

# Perspectives of Women with Disabilities on the Implementation of the Beijing Platform for Action +25: Africa Region

## Contribution to the African Regional Parallel Report

*Contribution coordinated by Humanity&Inclusion/Making It Work and the International Disability Alliance (IDA) based on contributions from the following organizations of women with disabilities, organizations of persons with disabilities and feminist organizations.*

*Please note that the content is a work in progress reflecting the views of African women with disabilities, and not a final publication endorsed by HI and IDA.*

Union des Personnes Handicapées du Burundi  
(UPHB)



**U.P.H.B**

North West Association of Women With  
Disabilities (NWAWORD) Cameroon



Kenya Female Advisory Organization (KEFEADO)



Cameroon Baptist Convention Health Services  
(CBCHS)



United Disabled Persons of Kenya (UDPK)



Organisation pour un développement intégré au  
Sahel (ODI Sahel) Mali





Women Challenged to Challenge (WCC) Kenya



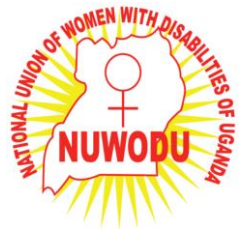
Visual Hearing Impairment Membership  
Association (VIHEMA) Malawi



Rwanda National Association of Deaf Women  
(RNADW)



National Union of Women with Disabilities of  
Uganda (NUWODU)



This Ability Trust



Women and Realities of Disability Society (WARD)



Kenya  
Women And Realities of Disability  
-Research. Reality. Rights-

Inclusive Friends Association (IFA) Nigeria



Rwandan Organization of Women with Disabilities  
(UNABU)



Lira District Disabled Women Association  
(LIDDWA) Uganda



**Draft as of 3rd of October**

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## Beijing Platform for Action +25

The year 2020 will mark 25 years since the world signed the Beijing Declaration and Platform for Action (BPfA). In the same year the global community will be marking 5<sup>th</sup> Anniversary of Agenda 2030 for Sustainable Development. These two commitments explicitly include women with disabilities and hold critical importance in improving the lives of women and girls with disabilities globally.

Recognized as the foremost framework for the rights and equality of women, the 25-year review of the Beijing Platform for Action (Beijing+25) is a process to assess how far Member States and other stakeholders have come in implementing the commitments made at the Fourth World Conference on Women in Beijing, China, in 1995. Since 1995, the Commission on the Status of Women (CSW) has played a central role in monitoring, reviewing and appraising progress achieved and problems encountered in implementing the Beijing Declaration and Platform for Action – the most comprehensive global policy framework to achieve the goals of gender equality, development and peace, which world leaders committed to in 12 critical areas of concern. This review will take place at the 64th Session of the Commission on the Status of Women, to be held in March 2020. The inclusion of the rights of women and girls with disabilities, as enumerated in the Beijing Declaration, must continue to have a prominent place in this review.

## Women and Girls with Disabilities

The inclusion of women and girls with disabilities in the Beijing + 25 review is supported by both the Convention on the Rights of Persons with Disabilities (CRPD), and the Beijing Declaration and Platform for Action, among other international and regional treaties, and including the pronouncements of the CRPD's treaty body.

Since the first Beijing 4th World Conference on Women, disabled women have been actively engaged, particularly within non-government organizations. In the video “Disabled Women: Visions and Voices from the 4th World Conference on Women”<sup>1</sup> those attending tell their stories, describe their experiences and demonstrate their powerful presence engaging with governments and other NGOs. Women and girls with disabilities over the last 25 years have built upon this initial engagement, to raise the critical priorities and challenges facing their communities. Still, as we approach Beijing +25, women and girls still remain marginalized within the women's rights and empowerment agenda.

As a result, women and girls with disabilities are looking to increasingly engage in regional review processes leading up to CSW64 in 2020. Through key consultations and reports drafted by CSO networks, women and girls with disabilities are linking with mainstream organisations at the regional level to have their priorities included. Connected with the report compiled by the leading CSO on Beijing +25 in Africa, FEMNET (African Women's Development and Communication Network), this document is a collection of inputs from a variety of women with disabilities, and their representative organisations, on key areas within the BPfA 12 Critical Areas of Concern.

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<sup>1</sup> <https://www.youtube.com/watch?v=adfHKfZdvzI>

It was compiled based on a survey circulated through the networks of women and girls with disabilities, Disabled Peoples' Organisations (DPOs) and Disabled Women's Organizations to collect feedback on the progress towards implementing the BPfA in Africa. The questionnaire of the online survey can be found in Annex 2 of this document. It integrates direct quotes from the respondents commenting on the situation as observed and experienced in their context.

The inputs received by respondents have been analyzed and grouped under 5 main critical areas: Human Rights of Women, Women in Power, Women and Health, Women and Poverty, Violence against Women.

Contributing organizations include: Union des Personnes Handicapées (UPHB), Cameroon Baptist Convention Health Services (CBCHS), North West Association of Women With Disabilities (NWAUSD), United Disabled Persons of Kenya (UDPK), Kenya Female Advisory Organization (KEFEADO), Women Challenged to Challenge (WCC), Women and Realities of Disability Society (WARD), This-Ability Trust, Visual Hearing Impairment Membership Association (VIHEMA), Organisation pour un développement intégré au Sahel (ODI Sahel), Inclusive Friends Association (IFA), Rwanda National Association of Deaf Women (RNADW), Rwandan Organization of Women with Disabilities (UNABU), National Union of Women with Disabilities of Uganda (NUWODU), Lira District Disabled Women Association (LIDDWA).

IDA and HI are grateful to all respondents who contributed time and inputs to inform this report.

The below is divided into the 5 thematic areas that received comprehensive inputs; Human Rights, Women in Power, Women and Health, Women and Poverty, Violence against Women.

## Women with Disabilities in Africa: Inputs

### Human Rights of Women & Institutional Mechanisms for the Advancement of Women (2 critical areas)

The human rights of women and girls with disabilities are routinely violated, and as reflected in the two paragraphs from the BPfA, women and girls with disabilities must have the opportunity to enjoy all human rights on an equal basis with others. The below inputs from women with disabilities in Burundi, Cameroon, Kenya, Malawi, Mali, Nigeria, Rwanda and Uganda provide insight to the progress towards upholding the human rights of women with disabilities.

#### ***Beijing Declaration, Para. 32:***

*Intensify efforts to ensure equal enjoyment of all human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement because of such factors as their race, age, language, ethnicity, culture, religion, or disability, or because they are indigenous people.*

#### ***Beijing Declaration, Platform for Action, Mission Statement, Para. 31 and Para. 225:***

*Many women face additional barriers to the enjoyment of their human rights because of such factors as their race, language, ethnicity, culture, religion, disability or socio-economic class or because they are indigenous people, migrants, including women migrant workers, displaced women or refugees. They may also be disadvantaged and marginalized by a general*



*lack of knowledge and recognition of their human rights as well as by the obstacles they meet in gaining access to information and recourse mechanisms in cases of violation of their rights.*<sup>8</sup>

The below inputs from women with disabilities in Burundi, Cameroon, Kenya, Malawi, Mali, Nigeria, Rwanda and Uganda provide insights on progress towards setting national legal and policy frameworks that are more conducive to uphold their human rights.

## Legal framework

### Kenya

As stated by United Disabled Persons of Kenya (UDPK): "We have many good laws in Kenya right from our transformative 2010 Constitution. For instance, Article 54 that very well articulates the rights of persons with disabilities. However, the Persons with Disabilities Bill amended in 2019 needs to be enacted into law so as to ensure full enjoyment of rights for women and girls with disabilities. This bill reflects the spirit of the Convention on the Rights of Persons with Disabilities (CRPD) of which Kenya is a signatory. Article 11.b calls for the Government to "take appropriate measures to prevent the discrimination of women and girls with disabilities".

There are however discriminatory laws within Kenya that negates the rights of women and girls with disabilities.

