



# **“Working to Improve Our Own Futures”: Inclusion of Women and Girls with Disabilities in Humanitarian Action**



**WOMEN'S  
REFUGEE  
COMMISSION**

## Research. Rethink. Resolve.

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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Cover photo: WILD participants celebrating together at the annual leadership training in Oregon.  
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## Acronyms & Abbreviations

CRPD	Convention on the Rights of Persons with Disabilities
DPO	Organization of persons with disabilities
DRC	Democratic Republic of Congo
DRF	Disability Rights Fund
GBV	Gender-based violence
MIUSA	Mobility International USA
NAWWD	Network of African Women with Disabilities
NGO	Nongovernmental organization
NUWODU	National Union of Women with Disabilities of Uganda
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation, and Hygiene
WILD	Women's Institute on Leadership and Disability
WRC	Women's Refugee Commission

## Executive Summary

While humanitarian organizations are increasingly recognizing women and girls with disabilities in policies and guidelines,<sup>1</sup> there are still significant gaps in operationalizing this at the field level. The needs and capacities of women and girls with disabilities are often under-represented in gender, protection, and disability forums in a humanitarian crisis. The Secretary-General's Report for the World Humanitarian Summit notes that women and girls with disabilities face multiple forms of discrimination,<sup>2</sup> adding to their risk of violence, abuse, and exploitation.<sup>3</sup> The voices of women and girls with disabilities in affected populations are often not heard, their capabilities not recognized, and they have little opportunity to participate in and lead decision-making.

The Women's Refugee Commission (WRC) project *Strengthening the capacity of networks of women with disabilities on humanitarian issues*,<sup>4</sup> funded by the Australian government and UN Women, supports organizations of women with disabilities to advocate on humanitarian issues at national, regional, and global levels. A global mapping identified and documented the role of organizations of women with disabilities (women's DPOs) in humanitarian response, and effective strategies for the inclusion of women and girls with disabilities in humanitarian and post-conflict programs.

## Key findings

While global, national, and organizational policies and commitments on protection and empowerment of affected populations apply to persons with disabilities, they often lack specific reference to women and girls with disabilities. There is also no globally endorsed operational guidance to support humanitarian actors to implement policies and commitments to disability inclusion in a systematic way, by ensuring appropriate human and financial resourcing; strengthening staff knowledge, attitudes, and practices; and monitoring access and inclusion of women and girls with disabilities. As a

- 
- 1 UNHCR, *Working with Persons with Disabilities in Forced Displacement (2011)*; UNHCR, *Action against Sexual and Gender-based Violence: An Updated Strategy (2011)*; IASC, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (2015)*.
  - 2 *One humanity: shared responsibility*, Report of the Secretary-General for the World Humanitarian Summit (2016). <http://wrc.ms/1svq0Wb>
  - 3 Women's Refugee Commission, *Disability inclusion: Translating policy into practice in humanitarian action* (New York, WRC 2014); Women's Refugee Commission and International Rescue Committee, *"I see that it is possible": Building capacity for disability inclusion in gender-based violence programming in humanitarian settings* (New York, WRC 2015); Human Rights Watch, *"As if we weren't human": Discrimination and violence against women with disabilities in Northern Uganda* (New York, HRW 2010).
  - 4 Project summary can be found at <http://wrc.ms/strengthen-women-DPOs>

result, women and girls with disabilities fall through the cracks in both disability and gender policy and programming in humanitarian contexts, with no enforced accountability mechanism to ensure their inclusion across different sectors.

There are, however, some strategies that promote the inclusion of women and girls with disabilities in humanitarian action. These include advocacy and technical support by women's DPOs, and positioning of women with disabilities in leadership roles in humanitarian organizations, programs, and activities. Such strategies have wide-ranging impact on inclusion across a humanitarian response by bringing appropriate expertise, demonstrating skills and capacities, and raising awareness among humanitarian actors and affected populations alike.

The expertise of women's DPOs remains largely untapped in humanitarian crises, from the onset of an emergency through to recovery and development, as they face a vicious cycle of lack of funding and less organizational capacity. Their exclusion from both the disability and the women's rights movements further hinders their capacity development and leadership opportunities in the humanitarian sector.

## Key recommendations

Effective inclusion of women and girls with disabilities in humanitarian action requires collective action by States, UN agencies, and humanitarian, development, and disability actors.

- **Strengthen accountability for inclusion of women and girls with disabilities by developing gender-sensitive inter-agency guidelines on disability inclusion in humanitarian action.** Such guidelines should:
  - » mainstream the issues of women and girls with disabilities in all sectors, particularly gender-based violence, sexual and reproductive health, and livelihoods sectors;
  - » establish indicators for the inclusion of women and girls with disabilities against which humanitarian agencies and organizations must report;
  - » support the formation of representative groups of women and girls with disabilities in communities affected by crisis and conflict; and,
  - » ensure equal representation of women and men with disabilities in community committees and humanitarian coordination structures.

- **Increase support to organizations of women with disabilities in crisis-affected countries** by:
  - » setting targets and monitoring funding to women's DPOs in both development and humanitarian programs;
  - » providing sub-grants that cover both operational costs and activities with affected populations;
  - » prioritizing women's DPOs from crisis-affected countries for organizational capacity-building programs and support.
- **Advance gender equality in humanitarian and development organizations** by:
  - » setting targets and monitoring the number of women and girls with disabilities participating in formal and non-formal education, adolescent girl activities, economic strengthening, and community leadership;
  - » committing to and monitoring progress on gender equality within organizations, supporting implementation of the Sustainable Development Goals and the core commitments from the World Humanitarian Summit.
- **Promote the leadership of women and girls with disabilities in humanitarian action** by:
  - » partnering with women's DPOs to provide capacity building and mentoring on the humanitarian system;
  - » recruiting women with disabilities as community volunteers and staff, ensuring a representative workforce in affected-populations.

A full list of recommendations can be found on page 30.



Participants at the end of the 2016 Humanitarian Action Training for Women's DPO leaders in Nairobi, Kenya.  
© Rose Ogola/UN Women

## Introduction

As highlighted in the Report of the Secretary-General for the World Humanitarian Summit,<sup>5</sup> women and girls continue to be left behind in humanitarian action. Those with disabilities, an estimated 15 percent of the population,<sup>6</sup> face multiple forms of discrimination, adding to their risk of violence, abuse, and exploitation.<sup>7</sup> The voices of women and girls with disabilities in affected populations are often not heard, their capabilities not recognized, and they have little opportunity to participate in and lead decision-making.

The Convention on the Rights of Persons with Disabilities (CRPD) requires that state parties “ensure that protection services are age-, gender- and disability-sensitive” (Article 16).<sup>8</sup> While humanitarian organizations are increasingly recognizing people with disabilities in policies and guidelines,<sup>9</sup> there are still significant gaps in operationalizing this at field levels, and the specific needs and capacities of women and girls with disabilities are often under-represented in gender, protection, and disability forums in a humanitarian crisis. Furthermore, women’s DPOs, which can play a critical role in bridging the development/humanitarian divide in an emergency, and also in strengthening community resilience in situations of protracted crisis, are not meaningfully included in humanitarian coordination and decision-making.

It is critical that global humanitarian and development goals on gender and disability, such as those made in the Sustainable Development Goals,<sup>10</sup> the Sendai Framework for Disaster Risk Reduction,<sup>11</sup> and the Agenda for Humanity,<sup>12</sup> are inclusive of women and girls with disabilities and their representative organizations from crisis-affected communities. Only then will the rhetoric to “leave no one behind” be a reality. Towards this goal, the WRC project *Strengthening the capacity of networks of women with disabilities on humanitarian issues*,<sup>13</sup> funded by the Australian government and UN Women, seeks to support advocacy and leadership of women with disabilities on humanitarian issues at national, regional, and global levels. This report documents the findings and recommendations drawn from a global mapping to document positive practices, gaps, and oppor-

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5 See note 2.

