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African Perspectives and Good Practices on Multiple and Intersectional Discrimination against Women and Girls with Disabilities

Health and Protection Division
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WAIn°21



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Introduction

This report consolidates and expands on two joint submissions made to the Committee on the Rights of Persons with Disabilities on 31 October 2025, in response to the [call for written submissions on the guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities](#).

It was collaboratively authored by Disabled Women in Africa (DIWA) and Humanity & Inclusion - Making It Work Gender and Disability project (HI - MIW).

This report is structured in two complementary parts. The first presents the submission ***African Perspectives on Multiple and Intersectional Discrimination against Women and Girls with Disabilities***, developed to provide localized, experience-based inputs to the questions raised by the CRPD Committee regarding the legal framework and the lived realities of women with disabilities in all their diversities. This section highlights how multiple and intersectional forms of discrimination manifest in the everyday lives of African women and girls with disabilities, grounding the analysis in their priorities and experiences.

The second part, ***African Good Practices: Informing the CRPD Guidelines on Addressing Multiple and Intersectional Forms of Discrimination against Women and Girls with Disabilities***, showcases a series of successful practices—mostly led by women-led OPDs and carried out in collaboration with State actors—that demonstrate concrete efforts to tackle these intersecting forms of discrimination. These practices are intended to inform the development of practical, action-oriented CRPD guidelines that can serve as a crucial tool for accelerating progress, given the urgency of the situation faced by women and girls with disabilities across the continent.

The authors would like to acknowledge the significant contributions to the present report of the following 17 organisations from 11 countries:

From Benin: Organisation des Femmes Aveugles du Bénin (Organisation of Blind Women of Benin), ONG Dédji (NGO Dedji);

From Burundi: Association Burundaise pour la Promotion des Droits des Femmes Handicapées - Urumuri (Burundian Association for the Promotion of the Rights of Disabled Women);

From Cameroon: Cameroon Baptist Convention Health Services ;

From Ghana: Women With Disability Development And Advocacy Organization ;

From Kenya: Coalition on Violence Against Women, United Disabled Persons of Kenya, Women Challenged to Challenge;

From Malawi: Network for Girls and Women with Disabilities in Malawi;

From Nigeria: Advocacy for Women With Disabilities Initiative;

From Rwanda: Umuryango Nyarwanda w'Abagore Bafite Ubumuga (Rwandan Organization of Women with disabilities);

From Senegal: Brigade Communautaire de Conscientisation et Dénonciation des violations des droits humains de Ziguinchor (Ziguinchor Community Brigade for Raising Awareness and Denouncing Human Rights Violations), Women In Law and Development in Africa Senegal;

From Togo: 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);

From Uganda: Mubende Women with Disabilities Association, Lira District Disabled Women Association.

African Perspectives on Multiple and Intersectional Discrimination against Women and Girls with Disabilities

On laws and policies

Question 1. Do the anti-discrimination legislation and/or policy frameworks in force in your country recognize disability and the denial of reasonable accommodation as prohibited forms of discrimination against persons with disabilities?

Although all countries in the African region are parties to the UN CRPD, the recognition of disability as a ground of discrimination remains incomplete — and the recognition of the denial of reasonable accommodation as a form of discrimination is even more limited, both in law and in practice.

In many countries, disability is recognised as a prohibited ground of discrimination through “Disability Acts” adopted to domesticate the CRPD; however, older constitutions have often not been updated to reflect these advances. For instance, in Benin, the 2019 revision of the 1990 Constitution did not strengthen provisions on equality and non-discrimination on the basis of disability. Instead, it maintains a charity-based approach, stating that “the State looks after disabled persons and the elderly”.

In **Kenya**, the 2025 Persons with Disabilities Act recognizes the denial of reasonable accommodation as a form of discrimination; and includes concrete obligations for employers in particular. So do as well Disability Acts in **Burundi** and **Malawi**.

In **Nigeria**, the right to reasonable accommodation is guaranteed under the *Discrimination Against Persons with Disabilities (Prohibition) Act, 2018* and reinforced by provisions in the *Labour Act, 2004*. In **Uganda**, the denial of reasonable accommodation is integrated in the disability Act and subsequent policy. Although the Employment Act itself does not explicitly provide for reasonable accommodation, reliance is placed on the disability law and judicial interpretation. By contrast, countries such as **Bénin**, **Cameroon**, **Ghana** and **Senegal**¹ do not legally recognise the denial of reasonable accommodation as a form of discrimination.

However, across countries, women-led OPDs who informed this submission note that the implementation remains weak ; in Burundi the [Law No. 1/03 of 10 January 2018 on the](#)

¹ Concluding observations on the initial report of Senegal, CRPD/C/SEN/CO/1

[promotion and protection of the rights of persons with disabilities in Burundi](#) is weakly implemented. In Senegal the Loi d'Orientation Sociale 2010 still fails to deliver the “Carte d'égalité des chances” to persons with disabilities of all age, further jeopardizing their opportunities to fully participate in the society. In Kenya, Women Challenged to Challenge notes that despite having progressive laws enacted, their enforcement still remains a challenge.

Spotlight on Benin: From definition to recognition: Inadequate legal protection against discrimination on the basis of disability in Benin – ONG DEDJI

In Benin, the law on the rights of persons with disabilities is Law 2017-06 of 29/09/2017 on the protection and promotion of the rights of persons with disabilities in the Republic of Benin. This law followed the ratification of the UN Convention on the Rights of Persons with Disabilities. In this law, the term ‘reasonable accommodation’ has been defined and the definition is fairly consistent with that of the CRPD. However, no provision in this law provides for operational measures for the effective implementation of this important principle. In its final report on the review of the initial report of the Beninese State (CRPD/C/BEN/CO/1), the CRPD Committee deplored the fact that the denial of reasonable accommodation is not provided for in the law and prosecuted. In clear terms, it is not clear at what point the accommodation requested by persons with disabilities is disproportionate or generates undue costs. Apart from this law, no other provision addresses the issue or deals exclusively with the issue of non-discrimination or reasonable accommodation. It should be noted that non-discrimination is a principle that features prominently in the constitution. Finally, the 1998 Labour Code contains provisions relating to persons with disabilities (Paragraph 5 – Employment of persons with disabilities, Articles 31 to 34), but these have never been fully implemented due to the lack of an implementing decree.

Recommendations

The CRPD Guidelines should:

- integrate explicit and illustrative guidance on the denial of Reasonable Accommodation as a form of discrimination ; highlighting positive policy examples from States that have advanced recognition and implementation of reasonable accommodation in their legal frameworks,
- further emphasize that the provision of reasonable accommodation must be responsive to gender and other intersecting forms of discrimination, ensuring that women, girls and gender-diverse persons with disabilities, can effectively claim this right in all areas of life.

Question 2. Do the anti-discrimination legislation and/or policy frameworks in force in your country recognize the multiple and intersecting forms of discrimination affecting women with disabilities on account of their disability and other factors?

Women and gender diverse persons with disabilities experience multiple and intersectional forms of discrimination, primarily arising from the combined effects of gender and disability. Across the continent, the inclusion of a gender perspective within disability legislation — and conversely, the incorporation of a disability perspective within gender equality frameworks — remains uneven and inconsistent.

