



LEAVE NO ONE BEHIND

cbm 

GENDER EQUALITY, DISABILITY INCLUSION AND
LEADERSHIP FOR SUSTAINABLE DEVELOPMENT

CONTENTS

- 3 FOR **ALL WOMEN**,
EVERYWHERE
- 5 INDIVIDUAL **BARRIERS**
- 12 ENABLING **ENVIRONMENTS**
- 18 A **GLOBAL MOVEMENT**
FOR CHANGE
- 20 LEAVE **NO WOMAN BEHIND**:
PRINCIPLES FOR INCLUSION

Cover: *Nelly Caleb, National Coordinator of the Vanuatu Disability Promotion and Advocacy Association, shares, “I’m happy that I am a woman with disabilities and I am a leader... I’m not only advocating for me, but for my members as well.”*





CBM Australia is a Christian international development organisation committed to improving the quality of life of people with disabilities in poor communities around the world.

Addressing poverty alleviation through development efforts that include people with disabilities, and prevent disability for those at risk; CBM Australia is helping to end the cycle of poverty and disability.

CBM Australia works in partnership with people with disabilities, non-government organisations, government and international agencies to empower people with disabilities to achieve their human rights and participate fully in society.

◀ Jeanet, 19, Vanuatu. Jeanet attended school until grade 6 when she had to leave due to illness. She is now practicing how to walk. She hopes to go back to school one day and get a job in an office.



“

In order to truly ‘end all forms of discrimination against all women and girls everywhere’¹, particular attention must be given to the substantial global community of women and girls living at the intersection of gender and disability discrimination.

FOR ALL WOMEN, EVERYWHERE

“Women with disabilities are a diverse group. We are indigenous women, we are young girls, and older women... We are refugee women, migrant, asylum seeker and internally displaced women, and women in detention... We are women who come from all walks of life, we are women who live in poverty. We are women from different ethnic, religious and racial backgrounds and we are women with different types of disabilities”.²

In modern history, the advancement of women’s and girls’ rights has come in waves: the first wave of suffragettes seeking political equality, the second wave of organisers pursuing social liberation. Although these movements achieved significant change for many women, many were left behind.

Subsequent waves have sought to address the specific barriers faced by a more diverse global community of women and girls. In the landmark 1995 Beijing Declaration and Platform for Action, women living in poverty, enduring armed conflict, or facing human rights violations – including disability rights – were placed at the forefront. As this wave swept over negotiations on the Sustainable Development Goals (SDGs), women and girls were rightly represented with a standalone goal for gender equality, and gender was mentioned throughout the resulting 2030 Agenda for Sustainable Development.

◀ **Kazol, Bangladesh.** *Kazol is respected community leader. She leads a self-help group for people with disabilities and is a member of the ward disaster committee.*

Although not specifically mentioned in the SDGs, and often underrepresented on the advocacy stage, women and girls with disabilities are a substantial group. Women are overrepresented in many disability prevalence measures:

- An estimated 19 per cent of women globally have a disability, compared to 12 per cent of men.³
- In every country with available data, more women than men are recorded to be living with a disability. The largest difference in disability prevalence is observed in Bangladesh, where 23 per cent of women have a disability, compared to 10 per cent of men.⁴
- 22.1 per cent of women in lower income countries have a disability compared to 14.4 per cent in higher income countries.⁵
- Globally, 55 per cent of people with a vision impairment are women.⁶
- Women are 1.8 times more likely to contract trachoma than men⁷, but are four times more likely to need eye surgery due to unequal access to health services.⁸
- Every minute, more than 30 women are seriously injured or acquire a disability during labour.⁹

Women and girls with disabilities experience complex layers of marginalisation, and face heightened barriers to achieving the targets set out in the SDGs framework. In order to truly 'end all forms of discrimination against all women and girls everywhere'¹⁰, particular attention must be given to the substantial global community of women and girls living at the intersection of gender and disability discrimination.

Grounded in critical race and gender theory, the concept of intersectionality has been integral to new waves of women's rights advocacy. Intersectionality gives a name to the overlapping experiences of personal and political marginalisation known to women of colour and, later, other groups including women with disabilities. Living as the targets of discrimination based on multiple factors, such women are simultaneously 'essentially isolated and often required to fend for themselves'¹¹ in legal and advocacy settings. For women with disabilities, this discrimination can manifest as not only exclusion from everyday life, but exclusion from communities which should extend a welcoming hand; including both the disability rights movement, and the gender equality movement.

For women and girls with disabilities living in poverty, this systemic exclusion plays out even more starkly, and with 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 inclusion in developing contexts, women and girls 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.

Life at the intersection of gender and disability discrimination is not just theoretical. It is a lived experience of systemic exclusion from the benefits of development articulated in the SDGs, including Goal 5's efforts to ensure equitable access to opportunities and advancement. No one understands these complexities better than women with disabilities themselves. In order to truly achieve the SDGs, women with disabilities must be supported to share their experiences of individual exclusion, build community-based enabling environments, and contribute to global solutions. In order to leave no woman behind, every woman must be heard.

> *Hangma, from India, has a mobility impairment, and is respected within her community, participating in many public events.*





©Erin Johnson/CBM Australia

INDIVIDUAL BARRIERS

^ **Kera, Vanuatu.** *Kera, from Vanuatu, has always wanted to go school, and enjoys colouring and playing with her friends. Kera shares, "I'm happy when I'm in school."*

While women are overrepresented in disability prevalence measures, women and girls with disabilities are also often overrepresented in measures relating to the 2030 Agenda's key targets for gender equality.