6 World Health Organization and the World Bank, *World Report on Disability* (2011).

7 See note 3.

8 United Nations, Convention on the Rights of Persons with Disabilities (2006).  
<http://www.un.org/disabilities/convention/conventionfull.shtml>

9 See note 1.

10 <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

11 <http://www.unisdr.org/we/coordinate/sendai-framework>

12 <http://wrc.ms/agenda4humanity>

13 For more detail about this project, see <http://wrc.ms/strengthen-women-DPOs>



tunities for inclusion of women and girls with disabilities in humanitarian programming. The mapping also documented the role of women's DPOs in humanitarian responses, identifying opportunities and capacity development goals.

## Background

Rigorous peer-reviewed research on the inclusion of women and girls with disabilities in humanitarian action remains limited.<sup>14</sup> However, there is a growing body of literature, including organizational assessments and reports, and UN agency and government policies and strategies, that recognizes that women and girls with disabilities face additional risks in humanitarian crisis, and calls for their participation in humanitarian program design, implementation, and monitoring.<sup>15</sup>

It is widely acknowledged that humanitarian organizations, including UN agencies and local and international nongovernmental organizations (NGOs), often fail to identify and meet the needs of women and girls with disabilities, including those needs related to their disability, but also to their age and gender. Women and girls with disabilities face attitudinal barriers — from community members, their families, and service providers alike — as well as environmental and communication barriers. These barriers not only reduce their voice and participation in program planning, but also their access to essential services, including sexual and reproductive health, and gender-based violence (GBV) prevention and response activities.<sup>16</sup>

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- 14 The WRC undertook a background literature review to document the current evidence base on effective strategies and ongoing gaps in inclusion of women and girls with disabilities in humanitarian programming, and the role of organizations of women with disabilities in humanitarian action. Fifty-five relevant items met the inclusion criteria. Of these, only seven were from peer-reviewed journals or publications. The majority of literature on this topic is from non-peer-reviewed papers, and organizational reports, policies, or strategies.
- 15 Women's Refugee Commission and International Rescue Committee, *"I see that it is possible": Building capacity for disability inclusion in gender-based violence programming in humanitarian settings* (2015); Human Rights Council: Twentieth session *Annual report of the United Nations High Commissioner for Human Rights – Thematic study on the issue of violence against women and girls with disabilities* (2012); Stephanie Ortoleva and Hope Lewis, *Forgotten sisters – A report on violence against women with disabilities: An overview of its nature, scope, causes and consequences* (2012); Handicap International, *Disability in Humanitarian Context - Views from affected people and field organisations* (2015); United Nations High Commissioner for Refugees, *Action against Sexual and Gender-Based Violence: An Updated Strategy* (2011); United States Department of State, *Implementation Plan for the National Action Plan on Women, Peace and Security* (2012); World Humanitarian Summit Secretariat, *Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit* (2015); Women's Refugee Commission, *Disability Inclusion: Translating Policy into Practice in Humanitarian Action* (2014); Human Rights Watch, *'As If We Weren't Human' Discrimination and Violence against Women with Disabilities in Uganda* (2010).
- 16 Women's Refugee Commission and International Rescue Committee, *"I see that it is possible": Building*

Positive practices on inclusion of women and girls with disabilities are being increasingly documented across the development sector, but less so across the humanitarian sector. The *Making it Work Initiative on Gender and Disability Inclusion*<sup>17</sup> has documented 11 good practices in 10 countries. Of the 11 initiatives profiled, only one was directly related to humanitarian programming.<sup>18</sup> In this example, the International Rescue Committee, in partnership with the WRC, implemented a participatory action research project with refugee communities in Burundi, Ethiopia, and Jordan, as well as in conflict-affected communities in Northern Caucasus. They developed concrete actions to improve the accessibility of their women's protection and empowerment programs, engaging women and girls with disabilities in evaluating which actions were most important for them.<sup>19</sup>

The need for program evaluation around the inclusion of women and girls with disabilities is clearly outlined in several UN agency and donor government policies.<sup>20</sup> Yet, very little material was found that reported on the implementation of these policies. Furthermore, there was no documented evidence of the impact these policies may have on the lives of women and girls with disabilities in humanitarian settings.

There are no globally endorsed inter-agency guidelines on disability inclusion in humanitarian action, and other forms of operational guidance tend to refer to persons with disabilities as a homogenous, often degendered, group. For example, the 2015 *Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC GBV Guidelines), while recognizing the vulnerability of women and girls with disabilities, provides only broad recommendations on persons with disabilities. Throughout the guidelines, there are calls for humanitarian actors to "give particular attention" to women with disabilities, but no specific guidance about **how** to include them in existing programming.<sup>21</sup>

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*capacity for disability inclusion in gender-based violence programming in humanitarian settings* (2015); Human Rights Watch, *'As if We Weren't Human' Discrimination and Violence against Women with Disabilities in Uganda* (2010). World Humanitarian Summit secretariat, *Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit* (2015).

17 <http://www.endabusepwd.org/resource/making-it-work-initiative/>

18 Lisa Fenu & Ulrike Last, *Making it Work: Initiative on gender and disability inclusion: advancing equity for women and girls with disabilities* (Handicap International: 2015).

19 Women's Refugee Commission and International Rescue Committee, *"I see that it is possible": Building capacity for disability inclusion in gender-based violence programming in humanitarian settings* (2015).

20 Development for All 2015-2020, *Strategy for strengthening disability-inclusive development in Australia's aid program* (Canberra: Commonwealth of Australia, 2015); United Nations High Commissioner for Refugees, *Action against Sexual and Gender-Based Violence: An Updated Strategy* (2011); UK Department for International Development (DFID) *Disability Framework 2014: Leaving No One Behind* (2014).

21 IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action - Reducing risk, promoting resilience and aiding recovery* (2015). <http://gbvguidelines.org/>

The *Minimum Standards for Age and Disability Inclusion in Humanitarian Action*,<sup>22</sup> prepared by a consortium of age and disability actors, however, provides more practical references and specific recommendations on the inclusion of women and girls with disabilities in different sectors of humanitarian action. For example, these standards detail how humanitarian actors should ensure that women and girls with disabilities have “private spaces to wash themselves, to wash and dry stained clothing and cloths used for menstrual hygiene management, and to dispose of sanitary materials,” as well as “sufficient space for the assistance of a carer if required.”



Humanitarian Action Training activity with the Network of African Women with Disabilities in Nairobi, Kenya. © Boram Lee

A commonly recommended strategy for disability inclusion is the engagement of organizations of persons with disabilities (DPOs) to improve referral processes and access technical expertise. Available research suggests that local disability actors and DPOs often lack a connection with affected populations living in their countries. A report from 2008 found that refugee women and girls with disabilities were largely not connected with local DPOs and local DPOs were not informed or aware of the unique needs and vulnerabilities of displaced and refugee women and girls with disabilities living in their countries.<sup>23</sup> There are, however, some isolated examples in more recent literature of women’s DPOs engaging in advocacy on inclusion of women and girls with disabilities affected by crisis and conflict in national policies and programs.<sup>24</sup> Such examples are by all measures limited, but provide

22 HelpAge International on behalf of the Age and Disability Consortium (ADCAP), *Minimum Standards for Age and Disability Inclusion in Humanitarian Action* (2015).

23 Women’s Refugee Commission, *Disabilities among Refugees and Conflict-Affected Populations. Resource Kit for Fieldworkers* (New York: WRC 2008).

24 Gulu Disabled Persons Union, *More than just a ramp* (2010); Network of African Women with Disabili-

a positive progression that should be evaluated and scaled up.

