Leave No Woman Behind

Africa Report

Situation of Women and Girls with Disabilities
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Overall report coordination:
Ingo Ritz and Kyerewa Asamoah

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Editors:
Sylvia Beales and George Gelber, BealesGelberConsult (BGC)

Graphic design:
Rupali Joshi

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Women and girls with disabilities in Africa, their voices and their demands are the focus of this report – but its analysis and examples only scratch the surface of the reality of their lives across the continent. The Global Call to Action Against Poverty (GCAP) and its partner organisations are working globally and in Africa on the Leave No Woman Behind campaign to highlight the voices and issues of these women and their daily experiences. This report outlines and reiterates their demands and recommendations drawing on the detailed country reports of partners in the Leave No Woman Behind project, the Ghana Federation of Organisations of Persons with Disabilities (GFD), AMASBIF in Mali and Polycom Development Project in Kenya and focus group work with women with disabilities in East, South, Central and West Africa.

The Leave No Woman Behind campaign is part of the “Faces of Inequality” Campaign of GCAP and this report forms part of its series on ‘Faces of Inequality’, the driving principle of which is “Nothing about us without us.” Different marginalised groups are supported to speak for themselves – women of all ages, persons with disabilities, indigenous people, communities which experience discrimination based on work or descent (DWD), including Dalits and forms of modern slavery, migrants and refugees.

The report draws attention to the shortcomings of the social and political environments in which women and girls with disabilities have to function, the obstacles and barriers they face in their daily lives and the changes they want to see. We recognise that persons living with disabilities are not a homogeneous group, in terms of the nature and severity of their disabilities, but the differences between them are not the focus of this report.

Leave No One Behind are the four words and the central thread which weaves together the 169 targets of the 17 Goals of the 2030 Agenda for Sustainable Development. No group could be further behind than the women and girls with disabilities in Africa, a continent that already lags behind other regions of the world in terms of human development. They will not catch up without commitment, resources and enormous and sustained efforts by their own governments and, most of all, by themselves, their own organisations and organisations that support their cause.

For many, the difficulties they face are compounded by poverty – disabled persons and their families are much more likely to live in poverty than people without disabilities. Women and girls with disabilities face double challenges of discrimination and prejudice because of their gender and disability. In Africa especially they face callous indifference and outright hostility stemming from ignorance and entrenched, misguided beliefs which result in stigma, discrimination and denial of the rights and services to which they are entitled. Many African countries have signed international conventions and have written disability rights into their constitutions and laws but are a long way from making those rights a reality.

Today the most dynamic persons with disabilities, including women, are organising and raising their voices across Africa to demand that governments live up to their promises. They are asking for their rights to the services and resources that will enable them realise their full potential. That is why inclusion, and the resources and services that make it possible, is their demand and goal, and why education and access to services which are more easily accessible to those without disabilities are so important. For girls this is doubly important: a girl with a disability is more likely to be denied education and left behind than a boy. In the words of a wheelchair user in Kenya, “In Africa, going to school is a dream for most people with disabilities ... boys are given the first priority. When you are a woman with a disability, it is a tragedy.”
The evidence gathered in Ghana, Mali and Kenya in their national status reports and the focus group work across a range of other African countries organised by GCAP National Coalitions was completed before the onset of the COVID-19 pandemic, which has added new dimensions of hardship and discrimination to the lives of women and girls with disabilities. Nevertheless women with disabilities raised their voices during the pandemic and set out their demands. They are now working on ensuring their access to vaccination. They perceive the danger of exclusion of women with disabilities from vaccination lists and are calling for us to work hard together to avoid this.

It has been important for the Global Call to Action Against Poverty (GCAP) and its partners across Africa to investigate in depth through research and focus group discussions the situation of women and girls with disabilities. GCAP members and partner organisations, Ghana Federation of Organisations of Persons with Disabilities (GFD), AMASBIF in Mali and Polycom Development Project in Kenya have provided detailed evidence from the women and girls with disabilities in their organisations that show clearly that they are victims of multiple discrimination. Stigma and rejection stemming from attitudes to disability from families and communities create special barriers that prevent them from reaching their full potential. Their experience shows that governments have not yet put in place funded, inclusive policies and legal provisions are not yet compliant with human rights obligations. The report supplements these findings with information, analysis and examples drawn from academic research, civil society organisations and official bodies across Africa.

The work and this report have been made possible with financial support from Voice Global, under the “Leave No Woman Behind” project, which is being implemented nationally, regionally and globally. We offer the report as an evidence-based contribution to realise the 2030 Agenda and its promise to Leave No One Behind. As a movement the Global Call to Action Against Poverty (GCAP) supports people and their organisations in their struggles for justice, to challenge the institutions, structures and processes that perpetuate poverty and inequalities across the world, and to defend and promote human rights, gender justice, social justice, climate justice and the security needed for the dignity and peace of all.

I thank all the contributors to the report – especially the women and girls speaking about their lives, the partners starting with the partners GFD in Ghana, AMASBIF in Mali, Polycom in Kenya, and our editors Sylvia Beales and George Gelber of BealesGelber Consult who have done, a great job in bringing these voices together. I trust it will go some way to ensure the call to action of women and girls with disabilities across Africa is heard for the benefit of all.

Ingo Ritz
Director – Global Call to Action Against Poverty (GCAP)
March 2021
The focus of this report is the multiple discrimination experienced by women and girls in Africa, examined through evidence gathered in Ghana, Kenya and Mali, and the voices and demands of women and girls across the region. It forms part of the GCAP Leave No Woman Behind programme of work being undertaken with GCAP partner organisations working globally, regionally and nationally to raise awareness and promote structural changes. The objective is to ensure that the rights of women and girls with disabilities are fully realised in line with the Convention for the Rights of Persons with Disabilities and the realisation by 2030 of the Agenda 2030 and its Sustainable Development Goals.

Leave No One Behind is the underlying principle of the 2030 Agenda for Sustainable Development and is the central thread which weaves together its 17 Goals and 169 targets. No group could be further behind than the women and girls with disabilities in Africa, who carry multiple burdens of discrimination, now intensified by the lockdowns and controls in place due to Covid-19.

Multiple disadvantages of women and girls with disabilities

Women and girls with disabilities in Africa carry a multiple burden of discrimination, by virtue of their age, gender and their disability. People with disabilities, both female and male, make up about 15% of the world’s population, one billion people. 80% of persons with disabilities live in developing countries and women and girls with disabilities represent more than half of all persons with disabilities worldwide and almost 20% of all women. Women have higher prevalence than men, 19.2%, compared to 12%. Compared with men with disabilities, globally, women with disabilities are three times more likely to have unmet needs for health care; three times more likely to be illiterate; two times less likely to be employed and two times less likely to use the Internet. Among those employed, women with disabilities are two times less likely to work as legislators, senior officials or managers.

Voices of women and girls with disabilities

The experiences recorded in this section of the report provide a vivid picture of the barriers encountered by women and girls with disabilities in their everyday lives. The section highlights both their demands for political action and their desire to be able to participate and for their voices to be heard. Key to change is confronting prejudice and stigma. Invisibility, stigma and marginalisation of women and girls with disabilities are exacerbated by age, gender and type of disability, leading to multiple discriminations and violence, often perpetrated by those closest to them. In the three countries studied in detail for this project – Kenya, Mali and Ghana – approximately one in five of the poorest people have a disability. Poverty and marginalisation are compounded when gender, age and disability intersect, contributing to extreme vulnerability. Even where there are laws that supposedly provide support for women and girls with disabilities, the intensity of stigma and negative attitudes toward disability often makes them ineffective. Focus group participants told how persons with disabilities are still believed to be cursed and to embody bad omens for their families. They are treated as outcasts, as bad luck in the family, and even forced to leave the home. Overcoming barriers to essential services and to social protection is linked to overcoming stigma. The report describes how in all three countries women with disabilities had difficulties in accessing the services they were entitled to, including health because information about their entitlements was
not available or because the offices they needed to visit were not disabled-friendly. In Kenya it has been reported that almost three quarters of PWDs living in informal settlements in urban areas are less likely to have adequate access to health services, due to stigma and infrastructural limitations. In all three countries, despite legal provisions establishing their right to social protection, defective design, inaccessible pay points, poor access to information and problems of coverage and adequacy effectively exclude women and children with disabilities from their entitlements.

**Exclusion from education** – due to high costs, few schools with access or facilities for disabled children, and high drop-out rates – leads to lack of employment opportunities. In all three countries poor or non-existent education for women and girls with disabilities means they find it difficult or impossible to get work and, when employed, they find that few allowances are made for them.

**Political participation**, as political influencers and voters, is highlighted as very important for change, but in all countries the lack of finance combined with discriminatory attitudes, as well as the poor design of public buildings, are effective barriers to political participation. Political opponents can and do cite disability to justify discrimination.

### Violence

Stigma, invisibility, and exclusion from services and social protection come together in violence and abuse. Women and girls with disabilities are at greater risk of violence and sexual abuse than women without disabilities. Women with disabilities are at two to four times higher risk of Intimate Partner Violence (IPV) than women without disabilities. In the words of the chairwoman of a disabled persons association in rural Kenya, “Most people do not respect us as people who deserve to be treated with dignity, when something happens to a disabled person, it is not taken as seriously compared to when something happens to a nondisabled person. This is not only by the community, even the police, the hospitals, the schools, the churches, parents, everybody …., what do you say when a parent takes 200 shillings (USD $2.00) and agrees to close their eyes when their daughter has been raped?” The scale of the violence against women and girls with disabilities in Africa is evidence of the wider societal issue of truly dangerous and unhealthy attitudes towards women, which can be internalised by women themselves, and disabled women and men. Serious effort must now be invested in changing these attitudes and at the same time law enforcement agencies and the courts must begin to take gender-based violence seriously and prosecute the perpetrators.