The SDGs' overarching drive to 'reach the furthest behind first' requires a particular dedication to working with women and girls with disabilities to understand their individual experiences, and to engage them as leaders and experts in dismantling barriers.

These include barriers to:

- Education and opportunity, as outlined in targets relating to equal rights to economic resources (target 5.A) and full and effective participation and equal opportunities for leadership (target 5.5);
- Health and safety, as reflected in targets relating to the elimination of all forms of violence (target 5.2), the elimination of all

harmful practices (target 5.3) and universal access to sexual and reproductive health and reproductive rights (target 5.6); and

- Available time and valued labour, as recognised in the target relating to the recognition of unpaid care and domestic work (target 5.4).

In each of these fields, women and girls with disabilities have individual experiences of exclusion. In each of these fields, what women and girls with disabilities have to say about their experiences will be critical for ensuring that no one is left behind.

Education and opportunity

In common development measures, equality of access to education is a baseline marker of success. While outcomes against the Millennium Development Goals in the Pacific were mixed, achievements in education stood out, with only Kiribati and Papua New Guinea failing to make progress against universal primary education. For all states except the Solomon Islands, progress was gender equitable in nature.¹²

In Vanuatu, 72 per cent of girls without disabilities complete their primary education¹³, compared to the 42 per cent average in other lower-income countries.¹⁴ This is a remarkable achievement. For girls with disabilities, however, there is little to celebrate; only 15 per cent of girls with disabilities in Vanuatu complete primary school¹⁵, compared to the lower-income country average of 32.9 per cent.¹⁶ Around the world, this gap is at its widest for girls with intellectual disabilities, and for girls who are blind, Deaf, or deafblind.

In education around the world, young women and girls with disabilities face a number of barriers to access equal to either girls without disabilities, or boys with disabilities. Tangible barriers can include the absence of ramps, sign language interpreters or braille materials, or a lack of safe, private and accessible sanitation facilities for young women and girls.¹⁷ However, exclusion in education also grows from less tangible barriers, particularly social norms around both gender and disability. Girls are often restricted by patriarchal standards that portray men as income earners and women as wives, mothers and caregivers. Girls with disabilities are doubly-disadvantaged by perceptions of dependency and helplessness. Many are subsequently kept home in efforts to protect from perceived threats of exploitation or other harm.¹⁸

This exclusion from foundational education creates ongoing challenges for women and girls with disabilities in later life. Although people with disabilities, when adequately supported, can perform to a high standard in almost any livelihood, early barriers to the development of human and social capital limit which opportunities may be available.

However, evidence suggests that gender norms, not perceptions about disability, create more significant barriers to employment for women with disabilities. In lower-income countries, 71.2 per cent of men without disabilities are employed, compared to 58.6 per cent of men with disabilities. The same research found that in these same countries, 31.5 per cent of women without disabilities were employed, compared to just 20.1 per cent of women with disabilities.¹⁹ In developing countries, as around the world, the gender pay gap also persists as women with disabilities encounter lower wages and poorer working conditions than either men with disabilities, or other women.²⁰

This limited capacity to earn a living wage, and to build financial as well as social capital, further entrenches many women with disabilities in poverty. The indicators agreed under SDG 5 track women's economic empowerment and leadership in relation to managerial positions and agricultural land ownership; two outcomes far out of reach for many women with disabilities living in poverty. In order to ensure that those women furthest behind are not excluded from sustainable development outcomes, women with disabilities must be heard and included in broader reporting against the 2030 Agenda, beyond these narrow indicators.



©Erin Johnson/CBM Australia

^ **Naswaki, from Vanuatu**, evacuated to her brother's home when Cyclone Pam destroyed her own. It took several months for her home to be rebuilt and for Naswaki to earn an income again through weaving.

Health and safety

The intersection of gender and disability not only impacts the future trajectories of many women with disabilities living in poverty; it also directly affects their immediate health and safety. The risks to wellbeing are both two-fold, and compounded.

Depending on the nature of her impairment, a woman or girl with disability may have an increased need to access health interventions or rehabilitation. However, women are less likely than men to work in technical fields such as rehabilitation and physiotherapy, largely due to gender norms shaping their access to professional development and capacity

to travel to attend to patients. This leaves women and girls with disabilities, particularly in communities marked by cultural norms around interactions between men and women, often excluded from access to the services they need.²¹ Health providers, particularly in low-resourced settings, have also been accused of viewing the male body as the norm. Subsequently, many women with physical impairments have been forced to rely on low-cost assistive devices, namely prosthetics and orthotics, that are heavy, unsuited to the form and needs of women, and can even cause long-term, physical harm.²²

Women and girls with disabilities also face many of the same health challenges as other women and girls living in poverty, particularly in relation to their access to sexual and reproductive health information and services. Women and girls without disabilities frequently face barriers to access due to gender norms, limited information and education, and restrictive policy environments. But for those with disabilities, these obstacles are heightened by physical and communication barriers; limited access to accessible transport; and societal perceptions of women with disabilities as asexual, incapable of caring for a family, or unable to understand and make decisions about their own bodies. Where access is available, women and girls with disabilities report that ‘their specific needs and expectations are not met by gynaecological services’²³.

As a result, HIV testing rates are lower among young people with disabilities than the general population. Girls, particularly those with intellectual disabilities, are unable to freely express or assert their sexual orientation. And women and girls with disabilities are routinely subject to forced and involuntary treatment, including sterilisation and hysterectomies at rates up to three times higher than other women.²⁴

These forced practices are a form of systemic violence against women and girls with disabilities. Unfortunately, they are far from the only form of violence. In the Pacific, rates of violence against women are among the highest in the world. Yet globally, women and girls with disabilities are two to three times more likely to experience physical or sexual violence than women without disabilities.²⁵ Like other women, women with disabilities face a high risk of intimate partner and household violence. However, women and girls with disabilities face additional risks in the wider community, including violence specific to their experience of disability.

