30 YEARS OF BEIJING PLATFORM FOR ACTION: AN INTERSECTIONAL APPROACH TO GENDER AND DISABILITY INCLUSION

BEIJING +30

UN WOMEN

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POLICY PAPER

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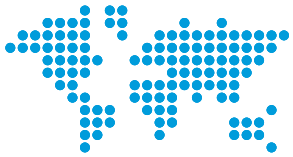

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SUMMARY

This policy paper is focused on diverse groups of socially marginalized women with diverse disabilities. It highlights how the 12 critical areas of concerns from the Beijing Platform for Action (BPfA) have progressed or faced continuing entrenched barriers and dealt with new challenges in the 30 years since the United Nations' Fourth World Conference on Women (FWCW) held in Beijing. The focus is specifically on how gender inequality and disability exclusion both compound and create unique concerns for women and girls with disabilities. As they are not homogenous, this paper takes an intersectional approach, identifying the impacts for women and girls with disabilities facing numerous forms of discrimination while having different and mutiple types of disabilities. Stereotypes and social and cultural norms are discussed in relation to stigma and discrimination. The paper also features the voices of diverse women leaders with diverse disabilities, with case studies from various low- and middle-income countries (LMICs).

This paper addresses the 12 critical areas by grouping them into four categories:

- poverty, economic empowerment and unpaid care work
- education, power and decision-making
- human rights, gender-based violence (GBV), health, including sexual and reproductive health and rights (SRHR), insitutionalization, substituted decision-making and legal barriers
- the environment, climate change, disasters, conflict and COVID-19

Other critical areas of concern not directly stated in the themes above, (the girl child, media and insititutional mechaisms for the advancement of women), are integrated throughout the report.

BEIJING: A LANDMARK FOR MOBILIZING WOMEN WITH DISABILITIES

The impact of the Beijing FWCW and the associated NGO Forum cannot be underestimated. They are considered catalysing events for the empowerment of women with disabilities, as sites for the development of an international movement of women with strong advocacy skills, and for creating the impetus for organizations of women with disabilities worldwide.[1]

The FWCW, held in Beijing in 1995, was attended by more than 17,000 delegates, including 600 government representatives and 4,000 people from NGOs accredited to the UN. Agreement was reached by 189 governments on the BPfA, with its 12 critical areas of concern. Although not a binding document, it remains the most comprehensive internationally agreed plan to achieve equality for all women and girls. The draft BPfA had few references to disability, leading women with disabilities to develop effective advocacy and lobbying resulting in the final document mentioning disability and women and girls with disabilities 32 times. It called on States to intensify efforts to ensure the equal enjoyment of all human rights and fundamental freedoms, including by committing to targeted measures for data collection, addressing systemic discrimination, ensuring access to resources, heath, employment, education and training.

The NGO Forum that was held in parallel to the Beijing FWCW had more than 30,000 global participants in a poorly accessible space in Huairou, a provincial town in outer Beijing. Women with disabilities first began their mobilization for the Beijing Conference and NGO Forum in national and regional NGO preparatory meetings.

At these events, it became evident that the mainstream women's movement was not inclusive of their issues nor responsive to providing their accessibility and reasonable accommodation requirements. This prompted the staging of the *First International Symposium on Issues of Women with Disabilities* in Huairou, with the participation of 200 women with disabilities.[2] Many of them came from different corners of the globe to gather at the disability tent, where they were able to meet, many for the first time. Informal networking over meals and during travel to the site led to many connections remaining to this day.

Women with disabilities gained international media attention through a spontaneous demonstration, (forbidden by the organizers) when confronted with inaccessible venues. Women demounted from their wheelchairs and crawled on the ground, with images circulating across the globe bringing attention to their accessibility needs. This brave act triggered a groundswell of support from the mainstream women's movement, providing an opening for more collaboration.

Meenu Sikand, currently the Assistant Deputy Minister of the Ontario Government, has spent 30 years since the Beijing FWCW working on issues of equity, diversity, accessibility and inclusion, stating:

"It was at the NGO Forum in Huairou and at the UN Conference in Beijing, that we – women with disabilities – broke through and became visible. I do not think anyone returned from either the Forum or the Conference without noticing our presence and the fact that we had been speaking for ourselves. We became a group to count on within the women's movement. A group with the capacity to act, to participate and stand up for our rights"[3]

Many of the women with disabilities who attended the FWCW built a wider movement that actively influenced the draft language for the Convention on the Rights of Persons with Disabilities (CRPD), especially the inclusion of development of Article 6, dedicated to women with disabilities. Women and girls with disabilities have continued to mobilize for the inclusion of the rights of women and girls with disabilities, with the report from the first Global Disability Summit (GDS) in 2018 highlighting issues of GBV and SRHR for women and girls with disabilities. The report from the second GDS in 2022 included 69 references to women and girls with disabilities and their specific issues.

With respect to the representation of women with disabilities in decision-making positions in the sector, it is noted that the first CRPD Committee had 12 members, with five women, increasing to six of 18 members in 2010. The following election, in 2012, resulted in only woman on the committee which led to an outcry and a campaign to address gender parity at the next elections. In 2022, there were 11 women, with the Chair and both Vice-Chairs being women. The 2025 elections have resulted in nine women on the 18-person committee, with the current Chair being Miyeon Kim. She was the coordinator of the Women's Committee of the International Disabilities Caucus during the drafting of the CRPD, which achieved including Article 6 dedicated to women with disabilities. She reflects below on the importance of the NGO Forum for building a movement of women with disabilities on the global stage:

Beijing was critical for us and was a catalysing event for me. My commitment to the women with disabilities movement was catalysed at the Disability Tent in Huariou. I could never have imagined at that point in my life that I would now be the Chair of the CRPD Committee. I have dedicated my work to women with disabilities over the past 30 years and am proud of how far we have come but also daunted by how much we still need to achieve. In my role on the CRPD Committee, reviewing national reports I am constantly reminded of the challenges women and girls with disability face across the world. We still need policy reform, targeted funding and cross-sector collaboration to ensure the poorest and most socially marginalized women and girls with disability are not left behind to access their rights and opportunities."

1.1

THREE DECADES LATER

Thirty years later, the Beijing+30 review is a time for countries, regions and global networks to assess progress and identify persistent challenges and new issues that have emerged and impacted women and girls. UN regional and NGO Forums and reports have been developed across the globe, with consensus identifying that within the issues addressed in the 12 critical areas of concern, women and girls continue to face high rates of poverty and the impact of unpaid work in the home; GBV; various forms of stigma, discrimination and human rights abuses in society, the workplace and in senior decision-making positions from households to parliaments (with exceptions); inadequate sex-disaggregated data, research and funding, and implementation of policies and UN commitments; predominance in informal work with poor working conditions, plus lower rates of access to education and health care. Issues that fluctuate between and within countries continue to be armed conflict and religious fundamentalism and shrinking spaces for civil society. New challenges include the rising impact of climate change and associated natural disasters, the impact of COVID-19, new forms of discrimination emanating from the rise of technology and social media, the gig economy, globalization and fluctuating global financial systems.

Areas of positive change are still occurring in all these areas. There is increased legislation addressing women and gender issues, consideration of how intersectionality leads to some groups of women having multiple and complex forms of discrimination, opportunities created by technology, increased accountability measures in national machineries plus strengthened women's movements having an increased voice, and in various cases taking leadership roles across all sectors.

It needs to be noted that all these issues have escalated with complex impacts on women and girls with disabilities. This, however, is not addressed adequately in many regional and national reports developed for Beijing+30, including from some regional NGO reports. There are exceptions, especially in the Asia-Pacific region, with both the UN Economic and Social Commission for Asia and the Pacific (UNESCAP) and the civil society report *Forging Gender-Just Futures through the Beijing Platform for Action* addressing and emphasizing the increased and different needs for women and girls with disabilities.

Critical inputs to the Beijing+30 process are regional and national stand-alone reports developed through consultations with and for diverse women with disabilities. This includes the *Asia-Pacific Declaration of Women and Girls with Disabilities: Beijing+30*, the *Asia-Pacific Declaration on Beijing+30 by Indigenous Women and Girls with Disabilities*, and from Africa, the document *Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing*. These documents have been drawn from extensively to inform this policy brief.

1.2

THE FACTS

There is a dearth of data specifically looking at women and girls with disabilities across most sectors, particularly from a global perspective. This is a major gap that remains to be addressed post-Beijing+30. Some statistics are listed below, and where available, these have been included throughout this paper.

- Every country in the world that collects sex- and disability-disaggregated data records higher rates of disability for women compared to men. [4]
- In low- and middle-income countries, women comprise up to three-quarters of persons with disabilities.[5]
- 22.1 per cent of women in lower-income countries have a disability, compared to 14.4 per cent in higher-income countries.[6]
- Every minute, more than 30 women are seriously injured or acquire a disability during labour.[7]

1.3

METHODOLOGY

An extensive literature review was conducted for this paper. The overwhelming finding was a siloing between gender and disability issues. Most gender resources still refer to women and girls with disabilities within a longer list of marginalized or "vulnerable" groups. Disability resources also predominantly include women and girls in similar lists with the elderly, Indigenous people, people of diverse sexual orientation, gender identity, gender expression and/or sex characteristics (SOGIESC), and others. Research and data addressing diverse women and girls with diverse disabilities remain sparse and represent a key gap that needs to be addressed with targeted and adequate funding.

