GENDER GUIDELINES
Disability Rights Fund & Disability Rights Advocacy Fund
Title: Gender Guidelines, Disability Rights Fund & Disability Rights Advocacy Fund
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Date: April 11, 2018

The Disability Rights Fund (DRF) and the Disability Rights Advocacy Fund (DRAF) are together a grantmaking collaborative between donors and the global disability rights community that empowers persons with disabilities to advocate for equal rights and full participation in society. The mission of the Disability Rights Fund is to support persons with disabilities around the world to build diverse movements, ensure inclusive development agendas, and achieve equal rights and opportunity for all. The Disability Rights Advocacy Fund supports persons with disabilities in the developing world to advance legal frameworks to realize their rights.

DRF and DRAF resource organizations led by persons with disabilities, primarily in Africa, Asia, the Pacific Islands, and the Caribbean, that are leading efforts to secure rights for all. Through grantmaking, advocacy, and technical assistance, DRF and DRAF support Disabled Persons Organizations (DPOs) to use global rights and development frameworks, such as the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs) – ensuring no one is left behind.

The Disability Rights Fund is supported by donors including the Ansara Family Fund at the Boston Foundation; Estelle Friedman Gervis Family Foundation; Ford Foundation; Joseph P. Kennedy Jr. Foundation; Open Society Foundations; and individual donations. The Disability Rights Advocacy Fund is supported by the Australian Government and UK aid from the UK government. The views expressed in this communication do not necessarily reflect the official policies of any of our donors or the governments they represent.

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Design: Yumi Sera
Photo credits: David Nkurunziza (cover, p. 4, 17) and Andy Isaacson (p. 8, p. 10)

Cover photo: Appoline Buntubwimana, Rwandan Union of Little People and Muhoracyeye Pelagy, Rwanda National Association of Deaf Women. Credit: David Nkurunziza
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Preface

Ten years into our grantmaking, we are taking stock of how far we have come and how far we have yet to go. There is much to celebrate: a decade after entry into force of the Convention on the Rights of Persons with Disabilities (CRPD), over 90 percent of United Nations member states have ratified the treaty. Many are revising or establishing laws which will better protect and promote the rights of persons with disabilities.

The CRPD Committee has provided critical recommendations to reporting states and issued general comments that better explain how stakeholders should understand and address the rights of persons with disabilities. And, persons with disabilities have finally been included in a global development framework —Agenda 2030 — with multiple concrete references in the Sustainable Development Goals.

The disability movement, itself, is also progressing —with a strong global presence through the International Disability Alliance— and burgeoning regional and national movements.

Still, there are outliers.

The Disability Rights Fund and the Disability Rights Advocacy Fund have long recognized that —just as in other parts of society— in the disability movement, hierarchies exist. In most countries, the movement is led by urban, educated men with physical disabilities or blindness.

To strengthen diversity, DRF and DRAF have committed over 50 percent of our funding to marginalized, emergent, and grassroots groups of persons with disabilities. This has started to change the composition of national movements —to broaden and diversify their memberships and sometimes, even the boards of national umbrella organizations of persons with disabilities.
Nonetheless, ten years in, we find that only 14 percent of our funding goes to organizations led by women with disabilities, and virtually none of our grantees openly identify as people with diverse sexual orientation, gender identity and expression or sex characteristics (SOGIESC). There are very few women or persons with disabilities with diverse SOGIESC who are leaders of the disability movement.

There are many reasons for this. Girls and women with disabilities are doubly stigmatized; persons with disabilities with diverse SOGIESC can be triply stigmatized. Girls and women with disabilities have less access to education than boys and men with disabilities and experience violence and sexual abuse at two to three times the rate of women with no disabilities. Girls and women with disabilities face greater isolation and paternalization — from parents, spouses or partners, and carers, who sometimes even limit sexual and reproductive functions via sterilization without consent.

Persons with disabilities with diverse SOGIESC grapple with restrictive laws and societal violence that lend to secretiveness. Data on persons with disabilities generally is poor; data on women and LGBTQI persons with disabilities is even less available.

Recognizing these gaps, DRF/DRAF — with these gender guidelines — are making a commitment to better understand, integrate, and address intersecting issues of gender, disability, and sexuality.

These guidelines are a first step. As we train staff and analyze our work and the work of our grantees, we hope to evolve these guidelines into a strategy and/or plan with clear activities and indicators with which we can measure the impact of our commitment on the lives of all persons with disabilities. Only by understanding various forms of oppression and power can we strengthen the disability rights movement for all.

I would like to thank DRF’s first Program Director, Lisa Adams, our Director of Partnerships & Communication, Yumi Sera, our global advisors and Board members, and several representatives from women’s rights funders, whose expertise and deep understanding of rights intersections have made these Guidelines possible.

We look forward to partnering with others to celebrate the multiple and intersectional identities we all have. We hope that you will join us.