Women with disabilities are at heightened risk of abuse not only in the home, but in institutions, health centres, schools and other public and private facilities where perpetrators may include caregivers, health care providers or attendants.²⁶ When violence or violations are perpetrated by an attendant or support person, women and girls with disabilities – particularly intellectual or psychosocial disabilities – are also less likely to access support or, over the long term, justice. Some women and girls with disabilities are at even higher risk of violence depending on the nature of their disability; for example, women and girls with albinism face the risk of being raped by men who believe that sex with them offers a cure to afflictions such as HIV/AIDS.²⁷

Countries around the world, from high- to lower-income, 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.²⁸ Similarly, the relevant indicators provided under SDG 5 make no mention of women and girls with disabilities.

Nevertheless, these policies and indicators represent a significant step forward for women and girls. It is vital that in the implementation of these policies and evaluation against these indicators, women and girls with disabilities are recognised as a significant portion of those most vulnerable to sexual and gender-based violence, or exclusion from health care including sexual and reproductive health, and are included to ensure that no woman is left behind.



CASE STUDY: SPEAKING OUT AGAINST SEXUAL VIOLENCE IN VANUATU

In Vanuatu, one in six women have experienced physical or sexual violence by their partners in their lifetime. One in nine women describe their experience of violence as severe. And one in five women acquired a permanent disability due to physical or sexual violence by their partner.²⁹

Nelly Caleb, the National Coordinator of Vanuatu Disability Promotion and Advocacy Association, knows all too well that these rates of violence are even higher for women and girls with disabilities.



Most of our members have been raped,' says Nelly. 'In our office and other disability organisations, we have a lot of reports coming from different areas that women and girls, especially with psychosocial disability and also learning disabilities, face a lot of sexual abuse.

'People in the community think that [a woman with disability] is good for nothing, she's powerless, she's helpless, so they think they can do whatever they want. People or family members just take it as it's the normal way. But we advocate in the community... if any cases happen, you need to take them to the police.

Nelly works tirelessly to support women and girls in her community with the tools that they need to understand and advocate for their rights. 'Women and girls with disabilities should know their rights,' she says. 'They need to know they have the same rights as anyone else.

They have to be empowered and live as anyone else.

'For women and girls with disabilities, we need to stand on our own. We need to be strong. We need to build our self esteem. And we need to know that we have the same rights as anyone else.

'For women and girls with disabilities, they need to come out, exercise their rights and be proud that Vanuatu has signed and ratified the Convention on the Right of Persons with Disabilities in 2008, and that it's the first Pacific country that ratified this Convention. In Article 6 it talks about women and girls with disabilities. Countries have to take special measures to ensure women and girls with disabilities enjoy their rights just as anyone else.

In Vanuatu and around the Pacific, Nelly is known as a trailblazing leader for both disability rights and women

and girls' rights. But this hasn't always been easy. 'In Vanuatu you hardly see women with disabilities leading different organisations,' she explains. 'It's really hard because of the barriers they face even when they have a good educational background, because of different barriers faced in society.

'I am leader, I'm not only advocating for me, but for my members.

'It is really important for women with disabilities to be in leadership positions, because we need to work together, we are agents of change and we need more women to come up like me, to be leaders... Many voices make changes, not only in the community but in all levels. We need to make changes so people with disabilities can enjoy their rights fully.



^ **Charlise, from Vanuatu.** *Charlise is starting a poultry business. She has 10 chickens and hopes to sell the eggs to make money for her and her family. She lives with her older sister and does most of the housework.*

Available time and valued labour

With women and girls with disabilities facing challenges from a young age around their inclusion in a broader sexual and reproductive narrative, the issues of marriage, family and the home can also present complex, personal barriers for many.

The issue of disability is intrinsically bound in 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 which include a child with 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.³⁰ 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 disability, or a woman with 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 of the SDGs.

For many women with disabilities, however, the issue of marriage and family is particularly fraught. Around the world and over time, heterosexual women with disabilities have been recorded as less likely to enter into marriage than other women.³¹ Women with disabilities are also married at significantly lower rates than men with disabilities; in Samoa, 10 per cent of women with disabilities are married, compared to 22 per cent of their male counterparts.³² Among these women, it is those with less severe impairments who are more likely to be married. This disparity is grounded in the intersecting social norms surrounding women with disabilities. Despite the Convention on the Rights of Persons with Disabilities (CRPD) clearly articulating ‘the right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent’³³, this right is lesser known among many communities, including in the Pacific. In Fiji, 67 per cent of surveyed people felt that women with disabilities should not be married, while 27 per cent of respondents were unsure about this right.³⁴

For those women with disabilities who do marry, however, barriers to personal advancement and agency in the community can be heightened. Like many other women, they face disproportionately high expectations around unpaid household and care work. This places limitations on available time. For women with disabilities, this can limit their capacity to engage in coordinated advocacy or community-building, particularly through disabled people’s organisations (DPOs). As a result, many of the

local DPOs with which CBM works are headed by men, and those women with disabilities who are emerging as leaders in their communities are typically single.

While this builds the capacity of single women to assume leadership roles within the DPO and disability rights movements, it can limit the capacity of DPOs to advocate on critical issues concerning the family and home, including women’s time use and unpaid labour.