There is no guidance for women with disabilities and their representative organizations on how they can become more active in humanitarian programming. Similarly, there is no detailed guidance on how humanitarian actors should be engaging women with disabilities and their organizations in decision-making processes, representing a gap in accountability within the humanitarian system. Hence, the WRC conducted a global mapping to identify positive practices for systematic inclusion of women and girls with disabilities in humanitarian action, and to develop recommendations to strengthen the participation and leadership of women and girls with disabilities in humanitarian action.

## Methodology

The Global Mapping sought to:

1. identify and document effective strategies for the inclusion of women and girls with disabilities in humanitarian and post-conflict programs;
2. document the role of women with disabilities in humanitarian response, including gaps, opportunities and capacity development goals for regional and global networks of women with disabilities;
3. formulate multi-stakeholder recommendations on promoting inclusion of women and girls with disabilities affected by crisis and conflict, advancing the Agenda for Humanity<sup>25</sup> and the implementation of the Sustainable Development Goals.<sup>26</sup>

Information was collected from humanitarian and disability actors globally through an online survey, key informant interviews, and a participatory self-assessment exercise for women's DPOs.

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ties, *Commission on the Status of Women 59th Session Report* (NAWWD, 2015); NSRP Nigeria, *What Violence Means to Us: Women with Disabilities Speak* (2015). See also: Susan Sygall & Susan Dunn, *Women with disabilities leading the way toward inclusive emergency response* (2014).

25 <https://consultations.worldhumanitariansummit.org/bitcache/5a7c81df22c7e91c35d456a1574aa6881bb044e4?vid=569102&disposition=inline&op=view>

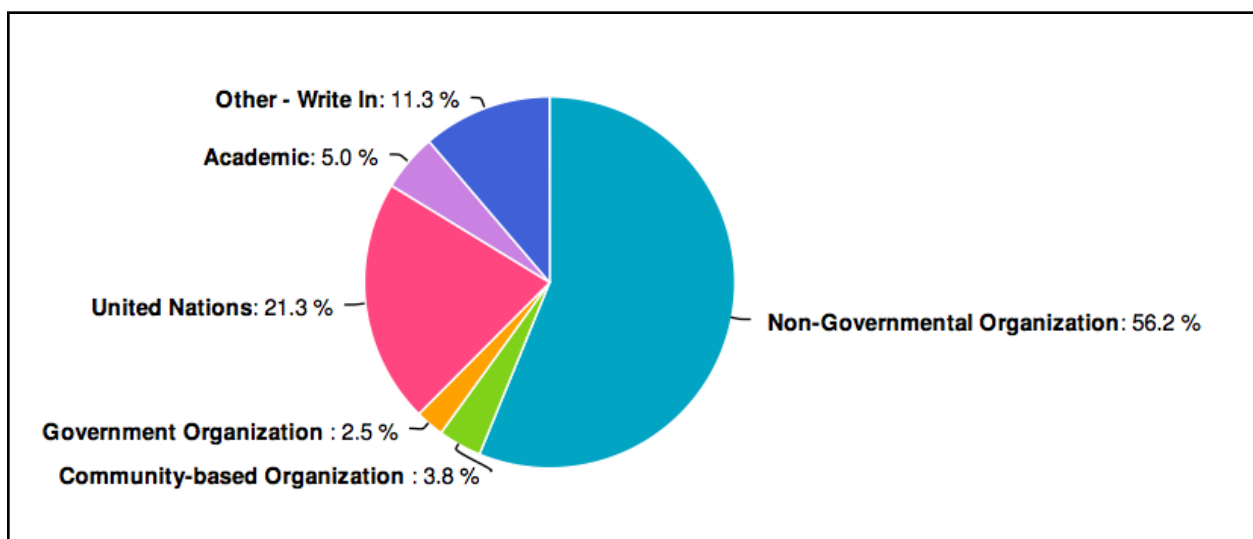
26 <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

## Online survey of disability and humanitarian actors

The online survey sought to identify initiatives relating to disability, gender, and humanitarian action, including project resources, trainings, and positive programming practices that may have not yet have been documented in literature. Two surveys were developed – one for humanitarian actors and one for disability actors – and hosted on an online survey platform for 30 days. Invitations to complete the surveys were distributed through emails, online list serves, and using social media accounts of relevant disability, gender, and humanitarian groups. Consultations were held with the accessibility team at Survey Gizmo in order to improve the accessibility features of the survey for people who use screen reader technology.

The “Online Survey for Humanitarian Professionals: Including Women and Girls with Disabilities” was designed for participants with expertise in gender and/or humanitarian action. There were 91 survey respondents; 38 percent identified as male, 60 percent as female, and 1.3 percent as other.<sup>27</sup> Over half (56 percent) of the respondents were from NGOs and 21 percent from UN agencies. See Chart 1 for a breakdown of types of humanitarian organizations. Survey participants were from 35 countries, across six regions. Sub-Saharan Africa had the highest number of participants, followed by the Middle East and North Africa region. Participants reported their organizations were involved in a wide range of humanitarian programs and activities. Over half of respondents reported undertaking emergency preparedness, women’s empowerment, prevention and response to GBV, health, and advocacy activities within the scope of their humanitarian programming.

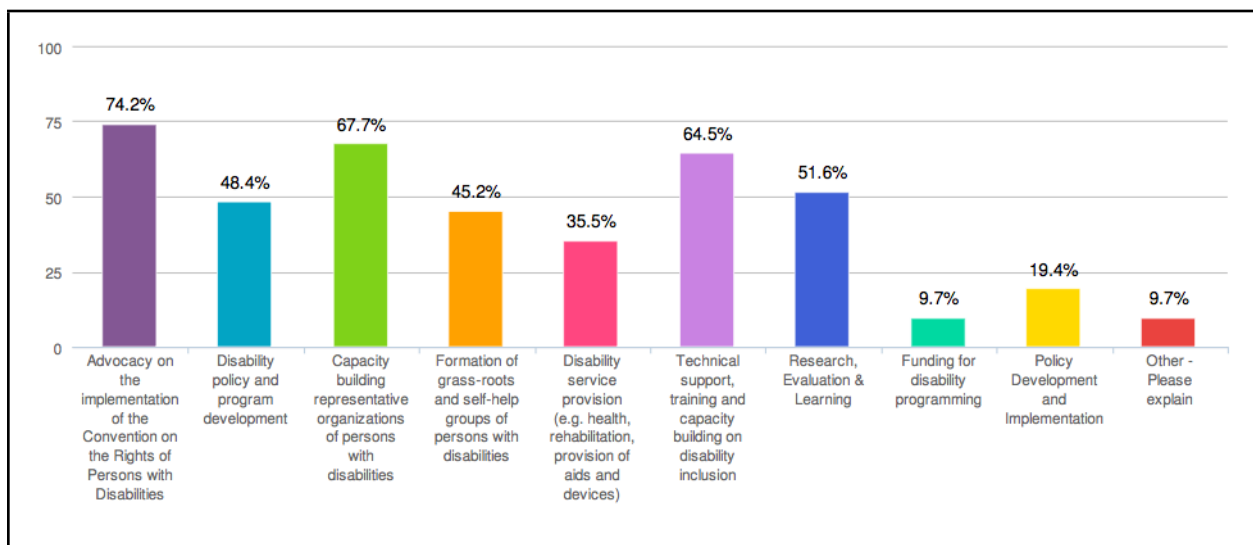
**Chart 1: Online Survey for Humanitarian Professionals – Types of Organizations**



<sup>27</sup> 0.7% of respondents left this question about gender incomplete.

The “Online Survey for Disability Actors: Including Women and Girls with Disabilities in Humanitarian Programming” was designed for people with expertise in the disability sector and open to participants who are currently affiliated with the national, global, and regional DPO networks. There were 35 survey respondents, of which 73 percent identified as female and 27 percent as male. Survey participants were from 16 countries, across six regions globally. Sub-Saharan Africa had the highest number of participants, followed by the Asia-Pacific Region. The majority of survey respondents were representatives from DPOs (74 percent), of which 84 percent were from women’s DPOs. Survey respondents reported that their organizations conducted a range of activities shown in Chart 2: Types of disability programs and activities that disability organizations conduct.