### COVID-19

The Covid-19 pandemic has intensified the overlapping difficulties faced by women and girls with disabilities. The lockdowns and controls imposed to contain the spread of the virus have, in the words of UN Women, facilitated a shadow pandemic of violence against all women – a shadow pandemic which, as our evidence shows, has particularly affected women and girls with disabilities. Lockdown measures have confined them to their homes, increased their vulnerability, isolated them from friends and their support networks and made them even more dependent on immediate family. Impacts also include reduced access to health services, including maternal health; the burden of caring for the sick; and loss of income without compensation as opportunities for work in the informal sector dry up.
GCAP partners have been collecting information and making recommendations to governments as the pandemic has developed. The overriding concern is how already poor and marginalised women and girls with disabilities obtain information, hygiene, health and income support to enable them to live safely in the midst of lockdowns and to have redress against the discrimination and hostility which has been heightened by fear of the pandemic.

Data

Poor data is a consequence of and a driver of invisibility, lack of voice and human rights abuses. As this report shows, civil society, academics and persons with disabilities themselves have provided plentiful evidence of the difficulties that women and girls with disabilities face in their daily lives, but timely statistical data on the numbers of people living with disabilities is sorely lacking. ‘Leave No One Behind’ challenges all governments to include all groups and sectors on an equal basis to achieve the SDGs. To do this, as the 2030 Agenda recognises, accurate disaggregated and timely data is needed to determine whether all those in danger of being left behind have been identified and action taken to include them. Target 18 of Goal 17, the penultimate paragraph of the SDGs, embracing all the goals and targets that precede it, calls for support to developing countries, “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.” Tools needed to gather these data are available: the Washington Group questions on functioning, are increasingly being used in national censuses and surveys. The example of Malawi shows how using these questions can provide a proper picture of disability in a country or particular population to support policy change and budget provision.

Upholding and acting on the rights of women and girls with disabilities

The rights of persons with disabilities are supported by overarching human rights frameworks, derived from the 1948 Universal Declaration of Human Rights and the subsequent body of international human rights law. All the three countries in the report, and countries across Africa, have ratified the Convention of the Rights of Persons with Disabilities. The African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities, agreed in 2018, promises in its Article 17, to “promote, protect and ensure the full and equal enjoyment of all human and people’s rights by all persons with disabilities, and to ensure respect for their inherent dignity”, with specific provisions for women and girls. All countries of Africa are signatories to the Sustainable Development Goals which have specific commitments for disability inclusion in Goal 4 (Education), Goal 8 (Decent Work and Social Protection), Goal 10 (Inequalities), Goal 11 (Built Environment) and Goal 17 (Partnerships and Data).

The way forward

To sum up, the obligations of government to women and girls with disabilities are not in doubt, and the voices of women and girls with disabilities express clearly what they expect and want. Social protection, violence and COVID-19 are priority issues for women and girls with disabilities.
Key Demands

- Voices of women and girls with disabilities to be heard and taken into account
- Equal opportunities to contribute fully to their communities and countries.
- Inclusive policies that enable, rather than prevent, their development and contributions.
- To be fully involved as equal participants in developing and implementing policies on disability, gender equality, social development, environmental sustainability and humanitarian programmes.
- Meaningful representation of women with disabilities in national regional and international political processes and within organisations of the United Nations and multilateral bodies.

1. Overview

Governments across Africa must ensure that the provisions of social protection floors reach women and girls with disabilities and that women and girls with disabilities have full access to health, education, sexual reproductive and social protection programmes. Call for Action by Women and Girls with Disabilities- Addis Ababa 2020

People with disabilities, both female and male, make up about 15% of the world’s population,² about one billion people. Low and middle income countries have higher disability prevalence compared to high income countries. 80% of persons with disabilities live in developing countries. Women and girls with disabilities represent more than half of all persons with disabilities worldwide and almost 20% of all women.³ Women have higher prevalence than men, 19.2%, compared to 12%.⁴

The likelihood of disability increases with age, with disability prevalence increasing from 12% among working age adults to 39% among older persons (of 60 and above).⁵ 90% of children with disabilities in developing countries do not attend school; the literacy rate in developing countries for men with disabilities is about 65% and about 50% for women with disabilities.⁶ Compared with men with disabilities, globally, women with disabilities are three times more likely to have unmet needs for health care; three times more likely to be illiterate; two times less likely to be employed and two times less likely to use the Internet. Among those employed, women with disabilities are two times less likely to work as legislators, senior officials or managers.⁷ People with disabilities routinely experience exclusion and barriers to services that should be theirs by right. Exclusion is exacerbated by interconnected discriminations due to age, gender, poverty, ethnicity, sexual

On the International Women’s Day in March 2019, the members of Ghana Federation of Organisations of Persons with Disabilities (GFD) are doing a march displaying their key demands. Photo credit Wahab Adams of GFD
People living in poverty are more likely to be disabled and people with disabilities are more likely to be poor.\textsuperscript{8} Despite international agreements, there is still no social security coverage for over half the global population, with some 4 billion people unprotected. Unemployment among persons with disabilities is as high as 80%.\textsuperscript{9}

Women and girls with disabilities in Africa carry a multiple burden of discrimination, by virtue of their age, gender and their disability. Today COVID-19 is an additional risk. The lockdowns, curfews and controls implemented to stop the virus from spreading make women and girls with disabilities even more dependent on others. Lockdowns which keep them behind locked doors, have hugely increased the risks of robbery and domestic violence. This constitutes a shadow pandemic, the term that UN Women has used to describe the surge in violence against women under Covid-19.\textsuperscript{10}

The lack of data on disability disaggregated by sex and age means that the extent of disability is invisible to governments, official institutions and the wider world. Without data that tell them where persons with disabilities live, how many there are, what age and what sex they are, what sort of disability they have, they cannot even begin to provide the services and protections they need.

Despite efforts of the international community and civil society to promote assessment of disability, women and girls with disabilities are largely uncounted and invisible in national statistics in many countries in Africa. Some progress has been achieved through the use of the Washington Group questions on functioning – a standardised set of questions which can detect the extent, trends and levels of disability – which are making it increasingly easy to gather data on disability in national surveys.\textsuperscript{11}

In sum, the interconnected discriminations related to access to education, health services, social protection, employment, sexual and reproductive health, and legal protection together with the rise in gender-based violence, unpaid care and domestic work are getting worse.\textsuperscript{12} Fewer than half of African countries have legislation in place to protect and promote the rights of persons with disabilities. Failure to implement the rights of persons with disabilities contravenes both the provisions of the 2006 (Convention for the Rights of Persons with Disabilities - CPRD) and its optional protocol, which globally have 182 and 94 ratifications respectively,\textsuperscript{13} and the African Union 2018 protocol for the rights of persons with disabilities.\textsuperscript{14}

This failure also flies in the face of the 2015 Addis Ababa Action Agenda and its six references to disability rights.\textsuperscript{15} These include the provision of social protection, access to inclusive education, employment and technologies for persons with disabilities, and the recognition that gender equality, women’s empowerment and the realisation of all women’s human rights are essential to achieving inclusive and equitable economic growth and sustainable development.
2. Organising for change

You have to fight double; you have to think double; the systems discriminate against you.”16

Women and girls with disabilities across Africa are raising their voices to draw attention to what is happening and organising for change. The Leave No Woman Behind programme gathered evidence in Ghana, Kenya and Mali which, together with information from focus group discussions from West, East, Central and Southern Africa, has highlighted both the nature and extent of multiple discrimination and the family and community attitudes that reject disability and breed stigma. Women and girls with disabilities are taking these findings to governments, to the African Union and to the United Nations. They point to governments’ failures to put in place programmes, legal provisions and policies to deliver on their human rights obligations – findings which are echoed by disability organisations and their NGO and academic partners across Africa.17

The sad reality is that as yet few countries have responded to the unique needs and unmet rights of women and girls with disabilities. As a result the rights of women and girls with disabilities to social protection, essential health services, employment, protection before the law and participation in social and development activities, political decision making and in community life are being denied.

Women with disabilities in a picture after a meeting with Women CSOs in Nairobi, Kenya that was held for awareness generation on the disability issues in October in August 2019. Photo credit: Polycom
In October 2019 women and girls with disabilities supported by GCAP attended the African Union Beijing+25 event, 25 years after the UN Fourth World Conference on Women held in 1995. They took the findings of the research into the meetings. Despite the event not being fully accessible in itself a clear indication that much has yet to be done to ensure persons with disabilities can participate freely in policy meetings, they rallied and called for the following:

Key demands of women and girls with disabilities which have been articulated at country level, regionally and globally for the Beijing+25 conference in Addis Ababa in October 2019:

- Equal opportunities to contribute fully to their communities and countries.
- Inclusive policies that enable, rather than prevent their development and contributions.
- To be fully involved and equal participants in developing and implementing policies on disability, gender equality, social development, environmental sustainability and humanitarian programmes.
- Meaningful representation of women with disabilities in national, regional and international political processes and within organisations of the United Nations and multilateral bodies.

This call for action was followed by specific recommendations directed at the African Union, governments and civil society. Governments across Africa were specifically asked to redouble their efforts to uphold the commitments set out in the Convention on the Rights of Persons with Disabilities (CRPD), including the Optional Protocol and General Comment 3 on women and girls with disabilities, and **key recommendations included**:

- In all countries of the region women and girls with disabilities and their representative organisations be fully involved in developing and implementing policies on gender equality and women’s rights.
- The UN Economic Commission in Africa (UNECA) and all governments should ensure availability of up to date regional and national data and statistics on women and girls with disabilities.
- Meaningful representation of women with disabilities in national, regional and international political processes in all countries of Africa and within the African Union and organisations of the United Nations and multilateral bodies.

