



Leaving Someone Behind

Learning from ActionAid's Disability Pilots

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Introduction

ActionAid's 'Strategy 2028: Action for Global Justice' requires “us to ensure the realisation of our vision for everyone, irrespective of gender, sexual orientation and gender identity, race, ethnicity, caste, class, age, HIV status, disability, location and religion.” The ActionAid Federation is interested in deepening its understanding around how to better live these values with respect to disability.

According to the World Health Organisation's 2011 Disability Report, around 15% of the world's population – more than one billion people – have a disability. Over half of those people are women, subject to 'double discrimination'. The report also states over 200 million women with disabilities live below the poverty line.

This document summarises learning from three pilot initiatives carried out across the Federation in 2017. In Myanmar, Palestine and Nigeria, ActionAid carried out research to explore different aspects of inclusive programming, disability disaggregated data collection, and the intersections between disability and women's rights work.

To contribute to the ambition of the Social Development Goal's 'Leave no one behind' agenda, and ActionAid's own 2028 strategy, ActionAid must deliberately work to include people with disabilities across its programmes and policy work.



Background to the pilots and methodology

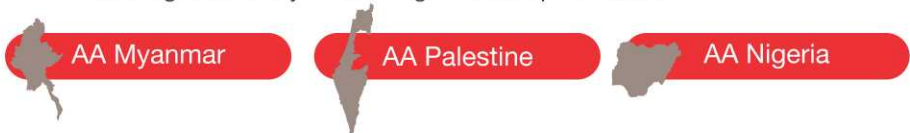
Recognising a gap in our ability to demonstrate a strategic or intentional approach towards inclusivity, ActionAid UK approved funding from the UK investment pot and the Programme Partnership Arrangement (PPA) grant from the UK Department for International Development (DFID), to document, learn from and seek to improve the quality of our disability programming.

There is growing recognition globally that to achieve the SDGs and reach the 'most marginalised' to leave no one behind necessitates the international community to do more to support people with disabilities and disabled people's movements. This challenges organisations such as ActionAid to pay greater attention to the rights of people with disability, both to fulfil our core mission and to help us raise funds for doing so from donors such as DFID who increasingly expect organisations they fund to be more inclusive; and have the evidence to prove it.

Between June and November 2016, the concepts for three pilots were developed, with inputs from disability organisations and experts. AA country leads for each pilot were selected based on open competitive processes, coordinated by ActionAid UK. A Steering Group composed of ActionAid staff from ActionAid International and ActionAid countries with experience in disability programming was formed to provide strategic oversight and support to the pilots. In October 2016, a survey of Steering Group members was conducted to shape the pilots, particularly the third pilot, and assess options for dissemination and learning across the Federation.

The pilots will inform strategic thinking on how ActionAid can support the full participation of people with disabilities as empowered self-advocates in development, address the barriers which hinder their access and participation through a Human Rights Based Approach (HRBA), and respond to the ActionAid International Strategy 2028 "Action for Global Justice". Each of the pilots emphasizes the active participation of persons with disabilities, engagement with organisations and movements of persons with disabilities, and learning and sharing findings.

The aim was that evidence from the three pilots will be used to grow an understanding of what inclusion means to AA and how it can be applied in practice, while building on AA's core strengths and ways of working. The three pilots were:



¹See Disability Hive page here for the summary of survey findings by questions.

²Based on definition of disability inclusive development by Al Ju'beh, 2015, p. 49

AA Myanmar: The objective of the **Inclusion pilot** was to document a pocket of good practice and learning on disability inclusion within a women and girls' programme, in order to gain a deeper understanding of opportunities and challenges in disability mainstreaming. The pilot was supported by Lorraine Wapling, an independent disability and development specialist.