As stated by Women and Realities of Disability Society (WARD), "The Mental Health Act<sup>2</sup>, for one to vote, one needs to "be of a sound mind". This discriminates women and girls with psychosocial disabilities. The laws that give power to guardians to make decisions on behalf of dependent girls and women with disabilities are oppressive. Women with psychosocial disabilities need to be supported and facilitated to make decisions and not decisions being made for them. The laws that address issues affecting women, [such as the joint programme on Prevention and Response to GBV (2017-2020)<sup>3</sup>] need to be specific about different categories where women fall, for example women and girls with disabilities need responses to take into consideration disability". And vice versa, some laws such as the People with Disabilities Act passed in 2003 do not address gender and the specific rights of women with disabilities.<sup>4</sup> Further, KEFEADO explains that "there are gaps in Kenya's legal framework, for example in the Essential Healthcare Package which does not include response to GBV.<sup>5</sup> The challenge faced is that whilst the law requires the referral pathway to be responsive to women and girls with different disabilities, it is not being holistically done in partnership with health facilities, police stations or even in the judiciary system. The challenge is that issues of disability are often

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<sup>2</sup> Mental Health Act, 2018, Parliament of Kenya – has been amended in 2018. No specific mention on right to vote but on treatment options which help persons with disabilities "participation in political life" (3A-5-b) ; on "right to exercise all civil, political (...) rights guaranteed under the Constitution and [law of Kenya] (3G). → to be noted that the word disability only appears once in the Act

<sup>3</sup> Ministry of Public Service, Youth and Gender Affairs in partnership with the United Nations, development partners and Kenyan civil society organizations

<sup>4</sup> <https://www.awcfs.org/dmdocuments/Tusemezane/tusemezane%20august%202014.pdf>

<sup>5</sup> <file:///C:/Users/mc.garin/Downloads/Kenya-Essential-Benefits-May-23-2016-1.pdf>, GBV are mentioned twice under the "Reduce the burden of violence and injuries" indicator of the EPHS but no mention of women with disabilities at all



considered homogeneous referring only to physical disability thus ignoring the issues of multiple and intersecting identities.

The law also needs to be fully applied in regard to Article 43<sup>6</sup> which guarantees affordable and quality health care for all, but we note that in health facilities there is inadequate planning to meet the sexual reproductive health rights of women with disabilities. In addition, the rights of women with intellectual disabilities are often discriminated against, with some of them facing forced sterilization.”

Another example is the Sexual Offences Act<sup>7</sup> which presumes a person with a mental impairment cannot give into intimate sexual relationships thereby denying the rights of women with intellectual disabilities in exercising their rights to bodily autonomy, sex and sexual pleasure.

Many laws in Kenya need to be revised to take on interests and expectations of women and girls with disabilities including in the areas of health with respect to SRHR as well as some texts in the penal code with regards to sexual abuse, sexual assault, sexual violence and sexual harassment as well as laws on inheritance.

#### *Cameroon, Mali, Malawi, Nigeria, Rwanda*

In many countries there are laws which uphold the rights of persons with disabilities, however, there seldom include a gender perspective. As a consequence, the unique issues and violations faced by women with disabilities face are not addressed.

In Cameroon, “the April 2010 Law protecting the rights of persons with disabilities needs to be reviewed to have a clear gender perspective. More focus should be given to women and girls with disabilities considering their vulnerability to GBV”<sup>8</sup>. In Malawi “the National Disability Act, has to be reviewed to include realistic penalties against those abusing women with disabilities”<sup>9</sup>. The review of Sexual Reproductive Health Rights (SRHR) policy is overdue and organizations surveyed reported they should involve all sectors for an inclusive document.

Some of the national disability-focused laws that exist have made strides to include the rights of women and girls with disabilities more explicitly. For example, in Nigeria “the recently passed law (Discrimination Against Persons with Disabilities Prohibition Act) covers for the rights of all persons with disabilities in the country. But no specific sections cover the rights of women with disabilities. Organizations like Inclusive Friends Association would begin advocating for specific sections of this Act from this year especially regarding access to health and reproductive rights, and access to employment and social protection.”<sup>10</sup>

In Mali, “despite the ratification of conventions and laws favorable to women and girls with disabilities, they are still underrepresented in democratic and decision-making processes at the community and national levels. To do this, they need to be more consulted and participate more

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<sup>6</sup> Article 43 of the Constitution of Kenya

<sup>7</sup> Section 43(4)(e) of the Sexual Offences Act 2006

<sup>8</sup> NAWAWD

<sup>9</sup> MALAWI/VIHEMA

<sup>10</sup> NIGERIA/IFA

actively in decision-making so that their concerns are taken into account in a fair and sustainable way.”<sup>11</sup>

### *Rwanda*

In Rwanda, the Rwandan Organization of Women with Disabilities (UNABU), reflected on specific national policies that exclude or discriminate against women with disabilities.

1. “The law providing on legal capacity for persons with intellectual disabilities is still a challenge for girls and women with intellectual and psychosocial disabilities who are mostly facing sexual, physical and economic violence to get justice. This is strengthening impunity for perpetrators who take advantage of the situation as they know these women will not be allowed to appear in court as witness”
2. “Law governing persons and family should be reviewed too to ensure girls who have never been married and still live with their parents and parents have not been supporting and empowering them for self-reliance, inheritance should be mandatory for parents without waiting for succession after the death of both parents”
3. The law governing private health insurance should also be revised to ensure these companies also cover assistive devices for women with disabilities in private companies and civil society organizations to also access affordable devices which are important for Independent living.

### *Uganda*

Lira District Disabled Women Association (LIDDWA) and the National Union of Women with Disabilities of Uganda (NUWODU), highlight key legal frameworks on health and property rights that pose great barriers to women with disabilities.

“Articles 32 and 35 of the Constitution of the Republic of Uganda must be strengthened instead of advocating for its removal. There are current local level initiatives to strengthen Articles 32 and 35 of the constitution, such as the Lira District Disability Inclusive Health Service Delivery policy

In terms of legal frameworks, Uganda’s policy on land ownership should be reviewed and provide clear guidelines on how women with disabilities should access and own land and property. Utilization of land for productivity and income generating through farming and animal keeping is indeed vital for their quality of life. Organizations consulted recommended that the government should work hand in hand with the National Union of Women with disabilities and other representative organizations to sensitize women and girls with disabilities. According to them, the government should also sensitize clan leaders, cultural leaders, family members and the land committees and the district officials on the relevance of right to land ownership, property ownership and inheritance by girls and women with disabilities and encourage girls and women with disabilities to access existing community local government programs and the civil society programs that are extended to the communities.

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<sup>11</sup> Organisation pour un développement intégré au Sahel (ODI Sahel)

## National Gender and Disability Strategies

### Nigeria

There is no recent national strategy or plan for gender equality or disability rights in Nigeria as the last adopted document was the National Gender Policy of 2006.

The Gender and Equal Opportunity Bill (also known as the “Gender Parity and Prohibition of Violence Against Women Bill”) was rejected by Nigeria’s 8<sup>th</sup> Senate in 2018. The bill had first been introduced in 2010. It is to be noted that the 2011 draft of the bill does mention that “All forms of violence against women with disabilities including sexual abuse, and discrimination based on disability are prohibited”<sup>12</sup>.

The recent Prohibition of Discrimination Against Persons with Disabilities Act 2018 is entirely gender blind and does not mention women with disabilities at any time.

### Kenya

The National Gender and Equality Commission (NGEC) promotes “gender equality and freedom from discrimination for all people in Kenya with a focus on special interest groups, which include: (...) persons with disabilities” but denying a gender identity to those living with disabilities. The (National Gender and Equality Commission) have a strategic plan that is referring to disability but not recognizing intersectionality of gender and disability. It does not reach out to people at the grass root level.

