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Regional report

## Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing

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## A tribute to women leaders who paved the way

This report would never have existed without the past involvement of the women leaders who have left us over the last decade. We would like to honour the legacy of four remarkable women with disabilities - Florence Adong-Ewoo, Rachel Kachaje, Judy Heumann and Catherine Uteka - whose lives have been dedicated to advocacy, resilience and the fight for justice.

Florence Adong-Ewoo, from Uganda, was a beacon of strength who challenged societal norms and worked to empower women and girls with disabilities in Africa.

Rachel Kachaje, a Malawian disability rights activist, fought tirelessly for inclusion and dignity, serving as a government minister and a global leader in advancing disability rights; she helped creating Disabled Women in Africa.

Judy Heumann, a trailblazer from the USA, is remembered globally as the "Mother of the Disability Rights Movement". Her tireless advocacy reshaped policies and minds, driving progress in accessibility and human rights.

Catherine Uteka of Malawi was a passionate advocate for women and girls with disabilities, especially women living with deafblindness, ensuring that their voices were heard, and their rights were protected.

These women leave behind a profound legacy of boldness, advocacy and change. Their work will inspire generations to come.



## Foreword by Gertrude Oforiwa Fefoame

**Thirty years ago**, the world came together in Beijing to declare a bold and transformative vision for gender equality through the Beijing Declaration and Platform for Action. As we commemorate this milestone, we must reflect on the progress made and recognise the persistent and profound challenges that continue to confront African women and girls with disabilities—those too often pushed to the margins of development and inclusion. This report, **“Powerful yet Overlooked,”** is both a tribute to the unwavering engagement and activism of women with disabilities and a powerful call for the full realisation of their rights.

African women with disabilities have long been agents of change, demonstrating resilience and leadership in the face of overwhelming obstacles. Despite facing multiple layers of discrimination based on their gender, disability and other intersecting identities, they have made significant contributions to their families, communities and economies. They have organised, advocated and shaped policies, often with very limited resources and minimal recognition. And yet, thirty years after Beijing, the promises made to them remain largely unfulfilled.

**The findings of this report starkly illustrate the reality that African women and girls with disabilities continue to face extraordinary barriers to equality.** They are disproportionately affected by poverty, subjected to violence, and are consistently excluded from education, employment, and decision-making spaces. These barriers are deeply rooted in ableism, sexism, and the ongoing failure to meaningfully incorporate the lived experiences of women with disabilities into laws, policies, and development programs.

One of the most critical insights from this report is the persistence of these barriers, despite the existence of international and regional frameworks designed to protect their rights. The Convention on the Rights of Persons with Disabilities (CRPD), the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities and the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa have set ambitious standards, yet implementation remains weak. Governments have signed agreements and ratified protocols, but the lived realities of women with disabilities continue to be ignored. This report shows that, far too often, women with disabilities are excluded from the very policy-making processes that directly affect their lives, leaving them largely invisible in national and regional efforts to advance gender equality.

**Nevertheless, African women with disabilities have not been passive.** The voices captured in this report—gathered through consultations with over 20 women-led organisations and a continental survey reflecting the experiences of almost 250 women with disabilities and persons with disabilities from gender minorities across 23 countries—are testimonies of agency and activism. They tell stories of determination and leadership but also of deep frustration at the slow pace of progress. Importantly, this report does not merely highlight the gaps; it offers clear and actionable recommendations for how governments, regional bodies, and civil society can move forward with tangible commitments to ensure that African women with disabilities are no longer overlooked.

**The fight for the rights of African women and girls with disabilities is not solely about disability right; it is a fight for human rights and gender equality.** The inclusion of women with disabilities is essential to achieving the Sustainable Development Goals, particularly the goal of "leaving no one behind." Moreover, the world has not yet realised that excluding women with disabilities is an impoverishment. Without confronting the unique challenges that women with disabilities face, and as well incorporating the unique perspectives through which women with disabilities, in all their diversity, understand gender justice issues, our global ambitions for gender equality will remain out of reach.

*As we move forward, this report is a crucial reminder that equality for women with disabilities is not a secondary issue—it is central to any feminist movement. Feminist and disability rights organisations must stand together, ensuring that the voices and leadership of women and girls with disabilities are placed at the heart of our collective advocacy. Their exclusion diminishes the entire movement for gender justice. The time for inclusive, meaningful change is now.*

**Ms Gertrude Oforiwa Fefoame**

**Chair, United Nations Committee on the Rights of Persons  
with Disabilities**

**Global Advocacy Manager, Sightsavers.**

## Acknowledgements

The report was collaboratively authored by a task force comprising Disabled Women in Africa (DIWA), Humanity & Inclusion - Making It Work Gender and Disability project, International Disability Alliance (IDA) and the World Federation of the Deaf (WFD).

**The Task Force would like to acknowledge the significant contributions to the present report of the following 23 organisations:** Organisation des Femmes Aveugles du Bénin (Organisation of Blind Women of Benin), ONG Dédji (NGO Dedji), ONG Bartimée (NGO Bartimée), Association Burundaise pour la Promotion des Droits des Femmes Handicapées - Urumuri (Burundian Association for the Promotion of the Rights of Disabled Women), Cameroon Baptist Convention Health Services, Coalition on Violence Against Women, Endorois Indigenous Women Empowerment Network, Kenya Female Advisory Organization, United Disabled Persons of Kenya, Women Challenged to Challenge, Disabled Women in Africa Malawi, Equal Basis Development Initiative Jos, Umuryango Nyarwanda w'Abagore Bafite Ubumuga (Rwandan Organization of Women with disabilities), Alliance Sénégalaise de lutte contre les VBG faites aux femmes et filles handicapées (Senegalese Alliance to combat GBV against women and girls with disabilities), Association des femmes handicapées de Handicap Form'Educ (Association of Women with Disabilities of HFE), Brigade Communautaire de Conscientisation et Dénonciation des violations des droits humains de Ziguinchor (Ziguinchor Community Brigade for Raising Awareness and Denouncing Human Rights Violations), Centre d'écoute pour les femmes et filles handicapées de l'Association des personnes handicapées de Pikine (Support centre for women and girls with disabilities run by the Pikine Association of Persons with disabilities), Comité des femmes handicapées de la FSAPH (FSAPH Women with disabilities' committee), Women In Law and Development in Africa, Association de Promotion des Femmes Handicapées du Togo (Association for the Promotion of Women with Disabilities in Togo), Cellule Féminine - Association des Sourds du Togo (Women's wing - Togo Association of the Deaf), Mubende Women with Disabilities Association, Lira District Disabled Women Association.

## Executive summary

Women with disabilities represent up to three-quarters of the population in low- and middle-income countries. Yet, thirty years after the adoption of the Beijing Declaration and Platform for Action (BPfA), enhanced protection through international and regional frameworks including the Convention on the Rights of Persons with Disabilities (CRPD), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities (the African Disability Protocol), the promises of gender equality remain unfulfilled for African women and girls with disabilities. This report, **“Powerful yet Overlooked,”** brings to light the persistent gaps in inclusion, participation, and the protection of the rights of women with disabilities, despite international commitments and national efforts. It reflects the voices and experiences of 244 women and gender-diverse individuals with disabilities across 23 countries in Africa, drawing on consultations and surveys conducted in collaboration with over 20 women-led organisations of women with disabilities.

### Key Findings

The report underscores that women and girls with disabilities are still largely invisible in development policies, economic programs, and decision-making processes. Some of the key barriers identified include:

- **Socio-economic exclusion:** Women with disabilities face significantly higher rates of poverty compared to their male counterparts and women without disabilities. Data from 51 countries indicate that only 20% of women with disabilities are employed, compared to 30% of women without disabilities and 53% of men with disabilities.
- **Violence against women with disabilities:** Women and girls with disabilities experience gender-based violence at disproportionately higher rates, and in unique forms as compared to women without disabilities. It is estimated that 83% of women with disabilities will experience sexual violence in their lifetime. Unique forms of violence include forced sterilisation, forced contraception, and deprivation of basic necessities and mobility and sensory devices, exacerbated by systemic ableism and sexism.
- **Meaningful participation:** Despite being directly affected by policies, women with disabilities are rarely engaged in national and regional decision-making processes. Their voices are excluded from spaces addressing human rights, gender equality, and development.
- **Power and decision making:** Women with disabilities are underrepresented in politics due to societal discrimination, inaccessible environments, lack of resources and their de facto exclusion from legal gender quotas. They also encounter difficulties in being meaningfully included in disability rights spaces, which often prioritise male leadership. In some feminist spaces, women with disabilities may remain excluded due

to internalised ableism, with their concerns often overlooked or inadequately addressed.

**The report reveals significant government failures in addressing the intersection of gender and disability.** While global and regional frameworks exist, their implementation is weak. Of 31 gender-based violence policies analysed in the 2024 Policy review of GBV policies by MIW<sup>1</sup>, two-thirds neglect women with disabilities, and only 6% include targeted measures. Women with disabilities are often excluded from economic empowerment, social protection, and leadership opportunities, with policies frequently lacking disaggregated data and failing to address their specific challenges.

Last, the report highlights that across all sectors (GBV policies, empowerment programmes, social services, electoral quotas, education), efforts continue to focus at best on non-gendered 'persons with disabilities' although the intersection of gender and disability is at the heart of the multiple and intersectional discrimination experienced by women and girls with disabilities. Each critical area analysed illustrates the serious shortcomings that prevent women and girls with disabilities from enjoying their rights and how little progress has been made since Beijing+25.



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<sup>1</sup> Available on MIW Website at the [Leave no woman behind](#) page

## Recommendations

### To the African Union

Meaningfully and actively engage women with disabilities and their representative organisations, including their regional or pan African representative organisations, in the human rights and inclusive governance processes at the regional and global level.

Intensify the African Disability Protocol ratification campaign and urge all member states to ratify and implement it.

Encourage the remaining eleven member states (Botswana, Burundi, Central African Republic, Chad, Egypt, Eritrea, Madagascar, Morocco, Niger, Somalia and Sudan) to ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol).

### To Governments

Continue efforts to recognise women and girls with disabilities as diverse individuals facing multiple and intersectional discrimination, rather than as a gender-neutral "vulnerable group" or "persons with disabilities", with a view to better promoting inclusive policies that address both gender and disability and ensure the full protection of their rights.

Ratify and further domesticate the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities.

Enhance programming and accountability by collecting data disaggregated by gender, age, and disability and perform intersectional analysis of data through the National Bureaus of Statistics.

Ensure both built environment and information accessibility to facilitate women with disabilities participation at the upcoming consultations such as the finalisation of the African Union Convention on Ending Violence Against Women and Girls and the Beijing+35 review process.

Take measures to ensure the inclusion and representation of women with disabilities in all their diversity, including those with invisible, psychosocial, and intellectual disabilities, as well as women with intersecting identities, such as Indigenous women with disabilities, in AU programme of work.

Consider involving women-led Organizations of Persons with Disabilities in any consultative council and commission discussing gender equality, human rights, women's rights and the rights of persons with disabilities.

Secure funding for targeted actions focusing on women with disabilities within mainstream programs aimed at supporting access to quality services.

Promote the political participation of women and girls with disabilities within national and local decision-making spaces, by implementing affirmative action measures such as legislated electoral quotas, and support leadership development programmes.

## To the civil society organisations

Meaningfully and actively cooperate with women with disabilities and their representative organisations.

Adopt an intentional intersectional approach to women's rights and feminist questions and diversify leadership to include women with disabilities in their diversities.

Prioritise inclusion and accessibility from the initial stages of project design; hire women with disabilities for your staff and involve volunteers with disabilities; ensure that accessibility is a requirement for all activities.

Ensure women with disabilities are represented and given leadership roles in coordination spaces where gender equality, violence against women and other issues facing women are discussed and addressed.



## Methodology: A Report shaped by diverse voices of women with disabilities

The process of developing our report was multi-stage and participatory, involving both regional and national consultations. It began with a comprehensive desk review of relevant policies, legislative developments and reports.

This was followed by extensive consultations at various levels to gather inputs and insights from key stakeholders, some 23 women-led organisations of persons with disabilities and feminist organisations.

Finally, the process culminated in a continental survey designed to capture a wide range of perspectives of women with disabilities in their diversity and to ensure that the findings reflect the diverse realities across the region.



### Consultations with women leaders with disabilities and their organisations

Since October 2023, Making It Work and more than 20 partner organisations have been working in collaboration with UN Women East and Southern Africa Regional Office and UN Women West and Central Africa Regional Office to ensure women with disabilities' voices, expertise and specific experience are heard and listened to, more than ever before during a Beijing Platform for Action (BPfA) review process.

Capacity-building on the BPfA and the review process was provided to partner organisations in both Eastern and Western Africa. Special efforts were made by and with Western African organisations, as their use of French rather than English typically limits their ability to meaningfully engage with regional or international advocacy spaces. Linguistic justice is therefore a fundamental aspect of this process.

