

Gender Equality and Disability Equity

AN INTERSECTIONAL APPROACH

Introduction

Globally, an estimated **19 per cent of women have a disability**, compared to 12 per cent of men.¹ In every country with available data, more women than men are recorded as having a disability.² Just as the issue of disability rights must consider the impact of gender, explorations of gender equality must consciously consider the prevalence and lived experience of disability.

This need is compounded by the experience of poverty: **22.1 per cent of women in lower-income countries have a disability**, compared to 14.4 per cent in higher-income countries.³ Women living in poverty are also more likely to acquire disabilities. Women are 1.8 times more likely to contract trachoma than men, and four times more likely to need eye surgery, due to unequal access to health services.⁴ And, every minute, more than 30 women are seriously injured or acquire a disability while labouring during childbirth.⁵

Women with disabilities experience **complex and unique layers of marginalisation** and face heightened barriers to achieving the targets set out in the Sustainable Development Goals framework. In order to truly 'end all forms

of discrimination against all women and girls everywhere' (SDG 5), particular attention must be given to the substantial global community of women and girls living at the intersection of gender and disability discrimination. To be truly transformational, Australia should adopt an **intersectional approach to gender equality and disability equity**.

This paper summarises key contexts related to women with disabilities, at a time when DFAT is developing strategies for both gender equality and disability equity. It draws from CBM's submissions to the International Gender Equality Strategy development process and includes a summary of key recommendations.



Transformational, feminist and intersectional

Australia's approach to gender equality needs to be underpinned by an intersectional approach that acknowledges and strategically addresses the complex layers of marginalisation for women with disabilities.

Women with disabilities face the same spectrum of human rights abuses as women without disabilities, but social isolation and stigma magnifies these abuses and their consequences. In addition, women with disabilities face multiple and additional layers of marginalisation due to disability discrimination.

This situation is acknowledged in the *United Nations Convention on the Rights of Persons with Disabilities (CRPD)*, ratified by Australia. The CRPD specifically dedicates Article 6 to women with disabilities, setting out the obligation of states to recognise that women and girls with disabilities are subject to multiple discriminations and to take measures to offset these, and to ensure the full development, advancement, and empowerment of women.

This becomes more complex when looking at different types of impairments. For example, we know that women and girls with psychosocial disabilities are the most marginalised among women with disabilities and can often not access mainstream programming.

We recommend that disability rights and equity be elevated in the gender equality strategy by using an intersectional approach. Make gender-sensitive disability inclusion and disability-sensitive gender equality priorities in the aid program cycle from design to implementation to evaluation.

Too often, disability inclusion policies and legal frameworks do not have a gender equality lens, and gender equality policies

and legal frameworks do not adequately address disability equity. For example, countries around the world are increasingly adopting national policies focused on the elimination of violence against women (such as Kiribati and the Solomon Islands). But they fail to recognise the disproportionate occurrence and specific nature of violence against women and girls with disabilities.

Living as the targets of discrimination based on multiple factors, women with disabilities are simultaneously 'essentially isolated and often required to fend for themselves in legal and advocacy settings'.⁶ This discrimination can manifest as not only exclusion from everyday life, but also exclusion from communities that should extend a welcoming hand, including both the disability rights movement, and the gender equality movement.

For women with disabilities living in poverty, this systemic exclusion plays out even more starkly and with a greater impact on individual and community wellbeing. While the world has mobilised to develop strategies, programs and policies for the advancement of gender equality and disability equity in developing contexts, women with disabilities in developing countries continue to experience lower rates of access to education, employment and health services than either men with disabilities or women without disabilities.

Throughout their lives, women with disabilities face discrimination based on their gender as well as on their disability, giving rise to complex forms of discrimination that cannot be fully understood or tackled if viewed purely through a lens of gender or disability. Women with disabilities themselves are also a diverse group and this must be taken into account, including perspectives of age, ethnic, religious and racial backgrounds as well as different types of disabilities.