To supplement the dearth of written knowledge, as well as to align with the motto of the disability movement of "nothing about us without us", this paper draws on in-depth key informant interviews with diverse women with diverse disabilities from all regions. This includes women who are Indigenous, have diverse SOGIESC, are caregivers of children with disabilities, and other multiple identities. Other key informant interviews were conducted with key stakeholders from organizations of peoples with disabilities (OPDs) as well as multilateral and bilateral donors. The brief was also written by a woman with multiple disabilities.

THE INTERSECTION OF GENDER INEQUALITY AND DISABILITY EXCLUSION

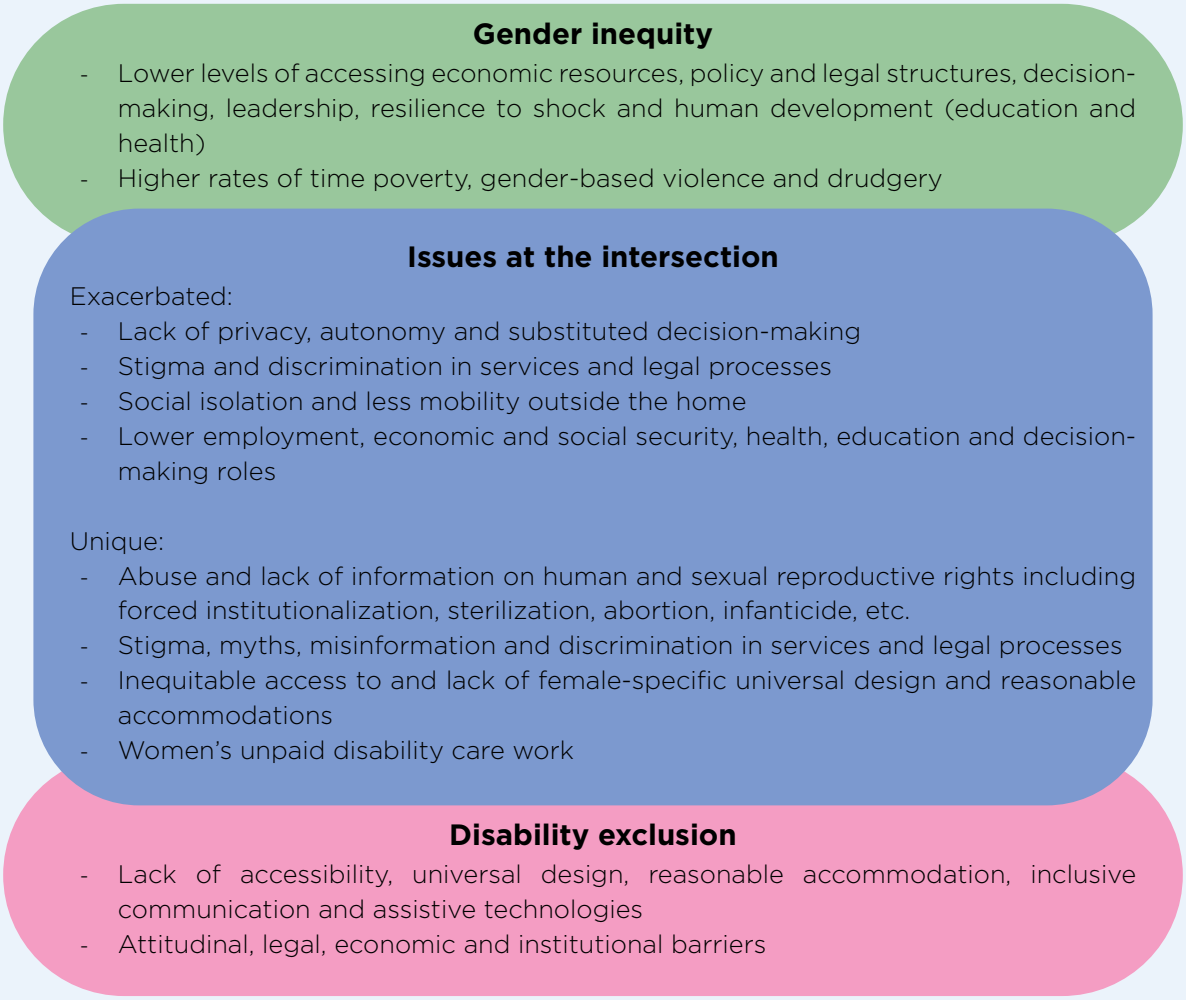
All women and girls can experience gender inequality through lower levels of access and control over resources, employment and income, decision-making, access to justice, high rates of GBV, time poverty and care work. Likewise, all people with disabilities can face disability exclusion caused by forms of stigma and discrimination based on ableism. This similarly decreases their access to education, employment and social inclusion. They face barriers in accessibility due to inadequate universal design of infrastructure, and a lack of access to reasonable accommodations, inclusive communication and assistive technologies.

The figure below identities some of the forms of gender inequality and disability exclusion in the outside circle. What lies at the intersection of both these forms of discrimination is the focus of this document. It is important to note that intersectionality does not just consider how two forms of discrimination can compound issues, such as exacerbated social isolation, lower levels of education, health, employment and decision-making. The combination of gender inequality and disability exclusion also create different barriers and new forms of discrimination, including the denial of SRHR, autonomous decision-making, different forms of GBV, stigma, and different requirements for universal design, reasonable accommodations and assistive technology. Both these escalated and unique issues are discussed throughout the rest of this paper.

FIGURE 1

The intersection of gender and disability

Issues for women and girls with visible and invisible disabilities facing discrimination



Notes:

- Gender refers to all female identifying and non-binary persons
- Physical, sensory (hearing, sight, touch, etc.), intellectual/cognitive and psychosocial disabilities all impact differentially, and may present differently for women and girls
- Other personal identities and characteristics can compound and create unique forms of inequity (e.g. Indigeneity, LGBTIQA+ status, etc.)

Image description: *This diagram shows three shapes, one labelled disability exclusion, another labelled gender inequity listing some key features. A shape in the middles represents the area of intersection for someone experiencing gender inequity and disability exclusion simultaneously. The intersectionality shape lists exacerbated and unique issues for women and girls with disabilities.*

2.1

WIDER INTERSECTIONALITY

Women and girls with disabilities are not a homogenous group. Some have greater levels of power and privilege than others. The intersectionality wheel below identifies various personal identities and characteristics besides sex and disability, such as Indigeneity, having diverse SOGIESC, being poor, a refugee or migrant, illiterate or not speaking the dominant language, being mothers or caregivers of family members with disabilities, as well as various other characteristics depicted in the intersectionality wheel below. The different stages of the life cycle also create different contexts for the girl child, adolescents, young women, pregnant and lactating women, and elderly women with disabilities.

When indirect and direct forms of discrimination are associated with these personal characteristics (outer layer of the circle) women and girls with disabilities will face even higher levels of inequality, as well as different types of human rights abuses. It is also noted that climate change and disasters, war and conflict and wider global systems or structures can have a differential impact on women and girls with disabilities who experience multiple forms of discrimination.

FIGURE 2

The intersectionality wheel

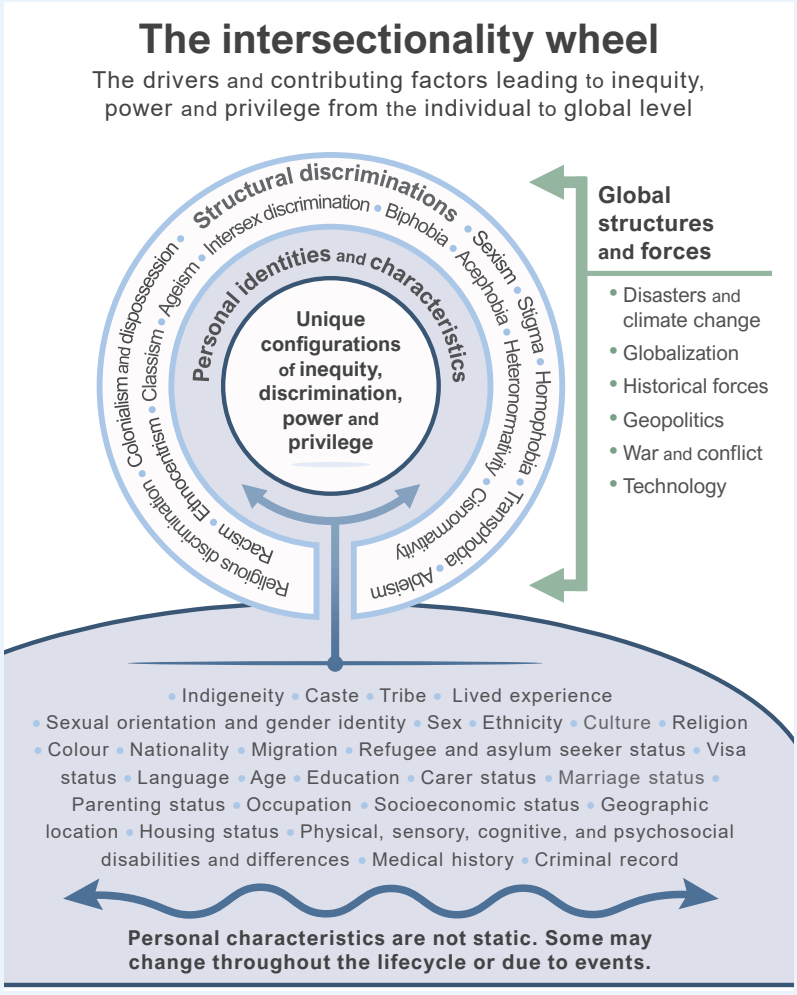


Image description: *Three concentric circles. The wording on the inside of the circle says: unique configurations of inequality, discrimination power and privilege. The next layer of the circle lists a variety of personal identities and characteristics such as sex, age, ethnicity, etc. The outer circle identifies structural discriminations such as sexism, ableism, ageism, racism, etc. An arrow on the left states that interactions occur between all parts of the circles and a list on the right-hand side identifies some global structures and forces that impact with the wider ecosystem, e.g. climate change, war and conflict, etc. A wavy line at the bottom of the image illustrates that personal characteristics can change over time.*