Partners from Kenya, Senegal, Togo and Benin were also supported in sharing their detailed contributions regarding the achievements and gaps in women and girls with disabilities' rights and opportunities as per the 12 critical areas over the past five years. The organisations from these four countries have formed national coalitions and submitted their written contributions reports to their respective ministries in June 2024. The coalitions of women-led organisations from Kenya and Benin also participated in in-person national consultations held by their respective governments during June and July 2024.

### **A regional French-English-Portuguese-Sign Language survey intended at women with disabilities**

To complement the secondary data, Disabled Women in Africa (DIWA), the Making It Work Gender and Disability (MIW) project run by Humanity & Inclusion, International Disability Alliance (IDA) as well as the World Federation of the Deaf (WFD) joined forces to launch a continental survey targeting women with disabilities in all their diversities. The survey, titled "My Voice from Africa," was widely disseminated from mid-April to the end of August 2024. It was available in four languages: English, French, Portuguese, and International Sign. The survey invited women with disabilities from the African continent to share their perspectives, recommendations, and stories in connection with the 30-year review of the Beijing Platform for Action (BPfA), which is dedicated to women's rights.

**Accessibility:** the survey was conducted online via Google Form and was accessible to all respondents via a widely shared link. To guarantee optimal accessibility for all respondents, an email address was made available for those requiring alternative features or the accessible Word version of the survey. The International Sign version comprised videos for each question, incorporated into the questionnaire. Answers had to be provided in writing in a field below each question, with the answer box used for the other version (tick box or short or long open answers). For the last optional question about sharing a personal testimony, respondents could choose to provide a written answer or a video answer (to be uploaded to a specific Drive folder for which the link was provided).

**Structure:** The survey was introduced with a brief overview of the conditions and purpose of the survey, as well as a brief presentation of the Beijing Declaration and Platform for Action and its review process every five years. The survey comprises seven introductory questions on demographics (age, gender, country of residence, identification as a woman with a disability and type of disability or disabilities, other relevant identities, level of education) and six thematic sections, each with a series of closed and open-ended questions. The survey comprises six parts: Part 1 is entitled "Awareness of women's rights and participation." Part 2

is entitled "Perception of empowerment and your lived experience." Part 3 is entitled "Allyship." Part 4 is entitled "Reporting on rights violations." Part 5 is entitled "Your recommendations." Part 6 is entitled "Your experience, your voice."

Responses were collected and used anonymously. This report will be distributed to all respondents who have indicated their preference to receive it and who have provided us with their email address.

The findings have made a significant contribution to the present parallel report for the BPfA 30-year anniversary, which reviews the achievements and gaps over the last five years. The entire team would like to express its gratitude to all respondents and organisations that assisted in the dissemination of the survey to a wide audience.

### 244 respondents across 23 countries

The survey was completed by **244 respondents**, comprising 241 women with disabilities, 1 non-binary person with disability, 1 transwoman with disability and 1 transgender person with disability (as per expressed self-identification).

**Age:** The majority of respondents (50%) are within the 36-59 age bracket, with 44% falling within the 18-35 age range. The remaining 13 respondents are aged 60 or over. A further 3 respondents fall into the 15 to 17 age bracket.

Age groups	Nb of respondents
15 - 17 years	3
18 - 35 years	107
36 - 59 years	121
60+ years	13
<b>Total</b>	<b>244</b>

**Types of disabilities:** The respondents were requested to indicate the type of disability (or disabilities) they self-identified with. The analysis team then classified the responses into eight categories of impairments and one category "not identified." The following is a list of the types of disabilities that were identified: the survey revealed that 50% of respondents have a physical impairment, while 35% have a sensory impairment (out of which 24% have a hearing impairment and 11% have a visual impairment). Thirteen respondents indicated that they have an intellectual or a psychosocial impairment, six reported having albinism, and two reported being of short stature. Seven women stated that they have multiple disabilities, primarily combining physical impairments or being of short stature or having albinism with sensory impairments. Five respondents did not specify their types of disabilities but identified as a "woman with a disability."

It is likely that the high proportion of women with physical disabilities can be attributed, at least in part, to the fact that a diverse range of physical impairments represent a significant proportion of persons with disabilities. Additionally, it has been observed that women with physical disabilities often occupy a significant role within the leadership or membership of women with disabilities organisations, hence they have probably been more reached by the survey.

Types of disabilities	Nb of respondents	%
Albinism	6	2%
Cerebral Palsy	4	2%
Hearing	58	24%
Intellectual and psychosocial	13	5%
Multiple	7	3%
Not identified	5	2%
Physical	121	50%
Short stature	2	1%
Visual	28	11%
<b>Total</b>	<b>244</b>	<b>100%</b>

**Women identifying with other identities:** several respondents also identified with other identities. These included being a single mother, being indigenous, being a mother, being married or single, being from diverse sexual orientations and genders (bisexual, transgender), and coming from a poor background.

Other identities	Nb of respondents
Ethnic group	1
Indigenous woman	4
LBT (Lesbian, Bisexual, Trans)	3
Married	4
Mother	2
Poor background	1
Single mother	11
Single woman	2
None / None expressed	155
Not asked	61
<b>Total</b>	<b>244</b>

**Sub-regions and countries:** The following countries and sub-regions are included in the report: the majority of respondents (59%) are from **East and Central Africa** (Burundi, Cameroon, DRC, Ethiopia, Kenya, Madagascar, Rwanda and Uganda), with the remainder coming from **West Africa** (25%) (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Niger, Nigeria, Senegal, Togo) and from **Southern Africa** (16%) (Botswana, Lesotho, Malawi, Mauritius, Mozambique, Zambia, Zimbabwe). In total, **23 countries are represented**.

Sub-regions	Nb of respondents
East and Central Africa	145
Southern Africa	39
West Africa	60
<b>Total</b>	<b>244</b>

**Education:** The majority of respondents (64%) have completed a college or university education. A further 20% have completed secondary education, while 13% have completed primary education. The remaining 2% of respondents indicated that they preferred not to answer.

The proportion of respondents with college or university degree may be attributed to the fact that they often represent the majority of members in prominent women with disabilities organisations. It is therefore likely that the survey did not reach a significant number of women with disabilities who have a lower level of education or who are not proficient in reading and writing in English, French, Portuguese or International sign language.

**Limitations of the survey**

This survey targeted women with disabilities in all their diversities. In the absence of robust and commonly agreed data on the disaggregation of persons with disabilities by age, gender and disability, it was decided to make the survey as open as possible in the hope that as many women with disabilities as possible, in all their diversity, would be able to express their views. The survey was disseminated in English, French, Portuguese and Sign language. Dissemination heavily relied on mailing lists of different partner organisations.

National and local languages were not utilised, which may have excluded women with disabilities who do not speak any of the above languages. The survey was also available online and respondents who did not have access to the internet may have been excluded in the survey. A second limitation is the lack of data on respondents' incomes and sources of income, despite the role economic factors and barriers play in their exclusion.

Finally, it is important to acknowledge that this report does not represent the experiences of all African women with disabilities in their diversity; but it helps to capture the lived realities of many women with disabilities on the continent.

## Desk based review

Data collection and analysis further relied on a desk review and a specific updated desk review on new national GBV Policies. The desk review focused on legislative, policy and political shifts during the last 5 years, particularly with regard to gains and gaps.

The desk review included: UN Treaty Body reports, Beijing+30 national reports, intergovernmental and nongovernmental reports, reports by organisations of persons with disabilities, regional human rights instruments reports, political declaration following Beijing+25 review, etc.

All available National GBV policies developed in the last 5 years were analysed based on their level of inclusion of women with disabilities. The policy review of GBV policies in African countries initially carried out by MIW in 2020 titled “A long way to go: *Inclusion of women with disabilities in African Gender-Based Violence policies*”<sup>2</sup> has been updated with new policies.

Additionally, the national reports by different African States were reviewed to analyse key issues highlighted and gaps identified in reporting issues affecting women with disabilities in respective countries. To further understand the regional context, analysis was conducted of reports that explicitly addressed issues of women with disabilities in Africa including the African Disability Forum regional report on the implementation of the SDGs and the CRPD Committee reports on women with disabilities in Rwanda, Nigeria, Kenya, Mali and Niger. Legislative reviews were conducted with focus on the African Disability Protocol.

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<sup>2</sup> Available on MIW Website at the [Leave no woman behind](#) page

## Reinforcing the rights of women with disabilities: The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

### A landmark treaty

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (the African Disability Protocol), is a landmark treaty adopted on [January 29, 2018](#) by the African Union. It came into force on 5th June 2024. By August 2024, the African Disability Protocol had been ratified by Angola, Burundi, Cameroon, Kenya, Mali, Mozambique, Namibia, Niger, Rwanda, Sahrawi Arab Democratic Republic, South Africa, Uganda, Malawi, Nigeria and the Gambia.

The purpose of the African Disability Protocol is to promote, protect and ensure the full and equal enjoyment of all human and peoples' rights by all persons with disabilities. The African Disability Protocol details wide-ranging and substantive human rights for persons with disabilities covering the entire spectrum of civil and political, economic, social and cultural rights. At the heart of the African Disability Protocol are the specificities that persons with disabilities in Africa face and the standards that can facilitate addressing these issues to ensure that persons with disabilities enjoy their rights on an equal basis with others. Among these include a specific article (Article 11)<sup>3</sup> that addresses harmful practices including witchcraft, abandonment, concealment, ritual killings or the association of disability with omens. The Protocol also includes specific articles addressing youth with disabilities (Art. 29) and older persons with disabilities (Art. 30) elaborating their rights while reinforcing the standards of the Convention on the Rights of Persons with Disabilities. An additional article on duties of persons with disabilities (Art. 31) is obligating States to provide support, including reasonable accommodations, to ensure that persons with disabilities carry out their duties as provided in Chapter II of the African Charter on Human and Peoples' Rights.

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<sup>3</sup> Article 11, The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa



## **The African Disability Protocol and Women with Disabilities**

Prior to the adoption of the African Disability Protocol, among regional human rights instruments only the Protocol to the African Charter on Human and Peoples' Rights explicitly provided for rights of women with disabilities. While it is commendable that the Article XXIII of the Maputo Protocol includes a specific provision on rights of women with disabilities, the article addresses a limited number of issues including employment, professional and vocational training, freedom from violence and discrimination based on disability. The Maputo Protocol also does not define discrimination based on disability thus limiting its interpretation and implementation.

Thus, the adoption and coming into force of the African Disability Protocol is particularly significant for women and girls with disabilities, as it addresses a wide range of substantive rights and the unique challenges they face in society. Concerned about the multiple forms of discrimination, high levels of poverty, risk of violence, exploitation, neglect and abuse that women and girls with disabilities<sup>4</sup> face, the African Disability Protocol calls upon States to take different measures to ensure that they have full enjoyment of human and peoples' rights on an equal basis with others. To this end, the African Disability Protocol calls upon states to ensure that women with disabilities are included in decision-making processes, protected

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<sup>4</sup> Preamble, The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.

from discrimination, have access to information, communication and technology and that all barriers that hinder their participation in society are eliminated (Art. 27)<sup>5</sup>

With regards to **economic empowerment and employment**, the African Disability Protocol urges states to ensure that women with disabilities have access to credit facilities, income generating opportunities, employment and professional training while at the same time removing systemic barriers in the labour market.<sup>5</sup> **On protection against violence and abuse**, the African Disability Protocol calls upon States to take measures to protect women with disabilities from sexual and gender based violence and ensure victims of sexual violence are provided with psychosocial support and rehabilitation. Recognizing the disproportionate challenges and barriers women with disabilities face when seeking sexual and reproductive health and rights, the African Disability Protocol calls upon States to ensure that sexual and reproductive health rights of women with disabilities are guaranteed, and that they have the right to retain and control their fertility and prohibit forced sterilisation.<sup>5</sup>

Finally on programming, the African Disability Protocol urges States to ensure that disability inclusive gender perspectives are integrated in policies, legislations, plans, budgets and other issues related to women with disabilities. The African Disability Protocol therefore offers a **twin track approach to implementation of rights of women with disabilities**, dedicating a specific article with a call for specific measures to be implemented and recognizing equality between men and women as a guiding principle for implementation of the substantive rights thus promoting a gender lens in full implementation of the Protocol. The African Disability Protocol plays a pivotal role and is an essential tool for advancing gender equality in Africa.

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<sup>5</sup> Article 27, The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.

## Spotlight from the survey: Obstacles to inclusion and enjoyment of rights

Women with disabilities face a wide range of barriers which, together with factors of discrimination, prevent them from fully enjoying their rights. During the survey, each respondent was asked to identify the areas that have hindered their inclusion, participation and enjoyment of their rights in society. Multiple choices were possible, among:

- Family situation including marital status
- Socio-economic status including living conditions
- Degraded environment and climate change
- Gender Based Violence
- Health (Physical)
- Mental health
- Level of Education
- Ability to use technology/digital technology
- Harmful traditional and customary practices
- Access to buildings and other Infrastructure
- Access to information and communication accessibility

According to respondents, the main areas that have hindered their inclusion, participation and enjoyment of their rights are:

1. Socio-economic status including living conditions
2. Access to buildings and other infrastructure
3. Family situation including marital status
4. Health (Physical)



Socio-economic status was selected as one of the top 4 factors limiting the inclusion, participation and enjoyment of rights by women with all types of disabilities - except women with intellectual and psychosocial disabilities.