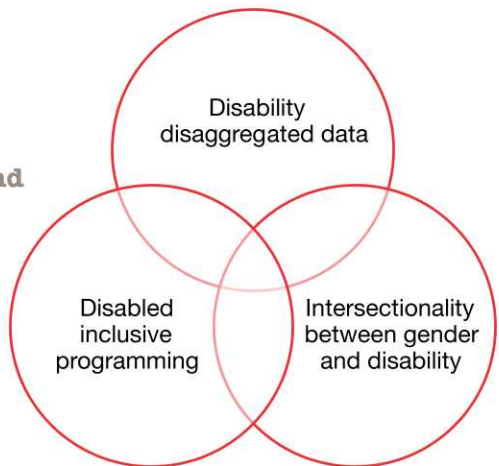
AA Palestine: The objective of the **Data pilot** was to increase understanding of how ActionAid can improve the inclusion of persons with disabilities in Palestine and beyond, particularly based on collection and use of disability disaggregated data through a monitoring tool using the Washington Group questions. The pilot was supported by consultants from Leonard Cheshire Disability.

AA Nigeria: The objective of the **Intersectionality pilot** was to gather evidence on how intersectionality is treated in disabled people's movements and what this means for AA working with these movements and organisations. In Nigeria research was conducted by a consultant, Professor Peter Osuarji, with additional qualitative research by ActionAid's Suwaiba Yakubu-Jubrin.

ActionAid gratefully acknowledges the input of all researchers, as well as the ActionAid staff, partners and communities who supported the work.

The exact methodology used in each country varied according to the specific research questions, but each of the pilots emphasised the active participation of persons with disabilities in the process, the engagement with organisations and movements of persons with disabilities, and learning and sharing findings with those directly involved. The topics of these pilots were chosen to represent three key elements of the journey ActionAid needs to take in fulfilling our strategic vision: (1) collecting useful and relevant data on disability; (2) using that data to design inclusive programmes that mainstream disability, and; (3) strengthening an intersectional lens on women's rights, disability, and other forms of discrimination.

Figure 1: Leaving no one behind



Box 1: Disability and gender

“Women are at an increased risk of becoming disabled because of ongoing gender inequalities. Lack of equal access to food, inadequate healthcare and unsafe working conditions increase the number of women who live with a disability. Female genital mutilation, child marriage, early pregnancy, exposure to HIV/AIDS and violence against women also increase the risk. The World Health Organization (WHO) estimates that more than 30 women every minute are seriously injured or disabled during labour.

Once disabled, women are less likely to receive the health and rehabilitative care they need to remain economically or socially independent, and they face reduced access to education, employment or social inclusion compared to both disabled men or non-disabled women. Older women with pre-existing disabilities or who become disabled as they age, women with disabilities who are also members of ethnic or linguistic minority groups, are gay or bisexual, or live in remote rural communities, are at even greater risk of marginalisation and discrimination.

Despite these clear links, gender and disability have persistently been treated separately in development discourse.”

- (Leonard Cheshire Disability, 2014)

“From the focus group discussions and interviews in Myanmar it was significant to note that in all discussions there was general agreement that disabled girls and women are particularly vulnerable to abuse. The reasons given for the increased vulnerability were due for example, to being 'unable to get away' (in the case of women with mobility difficulties); being 'unable to call for help' or alert people (in the case of deaf women); lack of trust over the 'truth of the allegations' (in the case of women with cognitive impairments); and generally being 'unable to defend themselves'.

Another very disturbing finding was that almost all villages were able to describe known incidents of violent abuse (especially rape and attempted rape) against disabled girls and women. These most commonly involved deaf women and women with cognitive impairments.”

Findings

Each of the three pilots illustrates a different, though often overlapping, dimension of disability inclusive programming within ActionAid. Key findings from the three examples are summarised below—as drawn from the three country reports—following which further cross-cutting themes that emerged are discussed.

Data collection and disability in Palestine

The overall objective of the data pilot was to increase understanding of how ActionAid can improve the inclusion of people with disabilities in ActionAid projects and beyond, particularly through collection and use of disability disaggregated data using the Washington Group on Disability Statistics 'Short Set' of questions. If disability is not 'visible' in the data ActionAid collects and uses to make strategic decisions, then we will struggle to fully understand and respond to the specific rights of people with disabilities.