The underrepresentation of married women with disabilities in DPOs and women’s organisations can also limit the flow-on benefits of gender equality; in CBM projects, men whose wives were active participants in disability- and gender-sensitive networks were more likely to join a fathers’ group and take up household roles such as chores and childrearing. Fostering the inclusion of married women with disabilities in organisations outside the home is a valuable step in ensuring that gender equality is not only inclusive, but widespread.

In order for women with disabilities to fully reap the benefits of the targets and indicators outlined under SDG 5, they must be afforded the opportunities to share their experiences and to advocate for their own needs. If development actors are to leave no woman behind, the gendered dimensions of the home must be navigated in order to reach and engage women with disabilities, to uphold their voice and agency, and to seek inclusive redistributions of labour and leadership within and outside the home.



ENABLING ENVIRONMENTS

©2018 Fahad Kaizer/CBM Australia

▲ *Members of a community in Bangladesh participating in a community drill to prepare for when a disaster strikes. Including people with disabilities ensures no one is left behind.*

The personal barriers faced by women with disabilities are high and interconnected. But they do not stand alone; they have grown from and are supported by a foundation of systemic and political norms. These norms, relating to the roles and capacities of both women and people with disabilities, continue to underpin environments that keep many women with disabilities entrenched in disproportionate poverty and excluded from opportunity.

These political and structural barriers manifest differently in all areas of life, from the personal to the highly public. These barriers, however, can be dismantled to support the increased voice and agency of women with disabilities in areas including:

- Social norms, which are deeply held and govern patterns of thought and behaviour;
- Role models, who should represent and highlight the capacities of women with disabilities in community life; and

- Advocacy movements, which can and must be made inclusive in nature.

These are not the only fields in which barriers can be broken down. However, they are priority areas if women with disabilities are to be upheld as agents of change and leaders in delivering a more inclusive and sustainable future, in line with our global commitments to the SDGs.

Social norms

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 are the 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.

In the Pacific in particular, much has been said about the role that social and customary norms play in entrenching discrimination and violence against women. While matrilineal societies exist throughout the region, many communities are marked by patriarchal social structures and the influence of institutions that favour traditional gender roles, such as churches. A number of Christian leaders, some supported by non-government organisations, undertake preaching and church-based advocacy in support of gender equality to reasonable success. There is a lesser focus, however, on disrupting the faith teachings that portray disability as ‘a curse from God’³⁵ and which must be healed. Unabated, these beliefs underpin community-based exclusion, fear, shame and superstition which sees women with disabilities in particular marginalised from leadership, decision-making and broader community life.³⁶

However, as many Pacific island states move towards economic growth as a priority development objective, considerations of social

norms cannot exclude those norms grounded in popular conceptions of labour productivity and economic value. Beyond church and custom, market-based norms allocate value to heightened productivity and lowered costs. This leads businesses and potential employers to resist making investments in accessible infrastructure or flexible arrangements, which could create greater opportunities for women and people with disabilities.

These normative constraints impact not only the individual capacities of women and girls with disabilities, but the shape and form of communities around them. At the expiration of the Millennium Development Goals in 2015, gender norms in the Pacific were identified as a major challenge inhibiting women’s appointments to leadership positions.³⁷ For women with disabilities, widespread perceptions that they are housebound mean that many government bodies are reluctant to provide adequate services, let alone afford them positions of power.

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 development efforts in order to achieve greater and more inclusive outcomes by 2030.

Role models

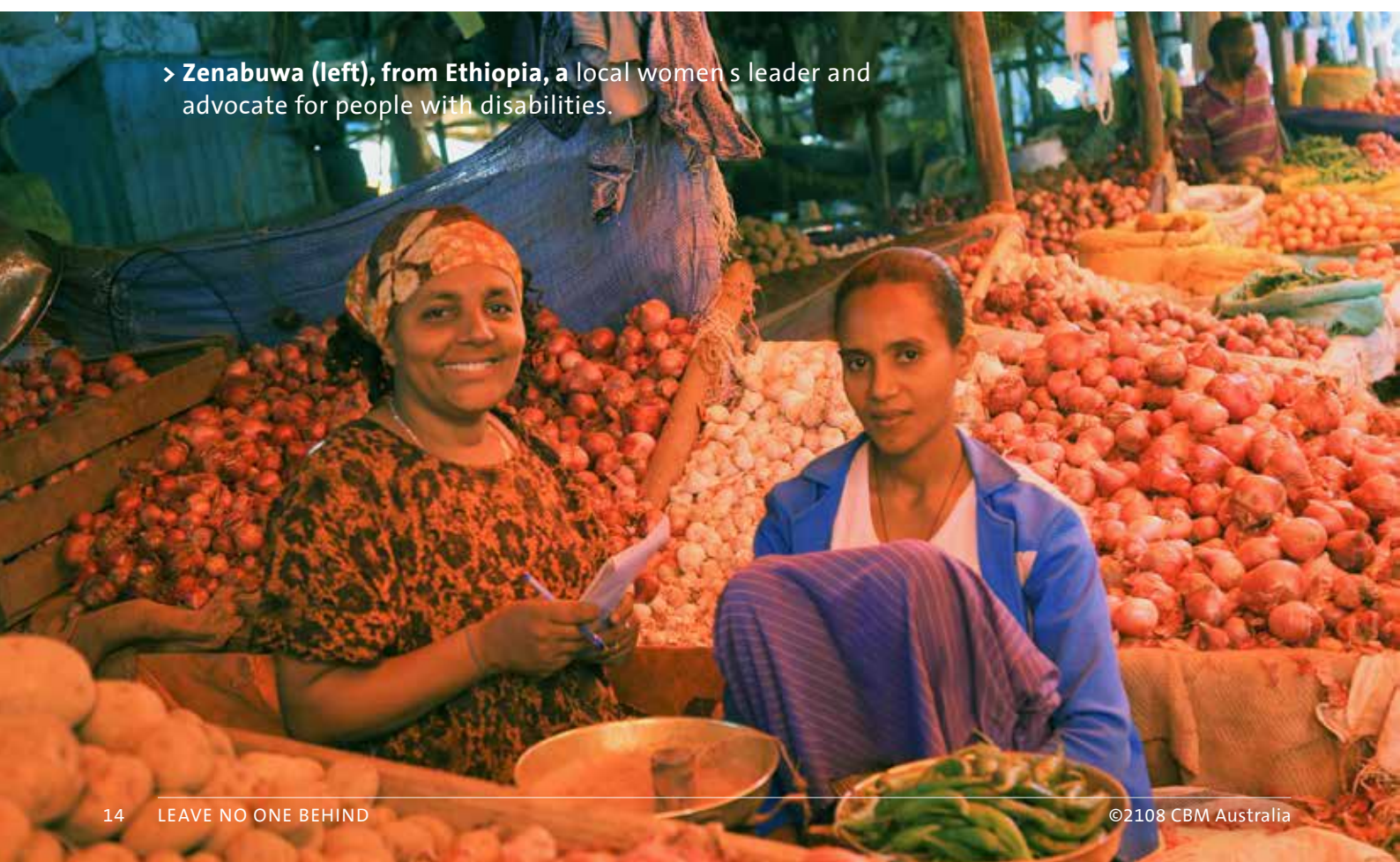
The dismantling of systemic and politically ingrained social norms is everyone's responsibility. However, strong role models – particularly those from marginalised backgrounds, such as women with disabilities – are critical for building momentum and leading the way for others. Fortunately, women around the world are defying the expectations placed upon them by their communities, and are fighting to break down the once-insurmountable barriers posed by ingrained social, political and customary norms.