Diana Samarasan
Founding Executive Director
Purpose of the Gender Guidelines

The Disability Rights Fund (DRF) and Disability Rights Advocacy Fund (DRAF) Gender Guidelines build on our work to lift up marginalized voices in the disability community and to address the intersections of rights.

The guidelines are an expression of our commitment to apply a gender lens to our work as well as to learn more about the issues facing women and girls with disabilities from more marginalized communities and those with non-majority identities and sexualities (such as ethnic minorities, refugees, or LGBTQI persons), so that we can best support all persons with disabilities.

Recognizing that we are still learning, and that we need to define concrete activities and indicators as we learn more, these guidelines will evolve over time. We will rely on the support of our key stakeholders, our grantee partners, and our allies, but especially women and girls with disabilities, as well as persons with disabilities with diverse sexual orientation, gender identity and expression or sex characteristics (SOGIESC), to guide us. We will also amplify their voices at all levels of our work.

Considering our starting point and the starting point in the broader disability movement, we aim to take incremental steps, starting with a more narrow approach to gender and progressing to include diverse sexual orientation, gender identity, gender expression or sex characteristics, over time. (See Annex A for examples of how women with disabilities are making change.)

Context

Women with disabilities —nearly one in five women worldwide— experience multiple forms of discrimination and barriers to participation. Discrimination is often compounded when a woman has multiple social identities, including, but not limited to: age, disability, ethnicity, indigenous background, national or social origin, gender identity and expression, race, refugee, migrant or asylum status, religion, sex characteristics, or sexual orientation. For women and girls with disabilities, rights infringements are compounded when disability, gender and sexuality intersect. Myths, stigma and discriminatory attitudes persist in many countries around disability, gender and sexuality. These intersecting and multiple forms of discrimination lead to greater risk of human rights abuses including sexual and/or gender-based violence.

The issues women and girls with disabilities face have too long remained invisible both within the disability rights movement and the women’s rights movement. The needs of women and girls with disabilities are largely overlooked by these movements as well as by governments. Laws, policies, programs, and data regarding women and girls with disabilities are lacking. When programs do exist, they are often separate and segregated from those for other women.
Many groups of women with disabilities also find it difficult to access funding as they lack budgets or capacity sufficient for consideration by larger donors, and their work may not fit within either women’s rights or disability funding portfolios.²

(See Annexes for Glossary, Acronyms, and Situation Analysis of Women with Disabilities.)

There is strong evidence to show that women and girls with disabilities face barriers in most areas of life. These barriers create situations of multiple and intersecting forms of discrimination against women and girls with disabilities, particularly, with regard to equal access to education, access to economic opportunities, access to social interaction, access to justice and equal recognition before the law, the ability to participate politically, and the ability to exercise control over their own lives across a range of contexts, for example: with regard to healthcare, including sexual and reproductive health; and where and with whom they wish to live.

– Committee on the Rights of Persons with Disabilities, General comment No. 3 (2016) Article 6: Women and girls with disabilities

Definitions

The word gender is often misused and misunderstood. Some people equate gender with women and believe it refers only to women’s issues. Gender norms affect women and girls as well as boys and men and people who identify differently. In all cultures, communities and countries, a person’s gender identity and gender expression are shaped by experiences, beliefs, personal aspirations, external attitudes and social pressures. Each society holds expectations about the characteristics, aptitudes and likely behaviors of girls and boys, women and men (heterosexual and non-heterosexual) and people who identify differently, like trans and intersex people. Similar to disability, these ascribed roles and responsibilities are social constructs. They can change over time, and vary widely within and between cultures.

Women with disabilities are not a homogenous group. They include: indigenous women; refugee, migrant, asylum seeker and internally displaced women; women in detention (hospitals, residential institutions, juvenile or correctional facilities and prisons); women living in poverty; women from different ethnic, religious and racial backgrounds; women with multiple disabilities and high levels of support; women with albinism; and lesbian, bisexual, transgender women, and intersex persons. The diversity of women with disabilities also includes all types of impairments, understood as physical, psychosocial, intellectual or sensory conditions which may or may not come with functional limitations. Disability is understood as the social effect of the interaction between individual impairment and the social and material environment.³
Our Grantmaking on Gender

According to a report on global foundation grantmaking by Human Rights Funders Network, an analysis of 729 foundations showed that in 2014, foundations gave 181 grants totaling $8 million in support of the rights of women with disabilities comprising 0.3% of the overall $2.7 billion in funding for human rights. Only 1.15 percent of funding for women and girls’ rights focused on women and girls with disabilities. Only 9.5 percent of disability rights funding focused on women and girls with disabilities.4

About 14 percent of the Disability Rights Fund (DRF) and the Disability Rights Advocacy Fund (DRAF) annual grant portfolio goes to women with disabilities-led organizations.