Findings from women-led OPDs in seven countries² show that six have adopted a gender equality policy, of which only three explicitly mention disability. Although these policies are gender-focused, majority fail to address the specific needs of women with disabilities, referring instead only to “persons with disabilities.” These findings echo the conclusions of Humanity & Inclusion’s 2024 Review on gender-based violence (GBV) policies across 31 African countries, which found that women with disabilities were invisible in 68% of the policies reviewed.³

As well, a gender perspective is present in only 2 of the Disability-related legal framework, either disability act or National action policy. With such a limited undertake of specific needs of women with disabilities, it is urgent for the CRPD Guidelines to put the spotlight on positive initiatives for disability related legal frameworks to actually take women into account.

Kenya offers a positive example with the recently adopted Persons with Disabilities Act, 2025 that aligns Kenya’s legal framework with the CRPD and the African Disability Protocol.⁴ It represents a major legislative step toward gender-responsive disability inclusion, creating binding state obligations to integrate the rights of women with disabilities (Article 10) in government policies and programmes. The active participation of OPDs, including women-led OPDs, throughout the extensive legislative process is further highlighted in the joint DIWA and HI submission to the CRPD Committee on good practices.⁵

Although the African Disability Protocol explicitly upholds the rights of women with disabilities and is being progressively adopted across the continent, these rights remain

² Benin, Burundi, Cameroon, Ghana, Kenya, Nigeria, Uganda

³ Humanity & Inclusion, [Still a long way to go: Inclusion of women with disabilities in African GBV policies - Making It Work Policy Review](#), 2024

⁴ Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa, adopted Feb. 2018

⁵ DIWA, HI, [African good practices: Informing the CRPD guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities](#), Oct 2025

insufficiently reflected in most national disability policies. Even where gender considerations are included, the intersection of gender and disability is rarely addressed in a substantive way. Moreover, the compounded discrimination faced by multi-marginalized women with disabilities — particularly on the basis of migration status, indigeneity, ethnicity, or gender identity and expression — are almost entirely overlooked. As a result, their distinct experiences, needs, and priorities continue to be excluded from national legislative frameworks.

The recent adoption of the [African Union Convention on Ending Violence Against Women and Girls \(AUCEVAWG\)](#) brings renewed hope for advancing the rights of women and girls with disabilities across the region. Article 7, on State Obligations concerning *Multiple and Interconnected Factors that Exacerbate Violence Against Women and Girls*, calls on States to enact and enforce national legislation that specifically protects women and girls with disabilities from all forms of violence, discrimination, and exploitation, and to ensure access to holistic, accessible, and tailored support services.

Recommendations

The CRPD Guidelines should:

- Encourage States to ratify and further harmonize their legislative framework to align with CRPD and African Disability Protocol, through intensive cooperation with women-led Organizations of Persons with Disabilities,
- Provide States with practical examples for them to engage with women-led OPDs and other stakeholders to ensure that the anti-discrimination legislation framework is reviewed with a gender-sensitive and disability inclusive intersectional approach.

On disaggregated data

Question 3. Do authorities in your country collect data reflecting intersectionality between disability and other factors such as sex, gender, ethnicity, migration status, origin, socio-economic status, religious beliefs, etc.. Give examples and links to reports if possible (i.e. National Bureau of Statistics reports).

The collection of data disaggregated by gender and disability among other discrimination factors, combined with an intersectional analysis of data, are essential to address the discrimination experienced by women and girls with disabilities. However, efforts to fill the gaps in the collection of this quality data remain insufficient across the continent.

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). According to the World Bank, 22 Sub-Saharan African countries had surveys incorporating

WG-SS (fully or partially) between 2015–2020.⁶ Still a majority of countries continue to treat gender and disability separately.

The analysis of 20 national reports⁷ - including Kenya, Mozambique, Sierra Leone, Namibia, Ghana, Zimbabwe, Malawi, and Tanzania - performed for the African Civil Society report on women and girls with disabilities as part of the 30-year review of the Beijing Platform for Action⁸, highlights that data on gender and disability remain largely unavailable and underutilized. For instance no robust data are available in countries like Burundi or Benin.⁹

Still a positive trend is noticed. In countries that have long been using the WGSS, such as Kenya, Malawi, Uganda, Nigeria and Rwanda, cross-analysis of data on gender and disability is further available. For instance, as detailed in DIWA and HI good practices submission to the CRPD Committee¹⁰, Senegal has been integrating gender-disaggregated data in its chapter on persons with disability within the 2024 report on Population and Housing.¹¹ In spite of progress, no disability perspective has been integrated in the Chapter on women, leaving the analysis restricted to few topics.

Without the systematic inclusion of disability as a characteristic to be registered and analysed alongside factors such as gender, age, socio-economic status and education, it will remain impossible to understand and address the unique challenges faced by women with disabilities.

Furthermore, data cannot be limited to numbers. Beyond statistical invisibility lies the invisibility of the stories and lived experiences of women with disabilities, in all their diversity. The “Voices of...” collection by HI-Making It Work demonstrates the leading role of women with disabilities in documenting and sharing the diverse realities of their lives and communities.¹²

Recommendations

The CRPD Guidelines should:

- Encourage States to systematically integrate the Washington Group Short Set (WG-SS) of questions within individual-level census questionnaires and other national

⁶ [Who is Disabled in Sub-Saharan Africa?](#), World Bank, April 2021

⁷ [National BPfA Review Reports](#), UNECA

⁸ R. Mkutumba, M. Nthenge, S. Pecourt, A-C. Rossignol, P. Vulimu, [Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing](#). Lyon: Humanity & Inclusion, October 2024

⁹ Benin national census, 2013: [Report on the socio-demographic and economic indicators of the RGPH4 of 2013](#)

¹⁰ DIWA, HI, [African good practices: Informing the CRPD guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities](#), Oct 2025

¹¹ [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)

¹² See reports within the [VOICES OF Collection: Experiences of women with disabilities](#), Making It Work gender and disability project

data collection tools, ensuring the disaggregation of data by gender, age, and disability among other characteristics

- Encourage States to consistently involve OPDs including women-led OPDs in national consultations
- Promote the empowerment of women with disabilities to take the lead in documenting their lived realities and generating qualitative data

On the situation of women with disabilities in their diversities

Questions 4 and 5. Which groups of women and girls with disabilities face the greatest risks of multiple and intersectional discrimination? What are the main Intersectional risks and forms of discrimination faced by women and girls with disabilities?

Data from women-led OPDs and inclusive feminist movements contributing to this submission indicate that across the countries reviewed — including Benin, Burundi, Cameroon, Kenya, Malawi, Nigeria, Senegal, and Uganda — several characteristics consistently heighten the risk of discrimination for women and girls with disabilities. The most frequently cited groups are those living in rural or remote areas, as reported in Nigeria, Cameroon, Benin, Kenya and Senegal ; where significant barriers linked to isolation limit of access to services.

Women and girls with intellectual or psychosocial disabilities are also repeatedly identified as particularly at risk in Uganda, Cameroon, Burundi, Benin, and Kenya. Poverty further compounds these inequalities, as pointed out by OPDs from Benin, Burundi and Senegal. Additional factors include age, with both younger and older women highlighted in Uganda and Burundi, and contexts of crisis or displacement, such as in Cameroon, where internally displaced and refugee women with disabilities face extreme vulnerability. In some settings, ethnic or indigenous identity and single motherhood are also noted as aggravating circumstances.

Overall, the analysis underscores that across the region, rural isolation, poverty, and stigma related to intellectual or psychosocial disabilities most consistently shape the intersectional risks faced by women and girls with disabilities.