These role models exist at all levels, from local communities to the global stage. Development project participants like Som (*right*) lead and serve as role models through active participation which builds the confidence of their peers over time. 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.³⁸

Simultaneously, the conducting of advocacy and awareness-raising activities only by men with disabilities has been identified as detrimental to both disability inclusion and gender equality outcomes. While often easier in many rural and remote communities due to pervasive community perspectives about the roles of women, the sole representation of men in disability rights advocacy can reinforce discrimination and stereotypes about women with disabilities. This undermines the long-term recognition of women's capacity as leaders.³⁹

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. In evaluating and profiling work towards the SDGs, this principle should be a primary consideration for states and development agencies; in doing so, current role models will be celebrated, and a new generation of empowered women and girls with disabilities can emerge.

› **Zenabuwa (left), from Ethiopia, a local women's leader and advocate for people with disabilities.**





©Erin Johnson/CBM Australia



SOM'S STORY

Som lives in Takeo Province, Cambodia. She is a woman with a physical impairment, a successful chicken business owner, and a leader committed to exercising her voice to promote the rights of people – particularly women – with disabilities in her community.

After participating in a self help group supported by CBM's partner organisation, Cambodian Development Mission for Disability (CDMD), Som wanted to share the skills she had learned. Along with other members of her self-help group, plus two others from elsewhere in Takeo, Som formed a new agricultural cooperative. Supported by CDMD and the provincial Department of Agriculture, Forestry and Fisheries, this agricultural

collective includes people with disabilities and the parents of children with disabilities, and aims to strengthen livelihoods and community inclusion for all.

Som was soon selected as a leader within the cooperative, so that she can 'speak out about changing attitudes and reducing barriers facing women with disabilities'. Her role as a member of the cooperative is to encourage other women with disabilities in her community to participate in and benefit from income generation activities like she has. Som said she has seen other women slowly improve their confidence through encouraging them to attend monthly group meetings, where previously they were too afraid to leave their homes.

Som spoke about her approach to leadership, which prioritises a 'learning by doing' approach to encourage other women with disabilities out of isolation and into the community. One of the challenges facing women with disabilities in Som's community is that 'they are not aware of their human rights and are too afraid to speak out'.

Som's motivation and commitment to her leadership role is deeply ingrained through her own lived experience of disability and the barriers she faced growing up as a young girl with disability in rural Cambodia. This is something she 'wants to fight', on behalf of and alongside all women with disabilities in her community.

Inclusive movements

In order for change to occur, it must be recognised that social norms around disability and gender colour all aspects of individual and community life – even those movements seeking justice and equality for the most marginalised. Historically, issues of disability inclusion 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.

In the Pacific region, many major DPOs have taken 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 DPO taskforces or committees for women, or mandating gender balance in governance structures such as co-chair positions, are facilitating greater representation and inclusion.

While incremental change occurs 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'⁴⁰, 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.'⁴¹

Organisations dedicated solely to advancing the rights of women and girls with disabilities do exist, and have been growing in recent years; research found that while such organisations had been founded as early as 1944, the majority were established between 2000 and 2015.⁴² Despite their growth in numbers, many find their influence and reach limited by barriers including the availability of funding for their work. As of 2014, 0.3 per cent of the \$2.7 billion funding available for human rights globally was allocated to work advancing the rights of women and girls with disabilities. Within funding specifically for women's and girls' rights, 1.5 per cent of funding was awarded to disability rights causes, and within disability rights funding, only 9.5 per cent focused on women and girls.⁴³

The work of women and girls with disabilities in dismantling normative barriers and serving as role models is contingent on their organisations being supported to meet operating costs and reach others. Addressing this funding gap will be integral to fostering the engagement of such organisations in 2030 Agenda processes, and upholding the voices and agency of women and girls with disabilities. Although the 2030 Agenda makes no commitments to supporting rights-based organisations through its component Addis Ababa Action Agenda on Financing for Development, financial support to organisations of women with disabilities should be paramount for states and donors in order to achieve Goal 5 for all women, everywhere.