The Strategic Plan worth had been estimated to Kshs 4.75 Billion in 2013 but only one quarter of the budget was secured, “forcing it to leave out some intended programmes and interventions.” At the moment, the NGEC still lacks sufficient resources to implement its strategic plan; however, ways of raising funds are listed in it while the need for a strong Resource Mobilization Plan has been identified for the 2019-2024 period. The Medium Term Expenditure Plan Three<sup>13</sup> (MTP Three) does aim at implementing policies, programmes and projects that will facilitate the attainment of the 17 SDGs. Gender equality and the empowerment of women and persons with disabilities are especially mentioned under the Social Pillar but appear throughout the document.

The MTP Three highlights the amount of money spent during the MTP II period to support women, youth and Persons with disabilities, whether as enterprise-owner or to train them on entrepreneurial skills and capacity building, but there is no mention of a global envelope for gender equality as a whole.

While the Indicative Monitoring and Evaluation Matrix (Annex Two of the MTP), under the Social Pillar (section 5), features “Gender, Youth and Vulnerable Groups” with a budget prevision and performance indicators, the MTP Three does not mainstream gender in its implementation framework and provisional budget.

This-Ability conducted a survey of national women’s rights human rights organizations in 2018 which revealed 95% of the organizations confirmed having disability specific programming however, only 40% had an organizational policy guiding their engagement and 5% had specific

<sup>12</sup> [https://www.aacoalition.org/images/Gender\\_and\\_Equal\\_Opportunities\\_Bill\\_National.pdf](https://www.aacoalition.org/images/Gender_and_Equal_Opportunities_Bill_National.pdf)

<sup>13</sup> <http://planning.go.ke/wp-content/uploads/2018/12/THIRD-MEDIUM-TERM-PLAN-2018-2022.pdf>

programming on women and girls with disabilities. While this is not a national strategy, it is reflective of how we prioritize disability issues.

### Rwanda

The Ministry of Gender and Family Promotion (MIGEPROF) has a Strategic plan for the implementation of the national Gender policy<sup>14</sup> (May 2010).

In addition to a stand-alone plan, it is to be noted that the Vision 2050 programme and the National Strategy for Transformation will also put an emphasis on gender equality and empowerment of women<sup>15</sup>. Gender Budget Statement (GBS) is a mandatory annex to the budgets submitted annually by governmental agencies, pushing further gender mainstreaming across governmental action.

### Burundi

In Burundi the National Gender Policy 2012-2025 is led by the Ministry of National Solidarity, of Human Rights and Gender. Although it is a comprehensive and recent document, there is absolutely no reference to women with disabilities. Similarly the “law to promote and protect the rights of persons with disabilities” adopted in 2018 is not including a gender perspective.

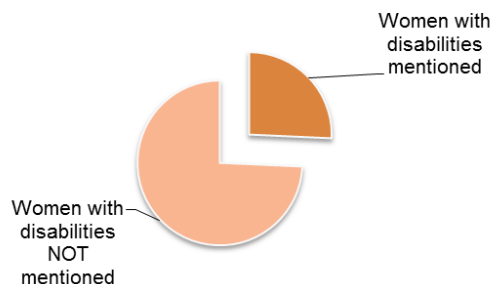
## Spotlight on the inclusion of women with disabilities in gender equality policies in Africa

Inclusion of women with disabilities in national gender policies in Africa in 2019: Women with disabilities are tremendously ignored!

Over 54 African Countries, there are 48 countries equipped with a national gender equality policy or strategy and among them 38 for which the text is available online.

**Among the 38 national Gender Equality Strategies and policies we have been studying, only 11 mention women with disabilities.**

### Inclusion of Women with disabilities in Gender Equality Strategies and Plans



## Awareness of Legal Rights

### Kenya

In Kenya there are a number of organizations that create awareness on women's rights. However, there are no specific public awareness programmes on women with disabilities. For instance, towards the end of every year awareness-raising campaigns are conducted against female genital

<sup>14</sup> [https://migeprof.gov.rw/fileadmin/migrated/content/uploads/National\\_Gender\\_Policy\\_-STRATEGIC\\_PLAN-FINAL\\_May\\_2011-2.pdf](https://migeprof.gov.rw/fileadmin/migrated/content/uploads/National_Gender_Policy_-STRATEGIC_PLAN-FINAL_May_2011-2.pdf)

<sup>15</sup> [https://www.uneca.org/sites/default/files/uploaded-documents/Beijing25/beijing\\_25\\_report\\_final\\_30\\_may\\_2019-2-1-rwanda.pdf](https://www.uneca.org/sites/default/files/uploaded-documents/Beijing25/beijing_25_report_final_30_may_2019-2-1-rwanda.pdf)

mutilation especially in counties in which the practice is still rampant, without any proactive targeting of young women with disabilities.

In compensation for this gap, disabled people's organizations that focus on issues of girls and women with disabilities and disabled women's organizations have been active on these issues. They however face challenges in their outreach, being mostly grassroots organizations with a limited audience, visibility and publicity. They often lack the funds and resources necessary to carry out their work, and they are not in a good position to reach out to sufficient numbers of girls and women with disabilities. Most of them cannot reach out to girls and women with disabilities living in the rural areas, who are amongst the most marginalized. These challenges confine DPOs to raising awareness on experiences of girls and women with disabilities in very specific locations.

There is no deliberate effort particularly in rural and peri-urban areas to ensure inclusion because it is considered "difficult" and "expensive", for example to ensure that sign language interpreters are paid for or that documents are translated into Braille. The Constitution of Kenya is quite progressive, but it needs to be unpacked and be made a living document for women with disabilities particularly at the lower village units. There is no effort to ensure that elderly women with disabilities are included in public spaces.

On a more positive note, following Kenya's participation and co-hosting of the Global Disability Summit in 2018, the government made six commitments on promoting rights of persons with disabilities, two of them with a gender sensitive content<sup>16</sup>. As a result, awareness programs that address violence against women and girls with disabilities and promote disability inclusive reproductive health have been planned.

#### *Cameroon, Mali, Nigeria, Rwanda*

In Cameroon, the lack of accessibility of awareness-raising poses great barriers to women and girls with disabilities. Not only inaccessible infrastructure prevents the participation of women and girls with disabilities, but many campaigns are mostly done by radio, and so this is difficult for women with hearing impairment to access. Specifically, within the context of Cameroon and the Northwest Region, several awareness raising campaigns have been implemented by the Cameroon Baptist Convention Health Services -the lone organization (faith based) that intentionally undertakes to push its mandate of ensuring equity in access to quality and accessible services at all levels. The organization through its Services for Persons with Disabilities (SPD) coordinates other disability programs including Non-Communicable Diseases (NCDs); from both a preventive and curative/responsive perspectives.

For Mali, public awareness programs on the legal rights of women that include women with disabilities are very weak at the national level. Only a few NGOs and their Partners undertake actions to change attitudes and behavior towards women and girls with disabilities.

In Nigeria and Rwanda, the limited awareness campaigns are run exclusively by civil society organizations and those programs designed by most civil society organizations do not deliberately include women and girls with disabilities.

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<sup>16</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/728139/National\\_Government\\_-\\_Government\\_of\\_Kenya.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728139/National_Government_-_Government_of_Kenya.pdf)

## *Uganda*

There are no inclusive awareness campaigns regarding human rights. Women with disabilities relay that community programs are in place but there is no accessible information on how to access opportunities such as the UWEP loans to access seeds from Northern Uganda Social Action Fund (NUSAF). The only way for women with disabilities to access information is from DPOs such as NUWODU, who run capacity development activities.

### **Eliminating Discrimination**

## *Kenya*

The 2010 Kenyan Constitution criminalizes discrimination towards any person regardless of one's situation. In the year 2008, Kenya ratified and signed the CRPD, which promotes and protects the rights of all persons with disabilities, including indigenous and refugee women with disabilities. The laws are well written, however there. Organizations consulted report that there have been rampant cases of abuse of girls and women with disabilities. Legal officers in charge of responding to situations of violence and abuse are most often based in urban settings, while most of the cases reported take place in rural areas, hence limiting the access to justice. There is a lack of centralized services, e.g sign language. Those are not found in rural offices hence there is a challenge to giving services. There have been efforts to change policy at the local level for example in Kisumu County where the legal framework is being improved. There however needs be purposive and holistic engagement of women and girls with disabilities in all their continuums to ensure that they are engaged as is outlined in the Constitution of Kenya 2010 in the spirit and letter of the law.