**Women who are deaf or with an hearing impairment** placed access to information and communication accessibility as the top barrier.

**Women with intellectual disabilities and women with psychosocial disabilities** mentioned facing stigmatization, discrimination and other barriers. A respondent with a psychosocial disability from Mauritius shared: *“My disability is very stigmatized in Mauritius, when my employers found out I have this disability they were very discriminating. They reduced my hours of work and my salary accordingly.”*

**For women with physical impairments** it is the access to buildings and other infrastructures that was chosen the most ; **women with visual impairments** placed at the top barrier both the access to buildings and the access to information and communication accessibility. Last, **women living with albinism** chose harmful practices as main obstacle to inclusion, participation and enjoyment of their rights.

The findings demonstrate the critical need to recognise the diversity of impairments when addressing the rights of women with disabilities. Women with disabilities are not a homogeneous group; they are affected differently by barriers and other obstacles related to health status, education level, poverty, and harmful practices. It is essential that their rights are not reduced to mere discussions around physical accessibility, as is often the case. Instead, we must adopt a broader approach, acknowledging that the obstacles they face extend far beyond physical access and even accessibility.

***These barriers and factors limiting the exercise of rights encompass social, economic and cultural dimensions that require tailor-made solutions to ensure the full integration of women with disabilities in all spheres of life.***



## Review of the critical areas

### **Excluded from economic opportunities and overlooked in social protection - Critical areas 1 (Women and poverty) and 6 (Women and the economy)**

The intersection of gender and disability intensifies the prevalence and the adverse effects of poverty and marginalisation. Recent data continues to indicate that persons with disabilities are more prone to experience acute poverty, and that women with disabilities are even more likely to face poverty and limited access to essential resources and adequate housing, health, education, training and employment compared to their male counterparts.



## Facts and figures

Data from 51 countries<sup>6</sup> shows that only 20% of women with disabilities are employed compared with 53% of men with disabilities and 30% of women without disabilities.

Data from the 2023 'Disability Data Report'<sup>7</sup> also indicate that **women with disabilities experience multidimensional poverty<sup>8</sup> at higher rates**, for example in Ethiopia: 96% of woman with high support needs experience multidimensional poverty VS 94% of men with high support needs VS 89% women without disabilities. In Kenya, the share of persons with high support needs who are multidimensionally poor is 43%, while 35% of persons without disability experience multidimensional poverty.

A 2020 report by the GSM Association highlights that “women with disabilities have among the lowest rates of mobile and smartphone ownership.”<sup>9</sup> Women with disabilities have the lowest level of awareness of mobile internet, and the authors highlight that “in efforts to achieve the SDGs, stakeholders need to consider gender and disability perspectives to address inequalities in connectivity”. They conclude that “current approaches to digital inclusion risk overlooking the needs of women with disabilities, a particularly vulnerable and excluded group”.

From the 20 African country reports on Beijing+30 reviewed, there is a lack of concrete provisions or programmes developed to ensure that women with disabilities are supported out of poverty through self-employment or wage employment. While countries have increasingly introduced measures such as decent work for girls and women, capacity building for women and linkages to employment opportunities, data on how many women with disabilities have directly benefited from these economic empowerment measures and strategies is largely unavailable, with the exception of two countries, Mozambique and Namibia.

## Some progress and key remaining challenges

The survey findings indicate that **33% of respondents believe that their government has not made any progress** in addressing the challenges faced by women with disabilities living in **poverty** over the past five years.

Furthermore, another **third of respondents stated that their government has not made any progress** in addressing the expectations and needs of women with disabilities in terms of **economic participation and opportunities** over the past five years.

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<sup>6</sup> Source: [World Report on Disability](#), WHO and World Bank, 2011, page 237

<sup>7</sup> Source: Hanass-Hancock, J., Murthy GVS., Palmer, P., Pinilla-Roncancio M., Rivas Velarde M., Mitra, S. (2023). [The Disability Data Report](#). Disability Data Initiative. June 2023.

<sup>8</sup> Multidimensional poverty captures an individual's experience of multiple deprivations (e.g. low educational attainment, having inadequate living conditions) - Source: [The Disability Data Report](#), 2023.

<sup>9</sup> [The Digital Exclusion of Women with Disabilities](#) - A Study of Seven Low- and Middle-Income Countries, GSM Association, June 2020

A respondent (aged 18-35 years old, with a physical disability) from Kenya: “Nothing, no employment, no jobs for persons with disability, corruption, high taxation, nepotism”

The progress over the past five years cited by the survey respondents and researched through the desk review is minimal with regard to laws, policies or programs specifically targeting the poverty reduction and social protection of women and girls with disabilities and their participation in socio-economic life and access to employment or self-employment.

It is frequently the case that poverty reduction and economic empowerment policies and programmes, when they exist and are adequately funded and implemented, **lack sensitivity to gender and disability issues**. Therefore, they are **unable to identify and address the specific barriers of access faced by women with disabilities, particularly those who experience multiple and intersecting forms of discrimination**.

Respondents testimonies on the achievements on women and poverty and the economy:

A respondent (aged 36-59 years old, with a physical disability) from Nigeria: “For the past 5 years, the government achievements for women with disabilities and poverty are very low because in most interventions they either don't remember women with disabilities, or the number of beneficiaries from women with disabilities is very little.”



**Sylvette**, a woman with psychosocial disability aged 60+ years old from Mauritius: “Women with disabilities mostly are given the invalid pension but are not included in entrepreneurship programs like their non disabled counterparts by the ministry of gender. Women with disabilities do not have the financial means to be involved fully as equal partners as others in the formulation of economic policies or governmental decisions as per the economy.”

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## Examples of progress and gaps per country

### Kenya



Over the last 5 years, Kenya has made policy strides in relation to persons with disabilities. In May 2024, the Ministry of Labour and Social Protection published the National Disability Policy 2024.<sup>10</sup> The Policy applies a gender lens, by explicitly recognizing that women and girls with

Kenya also has a Financial Inclusion Fund, popularly referred to as [Hustler Fund](#), to help cushion and mitigate financial shocks for the informal sector. To date, about Kenya Shillings

disabilities face multiple and intersectional discrimination and proposing specific interventions to address issues that disproportionately affect them such as poverty. Among these key interventions is the inclusion of women with disabilities in economic programmes. Similarly, the National Council for Persons With Disabilities (NCPWD) has announced the launch of its Strategic Plan for the period 2023-2027. Its four key result areas (KRAs) include among others a focus on Socio-economic Empowerment of persons with disabilities. Under this key result area is an ambitious plan to increase the number of social protection programs and coverage to 47000 beneficiaries by 2024 and 200,000 beneficiaries by 2027. The NCPWD also commits to increase access to financial services for economic independence through LPO financing from 70 by 2024 to 450 by 2024. While these policy commitments are laudable, Kenya's targeting for the social protection programme has been heavily criticised as it mainly focuses on those with high support needs and targets households as opposed to individuals.<sup>11</sup> The monthly allowance of about Kenya Shillings 2000 (about 15 USD) is inadequate to cover all expenses including disability related costs.

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<sup>10</sup> The [National Disability Policy](#), 2024, Ministry of Labour and Social Protection.

<sup>11</sup> United Disabled Persons of Kenya and the Caucus on Disability Rights Advocacy, [Proposed list of issues in advance of the adoption of the list of issues prior to reporting for the Republic of Kenya by the CRPD committee](#)

52,945,855,160 has been disbursed. However, disaggregated data on the number of women with disabilities in the informal sector benefiting from this program is lacking.

Additional progress include the Women Economic Empowerment Strategy 2020-2025 which spotlights women with disabilities, highlights the existing quotas such as the 30% reservation of all government procurement for women, youth and persons with disabilities, “with an affirmative action that guarantees that at least 2 per cent (2%) of the 30% procurement opportunities are for Persons with Disabilities.”<sup>12</sup> It adopts a broad definition of discrimination to include disability as one of the prohibited grounds. The strategy reports that 24 counties have set funds to finance economic activities undertaken by women, youth and persons with disabilities. While all these programmes are geared towards economic empowerment, disaggregation on women with disabilities is missing hence it is very difficult to evaluate the effectiveness of these programmes. Indeed, Kenya’s national report attests to this challenge with the government acknowledging that “limited data on the impact of interventions for marginalized groups like women with disabilities makes it difficult to assess their effectiveness and target support appropriately”.<sup>13</sup> This is partly explained by the way Kenya's social system, based on Article 27 of the Constitution, categorises individuals into “Special Interest Groups (SIG)” such as women, youth and people with disabilities. This model overlooks intersectional identities, preventing the intentional inclusion of women with disabilities.

Women with disabilities respondents of the survey reported that they receive very little information about these programmes and majority are yet to benefit from public procurement processes. As one respondent explained: “The government has provided provision of social protection to cushion women with disabilities who have no means of earning a livelihood” Moreover, she affirms “increased poverty amongst persons with disabilities in their diversities is attributed to lack of opportunities in economic empowerment and limited understanding of reasonable accommodation and inclusive employment for persons with disabilities”.

## Benin

Over the past five years, Benin has implemented various programmes in the areas of social protection, poverty reduction, economic empowerment, etc., but no specific measures have been taken for women with disabilities.



**Jeanne**, a woman with a visual impairment aged 35 to 59 years old from Benin: "It is imperative that women with disabilities are consulted on the design of policies that affect them, which is all policies. Currently, a significant proportion of women with disabilities are qualified and able to participate."

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<sup>12</sup> [Women Economic Empowerment Strategy 2020-2025](#), Ministry of Public Service and Gender, State Department for Gender (p.18).

<sup>13</sup> Republic of Kenya, [Beijing+30 Country Report](#) , page 11

**In terms of social protection:** the Beninese government has developed a social security and poverty reduction policy, including the ARCH programme (Assurance pour le Renforcement du Capital Humain - Insurance to Strengthen Human Capital)<sup>14</sup>, which provides health insurance, vocational training, access to credit, and pensions for the poorest, particularly in the informal sector. However, women with disabilities—often excluded from education, health care, or family and community life—risk being overlooked in the targeting process. None of the women with disabilities from organisations contributing to this report are ARCH beneficiaries. The GBESSEKE 2023-2027 programme<sup>15</sup> targets extremely poor households for economic recovery through income-generating activities but lacks reliable, disaggregated data on women and men with disabilities. While plans to transform the “Centres de Promotion Sociale” (Social Promotion Centres) into “Guichets Uniques de Promotion Sociale” (One-stop centres for social promotion) are welcome, women with disabilities should be involved in consultations, and accessibility must be prioritised.

**In terms of economic empowerment and participation:** the Benin Coalition for an Inclusive Beijing+30 welcomes Decree No. 2023-325, which promotes the employment and entrepreneurship of persons with disabilities but notes the absence of specific provisions for women with disabilities. The specific discrimination and barriers to employment and entrepreneurship that they face are not recognised nor considered. These women, however, are aware of the decree and plan to utilise general support for entrepreneurs with disabilities, including training, business support, and tax exemptions for business formalisation.

**Access to microcredit:** several microcredit schemes ‘for the poorest’, with acceptable rates and fairly favourable conditions, such as the ALAFIA microcredit launched in 2020, are implemented by MASM (Ministry of Social Affairs and Microfinance) and the partner Decentralised Financial Systems. In theory, there are no legislative or regulatory barriers that specifically prevent women with disabilities from accessing ALAFIA microcredit. **In practice, it would be necessary to make it more accessible by removing the barriers encountered by them, particularly attitudinal, physical and communication barriers.** A participant (a visually impaired woman) from the Beninese Coalition of Women with Disabilities for an Inclusive Beijing+30 said: “Women with disabilities are often considered by agents of decentralised financial systems as “sick”, “incapable” or “insolvent”, because they are women with disabilities”.

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<sup>14</sup> Link to [Benin’s ARCH programme information page](#), from Ministère des Affaires Sociales et de la Microfinance.

<sup>15</sup> Link to the [Benin’s Government GBESSEKE programme](#)

## Togo

The Togolese law on the social protection of persons with disabilities was revised in 2010 and was revised again in 2023 and 2024<sup>16</sup>. The Fédération Togolaise des Associations de Personnes Handicapées (FETAPH) and the Direction des Personnes Handicapées are involved in this work, but women with disabilities and their representative organisations should be more directly involved in the process, to ensure that their specific needs and expectations are taken into account.