The UN Human Rights Council condemned in 2021 the “particularly high levels of violence faced by indigenous women and girls with disabilities, especially those living in rural and remote communities and those who are migrants”.

Spotlight on single mothers:

“When it comes to single mothers with disabilities, they face harmful stereotypes. Some people tend to view them as persons who should simply accept charity, and unfairly blames them for having engaged in relationships with men. The situation is especially

damaging for teenage mothers who become pregnant while still in school. These girls are usually forced to interrupt their studies, while the fathers of their children continue their education without any difficulty. When they return from maternity leave, those who were in boarding schools are often unable to go back, as most institutions permanently exclude them.”

It is well documented that women and girls with disabilities are facing heightened level of sexual violence. WHO explains that “they also face specific risks and additional forms of abuse, sometimes at the hands of caregivers or health care professionals. These include coercive and controlling behaviours such as withholding of medicines, assistive devices or other aspects of care, and financial abuse.”¹³ Cases of denial of inheritance and property expropriation are frequently reported.¹⁴ Women are also “subject to specific manifestations of violence such as the denial of food or water, or threat of any of these acts” and girls with disabilities are at risk of infanticide.¹⁵

As described in 2019, in HI’s and partners joint submission to the Special Rapporteur on Violence against women¹⁶, practices such as forced abortion, forced contraception and forced sterilization are conducted as the capacity to consent is denied to women with disabilities in some health facilities.

In Uganda, women-led OPDs report that women living with albinism have been subjected to sexual violence, including being used in harmful ‘sex experiments’ falsely believed to cure HIV. In Benin, OFAB reports that young women with sensory impairments living in institutions are deprived of reporting abuses they might be facing in the absence of accessible and fair processes to do so.

Examples shared conclude that it is neither accurate nor useful to rank or classify groups of women with disabilities as inherently “more” at risk than others. Women with disabilities face various intersectional risks exacerbated by additional identity factors or characteristics.

Recommendations

The CRPD Guidelines should:

- Encourage States to ratify and adopt relevant legal frameworks at regional level such as the African Disability Protocol, the Maputo protocol and the AU Convention on the Elimination of Violence against Women and Girls (EVAWG),

¹³ World Health Organisation, ‘[WHO calls for greater attention to violence against women with disabilities and older women](#)’, March 2024.

¹⁴ ABPDFH (Burundian Association for the Promotion of the Rights of Women with Disabilities) – Urumuri, [Voices of women with disabilities in Burundi: Shared realities](#), June 2024

¹⁵ United Nations, Department of Economic and Social Affairs, [Disability and Development Report 2024](#)

¹⁶ HI, MUDIWA, UPHB, UDPK and ODI Sahel, [Submission to the Special Rapporteur on Violence against Women, its causes and consequences on Mistreatment and violence against women during reproductive health care with a focus on childbirth](#), May 2019

- Provide with concrete facts and good practices for States to take strong measures to address multiple and intersectional discrimination with paying attention to relevant discrimination factors as per context including to the diversity of impairments,
- Ensure that women among the most underrepresented of which those with intellectual or psychosocial disabilities and women living with deafblindness are targeted with dedicated measures,
- Encourage systematic regional and global learning, through promoting collaboration between the CRPD Committee and regional human rights mechanisms — such as the African Commission on Human and Peoples’ Rights (ACHPR) — to document, share, and disseminate promising practices that advance equality and inclusion. This may include showcasing initiatives led by women with disabilities, such as DIWA’s and women-led OPDs rural outreach and SRHR/GBV programmes, as examples of effective community-based responses to intersectional discrimination and gender-based violence.

Question 6. Describe the areas of life in which women and girls with disabilities exposed to multiple and intersecting forms of discrimination are more excluded from the access and enjoyment of their rights

Drawing from data and testimonies collected by women-led OPDs and inclusive feminist movements across Africa, including the Beijing+30 *Powerful Yet Overlooked* report (2024)¹⁷ and the Voices of series by HI with MUDIWA, LIDDWA and ABPDFH¹⁸, this section highlights the structural and systemic nature of discrimination. Evidence from Benin, Burundi, Cameroon, Ghana, Kenya, Malawi, Nigeria, Senegal, and Uganda shows that exclusion is structural and pervasive, cutting across essential areas of life such as health, housing, employment, political participation, and access to justice, despite the guarantees of the CRPD.

Health

Women and girls with disabilities continue to face systemic discrimination in accessing healthcare, particularly sexual and reproductive health services. Health facilities are often physically inaccessible, health workers lack training in disability inclusion, and informed consent is routinely denied. In Burundi and Uganda, women reported being humiliated during childbirth and denied care on the basis that “women with disabilities do not belong in maternity wards”. In Uganda’s Kassanda district, over 90% of women with psychosocial disabilities interviewed by MUDIWA could not access mental health care due to distance,

¹⁷ R. Mkutumula, M. Nthenge, S. Pecourt, A-C. Rossignol, P. Vulimu, [Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion. 30 years after Beijing](#). Lyon: Humanity & Inclusion, October 2024

¹⁸ HI and partners Voices of... collection, HI with ABPDFH, MUDIWA and LIDDWA, see 12

drug shortages, stigma, and prohibitive costs.¹⁹ The denial of bodily autonomy and lack of accessible SRH services compound the already heightened risk of violence and poor health outcomes faced by women with disabilities.

Housing and Living Conditions

Across contexts, women with disabilities live in precarious and unsafe conditions that violate their right to adequate housing. In Uganda, MUDIWA and LIDDWA²⁰ documented women with psychosocial disabilities living in abandoned buildings, sleeping on verandas or in kitchens of well-wishers, often without food or sanitation. In Burundi, women reported to ABPDFH²¹ being excluded from family housing, evicted from land, or forced to share crowded and unhygienic spaces with animals. Poverty and dependence on relatives make women vulnerable to exploitation and violence, while lack of accessible housing and social protection perpetuates isolation and indignity. In rural areas, inadequate shelter, poor hygiene facilities, and lack of menstrual products directly affect health and self-esteem, reinforcing cycles of exclusion and deprivation.

Political Participation

Despite progress in women's political representation in Africa, women with disabilities remain almost entirely excluded from decision-making spaces. According to the Beijing+30 *Powerful Yet Overlooked* report, in 2022 there was no woman with a disability elected to Parliament in countries such as Burundi, Cameroon, Kenya, Nigeria, Rwanda, or Uganda, outside of disability-specific quotas. Discriminatory laws, such as those in Kenya disqualifying people deemed of "unsound mind" from running for office or voting, systematically exclude women with psychosocial disabilities. Women leaders with disabilities also face ableism within feminist movements, often invited tokenistically rather than as equal partners. Security concerns, poverty, and lack of accessibility in elections further prevent women with disabilities from exercising their political rights. Their underrepresentation perpetuates policies that fail to reflect their realities or address intersectional discrimination.