3. Listening to and acting on the Voices of Women with Disabilities

Women with disabilities are discussing the charter of demands in Ghana in February 2019. Photo credit: Faustina Appiagyei of GFD

“Priority actions of governments should be domestication of the laws that prohibit discrimination and inclusion of the Persons with Disabilities (PWDs) in decision making positions.”
Focus Group in Nigeria, 2019

In 2019, in the context of its ‘Leave No Woman Behind’ programme, GCAP partners gathered evidence on the lived experience of women and girls with disabilities in Kenya, Mali and Ghana. The experiences recorded provide a vivid picture of the difficulties which women and girls with disabilities encounter in their everyday lives and highlight both their demands for political action and their desire to be able to participate and for their voices to be heard.

In the three countries studied approximately one in five of the poorest people have a disability. Poverty and marginalisation are compounded when gender, age and disability intersect, contributing to extreme vulnerability. Across their life course persons with disabilities tend to be significantly poor on many levels, and in technical reports are described as ‘poor multidimensionally’. GCAP partners’ evidence demonstrates that women and girls with disabilities who are chronically poor and begging can be victims of human trafficking and exploitation, lured from the streets where they beg by promises of employment, accommodation and a meal per day.
Effective and accountable action to ‘Leave No One Behind’ is the litmus test of governments’ commitment to the 2030 Agenda and its Sustainable Development Goals. From the point of view of women and girls with disabilities in Africa today it is a test that governments are failing. To leave no women or girls with disability behind requires governments to pay much greater attention to their issues, listen to their voices, provide funding, formulate and effectively implement policies, raise public awareness and ensure that they have political visibility, both to challenge and address the multiple discrimination they face on a daily basis.

Change requires hearing and acting on the voices of women and girls with disabilities; improving data on who is being left behind and why; and increased awareness of the scale of the problem in order to learn how to address barriers and further their rights.

There are interconnected reasons behind the routine violation of the rights of women and girls with disabilities. The section explores four specific areas highlighted by the research and focus group work conducted by GCAP. The women and girls with disabilities not only detail these violations but demand participation, representation and leadership to ensure that change really happens.

### 3.1 Overcoming Stigma and Attitudes

“Traditional beliefs are still strong in Ghana which means that the birth of a disabled child can be seen as a curse and taken to be a sign that evil spirits have been at work. Disabled children are often shunned or even left to die because they are considered an omen. Laws and beliefs are changing, however, and outright neglect is rare but disabled people are still viewed as a burden to their families and objects of pity. They are not expected to be seen in social gatherings and, if they do go, they attract uninvited looks.”

Focus Group Discussion – Ghana, 2019

In each of the countries studied, invisibility, stigma and marginalisation of women and girls with disabilities are exacerbated by age, gender and type of disability, leading to multiple discriminations and violence, often perpetrated by those closest to them. Even where there are laws that supposedly provide support for women and girls with disabilities, the depth of stigma and negative attitudes toward disability often makes them ineffective.
In Kenya it has been reported that, "Attitudes displayed by the people around them can be a bigger problem for PWDs than the medical conditions they have to cope with: people living and interacting with PWDs tend to treat them differently in relation to their disabilities." Focus group discussions conducted in 2019 by Polycom, GCAP’s partner, showed how people with disabilities are still believed to be cursed and to embody bad omens for their families. They are treated as outcasts, as bad luck in the family, and even forced to leave the home. One participant described how a woman was forced to leave her marriage and home because her first child was born with multiple deformities.

"The community views me as a lesser being and a person not entitled to have a family. Most of the community nicknamed me as “that person on wheel chair”." Respondent, Kenya, 2019

In Ghana, for instance, it was revealed that traditional communities and some religious groups regard disability as a curse visited on parents that can only be lifted by casting out evil spirits. City dwellers avoid disabled street sellers who are trying to earn a living, as if disability were a disease that they could catch. Religion and culture play a strong role in reinforcing discrimination, with entrenched beliefs that people with disabilities have nothing to contribute, irrespective of their background and qualifications. In Ghana focus group discussions identified the special risks and stigma of women and girls with albinism – regarded as ghosts, used as ‘sex toys’, abandoned with children, targeted for rape, defilement and sexual abuse due to of the myth that this cures HIV/ AIDS.

In Mali the majority of women interviewed, believed that society rejects them; they feel unloved; that they are a burden on society and on close relatives who themselves may think that a disabled person is not only a misfortune but a monster who needs to be done away with. They are intimidated by abuse from others, both men and women, and do not receive the support they are entitled to from government officials and the legal system.

“When we have children, the men who are their fathers are ashamed to acknowledge their own children – we have not chosen to be disabled but we are rejected and live in really difficult conditions. All the necessities of life – food, housing, our children’s education, health care, employment – are beyond our reach.” Respondent – Mali, 2019
3.2 Overcoming barriers: education and employment

“Girls with disabilities have difficulty getting an education; school buildings are not accessible; and learning materials are not adapted to their needs. And some school heads even turn away children with disabilities, depriving them of their right to education and denying them the opportunity to compete for the jobs which could provide [an income] for themselves and their families. After leaving school, at best they are assigned menial jobs as cleaners or messengers in offices and institutions or are even reduced to begging for a living.”
Focus group discussion – Ghana, 2019

Disabled girls are routinely denied all levels and types of education with very negative consequences for their employment prospects. Drop-out rates for girls with disabilities are high. They are often discouraged from continuing in education; they may be isolated; they don’t play with other children either at home or in school; and they are often bullied and given derogatory nicknames. Even when they find employment, few allowances are made for them in the workplace. In Kenya, there is discrimination in hiring, retention, promotion, pay and access to training, credit and other productive resources. World Bank research has confirmed that children with disabilities have been shown to be at a substantial disadvantage in enrolling in school, completing primary or secondary education, and achieving literacy. While school completion rates for all children across Africa are improving, the gap in completion rates in both primary and secondary schools between girls with disabilities and girls without disabilities is increasing.

Poverty is a huge problem. It costs a lot to ensure that a child with a disability attends school regularly. More has to be done too to convince parents that it is worth sending a child with a disability to school. Transport to school is expensive and complicated to organise, the school buildings are also not accessible and do not facilitate movement around the school for most of the children with disabilities, thereby discouraging them from attending school in the first place. There are few specialist teachers and disability friendly work books and little encouragement for disabled children struggling to acquire the education that gives them a hope of better integration into society.

In each of the three countries, it was revealed that few mainstream schools have access or facilities for disabled children, and the same can be said of technical and vocational institutions. In addition to not being accessible, schools do not have special needs teachers or adapted materials. There are no buses or vans designed for children with special needs. In Ghana one focus group participant recounted how her epilepsy led her doctor to advise her to drop out of normal school because in his view the curriculum was ‘too heavy’. Neither schools nor workplaces have large print or braille materials for visually impaired people, and there are few assistants and instructional materials for teachers to support them. Many girls with disabilities lack the
Exclusion from education means that women with disabilities cannot get the jobs that could be the springboard to political participation and the possibility of taking on decision-making responsibilities. Cultural norms also exclude disabled people and women – for example, in the Ashanti community, it is forbidden to have a disabled chief and persons with disabilities are denied participation in decision-making bodies and are prohibited even from engaging with traditional leaders.” Focus Group Discussion – Ghana, 2019

The Kenya report revealed that 65% of persons with disabilities (PWDs) stated that the environment was a major problem in their daily lives, with terrain, accessibility of transport, drainage systems, water and inaccessible toilets making schooling and earning a living extremely difficult or completely impossible. The women also described how the scarcity of special needs schools and lack of income to pay fees deny education to girls with disabilities, often resulting in illiteracy, limiting chances of employment and condemning them to a life of extreme poverty and domestic drudgery.

"I took my child with disability to special school, but she dropped out of school because she became too heavy to carry and I could not afford a wheelchair." Respondent, Kenya 2019

There are no special needs schools in informal settlements in Kenya. Girls living with disabilities often end up in distant special care homes, described as dumping grounds for such children. And, even if families find and pay for a special needs school for their child, there is no help for this expense, impoverishing the family even more.

In Mali, the significant school dropout rate of girls with disabilities was attributed to the intersecting and multiple problems of cost of schooling relative to family income; distance between home and school; insecurity around schools; harmful behaviour towards girls with disabilities; failure to take into account differences between girls and boys and the lack of school facilities tailored to girls' needs.

In all three countries poor or non-existent education for women and girls with disabilities means they find it difficult or impossible to find work and, if they are fortunate enough to find employment, few allowances are made for them in the workplace. The 2007 Kenya national survey revealed that males with disabilities were more than twice as likely as females to have worked for pay and that proportionately fewer women with disabilities were employed than men with disabilities or women without disabilities.
Employment barriers for women with disabilities in Kenya

According to the 2007 Kenya National Survey, a mere 7.5% of women with disabilities have worked for pay. 25 28.5% of women with disabilities said they worked in their own family business (men - 31.4%) and 31.5% said they did not work at all (men - 31.0%). In this context family business may well mean street trading bringing in a very meagre income. 21.8% said they were homemakers (men – 2.7%).

Overcoming barriers in Ghana

A participant who is physically impaired shared her experience as a professional woman. She is a teacher and her job was in a school where “the head teacher confronted me with issues about how I will climb the steps, the challenge of how I will mark the exam sheets of students. I rose to the challenge by studying the environment and learning to get around without the help of an aid from classrooms to staff room and to and from the house.”

Focus Group Discussion – Ghana, 2019

There is a Call for Action by women and girls with disabilities in Mali for the emancipation and empowerment of women and girls with disabilities through education and employment. They are calling for

- free education for people with disabilities
- literacy and social and professional training
- access to credit and job creation
- leadership and entrepreneurship training
- inclusion in development programmes

3.3 Overcoming barriers: public services and to social protection

The Government of Kenya and all partners need to strengthen their commitment towards empowering women and girls with disabilities and ensuring inclusiveness and equality through increasing access to the disability cards, which are a prerequisite for accessing medical and other social services.”

Focus group discussion – Kenya, 2019
In all three countries women with disabilities had difficulties in accessing the services they were entitled to, including - as we have seen - education and health, because the offices they needed to visit were not disabled-friendly, disabled women are stigmatised, and information about their entitlements was not available. In Kenya it has been reported that almost three quarters of Persons With Disabilities living in informal settlements in urban areas - often described as slums - are less likely to have adequate access to health services, due to stigma and infrastructural limitations. Evidence gathered by GCAP partners highlights how widespread misconceptions about the sexuality of women with disabilities results in poor access to sexual and reproductive health services, including family planning and maternal health care.