Key sectoral gaps for women with disabilities

Gender-based violence

For women with disabilities, the risk of violence is both heightened and unique. Globally, women with disabilities are two to three times more likely to experience physical or sexual violence than women without disabilities and are less likely to disclose incidents of sexual violence and domestic abuse.⁷

They also experience acts of violence specific to their experience of disability. Women and girls with albinism face the risk of being raped by men who believe that sex with them offers a cure to HIV/AIDS.⁸ Women with disabilities - particularly cognitive or psychosocial disabilities, in institutions or using the services of support workers - are at heightened risk of abuse, and are less likely to access support or justice when violence is perpetrated by a caregiver or attendant.⁹ Women and girls with disabilities also experience forced practices such as

involuntary sterilisations and hysterectomies at rates up to three times higher than other women.¹⁰ Violence has also been identified as a notable cause of disability.

In Vanuatu, one in six women has experienced physical or sexual violence by their partners in their lifetime. Of these, one in five acquired a permanent disability due to physical or sexual violence perpetrated by their partner.¹¹ In some conflict-affected contexts, the proportion of women with disabilities reporting experiencing physical or sexual intimate partner violence is higher.

Countries around the world are increasingly adopting national policies focused on the elimination of violence against women. In the Pacific, where rates of violence against women are among the world's highest, states such as Kiribati and the Solomon Islands have introduced such policies. But they fail to recognise the disproportionate occurrence and specific nature of violence against women and girls with disabilities.¹² Similarly, the relevant indicators provided under SDG 5 make no mention of women and girls with disabilities.

Case Study – Gender-based violence in Cameroon

CBM Australia's partner in Cameroon undertook research to understand what's stopping women and girls with disabilities in Cameroon from reporting gender-based violence.

They found fear is the main reason: fear of family pressure, fear of the abuser, fear of the unknown, fear of losing livelihood support, fear of stigma, fear of trauma, and fear of not being believed.

These are some of the things the research team heard from women and girls with disabilities who have experienced gender-based violence.

"The man who forced me to have sex with him said that if I tell anybody, he will kill me, and I am afraid to die."

Women and girls with disabilities also do not trust the authorities and think the judicial system is a waste of time.

"Justice in Cameroon is for the rich and not for the poor. If I report, the abuser will corrupt the officials of the legal system, and the case shall be dismissed."

Even if women and girls with disabilities want to report, they often do not know how to or what support services are available because the information is not accessible.

To stop violence against women, programs need strategies that empower women and girls to know their rights, increase community awareness of gender-based violence, and improve and promote accessible support services and reporting methods.

Source: CBM Australia. 2022. What's stopping women with disabilities from reporting gender-based violence? Research from Northwest Cameroon [Accessed: <https://www.cbm.org.au/resource/gender-violence-cameroon>]

Social protection, livelihoods and economic empowerment

Women with disabilities face many of the same economic inequalities as other women, but these are compounded by disability-related stigma and discrimination. The CRPD asserts the right to work for persons with disabilities (Article 27) and the right to an adequate standard of living and social protection (Article 28). Studies show that women with disabilities are at greater risk of poverty than men with disabilities, linked to limited educational and skills development opportunities. Many can work, often with very minor accessibility adjustments or reasonable accommodations, or indeed none at all – yet women with disabilities have lower employment rates than both women without disabilities and men with disabilities, and they earn less than men with disabilities.

However, the issue of disability is intrinsically bound to the matter of household care duties and labour distribution, with women overwhelmingly

taking on responsibilities for the care and support of children with disabilities. Research supported by CBM in Ghana indicated that in families that include a child with a disability, households disproportionately become female-headed. This occurs due to either paternal abandonment resulting from the stigma surrounding disability, or from the deepening of poverty by the additional costs associated with disability, which drive fathers to seek work elsewhere.¹³

In countries with limited social protection or services available to families, this can see women caregivers become even more time-poor with significant constraints on their capacity to work or represent their and their families' interests in their communities. Whether a woman caring for a person with a disability, or a woman with a disability herself, women's disproportionate share of unpaid care work limits the ability to participate in and benefit from the development priorities outlined in not only Goal 5 but all the SDGs.

