poverty.

14. UNDESA, 'UN Disability and Development Report – Realizing the SDGs by, for and with Persons with Disabilities', 2019.  
15. Humanity and Inclusion, 'Let's Break Silos Now! Achieving Disability-Inclusive Education in a Post-COVID World', 2020.  
16. UNICEF, 'The State of the World's Children: Children with Disabilities', 2013.  
17. Vereinte Nationen, ed., 'Trafficking in Persons in the Context of Armed Conflict. Global Report on Trafficking in Persons, 4th edition (2018) (New York: United Nations, 2018).  
18. IPU Parline, 'Rwanda: Chamber of Deputies', n.d.  
19. Government of the Republic of Rwanda, 'Power Sharing', n.d.  
20. Humanity and Inclusion, 'Humanity & Inclusion. Written Submission to the CEDAW Committee - General Discussion on "Equal and Inclusive Representation of Women in Decision-Making Systems" Women with Disabilities Are Falling through the Cracks of Laws, Policies and Practices', 2023.  
21. Dieynaba Diallo, 'Foreword: "A Place Is up for Grabs!"', in Leadership of Women with Disabilities: Strategies to Combat Violence in West Africa (Lyon: Humanity & Inclusion, 2022), 5–6.  
22. UN Women, 'Issue Brief: Leadership and Political Participation of Women with Disabilities', 2019.



## 2. Development Funding for Women with Disabilities

While the share of disability-relevant Official Development Assistance (ODA) has increased consistently since 2015, aid projects supporting persons with disabilities as a primary objective make up less than 2% (totaling US\$3.2 billion) of all international ODA<sup>23</sup>. Almost half of all disability-inclusive aid is mainstreaming, and unfortunately, too many are not truly inclusive or compliant with the CRPD. In 2018, funding for disability-inclusive projects was just under US\$1 billion, an equivalent to less than US\$1 per person with disabilities in developing economies.<sup>24</sup> Even the five most disability-inclusion-focused donors (Canada, Australia, Sweden, Belgium and Finland) target just 3% on average of their aid to this purpose.<sup>25</sup> In 2020 the share of projects with a positive score on disability inclusion remained low: “Some 84% of applicable projects were given a score of 0 – that is, they did not target the inclusion of persons with disabilities in any significant way”.<sup>26</sup> Little data is available on the intersection of gender and disability.

Canada has made significant commitments to advance disability inclusion and gender equality in international assistance programmes through its Feminist International Assistance Policy (FIAP) reiterating this commitment in the 2018 and 2022 Global Disability Summit. The FIAP promises an intersectional approach to international assistance that is human rights-based and inclusive of women and girls with disabilities. Further, the 2019 Minister of International Development mandate letter specifically includes a commitment to provide greater assistance to persons with disabilities in developing countries. However, while Canada has reported the highest shares of ODA committed to gender equality over 2020-21 (90%),<sup>27</sup> too little was channeled towards women and girls with disabilities. As part of its 2023 report, Canada’s Auditor General recommended a stronger intersectional and inclusive focus: “the department’s gender equality assessment process for projects did not consistently include analysis of intersecting identify factors, apart from age.”<sup>28</sup>

Global Affairs Canada, DAWN Canada and the University of Guelph’s Live Work Well Research Centre, led by Professor Deborah Stienstra, are currently collaborating

in the specific context of an innovative 7 year SSHRC (Social Sciences & Humanities Research Council) initiative, EDID (Engendering Disability - Inclusive Development). This unique partnership between civil society, academics and government provides an opportunity for the department to go deeper and to truly develop an intersectional and inclusive model for ODA.

23. Development Initiatives, ‘Disability-Inclusive ODA: Aid Data on Donors, Channels, Recipients’, July 2020.

24. Development Initiatives, ‘Disability-Inclusive ODA: Aid Data on Donors, Channels, Recipients’, July 2020.

25. Development Initiatives, ‘Disability-Inclusive ODA: Aid Data on Donors, Channels, Recipients’, July 2020.

26. European Disability Forum, ‘Annual Report- EC Spending on Disability Inclusion in Global Actions 2018-2020’, 2022.

27. OECD, ‘Official Development Assistance for Gender Equality and Women’s Empowerment in 2020-21: A Snapshot’, 2023.

28. Auditor General of Canada, ‘Report 4: International Assistance in Support of Gender Equality—Global Affairs Canada’, 2023.