In Palestine there is an absence of recent national data on disability, and administrative data from government and NGOs levels are also not well documented and communicated externally. This is creating huge gaps in understanding the actual situation on the ground in relation to access to services, and on many occasions, it is also creating poor distribution of resources available. This lack of specific data on women is of particular concern as the literature now clearly shows that women with disabilities are far less likely than both non-disabled women and disabled men to receive an education, to find a job, to receive equal pay or have control over their income (WHO/World Bank 2011). Women with disabilities are also far less likely to be able to fully participate in civil society or to be able to choose where and with whom they live. The lack of data and research that distinguishes between men and woman with disabilities may obscure the significantly lower status of women with disabilities in many domains.

A key finding of the data pilot was that the Washington Group questions, while important, do not provide immediate solutions to increased integration of people with disabilities. The Washington Group questions were designed for use in large national surveys, and it proved difficult to integrate them into ActionAid's own processes. ActionAid's approach to M&E privileges participatory approaches to data collection and analysis. The aim of M&E is to support learning and accountability to beneficiaries

³The Washington Group is a United Nations Statistics Commission City Group formed in 2001 of representatives of national statistical offices. It has included over 135 national statistics offices, working on developing methods to better improve statistics on persons with disabilities globally, with input from various international agencies and experts. These include UN agencies, bilateral aid agencies, NGOs, Disabled People Organizations, and researchers. The Washington Group has developed and tested a number of measurement tools that have been adopted by many countries and international agencies.

and donors. ActionAid's Palestine M&E framework document from 2016 had no mention of disability in any of the targets, objectives or indicators. A review of existing M&E mechanisms found that disability is hardly considered in any existing ActionAid tools, except the quantitative data requested by some donors, such as DFAT. When discussing the participatory M&E tools with the team it was evident that disability is not systematically considered as part of the analysis. Several of the tools' guidelines do mention disability as a target community to look into, but none had the precondition that persons with disabilities and/or their families must be part of the process, nor specific questions or methods for inclusion of persons with disabilities. It was felt that there would be scope for doing more to include disability in some existing tools, such as Social Mapping, but that care needs to be given not just to the methodology but also training of facilitators on awareness around disability issues.

Larger scale ActionAid efforts that would involve the quantitative assessment/review of larger populations would benefit from inclusion of the Washington Group Questions which would provide a quick and easy way of collecting basic information on how many members of the community ActionAid is serving are people who live with a disability. However, more nuanced data also collected by ActionAid related to programme impact assessment and/or qualitative findings relating to barriers to disability inclusion in specific or general development efforts are not immediately addressed by Washington Group Questions. Tools that are intended to assess participation in small populations in particular, for example the Social Map, need to have specific questions included to address specific issues.

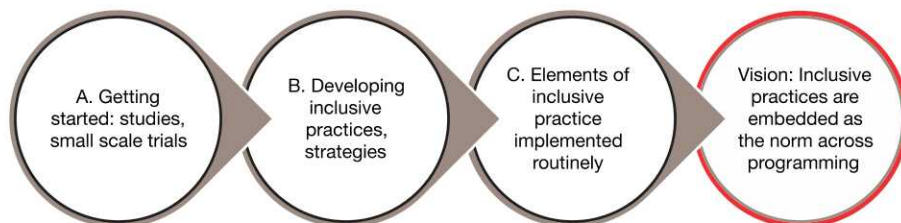
Data generated through methodologies such as the Washington Group can help identify gaps in the system and improve monitoring and evaluation efforts to ensure that inclusion is underway, but are not a 'quick fix' for efforts to ensure empowerment, integration and equity. These will benefit through established development approaches, including knowledge generation, training and resources which, in conjunction with Washington Group data collection, should help improve inclusion of people with disabilities in development efforts.

Disability Inclusive Programming in Myanmar

The purpose of this pilot was to seek to identify what opportunities exist for the continued development of disability inclusive programming in ActionAid Myanmar (AAM). This research was tasked in particular with looking at what learning exists in relation to disability inclusion from implementation of a three-year women's empowerment project, 'Promoting Access to Justice: towards a violence free environment for women and girls' (2013-2016) funded in large part by the United Nations Trust Fund to end violence against women (UNTF).