©Erin Johnson/CBM Australia



CASE STUDY: BRIDGING DISABILITY AND GENDER MOVEMENTS IN JHARKHAND, INDIA

In the Indian state of Jharkhand, violations of the rights of women and girls are common. Rates of early marriage are the highest in the country⁴⁴, and women face routine violence inside and outside the home, including public lynching on the basis of ‘witchcraft’.⁴⁵

In Jharkhand, CBM Australia works in partnership with a local organisation, Chotanagpur Sanskritik Sangh (CSS). With support from the Australian Government through the Australian NGO Cooperation Program (ANCP), CSS implements a poverty reduction and inclusive development project through both its rehabilitation wing and its women’s wing, MISSI (meaning ‘sister’ in the local language).

The project seeks to improve social inclusion and quality of life for people with disabilities, particularly in the fields of

health, education, livelihoods, social participation and empowerment. Building on MISSI’s strengths in women’s rights advocacy, the project also works to change perceptions of care and gender roles by engaging fathers, mothers-in-law and other family members in issues that would otherwise fall to mothers under gender norms in Jharkhand, such as family planning and the care of children with disabilities. It also brings women together to form collectives which can provide informal mechanisms for child care. These strategies are seen as essential for enabling more choice for women: choice to find employment opportunities, choice to participate in community decision making, or choice to participate in unpaid care work.

Through its work with CBM, and by bridging disability

and gender under the CSS umbrella, MISSI plays a critical role in ensuring that women with disabilities are included in its advocacy and outreach. MISSI meetings are often held adjacent to meetings of the local DPO, ensuring that women with disabilities are able to attend and actively participate in both settings.

Through its organisational structure, CSS provides a model of local-level disability and gender equality movements being supported to work together, and to each become more inclusive. For Jharkhand’s women and girls with disabilities, this model provides the means to be seen, heard and supported in all their complexity, often for the first time.



A GLOBAL MOVEMENT FOR CHANGE

©2017 Janette Taga-An/CBM Australia

▲ *This group of women, from Bangladesh, belong to self-help groups that provide leadership training and education about allowances for people with disabilities. This empowers them to approach local authorities to lobby for, and access, services and social protection from government.*

With the recognition of intersectionality on the rise in development and advocacy circles, times are changing for women and girls with disabilities. This change has not occurred passively; it builds upon the tireless advocacy of women and girls with disabilities despite high barriers and frequently unsupportive environments.

In particular, this change builds upon major successes at 1995's Fourth World Conference on Women in Beijing. Through video resources and their immediate presence at the conference, women and girls with disabilities put their experiences and stories at the forefront to demand improved attention to disability inclusion in gender equality efforts.

As a result, the Beijing Declaration and Platform for Action addresses the specific barriers faced by women and girls with disabilities in relation to education, literacy and training; health services; violence against women; employment and economic capacity; decision-making and leadership; and human and child rights.⁴⁶

Similarly, women with disabilities played an active and crucial role in ensuring the inclusion of gender equality provisions in the CRPD. During drafting, women with disabilities both contributed to and presided over discussions which resulted in a twin-track approach to gender: mainstreamed throughout the CRPD, with a specific provision at Article 6 recognising multiple discriminations and committing states to 'ensure the full development, advancement and empowerment of women.'⁴⁷

In 2016, however, the omnipresent issue of the exclusion of women and girls with disabilities reared its head once more on the global stage. 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. In the era of the 2030 Agenda for Sustainable Development, which calls for the global community to leave no one behind in its pursuit of common development objectives, this outcome is at odds with our collective view of the future.

National governments around the world have committed to nominating women with disabilities for these positions. Observers also called for similar attention to be paid to nominations for the Committee on the Elimination of Discrimination Against Women; a committee which, in its 37 year history,

had never included a member who identified as having a disability.⁴⁸ Following sustained advocacy, this long-term exclusion was rectified in 2018 with the first election of a woman with disability to this prominent women's rights body.

Despite recent progress, this systemic issue calls for more than immediate nominations and short-term solutions. It requires sustained investment in building the leadership capacity of women and girls with disabilities; creating space for their voices and expertise; fostering commitment to gender equality among men with disabilities and commitment to disability inclusion among women; and breaking down remaining physical, communication, attitudinal and funding barriers.

Processes surrounding the 2030 Agenda implementation, reporting and monitoring are a necessary priority for this investment. During the drafting of the SDGs, women with disabilities were active through both the Stakeholder Group of Persons with Disabilities, and the Women's Major Group for Sustainable Development. At milestone events such as the United Nations High Level Political Forum on Sustainable Development, women with disabilities must be continually supported to take the stage, express their voice and agency, and mobilise the global community to build a more inclusive, worldwide movement for change.



LEAVE NO WOMAN BEHIND: PRINCIPLES FOR INCLUSION

©2018 Fahad Kaizer/CBM Australia

▲ *Bangladeshi women take part in a disaster management committee meeting.*

In the ranks of governments, multilateral institutions and non-government organisations, development actors are making strides in setting and implementing their commitments to gender equality and disability inclusion in developing countries.