**Chart 2: Online Survey for Disability Actors – Types of Disability Programs and Activities**



Survey data was collected and analyzed using Survey Gizmo. Surveys with missing data were removed from the final analysis. The main research questions guided the analysis process for both of the online surveys. Initial stratified analysis was conducted based on key demographic or cohort groups to detect information most relevant to each of the research questions. Themes were generated from open-ended questions on facilitators and barriers to inclusion, as well as strategies and support needed. Results from the online survey were used to inform design of the key informant interview question guides.

## Key informant interviews

Key informant interviews are designed to collect information from people with first-hand knowledge and expertise who could provide insight on the nature of problems and give recommendations for solutions.<sup>28</sup> As such, semi-structured interviews were conducted with individuals who are actively engaged in the disability, gender, and humanitarian community. All interviews took place on the phone or via internet-based phone conferences. The same person facilitated all interviews. As needed, tailored questions were added and unstructured discussions were occasionally used to solicit the most relevant information from each expert. Interviews were transcribed and relevant data was used to identify key recommendations for this report. Twelve interviews, each approximately an hour long, were completed. All key informants were women, and half identified as women with disabilities. Informants represented a range of organizations across the disability and humanitarian sectors, including the International Federation of the Red Cross, Women Enabled, the GBV Area of Responsibility, Disabled People's International, CBM International, Disability Rights Fund, UN High Commissioner for Refugees (UNHCR), UNICEF, and Handicap International.

## Participatory self-assessments for women DPO leaders

This phase of the mapping afforded organizations and networks of women with disabilities the opportunity to share more details about their strengths, gaps, and capacity development goals in humanitarian action. A participatory self-assessment exercise was developed for the women DPO leaders to gather information from the staff, volunteers, and members of their organizations. Selected women's DPO leaders were emailed the tool, provided an introduction to the tool via conference call, and instructed on how to use the tool to gather information from their members.

Eleven organizations and networks were invited to complete the self-assessment. By the end of the data collection phase, nine organizations submitted their findings to WRC for more detailed analysis. Two organizations were able to work on the assessment in person with members; five organizations worked on the assessment with members remotely and submitted summarized results; and two organizations had executive members speak directly to the WRC, completing the assessment jointly on a conference call. Organizations and networks of women with disabilities from Afghanistan, Haiti, Kenya, Pakistan, Rwanda, Sri Lanka, Uganda, and Zimbabwe completed the self-assessment.

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28 UCLA Center for Policy Research, *Health DATA Program – Data, Advocacy and Technical Assistance* (2011).

## Limitations

Survey respondents were invited to participate through their affiliation with a network and/or their connection to the disability, humanitarian, and gender communities to share positive practices on inclusion of women and girls with disabilities. As such, most respondents already had some interest and/or experience in disability inclusion. This approach enabled the WRC to identify positive practices and what works, where, and why in inclusion of women and girls with disabilities in different humanitarian contexts.<sup>29</sup> Findings may not, however, reflect the range of challenges that less experienced humanitarian organizations/actors may face and/or perceive relating to disability inclusion. Furthermore, the survey findings are biased towards larger organizations and agencies with linkages to global communities of practice, those with access to the internet, and those able to read and write in English.

The participatory self-assessment was designed to support remote data collection from grass-roots groups of women with disabilities in their local languages. Some women's DPO leaders, however, had limited in-person contact with members, which made it challenging for them to complete the activity as outlined. Additionally, some organizations commented that the self-assessment tool was too technical and/or challenging to understand. This resulted in a number of semi-complete sections in the assessments, but also possibly reflects gaps in knowledge relating to humanitarian action. The WRC used existing DPO partnerships for the participatory self-assessment, which limited the scope of the findings to certain geographical regions, notably Africa and South Asia. Key informant interviews were then used to gather information from other regions that were not represented in the DPO self-assessment data.

While efforts were made to make the online survey, DPO self-assessment, and interviews as accessible as possible for participants, there is a high likelihood that some individuals with disabilities, such as those with intellectual disabilities, were under-represented in this mapping. Lastly, small-scale initiatives in isolated areas that have not yet been documented and shared with the sector, or have not been published in English, may not have been detected during this mapping process.

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29 "Positive deviance" is a research approach that explores how in "any context, certain individuals confronting similar challenges, constraints, and resource deprivations to their peers, will nonetheless employ uncommon but successful behaviors or strategies which enable them to find better solutions," and involves the study of innovative solutions which are identified and defined positive behaviors and/or outliers. [http://betterevaluation.org/plan/approach/positive\\_deviance](http://betterevaluation.org/plan/approach/positive_deviance)



## Findings from the Global Mapping

### Inclusion of women and girls with disabilities in humanitarian response

Seventy-five percent of humanitarian actors in the online survey reported that their organizations' activities in humanitarian settings were inclusive of women and girls with disabilities. The most commonly cited actions taken by such agencies were including women and girls with disabilities in needs assessments (73.5%); staff training and capacity building on disability inclusion (61.8%); and prioritizing this group for assistance and services (61.8%).

Despite these positive findings, only 35 percent of respondents reported setting specific targets or indicators for the participation of women and girls with disabilities in humanitarian activities, presenting significant challenges to monitoring of access and inclusion in implementation. Furthermore, less than half the humanitarian actors surveyed included women with disabilities as staff and/or volunteers in their programs; and only 41 percent networked or communicated with women's DPOs, suggesting that women with disabilities remain largely isolated to the role of beneficiary in humanitarian settings.

### *Gaps and barriers to inclusion of women and girls with disabilities*

Both humanitarian and disability actors identified the following as challenges to including women and girls with disabilities in humanitarian action:

***Gaps in policy development and implementation*** – Both disability and humanitarian actors reported that while policies and commitments on protection and empowerment of affected populations apply to persons with disabilities, they lack specific reference to women and girls with disabilities. This extends to policies and commitments that are focused on gender equality and women's protection, including women, peace, and security resolutions and action plans. Furthermore, while all agree these policies should equally benefit and include women and girls with disabilities, there is a gap in institutional support to translate these into action at the field level, including dedicated funding to ensure that programs reach marginalized groups of women and girls, such as those with disabilities. Essentially, women with disabilities fall through the cracks in both disability and gender programming, with no enforced accountability mechanism to ensure their inclusion in the humanitarian sector.

*“Most resolutions on women, peace, and security have no mention of women and girls with disabilities, and when they do, they are only from*

*the protection standpoint. They are never, or hardly ever, viewing women with disabilities as actors and peace builders. They are not engaged in revitalizing their countries post-conflict.”*

– Representative of a women’s DPO, USA

**Negative attitudes of family members and communities** – Humanitarian actors ranked the “attitudes of family members and communities” as the second most significant challenge to including women and girls with disabilities in humanitarian activities. Negative attitudes around disability, the overall status of women in certain communities, and fearful and protective reactions by family members were listed as factors that presented a challenge for humanitarian actors in their work. Some humanitarian actors reported that families may not disclose, or may hide, a woman or girl with a disability, making them even more “invisible.” Furthermore, humanitarian actors reported that activities to change negative attitudes towards women and girls with disabilities are often met with resistance and can foster a sense of distrust between them and the community.

These findings resonate with reports from disability actors that there is a “fear amongst women with disabilities in conflict regions to open up to outsiders” because their families or community members perceive this may expose them to further threats or violence. In some settings, cultural and language barriers also exist between the local DPOs in the host community and women and girls who were living as refugees, adding further challenges to engaging them in humanitarian action. Lastly, others said that crisis-affected communities perceive that there is “no hope” for women and girls with disabilities, and as such community leaders simply do not view them as a “priority” or represent their needs in community decisions.