Since disability is not yet strategically integrated into the core work of ActionAid, the Myanmar research assessed the organisation as being at the start, or Stage A, of the mainstreaming continuum. AAM has identified disabled people as a named target group and they have made the link between disability and increased vulnerability. As is typically observed in organisations at this stage, AAM has supported some very useful studies looking at the situation faced by disabled people. It has also run projects with a specific intention to benefit disabled people in some way, including the Access to Justice programme which was the focus of this review. AAM have done well to engage with the local disability movement and have been involved in supporting advocacy work around disability rights. However, disability is still regarded as being the responsibility of a limited number of staff who take responsibility for most of the disability work rather than it being seen as a core issue across the organisation (from human resources and finance, to programming and learning). As such, disability related work is more advocacy than programming focused. Additionally, the above-named programme does not yet systematically disaggregate data by disability and there are not yet any organisational targets for disability inclusion.

Figure 2: The 'Mainstreaming Continuum'



AAM has no disability inclusive development policy or written commitments to supporting a rights-based approach to disability. Without a clear mandate to work with disabled people, AAM has focused largely on advocacy activities rather than systematically identifying the extent to which disabled people are able to access a range of different interventions. This is a common approach in mainstream organisations that have recognised the vulnerability of disabled people but which have limited disability inclusive programming experience. Supporting local disability movements to advocate for improved laws and policies is a good starting point and can help agencies develop connections with disability organisations and gain direct experience of working with disabled people. However, as observed in AAM, the learning tends to be confined to those working directly on advocacy issues with very little impacting on those in programming roles. To make progress on the Mainstreaming Continuum, organisations like AAM need to make deliberate efforts to broaden the learning gained from their advocacy experiences into general programming through the introduction of monitoring, evaluation and learning tools which are inclusive of disability.

It is clear from this review that AAM has a commitment to wanting to include disabled people and has made significant progress in engaging with the disability movement and supporting its development. It has recognised to some extent, that disability increases vulnerability but a tendency towards taking a charity/medical model approach means that this vulnerability is often articulated in impairment terms rather than in relation to barriers to participation. A clear commitment from senior management in the form of a disability inclusive development policy, including a rights based definition of disability accompanied by ongoing disability awareness training, and the provision of guidance papers and tools, would go a long way to assisting AAM to progress further on the Mainstreaming Continuum.

Gender and Disability in Nigeria

The ActionAid Nigeria intersectionality pilot focused on the overlap between disability and gender issues. The pilot examined the extent to which grassroots movements and formal representative bodies recognize the relationship between disability and gender.

The pilot found that women with disabilities in Nigeria are discriminated against based on both their gender and disability in many aspects of their lives. Due to intersectional discrimination, women with disabilities in Nigeria are subjected to harmful stereotypes that undermine their dignity and place barriers to their full inclusion in society; because of their disability they face barriers to access needed social support services and justice mechanisms. Despite the barriers women with disabilities face in exercising their rights in Nigeria, there is no evidence of any specific references to them or any measures that Nigeria has taken to ensure their rights. This gap reflects the broader exclusion of women with disabilities from Nigeria's state policies and programmes designed to ensure their rights.

However, intersecting discrimination does not lead to an intersection of support from both women's rights and disabled people's rights organisations. Rather, women with disabilities seem to fall through a gap between the two.

The research found that women's rights focused organisations understand the specific issues faced by women with disabilities, but do not translate this into practice by actively including women with disabilities in their programmes. Analyses of ActionAid Nigeria and partners' policies and practice indicates they have good knowledge about the needs of persons with disabilities, especially women, but lack the tools and detailed programme experience to respond appropriately. The representation and active participation of women with disabilities in ActionAid and partner organisations is very low.

Meanwhile, disability rights movements recognize the double disadvantage experienced by women with disabilities but lack the necessary skills and resources to ensure the specific disadvantages faced by women with disabilities are targeted within their work.