Access to Justice

Access to justice remains one of the most critical gaps for women with disabilities. Courts and police services are often physically inaccessible, lack sign-language interpretation, and remain hostile to women who seek redress for violence or property violations.¹⁷ Testimonies from Burundi reveal widespread corruption, disbelief of women with disabilities as credible witnesses, and lack of procedural accommodations. In Uganda and Benin, many survivors of

¹⁹ [Echoes of hope for women with psychosocial disabilities in Kassanda](#), Uganda Mubende Women with Disabilities Association (MUDIWA), May 2025

²⁰ [Voices of Women with Psychosocial Disabilities in Lira, Uganda](#), Lira District Disabled Women's Association (LIDDWA), May 2024

²¹ ABPDFH (Burundian Association for the Promotion of the Rights of Women with Disabilities) – Urumuri, [Voices of women with disabilities in Burundi: Shared realities](#), June 2024

gender-based violence cannot access legal aid or transport to court, and are sometimes denied legal capacity altogether. Evidence reported in the PFPC and HI ‘Forgotten women, unspoken violence’ 2025 report from Senegal highlights that women and girls with disabilities rarely access justice or support services, due to inaccessible facilities, lack of trained personnel, and strong social norms that normalize violence and silence survivors.²² According to 2021 UN Women analytical study on access to justice in East and Southern Africa, 79% respondents reported that courts lacked disability-inclusive services, and over half identified systemic discrimination based on disability, poverty, and gender.²³ Without procedural accommodations and free legal aid, justice systems continue to exclude women with disabilities from protection and remedy.

Living Conditions, Employment and Socio-Economic Rights

Socio-economic marginalization cuts across all dimensions of women’s lives. Women with disabilities experience higher rates of poverty, unemployment, and deprivation than both men with disabilities and non-disabled women, as further developed in the Beijing+30 Powerful Yet Overlooked report.²⁴ Across contexts, access to work is marked by discrimination and exploitation. In Burundi, women reported being underpaid, hired without contracts, and denied control over their income. In Uganda, women with psychosocial disabilities are excluded from livelihood programmes and vocational training, and those who do work—mainly in informal or low-paid sectors—earn far below subsistence level. Many remain out of work due to stigma, inaccessible workplaces, and lack of assistive devices or transport.

The CEDAW Committee has also expressed concern about the limited access of women with disabilities, older women, and other disadvantaged groups to sports, cultural, and community activities, even at the local level.²⁵ This exclusion from both economic and social participation reinforces dependence, invisibility, and vulnerability. Without targeted measures to ensure decent work, inclusive social protection, and equal access to community life, women and girls with disabilities remain denied their right to an adequate standard of living and full participation in society.

Recommendations

The CRPD Guidelines should:

- Reference the African Union Convention on Ending Violence Against Women and Girls (AUCEVAWG), whose Article 7 calls on States to protect women and girls with

²² K. R. Gueye, S. Pecourt, « [Des femmes oubliées, des violences tuées](#) : Les réalités d’accès à la prise en charge pour les survivantes handicapées à Simbandi Brassou, Sédhiou, Sénégal », PFPC et HI, 14 août 2025

²³ [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

²⁴ See 17

²⁵ CEDAW Committee, Concluding Observations: Benin, 2024, CEDAW/C/BEN/CO/5

disabilities from violence and discrimination. The Guidelines should highlight AUCEVAWG as a regional good practice reinforcing CRPD obligations.

- Strongly advocate for the ratification and domestication of the African Disability Protocol,
- Provide with clear guidance on States to adopt and implement legal and ethical standards with regards to violence against women and girls with disabilities in particular to end forced or coerces medical procedures, including forced sterilization, forced contraception, or forced abortion ; including appropriate training to health professionals,
- Put forward a definition of the Right to Adequate and Accessible Housing that bears in mind security, accessibility and affordability for women with disabilities in their diversities,
- Provide with positive examples to support the review of laws and policies that diminishes women with disabilities participation in political arena and on the other side highlight good practices that ensure election processes and laws guarantee equal participation for women with disabilities as voters, candidates, and leaders,
- Highlight the need for States to adopt and enforce affirmative action measures, such as inclusive electoral quotas, ensuring that these mechanisms are responsive to both gender and disability, in order to remedy the structural exclusion of women with disabilities from political participation and decision-making.

On remedies

Question 7. Indicate which remedies are available to women and girls with disabilities facing multiple and intersecting forms of discrimination. Are these remedies accessible, available, and effective?

In the framework of the Convention on the Rights of Persons with Disabilities (CRPD) and other human rights instruments, remedies refer to the legal, institutional, and practical measures that ensure access to justice, reparation, and non-repetition for rights violations. They include judicial and administrative avenues — such as complaints before courts, tribunals, or equality bodies; access to compensation or injunctive relief; and mediation or grievance procedures — as well as broader policy and social measures, including legal aid, counselling, awareness-raising, and affirmative action.

Pursuant to Article 33(2) of the CRPD, States Parties are also required to establish or designate a national framework, comprising one or more independent mechanisms, to promote, protect, and monitor the Convention's implementation. Such frameworks form an essential part of effective remedy systems.

National Human Rights Institutions (NHRIs) are the most common independent monitoring mechanism under Article 33(2). Other bodies included in shared monitoring frameworks are varied and include, among others, equality bodies, ombuds offices, and representative organizations of persons with disabilities.

As of May 2017, the African continent had 21 NHRIs²⁶ fully compliant with the Paris Principles.

A 2019 survey conducted by the Global Alliance of NHRIs answered by 42 NHRIs showed that 85% of responding NHRIs can handle individual complaints by mandate. Among those, 100% said they can receive complaints relating to disability.²⁷ As well 68.3% have a designated focal point or unit for disability-related issues.

Recently, National Human Rights Institutions (NHRIs) have taken stronger steps to acknowledge and address intersectional discrimination. In their statement issued after 2025 Annual Conference on the human rights of women and girls and the promotion of gender equality, NHRIs recognized that “some women and girls are particularly vulnerable, experiencing multiple and intersecting forms of discrimination, due to factors such as age, disability, ethnicity, migration or socio-economic status.” They further committed to “ensuring that strategies intended to advance these rights recognize intersectionality and diverse voices and experiences,” emphasizing the need for institutions to reflect the diversity of the societies they serve.

Commitments and realities: Gaps in complaint and monitoring mechanisms

Despite promising commitments and provisions on paper, the reality reported by contributing organisations across the continent is quite different. The situation varies from country to country, but it is generally rather unsatisfactory. First, complaints reports rarely display the ground of discrimination, and when they do so it seems that disability based discrimination are extremely low. A desk review allowed to find that South Africa and Rwanda currently publish clear, disaggregated statistics on disability-based complaints in their NHRI reports. For instance, 9% of 749 equality-related complaints by the South African Human Rights Commission (SAHRC) between 2015-16 were on the ground of disability.²⁸

In Burundi, individuals may bring cases directly to the Independent National Human Rights Commission (CNIDH) under human rights treaties. Although the CNIDH engaged on disability issues [in 2023](#), its 2024 annual report contains no data or references to disability-

²⁶ Global Alliance of National Human Rights Institutions, [Accreditation status as of 26 May 2017](#)

²⁷ GANHRI [2019 Survey Report](#), National Human Rights Institutions and the Convention on the Rights of Persons with Disabilities

²⁸ South African Human Rights Commission (SAHRC), [Research Brief on Disability and Equality in South Africa 2013-2017](#)

related rights violations, suggesting limited effectiveness in addressing or monitoring discrimination against persons with disabilities.²⁹

In Nigeria, the Nigeria UN GDF Country Report 2025 reads that: “The National Human Rights Commission (NHRC) is responsible for monitoring human rights violations, including disability rights, but it lacks a dedicated disability rights division and there is no dedicated budget line for addressing disability-related complaints. Disability discrimination cases are rarely prosecuted, as law enforcement agencies lack training on disability rights.”³⁰

In Cameroon, the Human Rights Commission is competent to receive individual complaints. Although no systematic records are available by grounds of discrimination, cases of disability-related discrimination have been investigated and positively addresses (e.g. a young girl living with a disability deprived of her right to education in 2022 as she was prevented to attend high school despite having sufficient grades).³¹

Although growing efforts emphasize the need to better address disability-based discrimination and gender inequalities — with increasing recognition of the intersecting factors that compound exclusion — there remains a lack of systematic evidence to assess and remedy intersectional discrimination faced by women and girls with disabilities in their diversity. Many National Human Rights Institutions (NHRIs) now acknowledge intersectionality in their rhetoric and normative frameworks, yet their data systems and complaint mechanisms continue to treat “gender” and “disability” as separate categories. As a result, intersectional cases of discrimination in particular on gender and disability are not identified, recorded, or analysed as such.