There are plans to put in place a public awareness program to create awareness on disability to reduce stigma, especially for women and girls with disabilities. This came about after Kenya's participation and co-hosting of the Disability Summit in 2018 where the government made six commitments on promoting rights of persons with disabilities. Also reporting on violence that women with disabilities face has helped to create public awareness and visibility to the issue is making law enforcement get serious about following up on cases and ensuring that they collect evidence.

## *Cameroon*

No public statement of such has been said regarding women and girls with disabilities in particular but there is the April 2010 law on people with disabilities with an accompanying partial (incomplete) text of application released late 2017. There is however a dial need for a complete law dedicated to addressing the needs of women and girls with disabilities, especially in the ongoing crisis in the Anglophone regions of the Northwest and Southwest as well as the Boko Haram infested Northern regions. Yes, through the ministry of Women's Empowerment and the Family, women and girls with disabilities have tuition free training at Women's Empowerment Vocational Training Centers of the North West Region.

Women with disabilities are active in the Gender Based Violence Platform coordinated by the Regional Delegation of Women Empowerment and the Family with funding from Médecins du Monde Suisse in the North West Region. They are equally actively and meaningfully participating in Gender and Disability Inclusive Development Communities of Practice for the



Fight against Gender Based Violence in the Northwest Region of Cameroon supported with funding from Humanity & Inclusion/Making It Work. The Northwest Association of Women with Disabilities (NWAOWD) is equally on the referral pathway for services providers ensuring survivors of GBV access economic and rehabilitation.

### Mali

Adopted in the National Assembly of Mali on May 10th, 2018, the law on the protection of persons with disabilities promotes and protects people living with a disability, grants an adapted assistance with specific social protection measures and considers the disability dimension in policies and social action plans.

The Malian Federation of Disabled People (Femaph) has finally obtained a law that protects people with disabilities. The Federation welcomes this law and calls for its immediate application. Estimated in Mali up to 2 million people, this law will take into account the Convention of Disabled People in Mali for which they have fought since 1988.

It should be noted that Mali was the seventh African country to ratify the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the twentieth country in the world. Notwithstanding this state of affairs, the heads of disability organizations complain about the state's slow progress in implementing the CRPD. According to the National President: *"Certainly there are achievements, but we expect concrete actions. It is a sacred document for people with disabilities. The convention is binding. We must move towards implementation through presidential decrees and ministerial decrees. It is an absolute necessity. We are waiting for the adoption of the Strategic Plan document and the draft law on the rights of the persons with disability"*.

### Nigeria

There are no formal anti-discrimination measures implemented in Nigeria. However, most recent positive action taken by the government in line with gender issues is the adoption of the National Gender Policy in 2006. Implementation leaves women with disabilities out. Even most recovery programs in the country by development corporations in northeast Nigeria for instance leave women and girls with disabilities out.

Just weeks ago Save the Children approached IFA to gain program insights for their next project phase to include women with disabilities in their conditional cash transfer program and others in northeast Nigeria.

### Uganda

There are no formal anti-discrimination measures implemented in Uganda. Refugee women with disabilities without DPOs are discriminated against during humanitarian action when giving out food and other necessities for use by refugees. It is DPOs such as NUWODU that has been critical to advocate for rights of refugee women and girls with disabilities. They are at times discriminated against by a non-disabled refugee fellow who increases their level of trauma and vulnerability.



## Burundi

Although Burundi ratified the CRPD in 2014, the domestication was done recently: the “law to promote and protect the rights of persons with disabilities” was adopted in January 2018.

Although it does aim at eliminating discrimination against persons with disabilities irrespective of gender, the law fails to address discrimination against women with disabilities as it is gender blind.

### Human rights Institutions

## Kenya

There is the National Gender and Equality Commission and Kenyan National Human Rights Commissions that call for gender equality and non-discrimination. “However in terms of accessing justice, it’s difficult due to many factors; the victims need to hire legal representation, and with poverty, this may stand in the way of justice. At some point witnesses of such cases are intimidated and also evidence compromised. On the other hand, the victim lacks support with making the follow up hence the challenge to getting justice. They had a specific programme access to justice for persons with psychosocial disabilities; they also have a programme on gender i.e. intersex people. They have worked on access to justice programmes”

## Women in Power

### Participation In Public Life And Decision-Making

## Kenya

The 2010 Constitution, Article 27(8), states that “not more than two-thirds of the members of elective public bodies shall be of same gender”, the “two thirds gender rule” however fails to be implemented in most elective public bodies, including the parliament where only 22% of representatives are women<sup>17</sup>. “The constitution (2010) also provides for 5% representation of persons with disabilities in political leadership; however this number is not clear on how many seats women with disabilities should get. Parliament was supposed to review Article 100 of the constitution to increase the number of women on the parliament. This would have also ensured participation of women with disabilities, but the two-third Bill never saw the light of the day.”

The engagement on the issue of the not more than 2/3 gender principle has not been holistically implemented which infringes on the national values and principles of governance.

“There is a lot of effect from patriarchy when it comes to such matters. On the other hand, the number of women in such spaces happens to be too small to pass such laws so they have to accept the little that they are offered by the law makers who happen to be men in their majority. They do things for the sake of what the law says and if they can find a way of getting away with it then the law is neglected.”

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<sup>17</sup> World Bank Group data, Proportion of seats held by women in national parliaments (%), 2018

In Kenya, legal and cultural barriers prohibit decision-making on the basis of disability. The Marriage Act, 2014<sup>18</sup> for example presumes that persons with any ‘mental disorder or mental disability whether temporary or permanent’ cannot give consent to marriage; this section denies the right of persons with psychosocial disabilities and persons with intellectual disabilities to marry and found a family. The Act also states that a marriage is voidable if at the date of the marriage either party was and has ever since remained subject to recurrent attacks of insanity, and allows annulment of marriage on grounds that a person ‘suffers recurrent bouts of insanity’, in addition to making provisions for ‘insanity’ a ground of divorce. Therefore, a woman with ‘mental disability’ is more vulnerable because the husband can divorce her on the ground of ‘insanity’ with catastrophic consequences to her with regard to property and custody of children. All these sections deny the right to exercise legal capacity in making the decision to marry and found a family in a manner that is discriminatory on grounds of disability. Considering the patriarchal society in Kenya, women have less power within marriage; this is magnified for women with disabilities.

### *Burundi*

The Constitution of Burundi, which last version was adopted in 2018 maintains previous provisions for a minimum of 30% of women in the National Assembly, the Senate and the Government (respectively articles 169, 185, and 128). The latest figures are: 47% of women in the Senate as of 2019, 36% in the National Assembly as of 2018, 25% of the government as of 2019.

“Thus, these women come from political parties and women and girls with disabilities are not able to compete in political parties. Therefore, no girls or women with disabilities are in decision-making bodies.”

### *Cameroon*

In Cameroon 31% of MPs are women as of 2018<sup>19</sup>. “Despite making up 52% of the adult population, Cameroon has just 31 female mayors out of the total 370 in the country. As fact, the two newly appointed women added to those maintained in government make up entirely 11 women out of the over 60 Ministers in government” as quoted in the Journal du Cameroun.com of January 7th 2019.

It is to be noted that the word “women” isn’t included in the code and that no formal quota are mentioned. When a quota of 30% is mentioned outside of the code, it is always linked to the Beijing Platform for Action, but isn’t included in official sources for the State.