From 2008 to 2016, we have made 130 grants totaling $2,577,481 to 41 unique women with disability-led organizations. This represents 13.8% of total grants made during this time and 12.7% of total grant awards ($20,279,742). (See Annex E for a description of DRF/DRAF’s support.)
Applying a Gender Lens to our Work

Through our grantmaking, we have heard from women with disabilities that the issues they face are similar to those faced by all other women. However, women with disabilities face additional barriers due to inaccessible and disempowering environments and the discriminatory attitudes of society and individuals. Issues affecting women with disabilities are not adequately addressed in advocacy efforts for legislation, policies, and programs.

We aim to apply a gender lens to all of our work to enrich our impact, using an intersectional approach to look at gender, disability, and sexuality. Only by looking at these intersections can we better understand different forms of inequality and how to best address discrimination and promote inclusion of all persons with disabilities. An intersectional analysis also looks at how an individual’s experience is affected by privilege and oppression.

Despite high levels of discrimination, rights violations and violence, and low levels of support, groups in developing countries led by women with disabilities are emerging and leveraging national laws (such as Domestic Violence Acts) and international agreements such as the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) to promote their rights.

Current opportunities also include the recognition of both gender equality and disability as investment-worthy goals in the Sustainable Development Goals, with Goal 5 (gender equality) and seven concrete references to persons with disabilities in various goals.

Applying a gender lens allows us to analyze when laws, policies, programs and cultural values, norms and practices affect people differently. It also gives us a clearer picture of how the many different forms of inequality intersect so that we can understand better how to promote inclusion and address discrimination. In addition, it allows us to understand how various rights movements (including the women’s movement) can better address the rights of women and girls with disabilities.

Areas of Focus

Through listening to women with disabilities and experts on issues pertaining to gender and women with disabilities, we have identified preliminary areas of focus where we see opportunities to work with allies, such as the women’s rights movement, as well as women with disabilities activists. The following snapshots provide a brief description of these areas. See Annex B for a situation analysis of women with disabilities.
Sexual and reproductive health

The sexual and reproductive health needs of persons with disabilities have been overlooked by both the disability community and those working on sexual and reproductive health. For example, women with disabilities face accessibility barriers in obtaining basic information and accessing services; they may be denied the right to establish relationships, or forced into unwanted marriages; or refused health services by healthcare providers due to stigma. Forced or coerced contraception and sterilization of women with disabilities is practiced widely in many contexts, particularly against women with psychosocial or intellectual disabilities, especially those in psychiatric or other institutions or custody. Like everyone else, persons with disabilities have sexual and reproductive health needs throughout their lives and these change over a lifetime.

A recent report from the UN Special Rapporteur on the rights of persons with disabilities said, “The intersection between young age, disability, and gender results in both aggravated forms of discrimination and specific human rights violations against girls and young women with disabilities.” Addressing the sexual and reproductive health needs and rights of girls and women with disabilities contributes to their well-being, supports their empowerment, and reduces gaps in access to employment and education.

Violence and abuse

Women with disabilities are at a heightened risk of violence, exploitation and abuse compared to the broader population of women. Violence may be interpersonal, institutional and/or structural in nature. Social stereotypes and cultural biases around gender and disability dehumanize or infantilize women with disabilities, excluding or
isolating them from services and policy discussions, targeting them for sexual and other forms of violence, and putting them at greater risk of institutionalized violence.\(^8\)

In many cultures, disability is viewed as a symbol of “evil” or “sin”, and myths around sexuality and disability perpetuate gender-based violence and diminish just and compassionate responses to victims. Violence against women with disabilities occurs not only in the family or community but also in institutions, group homes, special schools, hospitals and prisons, especially for women with psychosocial or intellectual disabilities and those in institutional settings.\(^9\)

Some groups of women with disabilities, including indigenous women, migrant women, and women belonging to ethnic, linguistic, religious and other minorities face even greater risks of violence due to complex intersectional forms of discrimination.\(^10\)

**Access to Justice**

Women and girls with disabilities who face violence and discrimination also encounter barriers to accessing justice due to harmful stereotypes, discriminatory attitudes, and lack of procedural and reasonable accommodations, which can lead to their credibility being doubted and their accusations being dismissed.\(^11\) Barriers to reporting crimes and/or cases of discrimination begin in the community where attitudes of family members, community representatives and local judiciary may intimidate victims or discourage them from pursuing justice. Sometimes, actors in the justice system, such as police, are also perpetrators.