I get the information I need through radio and television, what about my brothers and sisters who cannot see and hear?”
Informant, Ghana 2019

As regards social protection, GCAP evidence highlights defective design, inaccessible pay points, poor access to information on entitlements and problems of coverage and adequacy.

“Social services should target women and girls with disabilities…. Education for women and girls with disabilities is not accessible and is money consuming, they need help in this area.”
Nigeria

Social protection

The objectives of universal, human rights-based, social protection are embedded in numerous international laws and agreements. These include the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights as well as the ILO Convention 102 on Social Security, The Convention of the Rights of Persons with Disabilities, and the ILO Social Protection Floors Recommendation No. 202. The UN Sustainable Development Goals specifically affirm States' commitment to social protection floors in Goal 1 target 1.3. Extending social protection is also a declared objective of the Global Partnership on Universal Social Protection, bringing together the World Bank, ILO, OECD, African Union, IADB and numerous other stakeholders. The African Union Social Policy Framework has a specific chapter (2.3.3) on social protection, stating that ‘There is an emerging consensus that a minimum package of essential social protection should cover: essential health care, and benefits for children, informal workers, the unemployed, older persons and persons with disabilities’ with a recommendation that ‘social protection should be a state obligation, with provision for it in national legislation.’

COVID-19 has brought the urgency of accessible and universal social protection to the forefront. In all three countries studied there are social protection laws that should be benefitting women with disabilities. A full array of social protection would include the protection of workers and programmes to help them find employment; social insurance to protect them from catastrophic risk, including disability, ill-health and unemployment; and social assistance which transfers resources to vulnerable individuals or households with no other means of adequate support. Most
countries have legislation which aspires, at least on paper, to deliver some level of social protection.

The COVID-19 crisis has revealed significant gaps in coverage, comprehensiveness and adequacy of social protection and has also highlighted the urgency of investing more effectively in social protection systems, including floors, so they can guarantee at least a basic level of income security and access to health care for all. Disability-friendly, accessible and universal social protection is vital. In all three countries studied there are social protection laws that should be benefitting women with disabilities.

For example in Mali there is the 2016 National Social Protection Policy and action plan, universal health coverage policy and the 2015-2024 strategic plan for the social and economic promotion of people with disabilities. Nevertheless the focus groups stated, ‘Inequality of treatment: women with disabilities have limited access to food, protection, housing, training, information, new communication technologies, employment, decent pay, a home, procreation. They believe that they are instrumentalised by politicians and institutions that get rich on their backs.’

Persons with disabilities in Kenya are entitled to a basic income and health services, but evidence shows that infrastructural limitations, compounded by the poor quality of information available to persons with disabilities regarding their entitlements, result in poor take-up. Informant interviews described the difficulties of having to queue along with everyone else; being pushed around; and no assistance for those with mobility impairments to enable them to reach the service desk. Women and girls with disabilities and their families find it hard to get information on where and how to obtain the benefits available; even if there is information, unsuitable transport, environmental factors and badly located and faraway venues for services make it hard to access them.

In Ghana social protection provisions for persons with disabilities fall under a number of schemes, including the Livelihoods Empowerment Against Poverty (LEAP) Programme; Labour Intensive Public Works (LIPW); National Health Insurance Authority (NHIA); School Feeding Programme; the EBAN Elderly Card; and the “7.5% District Assembly Common Fund” (3% DACF). The EBAN Elderly Welfare Card, launched in 2015, is intended to provide easy access and to avoid queuing for persons aged 65 years and above at hospitals, banks and other public places and a 50% discount on bus fares. Yet, of the eleven women interviewed in a GCAP focus group, only six had accessed financial support. In all six cases this was from the DACF. There are no records of people with disabilities benefiting from LIPW.

In all three countries studied, accessible and adequate social protection is supposed to be available, in line with national, regional and global government commitments. Social protection facilitates access to essential services, education, employment and social and economic inclusion, and plays an essential role in crisis and recovery. The experience of Covid-19 has underlined the importance of social protection to persons with disabilities, in particular to women and girls, and at the same time exposed the flaws which exclude them from the benefits to which they are entitled. Even when social protection policies are in place, women and girls with disabilities are not receiving their entitlements, due to failures in information, design, access arrangements and poor implementation of eligibility and application procedures. It is also clear that, even if these shortcomings were remedied, current expenditure levels on social protection are insufficient to close the persistent coverage gaps and to meet the entitlements of all potential eligible beneficiaries.
3.4 Overcoming barriers: political participation

“We persons with disabilities would also like to be among the honourable representatives (MPs or council representatives), but we don’t have the money, and then the insults are usually unbearable.’
Focus group discussion, Ghana 2019

A key strategy for change for women and girls with disabilities is better opportunities for political participation as political influencers and voters. In all countries it was explained how the lack of finance combined with discriminatory attitudes, as well as the poor design of public buildings, were effective barriers to political participation. Political opponents can and do cite disability limitations to justify discrimination. In Ghana it was reported that a woman with a disability was thought unsuitable for elected office; “She had to be carried up to the platform so how can she fight for us?” and, from the former Minister for Roads – “How will you see if our roads are bad or not because you are blind?”

“I attended meetings in my community. I learned a lot and I shared my grievances with the MPs, telling them that being a woman with disability is not easy in this country. I was asked by a male whether I was popular, whether I had money, and would I be able to stand the discrimination? I reached out to the party secretary for financing but the party was not willing because ‘they don’t do it for women with disabilities’. I concluded I did not have the finances and, although I was popular in the community, as I am a wheelchair user and need support to get around, I could not succeed.”
Participant, Focus group discussion – Ghana, 2019

Respondents in the Kenya focus group said that the views of women and girls with disabilities are often ignored or disregarded in favour of ‘experts’, ‘professionals’, parents, guardians and caregivers. This extends to assumptions about the rights and abilities of women with disabilities to participate in politics. Women with disabilities are not visible in campaigns and are sometimes completely forgotten; they have difficulties obtaining national identity cards or, due to election related violence, cannot cast their votes.

In Mali, despite provision for persons with disabilities to put themselves forward for political office, there are very few women with disabilities in local elected bodies. Statistics are not available on the participation of women with disabilities in political processes, in contravention of the commitments made in the international conventions signed and ratified by the government.
There are also physical obstacles to political participation – for example, buildings without ramps for wheelchair users, and no facilities for deaf, visually impaired or blind persons. In places where there is electoral violence it may be unsafe for women and girls living with different forms of disabilities to leave their homes. It was noted that physical barriers can be overcome if governments are prepared to make resources available but discrimination and prejudice, even at the highest levels, that exclude women and girls with disabilities, are harder to overcome.

In all three countries it was observed that even if a woman with a disability puts herself forward for a political leadership position, her abilities may not be recognised and she will not have financial and social support to represent her political party in elections. If she cannot gain a place in the leadership structures of her local community it is very difficult to break into political life at a higher level. Furthermore, there are no guidelines for political parties on inclusion of women with disabilities, which compounds the barriers of lack of finance, attitude, disability unfriendly facilities and lack of inclusive access.

Informants in each country concluded that moving forward on political leadership by women with disabilities requires clear policy provision for their inclusion in politics. Quotas are already common for women in parliaments around the world, including Kenya and Mali\textsuperscript{31}, together with targeted support for them to compete on equal terms in local regional and national political and electoral system processes. Disability guidance for political parties would be useful. Ring-fenced funding for disabled candidates at local and national level is also essential.
3.5 Overcoming barriers: uphold and act on the rights of women and girls with disabilities

“What should be done differently? The community must embrace girls and women with disabilities, mentor them, offer opportunities to participate in developmental programs, educate the public on the capacities of the person with a disability, empowering the woman or girl with disability to rise above the challenges and encouraging parents to educate and allow their girls with disabilities to socialise in society.”

Focus group discussion, Ghana 2019

Discrimination on any grounds is an obstacle to democracy and full citizenship. All three countries have ratified the Convention of Persons with Disabilities and have a number of policy provisions which target persons with disabilities, but they are still a long way from ensuring that all women and girls with disabilities enjoy their rights to education, health, social protection and political participation. There is little effective action to bring about an end to stigma and discrimination and equal opportunities for women with disabilities in leadership and decision-making at all levels are still a distant dream.

The cost of stigma, discrimination, economic and political exclusion in all three countries is high, socially and financially, for women and girls with disabilities, their families and for their countries’ wellbeing and economies. The potential of girls and women with disabilities is being wasted and ignored. Denial of the rights of women and girls with disabilities to education, essential services and to social protection is in direct contravention to the provisions of the Convention of Persons with Disabilities and those of the African Charter of the rights of persons with disabilities.

Wellbeing for all and sustainable growth are contingent on implementing universal gender equality measures with disability inclusion at their heart. Inclusion and genuinely comprehensive measures for all are fundamental for the Leave No One Behind principle of the 2030 Agenda and the Sustainable Development Goals. Unless action is taken to hear and act on the voices of women and girls with disabilities the SDGs will not be met.
4. The problem of data

The Leave No Women Behind Partner, Polycom is connecting the women with disabilities with various stakeholders in a partnership meeting to deepen collaboration on their inclusion in Kenya in May 2019. Photo credit: Polycom

Recommendations

United Nations Economic Commission of Africa (UNECA) and all governments should ensure availability of up to date regional and national data and statistics on women and girls with disabilities.

Governments across Africa should ensure that all measurements, indicators, targets and reports for Beijing +25 and the SDGs address issues of women and girls with disabilities and overlap with other markers of identity, including age, location and social identity, making use of the Washington Group on Disability Statistics question sets.