Olga, President of OFAB and creator of the Girls' Club, with Merveille, 11 and Ornella, 16. The girls' club was created by the Organization of Blind Women of Benin (OFAB) to form the disabled women leaders of tomorrow. The club brings together girls and young women between the ages of 10 and 20 with visual disabilities. The club provides a safe and unique space for them to ask questions and learn from each other. They meet at least once a month to discuss issues such as women's rights, menstruation, and gender-based violence, and to learn about women's leadership, public speaking, etc. The girls' club allows them to develop their self-confidence and their knowledge. HI supports the OFAB and the Girls' Club via the Making it Work project.

### 3. Gender and Disabilities: Good Practices and Lessons Learned

#### Centre the voice and leadership of women with disabilities and their organizations

The Global Forum on the Leadership of Women with Disabilities (GFLWD) is a diverse collective of women leaders with disabilities and a multi-stakeholder forum to advance practical solutions in global priority development. Dedicated to real inclusion and results at the global, regional, national, and local levels, the Global Forum ensures self-advocates, especially in the Global South, are involved in decision-making, and the international community supports their action on the ground.

In 2023, the Global Forum began building a network of women experts with disabilities, with representation from 15 countries and various intersecting identities. In its first year, the GFLWD provided a platform for targeted conversations, like supporting women with disabilities displaced by floods in Pakistan. The GFLWD also developed accessible communication protocols to ensure equal and meaningful participation between experts despite uneven technological access. In 2024, the GFLWD will move forward as a united front of women leaders with disabilities and allies in human rights and development as it launches its flagship activities in line with this new accelerated phase of action toward the SDGs.

Currently DAWN Canada and STEP (Pakistan) are acting as the co-leads of this collective. Working closely with UNDESA and UNWomen, the GFLWD represents a paradigm shift in international feminist organizing and

leadership. Based on Canada's FIAP and broader commitments to the realization of the SDGs and to policies and programs that embrace GBA+ and more recently the DIAP (Disability Inclusion Action Plan), the GFLWD is an ideal platform from which to begin a renewed and deepened commitment to centering the leadership of women and their organizations, particularly those in the global south.

Another example is Humanity & Inclusion's Making It Work initiative, which supports local women with disability organizations and networks that are working to promote women's rights and advance women's empowerment and gender equality in multiple countries in Africa. As local women-led disability organizations are severely under-resourced, the initiative strengthens the institutional capacity and sustainability of local organizations, and it contributes to increasing the effectiveness of front line programming and advocacy, particularly on GBV and advancing the rights of women with disabilities.

As a regional initiative, HI also organizes spaces for exchange and collaborative work for effective joint national and international advocacy by women with disabilities leaders and access to international forums. At the Women Deliver conference in Kigali in 2023, HI supported the participation of Adelaide Niyigina, Director of the Association Burundaise pour la Promotion des Droits des Femmes Handicapées. She noted that she was often the only woman with disabilities at the table, as they are too often excluded from these global forums.

## Ensure inclusive sexual reproductive health and rights (SRHR) services and systems

A multisectoral approach, which involves partnership with women with disabilities led-organizations, support to health service providers at global and national levels in order to reduce discrimination, and comprehensive sexual education to reduce stigma and practices that are not adapted to the needs of women and adolescents with disabilities, is an effective strategy to ensure inclusive sexual and reproductive rights and health services. In this way, HI's project ENSEMBLE in Senegal and Togo is contributing to the autonomy of women and girls, to reduce unmet needs for SRHR information and services, and to advocate for greater disability inclusion and gender equality in the health sector.

Another example of an initiative centred on women and girls with disabilities is W-DARE<sup>29</sup> which sought to generate data and increase knowledge of the lived experience of women with disabilities in the Philippines through participatory action research. Participatory action research practices recognise that research methods

should support overall aims of empowerment and social justice and aim to shift the alignment of power within the research process through the participation of research beneficiaries and subjects.