**Limited staff knowledge, attitudes, and practices** – Humanitarian actors perceive that they are ill equipped to ensure that women and girls with disabilities are included in humanitarian action, particularly where there are no comprehensive programs for the roll-out, implementation, and monitoring of organizational policies at field levels. A participant in the online survey highlighted this point:

*“According to the mandate of my organization, disability is a crosscutting issue which is supposed to be added in programming. However, we do not have the adequate expertise, appropriate training, or dedicated staff members to help accomplish this.”*

– Humanitarian actor, Bangladesh

While training on disability is conducted in many settings, it may have only limited

impact on the attitudes of field staff, and disability actors report that humanitarian actors continue to perceive women with disabilities as the objects of charity and protection, rather than as active participants in humanitarian action or change agents in their community. Survey respondents and key informants highlighted that while there are some isolated pilot projects on the inclusion of women and girls with disabilities that have exposed humanitarian actors to the skills and capacities of this group,<sup>30</sup> these are not yet to scale or systematic across the humanitarian sector.

***Lack of champions and local partners*** – As one respondent explained, there is “a lack of strong advocates for women and girls with disabilities [and] a lack of strong partners who can deliver programs in this area.” In the absence of strong accountability at field levels, inclusion of women and girls is largely reliant on champions to advocate for inclusion of women with disabilities, and partners who are prepared to focus on this group. Women’s DPOs, where they exist, can play a critical role in this process. Humanitarian actors, however, described practical barriers to organizations of women with disabilities having contact with conflict-affected populations.

*“A very practical barrier we often see in our country operations is distance of the humanitarian response area compared to where national CSOs [civil society organizations], CBOs [community-based organizations], and DPOs are based. For example, in Chad, refugees are living over six hours away from the capital, where all of the DPOs are based.”*

– Humanitarian actor, Switzerland

### ***Strategies that foster inclusion of women and girls with disabilities***

The following factors were identified as facilitators of successful inclusion of women and girls with disabilities in humanitarian action:

***An organizational commitment to translate policy into practice*** – While broader organizational policies remain relevant to women and girls with disabilities, participants highlighted that explicit organizational commitments in the form of policies that integrate both disability and gender mainstreaming, such as UNHCR’s Age, Gender, and Diversity policy,<sup>31</sup> fostered greater attention to the needs of women and girls with disabilities in humanitarian programming. Some participants went further, however,

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30 Respondents and key informants cited actions conducted by the Women’s Refugee Commission, Handicap International, UNHCR, Mobility International USA, International Rescue Committee, and Disability Rights Fund.

31 <http://www.unhcr.org/protection/women/4e7757449/unhcr-age-gender-diversity-policy-working-people-communities-equality-protection.html>

highlighting the importance of setting standards and indicators, as well as training and follow-up, to ensure the implementation of such policies.

*“We are making progress towards more inclusion of women and girls with disabilities in the field because we have adopted a new mandate, which gives us guidance and makes us more focused on gender and diversity in our work. Because of these commitments, and what we learned in ADCAP [the Age and Disability Capacity Building Program] consultations when we were working to revise minimum standards on commitments to persons with disabilities, we have become much more aware of specific needs.”*

— Humanitarian actor, Switzerland

### ***Advocacy by and partnerships with organizations of women with disabilities –***

Other positive examples highlighted in the survey and interviews related to advocacy by women’s DPOs on the inclusion of women and girls with disabilities in humanitarian action. As one humanitarian actor reported, “[A]dvocacy by groups representing the needs of women and girls with disabilities has been critical to bringing this issue to the attention of health and humanitarian actors.”

Furthermore, humanitarian actors highlighted the importance of partnering with women’s DPOs, drawing on their expertise and influencing program delivery to be more inclusive of women and girls with disabilities affected by crisis. A representative from the Consortium of Reproductive Health Associations (CORHA) in Ethiopia describes “...the fact that our consortium has disability focusing members, who allow us to network with the organizations of persons with disabilities, has helped us to be inclusive of issues of disabilities in our activities.”

#### **Partnerships between civil society and women’s DPOs**

The Society of Collective Interests Orientation (SOCIO-Pakistan), a national civil society group in Pakistan, reported partnering with a women’s DPO to conduct a Forum on Women with Disabilities in Balochistan, one of the poorest regions of the country. The Forum’s objective was to raise awareness about the needs of women and girls with disabilities who are affected by crisis and start to mobilize resources and support for them. Their partner, the National Forum of Women with Disabilities, brought expertise on disability inclusion, while SOCIO-Pakistan brought experience working in crisis-affected communities. These collaborative initiatives between disability and humanitarian organizations brought the needs of women with disabilities to the forefront of discussions among a range of humanitarian actors and supported both organizations to expand their network of stakeholders for future collaborations.



Participants at the end of the 2016 Humanitarian Action Training for Women's DPO leaders in Nairobi, Kenya.  
© Rose Ogola/UN Women

***Women with disabilities in leadership roles*** – Respondents and key informants also highlighted the importance of having women with disabilities in leadership roles in humanitarian organizations, programs, and activities, and the wide-ranging impact this can have on inclusion across a humanitarian response. These respondents acknowledged that women with disabilities and their organizations bring both expertise and critical awareness-raising when taking a leadership role among humanitarian stakeholders.

These women leaders are often representing women's DPOs in humanitarian coalitions and/or forums, strengthening inclusion beyond their own body of work or an individual humanitarian partner. For example, one survey respondent from a UN agency in the Central African Republic said that having an implementing partner agency focused on women with disabilities, and also led by a woman with disabilities, was a critical factor to raising the profile of this group in their women's empowerment work.

There is, however, still a significant gap in women with disabilities in leadership roles within the humanitarian coordination system. The mapping was only able to identify one example of a woman with a disability who was part of the senior management team for a UN agency responding to crisis, presenting a positive model for other humanitarian organizations and actors (see box, page 18).

## Women's Leadership in humanitarian coordination: Role modeling disability inclusion in humanitarian action

Cara Elizabeth Yar Khan was the first woman with a severe impairment to be deployed by UNICEF in an active crisis setting. In the aftermath of the 2010 earthquake in Haiti, Cara was recruited as a resource mobilization specialist for the UNICEF Haiti team. Cara brought her lived experience as a woman with a disability to her work and the work of others, earning herself the additional role of disability focal point for the UNICEF Haiti country office.



“Once I went to attend a high-level meeting,” says Cara. “Upon arriving at the venue, the heads of organizations, INGOs, and donor agencies, A-list celebrities, and Haitian dignitaries were already present. I was ushered to sit at the side of the room, not at the main table, because they were saving that spot for the UNICEF ‘decision maker’ — not realizing that was me. They couldn’t believe that a woman with a disability was in a position of power. I moved myself to the main table, where I actively and diplomatically participated in the meeting. Over the next year, I went on to work closely with these same government, UN, and INGO leaders. I know for a fact that on that first day, I broke down stereotypes, literally making a spot for myself at the table.”

“One of the most profound personal and professional experiences was witnessing the changes in attitudes and behaviors of my Haitian colleagues. They admitted they had never known of a woman with a disability in a leadership position. After working closely together, and becoming friends, they

started to think differently about how they could make their in-country teams more inclusive and how they should partner with local DPOs. They realized they must include girls with disabilities in their programming. At my farewell reception they told me their greatest wish was that when I returned to visit them, there would be Haitians with disabilities working in the UNICEF office; they now understood the valuable contribution that anyone of any ability could make. I am told that even long after I was stationed in this country, I had a lasting impact, just by working hard, role modeling for others, and teaching people about how to be more aware of the needs of those in the disability community, not to mention how to better meet the needs of humanitarian programming.

“I’ve had to overcome many obstacles in my life. Constantly I have to think about how to solve problems. When we are working in the worst crisis situations in the world, we must always be thinking of and be focused on finding innovative solutions. Thanks to my daily struggle and the endless barriers my environment challenges me with, I seem to just do this naturally.”