Lack of disaggregated data by age, gender, disability, ethnicity, and other status makes it impossible to count the number of girls with disabilities relative to boys. This contributes to the invisibility of children, especially girls, with disabilities.32

‘Leave No One Behind’ is both the underlying principle of the 2030 Agenda and the thread that weaves together its 17 Sustainable Development Goals. It challenges all governments to include
all groups and sectors on an equal basis to achieve the SDGs. To do this, as the 2030 Agenda recognises, accurate disaggregated data is needed to determine success or failure of the SDGs. Accurate, disaggregated and timely data is needed to determine whether all those in danger of being left behind have been identified and action taken to include them. Target 18 of SDG 17, the penultimate paragraph of the SDGs, embracing all the goals and targets that precede it, calls for support to developing countries, “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.”

Official data on disability in all three countries (Ghana, Mali and Kenya) collected by means of censuses, almost certainly underestimates prevalence. There is, therefore, a double challenge for statistical authorities – to collect accurate data on disability for the whole population and, second, to collect age and gender specific data which will accurately provide the numbers of women and girls living with disabilities over the life course and information on the types and severity of disability. This is a necessary first step towards enabling authorities to put in place the services and protection programmes which fulfil the rights and meet the needs of women and girls living with disabilities.

Disability prevalence is not difficult to measure. Good and useful data can be measured by the Washington Group short set of questions which, because of their simplicity and brevity, can be incorporated into national censuses and survey instruments such as the World Bank’s ‘Living Standards Measurement Study’. The Washington Group questions are increasingly regarded as the standard tool for gathering data on disability.

**Washington Group Short Set of Questions on Disability**

"The next questions ask about difficulties you may have doing certain activities because of a health problem.

(a) Do you have difficulty seeing even when wearing glasses?
(b) Do you have difficulty hearing even when wearing a hearing aid?
(c) Do you have difficulty walking or climbing steps?
(d) Do you have difficulty remembering or concentrating?
(e) Do you have difficulty with selfcare such as washing all over or dressing?
(f) Do you have difficulty communicating, for example understanding others or others understanding you?

For each question in (a) through (f), respondents are asked to answer one of the following:
1-no difficulty
2-some difficulty
3-a lot of difficulty
4-unable to do.

For a proxy respondent, each of the six questions starts with ‘does <person> have difficulty…?’

The Washington questions ask about difficulties rather than disability since respondents are more likely to report a difficulty than to self-identify as disabled. The responses to the questions in the six domains with four levels of difficulty combine to give a measure of disability. As more countries adopt the Washington Group questions in national censuses and surveys, it will be increasingly possible to make international comparisons. There is also an extended set of questions to provide greater detail. The Washington Group worked with UNICEF to produce a Child Functioning Module which was finalised in 2016. According to national censuses in which the Washington questions were used, in Kenya 2.2% (2019) of the population is living with a disability and in Nigeria (2018) the census found that 7% of the population had at least one difficulty and 1% had a lot of difficulty or could not function in at least one domain. The Malawi Population and Housing Census, using the Washington questions, identified 10.4% of the population (1,556,670) as having at least one of six difficulties.

**Good practice in Malawi**

In 2017 a survey on living conditions among persons with disabilities was carried out by SINTEF in Malawi using the Washington Group questions. As the authors of the study say, “In order to address the challenges being experienced by persons with various types of disabilities, there is a great need for data which can inform the development of relevant policies and interventions which can consequently ensure that persons with disabilities enjoy their fundamental human rights just as is the case with other Malawians.”

By interviewing persons with and without disabilities the survey was able to capture accurately differences between persons with and without disabilities and differences between men and women and different age groups. The survey found that 9.0% of adults, aged 20 years or more, were living with a disability, compared with 3.2% of children 2-4 years old, and 3.3% among children aged 2-17 years – a significantly higher proportion than the percentages recorded in Kenya and Mali.

The survey enabled conclusions to be drawn about living conditions of persons with disabilities – in line with those of surveys in other countries:

“Individuals with disabilities are worse off than non-disabled on a range of indicators on level of living. A higher proportion of individuals with disabilities have been chronically ill during the last 12 months, have poor or not very good mental and physical health. Lower proportions of individuals with disabilities have ever attended school, can read and write, are in paid work, and voted in the last election. Individuals with disabilities score lower on well-being, higher on environmental barriers and lower on income as compared to non-disabled.”

The 2018 Demographic and Health Survey of Nigeria and the SINTEF survey Living Conditions among Persons with Disabilities in Malawi are examples of what can be achieved. In both cases the Washington Group questions were used to gather data on disability, which were disaggregated by gender, domain and age. In Nigeria, within overall disability prevalence of 7%, the published
report disaggregates by gender difficulties ranging from ‘no difficulty at all’ to ‘a lot of difficult/ cannot function at all’, across all domains. Clearly data on all domains has been collected but is not included in the published report. The Nigerian survey shows what can be achieved and provides the essential data which policy makers need to design and implement policies for people living with disabilities.

The Washington Group questions were not used in the Ghana 2010 census\(^\text{39}\) nor in Mali\(^\text{40}\). They were used in Kenya in 2019 census but the number of people living with a disability is thought to be an underestimate. The reasons for this underestimate are not clear. Elsewhere in Africa, the Washington questions have been used in Ethiopia, Tanzania, South Africa and Zambia\(^\text{41}\).

Continuing experience with the questions which have now been used in over 75 countries generates confidence that, when properly administered, they gather consistent and accurate data on disability. However, the inclusion of different degrees of difficulty in the survey questions for each of the domains means that analysts, and the governments and institutions they work for, still have to decide what degree of difficulty constitutes disability.

In order to fashion good policies governments need accurate data. Similarly, those who are in danger of being left behind and civil society organisations working with them need accurate data to inform their advocacy and campaigning. The use of the Washington Group questions will help everyone round the table to agree on the nature and dimensions of the challenge they face.

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**Mali**

Accurate assessments of the prevalence of disability in Mali are hampered by lack of systematic data collection. According to the Fourth General Census of Population and Housing 2009, the disability prevalence rate in Mali is 0.7%\(^\text{46}\), which seems to be a gross underestimate. While it is possible to reach conclusions about the lives of women and girls living with disabilities by means of focus groups, it is not possible to design social protection programmes without more accurate quantitative data. Focus group research undertaken in the administrative district of Kati, a peri-urban district of the capital, Bamako, reveals deficiencies in the education, health, transport and employment for women and girls with disabilities but does not go into detail about the nature and severity of their disabilities. In addition, the number of people with disabilities in Kati, with a population of 987,000, recorded in research undertaken for this project, is very small – 594 (0.06%) for both men and women. Accurate data will not in themselves guarantee that an appropriate response on the part of government, but they are a necessary first step in determining the scale and nature of the response that is needed.

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**Kenya**

The review of existing literature undertaken by Polycom shows that that Kenya lacks current, up to date and credible gender disaggregated data on disability. According to the 2009 Census 3.5% of the population have some form of disability while the estimate of the National Population report of 2007 was 4.6% of the total population\(^\text{46}\). It is surprising, therefore, that the 2019 national census, despite using the Washington questions (unlike
the previous census), recorded only 2.2% of the population as having some form of disability. In contrast to the census data, the survey undertaken by the Ministry of Education in collaboration with Kenya Institute of Special Education (KISE) in 2017 found 1,901,943 children with disabilities in the school system. This report also found 587,280 school age children with disabilities out of school and missing out on their education. According to the National Disability Survey (2017), there were 2,489,252 special needs children in Kenya, of whom 5.6% had visual impairment, 2.2% hearing impairment, 4.6% mental disability and 6.7% physical disability. This figure represents 12.4% of the school age population of 20,005,653. There was no disaggregation by gender.

The low prevalence of disability reported in the national census is more than a statistical oddity because of its potentially serious consequences – inappropriate policies and inadequate resources. One critical article notes that,

“The impact of the potentially dramatic underrepresentation of people with disabilities in the official statistics is severe: if the statistics are not accurate, yet are broadly accepted, the focus on disability inclusion will not receive significant attention on Kenya’s political agenda. It may also have a damaging impact on the inclusiveness of Kenya’s response to coronavirus.

Underestimating the scale of disability prevalence in Kenya will negatively impact the accurate design of policies and programmes targeted towards meeting the needs of people with disabilities. Efforts to include people with disabilities into employment, education and healthcare will fall short of meeting needs, and the level of funding allocated to these programmes will be inadequate. At a time of global economic downturn when substantial declines are also expected in aid budgets, it is critical that accurate data is available to ensure the rights and dignity of people with disabilities.”

These comments, of course, apply to many countries in addition to Kenya, and point once again to the need for good, disaggregated statistics.

Ghana

The definition of disability used by the 2010 Population and Housing Census was “... those unable to, or were restricted in the performance of specific tasks/activities due to loss of function of any part of the body and mind as a result of impairment or malformation.” According to the 2010 Census there were 737,743 persons with disabilities, representing 3% of the total population. Women (52.5% of this population) slightly outnumbered men (47.5%). The World Health Organisation estimates disability prevalence in Ghana at 12.8%, while in 2012 Human Rights Watch estimated the population of persons with disabilities at 5 million (one fifth of the population) of whom 2.8 million were people with mental disabilities. These differing figures show that data on disability prevalence is inconsistent and are most probably the result of the use of different definitions of disability. Ghana’s flagship social protection programme, LEAP (Livelihood Empowerment Against Poverty) relies heavily on Community LEAP Implementation Committees (CLICs) which are tasked with carrying out a selection of households that meet the LEAP membership eligibility criteria. LEAP targets the “severely disabled”, a very subjective term, which inevitably excludes persons with disabilities who do not meet this threshold. It has been proposed that
**LEAP eligibility for persons with disabilities** should be determined by administration of the Washington Group short set of questions. Even with this improvement, it will be necessary to collect data on women and girls with disabilities so that social protection programmes can properly address their gender-specific needs.
5. Violence against women and girls with disabilities

Experiences of women and girls with disabilities vary across Africa but common to all of them is that they are at greater risk of violence and sexual abuse than women without disabilities. Women with disabilities are at a two to four times higher risk of Intimate Partner Violence (IPV) than women without disabilities. According to the World Health Organisation, Intimate Partner Violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. IPV occurs in all settings and among all socioeconomic, religious and cultural groups and its global burden is overwhelmingly borne by women.