“The state had proposed quarterly representation of women in the senate, parliament, councils and other political forums in Cameroon but the representation of women with disabilities is

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<sup>18</sup> Sections 11(2)(c), 12, 66(6)(g), 73(1)(g) of the Marriage Act, 2014

<sup>19</sup> World Bank Group data, Proportion of seats held by women in national parliaments (%), 2018

insignificant. Most policies are developed without proper consultation of women with disabilities”

“In 2010, the government decided to recruit 25000 Cameroonians into the civil service. A quota of this number was dedicated to people with disabilities who qualified for different posts, and this was put up on state television and special attention given to them during the process of submitting documents. This was even made possible because some women and girls joined their male counterparts to cry foul about their unemployment state. This however was not a direct measure targeting women and girls with disabilities. Notwithstanding, it gave opportunities for many women and girls to gain direct recruitment in to civil service.

The state has assigned a quota representation of women at the senate, in parliament, within councils and other political forums in in the country. Notwithstanding, the representation of women with disabilities is insignificant or totally absent

It should however be underscored that most policies are developed without proper consultation of women with disabilities.

### *Malawi*

The 50 -50 Campaign Management strategy to support women in the just immediate past election is a project led by the Royal Norwegian Embassy in liaison with the Ministry of Gender, Children, Disability and Social Welfare of Malawi. It is funded via a consortium including the Center for Civil Society Strengthening and Action Aid Malawi. It aims to achieve “Improved participation and representation of women in leadership and decision-making positions in Malawi.”

### *Nigeria*

“In the last five years there has been no leadership positions held by women with disabilities that we are aware of. Women’s participation in governance is still way below the 35% stipulated affirmative action principle in the 2006 proposed gender policy. The very room for inclusion women is constantly shut despite women’s group advocacy. The last elections show the decline of women participation into legislative houses in Nigeria where power to make decisions is most guaranteed and only 6% of MPs are women as of 2018. Globally, as of June 2019, it is ranked 185<sup>th</sup> out of 193 countries for female representation in parliament<sup>20</sup>

### *Rwanda and Uganda*

A quota system of 30% women representation in decisions making bodies and structures and as of 2018, 61% of MPs are women. The 30% quota was established in the 2003 Constitution and is applicable – and effective - in all decision-making organs<sup>21</sup>. Girls and women with disabilities are invisible in the general gender and women empowerments movement in Rwanda. Despite the statistical information collected by the census 2002, there is no regular data collection on the situation of women with disabilities in Rwanda. Empowerment of girls/women with disabilities is mainly the responsibility of the organization of women with disabilities. The policy on girl’s

<sup>20</sup> International Parliamentary Union, <https://data.ipu.org/women-ranking?month=6&year=2019>

<sup>21</sup> <http://www.unwomen.org/en/news/stories/2018/8/feature-rwanda-women-in-parliament>

education does not explicitly mention any strategy for inclusion of girls with disabilities. There is still gender disparity with high rate of illiteracy among women with disabilities with a half of them having no education. The data show similar enrolment of both boys and girls with disabilities in mainstream primary education; however things tend to change when it comes to secondary education where the number of girls with disabilities declines to 5% compared to 8% among males with disabilities and 11.2% among girls without disabilities. The gender based violence indicators, developed by Gender Monitoring Office (GMO) do not include indicators on women's/girls with disabilities. While Rwanda has record of women in leadership position, women with disabilities are largely not represented in those positions

“In Uganda, many women have been given priority and opportunity in leadership position in the country. For example there are 112 women including women with disabilities in the parliament of Uganda. Employment in the formal sectors and non-formal sectors”

## Media & Information communication technologies (ICT)

### Kenya

There are acts and policies that call for inclusion of women in such spaces, women with disabilities, through their own individual effort after accessing such information, have claimed their spaces and took part in the same. The written laws and policies are very inclusive, but implementation is faced with challenges. The Government of Kenya has ensured all electronic media house have sign language interpreters for easy access of information by deaf women but has not provided ways for blind women. Kenya has created avenues for engagement but there is limited effort to ensure that the media platform is holistic.

In a society driven by visual representations of narrow beauty standards, women with disabilities have been largely invisible as value is placed on bodies that most satisfy the socially constructed aesthetic, and because disabled bodies are culturally considered an aberration, they fall short and they are dismissed. This dismissal escalates into outright erasure and its effects are a lack of representation, participation and inclusion. In response to this, there are efforts to engage media in shaping public perceptions and heighten society's conscience around disability rights and inclusion. An example is the work of This Ability to incorporate business principles of advertising and marketing, and work with private sector and media practitioners to shift the narrative around disability which has predominately stemmed from the charity and medical models.

### Cameroon

No such government action has been taken since the last five years. However, organizations working with and for persons with disabilities such as the CBCHS' SEEPD Program and Associations for People with Disabilities continue to sensitise and train persons with disabilities to be more assertive. People with disabilities are equally used as role models. Of recent, the CBCHS partnered with an organization called Sisterspeak237 in organizing the first ever inclusive fashion show – a national event in Yaoundé which gave women and girls with disabilities a platform to voice themselves. Over 15 international media including several local media organs including BBC pidgin covered the event which was trending for over two weeks on these media organs and social media. Women with disabilities equally have one hourly programs on CRTV Northwest and two other local radio stations which are used to make their

voices heard. Additionally, the SEEPD Program runs an hourly program on over 21 local radio stations including the national radio called Disability and Development that brings to limelight the plight of women and girls with disabilities as well as male peers with disabilities.

### *Mali, Nigeria, Rwanda*

In Mali , the State has funded 5 centers equipped with hardware and computer network for the benefit of the Malian Federation of Disabled People, followed by the training of beneficiaries

In the opinion of the Federation President, Moctar Bah, recent technological advances are an asset for the entire population, and can be important facilitators of the social participation of people with disabilities. Indeed, he added, technological innovations contribute to: facilitating the development of accessible workplaces, facilitating communication for people with hearing disabilities related to speech or language, reducing intellectual disability, to facilitate the reading or use of a computer for people with a visual disability...

In Nigeria Within the last five years there hasn't been any collective action for the increase of women with disabilities to participate in the decision making in the Nigerian media. There are very limited private media organizations where women take on leading roles like the Women's Radio in Lagos that is owned and designed to promote women participation in the space.

In Rwanda no action has been undertaken in that sense and this was also emphasized by the UNCRPD committee at the Country review sessions in Geneva March 2019.

## **Gender-Responsive Budgeting**

### *Kenya*

Through Integrated Finance Management Systems (IFMS) the government has allowed for public participation during budget making processes, but the budget is not gender responsive. For instance the government has provided for free maternity service to all women however many facilities are not well equipped or resourced.

There have been calls for public participation in gender budget, the views are given but they are not captured comprehensively so it hinders the budget making process or the target to get sufficient allocation. However, it is important to mention that without a disability budget within county governments, to ensure persons with disabilities are participating in the public forums, their representation is not guaranteed and their voices not captured within these processes.

In Kenya, we do not have gender- responsive budgeting as per every sector but, there is a specific ministry charged with gender issues- which receives a budget direct from the Ministry of Finance (Treasury).

As an institution, KEFEADO engages on Gender Responsive Budgeting. However limited effort has been made ensure allocations to for example SRHR. Even in sectors where women are engaged e.g. Agriculture limited funding is allocated despite the engagement of many women in subsistence agriculture. The participation of women with disabilities is limited at community level based on access to spaces for discussion and even access to information. The challenges faced are the discrimination of women generally due to patriarchal systems.

## Cameroon

The Cameroon government does have a way of tracking the proportion of the national budget that is invested in the promotion of gender equality and the empowerment of women (gender-responsive budgeting). This is done through the designated ministry- the Ministry of Women's Empowerment and the Family (MINPROFF) with an annual budget. However, there is no intentional budgeting directed to the specific needs and interest of women and girls with disabilities. With continues advocacy and with examples of intentionally budgeting for gender and disability mainstreaming within the SEEPD Program, and having the Regional Delegate for MINPROFF man the actions in the gender component of the SEEPD program and reporting to the Minister his direct supervisor, it is hoped that subsequently the ministry will think disability inclusive in subsequent budgetary allocations for intentional gender responsive budgeting.