A number of social and economic incentives have been introduced over the past five years to encourage women to become entrepreneurs. These include measures to improve financial inclusion and access to credit, through the National Inclusive Finance Fund (FNFI)<sup>17</sup> and implementation of the Support Project for the Financial Inclusion of Vulnerable Women (PAIFFV)<sup>18</sup>. This is a specific product aimed at women living with HIV/AIDS, women who have recovered from obstetric fistulas, female porters, women with disabilities and widows. The other main measure is the development of a gender mainstreaming and social inclusion plan<sup>19</sup>, promoting access to land<sup>20</sup>, housing, finance, technology and/or agricultural extension services for women.

Given the general nature of these measures, Togolese women with disabilities' associations note that women with disabilities are poorly informed about them and benefit very little from them. The conditions for benefiting from the PAIFFV project restrict women with disabilities, especially those from rural areas, who often do not have identity papers nor birth certificates. As one woman with disability from Southern Togo explains: *"I have only recently heard about this scheme. I couldn't access it because one of the conditions was that I had to have an identity card"*.

**Access to land and inheritance is also very limited:** in some places they are disinherited because they are considered incapable of cultivating land. A young woman with disability from Northern Togo explains: *"I am physically impaired. Our father was a landowner and when he died I was the only one in the family who didn't get a plot. When I asked for it, I was told 'what's the point' because I can't farm it and I don't have any children"*.

The above measures would be of real benefit to all women in all their diversity if they considered the specific needs of women with disabilities, if the means of dissemination took into account the barriers they face, and if adjustments were made to enable all women to benefit equally.

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<sup>16</sup> Replies of Togo to the list of issues in relation to its initial report, 2022, CRPD/C/TGO/RQ/1

<sup>17</sup> [Fonds National de la Finance Inclusive Togo](#)

<sup>18</sup> [Projet d'appui financier aux femmes vulnérables](#)

<sup>19</sup> [Plan d'intégration du genre et de l'inclusion sociale \(PIGIS\), June 2022](#)

<sup>20</sup> [Code foncier et domanial de 2018](#)



## Burundi

**In terms of social protection,** Burundi has identified certain groups as being particularly vulnerable. However, there is an opportunity to go further by acknowledging that the intersection of gender, indigeneity and disability is a significant factor that contributes to poverty. "With reference to the SDGs, Burundi has included a section on social protection in its NDP. This line of action is the result of the observation that a participatory democracy cannot produce people who are left out and pariahs. The cyclical crises that the country has experienced since independence have further impoverished Burundian society. There is a phenomenon of begging and sometimes discrimination against certain vulnerable groups such as the Batwa, people living with disabilities, albinos and street children."<sup>21</sup>

**In terms of access to employment and financial inclusion,** the Association Burundaise de Promotion des Droits des Femmes Handicapées (ABPDFH) acknowledges the government's efforts in investing to enhance women's living standards. Initiatives such as the Skills Improvement Support Project for the Employability of Women and Young People (PACEJ) and measures to promote financial inclusion are to be welcomed. Initiatives to bridge the digital divide between women and men are also welcomed, as are those promoting access for girls and young women to fields related to science, technology, engineering and mathematics (STEM).

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<sup>21</sup> [Profil pays, égalité des genres, 2023 UN Women](#) (available only in French)

However, there is still a significant gap in access to economic activities that would enable women with disabilities to become independent and to secure stable, regulated forms of employment. The study carried out by ABPDFH in 2024<sup>22</sup> revealed that 60 out of the 86 women with disabilities interviewed are engaged in economic activity, with only 15 of them being financially independent.

The majority of the women interviewed rely on income-generating activities (IGAs) as their primary source of income. Only 9 women out of 60 are employed in paid positions. Their income is often insufficient to meet their needs and those of their families. The majority of women have minimal income, and numerous barriers hinder them from carrying out their activities.

Another recurring practice mentioned was the employment of women with disabilities without an employment contract, which in particular deprives them of access to social security. Some women with disabilities have also pointed out that they are paid less for the same work and for the same qualifications. Finally, some of the women interviewed, especially those who were married or in a common-law relationship, said that they had little or no control over the use of the funds generated by their activities.

Thalia, a woman with a physical disability: "In some cases, husbands tend to manage the money from the harvests themselves."

Honorine, a single mother with a hearing disability: "If I find money, sometimes I decide how to use it myself, but most of the time it's my mother who decides for me."

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<sup>22</sup> [Voices of women with disabilities in Burundi: Shared realities](#), ABPDFH – Urumuri, June 2024

## Redressing injustice: the need to include women with disabilities in the elimination of violence - Critical area 4 (Violence against women)

### Facts and figures

As the Secretary General aptly puts it: “Globally, women are more likely to experience physical, sexual, psychological and economic violence than men, and women and girls with disabilities experience gender-based violence at disproportionately higher rates and in unique forms owing to discrimination and stigma based on both gender and disability.”<sup>23</sup> In 2021, the Human Rights Council further recognized the multiple and intersecting forms of discrimination that women and girls with disabilities face that result in violence, highlighting the importance of inclusive legal frameworks that address both gender and disability-based violence, urging states to implement comprehensive prevention strategies.<sup>24</sup>



<sup>23</sup> The situation of women and girls with disabilities and the status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto (A/72/227), Secretary-General, July 2017

<sup>24</sup> Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities”, Resolution adopted by the Human Rights Council on 13 July 2021, A/HRC/RES/47/15

- It has been widely established that women with disabilities are **twice as likely to experience domestic violence and other forms of sexual violence** as women without disabilities<sup>25</sup>.
- The risk is further compounded for people with intellectual disabilities, with a multiplier of 10<sup>26</sup>.
- It is estimated that 83% of women with disabilities will experience sexual violence in their lifetime<sup>27</sup>.
- Women and girls with disabilities are subjected to the same forms of violence as women without disabilities. Additionally, they are subjected to **unique forms of violence** such as: sexual violence perpetrated by caregivers, sexual violence perpetrated on the basis that “it’s their only chance to experience sexuality” or on the basis of socio-cultural beliefs and superstitions, overmedication or deprivation of needed personal medication, forced abortions, forced contraception, deprivation of basic necessities, deprivation or devaluation of the parental role due to the disability, confiscation of sensory or mobility devices and financial control.

It is crucial to acknowledge that GBV has a more pronounced impact on women and girls with disabilities and multiple identities. It is important to note that the term "women with disabilities" encompasses a very diverse group of individuals, including migrant women, women from ethnic minority groups, indigenous women, women living with HIV/AIDS, women belonging to the Lesbian, Bisexual and Trans (LBT) communities, women with low literacy levels, older or younger women, and many more. Given the multifaceted nature of gender and disability, it is essential to recognize the diversity within this group and to consider intersectional and multiple discriminations.

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<sup>25</sup> S. Ortoleva and H. Lewis, entitled 'Forgotten Sisters – A Report on Violence against Women with Disabilities', Northeastern University School of Law, 2012

<sup>26</sup> Karen Hughes et al., Prevalence and risk of violence against adults with disabilities, The Lancet, 28 Feb. 2012

<sup>27</sup> D. Rajan, Violence Against Women with Disabilities, The Roeher Institute, Canada, 2004



## **Inclusion of women and girls with disabilities in GBV policies in Africa: Still a long way to go!**

The Making It Work Gender and Disability project carried out a Policy review in 2020 to measure the level of inclusion of women and girls with disabilities in the national policies addressing GBV in African countries. The review has been updated in 2024; it confirms that there was no progress since 2020. From the initial review, available GBV policies developed in the last 5 years have been analysed and merged with the previous 27 policies scored.

***In 2020, analysis showed that women with disabilities were invisible in two-thirds of the policies. Four years later, the findings remain unchanged within a total of 31 policies analysed; women with disabilities are invisible in 68% of the GBV policies.***

The measuring tool built for the analysis scored each policy according to five levels of inclusion:

1. **Invisible:** No or few mentions of women with disabilities.
2. **Awareness:** Mention of women with disabilities, discrimination is seen as important to address but there are no adequate resources nor specific practices towards them.
3. **Intentional inclusion:** Women with disabilities are not only mentioned but targeted by specific practices.
4. **Strategic inclusion:** Long term, strategic measures are taken to ensure women with disabilities can enjoy their rights. Provisions for monitoring and accountability are made.
5. **Culture of inclusion:** Women's multiple identities are considered and supported and systemic processes for maintaining inclusion are enforced.

As of 2024, only 26% of GBV policies demonstrate awareness of the inclusion of women with disabilities, while only 6% exhibit intentional inclusion of women with disabilities.

Among the new policies developed in the last five years and scored here, the ones of Burundi and DRC score less well than in 2020, which means their level of inclusion has decreased, and no new policy goes beyond the level of “intentional inclusion”.

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## Some progress and key challenges

Over the past five years, there has been a lack of progress at the national and regional levels in addressing violence against women and girls with disabilities.

**Over 41% of survey respondents indicated that their respective governments have made minimal or no progress in addressing violence against women with disabilities over the past five years.**

A respondent from Nigeria (aged 36-59 years, with a physical impairment) shared that: “[the achievement] is very low because most of the mechanisms, or services, or punishment to perpetrators to prevent violence against women with disabilities, are **not appropriate to meet the needs of women with disabilities.**”



**Claudia**, a woman with a physical impairment from Zambia, aged 18-35 years old: “Older women and women with disabilities face a particular risk of abuse, yet their situation is largely hidden in most global and national violence-related data. There is a need to ensure these women are counted, and that their specific needs are understood and addressed.”

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Both disability mainstreaming and specific measures are missing in current national GBV policies. Furthermore, there is a notable **absence of women with disabilities in the policy development processes**. The previous factors, combined with a lack of diligent implementation of these too general policies, result in a **failure to assess and address the specific experiences and needs of women with disabilities** in relation to prevention and response. A respondent from Mauritius (aged 60+ years old, with a psychosocial disability): “Women with disabilities were **not included in the drafting of the policy paper against gender-based violence. And there is no survey** done to assess the percentage of women with disabilities who face domestic violence and abuse at home or in their families.”

Similarly, a survey conducted by ABPDFH (Association Burundaise de Promotion des Droits des Femmes Handicapées) among 86 women with disabilities in Burundi<sup>28</sup> revealed that 9 respondents out of 10 had experienced at least one form of violence: physical, sexual, economic, verbal or psychological. One of the respondents from Burundi, Emily, states: “It appears that the **authorities are not sufficiently concerned** about the numerous forms of violence against women in our community.”

The other global survey respondents indicated that certain general measures had been implemented and were sometimes proving beneficial to some women with disabilities. For example, the establishment of 'gender desks' in Kenyan police stations or 'victim support units'

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<sup>28</sup> [Voices of women with disabilities in Burundi: Shared realities](#), Association Burundaise de Promotion des Droits des Femmes Handicapées – Urumuri, June 2024

in Malawi, awareness campaigns on GBV prevention involving women with disabilities in Zambia and Uganda, the creation of a national institution in charge of GBV prevention and response action in Benin, the creation of toll-free lines in Senegal, and so on.

A respondent from Rwanda (aged 36-59 years old, with a physical impairment) shares a good practice: “From the commitment made to the Global Disability summit, the Government recognized the vulnerability of women with disabilities to GBV and committed to [ensure the] accessibility of GBV services. From there, the Isange **One stop centres supporting victims of GBV were assessed and the staff trained on disability mainstreaming**”

Another positive practice has been observed in Uganda, where disability and gender-specific data have been captured in a national survey on violence (using the Washington Group Set of Questions), with a module dedicated to violence against women and girls, by the Uganda Bureau of Statistics (UBOS)<sup>29</sup> in 2021. National disaggregated data is crucial in order to gain a deeper understanding of the elevated rates of violence experienced by women with disabilities. For instance, the survey findings indicate that “women with serious difficulty were more likely (61%) to have experienced physical violence [by an intimate partner] than those without serious difficulty (43%).” It could also help to gain insight into the specific types of violence, locations deemed the most unsafe, and age groups that are most at risk in a given context, for women with or without a disability.

Nevertheless, numerous other instances demonstrate the frequently insufficient impact of the Governments’ action in terms of GBV, largely due to the absence of inclusivity. A respondent from Nigeria (aged 36-59 years old, with a physical impairment) states that: “Gender Based Violence centres have been created, where women with disabilities could go and place their complains and get redress, **even though most centres don't have sign language interpreters and are not disability friendly.**”

Violence against women and girls with disabilities is a pervasive issue that affects them in every aspect and every sphere of their lives at alarming rates. However, there is still much to be done to ensure that women and girls with disabilities have a more significant role to play in the prevention and response to gender-based violence. **Without a radical shift in approach and meaningful inclusion of women with disabilities in their diversity, gender-based violence cycles will continue to perpetuate** and impact disproportionately the lives of women and girls with disabilities across the African continent. Furthermore, feminist spaces that focus on the elimination of GBV will continue to overlook a significant portion of the challenge and potential solutions.