**Access to Education**

Children with disabilities are less likely to enroll in mainstream education, and have lower rates of attendance and completion, making disability one of the most prominent factors in educational marginalization. Obstacles that prevent children from going to school — such as, cultural biases, inaccessible infrastructures, gender-based violence, distance and transport— are compounded for girls with disabilities. Different types of impairments carry different levels of stigma and diverse needs, which require a variety of accommodations and modifications that schools in poorly resourced settings are not equipped to implement.\(^12\)

**Humanitarian emergencies**

According to leading disability and development agencies such as CBM and as documented by Human Rights Watch, persons with disabilities face added risks of abandonment and exclusion in natural disasters, conflict, displacement and resettlement. In a humanitarian crisis, early warning systems are not accessible to Deaf and hard-of-hearing persons, information is not provided in Braille to persons who are blind, and response efforts are often inaccessible and not inclusive of persons with disabilities. The physical layout and structure of camps and settlements or temporary shelters can make it difficult or impossible for women with disabilities to reach health services, shelters, food
distribution points, water sources, latrines, and schools. When community and family structures are disrupted, women, children, and older persons with disabilities are particularly vulnerable to discrimination, exploitation, and violence.13

Political Participation and Empowerment

For people who are marginalized and live in poverty, freedom of choice and action is curtailed by voicelessness and powerlessness in relation to the state. Effective political participation depends on effective voice and the ability and opportunity to articulate interests and mobilize a constituency to advance those interests. Without sufficient resources and capacity, marginalized voices remain unheard in civil society, as well as at institutional levels where decisions are made on policies and budgets.

Democratic processes also need accountable institutions that respond to demands from persons with disabilities and reduce disempowering barriers and attitudes. For women with disabilities, this means having adequate resources and leadership capacity to be empowered to advocate for rights. It also means accessing opportunities to push for change in policies and public services to benefit women with disabilities on an equal basis with others.

Right to a Family

Life events such as marriage and parenting are complicated for all persons with disabilities - some of whom may not have the legal capacity needed to enter into a marriage contract or to defend their rights to parent. These events are even more complex for women with disabilities who may not be viewed as marriageable or whose families might have to pay larger dowries for marriage. Women with disabilities - especially women with psychosocial and/or intellectual disabilities - might also be restricted from parenting through imposed contraception or sterilization.

Next Steps

Our Approach

From gender inclusion to a gender transformative approach

We propose a gender inclusive approach as a first step, looking at how we can support more organizations led by women with disabilities and how we can support more projects addressing their rights. A gender inclusive approach looks at including more women and girls with disabilities in rights advocacy and increasing their voice and visibility within the human rights dialogue, including within the disability movement. It also looks towards supporting more women with disabilities in decision-making roles.
As we learn from our work on gender inclusion, we will move towards a gender transformative approach. This approach is different in that it seeks to challenge gender norms and stereotypes and transform power dynamics.

In this approach, we propose to support interventions that create opportunities for women and girls with disabilities to actively challenge gender norms, promote positions of social and political influence, and address power inequities between persons of different genders. Much as a disability inclusive approach seeks to create an enabling environment, a gender transformative approach seeks to create an enabling environment for gender equality and equity by going beyond just including women as participants.

Graphic: DRAF / DRAF Approach

**DRF/DRAF Approach**

- **Gender Aware**
  - Fight stigma & discrimination against women and girls with disabilities
  - Foster participation of women and girls with disabilities
  - Create and facilitate safe spaces for dialogue and learning

- **Gender Inclusive**
  - Include women and girls with disabilities in rights advocacy
  - Increase their voice and visibility within human rights dialogue and disability movement
  - Support more women and girls with disabilities in decision-making roles

- **Gender Transformative**
  - Challenge gender norms and stereotypes
  - Transform power dynamics
  - Address inequities between persons of different genders
  - Create an enabling environment

**Gender Equality & Equity**

Discover

Partner

Learn

Innovate

Share
Our Commitment to Action

It is our intent to focus on intersections of disability and gender in the first phase. As we learn more about applying a gender lens to our work, and in the process, learn from persons with disabilities with diverse SOGIESC, we will work to also integrate their concerns and aspirations.

In 2018, we will roll out these guidelines at key events, train our staff in gender and intersectional approaches, and gather information through our allies, peer donors, and grantee partners.

Each of us in our organization will commit to advocating for gender equality, especially to the donor community and among our grantees. Our hope is that by stretching our own thinking and pursuing new pathways to change, we will contribute to a more inclusive and just world.

As we roll out our Gender Guidelines, we commit to the following actions:

(1) Listen to and involve women with disabilities by ensuring spaces for sharing and learning

- Ensure that the expertise and experiences of women with disabilities inform grantmaking strategies through DRF/DRAF structures (governance, staff, advisors)
- Engage grantees in dialogue on gender and disability issues during our activities (grantee convenings, site visits, trainings) so that women and girls with disabilities can raise their priorities with the wider disability movement
- Hold separate events / meetings with these populations or between these populations and women’s rights activists to build safe spaces for learning and sharing

(2) Practice inclusion of women with disabilities

- Train staff on gender issues, including diversity and inclusion within the disability community and intersectionality of rights
- Learn from activists who have collaborated on gender and disability rights