CBM Australia conducted a meta-evaluation¹⁴ of 26 recent projects it



Image: Through a CBM-funded early education program in the Philippines, 4-year-old Aleyah is developing the skills to start her life-long learning education journey © CBM Australia 2021

supported in relation to gender equality. It found that livelihood options and the time individuals have available to engage with different livelihood options need to be carefully considered, particularly small business development. A caregiver's schedule can already be full with household and caring responsibilities, making some forms of livelihood development unrealistic. Many households experience marriage breakups when there is a child with a disability, meaning a single parent takes on the already additional caring responsibilities, placing more limits on time available.

Social protection programs such as pensions, unemployment benefits and disability support are critically important for people with disabilities who have additional pressures on their incomes. Having an impairment or mental health condition entails costs such as treatment and rehabilitation, personal assistance, assistive technologies such as wheelchairs or screen-reading technology, or specialised transport. Households that include a person with disabilities therefore do not have the same spending capacity as households with a similar income which do not include a person with disabilities. Likewise, poor households that include a person with disabilities are less likely to develop coping strategies to get out of poverty. For example, women with disabilities in Uganda reported being repeatedly faced with abandonment after conceiving children and therefore being left to care for them without material support. Many women with multiple or complex impairments often lack access to adequate social protection due to inadequate social protection schemes within their country and, further still, paid work may not be a realistic possibility due to barriers such as inaccessibility and discrimination.

Climate change and disaster risk reduction

People with disabilities are also disproportionately affected by climate change as this is exacerbating existing inequalities, including access to health care, and increased exposure to the social determinants of poverty, such as lack of access to education, adequate housing and



Image: Almah from Papua New Guinea describes how access to assistive technology was challenging during COVID © CBM Australia © CBM Australia 2021

employment.¹⁵ The particular vulnerability of people with disabilities to the impacts of climate change has been acknowledged, including in the preamble to the 2015 Paris Agreement. However, too often, climate disaster preparation and response, and adaptation planning is not disability inclusive. More often, people with disabilities are being 'systematically ignored' by governments when it comes to climate responses.¹⁶

Given that women and girls are more likely to have a disability and live in poverty, they are also disproportionately impacted by climate change. Despite this, there is a prevailing lack of data on the specific experiences and impact of climate change on people with disabilities, particularly women and girls with disabilities.

Natural hazards are a regular and increasing occurrence worldwide. We are working with communities in some of the most disaster-prone areas to empower people with disabilities and ensure no one is left behind when disaster strikes. Disasters disrupt the social fabric and expose women and girls to violence, including sexual abuse. Women with disabilities are much more likely to miss out on disaster risk reduction information and training sessions, not receive information on what to do in emergencies and have less access to evacuation shelters. This directly impacts their vulnerability during a disaster and their capacity to be as safe as others in the community.

The impact of climate change on people with disabilities in Philippines

Philippines is one of the most cyclone-prone countries in the world. It lies on what is described as the 'typhoon belt' and is one of the top five countries affected by climate change, as per the Global Climate Risk Index 2021. Approximately 20 cyclones hit the Philippines annually and this is increasing. The agriculture sector is particularly vulnerable to the impacts of climate change and people with disabilities continue to be the hardest hit due to existing inequality and poverty. For example, Joan, who is the President of a local Organisation of People with Disabilities in central Philippines is struggling to sustain her small family farm.

"Five to seven years ago we were harvesting between 30 and 50 sacks of rice, but the last time we farmed our land, we only harvested about 10 sacks.

"This is caused by climate change affecting farmers. Even the occurrence of typhoons is changing – usually we get typhoons in June and July. But in November 2021, it was the strongest typhoon that I've ever experienced - our village was flooded for two weeks."