Much work still needs to be done specifically for groups of women and girls with disabilities who face the highest levels of discrimination in an approach to "leave no one behind". Two of these groups include Indigenous women and girls with disabilities and people with diverse SOGIESC with disabilities.

Intellectual/cognitive (including neurodiversity) and psychosocial disabilities can also present differently in women and girls. Girls with autism and ADHD, however, present with different behaviours of inattentiveness. As they tend to be quieter and "mask" to fit in with others, they experience lower levels of diagnosis and hence less attention and support.

Although there were some attempts to include issues for people of diverse SOGIESC in the BPfA, they were sidelined within the larger women's movement and not visible in the disability groups. Being of SOGIESC status was prohibited by law in various countries present at the Beijing FWCW and this remains the case to this day. This reality restricts advocacy for the rights of people of diverse SOGIESC with disabilities who often face exclusion in both the disability and lesbian, gay, bisexual, transgender, queer, intersex and others (LGBTQI+) movements. Despite this strong resistance, several OPDs are now embracing their rights and inclusion. The creation of the recently established Disability Pride Hub in Fiji is a promising development, with the group hoping to expand to a regional Pacific group. However, significant barriers remain as funding for this work is extremely difficult to access.

Over the past 30 years, there has been limited research on people of diverse SOGIESC with diverse disabilities. They face multiple forms of discrimination, and the World Health Organization (WHO) identifies that they face rates that are twice as high for depression and bullying; three times the rate of sexual abuse and four times the risk of suicide.[8] A study on people with diverse SOGIESC in Myanmar reveals that they suffer higher levels of discrimination throughout education, employment, accessibility and social inclusion.[9] A report from the UN Human Rights Council also notes that they are disproportionately affected by poverty, homelessness and food insecurity.[10]

Indigenous women and girls with disabilities often live in remote rural areas and are highly prone to the impacts of climate change and disasters, with less access to health care, education and employment. *CEDAW General Recommendation No. 39 (2022)* on the Rights of Indigenous Women and Girls identifies the human rights violations experienced by Indigenous women with disabilities in the areas of access to justice, institutionalized violence and forced sterilization. This includes the arbitrary removal of their children, high levels of discrimination and GBV in institutions, and the denial of their legal capacity.[11]

Pratima Gurung, an Indigenous woman with a physical disability, attended the Beijing FWCW NGO Forum. In 2009, she founded the National Indigenous Disabled Women's Association of Nepal (NIDWAN) and is the General Secretary for Indigenous Persons with Disabilities Global Network. She reflects below on the journey for Indigenous women with disabilities' rights since then:

"The voices of Indigenous women with disabilities were not heard during the Beijing Women's Conference and are not referred to in the BPfA. The 12 critical areas of concern are directly related to the lives of Indigenous women with disabilities who are disproportionately represented as those living in poverty and are the most severely affected by climate change. Indigenous women with disabilities do not know about the BPfA. The 30th anniversary has been the impetus for NIDWAN to hold the first discussion of Indigenous women with disabilities on the 12 critical areas of concern last year, both nationally and regionally. This is a historic milestone and illustrates both how much these voices have been left behind as well as the power of the BPfA to still mobilize diverse groups of women with disabilities throughout the world"[12]

BOX 1

Positive practice: Implementing a twin-track strategy to address Indigenous women with disabilities in the regional process for Beijing+30

The work of NIDWAN to mobilize Indigenous women with disabilities throughout the organization of the Beijing+30 process in the Asia-Pacific region represents a remarkable achievement. It is only over the past five years that there has been a mobilization of Indigenous women with disabilities. The first regional forum of Indigenous women with disabilities was held last year, with the founding of the first *Asia-Pacific Indigenous Women and Girls with Disabilities Network* formed specifically to feed into the Beijing+30 process. This meeting developed the *Asia-Pacific Declaration on Beijing+30 by Indigenous Women and Girls with Disabilities*, endorsed by 18 international, regional and national Indigenous and Indigenous women with disability organizations. This is a landmark regional document, being the first focused specifically on addressing the 12 critical areas of concern for Indigenous women with disabilities, as well as being the first-ever declaration from Indigenous women with disabilities to be produced for a UN meeting.

In addition, NIDWAN has been effective in ensuring that Indigenous women have been included in wider reports, mainstreaming their issues and rights in wider women with disabilities reports developed for Beijing+30. This includes the two below:

- *Kathmandu Declaration on Beijing+30: Women and Girls with Disabilities*, a national document developed by Nepalese women with disabilities, which mainstreams and highlights priorities for Indigenous women with disabilities (16 references to Indigenous women with disabilities)
- *Asia-Pacific Declaration of Women and Girls with Disabilities: Beijing+30*, a regional women with disabilities NGO document (with 12 references to Indigenous women with disabilities).

2.2

DIFFERENTIAL PRESENTATION AND IMPACTS OF DIVERSE DISABILITIES FOR WOMEN AND GIRLS

Although disability was mentioned in the BPfA, it was not until the CRPD was ratified that the UN identified different types of disabilities. Disability is defined by the CRPD as: "long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." Although each are identified separately, people may have multiple disabilities. The impacts of physical and sensory disabilities such as sight and hearing (but also inclusive of taste, smell, tactility and others) are better known and more often addressed through accessibility in universal design and communication mechanisms and assistive technologies, although much less so for the deafblind. The understanding and integration of the needs for people with intellectual/cognitive and psychosocial disabilities is often poorly understood or addressed (unless it is the specific focus of the initiative).

Each of these different or multiple types of disability impact the lives of women and girls in different ways to men and boys, due to diverse cultural and gender norms and stigma. Intellectual/cognitive and psychosocial disabilities can also present differently in women and girls.

This is an area that has not been addressed adequately in current discussions on disability or gender. Research is scant in the sector but is in dire need if effective strategies to meet the diverse needs of women and girls with different disabilities are to be effective. Although there is not enough space in this paper to address these issues in depth, further information can be found in the forthcoming Background Paper Disability through an intersectional gender lens: Addressing inclusion for diverse women and girls with diverse disabilities (UNICEF and UN Women).

An example below relates the differential issues faced by women and girls for each type of disability:

- Women with physical disabilities and albinism face different forms of social stigma related to their physical appearance, which impacts on their employment, marriage prospects and social inclusion.
- Psychosocial disabilities can result from the impacts of gender discrimination, the intersection of gender and other discriminations, gender norms and stereotypes, poverty, hunger, malnutrition, violence, overwork and care burdens.
- Women are four times more likely than men to need eye surgery due to unequal access to health services.[13] Two-thirds of blind people are women and girls,[14] yet up to 90 per cent of blindness in women and girls can be prevented or treated as cataracts and refractive errors can be prevented or treated through low-cost interventions.[15]
- Most hospitals in LMICs require a deaf person to bring a family member to communicate with staff. As such, deaf women and girls have no privacy to disclose being abused by a family member.[16]

2.3

STIGMA, SOCIAL AND CULTURAL NORMS

Entrenched gender, social and cultural norms and perceptions provide the basis for discrimination. These may differ within and across countries, ethnic groups, religions and other characteristics identified in the intersectionality model. It is also noted that medical models view disabilities as varying from the "norm" and thus approach them from a deficit model. These factors play out in unique ways for women and girls with disabilities in society projecting stereotypical views that they are a "burden", "useless" and "non-contributors" to the family and society.[17] In school and throughout society they may be derided, dismissed, bullied, neglected and abused. This all leads to the significant erosion of self-worth and psychosocial health issues.