(3) Fund participation, inclusion, leadership and rights of women with disabilities

- Encourage grantees —through grants and technical assistance— to collaborate with groups led by women with disabilities in their decision-making and activities
- Support organizations and projects promoting the rights of women and girls with disabilities
- Continue to outreach to and support groups led by women with disabilities in raising awareness and advocating for their rights (through grants, as well as advocacy funding)
(4) Include other allies and stakeholders in activities

- Ensure that men and boys, as well as families and caregivers are included so that they can be part of the dialogue and activities
- Ensure that government representatives and elected officials are included in awareness raising so that they can understand their responsibilities and be accountable to women and girls with disabilities

(5) Learn and partner with peer donors and peer movements to increase impact

- Engage donors supporting women’s rights to be inclusive of persons with disabilities within their funding and initiatives
- Collaborate with organizations from the women’s rights movement along with other global social justice movements to bring greater visibility to intersectional issues
- Collaborate with peer donors to address social biases and structural barriers that discriminate against women with disabilities

(6) Move from a gender inclusive approach to a gender transformative one

- Learn from our work to promote gender inclusion and reflect on successes and challenges in advancing the rights of women and girls with disabilities
- Collaborate with women with disabilities, organizations from the women’s rights movement, and the disability movement to develop strategies for shifting our work to a gender transformative approach
- Build learnings into our grantmaking, technical assistance, advocacy and the next iteration of these Gender Guidelines

Monitoring and Learning

We will develop simple and clear indicators to track our progress on gender inclusion in our disability rights work. We will look at how many organizations of women with disabilities we are supporting, how many grants we fund that promote the rights of women and girls with disabilities, and how many women leaders with disabilities we support in our global advocacy. In addition to this, we will ask learning questions in our work to understand how we are progressing and what we need to do to improve our impact.

The following are sample learning questions:

- **Organization:** How has DRF/DRAF engaged new partners including donors, development stakeholders and human rights actors to be inclusive of women and girls and persons with disabilities with diverse SOGIESC in their work and funding?
• **Movement building:** Are there changes in the way the disability movement, the women’s movement and/or the LGBTQI movement address intersections between gender, disability, and/or sexual identity? How is this related to DRF work?

• **Participation and voice:** Have more women with disabilities taken leadership roles within the disability movement (e.g. women with disabilities-led organizations becoming members of national umbrella DPOs or becoming Board members of national umbrella DPOs)?

• **Partnerships:** What are we learning from partnerships with the women’s rights and/or LGBTQI movements or funders?

• **Outreach:** What are we learning from our outreach to new populations, including persons with disabilities with diverse SOGIESC?

• **Analysis:** What are we learning about the issues affecting women and girls with disabilities? What are we learning from advocacy carried out by persons with disabilities with diverse SOGIESC?

• **Resources:** Are donors, development and/or human rights stakeholders making changes to address intersections of gender, disability and/or sexual identity? How is this related to DRF work?

• **Grantmaking:** Are grantees building partnerships to address intersections of disability, gender and/or sexual identity?

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**An Invitation to Join Us**

The next two years will be pivotal as we apply these gender guidelines to improve our current practices, communicate voices from the field, and understand the gaps in our knowledge and experiences.

As we review our institutional practices with a gender lens, we expect to come across tough questions of power and privilege and to have deeper discussions around values and the effectiveness of our work.

We look forward to expanding our partnerships with our allies as we embark on this path of learning and innovating around transformative practices.

**Please join us.**
Annex A: Stories of Women with Disabilities Demanding Change

“Voicing out” against gender-based violence

Poverty and isolation—combined with society’s perception that persons with disabilities are weak and vulnerable—set up women and girls with disabilities to be at higher risk of violence. Communication or transportation barriers, as well as a lack of awareness, prevent access to counseling and legal services. In rare cases, when a woman with disability reports a rape or other violation, she is not seen as credible. To add to the injustice, perpetrators are often not punished. Many are unable to escape the cycle of poverty, getting left behind in the nation’s economic progress.

Umuryango Nyarwanda w’Abagore Bafite Ubumuga (UNABU)—a women with disabilities organization in Rwanda funded by the Disability Rights Fund—aims to make a difference through a project they call “Voicing Out,” which has reached nearly 500 women with disabilities. They believe that if they can empower women to gain self-confidence, they can help not only prevent violence, but also start healing for those who have been affected.

UNABU’s community organizers are using the Convention on the Rights of Persons with Disabilities Article 6 (women with disabilities) and Article 16 (Freedom from exploitation, violence, and abuse) to advocate directly to duty bearers and service providers to demand that, in Rwanda, which has ratified the CRPD, the rights of women with disabilities are acknowledged, respected, and defended.
The Movement for Unity and Change

The campaign for the Indonesian disability movement urges society to raise their voices for the rights of people with disabilities. Their slogan “Bergerak until Disabilitas” unites all people to join together and “move” for the cause of disability rights.