Excerpt from: The impact of climate change from people with disabilities in the places we work, CBM Australia 2023

Pathway to participation, empowerment and local leadership

We need to go further than 'inclusion, participation and empowerment' of women and girls with disabilities. It is critical that these systemic issues are recognised and addressed by putting in place the preconditions for inclusion that address the systemic barriers that have persisted in excluding women with disabilities from places of strong engagement and power for so long.

The dismantling of systemic and politically ingrained social norms is critical as a pathway for progress. In all countries, almost all facets of life – from the actions of individuals to the structures of institutions – are governed by deeply ingrained social and customary norms. These norms can be informal but implicitly understood rules of a community and are reinforced through patterns of social reward for those who uphold them, and marginalisation or punishment for those who defy them. These norms underpin relations and often drive power imbalances between groups of people, particularly those with differing

experiences of gender, disability, race or ethnicity, caste, or poverty.

For change to occur, it must be recognised that social norms around disability and gender influence all aspects of individual and community life – even those movements seeking justice and equality for the most marginalised. Historically, issues of disability equity and gender equality have been approached as separate challenges. But development actors – from grassroots advocates to high-level policymakers – have begun to recognise the complexity of lived experience and adopted intersectional approaches as a result.

Preconditions to inclusion

Reforms to improve social inclusion and access to services for women with disabilities often fall short because of the lack of the essential building blocks or preconditions that are necessary to ensure disability equity. These preconditions are the foundational aspects that are indispensable in addressing the requirements and views of people with disabilities and should be considered in public policy-making and programming across all sectors.

Preconditions to disability inclusion are critical for people with disabilities to access services across all sectors, such as education, health, and justice. One of the foundational preconditions for inclusion is official recognition of people with disabilities as a protected group at national and sub-national levels, including recognition of each type of disability. There must be protections in place to prevent and address disability-based stigma and discrimination and to promote equality and non-discrimination. Preconditions also include service delivery, accessibility, and participation of people with disabilities as well as disability assessment and referral systems, early interventions, and assistive technology. Accessibility standards need to be expressed in laws and policies and implemented in programs.¹⁷

Partnerships with Organisations of People with Disabilities

Funding needs to be increased substantially, earmarked and indicators put into place. At a country level, Organisations of People with Disabilities (OPDs) and women's organisations have a role to play in advocating for the rights of women and girls with disabilities. However, neither is fully resourced to prioritise either women and girls in broad disability rights advocacy or the rights of people with disabilities in women's rights advocacy. As of 2014, 0.3 per cent of the \$2.7 billion funding available for human rights globally was allocated to work specifically advancing the rights of women and girls with disabilities. Within funding for women's and girls' rights, 1.5 per cent was awarded to disability rights causes, and within disability rights funding, only 9.5 per cent focused on women and girls.¹⁸

OPDs are making a difference, many taking a leading role in ensuring the representation of women with disabilities in their ranks. This follows the emergence of increasing numbers of women-led organisations worldwide. While the domination of men with disabilities persists, practices such as the establishment of OPD taskforces or committees for women, or mandating gender balance in governance structures such as co-chair positions, are facilitating greater representation and inclusion. However, capacity is limited and pathways

for women to take positions of leadership need support to enable new generations of women with disabilities to step up.

This absence of women with disabilities from visible roles in their communities perpetuates their exclusion and further entrenches harmful norms. While not measured as part of the 2030 Agenda reporting process, the disruption of social norms will, fundamentally, drive improvements against all targets and indicators under Goal 5. A focus on this root cause of marginalisation for women and girls, people with disabilities, and those at the intersection must underpin the new gender equality strategy.

Strong role models – particularly those from intersectional marginalised backgrounds, such as women with disabilities – are critical for building momentum and leading the way for others.

Though local in reach, peer support groups headed by strong female role models have been recognised as significant for empowering other women and girls with disabilities to overcome restrictive social norms. In their local communities, in disability rights and gender equality organisations, and on the global stage, women with disabilities must be upheld as role models and their substantial achievements celebrated.