Social stigma for women and girls with disabilities begins at birth, with various social perceptions seeing the birth of a girl with disabilities as a curse leading to infanticide. Forced marriage is also more common for girls with disabilities. Assumptions are made about the sexuality of adolescent girls, and women and girls with disabilities are often viewed as second-class wives and not considered to be fit mothers.[18]

Women and girls with disabilities may also experience harmful beliefs and superstitions that disability is a "curse", that they are "possessed" and that mothers of children born with disabilities are "witches" or "demonic." These issues are encapsulated in CRPD General Comment No. 3, which states that "Girls with disabilities are particularly at risk of harmful practices, which are justified by invoking sociocultural and religious customs and values. For example, girls with disabilities are more likely to die through 'mercy killings' than boys with disabilities because their families are unwilling or lack the support to raise a girl with an impairment. Other examples of harmful practices include infanticide, accusations of 'spirit possession' and restrictions in feeding and nutrition."[19]

2.4

POVERTY AND ECONOMIC EMPOWERMENT

Stigma and discimination lead to women and girls with disabilities having unequal access to resources and sources of income. This issue was recognized by the BPfA's emphasis on the self-reliance of women with disabilities and improvements in the concepts and methods of data collection on the participation of women and men with disabilities, including their access to resources.

There is a strong link between poverty, disability and gender. As identified in the section on employment below, women with disabilities are less likely to be employed than men with disabilities and women without disabilities.[20] They earn on average half the income for similar jobs as men with disabilities. This leads to poverty, which is also expereinced by women who are caregivers of their children with disabilities and unable to engage in the formal workforce. This is magnified for women with disabilities who are also mothers of children with disabilities. There is a higher rate of divorce for women with children with disabilities. This creates a cycle of poverty. It has also been identified that these women have difficulty accessing social protection programmes. This may be due to lack of awareness, inaccesible systems, inadequate paperwork to meet their criteria for benefits, discrimination from service staff and others.[21]

All the informants for this study called for the prioitization of sustainable income-generation for women with disabilities, as without financial resources, they will remain dependent on others.

2.5

EMPLOYMENT

Employment issues for women with disabilities were the focus of specific references targeted to women with disabilities in the BPfA. The key issues include: the improvement of work opportunities for women with disabilities; promotion of equity and positive action programmes to address systemic discrimination against women with disabilities in the labour force; and equal access to appropriate education and skills training for their full participation in life.[22] It also included a dedicated paragraph, which urges States to:

"Ensure access to and develop special programmes to enable women with disabilities to obtain and retain employment, and ensure access to education and training at all proper levels... adjust working conditions, to the extent possible, in order to suit the needs of women with disabilities, who should be assured legal protection against unfounded job loss on account of their disabilities."[23]

Although these issues have been emphasized in national policies and various programmes since 1995, data from 51 countries reveal that only 20 per cent of women with disabilities are employed, compared with 53 per cent of men with disabilities.[24] Poor working conditions for women are also the cause of disabilities. This was identified in a study on migration and trafficking, which found a variety of impacts among 1,100 women trafficked from Cambodia, Thailand and Viet Nam: 22 per cent identified serious injury; 61 per cent had suffered depression and 42 per cent anxiety; 38 had experienced post-traumatic stress disorder; and 5 per cent had attempted suicide in the past month.[25]

There is a need for hard data to be developed on the informal and formal employment rates and income for diverse women with diverse disabilities. It is clear, however, that women and girls with disabilities access formal employment at lower rates than men with disabilities and women without disabilities, have lower salaries, less career and training opportunities and face differential workplace discrimination.[26] There is thus a critical need to provide access to sustainable income for women with disabilities and mothers of children with disabilities.[27] An initiative to assist women with all types of disabilities to develop their own businesses is outlined below from Aneth Gerana Isaya in Tanzania.

BOX 2

Positive practice: Aneth Gerana Isaya, Founder and Director of FUWAVITA, Tanzania [28]

"I am the first deaf person to graduate from university in Tanzania and I wanted to use my skills to help other women with disabilities in Tanzania, so I founded FUWAVITA *(Furaha Ya Wanawake Wajasiriamali Kwa Viziwi Tanzania)* in 2018. It is the only disabled-women-led organization in Tanzania that provides economic skills training that accommodates all types of disabilities.

The training includes business management and leadership skills as well as 'hands-on' skills to make products to sell using Tanzania's natural resources. This includes food-processing techniques in making peanut butter, mango pickle, banjia, pasta, wine, cakes, pastries, soap and livestock farming, among others. We provide sign-language interpreters for deaf women, personal assistance for women with blindness, and support for individuals with severe disabilities who require additional help. All training courses are held in physically accessible venues with sign-language interpreters.

We have been able to reach over 5,000 women and girls with disabilities across various regions of Tanzania. This includes over 500 women who have completed the entrepreneurship training, with 327 of these receiving a low-interest loan to run their own small businesses.

Like many women-with-disability-led organizations, we have limited funds, with an annual operating budget of USD 50,000. Still, our reach is extensive by delivering training remotely, which was very successful during the COVID-19 pandemic."

Kilio Mkali (right), who has a physical disability receives seed money to start her new business. Photo: FUWAVITA

Habiba Alfani Mtema (right), holds the gas oven for Kiliom Mkali (photo above) to produce her goods to sell. Habiba is Kilio's personal assistant. Photo: FUWAVITA

2.6

WOMEN'S UNPAID ROLE IN THE CARE OF FAMILY MEMBERS WITH DISABILITIES

Women are the predominate workers in positions of formal and informal care work for people with disabilities – both unpaid and paid. This work is critical to the functioning of society, yet it remains invisible in national accounts. Although significant work is being undertaken in the care economy, particularly in the past decade, data are not disaggregated between childcare, disability care and elderly care and the crossover between these. The absence of these data leads to a lack of recognition of disability care, with women who are caregivers of family members with disabilities rarely having a voice in these discussions. This is particularly the case for women with disabilities who also have children with disabilities. Research and data need to be prioritized to develop specific data on disability care to assess the prevalence, need and impact on caregivers and those being cared for. [29]

The critical role women play in providing extensive unpaid disability care work is noted in the 2022 Report of the Special Rapporteur on the Rights of Persons with Disabilities, which states:

"...families had been taken for granted by States to make up for gaps in services, which had a disproportionate impact on women who typically took time out of the labour market to care for a family member with a disability, in turn potentially affecting their life goals and pension rights.... States should recognize the intersection of gender in the service paradigm and the largely unpaid role that women and girls play and create more equitable policies."[30]

In the absence of formal support for mothers as home caregivers of their children with disabilities, the positive practice below illustrates a community model that is enabling some respite.

BOX 3

Positive practice: Kenya's system of respite for caregivers

Fatma Wangare, Secretary General for the Kenya Association of the Intellectually Handicapped (KAIH) and Regional Coordinator for Africa for Inclusion International, details a community-based model that developed organically to address the lack of respite for caregivers in Kenya.[31]

"As a caregiver for my daughter with intellectual disabilities, I understand the exhaustion and time poverty of being a mother for a child with complex needs. As with many women in my situation, there is rarely a minute to yourself. In Kenya, there are no services for respite for women as caregivers of children with disabilities. The rate of burnout of caregivers is high, as their potential for employment and social interaction is generally limited, which leads to most experiencing high levels of anxiety and depression. As a mother who is a caregiver, I wanted to help others like me and help their children to live their life to the fullest. Many of the women who come to KAIH are poor and there is no money for respite. A community-based model developed with a mother of a child with disabilities invites other women to bring their children with disabilities to her house for the day, enabling them to go out for the day without their children. It is a voluntary programme with women rotating to open their houses for other children with disabilities."

2.7

EDUCATION

- 41.7 per cent of girls with disabilities complete primary school compared to 52.9 per cent of girls without disabilities and 50.6 per cent of boys with disabilities, while only 18 per cent of girls with one or more functioning difficulties attended an early childhood education programme compared to 28 per cent of girls without functional difficulties.[32]
- The United Nations Economic, Scientific and Cultural Organization (UNESCO) reports that the global literacy rate for women with disabilities may be as low as 1 per cent.[33]
- There are lower social expectations of girls with disabilities, as it is assumed that they will not be in paid employment.[34]
- Girls with disabilities are teased by their peers and bullied at higher rates than other children and are at risk of GBV in special education institutional settings.[35]

Girls with disabilities may be kept inside the home due to embarrassment resulting from stigma and may not be registered at birth, thus becoming inviable in the education system.[36] This was expressed by a participant in a Jordanian research project looking at accessing health care services for women and girls with disabilities:

"It's a crime for a woman who has a disability to be uneducated because she will be erased from society; she will never appear to the community; she will be wronged. I see that there are people and families who lack awareness; if they have a daughter with a disability, they hide her from people. She is not seen, no one sees her or knows about her; they are ashamed of her, especially the girls; they do not let anyone see her."[37]

Girls with disabilities may also be required to stay inside the home to help with household tasks, as this is often seen as the role they will fulfil in the future. Additionally, the lack of accessible girls' toilets with adequate menstrual hygiene facilities often leads to girls with disabilities not attending school during menstruation or dropping out of school completely.[38] Studies also indicate that girls with disabilities get less attention from teachers and have lower rates of access to assistive technology.[39]

Technological advances over the decades have created extensive opportunities for women and girls with disabilities to harness the benefits of new assistive devices to increase their education, especially from the home. The Internet also provides access to information that may have previously not been available for women and girls with disabilities on all issues, including their rights and issues of SRHR. However, access to devices such as smart phones, computers and the Internet is much lower for women and girls with disabilities in LMICs. This is especially true when they are unable to afford devices, are illiterate, blind, speak non-dominant languages and have no or little information technologies (IT) skills, which is especially case for Indigenous and older women with disabilities.