In the four years following Indonesia’s ratification of the Convention on the Rights of Persons with Disabilities (CRPD), the disability movement is celebrating a new win. On March 17, 2016, the Persons with Disabilities Act passed. The new bill adopts a human rights approach and complies with the CRPD.

The team behind this major legislative reform includes: Center for Election Access for Citizens with Disabilities (PPUA Penca), the Center for Indonesian Law and Policy Studies (PSHK), the Indonesian Association of Women with Disabilities (HWPCI) and the Association for Mental Health.

With support from the Disability Rights Advocacy Fund, this coalition, led mainly by women with disabilities, drafted the legislation and drove advocacy for its passage over the past two years.

This is a significant political and social milestone for the 36 million people with disabilities, who account for 15 percent of the 240 million total population according to World Health Organization.

What is remarkable and inspiring is that more and more women with disabilities are taking leadership roles in what has been a traditionally patriarchal society. Serving as role models, they are fighting at the local and national level for equal access to health care, education, employment, and political rights.

One of the leaders of the movement is Maulani Rotinsulu, who has been deeply involved from the lead-up to her country’s ratification of the CRPD in 2011. She is committed because as a woman with disability, she knows first-hand what discrimination meant. Men have traditionally dominated the disability movement. Even the women’s movement in Indonesia had been reluctant to include women with disabilities. They have often been excluded and marginalized in their fight for their rights.

In the past five years, though, attitudes have changed and the hard work and leadership of women with disabilities has taken the movement to new heights. Even the leadership of the major organizations of persons with disabilities has shifted to include more women than men.

The disability movement will continue to move forward, according to their campaign, “Bererak untuk Disabilitas.” Their next target is to ensure that Indonesia’s adoption of the Sustainable Development Goals will be disability-inclusive and gender-sensitive for women with disabilities.
Gender relates to the characteristics – ranging from gender roles to physical appearance – that societies attribute to the notions of “masculine” and “feminine.” We learn gender roles through socialization which begins very early and is reinforced constantly throughout our lives through education, the media, families, religion, public policy and other social institutions. Gender roles are different in different cultures and can change over time. Rigid enforcement of “traditional” gender roles has led to backlash and targeted discrimination and violence against men, women, gays, lesbians, transgendered and others who challenge narrow, static conceptions of masculinity, femininity, and sexuality.

Gender expression (GE) refers to each person’s presentation of the person’s gender through physical appearance - including dress, hairstyles, accessories, cosmetics - and mannerisms, speech, behavioral patters, names and personal references, and noting further that gender expression may or may not conform to a person’s gender identity.

Gender identity (GI) refers to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender including dress, speech, and mannerisms.

Intersectionality refers to an analytical tool that helps to understand and respond to the ways in which multiple aspects of each person’s social identity and status intersect to create unique experiences of oppression and privilege.

Sex characteristics (SC) includes primary sex characteristics (e.g., inner and outer genitalia and/or the chromosomal and hormonal structure) and secondary sex characteristics (e.g., muscle mass, hair distribution, and stature).

Sexual orientation (SO) refers to each person’s capacity for profound emotional, affectional, and sexual attraction to, and intimate and sexual relations with individuals of a different gender or the same gender or more than one gender.
### Annex C: Acronyms

**Commonly Used Acronyms**

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<th>Acronym</th>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination Against Women</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>DPO</td>
<td>Disabled Persons' Organization</td>
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<td>DRAF</td>
<td>Disability Rights Advocacy Fund</td>
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<td>DRF</td>
<td>Disability Rights Fund</td>
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<tr>
<td>LGBTQI</td>
<td>Lesbian, Gay, Bisexual, Transgender, Queer, Intersex</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SOGIESC</td>
<td>Sexual orientation, gender identity, gender expression, and sex characteristics</td>
</tr>
</tbody>
</table>
Annex D: Situation Analysis of Women with Disabilities

It is estimated that approximately one in seven or 15 percent of the world’s population has a disability. Since, in most OECD countries, women report a higher rate of disability than men, women with disabilities make up a significant part of this population. Although women with disabilities experience many of the same forms of violence that all women experience, violence against women with disabilities is a significant issue because of the conflation of gender- and disability-based discrimination and exclusion. Combined, these two factors result in extremely high rates of violence against women with disabilities worldwide. Studies show that women with disabilities are two to three times more likely to be victims of physical and sexual abuse than non-disabled women. The forms of violence to which women with disabilities are subjected can be of a physical, psychological, sexual, or financial nature and include neglect, social isolation, entrapment, degradation, forced detention, denial of health care, denial of the right to a family, forced sterilization, and forced psychiatric treatment. Violations occur in homes and institutions, perpetrated by family members, neighbors, teachers, and caretakers.