Multiple Mechanisms, Limited Impact and Accessibility

In Burundi, several institutions are formally mandated to receive complaints or appeals, including the National Committee for the Rights of Persons with Disabilities (CNDPH), the Independent National Human Rights Commission (CNIDH), and the Office of the Ombudsman. However, these mechanisms remain largely ineffective and inaccessible to persons with disabilities. The CNDPH, established in 2019 to implement the national disability policy, has never functioned effectively; five years on, it still lacks an action plan and has not contributed to advancing policies or preventing discrimination. The Ombudsman’s Office is empowered to receive complaints of discrimination within the civil service, but remains physically inaccessible — with offices located on upper floors without lifts — and lacks trained staff or reasonable accommodation measures. Despite awareness-raising efforts by OPDs such as ABPDFH, none of these institutions provide adequate

²⁹ Commission Nationale Indépendante des Droits de l’Homme, [Rapport annuel d’activités : Exercice 2024](#)

³⁰ UN Global Disability Fund, [Situational Analysis on the Rights of Persons with Disabilities in Nigeria -Country Brief](#), 2025

³¹ Cameroun Human Rights Commission CHRC, [Rapport d’activités 2022](#)

accessibility or attention to women and girls with disabilities, particularly in cases involving multiple and intersecting forms of discrimination.

In Malawi, reporting channels such as the Malawi Human Rights Commission (MHRC) and the Office of the Ombudsman exist but remain largely inaccessible to women and girls with disabilities. Information about these mechanisms is limited, and many women are unaware of how or where to report violations. Even when they are informed, long distances to offices and persistent communication barriers — particularly for women with hearing impairments — hinder access. Consequently, most cases of discrimination and rights violations go unreported.

In Cameroon, “there are insufficient monitoring and legal enforcement mechanisms for disability inclusion within public institutions such as the CHRC” according to UNPRPD. The judiciary likewise lacks legal professionals trained in disability law, undermining the effective protection of persons with disabilities.³² As highlighted by CBCHS, the late ratification of the CRPD (2023) and the non-acceptance of its optional protocol that prevents individual complaints on the basis of disability reveals slow disability actions and lack of accountability.³³

In Ghana, a complaints mechanism exists through the Commission on Human Rights and Administrative Justice (CHRAJ) and the Legal Aid Commission, but they are not widely accessible to women with disabilities, especially those in rural or non-literate populations.

Overall, women-led OPDs contributing to this submission are reporting widespread barriers to access monitoring mechanisms and remedies.

Although various legal and administrative remedies formally exist across countries, they remain largely inaccessible and ineffective for women and girls with disabilities. Physical barriers such as inaccessible buildings, absence of sign language interpretation, and lack of materials in accessible formats (Braille, audio, or easy-to-read) prevent many from seeking redress. In Benin, for instance, OFAB reports that laws are rarely available in accessible formats, and digital platforms for reporting rights violations are not designed for users with visual or hearing impairments. Information about complaint procedures is generally scarce, and women often lack awareness of their rights or face stigma, fear, and mistrust in existing mechanisms.

Even where organizations such as WODAO in Ghana or MHRWD in Malawi provide legal literacy, psychosocial support, and referrals, state mechanisms remain under-resourced and slow. In Burundi and Malawi, Ombudsman offices are physically inaccessible, while in Senegal, weak enforcement of disability laws and limited issuance of the ‘*carte d’égalité des chances*’ further restrict access to remedies. Across contexts, the absence of reasonable

³² UNPRPD, [Situational Analysis of the Rights of Persons with Disabilities, Cameroon](#), 2023

³³ CBC-Health Services, [“The role of decentralized local authorities in the accelerated implementation of the Beijing Platform for Action: A case study of councils in the Northwest region of Cameroon”](#), March 2025

accommodation, trained personnel, and effective follow-up mechanisms means that most cases of discrimination against women and girls with disabilities go unreported and unaddressed.

Each National Human Rights Institution (NHRI) should be empowered as an independent and efficient monitoring body, with the authority to track compliance, investigate complaints, and impose sanctions for non-compliance with disability laws. Each NHRI should establish a dedicated Disability Rights Division, trained on gender perspective, able to address the specific challenges faced by women, girls, and gender-diverse persons with disabilities. If a Women's Rights Division exists, it shall be empowered on disability inclusion among other diversity factors. Accessible and gender-sensitive reporting mechanisms—such as toll-free hotlines, digital complaint platforms, and free or affordable legal aid services—should be introduced. Law enforcement agencies and judicial personnel must receive regular training on disability rights, with a focus on intersectionality and gender-based discrimination.

Recommendations

The CRPD Guidelines should:

- Emphasize that States have to take urgently take steps to ensure that national mechanisms established under CRPD Article 33(2) are created, strengthened, and adequately funded, and that they fully align with the CRPD and the Paris Principles. These mechanisms — including National Human Rights Institutions (NHRIs) — should have clear mandates to promote, protect, and monitor the rights of women and girls with disabilities, ensuring access to effective remedies for intersectional discrimination. This requires recognizing intersectional harms as legitimate grounds for complaints and accountability,
- Require that all judicial, quasi-judicial, and administrative complaint procedures including courts, ombuds offices, and equality bodies be physically, linguistically, and digitally accessible,
- Encourage States to train police officers, prosecutors, judges, and other justice actors on the CRPD, the African Disability Protocol, and gender equality principles, with emphasis on intersectionality, reasonable accommodation, and survivor-centred approaches,
- Urge States to guarantee free or affordable legal services that are accessible and available to women with disabilities, taking into account their mobility, literacy, and economic status,
- Guide States to adopt comprehensive forms of reparation, including rehabilitation, guarantees of non-repetition, institutional reform, and symbolic measures that acknowledge the dignity and agency of women and girls with disabilities,

- Invite States to engage with regional bodies, such as the African Commission on Human and Peoples' Rights and the African Disability Forum, to exchange good practices and strengthen regional jurisprudence on intersectional discrimination,
- Emphasize that women with disabilities must be intentionally included and supported to participate meaningfully in consultations, reviews, and oversight of remedy and monitoring mechanisms.

African Good Practices: Informing the CRPD guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities

Question 8. Describe any example of positive initiative, plan, programme, strategy or piece of legislation addressing multiple and intersecting forms of discrimination against women and girls with disabilities.