2.8

DECISION-MAKING AND LEADERSHIP

Since the FWCW, there has been increased awareness of the need to boost the role of women and girls with disabilities in decision-making and leadership positions, including through the development of quota systems in various cases. Despite this, women with disabilities remain poorly represented in decision-making positions in national parliaments, due to the issues reflected above – of lower levels of education, higher levels of poverty and unpaid household and care roles, combined with structural forms of discrimination. Nidhi Goyal, founder and Executive Director of Rising Flame self-led organization of women and persons with disabilities, reflects on this:

"For years we have been talking about inclusion and the journey has been a few steps forward and a few steps back in different countries and contexts but the ongoing struggle for women with disabilities has been the acknowledgement of their expertise and voice and the combined ablest and sexist push back on their leadership."[40]

In light of the paucity of available statistics, a study was conducted in 19 countries across the Asia-Pacific region on the representation of women with disabilities in decision-making positions in 2017. It found that there were no women with disabilities in national legislative bodies in 14 out of 18 countries. Of the four with representation, their presence varied between 0.3 to 6.3 per cent nationally. In looking at representation on governmental coordinating mechanisms for gender and disability, of 12 countries, seven had no women with disabilities on national women's/gender machineries, with an average of 9 per cent in the other five countries. For national coordination mechanisms for disability, women with disabilities made up a slightly higher proportion: 12 per cent of representatives from OPDs.[41]

The low representation of women with disabilities across wider NGO groups for both women and OPDs was emphasized strongly by all the diverse women with diverse disabilities interviewed for this brief. This has led to the development of separate women's OPDs and a push for more women-led OPDs. Women's OPDs tend to be run on very low budgets with a high rate of volunteer labour. UN CRPD General Comment 3 stresses the need for both a strong representation of women with disabilities across OPDs, as well as support for them in its call for national governments to support and promote "the creation of organizations and networks of women with disabilities and supporting and encouraging women with disabilities to take leadership roles in public decision-making bodies at all levels."[42]

The African NGO report prepared for Beijing+30 drew on consultations and surveys conducted with 244 women and gender-diverse individuals with disabilities across 23 countries in Africa to ensure that their voices were heard. It notes dire findings related to decision-making and leadership:

"According to 75 of women with disabilities who participated in our survey (185 from 244) no progress has been made to promote power and decision-making of women with disabilities in the past 5 years, in their countries"[43]

The report also states that:

- Despite being directly affected by policies, women with disabilities are rarely engaged in national and regional decision-making processes. Their voices are excluded from spaces addressing human rights, gender equality and development.
- Women with disabilities are underrepresented in politics due to societal discrimination, inaccessible environments, lack of resources and their de facto exclusion from legal gender quotas. They also encounter difficulties in being meaningfully included in disability rights spaces, which often prioritize male leadership. In some feminist spaces, women with disabilities may remain excluded due to internalized ableism, with their concerns often overlooked or inadequately addressed.[44]

These findings indicate that the CRPD General Comment 3 has not been implemented with respect to its recommendation that "national governments should repeal any law or policy that prevents women with disabilities from effectively and fully participating in political and public life on an equal basis with others, including in respect of the right to form and join organizations and networks of women, in general, and of women with disabilities, in particular."[45] One positive practice to address the inclusion of women with disabilities in parliament in Africa is illustrated below.

BOX 4

Positive practice: Zimbabwe quota for women with disabilities in parliament

In 2013, a constitutional provision was made in Zimbabwe to include one woman with disabilities and one man with disabilities as senators to represent people with disabilities across the country. In 2021, another amendment was made stipulating that young women with disabilities (below the age of 35) and women with disabilities must be included in party lists, as well as the representation of women with disabilities in lists for provincial and metropolitan councils. [46]

2.9

HUMAN RIGHTS: GBV, HEALTH, SRHR, INSTITUTIONALIZATION, SUBSTITUTED DECISION-MAKING AND LEGAL BARRIERS

Over the past 30 years, human rights abuses of women and girls with disabilities have remained a critical area of concern. But one area where progress has been made relates to the increased acknowledgment of the higher rates of GBV faced by diverse women with diverse disabilities, as well the abuse of the sexual and reproductive health rights of women and girls with disabilities, where dedicated studies and programming continue to be implemented.

The dire situation of women and girls with disabilities experiencing human rights abuses has been integrated into multiple UN documents since the Beijing FWCW. This includes calls for stakeholders to specifically address the human rights of women and girls with disabilities in the CRPD and associated General Comment 3; the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), including CEDAW General Recommendation No. 39 on the Rights of Indigenous Women and Girls; and in the Convention on the Rights of the Child (CRC).

The violation of the rights of women and girls with disabilities have also been identified in other conventions as well as various resolutions, recommendations, reports by the General Assembly, Human Rights Council, Office of United Nations High Commissioner for Refugees (UNHCHR) and Special Rapporteurs on Violence against Women, the Rights of Persons with Disabilities, and the Rights of Indigenous Peoples. Many of these call for targeted action to address GBV, SRHR, institutionalization and substituted decision-making and legal rights for women and girls with disabilities.

2.10

GENDER-BASED VIOLENCE

GBV is a core cricial area of concern in the BPfA, with its prevalance still a core priority for women's groups and States alike. At least 193 countries have adopted 1,583 laws against GBV since the BPfA was agreed upon (at which time only 12 countries had laws on GBV). However, very few LMICs identify the higher rates of GBV for women and girls with disabilities with associated strategies to address the required accessibility, reasonable accomodations and communications systems to meet their needs.
The collection of data and detailed research into the specific needs of diverse women and girls with diverse disabilities has only recently been addressed. Meanwhile, many GBV service-providers do not provide services that are physically accessible or forms of communication to enable women and girls with diverse disabilities to obtain support.

Various studies and tools have been developed over the past five years that provide essential resources to the sector, including the following:[48] *Measuring violence against women with disability: Data availability, methodological issues, and recommendations for good practice* (UN Women and WHO); *Disability Inclusion in Gender-Based Violence Programming* (UNFPA); *COVID-19, gender, and disability checklist: Preventing and addressing gender-based violence against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic* (UN Women); *Gender-Based Violence and Disability Inclusion Assessment Tool* (UNFPA); while online GBV targeting of women and girls with disabilities is a recent aspect of abuse that needs more research and attention, it has been highlighted in publications such as *Invisible Threats: Technology-Facilitated GBV against Persons with Disabilities* (UNFPA)[49].

Addressing GBV for diverse women and girls with diverse disabilities requires dedicated funding and programming to ensure that mainstream prevention and response services address their needs. An example of this targeted programming is outlined in the positive practice below.

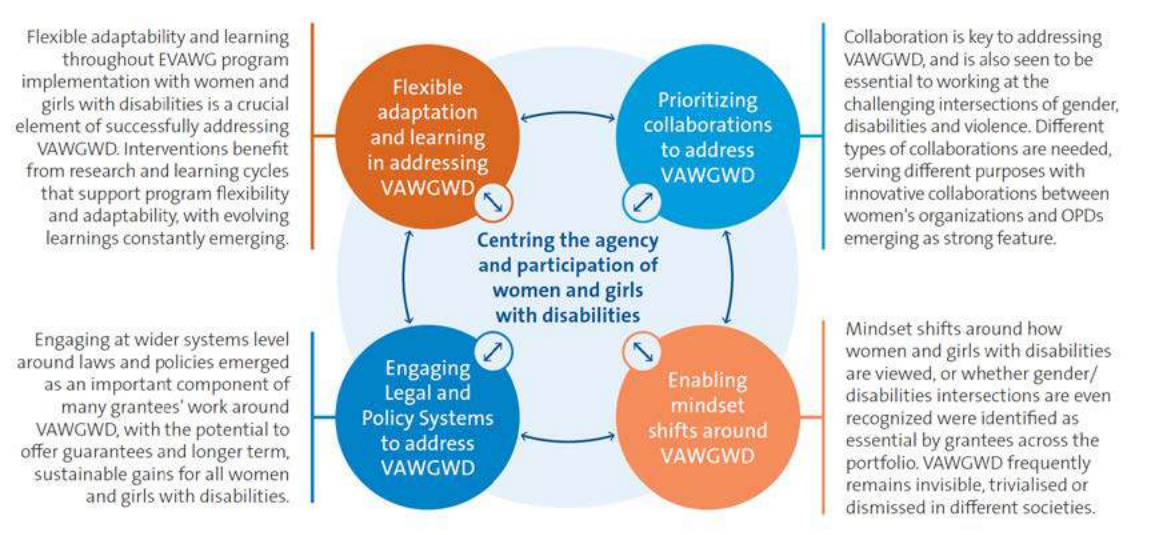
BOX 5

Positive practice: UN Trust Fund special window

Since 2018, the UN Trust Fund to End Violence against Women developed a special funding window on ending violence against women and girls with disabilities (VAWGWD). This was targeted to address the chronic underfunding and lessons learned regarding challenges to inform evidence-based programming and advocacy efforts. The figure below was developed to identify effective interlinkages in programming to address VAWGWD.