In the Beijing+20 processes, in 2015, Cameroon answered that its main failure to implement the Beijing action plan lay in its inability to have integrated gender in its sector-based budgets. It said that the part of the national budget allocated to the promotion of gender equality and women's empowerment was approximately 10%<sup>22</sup>. No specific information on women and girls with disabilities was included.

## Mali, Nigeria, Uganda, Rwanda

Mali adopted in 2011 its National Strategy for GRB<sup>23</sup> as part of its National Gender Policy. The disability aspect is not mentioned in the document<sup>24</sup>. Isolated grants to women with disabilities organizations are given through the Ministry of Social Development and Solidarity Economy

Nigeria's budget system is not open and does not create specific allocations for women or women with disabilities.

Rwanda has a way through gender sensitive budget tracking, and this is general without particular attention to women with disabilities. However from the global disability summit the government committed to implementing also disability sensitive budget tracking, but we are not sure they will specifically also include women with disabilities

Gender responsive budgeting has started in 2002-2004 in one Ministry and since then has been spread to others, while guidance has been given to mainstream gender in the national budgets<sup>25</sup>.

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<sup>22</sup> Examen national du Cameroun dans la mise en œuvre de la déclaration et du programme d'action de Beijing (1995) et des textes issus de la vingt-troisième session extraordinaire de l'assemblée générale (2000) dans le contexte du 20ème anniversaire de la quatrième conférence mondiale sur les femmes et de l'adoption de la déclaration et du programme d'action de Beijing en 2015 - [https://www.uneca.org/sites/default/files/uploadeddocuments/Beijing20/NationalReviews/natl\\_review\\_cameroon\\_fre.pdf](https://www.uneca.org/sites/default/files/uploadeddocuments/Beijing20/NationalReviews/natl_review_cameroon_fre.pdf)

<sup>23</sup> Profil national genre des secteurs de l'agriculture et du développement rural, Mali, FAO, 2018 - <http://www.fao.org/3/i8706fr/I8706FR.pdf>

<sup>24</sup> [Stratégie nationale de Planification et de Budgétisation Sensible au Genre \(PBSG\) au Mali](#), Gouvernement du Mali, 2011

<sup>25</sup> NAMUTEBI Rehemah, Head of National Budget- Ministry of Finance and Economic Planning, Rwanda, ""Gender Equality – From Theory to Practice"" Gender Budgeting and delivery of public services Gender Responsive Budgeting""



The National Gender Policy, adopted in 2010, significantly mentions budgeting throughout the document. No specific measures are included for women and girls with disabilities who are mentioned as parts of the vulnerable groups for social protection.

In Uganda, it is always done by the State to monitor budget allocation in different sectors. Certificates are awarded to best performers in gender sensitive budgeting for civil society organizations, government Agencies, development partners and ministries.

## Women and Health

### Health of Women and Girls With Disabilities

#### *Cameroon*

There has been no governmental action to improve the health outcomes of women and girls with disabilities. However, the DPO, CBCHS, has created a full-fledged department in all its institutions to cater for women's health and those for women with disabilities are recently being prioritized supported by the Services for Persons with Disabilities (a comprehensive service with three other independent programs under it with sponsorship from CBM Australia, CBM Germany, Liliane Foundation and most recently, Humanity and Inclusion, UNICEF and UNFPA).

#### *Kenya*

In Kenya, there has been no governmental action to improve the health outcomes of women and girls with disabilities, but it is assumed they have same rights with others to access universal health care. There are projects and programmes that have come up to support maternal health; however, women with disabilities are still not mentioned so they are fighting to be included. We have the “beyond zero” initiative, there is also universal health cover that does not mention women and girls with disabilities, but they are negotiating to be considered as a special category of women in the initiatives.

Some actions to ensure access to quality SRHR for example are outlined in Art. 43 of the Constitution. The government has also in the quest for universal health coverage included an Essential Health Benefits Package which does not include issues of SRHR, palliative care and addressing GBV. However it is imperative to ensure that Kenya reframes their engagement with reproductive health rights for women with disabilities as the discrimination faced within health facilities is an infraction on the health rights clearly outlined in the CoK2010. The homogeneous way of engaging on issues of women with disabilities during planning also ensures that the Department of Health does not holistically respond to the health needs of women and girls with disabilities.

Amongst service providers, many do not receive training to handle the specific needs of women and girls with disabilities; the result is increasing stigma and discrimination of women and girls with disabilities in healthcare centers.

Policies such as Universal Health care aim to get Kenyans to access health services and recent initiatives in 2 counties are piloting the program. Example includes creating public awareness for citizens especially women to register for the National Social Security Fund (NHIF) at minimal costs. This is a new initiative and a lot needs to be done.



Finally, a number of women with disabilities also benefit from free registration of NHIF and cash transfer every month- initiative that also targets older persons.

### *Nigeria, Rwanda*

In Nigeria, few disability rights advocacy organizations have conducted research and provided recommendations on how to improve access to health facilities and services for women and girls with disabilities, but there hasn't been any action by the government yet to ensure this.

In Rwanda there are health service advisors villages/cell locally called 'abagyanama b'ubuzima', assisting needy women to call an ambulance in case of an emergency health need like child delivery but very few or no women with a disability accessed this service.

### *Malawi*

In Malawi, more has to be done in civic education to women and young girls with disabilities in area of their health rights and general rights, including health practitioners have to be trained and aware about disability management.

### **Spotlight on HIV: Women with disabilities are significantly more affected by HIV/AIDS than the general female population**

Humanity&Inclusion has published a combined analysis of 4 studies conducted in Burkina Faso, Niger, Guinea Bissau and Cape Verde implemented with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria and in partnership with the West African Federation of Associations of Persons with Disabilities (WAFOD).

### **HIV prevalence in Women with disabilities for those countries is 2 to 3 times higher than for the general female population.**

<b>HIV prevalence in Women</b>	<b>Burkina Faso</b>	<b>Guinea Bissau</b>	<b>Cap Vert</b>	<b>Niger</b>
<b>Women in general</b> Source: Spectrum data in the 4 countries <sup>26</sup>	1.1%	4.1%	0.7%	0.3%
<b>Women with disabilities</b> Source: HI 2019 <sup>27</sup>	5.4%	8.8%	1.7%	0.4%

The 4 studies show that the vulnerability of women with disabilities to HIV is the result of the interaction between different factors external to individuals, such as poverty, gender-based violence or restrictions on access to services.

<sup>26</sup> Stover J. et al: Updates to the Spectrum/Estimations and Projections Package model for estimating trends and current values for key HIV indicators, Aids. 2017;31 Suppl 1:S5-s11

<sup>27</sup> Pierre De Beaudrap. VIH & Handicap en Afrique de l'Ouest : Une analyse combinée de 4 études conduites au Burkina Faso, Niger, Guinée Bissau et Cap Vert. Lyon : Humanity & Inclusion, 2019

In Burkina Faso prevalence of HIV for women with disabilities is equivalent to the prevalence of Female Sex Workers<sup>28</sup> (5.4%).

## Women and Poverty

### Eradication of Poverty

#### *Cameroon*

The creation of Women Empowerment Vocational Training Centers offering tuition free trainings for women and girls with disabilities in the North West Region but are not enough to address the needs of vulnerable women and girls left alone and/or with disabilities. They are not adapted to include the needs of participants with disabilities. To ensure those in the Northwest region participate meaningfully, the CBCHS has made adaptations of some women empowerment centers in the region by introducing ramps and has developed a training manual to supports inclusion and gender sensitivity as well as child protection.

The CBCHS through her disability programs supports to economic empowerment of women and girls with disabilities by providing them with micro credits as start-up capital for sustainable business initiatives. This has been strengthened recently (two years on) with the creation of C-Bans (community village saving schemes); improving the quality of life of these vulnerable populations by breaking the vicious cycle of poverty and disabilities. However, limited funding limits number of beneficiaries.