*Photo: Cara Elizabeth Yar Khan at the logbase office in Haiti. © Tajwinder Chand*

**The role of donors** – Several survey respondents and key informants referenced the critical role that donor governments can play in influencing humanitarian actors to include women and girls with disabilities. Donors are increasingly calling for partners to conduct a gender analysis and to describe how they will reach persons with disabilities in their proposals for humanitarian programs, which is perceived as a facilitator to promoting inclusion of women and girls with disabilities in humanitarian action. Only two humanitarian actors, however, described including women and girls with disabilities and/or strengthening their programming for women and girls with disabilities as a result of support from such donors. Women’s DPOs also reported facing significant challenges accessing donor government funds, relying instead on funding available through nongovernment grant-makers and foundations, such as the Disability Rights Fund.

### Donor support for grass-roots groups of women with disabilities



DRF Program Officer, Yolanda Munoz, speaks with women with disabilities in the Peruvian Amazon. © Andy Isaacson

The Disability Rights Fund (DRF) has played an influential role in supporting women’s DPOs in key regions around the world. DRF grant-making focuses on marginalized groups, and they actively track the percentage of funding awarded to women’s DPOs and other DPOs focusing their work on women with disabilities. Since 2008, 12 percent of US\$17 million of funding (over US\$2 million) has gone to DPOs working on issues specifically related to women and girls with disabilities.

*(Continues on next page)*

### **Donor support for grass-roots groups of women with disabilities** (continued)

DRF's support for women's DPOs was evidenced in the recent Women Enabled (WEI) Survey and Mapping Project report, where half of all women-led disability rights advocacy organizations surveyed cited DRF as a primary funding source. While not all of DRF's funding is directed towards organizations in crisis-affected communities, they have thoughtfully selected organizations working in countries where there are humanitarian situations. DRF has funded organizations in post-conflict countries, such as Uganda and Rwanda, countries where conflict and crisis is active, such as Ukraine and Lebanon, and has directed funding to disability-inclusive disaster risk reduction in areas where natural disasters have occurred, such as Bangladesh, Haiti, Indonesia, and the Pacific Islands.

*"A good entry point is to support groups of women with disabilities – whether in the community or within refugee camps or displacement settings. This will build their confidence and their solidarity. With a unified voice, they can influence authorities, for example, camp management, to understand both their needs and their potential to contribute to solutions."*

– Diana Samarasan, Founding Executive Director, Disability Rights Fund

## **Organizations of women with disabilities – Their role in humanitarian action**

Sixteen survey respondents were from women's DPOs, of which 11 were actively including women and girls with disabilities from crisis-affected communities in their work. All of these organizations were raising awareness with women and girls with disabilities about their rights, with 80 percent directly consulting with women and girls with disabilities from affected populations. Sixty percent of these organizations were also mobilizing women and girls with disabilities into grass-roots and self-help groups, and had established referral systems with humanitarian actors.

Representatives from women's DPOs responding to the survey reported undertaking activities to promote inclusion of women and girls with disabilities in humanitarian action. The most common activities undertaken were training for humanitarian actors (87%), targeted advocacy for the inclusion of women and girls with disabilities in humanitarian action (81%), and networking and alliance building with humanitarian actors (75%).

### ***Strengths of women with disabilities and their organizations***

Survey results, informant interviews, and self-assessments sought to identify the strategies used by women's DPOs to foster inclusion in humanitarian action, and their perceived strengths or contributions to the humanitarian sector.

***Conducting assessment and monitoring*** – As stated above, women's DPOs can



play a critical role in identifying the concerns of women and girls with disabilities in affected populations, highlighting gaps in the humanitarian system where their needs, rights, and capacities are not being fully recognized, fostering not only inclusion, but also accountability. Women's DPOs shared their experiences conducting field visits to refugee camps in Malawi, where they identified some of the protection concerns faced by refugee women and girls with disabilities, including "selling their bodies for rations, [as] they were so focused on day-to-day survival." Information gathered by the women's DPO was then shared with national and international protection actors, highlighting the specific needs of women and girls with disabilities affected by crisis and the demand for services to meet these needs.

Two positive examples were identified in the mapping of women's DPOs undertaking assessments and using information to raise the profile of issues of women and girls with disabilities – one from the Democratic Republic of Congo (DRC) and one from the Occupied Palestinian Territories. In both examples, women's DPOs led initiatives, to collect data and personal stories of women and girls with disabilities who were living in affected communities. They developed communication strategies and activities that

allowed them to share these stories with new audiences, creating unique platforms that facilitated interactions and networking opportunities between their DPOs and key stakeholders.

*"One of the biggest changes for us as a women's DPO working to support some of the most vulnerable and forgotten women in the DRC conflict was access to the internet. Once we were able to get online, we were able to establish a presence; we had a whole new audience who wanted to hear our stories and wanted to support our work."*

– Neema Namadamu, Founder of SAFECO, DRC



Women's DPO leader and human rights activist Neema Namadamu poses for a photo in the DRC.

## Stars of Hope, Occupied Palestinian Territories – Engagement throughout the humanitarian cycle

Stars of Hope (SHS), a women’s DPO based in the Occupied Palestinian Territories and working throughout the Middle East region, has a long history of working on the empowerment of women and girls with disabilities. SHS more recently became engaged in humanitarian work when they mobilized members after the 2014 conflict in the Gaza Strip, reaching out to women and girls with disabilities who were affected by the crisis. Since then, SHS has continued to increase their ability to engage in humanitarian work, identifying key entry points for their DPO at different phases of the ongoing crisis in their region. They are now implementing activities during the stabilization phase and advocating for more inclusive, long-term policies for women and girls with disabilities.

*“SHS researched issues related to women and girls with disabilities in the conflict and created their own plan to demand response and protection from INGOs and the UN using evidence-based advocacy. This started to resonate with the key stakeholders. There was a new willingness and people started to take note, SHS organized a high-level event, presented their findings and suggestions in a very professional way – the right people were in the room. SHS asked for change, asked to be involved in program development, asked to be part of the solution, and they showed their value and capacity to make a positive contribution. Now SHS is much more engaged, are being taken more seriously, and have received some funding to follow up on recommendations. What I like about this is that it was initiated by the members, all women with disabilities, it was self led, the members didn’t wait to be consulted. They went out, did their own consultations, and shared them [with] the people who mattered most in that situation.”*

- Ola Abu Al Ghaib, Founder and former Chairperson of Stars of Hope Center

***Mobilizing women with disabilities in affected populations*** – A number of examples identified in the mapping detailed efforts of national DPOs to connect with refugee and displaced women and girls with disabilities by inviting them to organizational workshops and planning meetings, engaging them in the wider advocacy work on these organizations. Women’s DPOs described how this helped them to understand the needs of refugee women and girls, but also “motivated [us] to continue working with them in solidarity.”

Women’s DPOs are also working with women and girls with disabilities from crisis-affected communities to form their own groups. These groups provide a forum for education and information sharing, as well as mobilization for advocacy on rights. Women’s DPOs with more experience can therefore mentor and support fledgling groups of women and girls with disabilities in humanitarian contexts, which in turn strengthen the women’s rights and disability rights movements at national levels.

*“We need to mentor and teach these women their rights. We need to teach them how to make themselves visible, because with visibility comes change.”*

- Jane Kihungi, Women Challenged to Challenge, Kenya

More inclusive programming has been demonstrated in humanitarian contexts where groups of women with disabilities are well organized and mobilized. For example, it was reported that group members in the Dadaab Refugee Camp in Kenya had received training in GBV prevention and response. Women from this DPO are now playing a key role in assisting with case conferencing, training activities, and human rights monitoring. They have a better understanding of the vulnerabilities of women and girls with disabilities in the camp and they are now directly targeting camp management and protection leads in advocating for these needs to be met.