FIGURE 3

Interlinked elements of programming to address VAWGWD effectively



Source: *Palm, S. and Le Roux, E. 2023. "They Call Me by My Name": A Synthesis Review of the United Nations Trust Fund to End Violence against Women's Special Window on Ending Violence against Women and Girls with Disabilities. New York: United Nations Trust Fund to End Violence against Women, p. 18.*

The higher rate of GBV experienced by women and girls with disabilities globally has been widely acknowledged due to increased data available from dedicated studies globally. What is less known are the differential rates experienced by those with different forms of disability, and the modified strategies required. Programming interventions have often focused on ensuring that shelters for survivors of violence are physically accessible, and to a lesser extent in LMICs on the provision of prevention and response information for blind and deaf women. An Australian study on the prevalence of violence against women disaggregated by type of disability identified the rate of intimate partner violence for woman with cognitive disabilities at 52 per cent, with psychosocial disabilities at 51 per cent, sensory disabilities at 38 per cent and physical disabilities at 37 per cent.[50] This shows that women and girls with intellectual/cognitive and psychosocial disabilities are more likely than not to experience intimate partner violence, yet they often receive the least focus in programming.

Violence can also present for women and girls with disabilities in the form of being two to three times more likely to be child brides, experience early pregnancy and/or forced female genital mutilation.[51] Other forms of violence can include withholding medicine or assistive devices, restricted movement and social isolation.

2.11

HEALTH AND SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

I. Health

Health issues are critical to the lives of women and girls with disabilities. Health conditions lead to disabilities, from diseases to inadequate food, unsafe water and sanitation, violence, accidents and traumatic events. The BPfA directly calls for the creation of health programmes and services that address the specific needs of women with disabilities, in paragraph 106(c). Over the past three decades, there has been a significant growth in programmes to address the health needs of women and girls with disabilities. Nevertheless, the health conditions for diverse women and girls with diverse disabilities remain unaddressed, inequitable or inadequate, especially in poor rural areas. Physical accessibility for issues related to SRHR needs in accessing mammograms, cervical screening and maternity equipment can lead to higher rates of cancer, sexually transmitted diseases and birthing issues.[52] Obstetrical and gynaecological studies presume that the female body does not have physical disabilities, as do many health sectors.[53] Women with sensory disabilities also lack autonomy to speak for themselves, as they are often required to bring a family member or friend to assist them with communication and travel. When travel is not available, women with disabilities may need to travel long distances or mothers may need to carry their children with disabilities on their back for miles to reach clinics.[54] Women and girls with disabilities also experience attitudes that are dismissive, disparaging and discriminatory from staff in health-care centres, especially in rural areas of LMICs. This is exemplified in a statement below from a woman interviewed in a Ghanaian study of blind mothers:

> *"I was once ignored by one nurse at a public hospital when I was in labour. She asked me sarcastically 'who asked you to get pregnant when you know that you are blind? How can you take care of this child?"*[55]

II. Sexual and reproductive health and rights

The SRHR of women were a point of contention between countries in the drafting of the BPfA and remains constrained by religious and cultural beliefs that permeate national laws. Stereotypes and stigma specifically projected towards women and girls with disabilities significantly impact their access to SRHR and services. Stereotypes and misinformation lead to perceptions that women and girls with disabilities are asexual, in terms of having no sexual desires, or that they should not be sexually active. As such, women and girls with disabilities may not be given SRHR information. Girls may be excluded from classes at schools and information on SRHR may not be provided in accessible communication formats for them. This leads to a lack of knowledge on sex, menstruation and hygiene, sexual violence and their associated rights.[56] This also leads to women and girls with disabilities being exposed to unintended pregnancies, sexually transmitted diseases and GBV.

A critical human rights abuse of women and girls with disabilities is the occurrence of forced contraception, abortions and sterilization procedures. This is enabled through substituted decision-making and denial of personal autonomy, discussed below.[57] Again, stigma enables some parents or guardians to believe this is in the best interest of women and girls with disabilities, as it prevents pregnancies from rape, menstruation and the possibilities of women having children when they are seen as "unfit for parenthood."[58]

This has led the Special Rapporteur on the rights of persons with disabilities to state emphatically that: "Forced sterilization is an unacceptable practice with lifelong consequences on the physical and mental integrity of girls and young women with disabilities that must be immediately eradicated and criminalized."[59]

The past decade has seen a rise in advocacy against the SRHR of women and girls with disabilities as well as dedicated studies, guides and programming to work with women and girls with disabilities to increase awareness of SRH issues and their rights. While noting this significant progress, this work needs to expand further from the domain of SRHR specialist agencies towards core institutionalized knowledge in mainstream health, human rights, disability and GBV service-providers and advocates.

2.12

INSTITUTIONALIZATION AND SUBSTITUTED DECISION-MAKING

Stigma and discrimination can lead to women and girls with disabilities being viewed as unable to make decisions for themselves. In these cases, parents, guardians, legal/justice and health professionals may assume substituted decision-making roles either informally or through formal legal processes of conservatorship or guardianship. This process is often claimed to be in their "best interest" and can include the SRHR violations noted above as well as institutionalization.

Women and girls with disabilities are institutionalized at a higher rate than men and boys, with those with psychosocial disabilities institutionalized at higher rates than others.[60] The World Bank has also identified that women in jail are five times more likely to have a psychosocial disability than those not jailed, and that many women with intellectual and psychosocial disabilities are jailed due to a lack of psychiatric and community-based care facilities.[61] Forced institutionalization is formally acknowledged as a form of violence by UN Human Rights Council resolution 47/15.[62]

Once they are institutionalized, women and girls with disabilities are exposed to various forms of physical, psychological and sexual violence.[63] There has been strong advocacy over the past decade to address the conditions and GBV for women and girls with disabilities within institutions as well as the movement for deinstitutionalization. This needs to have an increased focus in the coming years, with associated transition programmes for women and girls with disabilities back into the community. The positive practice below illustrates how a women-led OPD was able to address sexual violence in institution-based settings. They are also developing guidance to assist women with psychosocial disabilities to transition from institutions to the community.

BOX 6

Positive practice: Case study Indonesia: Women with psychosocial disabilities gain rights in the Sexual Violence Crime Act

Perhimpunan Jiwa Sehat (PJS), also known as the Indonesian Mental Health Association (IMHA), is a women-led OPD focused on the rights of people with psychosocial disabilities in Indonesia that is working to shape effective policies and programmes to progress deinstitutionalization in Indonesia.

They have been effective in bringing attention to the gendered violence and abuse in institutional settings. Building off earlier advocacy supported by the Disability Rights Fund, PJS was effective in ensuring that the landmark law on Sexual Violence Crime Act (2022) includes sexual violence frequently perpetrated in institution-based settings, including via forced contraception, sterilisation and sexual exploitation (Article 4). It also recognizes the violence that occurs in social rehabilitation centres (not just in homes). PJS is now working with the national working group on deinstitutionalization to create guidance to implement the law for people detained in social rehabilitation centres while also advocating for a transition to community-based supports and services that protect the rights of women with psychosocial disabilities.

The Open the Gates project is supported by CBM Australia and CBM Indonesia with funding from the Australian Government and co-implemented by PJS/IMHA

Photo description: *A group of 17 women from the coalition led by IMHA, kneel and show their fists in solidarity after submitting the proposal from OPDs on the draft Sexual Violence Criminal Bill to Willy Aditya (centre), Chair of the House of Representatives' legislative body responsible for drafting the bill.*
Photo: PJS/IMHA.

2.13

LEGAL RIGHTS

Women and girls with disabilities often require assistance or support in transport or communication to access police stations health services and courts, especially for deaf women and girls as sign-language interpreters are rarely available in non-capital cities in LMICs. Relying on family members to access justice systems creates various barriers for women and girls with disabilities, particularly when the abuse they want to report may be from a family member. Some courts also do not allow women and girls with intellectual and psychosocial disabilities to represent themselves, perceiving their testimonies as not credible.

UN Women conducted a survey with 232 women with psychosocial and intellectual disabilities on their legal needs across Fiji, Nepal, Indonesia and the Philippines. It found that 96 per cent of the women identified had a legal problem over the past two years, while only 13 per cent reported the issue. This was due to lack of knowledge of their rights, cost, the fear associated with how they would be treated and/or believed and substituted decision-making preventing them from speaking for themselves.[64]

2.14

THE ENVIRONMENT, CLIMATE CHANGE, DISASTERS, CONFLICT AND COVID-19

COVID-19 escalated the barriers for women and girls with disabilities and put them at higher risks of GBV and wider health issues. The prevalence of GBV escalated for all groups of women during the pandemic, with government and NGO services increasing to meet the demand via hotlines and increased spaces in shelters. Surprisingly, these services were often not designed with accessibility for women and girls with disabilities, either physically or for the deaf and blind. For many women and girls with disabilities who were immunocompromised, the lack of information and services increased their risks and psychosocial well-being. Women with disabilities faced increased discrimination when continuing their family care roles or when leaving the house to access food supplies, while their isolation during lockdowns increased the potential for abuse from family members.