Gender analysis
Social stereotypes and cultural biases around gender and disability dehumanize or infantilize women with disabilities, excluding or isolating them from services and policy discussions, targeting them for sexual and other forms of violence, and putting them at greater risk of institutionalized violence. In many cultures, disability is viewed as a symbol of “evil” or “sin,” and myths around sexuality and disability (for example, that persons with disabilities are asexual and thus, “virgin”) perpetuate gender-based violence and diminish just and compassionate responses to victims.

Frequently, violence against women with disabilities is not reported, and if a woman tries to report it, the justice system is inaccessible or officials, including police, do not believe her, do not believe she can viably identify her perpetrator, or do not find her case worthy of investigation. Without adequate information on services or legal aid, women with disabilities facing violence may not know where to turn to claim their rights. Inaccessible shelters, health facilities and courthouses compound the situation with limited to no accessible forms of communication such as sign language interpretation or information printed in Braille. Usually these barriers are a result of ignorance and discriminatory attitudes of society and individuals, including health care professionals, police and other service providers. Barriers are due not to the persons’ impairments but often due to inaccessible and disempowering environments.

Multiple or intersectional forms of discrimination lead to greater incidence of violence; women with disabilities from ethnic or religious minorities, indigenous communities or minority language groups face additional layers of discrimination as compared to women with disabilities who share majority identity markers. Other factors that could affect the prevalence of violence are poverty (ability to pay for services and travel to facilities) and illiteracy. Lesbians and other sexual minorities who identify as female and who have disabilities confront social barriers, isolation, exclusion, and violence due to both sexual minority status and disability. The recognition of intersectionality is important to any examination of violence against women with disabilities, but there are few approaches and no data that currently consider this.

Policy Analysis
Prompted largely by disabled persons organizations (DPOs) and the enactment of the UN Convention on the Rights of Persons with Disabilities (CRPD), disability is increasingly understood as a human rights issue. Disability is also an important development issue; persons with disabilities make up a
disproportionate percentage of the poor in the developing world. The World Bank estimates that 20 per cent of the world's poorest people have some kind of disability, and 80 percent of persons with disabilities live in the developing countries.\textsuperscript{21} Still, disability has not yet been widely recognized as important to many national or international poverty reduction strategies. And, “despite the magnitude of the issue, both awareness of and scientific information on disability issues are lacking.”\textsuperscript{22} The Global Advisory Group on Gender and Disability\textsuperscript{23}, an initiative of Handicap International started by DRF’s Program Director, and working to identify good practices on prevention and elimination of violence against women, recommends that more research and data collection, especially for disaggregated data on women with disabilities, is required to effectively address this violence.\textsuperscript{24}

CEDAW and CRPD share many common principles, including the requirement for States parties to enact legislative and substantive protections for women and/or persons with disabilities and to combat and eliminate stereotypes, prejudices, and harmful practices. These instruments, viewed in tandem, provide a window of opportunity to work on issues of violence against women with disabilities by using a social (or rights-based) model rather than the prevailing medical model. Some human rights groups --such as in India and Bangladesh—have capitalized on the intersections to advocate for changes in law, policy, and practice in order to ensure inclusion of women with disabilities in responses to violence against women. However, DPOs, in particular those led by women, are under-resourced and have low capacity. Women with disabilities are often left out of the discourse in women’s and other human rights movements.

**Actors**

Despite high levels of discrimination, rights violations, and violence, and low levels of support, women with disabilities-led organizations in developing countries are emerging and are leveraging the CRPD and CEDAW to demand equality and lives free of violence. DRF-funded women with disabilities organizations in Bangladesh, Indonesia, Malawi, Uganda, and others are documenting rights violations and campaigning to end violence. They are forging new relationships with human rights actors to expand civil society space for the inclusion of women with disabilities. They are working with legal aid providers, carrying out gender-based violence research, training police, working with human rights lawyers to bring cases to court, and advocating to policy makers to include women with disabilities in gender equality frameworks and disability discrimination laws.

Because women with disabilities face discrimination from within both the disability and women’s movements, their efforts are often made in isolation with minimal visibility in the public sphere. Efforts to support their leadership, such as DRF and DRAF grants, are innovations that have opened opportunities for further growth in this area and are ripe for expansion.
Annex E: DRF/DRAF Support to DPOs

Supporting the Field

Grantmaking, technical assistance and advocacy benefitting organizations of persons with disabilities are the core of our work. The Gender Guidelines should be seen in the context of this work, guided by our Strategic Plan and our pathway to change (which illustrate how a strong and inclusive disability rights movement will drive an inclusive agenda, ultimately achieving rights for all and leaving no one behind). The plan integrates with our other existing systems, including our grantmaking practices; our monitoring, learning and evaluation (MEL) system; and our technical assistance strategy. Below, we set out objectives and activities towards ensuring gender equality in our work.