Cross-cutting / Common Themes

Definitions of disability

Defining disability is central to work on disability inclusion. How people conceptualise disability influences how they behave towards disabled people; how they frame their problems and needs; and ultimately how programmes are developed in response. There are three predominant models of disability representing different approaches:

- The medical model
- The charity model
- The social / human rights model

Traditionally, disability has been conceptualised using either the medical or charity model. Collectively these models are referred to as the 'individual model' because both focus on the disabled person as being (or having) the 'problem'. By contrast, the social/human rights model promotes the assumption that disabled people have a right to participate in all development activities since they are members of communities. But it also pays attention to the fact that those activities may need to be adapted for accessibility and inclusion. It means different social agents taking responsibility for understanding what barriers might exist and how to mitigate them so that disabled people are included as stakeholders in all mainstream work - and looking for ways to support their participation in community life. It is the power relations regarding the role of society, professionals and disabled people that in essence defines the difference between each of these models.

Everyone has a right to basic services such as health, education and income generation. But the needs of disabled people have traditionally been treated as separate and specialised, which has put them outside mainstream development – with little voice or power when it comes to the design of programmes or interventions. The emphasis for inclusion under the social/human rights model is placed on society reducing barriers and promoting opportunities for participation – as is the right of disabled people – rather than on expecting disabled people to 'fit in' as best they can. As a starting point, one of the external disability specialists who supported the pilots suggests ActionAid adopt the current description of disability used in the Convention on the Rights of Persons with Disabilities (CRPD):

“Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (*italics added*)” - Article 1, CRPD

It is beyond the scope of this paper to suggest further definitions or policy positions for ActionAid relating to disability. However, the need for a policy statement, and the input of disabled people's organisations to develop this, was a clear recommendation from the pilots.

Understanding of disability issues in ActionAid and partners

An issue that was found in several pilots—as results from the lack of a clear policy on disability within ActionAid—is the variations in understanding of disability across the organisation, with the main approach tending towards being charity/medical model based. It is important that the term 'disability' is clearly and consistently defined and understood by everyone involved before starting any work on disability inclusive programming. Without an explicit understanding of disability from a rights perspective, it is possible for programmes to miss a lot of the barriers faced by disabled people, and therefore for the majority of disabled people to remain excluded.

One of the most powerful and successful ways to begin the organisational shift is through disability awareness training for all staff and partners. Whilst some beneficiaries have undergone training, ActionAid has not yet initiated any formal disability awareness training of its own staff (although some members of staff and partners have had training outside of ActionAid). Where there has been greater engagement in the organisation, it has tended to be led by individual staff with a specific commitment to disabled people's rights rather than as part of an organisational endeavour.

In Palestine, a key finding was that many disability issues continue to be seen incorrectly as a medical concern rather than an issue of poverty or a development issue and this needs to be corrected if people with disabilities are to be consistently and appropriately included in ActionAid projects and planning. In Nigeria it was found that most staff interviewed had some knowledge and understanding of the specific issues disabled women face, but that this was not translating into the significant and active participation of women with disabilities at the organisational or programmatic level. ActionAid partners in Myanmar also seemed to have strong understanding of where and what the needs of persons with disabilities are in the communities they work with; partners seemed to be very eager to work on disability, but they seemed to need a lot of guidance on following the Rights Based Approach at the community level.

The consequences of the lack of clear messaging is that ActionAid is unlikely to move beyond the disability 'pilot project' phase, or advocacy-based programming because as staff and partners come and go, the levels of organisational knowledge around disability changes. Ongoing disability awareness training accompanied by clear policy commitments and written guidance and tools, provides organisations with the opportunity to reach a critical mass of people who understand the rights-based approach to disability. Once this point is reached, all teams will have some disability rights awareness and as new staff join there will be others around who can pass on their experiences.

All staff benefit from undertaking disability awareness training (including senior managers); thus, ActionAid should explore opportunities to run training. In addition, many international organisations find it useful to produce guides, resources and papers

for staff to read and use to help them implement disability inclusive programming that is consistently rights based and of a high standard. Online training sessions and resources can be a really useful way of bringing new ideas and tools to the attention of programming staff as long as they are regularly updated and publicised. Above all, the rights based approach to disability needs to be well understood by everyone at programming level to avoid projects drifting to more traditional individual based responses.