## Organisations of people with disabilities (OPD) have been shaped by social and cultural norms that limit women's participation

A key lesson learned is that OPDs are not always inclusive of women with disabilities where few women are in leadership positions. Greater investment in spaces that strengthen the leadership of women with disabilities and their access to decision-making is required. DAWN Canada recommends creating opportunities to highlight capacities and contributions of women with disabilities and developing leadership among girls and women with disabilities.<sup>30</sup>

29. Cathy Vaughan et al., 'W-DARE: A Three-Year Program of Participatory Action Research to Improve the Sexual and Reproductive Health of Women with Disabilities in the Philippines', BMC Public Health 15, no. 1 (December 2015): 984.

30. DAWN Canada, 'More Than A Footnote: Infographic'



*Fama Ka is a woman with a visual disability living in Pikine, in Senegal. She is an educator and Braille and Arabic language trainer. She is also a local cereal processor and head of the Pikine women's violence listening center, a partner of the Making It Work project. Despite the difficulties she encounters in getting around because of her disability, she is autonomous in her workplace and at home. In Senegal, HI is participating with Urbaconsulting in a study financed by the World Bank to promote universal accessibility, particularly in affordable housing projects. The study will continue until 2024, to propose a guide to universal accessibility adapted to the Senegalese context.*

## 4. Recommendations

### **1. Secure funds to support core funding and capacity development of women with disabilities-led organisations, intersectional feminist movements and activists in the global South.**

Critically under-resourced organizations led by WWDs are central actors to advocating for inclusive policies and challenging structural inequality created by systems of ableism, racism, classism, xenophobia, and the patriarchy, among other intersectional systems of oppression that generate intersectional discrimination.<sup>31</sup> These organisations are on the front lines supporting GBV survivors, especially women and children with disabilities, and are key actors in mobilizing and advocating for more inclusive government policies and programs.

### **2. Recognize that organizations of women with disabilities are essential actors and ensure effective representation of women with disabilities as human rights defenders.**

Women with disabilities face barriers to participating in decision-making in governments, the UN and funding agencies. This results in a few initiatives and interventions relevant to the real concerns and priorities of women with disabilities. Stakeholder consultations with civil society, especially with WWD-led organisations, are a key factor in ensuring that policies and activities actively take into account the needs of persons with disabilities.

**3. Earmark funding for disability-inclusion in women's rights and gender equality programming,** strengthen inclusion mainstreaming in the humanitarian and development sectors, using disability and gender markers to track funding for inclusion and report against equity indicators (for example, donors can use the "OECD-DAC Marker" on disability and gender); however, ensure strategies are adapted to address disability substantively. Studies show that a targeted approach truly ensures disability-specific and gender-inclusive services,<sup>32</sup> as too often projects include the markers do not actually address disability in real way.

### **4. Collect, analyse, and report on disability data in addition to age and sex disaggregated data.**

Without data collection that is disability and gender disaggregated, it is impossible to see if funding benefits women and girls with disabilities. Not unlike gender mainstreaming programming 20 years ago, too often, proposals will enter the pipeline with a promise of including women and girls with disabilities, but reporting is unable to demonstrate evidence of who is included and who is absent from initiatives and programmes.

### **5. Ensure that ODA sector-specific initiatives, such as SRHR, GBV, care and education, are inclusive of women with disabilities.**

Canada's ten-year commitment to advance the health and rights of women and girls around the world (2020-2030) of \$1.4 billion annually, of which \$700 million will be dedicated to sexual and reproductive health and rights, must recognize the bodily autonomy and sexuality of women with disabilities as well as the existing and pervasive stigma and discrimination in health services, education, and systems of justice. In the care economy, a greater recognition is required of women with disabilities as caregivers, parents and elderly community members, rather than seeing them only as care recipients.

31. Nepveux, 'So That the Stew Reaches Everybody'; Shanaaz Majiet and Adelene Africa, 'Women with Disabilities in Leadership: The Challenges of Patriarchy', *Agenda* 29, no. 2 (3 April 2015): 101–11.

32. Kathy Al Ju'beh, 'Disability Inclusive Development Toolkit' (CBM, January 2017).



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