UK Aid/DFID conducted research in various settings in 2018 found that in South Africa the risk of both intimate partner violence and non-partner sexual violence increases with the severity of disability. In the study 36% of women without disabilities experienced IPV in the 12 months of the research but this percentage rose to 55% for women with moderate disabilities and 59% for women with severe disabilities.

In Uganda nearly two-thirds (64%) of women with disabilities reported ever experiencing physical, sexual, or emotional IPV, compared to slightly more than half (55%) of women without disabilities. Higher percentages of women with disabilities experienced physical violence (49% vs 39%), sexual violence (35% vs 22%), and emotional violence (51% vs 39%) during their lifetime, than their peers without disabilities.

Event in Kibera urban informal settlement in Kenya with Women with disabilities on the International Women’s Day in March 2019. Photo credit: Polycom
Even before COVID-19, global levels of violence against women and girls and in particular those living with disabilities were shockingly high. 30% of women aged 15 and over have experienced physical and/or sexual IPV in their lifetime and 7.2% of women have experienced non-partner sexual abuse, but overall adults with disabilities are 1.5 times more likely to be victims of violence than those without a disability and while adults with mental health conditions are at nearly four times the risk of experiencing violence. The very high rates of violence across Africa against women and girls with disabilities have their roots in deep seated prejudices, attitudes and traditional and mistaken beliefs – and these prejudices are widespread across all social classes. Prejudices are not unique to Africa: in Asian societies strongly influenced by Buddhism, the concept of karma relates a person’s disabilities to an individual’s actions in a past life, leading to neglect and lack of care.

WHO reviewed lifetime prevalence of intimate partner violence (physical and/or sexual) or non-partner sexual violence or both among all women (15 years and older) by WHO region in 2013. More recent studies from the Western Pacific Region using the WHO study methodology have since been published, but were not available at the time the data were compiled. They show very high prevalence rates of physical and/or sexual intimate partner violence between 60% and 68%. The proportion of women reporting intimate partner violence and/or non-partner sexual violence was as follows:

**Low and Middle income countries:**

- **Africa** 45.6%
- **Americas** 36.1%
- **Eastern Mediterranean** 36.4%
- **Europe** 27.2%; **South-East Asia** 40.2%
- **Western Pacific** 27.9%
- **High income countries** 32.7%

Prevalence and health effects of intimate partner violence and non-partner sexual violence

October 2013 World Health Organisation

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A Chairwoman of a Disabled Persons’ Organisation in rural Kenya says,

‘I think it is mostly due to the negative attitude attached to people with disability. Most people do not respect us as people who deserve to be treated with dignity, when something happens to a disabled person, it is not taken as seriously compared to when something happens to a nondisabled person. This is not only by the community, even the police, the hospitals, the schools, the churches, parents, everybody ... what do you say when a parent takes Kshs 200 [$2] and agrees to close their eyes when their daughter has been raped?’
Reports by the African Child Policy Forum paint a dismal and disturbing picture of violence and sexual abuse of children with disabilities, both boys and girls. In Africa, entrenched prejudices and beliefs about disability increase the risk of violence and sexual abuse of women and girls living with disabilities. There are persistent beliefs, documented in Cameroon, Ethiopia, Senegal, Uganda, and Zambia, that childhood disability is caused by the mother’s sin or promiscuity, an ancestral curse, or demonic possession. Girls and women living with disabilities are also seen as asexual and likely to be virgins, making them prey to men who believe that sexual intercourse with a virgin is a cure for HIV/AIDS. Surveys conducted by UN agencies on violence towards women in general also reveal disturbing attitudes in African countries – women are asked whether a man is justified in beating his wife if she burns his food: 9 of the 12 countries where more than 20% of these female respondents agreed with this statement are in Sub-Saharan Africa.

Researchers for the African Child Policy Forum conducted 956 (49% female and 51% male) structured interviews with young persons with disabilities between the ages of 18 and 24 years in Cameroon, Ethiopia, Senegal, Uganda, and Zambia. They found that,

- Every young person participating in the study had been physically abused at least once, and most had been subjected to physical violence from three to ten times or more.
- The perpetrators were primarily other children in the same schools or neighbourhood, followed by non-immediate family members.
- More than half of those who had been subjected to physical violence said that they had suffered broken bones or teeth or bleeding and bruising. Two per cent had become permanently disabled because of the abuse.
- In four of the five countries studied, every participant had been sexually abused at least once and most close to three times.
- Overall, more than one in three had been forced to have sexual intercourse, and in Cameroon 30 per cent had been forced into prostitution.
- Both young women and young men reported having been subjected to sexual violence at least once, and at nearly the same rates, but girls were far more likely to have been sexually abused repeatedly, ten times or more.

Among those most at risk are female refugees with disabilities, experiencing the triple jeopardy of gender, disability and displacement, as evidence gathered in Chad, South Africa, Kenya and Uganda shows. “The most common form of sexual and gender-based violence experienced was rape. Perpetrators included soldiers and other armed groups in the country of origin (particularly the DRC and Somalia), as well as family, friends and neighbours both in the country of origin and country of asylum. Many disabled women interviewed had become pregnant as a result of their experiences of sexual and gender-based violence; almost all survivors experienced serious physical and emotional aftereffects.”

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1 The country studies collected survey data through 956 in-depth structured interviews with young disabled people aged 18-24 in Cameroon, Ethiopia, Senegal, Uganda and Zambia. There were also semi-structured focus group discussions and semi-structured interviews with key informants. The sample of 956 individuals was 49% female and 51% male, and comprised respondents with sensory, physical and cognitive impairments from a wide range of socio-economic and geographical backgrounds. For more information see: African Child Policy Forum (2010). Breaking the Silence: Violence against Children with Disabilities in Africa. Addis Ababa.
Quantitative data are backed by accounts of personal experience of violence from many African countries. Here are just three:

“I know a girl who lived with her paternal aunt. This girl was an amputee. One day when her aunt was not at home, her aunt’s husband took the opportunity to rape this girl. She ended up becoming pregnant. The same man kicked her out of the house when he found out she got pregnant.” (Country not specified).  

Disabled women are easy targets for crime because of their impairments. A woman was mugged while having an epileptic fit on the pavement when walking home from the shops: “He took the chance, he could see I was unaware, unable to stop him, I had dropped my bags and was on the floor, he took all that I had bought, he took my cell phone from my pocket, and he didn’t even run away, he walked.” (South Africa).

“I have been raped twice. Eight years ago when I was twelve years old; the first one was a senior student and the second one was a teacher. The teacher closed the door, so I couldn’t escape. And for the boy, there was a toilet and he locked the door so I was not able to escape” (Ghana - Hearing impaired).

The scale of the violence against women and girls with disabilities in Africa is evidence of the wider societal issue of truly dangerous and unhealthy attitudes towards women, unfortunately often internalised by women themselves, and disabled persons. Serious effort must now be invested in changing these attitudes and at the same time as law enforcement agencies and the courts must begin to take gender-based violence seriously and prosecute the perpetrators.
6. COVID-19: Building forward better

We must be ready and committed to build forward better, guided by the principles and the commitments in the Sustainable Development Goals of universality, collaboration, human rights, interconnectedness and to leave no-one behind. Life course policies based on the international framework of human rights and intergenerational cohesion are needed to deliver income security, the best possible health, decent housing, safety and enjoyment of rights for people of all ages.  

Across Africa, the COVID-19 pandemic has exposed and exacerbated pre-existing inequalities in opportunities, income, health care and social protection globally. As this report shows, women and girls with disabilities already experience multiple deprivations and inequalities.

Prevalence and gender

The numbers of COVID-19 cases until February 2021 differ widely across Africa, ranging from 1,346,936 confirmed cases and 37,449 deaths in South Africa to 112,004 cases and 1,449 deaths in Nigeria, a country with a population nearly four times greater than that of South Africa.  

African countries were praised by the World Health Organisation for taking swift action to keep cases low, putting in place lockdowns and key public health measures, such as promoting physical distancing, good hand hygiene, and testing and tracing of contacts of people with COVID-19, with isolation of cases.  

All statistics on the prevalence of COVID-19 in sub-Saharan Africa should be treated with suspicion because of known difficulties in gathering accurate data and under-reporting.

In Africa females account for a higher percentage of people living with disabilities than males, mainly accounted for by the 60+ age cohort.  

The number of women infected by the virus varies between African countries. According to WHO women account for an average of around 40% of COVID-19 cases across the continent, ranging from 35% in some countries to over 55% in South Africa.  

The numbers of widows are increasing as Covid causes the deaths of more males than females in all countries, many of whom unable to access social protection and healthcare.

Impacts on women and girls

COVID infection rates for men and women, however, are not a good indicator of the different impacts experienced by women and men, girls and boys. 92% of African working women are in the informal economy which has been hugely disrupted by lockdown measures, with dramatic consequences: as one Kenyan civil society leader put it – ‘if you are fired in the morning [or you have been forced to close down your market stall], you don’t eat at night.’  