Finally, mobilization of women and girls with disabilities in crisis-affected communities provides valuable peer support. One women’s DPO leader explained that during a crisis in her country, many women and girls with disabilities were left behind or abandoned when families needed to flee an area quickly because of escalating violence. For such women, connecting with other women who have faced similar challenges was a critical step to rebuilding their self-esteem and confidence, supporting their recovery from violence and “outlook on the future.”

***Bringing expertise to partnerships with humanitarian organizations*** – Women’s DPOs bring insight, knowledge, and expertise to humanitarian partnerships. For example, the National Union of Women with Disabilities of Uganda (NUWODU) hosted a regional workshop that focused on strengthening the role of women’s DPOs in humanitarian action. The workshop engaged other humanitarian actors and strengthened their own organizational commitment to supporting women and girls who are living as refugees in Uganda. They have since increased their activities and interactions with humanitarian actors in their country.

*“Our organization was asked by UNHCR and InterAid to conduct trainings on inclusive livelihoods and entrepreneurship for women and girls with disabilities. Groups of women who are refugees with disabilities received funding and now they are implementing. We already know of some successes and we will be meeting with them regularly to monitor their progress.”*

– Jolly Acen, Executive Secretary, NUWODU

Partnerships with humanitarian actors have also extended to global advocacy levels.

The Network of African Women with Disabilities (NAWWD) has started to expand its work around supporting women and girls with disabilities in crisis and conflict on the African continent, where it has active members from 10 countries across the region. NAWWD has worked in partnership with the WRC to integrate the issues of women and girls affected by crisis and conflict into international advocacy forums, such as the World Humanitarian Summit and the Commission on the Status of Women.

*“Since we started our partnership with the WRC, we have learned a great deal about humanitarian action, but at the same time we have started to contribute as well. We’ve been able to share our technical insight and recommendations to others in the humanitarian sector. Through this partnership we were able travel to the United Nations in New York to participate in the 2015 Commission on the Status of Women. There we shared our thoughts, ideas, and visions in events attended by key donors and decisions-makers.”*

– Roseweter Mudarikwa, Chairperson of NAWWD



Roseweter Mudarikwa, Chairperson of NAWWD, and Jolly Acen, Executive Secretary of NOWUDU, at CSW59.

© Elizabeth Sherwood

Finally, women's DPOs have acknowledged that they also benefit from the expertise of humanitarian actors, particularly when partnering with fellow women's organization that may have more experience in crisis and conflict settings. Such partnerships bring credibility among humanitarian actors, and assist them to develop and adapt their messages to new audiences and stakeholders.

### *Gaps and barriers that women with disabilities and their organizations face in humanitarian action*

**Accessing funds and organizational capacity** – Lack of funding was voiced as the most significant challenge for women's DPOs to engage in humanitarian action. Women's DPOs in resource-limited countries, where crises commonly occur, already face financial resourcing challenges. Most of their members have been systematically excluded from educational and livelihoods opportunities throughout their lives, and as a result, these organizations may not have the same financial, administrative, and organizational skills of other women's organizations. Due to their size and capacity, they are often unable to access government donor funds, relying instead on a very limited number of nongovernment grant-makers. This makes it even more challenging for them to be responsive in crisis situations. Furthermore, survey respondents and key informants explained that funding mechanisms and systems that are activated during humanitarian emergencies offer very little opportunity, as they are difficult for them to navigate and access. Hence, women's DPOs face the quandary of organizational capacity limiting their funding opportunities, which in turns limits their capacity to strengthen their organizations. As a result, humanitarian responses and affected communities miss out on the expertise of such individuals and groups.

*“We lack funding to engage in humanitarian action. We are trying to just make our small DPOs work and keep them open, [but] it is hard for us to find the funding to grow our programs.”*

– Women's DPO representative, Rwanda

**Exclusion from both the disability and women's rights movements** – The lack of organizational capacity faced by women's DPO could be related to their reported exclusion from opportunities within both the disability and the women's rights movements. Findings suggest that women with disabilities still lack space, voice, and representation in both disability and women's rights initiatives.

Respondents and key informants reported that key issues for women and girls with disabilities are often not given high enough attention and/or reference in disability initiatives. Humanitarian actors reported that where DPOs are increasingly engaged in humanitarian action, these initiatives may not be gender sensitive, with the issues

of women and girls with disabilities being seen as “add-ons...not real, core issues.” Furthermore, women with disabilities from the mapping explained that they feel “under-represented” and that they do not have “adequate exposure or opportunities to learn about women’s rights, gender-based violence, sexual and reproductive health.”

This challenge translates into negative practices at the field level where it is reported that women and girls with disabilities are excluded from community leadership structures. They are often under-represented in mechanisms for representation of persons with disabilities in crisis-affected communities (e.g., disability associations and self-help groups), as well as in initiatives to foster women’s leadership and empowerment.<sup>32</sup>

*“There are number of good things happening around disability inclusion in our country operations programming; however, it still is very much male dominated.... We have worked to organized refugees with disabilities in countries like Chad and Mauritania, but, for example, in Mauritania, we only have one woman with a disability participating.”*

– Humanitarian actor, Switzerland

**Perceptions (and misperceptions) about capacity** – While having women with disabilities in leadership positions or working as humanitarian actors can have a positive outcome on inclusion, they face many obstacles in this process with their employers, peers, and the communities with which they work. Perceptions (and misperceptions) about their capacity to contribute, which are grounded in societal norms relating to both disability and gender, affect the participation of women with disabilities at all levels in the humanitarian system.

*“At first they were not supportive. They asked: ‘What can you do as a person with disabilities? How can you give benefit?’ It was very challenging. I was seen both as a woman and a woman with disability. These local leaders didn’t understand the value I could add in the humanitarian crisis, but thankfully the INGO that I was working for did.”*

– Disability actor, and former humanitarian actor, Indonesia

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32 Women’s Refugee Commission, *“I see that it is possible”: Building capacity for disability inclusion in gender-based violence programming in humanitarian settings and Translating Policy into Practice in humanitarian action.*

***Lack of awareness on humanitarian issues, architecture, and processes*** – As local civil society organizations, women’s DPOs have historically been excluded from the humanitarian sector, and have had only limited opportunities to engage in humanitarian training or education. Hence, women’s DPOs reported in their self-assessments that they find it difficult to articulate and effectively communicate on humanitarian issues, including a lack of awareness of humanitarian principles. This barrier to participation was recognized by humanitarian actors who said, “The humanitarian field is just not necessarily a friendly space for actors from civil society, especially persons with disabilities – it is just not an inclusive system.”

All nine groups completing the self-assessment reported being unable to identify the humanitarian coordination mechanisms and/or forums, and were not fully aware of common protection mechanisms, such as referral process for GBV response. As such, they have limited capacity to support women and girls with disabilities who may have experienced violence, abuse, and exploitation during a crisis, especially those who may be refugees or asylum seekers.

*“We know how to assist women and girls with disabilities who are very vulnerable, who are being abused and mistreated. We know what they need and what services they should have access to. But we don’t always understand the referral systems and mechanisms that are available to women living as refugees and IDPs in our own country. They have different access in society than we do. While we want to help, and feel like we know how to help, we are still looking for the right entry points.”*

– Representative from women’s DPO, Kenya

## Capacity development needs and goals of organizations of women with disabilities

Self-assessments with women’s DPOs identified common capacity development needs and goals so they can better engage with women and girls with disabilities affected by crisis and contribute to humanitarian action.

### *Training on humanitarian action*

All organizations in the self-assessment requested capacity-building opportunities that would enable women’s DPOs to better understand the current humanitarian architecture. Self-assessment results showed that participating DPOs would like a better understanding of humanitarian principles and frameworks, but also how the humanitarian system works and entry points for their organizations to influence a response in a new crisis.