Grantmaking

A key grantmaking objective –tied to one of our logframe outputs– is that the disability movement in target countries is inclusive, reflecting the diverse voices of persons with disabilities. A specific indicator tracks the percentage of total pooled fund grants made to organizations of women with disabilities: By 2020, at least 15 percent of our grantmaking will be directed to organizations led by women with disabilities. As we apply a gender lens to our work, we will consider how we measure inclusion of persons with disabilities with diverse SOGIESC and girls with disabilities in this objective. Activities to reach this objective could include:

- **Grantmaking guidelines**: Revise guidelines to encourage projects addressing intersections between disability, gender, and sexual identity, taking into consideration marginalized impairment groups, grassroots and emergent organizations
- **Monitoring, Evaluation, and Learning**: Employ a gender lens to capture and communicate lessons we are learning from the field, including monitoring the number of grants that support women with disabilities, incorporating a gender analysis into country strategic documents, and conducting communications and events with grantees using a gender lens; ensure applicant proposals and grantee reports disaggregate data on beneficiaries by gender and disability
- **Outreach**: Seek out organizations of persons with disabilities with diverse SOGIESC in our outreach, which may entail partnering with LGBTQI organizations (and their allies) in our target countries; increase outreach to groups and organizations of women with disabilities
- **Participation**: Ensure women and girls with disabilities and persons with disabilities with diverse SOGIESC participate actively and meaningfully in the advocacy work funded by DRF/DRAF and in national disability movements
- **Coalitions**: Seek applications that build partnerships between the women’s rights movement, the LGBTQI movement, and the disability movement to address disability, gender, and/or sexual identity

Advocacy

A key advocacy objective is to increase the integration of persons with disabilities into development and human rights fora and funding, at national and global levels, including through expansion of cross-movement partnerships. Within this, and using a gender lens, we will intentionally include women and girls and persons with disabilities with diverse SOGIESC. Activities to reach this objective could include:
• **Participation:** Support women with disabilities and persons with disabilities with diverse SOGIESC from grantee organizations to participate in global mechanisms and meetings (e.g. CRPD and CEDAW Committees, Committee on the Status of Women, the UN High Level Political Forum)

• **Visibility:** Increase the visibility of women and girls and persons with disabilities with diverse SOGIESC amongst government, development, and human rights actors at national and global levels

• **Resources:** Engage donors supporting women’s rights and/or LGBTQI rights to be inclusive of persons with disabilities within their funding and initiatives

**Technical Assistance**

Our technical assistance **objective**—tied to our logframe output— is that our grantees are equipped to advocate on the rights of persons with disabilities. A specific indicator tracks the number of people trained through DRAF/DRF funded technical assistance, disaggregated by gender and disability. **Activities** to reach this objective could include:

• **Technical Assistance:** Include technical assistance to address intersectional discrimination on the basis of gender, disability, and/or sexual identity

• **Grantee Convenings:** Broker learnings among DPOs, women with disabilities-led, and/or LGBTQI-led organizations and other human rights organizations

• **Dialogue:** Engage grantees in dialogue on gender and disability during our activities so that women and girls with disabilities and persons with disabilities with diverse SOGIESC can raise their priorities with the wider disability movement.
Annex F: Endnotes

1 For more information: see the website Yogyakarta Principles (2017) and The Yogyakarta Principles (2006)

2 See the donor brief: Supporting Inclusive Movements: Funding the Rights of Women with Disabilities


4 Figures based on a manual review by Christen Dobson of the Foundation Center / International Human Rights Funders Group data set of 729 foundations that made at least one human rights grant in 2014. Totals for human rights funding for women and girls with disabilities include grants coded with both “women and girls” and “persons with disabilities” as populations supported by that grant.


6 UN General Assembly, A/72/133, 2017, “Sexual and reproductive health and rights of girls and young women with disabilities.”


10 UN General Assembly, A/HRC/20/5, 2012, “Thematic study on the issue of violence against women and girls with disability.”

11 UN General Assembly, A/HRC/20/5, 2012, “Thematic study on the violence against women and girls and disability.”


14 For more information, see Hillenbrand, Emily, Nidal Karim, Pranati Mohanraj, and Diana Wu, 2015, “Measuring gender-transformative change A review of literature and promising practices,” written by Care USA for WorldFish and the CGIAR Research Program on Aquatic Agricultural Systems.


17 In his 2006 In-Depth Study on All Forms of Violence against Women, the Secretary-General observed that surveys conducted in Europe, North America and Australia have shown that over half of women with disabilities have experienced physical abuse, compared to one third of non-disabled women. A/61/122/Add.1, para. 152, Citing to Human Rights Watch, “Women and girls with disabilities”, accessed August 30, 2015, https://www.hrw.org/news/2015/03/05/include-women-girls-disabilities-anti-violence-efforts

18 DFID, Disability, poverty, and development, 2000, 6.


21 UNEnable Factsheet on Persons with Disabilities