Data collection, policy analysis and programme design

In both Myanmar and Palestine, the pilot reports show that while national survey data provides an estimate of the number of people with disabilities, it is lower than expected. It is widely recognised that data on disability under-reports the number of disabled people and highlights the many methodological challenges of collecting accurate data relating to disability. It should also serve as a reminder to ActionAid to not underestimate the number of people living with disabilities in our Local Rights Programmes (LRPs). The most widely used statistic of 15% of the world's population should in theory be reflected in data we might collect at the local level, and if it is below that in our own monitoring data, we should consider why. Use of the Washington Group short set of questions, alongside careful training for staff and partners collecting data, can provide a strong starting point for improving our quantitative data collection, as discussed above. ActionAid should also consider how we adapt new or existing monitoring tools, qualitative and quantitative, to improve data and reporting on people with disabilities.

All three country pilots also demonstrate the complexities of the policy environment at regional and particularly national level for people with disabilities. The detailed analysis provided in all three reports reminds us of the need to broaden our gender and political-economy analysis to include disability issues.

Such policy analysis should be the first step in a deeper analysis of the challenges faced. Simply identifying disabled women and girls as beneficiaries does not address the very significant environmental, attitudinal and institutional barriers they face. The Myanmar pilot, for example, found that the Access to Justice project only touched the surface of the issue because there was no specific research underpinning the work and no targeted interventions designed to promote inclusion. A key starting point for any future intervention would be to carry out a barrier analysis of issues specifically facing disabled girls and women.

During research in Myanmar many interesting questions came up in relation to barriers that disabled women face accessing justice, which could usefully be asked ahead of any future intervention. See Figure 3. These are not at all comprehensive, and relate only to a specific area of work, but do begin to suggest some of the complexity of the issues faced, and some of the types of questions that could be asked in programme assessment and design.

Figure 2: The 'Mainstreaming Continuum'

Barrier	Questions for the programme to consider
Institutional	<ul style="list-style-type: none"><li data-bbox="340 220 991 276">■ What legal barriers preclude women with specific impairments from taking issues to court?<li data-bbox="340 306 991 362">■ Is a woman with psycho-social impairments legally able to give evidence?<li data-bbox="340 393 991 476">■ If a woman uses sign language can she provide evidence through an interpreter? Does the court have officially recognized interpreters for this purpose?<li data-bbox="340 506 991 589">■ If a woman requires an advocate, as might be the case for women with significant cognitive impairments, will the courts accept their use?<li data-bbox="340 619 991 703">■ If a woman is visually impaired and is unable to visually recognize the perpetrator will she be permitted to bring a case to court?
Environmental	<ul style="list-style-type: none"><li data-bbox="340 760 991 843">■ Are services designed to support women survivors of violence and abuse physically accessible to those with limited mobility?<li data-bbox="340 873 991 957">■ If the service has established a 'hotline' phone number for women to use in emergencies, have considerations been made for how Deaf women might be able to make contact<li data-bbox="340 987 991 1043">■ Are informational materials available for women in different formats (such as large print, easy read)?
Attitudinal	<ul style="list-style-type: none"><li data-bbox="340 1100 991 1183">■ What is the view of frontline police officers as to whether they would take the allegations of a woman with cognitive impairments seriously?<li data-bbox="340 1214 991 1270">■ Would the legal service believe a woman with psycho-social impairments had been abused?<li data-bbox="340 1300 991 1383">■ Are there any sections of the community who would consider that since the woman is disabled it is not worth pursuing legal processes?

Until now, ActionAid Palestine's work on disability has been limited to supporting identified community members to access rehabilitation services, along with some other ad-hoc engagement in program activities. Despite the will to mainstream disability, there was uncertainty around how best to do so. Interestingly, each project leader had a different area of interest (i.e. children with disabilities, youth with disabilities, women with disabilities). If well directed and coordinated, this could create internal opportunities for sub-thematic expertise within the organization. There were no strong links with existing disabled people's organizations, especially the ones working on gender issues. ActionAid Palestine is not part of the existing donor coordination group called 'Disability and Development Group' and this is affecting the team's capacity to get up-to-date information around the issue in the country.

While the research in Palestine and Myanmar confirms the need for ActionAid to do more to engage with and learn from disability-focused organizations, the intersectionality pilot added to the learning around partnerships between Women's Rights Organisations (WROs) and Disabled People's Organisations (DPOs).