While incremental change is occurring in the disability rights movement, many women with disabilities still face barriers to full engagement in women's rights movements. Women with disabilities describe needing to 'shake them to remind them that we are women with disabilities, we are here',¹⁹ and ask for more than participation: 'We are women too, we have the skills, potential and we want to become more visible. Let's work together, let's unite, let's partner. We want to be given a seat at the table where decisions are being made. I want to see women with disabilities in leadership positions even in the mainstream women's movement globally, regionally and locally.'²⁰

CBM's recent meta-evaluation of programming found that there is a need to ensure women are not just 'in the room', but actively participating. In several

projects, women were present but not speaking in meetings.²¹ Even being in a leadership position, such as the secretary of a self-help group, did not necessarily ensure genuine participation. It is important to first pay attention to how much women are participating in group processes, and then identify and address the barriers that are preventing more genuine participation of women, appropriate to the context. Examples of strategies that work include encouraging specific, group-meeting processes that give everyone a clear opportunity to talk, and, in some contexts, women-only self-help groups have been formed.

Organisations dedicated solely to advancing the rights of women and girls

with disabilities do exist and have been growing in recent years. OPDs, including the Pacific Disability Forum (PDF) within the Pacific region, have played a substantial role in partnering with governments and other development actors such as UN agencies to gather evidence, coordinate and promote action on disability rights, including the rights of women and girls with disabilities. Recently, PDF, along with Women Enabled International and the United Nations Population Fund and supported by Australian aid, released three ground-breaking resources documenting the lived experiences of women and young people with disabilities around social and reproductive health and rights, gender-based violence and access to essential services in Fiji, Samoa and Vanuatu.²²

Improving leadership opportunities for women with disabilities

Salma, from Bangladesh, became a person with a physical disability after becoming ill from polio at a younger age. She would often be teased and treated as a burden by her family, having no say in family matters – even if those matters were about her.

Salma's life changed the day a staff member from a CBM Australia-supported project told her about Self-Help Groups (SHGs). CBM have been supporting partners in Bangladesh to implement a project focusing on promoting the rights of people with disabilities. By working with and strengthening SHGs, people with disabilities, like Salma, have gained the confidence and knowledge to become change agents, advocating for their rights.

After joining the SHG and participating in a month-long leadership training program – a decision which she says was the 'turning point' in her life – Salma started advocating to government representatives for greater disability inclusion. She built strong relationships with government officials and community leaders, creating a space where she can raise disability issues and work with them to find solutions.

'Now I am living my life to the fullest. I never imagined that my life would have such a transformation. I believe, transformation happens only when we work for it and remain committed. If provided with required support, we can prove that we are equal to others in the society,' says Salma.

Some of Salma's main achievements include getting five acres of government-owned land to grow rice on and splitting the proceeds evenly between SHG members. She's also worked hard on assisting victims of sexual harassment to access legal support – a process which she says has been helped by the training she received on gender and child safeguarding.

In recognition of her excellent work and commitment to disability rights, Salma was elected as President of the SHG and SHG federation. She has also received a motorised tricycle from the project, giving her the freedom to move around much easier, and is running a shop in town.

Source: <https://www.cbm.org.au/stories/salma-a-story-of-hope-and-transformation>

In order to ensure the capacity of OPDs and women's groups to advocate effectively on the rights of women and girls with disabilities, and particularly to collaborate with governments and other development actors to ensure equitable and inclusive aid investments, additional and targeted funding must be made available.

Resourced and accountable

Intersectional technical knowledge is a critical capability that must be valued, resourced and rewarded. Where a GESDI approach is taken for advisory positions, they must be sufficiently resourced to ensure adequate attention to all areas and a true intersectional and rights-based approach should be applied, rather than mere inclusion. Otherwise, there is a real risk that GESDI becomes a 'tick the box' exercise or that consultants are engaged for GESDI work who have experience primarily in gender equality but with little expertise on disability and other marginalised groups.