Women-led OPDs play a crucial, transformative role in advancing equality and inclusion. Nevertheless, the report, entitled "Powerful Yet Overlooked: African Women with Disabilities and the Ongoing Struggle for Inclusion, 30 Years After Beijing"³⁴ demonstrates that the leadership and contributions of these women are frequently overlooked in broader gender and development discussions. Their **lived experience, expertise and leadership must guide States in designing, budgeting, and implementing laws and policies that address the multiple and intersecting discriminations faced by women and girls with disabilities**. States should meaningfully involve these organisations in all decision-making processes — from GBV prevention and access to justice, to economic empowerment, access to essential services, climate action, and disaggregated data production — to ensure truly inclusive governance and to guarantee that systems and services are inclusive, accessible, and reflective of the realities of women and girls with disabilities in all their diversity. The **good practices presented below illustrate how this leadership is already transforming policies, services, and societies across Africa.**

Ensuring intersectional inclusion in essential services: Good practices in training service providers to uphold the rights of women with disabilities

GP.1 Training of Police, Justice and Social services: good practices from West Africa

In Togo, in June 2024, APROFEHTO (Association for the Promotion of Women with Disabilities in Togo) trained 13 professionals working in services that respond to gender-

³⁴ R. Mkutumula, M. Nthenge, S. Pecourt, A-C. Rossignol, P. Vulimu. [Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing](#). Lyon: Humanity & Inclusion, October 2024

based violence. These professionals included female lawyers, police officers, social services, SRH professionals and health professionals. The training was provided by women with disabilities from APROFEHTO, who had previously been trained by MIW.

In Togo, in July 2024, the Women's Unit of AST (Association of the Deaf in Togo) trained 11 professionals who work to respond to cases of gender-based violence. These professionals included police officers, social services and health professionals. The training took place over five days. The training was provided by women with hearing disabilities from AST, who had previously been trained by MIW. One example of a concrete, positive outcome is that several months after the training, in October 2025, the Family Planning Association of Togo (ATBEF) equipped its centre with an accessible gynaecological examination bed and had 40 Sexual and Reproductive Health (SRH) professionals, from all regions of Togo, trained in the basics of sign language and inclusive response services to GBV survivors with disabilities.

In Benin, in June 2024, OFAB (Organisation of Blind Women of Benin) trained 12 professionals working in services that respond to GBV (for example, police officers, including the juvenile brigade, judges, lawyers, and social services). The training was provided by women from the OFAB who are visually impaired and had previously been trained by MIW.

Key success factors:

- Institutional openness: State institutions responsible for gender, GBV, disability, and human rights policies are accessible, responsive, and willing to collaborate with civil society, including 'smaller' women-led OPDs.
- Recognition of lived expertise: women with disabilities are acknowledged as experts. With tailored support, they design and facilitate trainings themselves, sharing firsthand insights on barriers and rights.
- Transformative understanding: trainings build service providers' staff awareness of the intersectional discrimination faced by women and girls with disabilities, fostering recognition of their rights and agency rather than perceiving them as vulnerable.
- Inclusive institutional practices: trained institutions take concrete steps—such as applying Washington Group Questions, improving accessibility, raising staff awareness, and recruiting women with disabilities.
- Ongoing collaboration: public services maintain contact with the women-led OPDs that trained them, ensuring continued guidance and partnership for more inclusive service delivery.

GP.2 Training of Police and Justice services: a good practice from Malawi

From 2016 to 2019, DIWA (Disabled Women in Africa) trained Justice and Police professionals (through the 'Victim Special Units') on gender and disability data disaggregation. As a result, the Police has been further integrating the Washington Group Short Set when dealing with SGBV cases. The Observatory Hub run by Malawi National Statistics Office reflects on [disability disaggregation](#) for cases of SGBV reported. By producing disaggregated data at the national level, these efforts are helping to make violence against women and girls with disabilities visible and quantifiable. This paves the way for the recognition of this phenomenon and its consequences, thereby making the fight against GBV more inclusive.

GP.3 Ensuring the right to legal identity for all children: a good practice from Senegal

In 2023, the Ziguinchor Brigade for Awareness and Reporting of Human Rights Violations, in collaboration with the Ziguinchor Departmental Court of Justice and the Regional Union of Organisations for Persons with Disabilities (UROPH), organised mobile court hearings to ensure the civil registration of unregistered children, including those with disabilities. The Brigade conducted awareness campaigns in villages, informed parents of the importance of birth registration, and covered travel expenses to facilitate access. As a result, 150 children (80 girls and 70 boys) obtained legal identity through supplementary judgments—an essential step towards their recognition and access to rights.

Key success factors:

- Strong institutional collaboration: effective coordination between the women-led rights organisation and judicial authorities ensured an inclusive and efficient registration process.
- Community outreach and awareness: door-to-door surveys and sensitisation activities raised awareness among parents about the importance of registering children with disabilities.
- Financial and logistical support: covering travel costs removed a major barrier for rural families, guaranteeing equitable access to justice services.

Ensuring Health Equity: Good practices in promoting inclusive access to healthcare and sexual and reproductive health for women with disabilities

GP.4 Improving access to inclusive health care: a good practice from Senegal

Since 2023, the Ziguinchor Brigade for Awareness and Reporting of Human Rights Violations has partnered with the Regional Hospital Directorate of the Peace Hospital to

improve health care access for women with disabilities. Using the Accessibility Assessment Tool developed by HI-Making It Work, an audit identified key barriers and led to tangible improvements, including an accessible maternity bed, better lighting and parking, and a designated Sign Language interpreter. In 2024, midwives and nurses were trained on inclusive care, followed in 2025 by training on informed consent for women with disabilities.

Key success factors:

- Strong partnership: collaboration between the women-led Brigade and hospital authorities ensured commitment and follow-up.
- Evidence-driven change: a standardized assessment tool provided reliable data to guide accessibility measures.
- Capacity building: training health professionals on inclusive care and informed consent strengthened the delivery of accessible, rights-based services.

GP.5 Inclusive antenatal care: a good practice from Uganda

In 2023–2024, the Lira District Disabled Women Association (LIDDWA) implemented culturally, gender- and disability-sensitive antenatal classes in rural community health facilities across two sub-counties of Lira District. Conducted in collaboration with midwives, nurses, doctors, and community health workers, these sessions addressed key issues related to pregnancy among women and adolescent girls with disabilities. The initiative improved knowledge and health-seeking behaviours, enhanced access to inclusive and responsive health services, and helped reduce stigma and discrimination. It also fostered stronger collaboration between healthcare providers, women with disabilities, and their representative organisations.

Key success factors:

- Strategic partnership: collaboration with the local branch of Reproductive Health Uganda strengthened outreach and service delivery.
- Effective referral system: LIDDWA facilitated the orientation of women with disabilities seeking antenatal care, with Reproductive Health Uganda providing official referral forms.
- Targeted outreach: four community-based clinics were organized specifically for women and adolescent girls with disabilities, ensuring localized and accessible care.
- Affordable access: women referred through LIDDWA received antenatal services at subsidised costs, removing key financial barriers.

Empowering for Economic Justice: Good practices in economic empowerment and financial literacy by and for women with disabilities

GP.6 Replication of inclusive Savings and Credit Groups: a good practice from Togo

Since 2021, APROFEHTO (Association for the Promotion of Women with Disabilities in Togo) has set up more than 150 'Savings and Credit Groups' (SCGs) made up of women with disabilities and mothers of children with disabilities. These inclusive SCGs aim to remedy the lack of inclusion of women with disabilities in traditional savings and credit mechanisms and to strengthen their autonomy and financial education. More than 950 women with disabilities and mothers of children with disabilities have been trained in financial management and income-generating activities, as well as their rights and the prevention of GBV. This good practice could be scaled up by institutions through technical, financial and material support for these SCGs and their coordination. SCGs could also be formally linked to government mechanisms that enable the poorest people to access social protection and microcredit, entrepreneurship or employment, by making these mechanisms intentionally more inclusive of women with disabilities.