With its *Development for All* strategy for a disability-inclusive aid program, the Australian Government set out a clear mandate to reach those furthest behind, including women and girls who lived at the periphery of prior development efforts, marginalised by both their gender and their disability. In its Disability Framework, the UK's Department for International Development also noted the double discrimination faced by women and girls with disabilities, and pledged to address barriers through their gender and disability investments.

These declarations of strategic intent have flowed through to the recipients of aid funding

and the implementers of development programs. Many non-government actors have begun to recognise and actively target the particular barriers faced by women and girls with disabilities. But these barriers have deep roots, and their dismantling will take sustained, long-term efforts from a wide range of partners.

While this recognition of barriers and these strategies for change provide the impetus, the 2030 Agenda for Sustainable Development provides the urgency to act. In order to leave no woman behind, all development actors at all levels can take steps to create barrier-free, enabling environments for change.

Building upon evidence and best practice from CBM's development programming and partnerships with DPOs, CBM Australia recommends that development actors, particularly governments:

- > Make gender-sensitive disability inclusion, and disability-sensitive gender equality, priorities in the program cycle from design to implementation to evaluation. Achieve this by ensuring that women and girls with disabilities are actively consulted, and that programming is informed by their lived experiences.
- > Earmark adequate budgets for disability inclusion in gender investments, particularly those in education, health (particularly sexual and reproductive health) and gender-based violence services. Prioritise the accessibility of investments, including through ensuring physical accessibility, communication options, and adequate training in social approaches to disability inclusion.
- > Ensure that major government strategies relating to aid, development, peace and security are subject to analytical review from both a disability- and gender-sensitive perspective before publication.
- > Develop and implement indicators on women and girls with disabilities for development investments, in order to mitigate the risk of this group being left behind and obscured by improvements for women without disabilities, or men and boys with disabilities.
- > Set quotas to ensure that women and girls with disabilities benefit from available grants and other funding, from both gender equality and disability inclusion project pools.
- > Scale up investments in social protection to improve coverage, particularly for women with disabilities and the mothers or female carers of children with disabilities.
- > Apply a 'leave no one behind' lens to the implementation of the SDGs by consulting with women and girls with disabilities, including in high-level reporting.
- > Continually monitor and evaluate engagement with people with disabilities and their representative organisations in order to ensure that this engagement is effective and inclusive, and that all people with disabilities

are represented by the 'us' in 'nothing about us without us'.

For those development actors on the world stage, particularly governments and multilateral institutions, those committed to reaching the furthest behind first have additional obligations to make their advocacy inclusive of women and girls with disabilities.

In order to create a sustained and global movement for change, governments and other development actors should:

- > Consistently advocate for the elimination of all forms of discrimination against women and girls with disabilities in all global policy fora, and decision-making and agreement-forming processes.
- > 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.
- > Consider the implementation of quotas or identified positions for women with disabilities on government delegations to global fora relating to gender and disability, such as the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, and the Commission on the Status of Women.
- > Advocate at intergovernmental fora for data collection on disability in relation to all SDGs, and particularly Goal 5.

Women and girls with disabilities are not voiceless; they are experts and advocates, and the world stage must be made accessible and welcoming of their permanent presence. When power is ceded by those who speak for others, and is instead shared with the current and emerging global community of women and girls with disabilities, a more inclusive and equitable 2030 is in our reach.