Women also bear the unequal burdens of unpaid care work: in Kenya, for example, women spend an
Increased violence

Women and girls living with disabilities are already at greater risk of violence than their sisters who do not have disabilities. In the words of Nadia Uwimana, "There are many case of violence against women with disabilities in different forms, reported during COVID-19, and many women suffer in silence. First, there is domestic violence where women with disabilities are forced to stay at home, without the right to go out. Then there is the case of sexual abuse of disabled girls by family members or by people of the locality. There are also cases of exploitation of the disabled girl by her family. There are also cases where girls with disabilities, due to economic hardship are forced to cohabit with men and also face stigma and discrimination. Most of these cases remain undisclosed."74

The statistics on recorded violence against women under COVID-19 are shocking. As UN Women says, this violence really does constitute a shadow pandemic. Liberia recorded a 50% increase in gender-based violence in the first half of this year. Between January and June, there were more than 600 reported rape cases. The number for the whole of 2018 was 803 in the West African country. In Kenya, local media reported almost 4,000 schoolgirls becoming pregnant when schools were closed during the lockdown. In most cases they had allegedly been raped by relatives or police officers.75

Testimonies submitted to the COVID-19 Disability Rights Monitor Survey revealed “… police harassment, torture, and murder of persons with disabilities and their family members [and] that persons with disabilities were particularly vulnerable to various forms of exploitation, violence, and abuse in countries with strict curfews and strong police or military presence.”76 The survey includes reports of police brutality against women and girls with disabilities who broke the curfew rules to seek food. For instance, a respondent from a Nigerian organisation of persons with disabilities said that “a mother of a child with Cerebral Palsy was harassed by policemen on her average of 11.1 hours per day on any care work compared to men’s 2.9 hours.71

Across the world COVID-19 has imposed new burdens on women already struggling to combine paid work, domestic chores and child care – burdens which are made more difficult by poverty and entrenched patriarchal attitudes. As elsewhere in the world, COVID-19 has multiple impacts – in the form of the disease itself with its toll of sickness and death, and in the measures taken by governments to reduce its spread. Both fall most heavily on people living in poverty, most of whom live in poor quality, over-crowded housing and who, despite government-mandated lockdowns, often have to take risks with their health by continuing to work, in order to eat and to feed their families.

For women and girls with disabilities, therefore, COVID-19 adds an additional set of issues to the multiple discrimination they experience because of their age, gender and disabilities. Already vulnerable and stigmatised before Covid-19, enforced lockdowns and increased dependence on others have increased risk, violence and abuse. According to Anne Wafu Strike, a Kenyan Paralympian athlete, “People with disabilities are relegated to the background. The pandemic simply worsened an already bad situation.”72 They have to contend with even more reduced access to health services, including maternal health; increased exposure to domestic violence in lockdowns; criminality and violence linked to curfews; the burden of caring for the sick; and loss of income without compensation as opportunities for work in informal sector dry up.
way to collect food relief at one of the distribution centres.” Likewise, a Ugandan respondent said that “a woman with a disability was beaten up after curfew time. She was looking for food.” A South African respondent said that “parents have been fined or arrested for going to buy diapers or medication for their child with a disability.”

**Economic impacts**

Respondents (male and female) to a survey undertaken with Organisations of Persons with Disabilities in Uganda in August 2020 reported that they had lost 64% of their monthly income since the start of the outbreak. After adjusting for purchase power parity, this is the equivalent of falling from €203 to €73 per month. In the same survey one in three women respondents report experiencing an increased risk of physical and/or sexual violence.

“Some persons with disabilities were getting money from working - so now that they are seated at home there are very many quarrels because of lack of money.”

In Mali, Rose who has a physical disability, runs a small shop. She says people with disabilities are those worst hit by shelter-in-place measures. They do not have access to education. They are mostly illiterate. This is the reason why most work in the informal sector, as hairdressers, sewing, arts, and crafts, etc. As a result of shelter-in-place orders and closure of non-essential businesses, people with disabilities are being deprived of a real source of income. For Rose, the shop is her only stable source of income, but when the first case of COVID-19 was identified in Mali, she had to close her shop and lost her only source of income. As a result, she had to put her life in danger and reopen her shop. “Since 1st March, I had to open my shop for sales again, even if it meant only two to three customers per day. But I take all precautionary measures: I wear a mask, sanitize my hands with hydroalcoholic gel, and try to keep a physical distance. There is still a high risk, especially when dealing with cash, but I have no other options.”

“I live with my daughter who helps with selling water on the street. My daughter’s husband who used to support us was involved in an accident and is bedridden, so I am left with only my daughter. Ever since the lockdown started, my daughter cannot go out and sell the water to support us in the house.” Elizabeth Antwiwaa, a visually impaired woman in Kumasi, Ghana

“I go out to beg for alms by the roadside with my young son. We live on the money we get from the alms daily. Now we are kept indoors because of the lockdown. The government announced that they will help vulnerable people. The only thing we’ve received so far is a pack of cooked food shared in the community and I only got the chance to get one to eat”. Ayesha, 38 years old, Accra, Ghana

Some specific ways persons with disabilities are affected include the following:

- People with hearing disabilities complain that they cannot understand what people are saying because their mouths are hidden by masks.
Women and girls with disabilities, may survive in normal times by selling small items in markets. Restrictions now make this impossible. For them COVID is not only a disease, but impacts survival itself.

There has been discrimination in food distribution, with families of people with intellectual disabilities complaining that they have been deliberately excluded. Some people with learning difficulties did not understand what was happening and little to no information was available in easy-to-read or easy-to-understand formats. Also, for some families it was difficult to communicate and break down information for members with intellectual disabilities. Most therapy for people living with disabilities has been suspended or cancelled.

Mobility is a problem for people with disabilities, especially wheelchair users, at the best of times. With the pandemic the lack of accessible and affordable transport constitutes and even more significant problem. In some African countries, a pass was required to get from one point to another to cover certain areas. When services (such as medical doctors or members of DPOs) were located outside an area, visiting became impossible due to the blockades.

Civil society responses

Since April 2020 GCAP Africa has been documenting regional and country specific experiences of how women and girls are experiencing discrimination linked to COVID-19 and putting the case for specific measures to support access to health, income, food and information. Despite the lack of comprehensive statistics on the impact of COVID-19 on women and girls living with disabilities in Africa, there is mounting evidence that violence and prejudice against women (and men) with disabilities has increased during the pandemic. This, in itself, should be a reason to draw up and implement policies to provide greater protection to women with disabilities.

GCAP partners have developed a comprehensive Africa position and check list to guide government, and civil society responses to not leave any women or girl with disability behind. GCAP country partners have also developed specific country positions and recommendations which underscore the universal right to health and he need for 'fast, adequate, effective and transparent action to protect the lives of everyone starting with the most vulnerable’.

“We also need to pay close attention to the issues related to gender and disability disparities during the emergency period. Women are the ones who bear the care burden at home and when all members of the household stay at home the burden of care for women may increase disproportionately. Further, in some communities, gender based violence can increase because of heightened level of anxiety among community members. These are social issues that require attention and CSOs stand ready to offer this kind of support.”

GCAP Uganda - April 2020

Civil society organisations have come together to speak with one voice in the light of Covid. Their 12-point plan calls for policy to be based on human rights, to have a gender and disability inclusive
lens, to prioritise the financing and implementation of universal health care and social protection and to end discrimination of the already marginalised. GCAP partners have been collecting information and making recommendations to governments as the pandemic has developed. The overriding concern is how already poor and marginalised women and girls with disabilities obtain information, hygiene, health and income support to enable them to live safely in the midst of lockdowns and to have redress against the discrimination and hostility which has been heightened by fear of the pandemic.

**Zambia**

"As a coalition we note with sadness government’s inertia to consider people first during this pandemic. Government is much more concerned about the current economic situation as opposed to the devastating effects that COVID-19 has on the people of Zambia. This is evident from the fact that there are no food surpluses that are planned to cushion the impact of the pandemic on the poor and most vulnerable in the country. The majority of the Zambians work in the informal sector and they are the ones who have been hit hardest by the pandemic. They live hand to mouth and most of them have been moved from their trading places to help reduce the spread of the disease but the big question is - how are they going to survive?

As GCAP Zambia, we are calling on the Zambian government to consider coming up with incentives for the poor and the vulnerable to help them pull through during this difficult moment."

**Vaccination**

Vaccinations are beginning to be rolled out in Africa and other poorer economies. However according to the Economist Intelligence Unit there is doubt that the continent will achieve widespread vaccination coverage before 2023, if at all. How persons with disabilities will gain access to vaccinations is unclear. In Ghana, which has begun vaccinations with the first shipments of vaccines to the continent, the BBC reports that the rollout “will initially focus on the most vulnerable - those aged over 60 or with serious underlying health issues - and essential workers, such as medical professionals, teachers, police and even some journalists.”

However, we know that inequalities in access to health services already disadvantage persons with disabilities. A worldwide survey of the experiences of persons with disabilities during the pandemic, including high and low income countries, revealed that 50% of respondents said they had no access to therapies, 43% had no access to rehabilitation and 30% had no access to medication.

The International Disability Alliance, reflecting the fact that persons with disabilities – including, of course, women and girls – already lag far behind in access to services, has drawn up an eight point plan aimed at governments, international organisations, civil society and the private sector to ensure that there is equitable access to health and to vaccinations.

1. COVID-19 vaccinations are available in free or low-cost targeted programs to all people including persons with disabilities and support networks of their choice;
2. Persons with disabilities, and support networks of their choice have priority access to
vaccinations; including personal assistants, family care-givers, and persons working in disability related services;
3. Sites where vaccinations are delivered are physically accessible and live guidance and assistance is provided for those who need it. Free or low-cost targeted programs for accessible transportation must be provided where necessary;
4. Specific outreach is conducted to ensure that persons with disabilities know of the availability of vaccinations, and all information campaigns are inclusive and accessible to persons with disabilities, including gender and age appropriate;
5. All information systems related to vaccinations must collect data disaggregated by age, gender and disability, and web-based services should also be fully accessible, while ensuring respect for private life and the confidentiality of health-related information;
6. Receiving a COVID-19 vaccination must be based on free and informed consent of persons with disabilities. Autonomy and legal capacity of all persons with disabilities including persons with intellectual disabilities, persons with psychosocial disabilities and autistic persons must not be undermined with justifications such as public good or best interest of the person;
7. International organizations and government must ensure that persons with disabilities and their representative organizations meaningfully participate in policy-making and planning on distribution of COVID-19 vaccinations and related processes;
8. Organizations of persons with disabilities must be properly resourced to become partners in the roll-out of information campaigns, for instance by reaching out to the most marginalized people and ensure their messages are clear, inclusive and accessible.
https://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement
7. The Way Forward

“To do things differently we must empower community to understand the rights of women and girls with disabilities. Moreover community should participate the activities that are conducted by the women and girls with disabilities in order to know our talent and capacity that we have.”
Focus group – Zanzibar, Tanzania 2019

“We must develop positive attitudes and promote human rights, and include women and girls with disabilities in service planning, sexual health and rights conversations and economic empowerment programmes.”
Focus group – Uganda, 2019

7.1 Uphold the rights of women and girls with disabilities

When we secure the rights of persons with disabilities, we move our world closer to upholding the core values and principles of the United Nations Charter.
UN Secretary General - Antonio Guterres (2020)

The rights of persons with disabilities are supported by overarching human rights frameworks, derived from the 1948 Universal Declaration of Human Rights and the subsequent body of international human rights law.