Key success factors:

- Peer leadership and empowerment: women with disabilities who received initial training became leaders and peer educators, managing the Savings and Credit Groups (SCGs) independently and training other members to open new SCGs.
- Strategic partnerships: collaboration with the women's rights organization WILDAF Togo expanded training opportunities and enhanced the visibility and credibility of women with disabilities' initiatives.
- Inclusive service delivery: staff from a national organization addressing GBV were trained on the rights of women with disabilities, leading to more accessible and inclusive support services.
- Local institutional support: local authorities, particularly the Department of Social Affairs, facilitated the functioning of SCGs by providing meeting spaces and logistical support.

GP.7 Fighting ableism and sexism in microfinance: a good practice from Benin

Since 2019, the NGO Dédji has been working to change how microfinance institutions in the south of the country treat women entrepreneurs with disabilities, progressively but steadily transforming the system. They have been working with major microfinance institutions to make their services more inclusive for women entrepreneurs with disabilities, whether they are established or new. In 2024, Dédji successfully renewed or set up formal partnerships with five microfinance institutions (MFIs). Twenty managers from these MFIs were trained about the rights of women with disabilities and what can be done to make services more accessible and inclusive. They also learned about the challenges women with disabilities face when it comes to financial independence, with real-life insights from a diversity of women entrepreneurs. After the workshops, one of these MFIs hired 14 new employees with disabilities for its branches.

Key success factors:

- Credible leadership: the women and men with disabilities leading Dédji gained the trust of microfinance institutions (MFIs) by demonstrating, through their own cooperatives, that businesses led by persons with disabilities can be serious, profitable, and creditworthy.
- Strategic partnership: the first MFI convinced by Dédji, PADME—one of Africa’s most reputable and profitable institutions according to the World Bank data—gave legitimacy to Dédji’s approach and opened the door for broader collaboration within the sector.
- Peer endorsement: following successful negotiations, PADME recommended Dédji to other MFIs, a decisive factor in scaling the initiative and establishing new partnerships.
- Recognition of lived expertise: the women leaders with disabilities were acknowledged as experts, leading advocacy efforts and facilitating the training sessions for MFI managers themselves.

GP.8 The first West African network of women entrepreneurs with disabilities: a good practice from Benin

In 2024, the NGO Dédji set up the Network of Women Entrepreneurs and Traders with Disabilities in Benin, a pioneering initiative in West Africa. Initially composed of around 40 members, this network aims to address invisibility, isolation and barriers to access to information and quality financial education. This makes it easier for women entrepreneurs with disabilities to: build and present common demands to the authorities; train each other; share their experiences relating to their economic sectors or opportunities to develop their businesses; and pool their resources to access external training.

Key success factors:

- Inclusive design from the outset: the network was created by and for women with disabilities, ensuring that its structure, objectives, and operations reflect their priorities and realities.

- Accessible communication and outreach: recruitment materials were produced in multiple accessible formats—including sign language videos—to enable broad and inclusive participation.
- Response to an identified need: the network emerged from a clearly expressed demand by women with disabilities previously trained by Dédji, strengthening their collective visibility, solidarity, and access to economic opportunities.
- Bridging sectors: the initiative fostered direct connections between women entrepreneurs with disabilities and key actors in microfinance, expanding opportunities for financial inclusion and collaboration.

‘Nothing Without Us’ in Policy: Good practices on the crucial participation of women with disabilities and their representative OPDs in policy-making

GP.9 Shaping the African Union Convention on Ending Violence Against Women and Girls (EVAWG)

In 2023, **Disabled Women in Africa (DIWA)** took part in an online consultation on the drafting of the [African Union Convention on Ending Violence Against Women and Girls](#) (EVAWG), which gathered over 200 participants from across the continent. DIWA strongly advocated for the Convention to be disability-inclusive, highlighting the continued violence, discrimination, and femicide faced by women and girls with disabilities, including technology-facilitated gender-based violence.

Building on this momentum, in October 2024 DIWA, together with HI Making It Work (MIW), the World Federation of the Deaf (WFD), and the International Disability Alliance (IDA), launched the landmark report *“Powerful Yet Overlooked: African Women with Disabilities and the Ongoing Struggle for Inclusion, 30 Years After Beijing.”* The report amplified calls for the meaningful participation of women with disabilities in the formulation and monitoring of the AU Convention and related policy frameworks.

Key success factors:

- Strategic and evidence-based advocacy: DIWA combined lived experience with strong data and regional partnerships to make a compelling case for inclusion.
- Collective leadership: collaboration with HI-MIW, WFD, and IDA strengthened visibility and credibility, ensuring women with disabilities’ voices were heard at continental level.
- Tangible policy impact: the adoption of Article 7³⁵ of the Convention on EVAWG, in February 2025, is a significant milestone in protecting and empowering women and girls

³⁵ Article 7, on State Obligations on Multiple and Interconnected Factors that Exacerbate Violence Against Women and Girls, of the [AU Convention on EVAWG](#), in its paragraph 1 provides: “States Parties shall take cognisance of the increased risk experienced by women and girls who face multiple forms of vulnerabilities, including but not limited to disability, health-related shocks, displacement, widowhood, and old age, in times of peace, armed conflict, transitional justice processes, post-conflict, and post-disaster situations”, and in its paragraph 2,

with disabilities across Africa by explicitly recognizing disability. DIWA is now planning to promote a continental campaign for the Convention's ratification and implementation, ensuring that its commitments translate into concrete action.

GP.10 Strengthening Feminist Movements for Inclusive Policy Influence

Through collaboration with the Coalition on Violence Against Women (COVAW) Kenya under the UN Trust Fund-supported project “Empowered Feminist Movements in Africa,” Disabled Women in Africa (DIWA) has amplified the leadership and participation of women with disabilities in regional and global policy spaces. The initiative has enabled their active engagement in high-level advocacy platforms, including the Commission on the Status of Women (CSW69), where DIWA co-hosted a parallel event calling for accountability, inclusive funding, and the full recognition of women with disabilities within gender equality and development agendas. As part of the same initiative, DIWA convened a Sub-Regional Forum on Ending Violence Against Women and Girls (EVAWG), bringing together women leaders with disabilities from Kenya, Rwanda, and Malawi to co-develop advocacy strategies and a shared roadmap for sustained engagement with national, regional, and continental mechanisms.

This collaboration demonstrates DIWA’s commitment to building intersectional feminist movements that recognise, resource, and elevate the leadership of women with disabilities as key actors in advancing equality and transformative change across Africa.

GP.11 Making AU Model Laws inclusive by integrating intersectional perspectives

The consortium of Disabled Women in Africa (DIWA), African Disability Forum and Inclusion Africa participated in the Pan-African Parliament's *Permanent Committee on Gender, Family, Youth, and People with Disability* consultation on the Draft Model Law on Gender Equality and Equity in September 2025. The Model Law is intended as a soft law instrument that Member States of the African Union can use or adapt to enhance their legal, institutional and regulatory frameworks relating to gender equality and equity. This is in line with relevant global and AU legal and policy instruments (including the already progressive Maputo Protocol). DIWA was the only organisation of women with disabilities to attend the 'continental consultation' held in Ghana (8-11 September 2025). There, it shared the challenges faced by women and girls with disabilities, as well as its recommendations, in order to influence the Model Law and ensure that it addresses the intersectional factors of discrimination. The Draft Model Law was subsequently amended to highlight the intersectional challenges faced by women and girls with disabilities, confirming the impact of

subparagraph 'e' provides: “Towards fulfilment of their obligations in paragraph 1 of this Article, States Parties shall: enact and enforce national laws specifically protecting women and girls with disabilities from all forms of violence, discrimination, and exploitation, and provide them with holistic and tailored support services;”

DIWA's contribution. The Pan-African Parliament is expected to adopt the Model Law in November 2025.