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<sup>29</sup> 2020/21, [UBOS: Violence against children \(VAC\) and Violence against Women and Girls \(VAWG\)](#)



## Examples of progress and gaps per country

### Senegal

**Some progress has been made**, such as the strengthening of the penal code through the adoption and promulgation of Law No. 2020-05, which criminalises rape and crimes on children. The creation of the "Wallu-allo 116" platform, which offers a listening and counselling service to women and young people who are victims of violence, is also to be welcomed, although a parameter for the accessibility of this platform to women and youth with hearing impairments is still lacking.

**The main shortcomings** are the ineffectiveness and low impact of the Law on Social Orientation for the Promotion and Protection of the Rights of Persons with Disabilities, which lacks gender-specific provisions, as well as the lack of harmonisation of national legislation with international texts and the persistence of discriminatory provisions. In 2022, the Committee on the Elimination of Discrimination Against Women (the CEDAW Committee) noted "the persistence of discriminatory provisions in structural areas, in particular the Family Code and the access of women and girls to their sexual and reproductive rights". There is also a legal vacuum in national legislation to address gender-based violence against women and girls with disabilities. For example, the National Action Plan for the Eradication of Gender-Based Violence (GBV) and the Promotion of Human Rights (2017-2021) does not address the multiple and intersectional discrimination faced by women and girls with disabilities in particular. The invisibility of women with disabilities in the tools used to combat GBV de facto

excludes them from institutional efforts to reduce this violence. Finally, all support and referral services for survivors of violence are still inaccessible to many women and girls with disabilities.

## Benin

**Progress:** Benin established the Institut National de la Femme (INF) in July 2021, demonstrating a strong commitment and feminist approach to combating violence against women. However, women and girls with disabilities have not yet been targeted with specific consultations or actions that would recognise the specific lived experiences and forms of violence they suffer. The Organisation des Femmes Aveugles du Bénin (OFAB) is working to establish a more active collaboration between the INF and women leaders with disabilities working to eliminate violence.

The law of 20 December 2021, which contains special provisions for the repression of crimes committed on grounds of gender and for the protection of women, reinforces the repression of perpetrators of GBV and gives the CRIET (Court for the Repression of Economic Crimes and Terrorism) jurisdiction to judge certain types of GBV. A better definition of sexual harassment has been introduced and another article specifies that the situation of vulnerability may result in particular from "her age, social and/or economic status, as well as her physical or mental condition or any other related situation". These provisions, if fully applied, could therefore particularly enhance the protection of girls and women with disabilities who are victims of sexual harassment at school, in the workplace or in public services.

**Gaps:** the Law on the Protection and Promotion of the Rights of Persons with Disabilities in the Republic of Benin, adopted in 2017, does not articulate gender-specific provisions for the protection of women with disabilities against violence. A participant from the Coalition of Women with Disabilities from Benin for an inclusive Beijing+30 stressed that "Women with disabilities are not specifically mentioned in Beninese texts on violence against women. **The State must take specific measures with and for girls and women with disabilities at all levels (prevention, support, justice) of violence against women and all types of violence. Otherwise, laws on GBV will only benefit a 'general' majority**".

## Togo

Togo has implemented a series of reforms aimed at strengthening the protection of women's social, matrimonial and land rights, as well as rights related to professional equality and the provisions against GBV in the penal code. Notable among these is the 2022 reform of four laws, in particular the 2015 New Penal Code Act (amended in 2016), which broadens the scope of violence against women recognised by law and devotes an article to moral and sexual harassment, including cyber-harassment. Furthermore, Togo's legislative framework has been enhanced with the introduction of the 2022 law on the protection of learners against sexual violence in Togo. Finally, in September 2023, the Ministry for Social Action, the Promotion of Women and Literacy approved a standard document on the protocol for GBV survivors' support. It should be noted that these advances are limited in scope. Women with disabilities organisations report very little opportunity to participate in the policymaking process.

Furthermore, awareness of these policies among women and among authorities and public services is currently low.

### **Ethiopia**

Despite the Ethiopian government's considerable efforts to eliminate GBV, the Beijing+30 Ethiopia national report<sup>30</sup> acknowledges that “Efforts to make GBV services accessible to women with disabilities have been implemented in selected One Stop Centres, although the coverage is low.” Furthermore, the report recognises the need to address the intersectionality of disability and gender, particularly the unique vulnerabilities faced by women with disabilities. “Women with disabilities still face gender-based obstacles when attempting to access the rights guaranteed to persons with disabilities.”

### **Rwanda**

In 2021, all Isange One-stop Centres, which provide support to survivors of violence, underwent an assessment process, the results of which were published in an assessment report. The staff at these centres underwent training in disability inclusion, equipping them with the skills to better support survivors with various types of disabilities. The training was conducted in collaboration with UNABU (Rwandan Association of Women with Disabilities), the Council of Persons with Disabilities and the Isange One Stop Centre Steering Committee, comprising representatives from the Rwanda Investigation Bureau, the Ministry of Gender and the Ministry of Health. They devised a plan to enhance the accessibility of the One Stop Centres, a process that is still ongoing. It is acknowledged that the centres are not yet fully accessible, but there have been some improvements. The 2020 revised national GBV policy committed to mapping and addressing the gender issues facing people with disabilities.

### **Cameroon**

From 2020 to 2024, the government of Cameroon has made commendable efforts to promote the rights of persons with disabilities. However, no specific measures or actions have been taken at any level to promote the rights of women with disabilities.

## **Focus on violence when seeking health care services**

When it comes to Sexual and Reproductive Health and Rights (SRHR) information and services, the rights of persons with disabilities and especially of women, girls and transgender persons continue to be violated due to deep-rooted discriminatory attitudes and practices, and a lack of law and policy enforcement. Humanity & Inclusion global SRHR specialists<sup>31</sup> highlight that: “Denial of bodily autonomy and the right to informed consent, forced sterilisation and contraception, forced pregnancy, coercive abortion and other forms of gender-based violence, denial of maternal, parenting and parental rights, denial of legal

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<sup>30</sup> Ethiopia - [The Sixth National Report on Progress](#) made in the implementation of the Beijing Declaration and Platform for Action, (Beijing +30), June 2024

<sup>31</sup> Inclusive Health Sector Ambitions Statement (2023), Humanity & Inclusion

capacity and decision-making, lack of access to information and services, and a lack of access to justice are among the key rights violations' women with disabilities face.”



**Marieme**, a woman with a physical disability, aged 36-59 years old from Senegal:

“I had to advocate for the reproductive health rights of women with disabilities. I had to explain that some women with disabilities had to give birth on the floor because hospital delivery tables weren't adapted.”

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A previous submission from Humanity & Inclusion-Making It Work<sup>32</sup> to the Special Rapporteur on Violence Against Women addressed the issue of mistreatment and violence against women with disabilities during reproductive healthcare, with a particular focus on childbirth. Following a desk review and analysis of testimonies from numerous women with disabilities from partner organisations, it emerges that severe mistreatment is occurring due to stigma, a lack of accessible information and services, and a lack of consent.



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<sup>32</sup> [Submission to Mrs Dubravka Šimonović, Special Rapporteur on Violence against Women, its causes and consequences - Mistreatment and violence against women during reproductive health care with a focus on childbirth](#), Humanity & Inclusion - Making It Work, may 2019.

### **Mistreatment due to stigma:**

A respondent of the survey from Kenya (a woman with a physical disability, aged 36-59 years old) agreed to share her story: "I went to have a pap smear done in one of the public facilities. With the nature of my disability, I couldn't open my legs wide apart as required, so the nurse started asking me how I sleep with my husband and they were there laughing and making nasty jokes, then told me they can't help me."

While the UN Committee on the Rights of Persons with Disabilities has highlighted the importance of ensuring the rights of women with disabilities to have a family and raise children are upheld<sup>33</sup>, many women with disabilities are often stigmatised by health practitioners and their communities during pregnancy and childbirth. There is a strong prejudice toward them having children as they are considered unfit for motherhood. Women with disabilities often undergo **verbal, psychological and physical violence by health practitioners during childbirth, while not accessing prenatal and postnatal care**. Hence, while they are aware of the increased sanitary risks brought by home-births, some still chose to do it to avoid the humiliation, shame and mistreatments by medical personnel. This puts them and their baby to come at higher risk of death and permanent disability due to the lack of trained medical attendants.

A participant from the Benin Coalition of Women with Disabilities for an Inclusive Beijing+30 described her experience: "Women with disabilities are not taken into account in public health laws and policies. (...) For a woman without a disability, pregnancy is already difficult. But for women with disabilities, it's even more complicated. A woman with a disability who goes to a prenatal consultation is treated badly, she is asked 'who has committed this sin?'".

**In cases of unwanted pregnancy**, often the result of rape, mistreatment within health services also persists due to the compounding of stigma. The case of Gloria<sup>32</sup>, 16 years old with a disability (Burundi) exemplifies this: her family chased her away due to the pregnancy resulting from an unreported rape. Gloria stated that the medical personnel and nurses refused to assist her due to her disability. They were verbally abusive and asked "how she dared be pregnant as she is nothing, as she has nothing". The verbal abuse was accompanied by psychological violence and physical mistreatment, resulting in Gloria having to deliver her baby in the corridor. The baby did not survive, and Gloria was not provided with post-delivery care prior to being discharged from the facility.

In addition to women with disabilities, **mothers of babies with disabilities** also undergo mistreatments "by association" as their child is perceived as "cursed". Babies with disabilities and their mothers are also neglected by health practitioners and not receiving proper postnatal care, exposing both mother and newborn to higher risks of death and illnesses.

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<sup>33</sup> [CRPD Committee, General Comment No.3 on Article 6 – Women and girls with disabilities](#) (CRPD/C/GC/3), at para. 45.



**Mistreatment due to lack of accessible information and services:**

There is a lack of access to information regarding what constitutes violence within healthcare and what are the standards to expect from SRH services, especially given that health personnel are often viewed as an authority figure.

There is also a significant lack of accessible communication when it comes to women with disabilities, as some may not be able to speak, hear, or see, while others may have different understanding abilities. The lack of information, coupled with low literacy levels, puts women and gender-diverse persons with disabilities at a heightened risk.

For example, in Nigeria, it is highlighted by a report from the World Federation of the Deaf that: “The absence of sign language interpreters is the most common challenge to communicating with a healthcare professional, particularly during domestic and sexual crises”<sup>34</sup>.

Health workers often lack the skills and tools to provide care to women and girls with disabilities. Such skills and tools include being trained to sign language, using drawings to explain SRH information and options, having knowledge on informed consent and how to secure it, and on how to assist cases of women with disabilities while recognizing their agency and decision-making power. These elements are crucial for the accessibility of services. To them must also be added the physical accessibility of services, including accessible equipment

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<sup>34</sup> [Barriers to Healthcare Access for Deaf Nigerian Women and Girls during Emergencies: Analyzing the Additional Impacts on Their Intersectional Identity](#), World Federation of the Deaf (WFD), December 2022.

at all levels of health facilities (from the entry door to the delivery table, including the bathrooms, resting area, etc.).

#### **Mistreatment due to lack of consent:**

The question of informed consent is central for women and girls with disabilities and their sexual and reproductive health rights. **There is a lack of recognition by health practitioners that seeking informed consent is mandatory. The consent of women and girls with disabilities for SRH care is particularly ignored** by practices such as forced abortion, forced contraception and forced sterilisation<sup>35</sup>.

The informed consent of women and girls with disabilities is often not respected, with health practitioners and caregivers either **denying or unable to seek informed consent** from them. While acknowledging the commendable efforts of many skilled and well-intentioned health professionals, it is also essential for governments to **implement comprehensive gender and disability inclusion training for all medical personnel**.

In conclusion, a participant from the Benin Coalition of Women with Disabilities for an Inclusive Beijing+30 said: "The State must massively train medical personnel (health workers, nurses, doctors, etc.). At the moment, they are more agents of 'destruction' than of saving lives".

#### **Focus on violence against women in politics**

The 2021 study published by the African Parliamentary Union titled “Sexism, harassment and violence against women in parliaments in Africa”<sup>36</sup> highlights the intersectional nature of violence against women parliamentarians. **100% of women parliamentarians with disabilities interviewed declared having experienced psychological violence** and are the most exposed to **physical and economic violence**.

In some contexts, security constraints are preventing women with disabilities from engaging in elections, as voters or candidates; in addition some might face low self-esteem, self stigma and fear, and might feel vulnerable to physical threats.

Cameroon CSOs involved in this report highlight that in the past, few women with disabilities were councillors in municipalities. Since the outset of the protracted Anglophone crisis and its negative consequences, women with disabilities became most vulnerable and could no longer participate in council elections. Inclusive Friends Association Nigeria also mentions risks on women with disabilities in case of political unrest<sup>37</sup>.

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<sup>35</sup> [Human Rights Watch: “Sterilization of Women and Girls with Disabilities: A Briefing Paper”](#), Nov. 10, 2011.