The 2006 Convention of the Rights of Persons with Disabilities covers the rights of persons with disabilities in all contexts and areas of life, including to political participation, employment, health, social protection, crises and humanitarian emergencies. The Convention on the Rights of Persons with Disabilities and its Optional Protocol was followed over 10 years later by the UN General Assembly resolution on its implementation, adopted in 2017, focusing on the special needs and challenges that women and girls with disabilities face. The ILO Social Protection Floors Recommendation, 2012 (No. 202) stipulates that disability benefits be part of progressively extended social protection, and that essential healthcare includes specific provisions for disability.
The Sustainable Development Goals and disability

The 2030 Agenda and its core principle of Leave No One Behind is derived from the international human rights framework, which informs the provisions of its 17 Sustainable Development Goals (SDGs), applicable to all persons in all countries at all stages of development.

There are specific commitments for disability inclusion in SDG 4 (Education), SDG 8 (Decent Work and Social Protection), SDG 10 (Inequalities), SDG 11 (Built Environment) and SDG 17 (Partnerships and Data).

The ILO Centenary Declaration for the Future of Work, 2019, sets out a framework for a fair, inclusive and secure future of work with full, productive and freely chosen employment and decent work for all. It highlights the need to ensure equal opportunities and treatment in the world of work for persons with disabilities.

In 2019 the United Nations launched its Disability Strategy (UNDIS). Its purpose is to raise awareness and facilitate long-term strategic planning, provide a road map for system-wide actions and establish a platform for coordination and knowledge-sharing on disability inclusion across the UN system and its Member States. The strategy was developed in close consultation with and involvement of persons with disabilities and organisations of persons with disabilities. The 2020 report highlights progress and the importance of addressing continuing challenges, especially ongoing stigma and social attitudes to disability, made even more daunting by the global crisis of the pandemic.
Disability Inclusive Sustainable development Goals

2030 Agenda for Sustainable Development

Disability is included in the following GOALS:

4: Guaranteeing equal and accessible education by building inclusive learning environments and providing the needed assistance for persons with disabilities

8: Promoting inclusive economic growth, full and productive employment allowing persons with disabilities to fully access the job market

10: Emphasizing the social, economic and political inclusion of persons with disabilities

11: Creating accessible cities and water resources, affordable, accessible and sustainable transport systems, providing universal access to safe, inclusive, accessible and green public spaces

17: Underlining the importance of data collection and monitoring of the SDGs, emphasis on disability disaggregated data

ALL GOALS ARE UNIVERSAL

“Persons with disabilities” or “disability” are specifically mentioned in the 2030 Agenda for Sustainable Development

Persons in vulnerable situations are specifically mentioned in the 2030 Agenda for Sustainable Development
7.2 Call for political change

- in line with the provisions of the Convention of the Rights of Persons with Disabilities and the African Charter on Human and Peoples Rights on the Rights of Persons with Disabilities

"Priority actions of governments should be domestication of the laws that prohibit discrimination and inclusion of persons with disabilities in decision making positions."

Women and Girls with Disabilities Call for Action Now by Governments Gathered in Addis Ababa October 2019: Focus group Nigeria, 2019

In Africa the protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities was agreed in 2018, in particular in Article 17, “to promote, protect and ensure the full and equal enjoyment of all human and people’s rights by all persons with disabilities, and to ensure respect for their inherent dignity”, with specific provisions for women and girls.

The majority of countries of Africa, including Ghana, Kenya and Mali, have agreed to the African Charter and ratified the CRPD and its optional protocol and have a number of provisions in law to support persons with disabilities. Despite this, as women with disabilities and their organisations have repeatedly pointed out, there are systemic failures in these countries to uphold their rights to basic services, social protection, freedom from violence and political participation.

Women with disabilities giving evidence in the research, place a high value on their active involvement in elections, as both a ‘means’ and an ‘end’ of change. As voters, women with disability value their right to vote. The first obstacles they encounter in seeking to exercise this right are the physical difficulties they face in going to polling stations and the insulting attitudes of people who express surprise that they even want to vote. As candidates for political office, they seek the opportunity to bring disability and its consequences into political debate and ultimately into government policy, and to offer voters choices on disability inclusion. Female candidates with disabilities, however, face many obstacles, due to stigma, gender, access and finance, and persons with psychosocial and intellectual disabilities continue to be deprived of their rights to vote and run for election.

Such restrictions are inconsistent with Articles 2, 12, and 29 of CRPD and Article 21 of the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities.

Disability inclusion is an essential condition to upholding human rights, sustainable development, and peace and security. It is also central to the promise of the 2030 Agenda for Sustainable Development to leave no one behind. The commitment to realizing the rights of persons with disabilities is not only a matter of justice; it is an investment in a common future.

Report of the UN Secretary General - United Nations Disability Strategy (UNDIS), 2020
7.3 Implement the recommendations of women with girls with disabilities

In 2020, recommendations were developed by women with disabilities in different meetings at local, national and African levels and a global plan of action was launched with a range of civil society organisations.

The recommendations of the partners and coalitions of GCAP are as follows:

**GENERAL**

- Equal opportunities to contribute fully to their communities and countries.
- Inclusive policies that enable, rather than prevent, their development and contributions.
- To be fully involved as equal participants in developing and implementing policies on disability, gender equality, social development, environmental sustainability and humanitarian programmes.
- Meaningful representation of women with disabilities in national, regional and international political processes and within organisations of the United Nations and multilateral bodies.

**RECOMMENDATIONS TO GOVERNMENTS, THE AFRICAN UNION & THE INTERNATIONAL COMMUNITY**

1. United Nations Economic Commission of Africa (UNECA and all government ensure availability of up to date regional and national data and statistics on women and girls with disabilities.

2. Governments across Africa ensure that all measurements, indicators, targets and reports for Beijing+25 and the SDGs address issues of women and girls with disabilities and overlap with other markers of identity, including age, location and social identity, making use of the Washington Group on Disability Statistics question sets.

3. Governments across Africa ensure that the provisions of social protection floors reach women and girls with disabilities and that woman and girls with disabilities have full access to health, education, sexual reproductive and social protection programmes including during the COVID-19.

4. In all countries of the region women and girls with disabilities and their representative organisations be fully involved in developing and implementing policies on gender equality and women’s rights.

5. In all countries of the region women and girls with disabilities and their representative organisations be fully involved in programmes and research on issues of climate change and environmental sustainability.

6. Across Africa humanitarian assistance and development programmes should specifically include and be responsive to the needs and rights of women and girls with disabilities.

7. Across Africa, women and girls with disabilities should participate in the planning and designing
of national, regional and global level policies and programmes.

8. Meaningful representation of women with disabilities in national, regional and international political processes in all countries of Africa and within the African Union and organisations of the United Nations and multilateral bodies.

9. Governments across Africa redouble their efforts to uphold the commitments set out in the Convention on the Rights of Persons with Disabilities (CRPD), including the optional protocol and general comment 3 on women and girls with disabilities.

10. Equitable access to COVID-19 vaccinations and accessible health care for all women with disabilities.
4. Ibid.
7. United Nations. Realizing the Sustainable Development Goals by, for and with Persons with Disabilities - Achieving gender equality and empowering all women and girls with disabilities (Goal 5).
12. See https://www.developmentpathways.co.uk/publications/situational-analysis-of-persons-with-disabilities-in-uganda/ for detailed study of these issues
14. https://au.int/sites/default/files/treaties/36440-treaty-
16. Ghana – Focus Group Discussion with Persons with Disabilities (4th July 2019). Participant was quoting words of a blind, female Kenyan MP.
25. Ibid. These percentages are of respondents who answered the question “What were you mainly doing in the last 7 days?”
30. DEA International Institute for Democracy and Electoral Assistance. Gender Quotas Database. Available at: https://www.idea.int/data-tools/data/gender-quotas
32. The questions were developed by United Nations’ Washington City Group on Disability Statistics. The main purpose of the Washington Group, first convened in 2001, is to promote and coordinate international cooperation in the area of disability measures. Specifically, the Washington Group has developed a short set of questions for use in censuses and national surveys in order to inform policy on equalization of opportunities. (See Sophie Mitra. Disability, Health and
This is not an exhaustive list.  
42. The Disability Data Portal. https://www.disabilitydataportal.com/explore-by-country/country/Mali/  
44. Read more at: https://www.standardmedia.co.ke/article/2001286734/kenya-can-do-better-to-improve-lives-of-people-with-disability  
52. Ibid.  
61. Rachel Levitan and Yiftach Millo. HIAS., Triple Jeopardy - Protecting At-Risk Refugee Survivors of Sexual and Gender-
73. Nadia Uwimana, Member of UN Women Regional EVAW Reference Group and Legal Representative of Association for women with disabilities (Les Vaillantes)
77. Ibid.
85. Ibid.
89. https://www.un.org/en/content/disabilitystrategy
Nothing about us, without us.

Leave No Woman Behind
https://gcap.global/leave-no-woman-behind/

Africa Report:
Situation of Women and Girls with Disabilities

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