#### *Kenya*

There are economic empowerment aspects that target women and young people as well as women with disabilities. There is, however a challenge when it comes to women and girls with disabilities accessing and utilizing the opportunities due to; lack of information, lack of proper training on how to go about, disability related challenges like mobility which makes access to be a challenge, geographical issues e.g women and girls with disabilities in the rural areas are hardly reached by information and opportunities, issues of corruption like the non-disabled persons taking up opportunities meant for the disabled. Low levels of empowerment are also a challenge. On the other hand, the requirements are not easily met by women and girls with disabilities e.g need for groups in order to access some benefits, need to have active and running enterprises etc. Accessing opportunities e.g women's fund they are send to the disability section. This makes it hard for girls and women with disabilities to access such openings.

There is also a high economic burden in accessing various opportunities including employment and healthcare for groups of women and girls with disabilities, due to remote locations and inaccessible public transport system and the high cost of private transportation; therefore creating a vicious cycle of poverty.

There also have been efforts to ensure tenders are reserved for women with disabilities to supply goods and services. Through Access to Government Procurement Opportunities (AGPO) the government has set aside a 30% of it tenders to be procured by women, youth and persons with

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<sup>28</sup> See Burkina Faso, CNLS, Cartographie Programmatique, estimation de la taille et enquête bio-comportementale parmi les populations clés (PS, HSH, UD) au Burkina Faso, December 2017

disabilities and other parallel development funds, however research shows that majority women with disabilities especially rural women have no information at all and those who have information see their uptake of these opportunities as very minimal<sup>29</sup>.

### *Malawi, Mali, Nigeria, Uganda*

In Malawi, there is a Social Cash Transfer Program for poor people, but not so specific for women with disabilities, meaning that if a woman with a disability benefits from this facility, it is not on the basis of disability, but rather, on the basis of being a poor person in that society.

In Mali the informal sector is an interesting alternative that plays an important role in the integration of women into the labor market, whether in urban or rural areas. 43% of female employment is in this sector and 85% of them are traders. (Source: ELIM, 2003). However, this sector is not yet taken into account by national compatibility.

In Nigeria there have been no such attempts for economic empowerment of women and girls with disabilities but programs like the National and State Reduction Strategy NEEDS and SEEDs (2003-2008), You Win (2012) and SURE-P were some economic policies that identified gender gaps. No action has been taken to close this gap. The gap affects persons with disabilities generally.

In Uganda there are three different grants that include women and girls with disabilities; the Special Grant for persons with Disabilities, the Uganda Women Entrepreneurship program (UWEP), and the Youth livelihood program

### *Rwanda*

Adequate standard of living and social protection (art. 28) includes a provision “Since June 2018, a total of 22.000 families of Persons with disabilities received 1.2 billion of Rwandan franc as direct support. [and] Further, in July 2018 the Government of Rwanda made the following commitments on disability which are to be implemented by the social protection sector: By 2021, Government of Rwanda will expand our existing programme of Direct Support (income support) to reach all people categorized with severe disabilities (categories 1 and 2 in the current classification) in ubudehe categories 1 and 2 (the two lower categories in the Rwandan socio-economic classification system) and gather evidence towards a more universal approach thereafter. Existing schemes are either general for women or persons with disabilities and mostly girls/women with disabilities do not access these schemes due to double discrimination as women first and secondly having disability

## **Social Protection Systems**

### *Kenya*

Women with disabilities are yet to benefit from social security fund, currently only few are registered and those in need of care 24/7.

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<sup>29</sup> See also <https://www.businessdailyafrica.com/economy/Reserved-tenders-for-special-groups-remain-on-paper/3946234-5084094-vcn2d8/index.html>

There is a social welfare Law that defines how persons with ‘severe’ disabilities are to be taken care of. But there are challenges with the Law because so many people with disabilities especially women with disabilities who should benefit are not currently getting any assistance. UDPK is a member of the Social Protection Actors Forum (SPAF) that is leading the reform process.

Contribution to the National Social Security Fund (NSSF) has been made easier and has been extended to low income earners and small business holders in Kenya. That is, a person can contribute as low as KES 20 (Less than \$1)

The cash transfer is the only thing that the government has set for people with severe disabilities. The care givers end up taking on behalf of the beneficiaries, there is a lot of corruption. The programme is set up through the Ministry of Labour and Social Protection, however, the level of corruption hinders the implementation, it does not reach all girls and women with disabilities. People who get this fund are not people who deserve it. Funds being set up for genuine reasons but without genuine motives.

The constitution is clear on stating the issues of social protection. However there needs to be a clear framework to ensure that identification is based on need and not the current process where corruption has riddled identification of households with women and girls with disabilities.

### *Nigeria, Rwanda*

In Nigeria, the only action at the moment would be the passage of the Disability Act last January that provides for the establishment of the National Commission for Persons with disabilities which is designed to provide social protection for Persons with disabilities generally. Specific sections of the Act cover women with disabilities, but the Act is yet to be in implementation.

In Rwanda there are ‘Imihigo’ government programs including; VUP, direct support, one cow per poor family locally called ‘girinka’ program, construction of public schools among those I know but there are not specific ones for particularly for women and girls with disabilities

Social protection schemes are household based and disability was not taken into consideration until the 2018 Global Disability Summit where the government committed to particularly target households with persons with severe disabilities. Still this will not particularly respond to particular issues of women/girls with disabilities.

## **Violence against Women**

### **Addressing Violence**

#### *Cameroon*

Although the government is not intentional about taking action concerning violence against women and girls with disabilities, it has direction in charge of vulnerable persons and the Elderlies at the Ministry of Social Affairs. This gives us hope of advocating for policies including SRH and GBV with clear disability undertones. The CBCHS’ Services for Persons with Disabilities are available and looking for ways to break even and get such policy documents in place. Discussions are underway with the Director of the service in question to make this a success.

## Kenya

In Kenya the government is not taking action to address violence against women and girls with disabilities. Just a few weeks ago, there were cases of women with disabilities who have been sexually violated and killed and no justice was served at all. Even when/if such cases are presented to the law, the process of justice is always compromised. At times the perpetrators are care givers, close family members or relatives and this makes it hard to get justice. It is even sad that at some time, they are looked at as people who lack sound mind, so their cries of abuse are not trusted.

There has been increased public awareness and visibility in a bid to create shame about this negative practice, such as

- Sensitization of Law enforcement
- Advocating for police to respond to SGBV using the ‘Standards of Practice’.
- Sensitization of the judiciary and Court Users Committees so they are disability aware and provide for reasonable accommodation and access to women and girls with disabilities seeking justice.

These actions were largely done collaboratively with relevant government entities.

Women Challenged to Challenge (WCC) reminds that women disabilities are largely invisible in the legal framework to address violence against women: “although Kenya has put in place anti-female genital mutilation and Domestic violence Acts, no specific articles are directed to women with disabilities”.

## Rwanda, Uganda

The Rwandan government from the 2018 Global Disability Summit committed to ensure the Isange one-stop centers are accessible to people with disabilities, including the sight and hearing-impaired, and collect and report disability and gender-disaggregated data on the experience of gender-based violence by 2020 and this was specifically a commitment on women with disabilities.

In Uganda the state has put in place policies for instance GBV policy is in place and used by all as a national policy and has an emphasis on special interest groups like women and girls with disabilities; orphans, widows and street children.

## Strategies to Preventing Violence

## Cameroon

With support from Humanity & Inclusion and through the Making it Work Seed Fund, the CBCHS has developed Standard Operating Procedures for SGBV management that brings together actors in the referral pathway including those from the government, para public, CSOs and CBOs. This is supporting the prevention and management of SGBV cases within the Northwest Region of Cameroon and ensures that survivors receive dignified and adequate care.