Technical expertise is needed in power-based intersectional analysis and implementation, going beyond simple inclusion to include an understanding of the way that systems of power perpetuate inequality and marginalisation. Regular and transparent reporting on progress against commitments will be critical to drive accountability and improved performance over time.

The exclusion of women with disabilities at a global level is an omnipresent issue. In 2016, for example, at elections to appoint a new UN Committee on the Rights of Persons with Disabilities, no women were elected. This left one woman remaining, halfway through her term, on a committee of 17. Australia should build on its international leadership and high standards of accountability by playing an international advocacy role in delivering an intersectional and feminist approach and implementing identified positions for women with disabilities on government delegations to global fora.



Image: Joyful and Shilpy from Bangladesh demand better inclusion in disaster risk reduction for people with disabilities © CBM Australia 2019

Conclusion

Australia's approach to gender equality needs to be underpinned by an intersectional approach that acknowledges and strategically addresses the complex layers of marginalisation for women with disabilities. This approach should address the preconditions for inclusion and provide partnership and support for Organisations of People with Disabilities, celebrating local role models. It is critical that there is substantial scale-up in sectors where women with disabilities are being left behind, and it should be informed by intersectional analysis, and be accountable.

Given the high prevalence of disability among women, gender equality will not be achieved without a strong commitment to the inclusion and empowerment of women with disabilities as well as dedicated resourcing.

Recommendations

1. Australia's approach to international development should be underpinned by an intersectional approach informed by intersectional feminist analysis. This should strategically address the unique and complex layers of marginalisation for women with disabilities, as well as by people with disabilities of diverse sexual orientation, gender identity expression and sexual characteristics (SOGIESC).
2. All gender equality investments should integrate disability analysis; mandatory disaggregated data; identification of barriers for women with disabilities, and measurable indicators for disability equity.
3. All gender investments should include dedicated resourcing for reasonable accommodations and addressing identified barriers for women with disabilities to access programming.
4. Australia should implement a rights-based and strengths-based approach to development, including commitment to full implementation of human rights mechanisms such as the UN Convention on the Rights of Persons with Disabilities and the Pacific Framework for the Rights of Persons with Disabilities.
5. All investments across Australia's development program should include women and girls with disabilities at the design phase and throughout delivery and evaluation.
6. Australia should also substantially scale up in the following areas to close the gap for women with disabilities:
 - violence prevention and response investments specifically addressing women and girls with disabilities, as well as committing to increase funding for the inclusion of women with disabilities in all programs to combat gender-based violence.
 - social protection, livelihoods and economic empowerment of women with disabilities.
 - climate change adaptation and disaster risk reduction.
7. Increase funding and direct partnerships with local Organisations of People with Disabilities (OPDs) who are working directly with women's groups and continue to fund local, women-led programs with strong inclusion of women with disabilities that have a focus on elevating the rights of women and girls.
8. Invest in action to address wide-ranging systemic gaps and failures in legislation and policy that facilitate conditions that give rise to violence, abuse, oppression and exploitation of women and girls with disabilities.
9. Expand technical expertise in gender, disability, and social inclusion across international development to support power-based intersectional analysis and implementation including analysis of all new investments and country plans.
10. Continue to support the nomination and election of women with disabilities to key roles on global committees, including the Committee on the Rights of Persons with Disabilities and the Committee on the Elimination of Discrimination against Women and implement identified positions for women with disabilities on government delegations to global fora relating to gender and disability.

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About CBM Australia

CBM Australia is part of a Christian international development organisation devoted to improving the lives of people with disabilities in the poorest places on earth. In 2022, CBM Australia worked in 42 countries in the Pacific, Asia and Africa. It worked alongside 67 OPDs and influenced 30 organisations to be more disability inclusive.

CBM Australia is proud to have a partnership with the DFAT as part of the Australian NGO Cooperation Program (ANCP) and is a member of the Australian Council for International Development. CBM's Inclusion Advisory Group has also been DFAT's technical partner on disability inclusion since 2010 under successive partnership agreements.