<sup>36</sup> [“Sexism, harassment and violence against women in parliaments in Africa”](#), African Parliamentary Union, IPU/APU Issue Brief, 2021

<sup>37</sup> Written submission to the CEDAW Committee - General discussion on “Equal and inclusive representation of women in decision-making systems” - [Women with disabilities are falling through the cracks of laws, policies and practices](#), Humanity & Inclusion - Making It Work, 16 February 2023

## Focus on access to justice for women survivors with disabilities and GBV courts

A respondent from Kenya (aged 36-59 years old, deaf woman): “Violence on disabled women is **still high**, especially land cases, physical violence, cyber bullying, verbal abuse, discrimination etc. **The courts and the police need to do more for disabled women as access to their services is very challenging.**”

The Convention on the Rights of Persons with Disabilities (CRPD) is the first international human rights instrument to enshrine the right of access to justice (Article 13)<sup>38</sup>. However, much remains to be done for women with disabilities who are survivors of violence to effectively realise their rights and to eliminate impunity and societal tolerance or complacency towards violence against women, girls and gender-diverse persons with disabilities.



Few data on access to justice for GBV survivors on the African continent, with specific gender and disability perspective, is available. However, the recent “Multi-country analytical study on access to justice for victims and survivors of violence against women and girls in East and Southern Africa”<sup>39</sup> provides key figures and insights:

- **A very limited gender responsive access to justice:** 70% of respondents report that access to justice services is not responsive to the needs of women.

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<sup>38</sup> Convention on the Rights of Persons with Disabilities (CRPD), [Article 13 on the Right to Access to Justice](#).

<sup>39</sup> [Multi country analytical study on access to justice for victims and survivors of violence against women and girls in East and Southern Africa](#), UN Women, 2021

- **The courts of justice lack disability-inclusive access:** 79% of respondents reported that courts lack disability-inclusive access to justice services for women with disabilities.
- **Discriminations in courts:** “The study finds that justice in the courts of the countries studied is characterised by discrimination based on income, gender, ethnicity, religion, nationality, abilities, sexual orientation, and social and economic status (marginalisation). This situation is worse for women with disabilities, rural or poor women. This is reported by 54% of the respondents.”

The HI Making Work project developed an Access to Justice Checklist based on the International Principles and Guidelines on Access to Justice for Persons with Disabilities<sup>40</sup> and the Six essential components of access to justice as defined by CEDAW’s General recommendation no°33<sup>41</sup>. The checklist is a tool developed and used by Making It Work in 2023-2024 to assess access to justice for women with disabilities survivors of violence. It has been piloted in Lira District (Uganda), Casamance (Senegal) and Southern Benin.

The overall analysis reveals significant shortcomings in the promotion of legal literacy among women with disabilities, as well as in the recognition of their legal capacity. Despite some progress, there is still room for improvement in the availability and accessibility of courts that rule on cases of gender-based violence. Furthermore, there is a lack of accountability within the justice system with regards to the ruling of cases involving gender-based violence. This is due to a failure to apply a gender and disability-responsive approach, as well as the absence of involvement from representative organisations for women with disabilities in the monitoring process.

Specifically, in a patriarchal and ableist justice system, women with disabilities from partner organisations expressed that:

- They are very often **discouraged by their families** from taking formal legal action.
- They are sometimes **denied legal capacity** and/or credibility to report and testify, especially if they have a psychosocial or intellectual disability or are living with a sensory impairment.
- They are often **unable to access courts** due to distance and high transport costs, inaccessibility of facilities.
- They are denied access to legal notices and information in a timely and accessible manner.
- They are **denied free legal aid**. “The absence of free legal aid is one of the most common barriers to equality of arms and equal access to justice, particularly for persons with disabilities, who number disproportionately among the world’s poor and face challenges in

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<sup>40</sup> [International Principles and Guidelines on Access to Justice for Persons with Disabilities](#), Special Rapporteur on the rights of persons with disabilities, UNHR, 2020

<sup>41</sup> The 6 essential components of access to justice as defined by [CEDAW’s General recommendation n°33](#) (CEDAW/C/GC/33) on women’s access to justice (2015)

affording legal advice and representation. The right to legal counsel is a fair trial right and includes the right to free legal aid.”<sup>42</sup>

- They are **denied procedural accommodation**. Procedural accommodation should include services such as sign language court interpreters, legal and judicial information available in Braille and other accessible formats, availability of assistants, support mechanisms, adapted hearing and testimony methods, adjusting procedural deadlines and formalities, etc. They should be provided free of charge and based on free choice and preference of the concerned person.



### **From reasonable accommodation to procedural accommodation**

It is worth noting that the obligation to provide procedural accommodation to realise the right to access to justice deliberately goes beyond than the usual “reasonable accommodation”.

Indeed, the Report of the Office of the United Nations High Commissioner for Human Rights on the Right to access to justice under article 13 of the CRPD<sup>42</sup> explains that: “The obligation to provide procedural accommodations derives directly from civil and political rights. It is directly linked to the principle of non-discrimination and is not subject to progressive realisation. In the negotiations on article 13 of the Convention, it was debated whether the language to be adopted should refer to “procedural accommodation” or “reasonable accommodation”; it was decided to drop the reference to “reasonable”. The deliberate decision to drop “reasonable” underscored that, **unlike reasonable accommodation, procedural accommodation is not subject to a proportionality test; failure to provide procedural accommodation when required by a particular person with disability thus constitutes a form of discrimination on the basis of disability in connection with the right to access to justice.**”

Over the past five years, a number of African countries, including Kenya, Burundi, and to some extent Benin, have made significant strides by **establishing specialized courts to address gender-based violence (GBV)**. These GBV courts represent a critical advancement in improving access to justice for women and girls, offering more efficient, victim-centred approach to cases of violence. However, while these initiatives mark a major milestone in the fight for gender equality, they fall short in ensuring full accessibility for women and girls with disabilities and addressing the unique challenges they face. The implementation of these GBV courts should also be accompanied by a **massive training effort for all judicial personnel on how to implement a gender- and disability- responsive approach** and should seek to increase the participation of women with disabilities and of the most marginalised in the administration of justice.

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<sup>42</sup> [Right to access to justice under article 13](#) of the Convention on the Rights of Persons with Disabilities, Report of the Office of the United Nations High Commissioner for Human Rights, A/HRC/37/25, 27 December 2017.

## At the heart of exclusion: Deprived of power - Critical area 7 (Women in power and decision-making)

The BPfA reads that “Equality in political decision-making performs a leverage function without which it is highly unlikely that a real integration of the equality dimension in government policymaking is feasible”. Similarly, without the involvement of women with multiple identities in decision-making processes, full inclusion of diversity, including disability, will not be achievable. While all women face obstacles in political participation and decision-making spaces, women with disabilities are disproportionately excluded.



### Facts and figures

The Beijing Platform for Action highlights two key components in the critical area of "women in power and decision-making." First, it calls for the equal participation of women in political, public life and private life, ensuring they have equal opportunities to hold leadership roles in governments, parliaments, and other decision-making bodies. Second, it emphasises the need to increase women's capacity to participate by providing education, training, and leadership development. While the BPfA stresses that women's involvement is essential for achieving broader goals of equality, development, and peace, the authors firmly believe that intentional inclusion of women with disabilities in decision-making is required to ensure a double objective: **First make sure their needs are considered in policymaking and development initiatives; and second have any human rights efforts benefit from their unique although diverse perspectives.**

Women with disabilities, as most women, have been long excluded from decision making-systems, whether in politics, in the economy, in their community and families, and in the civil society. Their exclusion is the result of multiple, mutually reinforcing causal factors. These include poverty, barriers to education, digital and economic exclusion, denial of civil rights starting with non-registration at birth, denial of legal capacity, institutionalisation, lack of media representation, stigmatisation within communities, violence, etc.; all deeply rooted in ableism and sexism. Although gender equality in decision-making systems has been improving globally since 1995, women with disabilities are still largely overlooked in related efforts. CEDAW has been long promoting temporary special measures to accelerate women's participation in politics, such as reserved seat quotas or political party or candidate quotas. As of 2022, there were 34 countries over 54 applying "gender quotas" in Africa<sup>43</sup>. But the movement for gender quotas has not yet started benefitting women with disabilities: that same year, in Burundi, Cameroun, Kenya, Nigeria, Rwanda and Uganda, there was no woman with disabilities seating in Parliament that had not been either nominated or elected within a disability-specific scheme. And one could count them on one hand.

Similarly, women with disabilities in their diversities face legal, systemic and de facto discrimination in diverse aspects of their daily life: in their couple, family, community ; and they are facing barriers to full participation in civil society at local, national and global level, being confined to strictly disability-related issues with low access to leadership positions.

### **Some progress and key challenges**

**According to 75% of women with disabilities who participated in our survey (185 over 244 respondents) no progress has been made to promote power and decision-making of women with disabilities in the past 5 years, in their countries.**

### **Current Status of Women with Disabilities in Political Representation**

Women with disabilities are still vastly underrepresented in parliaments and governments. While some nations, like Uganda, Kenya, and Rwanda, have legislated disability quotas, few include women with disabilities in high political positions. Among the answers to the survey, only few women mentioned having some representation of women with disabilities either at national level (Uganda, Zimbabwe) or at local level (Uganda, Senegal). Countries with decentralised political systems give more space to women with disabilities at the local political levels.

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<sup>43</sup> The Gender Quota Portal <https://genderquota.org/quota-analysis>

## Country-Specific Examples



### Uganda

Despite the gender quota, few women with disabilities hold reserved seats. However, at the local level, women with disabilities are better represented. In Lira district, LIDDWA reports that there are two representatives of persons with disabilities (one being a woman with disability) at both district, county and sub-county level. Last, the Minister of State for Disability Affairs is a woman with a disability.

### Kenya

The Constitution promotes gender balance with the “two-thirds gender rule”<sup>44</sup> and includes provisions for "Special Interest Groups" including persons with disabilities. Yet in the elections held in August 2022, over 66 members at the Senate, 18 women were nominated, of which one woman with a disability representing persons with disabilities. One woman and six men with disabilities were elected at the Parliament<sup>45</sup>.

### Rwanda

Although there is strong representation of women overall (61%), no woman with disabilities had been elected to Parliament as of February 2023. For the first time, after general elections

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<sup>44</sup> The Constitution of Kenya provides that the State shall take all needed measures to implement the principle that no more than two thirds of the members of elective or appointive bodies shall be of the same gender.

<sup>45</sup> <https://ncpwd.go.ke/new-dawn-as-persons-with-disabilities-also-lead/>

of July 2024, one woman with disabilities, namely Olivia Mbabazi, secured a seat in parliament to represent persons with disabilities. It is the first time a woman is representing persons with disabilities.



### **The case of Zimbabwe: one of the few countries to have a legislated quota for women with disabilities in Parliament**

In Zimbabwe, 60 seats in the 280-member National Assembly are allocated to women candidates, who are to be elected under List Proportional Representation (List PR) for the four Parliaments since 2021. Each list of candidates must include at least (a) ten women under the age of 35 and (b) women with disabilities and (c) young women with disabilities<sup>46</sup>. There is a woman senator with disabilities.

The Constitution of Zimbabwe Amendment (No. 2) Act, 2021 has provided for young women with disabilities (below age 35) and women with disabilities to be represented in the party list under the 60-seat quota for the 4 assemblies (the 4 national chambers) ; as well it has granted representation of women with disabilities in party lists for provincial and metropolitan councils. *“This is commendable, considering that WWDs had been side-lined in this quota since its introduction in 2013. In Senate, two of the 80 seats are reserved for female and male senators with disabilities. [Still] Persons With Disabilities and scholars argue that the number is still far too low to drive policy changes to foster inclusion”* as analysed in the ALIGN 2023 Report<sup>47</sup>.

## **Access to Elections as Voters and Candidates**

Barriers persist for women with disabilities to participate in elections. Issues include inaccessible polling stations, lack of braille ballots for visually impaired voters, and insufficient sign language development for hearing-impaired individuals.

Many women with disabilities face legal and systemic discrimination, preventing them from voting or running for office. **In Kenya**, the Constitution prohibits those declared as of ‘unsound mind’ from registering as voters<sup>48</sup> or standing for election as members of Parliament<sup>49</sup> and the County Assembly<sup>50</sup>. These prejudicial and discriminatory provisions disproportionately affect women with psychosocial disabilities participation in elections. Without a national ID, they cannot register to vote. Similar cases are reported in **Uganda and Cameroon** where most

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<sup>46</sup> Inter-Parliamentary Union - [Data on women](#)

<sup>47</sup> Briefing note, “Local Governance In Zimbabwe: Inclusion and participation of women with disabilities”, [ALIGN, Deaf Women Included](#), Local Development Research and Advocacy Trust, Sept. 2023

<sup>48</sup> Article 83 (1), Constitution of Kenya, 2010.

<sup>49</sup> Article 99 (2e), Constitution of Kenya, 2010.

<sup>50</sup> Article 193 (2) (d), Constitution of Kenya, 2010.

women with intellectual and psychosocial disabilities do not have legal documents. Similarly in **Rwanda** persisting institutionalised denial of their legal capacity does not allow women with intellectual disabilities to vote or be elected.