A UN Women study conducted in Asia and the Pacific found barriers for women with disabilities to access government support during COVID-19. For some it was slow to arrive; others had not been correctly registered prior to the pandemic; others were unable to travel to register or were not eligible for support according to criteria rendering them ineligible for support.[65]

I. Climate change

Climate change was not an issue specifically addressed in the BPfA, even though women and the environment was one of the 12 critical areas of concern. The past 30 years have seen a massive shift in sea-level rise, and increased and intensified climatic disasters, but global discussions rarely include women with disabilities. Indigenous women and girls with disabilities are disproportionally exposed to the impacts of the climate crisis, often living in areas with a high-risk of climate change. They hold unique knowledge in traditional water and land-management practices, and of the environmental impacts on households with disabilities; however, when traditional and disability knowledge is sought, it is generally provided by men who predominate as leaders of Indigenous groups or OPDs.[66]

Climate change has led to changes in crop yields, depleted water supplies for agriculture and livestock, reduced clean water for households, as well as health issues leading to disability and death. Globally, women are the main household managers of water, fuel and food supplies. For women with disabilities, and for women with family members with disabilities, the impacts of all these climatic changes are exacerbated due to their likelihood to be poorer and have less access to finance to buy clean water and fuel.

People with disabilities often need more water than women without disabilities to clean assistive tools and maintain body and menstrual hygiene.[67] They either need to rely on others (often daughters) or travel further to scarce water sources that may not be accessible. The distances also increase the risk of GBV for themselves or their daughters, who may be pulled out of school to fulfil these tasks.

A Cambodian study on climate resilience for women with disabilities found that very few NGOs included women with disabilities in their climate change adaptation programmes. This was due to a lack of expertise in working with people with disabilities, as well as with OPDs having limited knowledge of climate change issues, especially in relation to the challenges faced by women with diverse disabilities in their household management roles. Nevertheless, the positive practice below illustrates how programming in Vanuatu is supporting the critical work of women as leaders in climate resilience.

BOX 7

Positive practice: Vanuatu network leads climate-resilience activities

In Vanuatu, a network led by and for women with disabilities – the Women I Tok Tok Tugeta Sunshine Network – links over 1,000 women with disabilities. They are leading activities in climate resilience and planning for support to women with disabilities in preparation and in the response to climate-induced disasters. Facing the amplified occurrence of tropical cyclones and floods, they are supplying food, clean water and dignity kits for households that have members with disabilities.[68]

II. Disasters

Amid the global increase in climatic disasters, early warning, response and recovery plans need to institutionalize the needs of women and girls with disabilities. Women and girls with disabilities often face intensified barriers in leaving their homes during a disaster, with evidence indicating that family and community services may not have the facilities to transport them to evacuation shelters, resulting in cases of them being left behind.[69] Mothers of children with disabilities face the same transportation issues, putting them at increased risk of exposure to the full impact of disasters. Leaving behind mobility and communications aids also leads to their dependence on husbands, or for single women needing to rely on support from strangers. CRPD General Comment 3 addressed this issue by referring to the barriers for single women with disabilities to accessible evacuation, particularly when accompanied by their children, and without an adult family member, friend or caregiver.[70] Strangers may be less likely to assist them due to discrimination, with others praying on their vulnerability with documented cases of women with disabilities resorting to sex in exchange for assistance.[71]

2.15

CONFLICT

Issues for women and girls with disabilities in conflict are similar in many ways to disasters in respect to evacuating from conflict sites and being housed in shelters or camps. Although a huge amount of work has been done in the past 30 years focusing on women and girls and people with disabilities in conflicts, this work has largely remained siloed. For example, the landmark UN Security Council resolution 1325 on Women, Peace and Security adopted in the year 2000 does not mention disability at all. Strategies to address the heightened and differential needs of women and girls with disabilities in humanitarian contexts are rarely addressed in national government policies or by humanitarian organizations. A study by HI, (formerly known as Handicap International), found that humanitarian workers hold similar stereotypical and stigmatized attitudes to women and girls with disabilities to many in the broader population. Humanitarian workers self-reported that they did not have the knowledge of issues or related capacities to address women and girls with disabilities' needs.[72]

There is a principle for women and girls to be prioritized in relief distribution, but no systematic processes to ensure that this includes women and girls with disabilities.[73] There remains a significant need for more research, funding and policy development to identify and address the specific needs of women and girls with disabilities during conflict, coupled with associated training for all humanitarian workers.

Conflicts are highly masculinized. A UNFPA study in 2017 on the intersection of masculinity and disability in conflict and post-conflict focused on the gendered roles of men and how these impact all other members of society. A key informant in the study from Bosnia and Herzegovina stated:

"The issue is not men against women. It's patriarchy against human rights"[74]

As men comprise most soldiers, they also make up the largest number of deaths and casualties, leading to disabilities. From 1999–2022, of data where the sex is known, global statistics indicate 88 per cent of landmine causalities have been men and boys with 12 per cent being women and girls.[75] However, the psychosocial effects on their wives and mothers, as well as children killed and injured in conflict, leads to significant trauma and psychosocial disabilities for women. Men disabled by war also face high levels post-traumatic stress disorder (PTSD). This can be from chronic pain as well as not being able to fulfil their gendered roles as income-earners. This places women and other family members at increased risk of poverty as well as intimate partner violence[76] and wider violence and abuse in the household.

BOX 8

Positive practice: UNICEF landmine campaign

UNICEF designed a campaign to target children as potential victims of landmine explosions in Ukraine in 2016. At this time the number of landmines in the country was not known due to the difficulty of conducting surveys during the war. Today, Ukraine has the most landmines of any country in the world, with an estimate of 23 per cent of land at risk of contamination.[77] Boys are more prone than girls to landmine injuries due to risky behaviour, such as playing in fields where they will tamper with landmines, herding livestock or ploughing fields. Girls are more at risk of dislodging landmines while walking to school and while collecting water or firewood.[78] All children must be able to identify landmines, with this information tailored to their specific at-risk activities. To ensure these messages reached children, UNICEF designed a campaign to transmit information using superheroes that teach children about mine safety rules. The edutainment campaign included the distribution of 500 000 comic booklets, accompanied by digital mine safety rules generated through videos and a web-based game reaching 2.4 million children online.[79]

Image description: *The photo on the left shows a girl reading the Slavic language comic. The image on the right shows a boy holding a scooter and wearing a helmet and backpack. He is walking on a mound of rubble looking into the route ahead of him filled with partially demolished buildings. Photo: UNICEF.*

RECOMMENDATIONS

Overarching recommendations for women and girls with disabilities include the following:

- Increase funding for women-led OPDs to address self-identified issues.
- Ask donors to ensure that full reasonable accommodations are funded for the full and equitable participation of diverse women with diverse disabilities in all training and meetings.
- Address the lack of data and research on diverse women with diverse disabilities and institutionalize consistent processes to disaggregate data by sex, age, ethnicity and type of disability/multiple disabilities.
- Ensure that OPDs led by and/or focused on women are engaged in the initial project design.
- Significantly expand cross-sectoral understanding and collaboration between women's groups and movements and disability movements and OPDs, to address women and girls with disabilities in a consistent approach.

Recommendations addressing intersectional disparities for diverse groups of women and girls facing additional discriminations:

- Prioritize investment in research focused on and led by women with disabilities and specifically for women and girls with disabilities from the following groups: Indigenous, people of diverse SOGIESC, older women, refugee and migrant, as well as those who cannot speak dominant languages, and those who require specific linguistic accommodations.
- Ensure that the voices of Indigenous women with disabilities are acknowledged, respected and actively included in decision-making, leadership and programming. Significant funding is needed to address research and programming to target their specific needs, including their traditional knowledge of climate change adaptation.
- Increase the inclusion of people with diverse SOGIESC in the policies, programming and representative roles of OPDs. Significant funding is needed for OPDs led by and focused on issues for people of diverse SOGIESC.
- Prioritize outreach for women and girls with disabilities who are migrants and refugees, developed through accessible language and linguistic communications to increase their knowledge of gender-responsive disability-inclusive services.

Recommendations addressing the diverse disabilities for women and girls:

- Increase awareness across all stakeholders on how each type of disability impacts on and may present for diverse groups of women and girls with associated targeted interventions.
- Reform policies to address the forced sterilization of women with intellectual and psychosocial disabilities.
- Build the capacities of medical/health personnel on a range of low-risk procedures for menstrual management, especially for women and girls with intellectual disabilities.
- Address all types of disability specific to the needs of women and girls within universal design, reasonable accommodations and assistive technologies. This must include modified equipment in health care, such as cervical cancer screening, mammograms and childbirth.
- Tailor SRHR services to the needs of blind and deafblind women and girls, with specific assistive technology to focus on issues such as breastfeeding.

- Ensure early access to sign and tactile languages for deaf and deafblind girls, especially Indigenous girls in poor rural areas with provision of SRH information.
- Address the gendered stigma of all visible and nonvisible disabilities via campaigns, with positive portrayals of diverse women and girls with diverse disabilities in all forms of media.