Observing the trends in Nigerian WROs processes, particularly around staffing, recruitment, induction and procurement, this study confirmed the opinions of the disabled women interviewed on a lack of inclusive engagement. Research in Nigeria found a capacity gap in inclusive programming among WROs and evidence of lack of knowledge on gender responsiveness among DPOs. Women with disabilities have expressed: exclusion in decision-making processes, and marginalization in leadership and opportunities for interaction with peer organizations. Overall, feminist disability sensitive programming will require deliberate efforts to commit human and financial resources, networking and collaboration to push for implementation of relevant policies.



Recommendations

ActionAid should integrate disability inclusion policy covering programming and human resources into global organisational policies to communicate the support and commitment of senior management to the issue and set minimum standards. Resources should be allocated to practical plans towards the achievement of policy commitments. Additionally, clear guidelines should be established at the global level for how to routinely include disability issues in national and international strategies. The guidelines should be aimed at removing informational, attitudinal and physical barriers to ensure that services and development actions in communities are inclusive and accessible.

ActionAid could focus on strengthening disability movements and organizations in relation to the intersection with disability by measures of unemployment of women with disabilities, by:

- Defining concepts and methods to measure poverty and access to resources
- Strengthening systems for gathering essential statistics and incorporating gender analyses
- Developing data on morbidity and access to health and other social services for women with disabilities
- Developing improved data on all forms of violence against women with disabilities
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- Developing and collecting data on women with disabilities, including data on their access to resources
- Developing and collecting data on out of school girl child with disabilities

Introducing the vulnerability of disabled girls and women into ActionAid's project statements and including them as target beneficiaries, would—at the community level—increase awareness of the important link between gender and disability.

ActionAid could strengthen working relationships with DPOs and assist movements and organizations to consider existing gender disparities in employment, poverty, family life, health, education, the environment, public life, and decision-making bodies, as well as work in collaboration with movements and organizations in promoting policies, programmes and projects that improve rural women with disabilities' access

¹ World Health Organisation/World Bank. 2011. World Report on Disability. Geneva: WHO

to aid, control over productive resources, impetus and services. By working more closely with DPOs, the organisations would in turn be well positioned to help with regular training on disability for staff, review planned policies and programmes and ensure that there is representation from DPOs with a focus on women with disabilities.

ActionAid could play certain identified roles as agreed by the participants of these studies to strengthen disability rights as part of its broader work on human rights and social movements. This will include undertaking research and action programmes to identify the legislative policy changes needed to achieve gender equity in all sectors, providing guidance and technical assistance to countries that are reorienting their disability policies and reducing barriers to women with disabilities; improving access to employment; fostering awareness of the need to promote the participation and leadership of women with disabilities; promoting the establishment of data exchange networks; and ensuring that the interests of women with disabilities are represented in international and national policy making processes.

Other steps could include supporting research, consultations, communications and advocacy to ensure that women with disabilities are considered as agents of change and not as the passive beneficiaries of plans, projects and programmes; improving the production and dissemination of gender responsive statistics on women with disabilities so as to gain a better understanding of their situation; and providing appropriate data for policy-making planning and project formulation. Not least is supporting initiatives to address policies and practices that reinforce the position and empowerment of women with disabilities.

ActionAid should also strengthen its own internal M&E systems to include indicators for capturing disability and building staff capacity at all levels on disability mainstreaming. A component of this could include the establishment of an international level advisory board that includes local/national level disability advocates. The advisory group could meet annually to review ongoing programmes, build and maintain stronger relationships with DPOs, and review strategies related to disability given the rapidly evolving disability policy landscape.

act:onaid

📍 Plot 477, 41 Crescent,
Off Sa'adu Zungur Avenue,
Gwarimpa, Abuja

📍 1A, Adeboye Solanke Street,
Ikeja, Lagos

📍 No 3, Gombole Street,
Off Gombole Road
Old GRA, Opposite Giwa
Barracks
Maiduguri

📞 +234 (0) 812 8888 825-7

✉ info.nigeria@actonaid.org

🌐 www.actonaid.org/nigeria

f ActionAidNigeria

🐦 @ActionAidNG