**In Nigeria**, IFA reported that very few women with disabilities contested for elective positions and they did not get past the preliminary stages, mostly because of deep seated myths and stereotypes about women with disabilities.

**All barriers to access political life either as voters or candidates are exacerbated for women with disabilities.** As compared to men with disabilities, women with disabilities are “three times more likely to be illiterate; two times less likely to be employed and two times less likely to use the Internet”<sup>51</sup>.

**Poverty and economic exclusion** are driving the difficulties for women with disabilities to engage in politics: candidate nomination fees – although sometimes reduced for persons with disabilities<sup>52</sup>- and campaigning costs are reinforcing political exclusion. In Kenya, COVAW highlights that elections have been rated as expensive: according to the National Council for Persons with Disabilities quoting a study published in July 2021, the costs related to various political elective seats range to millions of shillings (hundreds of thousands of US Dollars)<sup>53</sup>.

In Zimbabwe, “Many women with disabilities who wished to be candidates in local government elections explained that both leaders and voters discourage the so-called poor from running for election”<sup>47</sup>.

**For women with disabilities**, the intersection of age, place of living, educational qualification, type of disability and financial status serves to deepen the extent of their exclusion. In rural areas where disability issues are still largely unaccepted, women with disabilities have little or no chances at all to participate in politics, compared to educated women with disabilities in urban areas where disability issues have begun to gain ground.

Last, the absence of gender and disability-disaggregated data makes it difficult to fully capture the extent of exclusion of women with disabilities in elections. This issue has been highlighted in several countries, including Kenya during the 2022 elections.

A woman from Gokwe, Zimbabwe, cited in the ALIGN Briefing note said: 'I'm a wheelchair user and you talk of campaigning. How do I do that without resources, the car, and the campaign material? It's impossible even to attend consultation meetings and rallies, what's more campaigning.'<sup>47</sup>

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<sup>51</sup> [Disability and Development Report Realizing the Sustainable Development Goals by, for and with persons with disabilities](#), 2018, Department of Economic and Social Affairs of the United Nations

<sup>52</sup> Women’s Political Participation ~ [Africa Barometer 2024](#), 2024 International Institute for Democracy and Electoral Assistance (IDEA)

<sup>53</sup> [The cost of politics in Kenya](#), the Westminster Foundation for Democracy Limited (WFD) and the Netherlands Institute for Multiparty Democracy



### **Barriers facing women with disabilities from fulfilling decision-making roles in public, social and private life**

The gaps in accessing education have been developed under the critical area “the Girl Child”. Other key barriers to empowerment of women such as the digital gap have been described through their negative impact on poverty of women (see Critical Areas 1 and 6, page 24).

Similarly to the struggle to participate in politics, women with disabilities in their diversities face legal, systemic and de facto discrimination in diverse aspects of their daily life. They are discriminated against in marriage, divorce and inheritance. As well, they often experience unbalanced power relations within their family and couple ; and lack control over their own resources and assets.

In Northern Uganda, LIDDWA’s assessments allowed to highlight the problem with inheritance of properties: more than 8 over 10 women with disabilities whose husbands die face eviction by relatives of their husbands and are denied the right to occupy their customary land.

In Kenya, COVAW and KEFEADO highlight that most women with disabilities are discriminated against in terms of their reproductive rights. As a consequence of negative stereotypes in the communities, they are not expected to marry or to have children ; In Uganda, some women interviewed in May 2024 whose voices are shared in “Voices of women with psychosocial disabilities” talked about the strain of combining domestic responsibilities with leadership roles, experiencing the mental load that can be overwhelming for mothers with

disabilities. In Burundi, the study report published by ABPDFH in June 2024<sup>54</sup> further illustrates that women with disabilities have little control about their own lives, including their resources, whether married or not, and that their income are insufficient to allow them to live an autonomous life and fully participate in decisions that concern them.

Audrine, a woman with a physical disability in Burundi: "Sometimes able-bodied men who marry women with disabilities impose themselves on the family to manage the funds. And the women with disabilities produce without making any decisions about the dividends of their production."

Lacking autonomy and sometimes rejected, women with disabilities are sometimes deprived positions within their community. LIDDWA report "Voices of women with psychosocial disabilities" highlights that majority of women with psychosocial disabilities were refused a role in their community by the other members.<sup>55</sup>

**Lastly, women leaders with disabilities are struggling to gain a foothold in social and feminist movements**, and to occupy leadership positions in civil society organisations. Faced with patriarchy in the world of OPDs, women with disabilities have organised themselves to bring their perspective and created their own organisations. A glass wall prevents permeability between their organisations recognised as representative under the CRPD and mainstream women's rights organisations. Rarely called upon, often on an ad-hoc basis when needed – which sometimes might be considered as a tokenistic approach-, they remain marginalized in the feminist movement. The Generation Equality Collective contribution to 2023 CEDAW consultation on decision making noted that "even in decision-making spaces where women are welcome, such as those linked to gender equality and feminism, women with disabilities face significant barriers to meaningful participation, as these decision-making spaces are frequently inaccessible to and unwelcoming of persons with disabilities."<sup>56</sup>

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<sup>54</sup> [Voices of women with disabilities in Burundi: Shared realities](#), Association Burundaise de Promotion des Droits des Femmes Handicapées – Urumuri, June 2024

<sup>55</sup> [Voices of Women with Psychosocial Disabilities in Lira, Uganda](#), Lira District Disabled Women's Association, May 2024

<sup>56</sup> In [The Inclusive Generation Equality Collective](#): Submission to the CEDAW Committee on Equal and Inclusive Representation of Women in Decision-Making Systems, Feb. 2023.

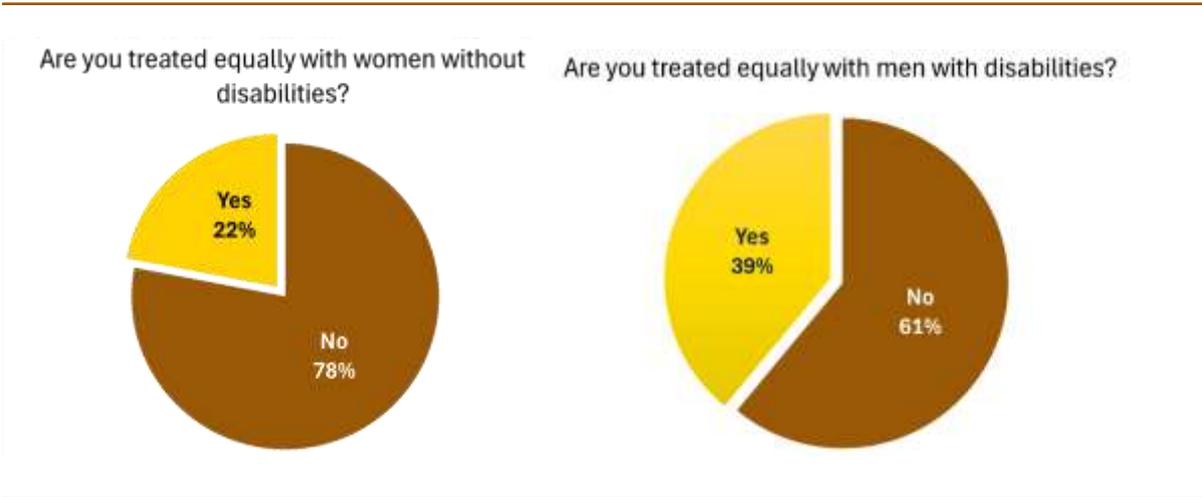
**Still not equal: when sexism and ableism strike - Critical area 9  
(Human rights of women)**

The Beijing+25 political declaration adopted in March 2020 recognized that “many women and girls experience multiple and intersecting forms of discrimination, vulnerability and marginalisation throughout their life course, and that they have made the least progress [in gender equality], which may include, inter alia, [...], women with disabilities”. 5 years later, the facts confirm that not much has been improving when discussing gender equality for women with disabilities. While protection through legal reforms such as the coming into force of the African Disability Protocol is laudable, translation of standards into practice remains a challenge.

According to the survey, about 61% of the respondents reported that they are not treated equally with men with disabilities in social settings and when seeking support services. Respondents mentioned that men with disabilities have better access to marriage, better access to work, are less insulted and ridiculed, are less vulnerable to climate change and are generally more valued by society. Some women pointed out the lack of specific measures to promote the rights of women with disabilities: "Everything is general and women with disabilities find it difficult to make their voices heard", and "[men with disabilities] are the main leaders of organisations of persons with disabilities".

**About 78% of the respondents confirmed that they are less likely to be treated on an equal basis with women without disabilities in social settings or when seeking support services.**

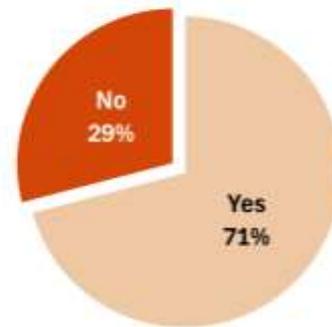
Other women have better access to marriage, better access to work with higher wages, being more valued by society. Several respondents also pointed out that they were excluded from women's groups: "All women's programmes remain global, without taking into account the specific needs of women with disabilities, accessibility (physical and communication/information) or reasonable accommodation".



## Reporting rights violations: A closer look

**71% of respondents know where and to whom they can report violations of their rights.** This result is likely to be overestimated: our survey was mainly completed by women who are members of an association or group of women with disabilities, who are unsurprisingly more aware of reporting possibilities (57% of women who are not member of a group declare knowing where to report). Hence the actual knowledge of women with disabilities may be lower.

If your rights are not respected, do you know where or to whom to report to?



The following quotes from two respondents highlight the urgent need to provide more accessible and targeted rights awareness programmes to all women and girls with disabilities, to meet their diverse needs.

A respondent from Kenya (aged 36-59 years old, woman with a physical disability): “Degrading treatment like being called 'kiwete'. I have not been able to get any assistance because I do not know where to report”. A respondent from Cameroon (aged 18-35, woman with short stature and physical disability): "I wasn't aware that I could claim my rights".

There are discrepancies of the level of awareness among the respondents. **Women with a hearing impairment** are less aware of where to report in case of rights violations and discrimination: 59% of respondents with hearing impairments know where and to whom to report to, as compared to 71% of total respondents.

As well, those who have not gained access to economic opportunities have a lowest level of awareness: 65% of them know where to report, as opposed to 86% of those who could access economic opportunities.

A young woman from Togo with a hearing impairment reminds us of the importance of **legal literacy and GBV awareness sessions for women with disabilities** to be better equipped to claim their rights: “My non-disabled brothers and sisters shared Dad's inheritance without giving me any. After the women with disabilities' rights awareness campaign I participated in, I complained to the Dapaong court house. Today I've got my share.”

## Limited progress: unequal access to education, health and rights for girls with disabilities - Critical area 12 (The girl child)

The status of girls with disabilities in Africa, in relation to the progress of the Beijing Platform for Action (BPfA), reflects a mix of advancements and ongoing challenges.

*A large majority, that is 72% of respondents to the survey, were not able to mention any achievements made in the last 5 years with regards to the rights of girls with disabilities for almost all of the 23 countries ; apart from Malawi, Mozambique and Nigeria.*



A respondent from Nigeria (woman with physical disability, aged 36-59 years old): “There is still low enrolment in schools for girls with disabilities because of a lack of practices of inclusive education. There are **no systems/public schools in place to cater for poor children with disabilities, especially girls with intellectual or psychosocial disabilities.**”

A respondent from Kenya (woman with a hearing impairment, aged 36-59 years old): “There is some inclusion in education, but [the government] still has to do more as girls with disabilities in **rural areas** face many challenges.”

A respondent from Malawi (woman with physical disability, aged 36-59 years old): “Most girls are put on scholarships to complete their studies in different institutions. They can have access to ‘transfer letters’ to boarding schools, if commuting from home to school on a daily basis is a challenge.”

A respondent from Mauritius (woman with physical disability, aged 36-59 years old):  
“Children born with a disability ‘determined by a doctor’ are given an allowance. **Children with invisible or intellectual disabilities are often left out of the system.**”



## Some progress and key challenges

### Education

Access to inclusive education by girls with disabilities remains a significant challenge. Compared to other children, girls with disabilities are still less likely to attend or complete school. Gender specific barriers and violence such as bullying and harassment, and heightened risk of sexual and gender-based violence especially in boarding schools, affect their access to inclusive education. Girls with disabilities also face other challenges such as inaccessible infrastructure, lack of appropriate learning materials, lack of reasonable accommodation, lack of implementation of laws and policies that advance inclusive and special education. According to UNICEF's "A World Ready to Learn" 2019 report, in “15 countries with available data, children with disabilities have 30% less access to primary schooling, overall, compared to their peers without disabilities”<sup>57</sup>. In Kenya, reports by KEFEADO (Kenya Female Advisory Organization) indicates that girls with disabilities often face exclusion from education. This is attributed to several factors, including parents' lack of awareness about available educational options, whether in special or inclusive schools, and limited information about funding

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<sup>57</sup> United Nations Children’s Fund, A World Ready to Learn: Prioritizing quality early childhood education, UNICEF, New York, April 2019.

mechanisms to secure school fees. The insufficient allocation of learning capitation for learning support for learners with intellectual, psychosocial, or other learning disabilities, exacerbates these barriers. The 2024 study conducted by the ABPDFH in Burundi, where women with disabilities share their lived experiences<sup>58</sup>, revealed and concurred with various studies that girls with disabilities continue to face barriers. Douce, a woman with a disability from Burundi, mentioned how physical accessibility at secondary school and university was very hard. While interviewed by ABPDFH she declared: “Physical accessibility at secondary school and university was hard for me, but I fought hard to achieve my goal”. This aligns with DIWA’s contribution to the CEDAW report to the UN in 2022 and its GBV study experiences of women with disabilities in Malawi that highlighted that completion rates for girls with disabilities was lower compared to that of boys with disabilities.