*“We, as women’s DPOs, need to be more informed about our countries, our politics, the risks, the international frameworks, codes of conduct, and the mechanisms. We need to learn all of this, because it is only then that we will be effective.”*

– Former women’s DPO representative, Indonesia

Capacity-building on humanitarian and protection principles needs to extend also to the ways in which women’s DPOs engage women and girls with disabilities who are from vulnerable groups, such as survivors of violence. A women’s DPO in Nairobi will work this year on “finding a way to respectfully share the stories of the women and girls with disabilities who are living in Nairobi, so that others can understand their needs [and] vulnerabilities, but also [their] potential to contribute to our movement.”

**Leadership development and mentoring for women with disabilities**



WILD participants celebrating together at the annual leadership training in Oregon.

© Darcy Kiefel

Since 1997, Mobility International USA (MIUSA) has played an important role empowering women with disabilities to become agents of change in their communities through the Women’s Institute on Leadership and Disability (WILD). The WILD program offers an effective model for training, mentoring, and ultimately empowering women with disabilities to be leaders across the globe. WILD began as an outcome of the Beijing UN Women’s Conference and, to date, more than 200 women with disabilities in 80 countries have participated in the WILD program. Each year, many participants come from regions of the world where crisis and conflict are prevalent.

*(Continues on next page)*



### **Leadership development and mentoring for women with disabilities (continued)**

A key goal of WILD is to provide participants with essential skills to effectively advocate for development and humanitarian policies and practices that are more inclusive of women and girls with disabilities. Women who participate in the three-week program develop a support network and receive ongoing mentorship. WILD has become a place for reciprocal exchange and relationship building between WILD participants themselves, as well as with international development and humanitarian professionals. With a train-the-trainer approach and the WILD facilitator's guide, WILD alumnae also return home equipped with skills and resources to scale up the WILD experience for women and girls with disabilities in their communities. WILD women are addressing issues of critical importance in their work, including engagement in emergency response and humanitarian action.

*"The humanitarian community can use my expertise as a member of a working group, consultant, or advisor on how to include women and girls with disabilities. I am happy to offer my knowledge, skills, and experiences in speaking and facilitation, disability rights mainstreaming, needs assessment, advocacy, and research."*

– WILD alumna from Cambodia

### ***Training on specific topics that impact women and girls with disabilities in crisis contexts***

Every organization that participated in the self-assessment expressed a desire for more in-depth gender-specific training. Women from DPOs specifically mentioned wanting to learn more about gender mainstreaming approaches and how to influence disability actors to be more gender sensitive. This request for gender-related training was supported by findings in the online survey, where participants from the disability survey articulated the need to "better understand the intersection between gender and disability in order to be more effective." Disability actors, from the survey, self-assessment, and interviews, also drew attention to the need for more opportunities to learn about sexual and reproductive health and to engage with actors in the women's movement, as well as with GBV and sexual and reproductive health service providers.

### ***Project development and support on soliciting funds***

All the women's DPOs that set humanitarian goals as part of the self-assessment process mentioned that they want to develop more concrete programming that works to address the needs of women and girls with disabilities who are affected by crisis and/or conflict. The groups wanted to understand where and how they could connect with donors interested in funding their efforts. Additionally, women's DPO members expressed a desire to build their capacity in grant writing and project development in order to be more competitive for funds directed towards women's groups and human rights organizations.

Women's DPOs mentioned their need to learn more about project management and reporting. The request for opportunities to network between disability, gender, and humanitarian organizations was the highest-ranking request for support by disability actors in the online survey. This shows a need for more opportunities to meet with stakeholders who are funding and supporting local actors in humanitarian efforts.

## Conclusion and Recommendations

*"Get to know us, not just as victims, but as women working to improve our own futures."*

Neema Namadamu, Founder of SAFECO, DRC

### Strengthen accountability for inclusion of women and girls with disabilities

While global, national, and organizational policies and commitments on protection and empowerment of affected populations apply to persons with disabilities, they often lack specific reference to women and girls with disabilities. There is also no globally endorsed operational guidance to support humanitarian actors to operationalize these commitments in a systematic way in every response, to ensure adequate human and financial resourcing, or to monitor implementation. Essentially, women with disabilities fall through the cracks in both disability and gender programming in humanitarian contexts, with no enforced accountability mechanism to ensure their inclusion across different sectors.

States, UN agencies, humanitarian actors, development actors, and women's DPOs can play a critical role in correcting this gap by supporting the development and implementation of ***gender-sensitive global guidelines on inclusion of persons with disabilities in humanitarian action***. Such guidelines would drive change and foster accountability within the humanitarian sphere, so that every humanitarian effort includes the policies, systems, and mechanisms necessary to ensure that persons with disabilities have access to services and assistance and participate in decision-making on an equal basis with others. It is, however, critical that gender issues and the empowerment of women and girls with disabilities be reflected throughout these guidelines. The guidelines should:

- **mainstream the issues of women and girls with disabilities in all sectors**, particularly gender-based violence, sexual and reproductive health, WASH, and livelihoods sectors;

- **establish indicators for the inclusion of women and girls with disabilities** against which humanitarian agencies and organizations must report;
- **support the formation of representative groups of women and girls with disabilities** in communities affected by crisis and conflict; and
- **ensure equal representation of women and men with disabilities** in community committees and humanitarian coordination structures.

### Increase support to organizations of women with disabilities in crisis-affected countries

Organizations of women with disabilities play a critical role in monitoring the protection concerns in a crisis, raising awareness on the issues of women and girls with disabilities, and providing technical support for humanitarian actors on inclusion. Furthermore, these organizations have the demonstrated knowledge and skills to mobilize women and girls with disabilities in affected populations to advocate for their own rights. They can bridge the humanitarian/development divide in an emergency, and strengthen community resilience in situations of protracted crisis. Their value to humanitarian action, however, remains unrealized, as they face a vicious cycle of lack of funding leading to less capacity. It is critical to increase support to women's DPOs in crisis-prone countries:

- Donor governments and other funders should **set targets and monitor funding to women's DPOs** through both their development and humanitarian programs.
- Humanitarian actors should partner with women's DPOs, providing **sub-grants that cover both operational costs, as well as activities** with affected populations.
- Disability and women's rights organizations should prioritize women's DPOs from crisis-affected countries for **organizational capacity-building programs and support** (e.g., 50 percent of all DPOs receiving such support should be women's DPOs and 15 percent of all women's organizations).

### Promote the leadership of women and girls with disabilities in humanitarian action

Having women with disabilities in leadership roles in humanitarian organizations, programs, and activities has a wide-ranging impact on inclusion across a humanitarian response. Women with disabilities and their organizations bring expertise, and also critical awareness raising, when taking a leadership role among stakeholders, as "just being in the room, at the decision-making table" reminds people from all sectors

to consider the diversity of the population they are serving.

Societal norms relating to both disability and gender, however, affect the educational and livelihoods opportunities of women and girls with disabilities throughout their life, and their participation at all levels in the humanitarian system. In a crisis, women and girls with disabilities are excluded from community leadership and consultation processes, and they have little opportunity to engage in humanitarian training or education that might allow them to play a greater role in humanitarian leadership.

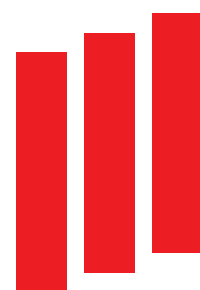
To address this gap:

- Humanitarian actors should **set targets and monitor the number of women and girls with disabilities participating in programs and activities** with affected populations, including formal and non-formal education, adolescent girl activities, economic strengthening, and community leadership.
- Humanitarian actors should **partner with women's DPOs to provide capacity building and mentoring** on the humanitarian system, and in turn benefit from their technical expertise on women and girls with disabilities.
- UN agencies and both humanitarian and development actors should **recruit women with disabilities as community volunteers and staff**, ensuring a representative workforce in affected populations.
- Organizations of persons with disabilities should **commit to and monitor progress on gender equality** across their organizations, supporting implementation of Sustainable Development Goals and the core commitments from the World Humanitarian Summit.









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