The good news is that, these SOPs informed the development of a national SOP for the Northwest and Southwest regions in the context of the ongoing humanitarian actions. In all, 13

members of the Community of Practice participated in the validation process of the national SOP in Douala, Cameroon.

The CBCHS equally participated and presented her experiences recently in Abjua Nigeria during the rolling out of GBV and SRHR guidelines for women and young people with disabilities.

So, although the government of Cameroon does not have any programs or designed interventions focused on people with disabilities, these are ways in which we are intentional in ensuring GBV against women and girls with disabilities is prevented.

### *Kenya*

No specific government measures have been put in place to protect women with disabilities, Kenya has non-governmental organizations, some civil society bodies, some individual disability rights advocates, some non-governmental legal bodies who have been seen to really push for proper treatment of girls and women with disabilities and even gone ahead to push for justice for the victims and their families. Unfortunately, there is no specific government strategy.

There have been efforts by government to engage during the 16 Days of Gender Activism to work on issues of GBV but no clear actions to address violence against Women with disabilities or GWDs.

This Ability works with communities of women with disabilities to create linkages with human rights organizations to strengthen the capacity of groups of women with disabilities to address cases of violations that occur in the community and navigate the legal system. We also focus on normalizing conversations on disability and increase tolerance within the community.

### *Nigeria, Rwanda, Uganda*

In Nigeria, Civil society organizations are just leading independent actions to prevent and protect women and girls with disabilities from violence.

In Rwanda there are no particular strategies and or mainstream strategies to prevent violence against women and girls with disabilities. All violence prevention and response are still blind to the issues of girls/women with disabilities. However there are general Gender Based Violence strategies in place, as well as the Gender Monitoring Office, and RWAMNC is an organization of men to fight against all forms of violence against women especially domestic violence. As well as the Isange One Stop Centre, but no one focuses of women with disabilities as a marginalized group.

In Uganda, policies in place are being used by the duty bearers, service providers and also the complainant or the survivors of Gender Based Violence. However implementation has been primarily done by NUWODU or other Women Human Rights Advocacy Organizations for women with disabilities at the district level of which some are NUWODU membership while others are not but for women with disabilities

There is also the development of child protection unit from Uganda police to Gender Based Violence Activities.



## Address Violence Against Women With Disabilities In Particular

### *Cameroon*

The CBCHS with funding from CBM, supports children and families of abused children with disabilities to access psychosocial and legal support. With the referral pathway and with funding from HI, many more have benefited from targeted services. Also, two support groups of women and girls with disabilities have been created for Bamenda I and III sub-divisions with the Northwest region and their capacities developed to advocate their rights assertively. Currently, with support from UNFPA, capacities of women with disabilities will be built to be able to access humanitarian support in the wake of the ongoing crisis.

### *Kenya*

There is no specific action to address violence against women with disabilities in particular. The cases of abuse towards girls and women with disabilities without action being taken is evidenced by the data which is homogeneous. This is also evidenced by the lack of planning to have sign language interpreters at different levels in health facilities where GBV is reported.

However there are some actions being taken, such as

- Public awareness and visibility in a bid to create shame about this negative practice
- Sensitization of the judiciary and Court Users Committees so they are disability aware and provide for reasonable accommodation and access to women and girls with disabilities seeking justice

### *Nigeria and Uganda*

In Nigeria The violence against persons prohibition act is in place but there isn't a clear provision for the protection of women with disabilities or prevention plan for them.

In Uganda, it is only DPOs and CSOs doing this kind of work. However, the local governments through the localities are working with NUWODU to ensure GBV against Girls and women with disabilities is addressed.



## Annex 1. List of contributing organizations

<b>Burundi</b>	UPHB	Union des Personnes Handicapées
<b>Cameroon</b>	CBCHS	Cameroon Baptist Convention Health Services
<b>Cameroon</b>	NWAWWD	North West Association of Women With Disabilities
<b>Kenya</b>	UDPK	United Disabled Persons of Kenya (UDPK)
<b>Kenya</b>	KEFEADO	Kenya Female Advisory Organization
<b>Kenya</b>	WCC	Women Challenged to Challenge
<b>Kenya</b>	WARD	Women and Realities of Disability Society
<b>Kenya</b>	TA	This-Ability Trust
<b>Malawi</b>	VIHEMA	Visual Hearing Impairment Membership Association
<b>Mali</b>	ODI Sahel	Organisation pour un développement intégré au Sahel
<b>Nigeria</b>	IFA	Inclusive Friends Association
<b>Rwanda</b>	RNADW	Rwanda National Association of Deaf Women
<b>Rwanda</b>	UNABU	Rwandan Organization of Women with Disabilities
<b>Uganda</b>	NUWODU	National Union of Women with Disabilities of Uganda
<b>Uganda</b>	LIDDWA	Lira District Disabled Women Association
<b>Global</b>	HI, MIW G&D project	Humanity&Inclusion, the Making It Work Gender and Disability project
<b>Global</b>	IDA	International Disability Alliance

## Annex 2. Questionnaire – based on NGO Guidance for National Parallel Reports, NGOCSW

### Overall questions

1. Regarding the full enjoyment of rights for women and girls with disabilities, what laws need to be changed?
2. Are there public awareness programs about women's legal rights that are inclusive of women with disabilities?
3. Over the past five years, has the state acted to prevent discrimination and promote the rights of women and girls with disabilities?

*You can here integrate acts that benefit to women with intersecting forms of discrimination, such as refugee women with disabilities or indigenous women with disabilities etc.*

### Women in power and decision-making

4. What actions and measures has your country taken in the last five years to promote women's participation in public life and decision- making
5. What actions has your country taken in the last five years to increase women with disabilities' access to expression and participation in decision-making in the media, including through information and communication technologies (ICT)
6. Do you or the state track the proportion of the national budget that is invested in the promotion of gender equality and the empowerment of women (gender-responsive budgeting)? *This question applies for women in general and women with disabilities in particular.*
7. Does your country have a valid national strategy or action plan for gender equality and/or disability?
  1. YES/NO?
  2. If YES, please list the name of the plan and the period it covers, its priorities, funding and alignment with the 2030 Agenda for Sustainable Development, including the targets under SDG 5.
  3. If YES, has the national action plan been costed and have sufficient resources been allocated to its achievement in the current budget?
8. Is there a national human rights institution in your country
  4. If YES, does it have a specific mandate to focus on gender equality or discrimination based on sex/gender or disability?

### Women and the economy

9. What actions has your country taken to advance gender equality in relation to women's role in paid work and employment?
10. What actions has your country taken in the last five years to recognize, reduce and/or redistribute unpaid care and domestic work and promote work-family conciliation?

## Women and poverty

11. What actions has your country taken in the last five years to reduce/ eradicate poverty among women and girls with disabilities?
12. What actions has your country taken in the last five years to improve access to social protection for women and girls with disabilities?

## Violence against women

13. What actions has your country prioritized in the last five years to address violence against women and girls with disabilities?
14. What strategies has your country used in the last five years to prevent violence against women and girls with disabilities?
15. Has your country taken any action in the last five years to address violence against women with disabilities in particular?

## Human rights of women

16. In the last five years, which forms of violence against women and girls with disabilities has your country prioritized for action?

*Form of violence may include:*

*Intimate partner violence/domestic violence, including sexual violence and marital rape*

*Sexual harassment and violence in public places, educational settings and in employment*

*Violence against women and girls facilitated by technology (e.g. cyber violence, online stalking)*

*Femicide*

*Violence against women in politics*

*Child, early and forced marriages*

*Female genital mutilation*

*Other harmful practices*

*Trafficking in women and girls*

*Violence perpetrated by state actors*

*Other, please specify*

17. What is your country's current national machinery for gender equality and the empowerment of women? Please name it and describe its location within Government.
18. What is the line of accountability for the national machinery for gender equality? Does it report annually to the Cabinet and Parliament? Are those reports accessible to the public?

## Women and health

19. What actions has your country taken in the last five years to improve health outcomes for women and girls with disabilities in your country?