REFERENCES



- 1 United Nations General Assembly, 2015. *Transforming our world: the 2030 Agenda for Sustainable Development*, A/RES/70/1. Available from undocs.org/A/RES/70/1.
- 2 CBM International, 2016. *The 3P's for inclusion of women with disabilities: The Personal, The Political, The Policy*. Available from https://www.cbm.org/article/downloads/54741/The_Personal__The_Political__The_Policy.pdf.
- 3 World Health Organisation and World Bank, 2011. *World Report on Disability*. p. 28.
- 4 Mitra, S., Posarac, A. and Vick, B. 2011. *Disability and Poverty in Developing Countries: A snapshot from the World Health Survey*. SP Discussion Paper No. 1109, World Bank. p. 34.
- 5 World Health Organisation and World Bank, 2011. p. 28.
- 6 Bourne, R. R. A., Flaxman, S. R., Braithwaite, T., Cicinelli, M.V., Das, A., Jonas, J. B., Keeffe, J., Kempen, J. H., Leasher, J., Limburg, H., Naidoo, K., Pesudovs, K., Resnikoff, S., Silvester, A., Stevens, G. A., Tahhan, N., Wong, T. Y. and Taylor, H. R. on behalf of the Vision Loss Expert Group, 2017. 'Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis' in *The Lancet*, vol. 5, no. 9. p. 888.
- 7 The Carter Centre, 2009. *Women and Trachoma: Achieving Gender Equity in the Implementation of SAFE*. Available from https://www.cartercenter.org/resources/pdfs/health/trachoma/women_trachoma.pdf.
- 8 Cromwell, E., Courtright, P., King, J., Rotondo, L., Ngondi, J. and Emerson, P., 2009. 'The excess burden of trachomatous trichiasis in women: a systematic review and meta-analysis' in *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 103(10), pp.985-992.
- 9 World Bank, 2018. *Reproductive Health and Disability*. Accessed at <http://go.worldbank.org/FRRGTUUL20>.
- 10 United Nations General Assembly, 2015. *Transforming our world: the 2030 Agenda for Sustainable Development*, A/RES/70/1. Available from undocs.org/A/RES/70/1.
- 11 Crenshaw, K. 1989. 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics' in *University of Chicago Legal Forum*, vol. 1989, issue 1. p. 145.
- 12 Pacific Islands Forum Secretariat, 2015. *2015 Pacific Regional MDGs Tracking Report*. p. 16
- 13 Vanuatu National Statistics Office and UNICEF, 2015. *Children, Women and Men with Disabilities in Vanuatu: What do the data say?* UNICEF, Suva. p. 33.
- 14 World Health Organisation and World Bank, 2011. p. 207.
- 15 Vanuatu National Statistics Office and UNICEF, 2015. p. 33.
- 16 World Health Organisation and World Bank, 2011. p. 207.
- 17 Tesni, S. and Keenon, A. 2014. *Inclusive Education is for Everyone: CBM and the Global Campaign for Education 2014*. CBM, Bensheim. p. 8.
- 18 CBM International, 2014. *CBM's submission to the Expert Committee on the UN Convention on the Elimination of all forms of Discrimination against Women on Article 10: The Right to Education*. Available from https://www.cbm.org/article/downloads/118390/CBM_s_submission_to_CEDAW_June_2201_.pdf.
- 19 World Health Organisation and World Bank, 2011. p. 238.
- 20 United Nations Economic and Social Commission for Asia and the Pacific, 2016. *Disability at a Glance 2015: Strengthening Employment Prospects for Persons with Disabilities in Asia and the Pacific*. UN, Bangkok. p. 16.
- 21 World Health Organisation and World Bank, 2011. pp. 109-110.
- 22 Comité Español de Representantes de Personas con Discapacidad (CERMI), 2012. *Guide to Gender Mainstreaming in Public Disability Policies*. CERMI, Madrid. pp. 289-290.
- 23 United Nations General Assembly, 2017. *Sexual and reproductive health and rights of girls and young women with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities*, A/72/133. Available from <https://undocs.org/A/72/133>. p. 10/
- 24 United Nations General Assembly, 2017. *Sexual and reproductive health and rights of girls and young women with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities*. p. 8, 10, 11.
- 25 UK Department for International Development, 2000. *Disability, Poverty and Development*. DFID, London. p. 3.
- 26 CBM International, 2013. *CBM submission on women and girls with disabilities to the Committee on the Rights of Persons with Disabilities as requested by CRPD/C/8/3*. p. 6.
- 27 United Nations General Assembly, 2017. *Sexual and reproductive health and rights of girls and young women with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities*. p. 8.
- 28 Spratt, J. M. 2013. *A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga*. UNFPA, Suva. p. 13.
- 29 Vanuatu Women's Centre and Vanuatu National Statistics Office, 2011. *Vanuatu National Survey on Women's Lives and Family Relationships*. Vanuatu Women's Centre, Port Vila.

- 30 International Centre for Evidence in Disability, 2017. *Evaluating the impact of a community –based parent training programme for children with Cerebral Palsy in Ghana*. London School of Hygiene & Tropical Medicine, London. p. 27.
- 31 Human Rights Watch, *Women and Girls with Disabilities*. Available from <https://www.hrw.org/legacy/women/disabled.html>.
- 32 Stubbs, D. and Tawake, S. 2009. *Pacific Sisters with Disabilities: at the Intersection of Discrimination*. UNDP Pacific Centre, Suva. p. 29.
- 33 United Nations General Assembly, *Article 23, Convention on the Rights of Persons with Disabilities, A/RES/61/106* (13 December 2006), available from <https://undocs.org/A/RES/61/106>.
- 34 Stubbs, D. and Tawake, S. p. 29.
- 35 Leviticus 21, quoted in Stubbs, D. and Tawake, S. p. 24.
- 36 Stubbs, D. and Tawake, S. p.24.
- 37 Pacific Islands Forum Secretariat, 2015. p. 53.
- 38 Stubbs, D. and Tawake, S. p. 51.
- 39 Stubbs, D. and Tawake, S. p. 48.
- 40 Ralphine, R. Quoted in CBM International, 2016. p. 5.
- 41 Patrick, I. O. Quoted in CBM International, 2016. p. 6.
- 42 Ortoleva, S. 2016. *Enabling a Global Human Rights Movement for Women and Girls with Disabilities: Global Disabled Women’s Rights Advocacy Report*. Women Enabled International. p. 7.
- 43 Disability Rights Fund, 2015. *Supporting Inclusive Movements: Funding the Rights of Women with Disabilities*. Available from http://disabilityrightsfund.org/wp-content/uploads/2015/11/Supporting_inclusive_movements_web.pdf.
- 44 Basu, S., Acharya, R., Melnikas, A. J. and Amin, S. 2017. *More Than Brides Alliance: Baseline Report, India*. Population Council, New York. p. 1.
- 45 National Crime Records Bureau (Ministry of Home Affairs), 2016. *Crime in India 2016: Statistics*. Government of India, New Delhi. p. 93.
- 46 United Nations, 1995. *Beijing Declaration and Platform for Action*. Available from <http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>.
- 47 United Nations General Assembly, *Article 6, Convention on the Rights of Persons with Disabilities*.
- 48 International Disability Alliance, 2018. *Organizations call on States Parties to increase disability representation within the Committee on the Elimination of Discrimination against Women (CEDAW)*. Available from <http://www.internationaldisabilityalliance.org/disability-representation-cedaw>.

For feedback, enquiries or to request an accessible version of this document, please contact CBM Australia's Policy & Advocacy Team advocacy@cbm.org.au



The Australian Council for International Development (ACFID) is the peak Council for Australian not-for-profit aid and development organisations. CBM Australia is a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As signatory we are committed and fully adhere to the ACFID Code of Conduct, conducting our work with the transparency, accountability and integrity.