Recommendations addressing specific subject areas, such as:

Stigma, social and cultural norms:

- Address stigma as an urgent issue. This is specific to cultures and types of disabilities and needs to be self-identified through consultations with local women.
- Focus significantly on programming to address family and community perceptions, and the treatment of women and girls with psychosocial and intellectual disabilities, including religious and cultural myths and superstitions.
- Increase awareness and advocacy within society to move from a medical model of disability, viewing women and girls with disabilities as having deficits, to a social model where their needs are understood, respected and integrated across society.

Poverty, employment and women's unpaid role in the care of family members with disabilities:

- Programming is needed to support the poorest and most remote groups of women and girls with disability, with technical and financial assistance to small and medium enterprises.
- Positive discrimination is required to address the gender gap that diverse women with diverse disabilities face in formal sector jobs and business enterprises. This must be accompanied by equity of access to reasonable accommodations, digital infrastructure and career paths.
- The care sector economy work needs to disaggregate data between childcare, elderly care and disability care and the crossover between these. Data collection needs to include sex, age, ethnicity of caregivers/support workers and those being cared for as well as their unpaid time, working conditions and types of disability.
- The role of women with disabilities who are caregivers needs to be recognized with their representation in care/support sector discussions.

Education:

- Educational programming needs to provide equity of access to all aspects of learning, with reasonable accommodations and assistive technologies for diverse women and girls with disabilities. Programming needs to address low school enrolment rates for girls with disabilities targeting families, community leaders and national policymakers.
- Separate accessible toilets with adequate menstrual hygiene facilities are needed in schools.
- The capacity of teachers needs to be increased to enable them to understand the specific presentation of different disabilities for girls and the associated strategies to support them.
- Support technical and vocational training, labour market skills, apprenticeship programmes and life-long learning for diverse women with diverse disabilities.

Decision-making and leadership:

- Specific strategies must be implemented to target and support diverse women with diverse disabilities in leadership and decision-making processes, from the local to the global level.
- Women's groups and movements must increase attention to the needs and issues of diverse women with diverse disabilities, mainstreaming these issues in advocacy, increasing their leadership role and providing full accessibility and reasonable accommodations at all events.

- OPDs and disability movements must increase understanding and address the inequitable and unique barriers faced by diverse women and girls with diverse disabilities, including in leadership roles.
- Governments, and all stakeholders must seek to include diverse women with diverse disabilities on their delegations to national, regional and international forums and meetings.

Human rights: GBV, health, SRHR, insitutionalization, substituted decision-making and legal barriers:

- Reform policies to align with UN resolutions, general comments and other documents that identify specific issues for women and girls with disabilities, including substituted decision-making, forced SRHR procedures and all forms of GBV.
- Urgently address human rights abuses in institutions, such as isolation, all forms of GBV and trafficking of woman and girls with disabilities. Support deinstitutionalization with gender-responsive and disability-inclusive community transition.
- Reform legal systems to enable women and girls with disabilities to represent themselves with adequate awareness of the legal system and with access to support of their choosing.
- Ensure communications around ongoing services for victims of violence are available in accessible formats, such as sign language, braille, plain language and other forms.
- Prioritize addressing the inequity in health care for diverse women and girls with diverse disabilities, including capacity-building for health staff in non-discriminatory practices.

The environment, climate change, disasters, conflict and COVID-19:

- More research is needed on the impacts of climate change on diverse women and girls with diverse disabilities.
- Early warning, disaster response and recovery policies and programmes must ensure accessible communication systems for women and girls with sensory disabilities, with attention to the increased GBV risks they face during disasters.
- Lessons learned from research and programming from the COVID-19 pandemic must address the gaps in messaging, services and discrimination faced by diverse women and girls with diverse disabilities.
- Trauma counselling in conflict needs to reach women and girls with disabilities with an understanding of their specific issues and context.

UN WOMEN'S GLOBAL PORTFOLIO ON DISABILITY INCLUSION AND INTERSECTIONALITY

Toolkits and resource kits

- Women, girls, and gender non-conforming people with disabilities: Know your rights! (2021)
- COVID-19, gender, and disability checklist: Preventing and addressing gender-based violence against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic (2021)
- Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind. (2022)
- Women with disabilities stigma inventory (WDSI). (2024).

Policy briefs

- Gender- and disability-inclusive budgeting: issues and policy options (2023)
- Gender, age and disability: Addressing the intersection (2022)
- Disability inclusion markers (2022)
- Experiences of women with disabilities in the Asia-Pacific region during COVID-19 (2021)
- Experiences of women with disabilities in Nigeria during COVID-19 (2021)
- Accessibility and reasonable accommodation (2021)
- Accessibility audit (2021)
- Addressing exclusion through intersectionality in rule of law, peace, and security context (2020)
- Leadership and political participation of women with disabilities (2019)
- The empowerment of women and girls with disabilities: Towards full and effective participation (2019).

Country support policy briefs

- UN Women's approach to disability inclusion and intersectionality (2023)
- Meeting basic needs of women and girls with disabilities during COVID-19 (2020)
- Women with disabilities in a pandemic (COVID-19) (2020)

Assessment and review reports

- A synthesis review of the UN Trust Fund's special funding window on ending violence against women and girls with disabilities (2023)
- Measuring violence against women with disability: Data availability, methodological issues, and recommendations for good practice (2024)

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This publication is informed by diverse women with each type of disability from all regions of the globe. They include: Amba Salelkar, Senior Manager Programme and Impact, International Disability Alliance; Pratima Gurung, Founder and Chair National Indigenous Disabled Women's Association of Nepal and General Secretary for Indigenous Persons with Disabilities Global Network; Miyeon Kim, Vice-Chair, Committee on the Rights of Persons with Disabilities (CRPD) and CRPD focal point to the Global Alliance of National Human Rights Institutions; Fatma Wangare, Secretary General of the Kenya Association of the Intellectually Handicapped (KAIH) and Regional Coordinator for Africa for Inclusion International; Jane Wangare Field Officer, KAIH and self-advocate representative, Board Inclusion Africa; Nidhi Goyal, Founder and Executive Director, Rising Flame Feminist Disability Rights Organisation; Pamela Molina, Executive Director World Federation of the Deaf; Nazma Ara Begum Poppy, Disability and Intersectionality Specialist; Eve Naqio, Project Officer, Disability Pride Hub Fiji; Robinah Alambuya, Chair of Transforming Communities for Inclusion and CEO Triumph Uganda Mental Health Support and Recovery Programme; Dwi Ariyani, Acting co-Director Programmes Asia, Programme Manager Asia Disability Rights Fund and Women Enabled International Board Member; Richa Sharma-Dhamorikar, Director of Advocacy & Research, Transforming Communities for Inclusion; Abia Akram, CEO National Forum of Women with Disabilities Pakistan and CEO of the Global Forum on the Leadership of Women with Disabilities; Charlotte Vuyiswa McClain-Nhlapo, Global Disability Advisor of the World Bank Group; Aneth Geranda Isaya, Founder of the FUWAVITA women-led OPD for women with disabilities in Tanzania; Soledad Gelvez, Secretary Equality and Gender, Latin American Union for the Blind; Mary Keogh, Advocacy Director at CBM Global Disability Inclusion and Chair of the International Disability Development Consortium.

Other key stakeholder interviews were conducted with: Aliesha Carroll, Research and Effectiveness Lead, CBM Australia; JoAnn Garnier, Grants Consultant Disability Rights Fund Haiti; Marion Steff, (International Cooperation Manager); Marine Uldry (Human Rights Policy Coordinator) and Giulia Traversi Delpozzo (Humanitarian Policy Officer) European Disability Forum; Nathaly Guzmán Figueroa , Disability and Gender Programme Specialist, UNFPA and the following personnel from the Australian Department of Foreign Affairs and Trade: Andrea Cole, Director, Development Policy Division; Kate Groves, Acting Director, Gender Multilateral Section; Helena Woods, Assistant Director, Strategic Budget and Investments Section, Gender Equality, Disability and Social Inclusion Branch; Jade Cooper, Assistant Director, Pacific Culture and Gender Section; Trisha Gray, Assistant Director, Gender Strategic Budget and Investments Section; Danielle Sever, Director, Global Development Section; Nicholas Power-Geary, Policy Officer, Global Development Section; Lachlan Dawson, Acting Assistant Director, Disability Equity and Rights Section; and Elaine Darga, Assistant Director, Gender Multilateral Section.

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This policy paper is focused on diverse groups of socially marginalized women with diverse disabilities. It highlights how the 12 critical areas of concerns from the Beijing Platform for Action (BPfA) have progressed or faced continuing entrenched barriers and dealt with new challenges in the 30 years since the United Nations' Fourth World Conference on Women (FWCW) held in Beijing. The focus is specifically on how gender inequality and disability exclusion both compound and create unique concerns for women and girls with disabilities. As they are not homogenous, this paper takes an intersectional approach, identifying the impacts for women and girls with disabilities facing numerous forms of discrimination while having different and multiple types of disabilities. Stereotypes and social and cultural norms are discussed in relation to stigma and discrimination.

The paper also features the voices of diverse women leaders with diverse disabilities, with case studies from various low- and middle-income countries (LMICs).

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