Women Challenge to Challenge (WCC), a network of women and girls with disabilities in Kenya, emphasises that girls with disabilities face disproportionately high dropout rates, underscoring the need for targeted interventions. COVAW (Coalition on Violence Against Women - Kenya) has called for greater responsibility from the Ministries of Education and relevant bodies to ensure that Joint Admissions Boards to universities prioritise inclusive education. Although some programmes exist to provide learners with disabilities with scholarship, through the National Council for Persons with Disabilities, they rely on private funds, are restricted in number and do not have a gender approach.

Rwandan survey respondents shared an example of achievement, explaining how the Government has conducted awareness campaigns and advocacy for girls with disabilities to have access to inclusive education and other opportunities.

### **Health and Well-being**

Numerous studies have been documenting that children with disabilities experience poorer physical and mental health outcomes compared to their peers. The healthcare needs of girls with disabilities are often neglected, particularly in sexual and reproductive health (SRH). They face significant discrimination, lack access to comprehensive sexuality education and are often excluded from health programs. Girls with disabilities are disproportionately affected by violence, including sexual violence, exploitation, and neglect. A 2021 UNICEF report found that children with disabilities are three to four times more likely to experience physical and sexual violence compared to their peers without disabilities. This vulnerability is even higher for girls, who face higher rates of sexual exploitation and abuse. A survey respondent from Kenya (deaf woman, aged 36-59 years old) highlights this situation: “Girls with disabilities, especially deaf learners, are raped by head teachers and even impregnated. Government looks the other way.”

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<sup>58</sup>[Voices of women with disabilities in Burundi: Shared realities](#), ABPDFH – Urumuri, June 2024

## Spotlight on Indigenous women with disabilities

Indigenous women with disabilities in Africa, for instance the Endorois women of Lake Bogoria, Kenya, face profound and intersecting challenges arising from their gender, disability, and indigenous identity. Despite some progress in the past five years, significant barriers persist, requiring sustained advocacy, legal reforms, and inclusive community development to fully realise their rights.

These women endure compounded marginalisation due to deeply entrenched societal perceptions. Stigma surrounding both disability and indigenous identity severely limits their access to education, healthcare, and employment. In rural and indigenous communities, traditional roles and beliefs further entrench this exclusion. Within the Endorois community, only one in ten individuals with disabilities has access to primary, secondary, or tertiary education, reflecting a systemic discrimination that extends to employment opportunities. Indigenous women with disabilities, particularly in male-dominated communities, are further marginalised as men control decision-making processes, leaving women with little influence.

Economic opportunities for indigenous women with disabilities remain alarmingly limited. Traditional livelihoods in these communities are often inaccessible for those with disabilities, and barriers to formal employment are compounded by the lack of education. Many Endorois women with disabilities never attended school due to stigma and financial hardship, making it extremely difficult to compete with individuals without disability in the workforce.

As well, indigenous women and girls with disabilities face “particularly high levels of violence [...], especially those living in rural and remote communities”.<sup>59</sup>

The voices of indigenous women with disabilities are routinely excluded from decision-making processes at local, national, and regional levels. Their perspectives are ignored in shaping policies that directly affect their lives. Even in spaces meant to uplift marginalised groups, such as nominations in political parties, access to funds, and contract allocations, indigenous women with disabilities are often bypassed in favour of others.

This ongoing exclusion demands targeted advocacy, ensuring that indigenous women with disabilities are central to discussions on their rights and opportunities. On a continental level, the **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa**, is a critical step. It is imperative that African governments expedite the ratification process and ensure that the provisions of the Protocol are fully implemented, with a focus on empowering women with disabilities.

In 2022, following years of consultation, advocacy, and growing recognition of the need to protect the rights of Indigenous women, the CEDAW Committee finalised and published the

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<sup>59</sup> “Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities”, Resolution adopted by the Human Rights Council on 13 July 2021, A/HRC/RES/47/15

**General Recommendation No. 39 on the rights of Indigenous women and girls<sup>60</sup>.** This recommendation provides a clear framework for States to fulfil their obligations under the CEDAW Convention.

For African Indigenous women, especially those with disabilities, General Recommendation No. 39 is a powerful advocacy tool. It pushes for urgent legal reforms and policies that address their specific needs and challenges. While it calls for immediate implementation by countries that have ratified CEDAW, the pace will depend on national governments.



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<sup>60</sup> CEDAW Committee [General Recommendation No. 39](#) on the rights of Indigenous women and Girls (CEDAW/C/GC/39), 26 October 2022.

## Bringing Women and Girls with Disabilities into Focus: Advocating for an Intersectional Approach to Data

The collection of data disaggregated by gender and disability is essential to address the specific needs of women with disabilities, as outlined in the Sustainable Development Goals. However, efforts to fill the gaps in the collection of this quality data remain insufficient, which hinders the effective inclusion of women with disabilities in public policies covering the 12 critical areas of the Beijing Platform for Action.

Tools such as the **Washington Group Short Set of questions (WGSS)** make it possible to collect data on disability in censuses and Demographic and Health Surveys (DHS), but the majority of countries continue to treat gender and disability separately.

The analysis of 20 national reports<sup>61</sup>, including Kenya, Mozambique, Sierra Leone, Namibia, Ghana, Zimbabwe, Malawi, and Tanzania, as part of the 30-year review of the Beijing Platform for Action, highlights that **data on gender and disability remain largely unavailable and underutilized**. Women with disabilities are often grouped under vague categories such as "vulnerable or marginalized populations," making it difficult to implement targeted programs. Only Sierra Leone specifically acknowledges the lack of comprehensive data, including disaggregated data on gender issues, which hampers evidence-based policymaking and program implementation.

In Burundi and Benin<sup>62</sup>, no robust data are available on women with disabilities. In countries that have been using the WGSS, such as Kenya<sup>63</sup>, Uganda, Nigeria and Rwanda, cross-analysis of data on gender and disability is rare, limiting the accurate identification of the needs of women with disabilities. On a positive note, Senegal has been dedicating a chapter on persons with disability with gender-disaggregated data in its newly published report on Population and Housing<sup>64</sup>.

Progress in the last 5 years has been dramatically poor. Without the systematic inclusion of disability as a distinct characteristic to be analysed alongside factors such as gender, age, socio-economic status and education, it remains impossible to understand and address the unique challenges faced by women with disabilities; this jeopardises the achievement of the SDG principle of 'leaving no one behind'.

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<sup>61</sup> [National BPfA Review Reports](#), UNECA

<sup>62</sup> Benin national census, 2013: [Report on the socio-demographic and economic indicators of the RGPH4 of 2013](#)

<sup>63</sup> [Kenya Demographic and Health Survey 2022](#) - Key Indicators Report and [KPMG, Final audit report](#), 16 June 2022

<sup>64</sup> [Rapport provisoire du 5ème Recensement général de la population et de l'habitat](#), 2023 (RGPH-5, 2023), Agence Nationale de la Statistique et de la Démographie, July 2024 (available only in French)

## Annex: List of contributing organisations

Country	Organisation name	Acronym	Website or Facebook page
<b>Benin</b>	Organisation des Femmes Aveugles du Bénin (Organisation of Blind Women of Benin)	OFAB	<a href="#">Link to OFAB Facebook</a>
<b>Benin</b>	ONG Dédji (NGO Dedji)	DEDJI	<a href="#">Link to DEDJI Facebook</a>
<b>Benin</b>	ONG Bartimée	Bartimée	<a href="#">Link to ONG Bartimee Facebook</a>
<b>Burundi</b>	Association Burundaise pour la Promotion des Droits des Femmes Handicapées – Urumuri (Burundian Association for the Promotion of the Rights of Disabled Women)	ABPDFH-Urumuri	<a href="#">Link to ABPDFH Facebook</a>
<b>Cameroon</b>	Cameroon Baptist Convention Health Services	CBCHS	<a href="#">Link to CBCHS website</a>
<b>Kenya</b>	Coalition on Violence Against Women	COVAW	<a href="#">Link to COVAW website</a>
<b>Kenya</b>	Endorois Indigenous Women Empowerment Network	EIWEN	<a href="#">Link to EIWEN website</a>
<b>Kenya</b>	Kenya Female Advisory Organization	KEFEADO	<a href="#">Link to KEFEADO website</a>
<b>Kenya</b>	United Disabled Persons of Kenya	UDPK	<a href="#">Link to UDPK Facebook</a>
<b>Kenya</b>	Women Challenged to Challenge	WCC	<a href="#">Link to WCC Facebook</a>
<b>Malawi</b>	Disabled Women in Africa Malawi	DIWA Malawi	
<b>Nigeria</b>	Equal Basis Development Initiative Jos	EBDI	<a href="#">Link to EBDI Facebook</a>
<b>Rwanda</b>	Umuryango Nyarwanda w'Abagore Bafite Ubumuga (Rwandan Organization of Women with disabilities)	UNABU	<a href="#">Link to UNABU website</a>
<b>Senegal</b>	Alliance Sénégalaise de lutte contre les VBG faites aux femmes et filles handicapées (Senegalese Alliance to	ASV-3FH	

	combat GBV against women and girls with disabilities)		
<b>Senegal</b>	Association des femmes handicapées de Handicap Form'Educ (Association of Women with Disabilities of HFE)	HFE	<a href="#">Link to HFE Facebook</a>
<b>Senegal</b>	Brigade Communautaire de Conscientisation et Dénonciation des violations des droits humains de Ziguinchor (Ziguinchor Community Brigade for Raising Awareness and Denouncing Human Rights Violations)	BCCD	<a href="#">Link to BCCD Facebook</a>
<b>Senegal</b>	Centre d'écoute pour les femmes et filles handicapées de l'Association des personnes handicapées de Pikine (Support centre for women and girls with disabilities run by the Pikine Association of Persons with disabilities)	AHPE	<a href="#">Link to Centre d'écoute AHPE Facebook</a>
<b>Senegal</b>	Comité des femmes handicapées de la FSAPH (FSAPH Women with disabilities' committee)	CF-FSAPH	<a href="#">Link to CF FSAPH Facebook</a>
<b>Senegal</b>	Women In Law and Development in Africa	WILDAF Senegal	<a href="#">Link to WILDAF Senegal Facebook</a>
<b>Togo</b>	Association de Promotion des Femmes Handicapées du Togo (Association for the Promotion of Women with Disabilities in Togo)	APROFEHTO	<a href="#">Link to APROFEHTO Facebook</a>
<b>Togo</b>	Cellule Féminine - Association des Sourds du Togo (Women's wing - Togo Association of the Deaf)	AST	<a href="#">Link to AST Facebook</a> <a href="#">Link to Women's wing AST Facebook</a>
<b>Uganda</b>	Mubende Women with Disabilities Association	MUDIWA	<a href="#">Link to MUDIWA Facebook</a>
<b>Uganda</b>	Lira District Disabled Women Association	LIDDWA	<a href="#">Link to LIDDWA Facebook</a>

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## Regional report

**Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing**

October 2024

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### Summary

Women with disabilities represent up to three-quarters of the population in low- and middle-income countries. Yet, thirty years after the adoption of the Beijing Declaration and Platform for Action (BPfA), enhanced protection through international and regional frameworks including the Convention on the Rights of Persons with Disabilities (CRPD), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of women in Africa (the Maputo Protocol) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities (the African Disability Protocol), the promises of gender equality remain unfulfilled for African women and girls with disabilities.

This report, "Powerful yet Overlooked," brings to light the persistent gaps in inclusion, participation, and the protection of the rights of women and girls with disabilities, despite international commitments and national efforts. It reflects the voices and experiences of 244 women and gender-diverse individuals with disabilities across 23 countries in Africa, drawing on consultations and surveys conducted in collaboration with over 20 women-led organisations of persons with disabilities.

The report was collaboratively authored by a task force comprising Disabled Women in Africa (DIWA), Humanity & Inclusion - Making It Work Gender and Disability project, International Disability Alliance (IDA) and the World Federation of the Deaf (WFD).

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