Similarly, in August 2022, DIWA shared instrumental contributions during a consultation of the Pan-African Parliament on the Model Law on Disability in order to make it more gender responsive. Following one of DIWA's recommendation, [the PAP Committee announced](#) the set up a “vital subcommittee” that is tasked with advancing advocacy strategy for the promotion of ratification of the Protocol and Domestication of the African Model Law on Disability”

Key success factors:

- Strategic engagement and capacity building: DIWA’s participation in high-level continental consultations strengthened its evidence-based advocacy and built the leadership capacity of women with disabilities in policy analysis and negotiation.
- Inclusive representation and accountability: the direct participation of women with disabilities ensured their voices were heard, enabling them to monitor commitments and advocate for disability-sensitive provisions during national domestication processes.
- Visibility and credibility: the active contributions of women with disabilities challenged stereotypes and enhanced DIWA’s recognition as a credible policy influencer at the continental level.
- Partnership and collaboration: the consultations fostered connections with government officials, civil society actors, and human rights advocates, expanding alliances for inclusive gender and disability advocacy.
- Intersectional influence: DIWA successfully positioned disability rights within broader gender equality debates, ensuring that the Model Laws reflect the intersecting realities and priorities of women and girls with disabilities across Africa.

GP.12 Inclusive GBV Law Reform: a good practice from Burundi

In 2024, ABPDFH-URUMURI (Association Burundaise de Promotion des Droits des Femmes Handicapées), as a member of the Strategic Advocacy Alliance, successfully advocated for the inclusion of women with disabilities in the revision of the [strategic law on GBV](#), which was initially adopted in 2016. The draft revised law is now ready to be examined by the Parliament.

Key success factors:

- Strategic partnerships: through the leadership of women from ABPDFH, the organization became an active member of the Strategic Advocacy Alliance, gaining access to key advocacy spaces and information channels.
- Inclusive coalition building: members of the Strategic Advocacy Alliance recognized the expertise and perspectives of women leaders with disabilities, ensuring their meaningful participation and visibility within the collective advocacy process.
- Government openness and political will: The Ministry of National Solidarity, Social Affairs, Human Rights and Gender engaged constructively with the Alliance and integrated proposals from ABPDFH to ensure the revised GBV law is inclusive of women and girls with disabilities.

GP.13 Advocating for the ratification of the African Disability Protocol: good practices from Senegal and at continental level

In Senegal: in 2024, WILDAF Senegal (Women in Law and Development in Africa) and HI-MIW joined forces to urge the Government of Senegal to ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities (also known as the African Disability Protocol). This is in light of the Protocol's entry into force in May 2024. WILDAF Senegal, a women's rights organisation that has become disability inclusive, has produced [a simplified version of the Protocol](#) (in French only) to facilitate its adoption by duty bearers, men and women with disabilities, and all human rights activists willing to support this campaign. This initiative shows how inclusive advocacy can tackle intersectional discrimination against women and girls with disabilities.

At continental level: in 2021, Disabled Women in Africa (DIWA), in collaboration with the African Disability Forum (ADF), led high-level advocacy urging African Union Member States to ratify the African Disability Protocol. Through engagements with the AU Committee on Gender and Women's Development, DIWA highlighted the Protocol's gender responsiveness and its potential to advance the rights of women and girls with disabilities.

As a result, the Committee adopted recommendations reflecting DIWA's inputs, encouraging Member States to act. In 2023, the Protocol entered into force after 15 ratifications — a historic milestone for the African disability movement. DIWA continues to advocate for full ratification and domestication, including through its engagement at the 85th Ordinary Session of the African Commission on Human and Peoples' Rights (ACHPR).

Key success factors:

- Strategic advocacy: targeted engagement with AU institutions positioned DIWA as a leading voice in continental disability and gender equality efforts.
- Gender-focused framing: emphasising the ADP's transformative impact for women and girls with disabilities ensured strong policy relevance.
- Collective mobilisation: collaboration with ADF and regional partners amplified influence and drove coordinated action among Member States.

GP.14 Promoting disability-inclusive SRHR policies and budgets: a good practice from Uganda

Between 2023 and 2025, the Lira District Disabled Women Association (LIDDWA) engaged policymakers and technical staff at district and sub-county levels to make the Uganda National Policy Guidelines and Service Standards for SRHR more disability-inclusive. These sustained advocacy efforts led to increased awareness and commitment to inclusive SRHR, the integration of disability provisions into local government plans and budgets, and stronger collaboration between authorities and organizations of persons with disabilities, while also enhancing the capacities of technical staff and councillors on inclusive service delivery.

Key success factors:

- Responsive budgeting: following LIDDWA's advocacy, local budgets now allocate resources for women with disabilities, including assistive devices such as white canes and wheelchairs.
- Inclusive governance: women with disabilities now participate in decision-making committees on policy formulation and planning at district, sub-county, and city division levels.
- Infrastructure improvements: eight maternity delivery beds were procured, and four community health centres were made physically accessible to better serve women and girls with disabilities.

GP.15 Informing a strategy on inclusive access to justice: a good practice from Rwanda

In 2022, UNABU (Umuryango Nyarwandaw'Abagore BafiteUbumuga - Rwandan Organization of Women with disabilities), in partnership with Legal Aid Forum and Haguruka NGO, conducted a policy analysis on access to justice for women with disabilities in Rwanda. The analysis set a solid foundation for training women with disabilities on access to justice and for informing and influencing the Ministry of Justice to establish a Strategy on gender-sensitive disability justice, also informed by an assessment done by Legal Aid Forum.

GP.16 A new gender-sensitive Disability Act: a good practice from Kenya

In 2024-2025, a coalition of feminist organisations and women-led OPDs (Women Challenged to Challenge), along with UDPK (United Disabled Persons of Kenya), played a key role in shaping the new Disability Act 2025 in Kenya. UDPK participated in the drafting phase consultations from 2015 to 2019 and further contributed to the process during the 2021-2023 calls for public participation. Women Challenged to Challenge (WCC) and COVAW (the Coalition on Violence Against Women) contributed to making this policy more inclusive of women with disabilities. One of the key factors was that WCC lobbied the Kenya Women Parliamentary Association (KEWOPA) for several years to gain their support for the new Act. The 2025 Persons with Disabilities Act includes specific provisions on women with disabilities, affirming their rights to equal participation, protection from gender-based violence, access to reproductive health, etc. It also stipulates the collection of disaggregated data at the county level.

GP.17 Advancing SRHR Policy towards intersectional inclusion and accountability: a good practice from Nigeria

AWWDI (Advocacy for Women With Disabilities Initiative), along with other women-led OPDs, influenced the 2018 National Policy on Sexual and Reproductive Health Rights for Persons with Disabilities with an emphasis on women and girls. AWWDI takes part in the continuous efforts that are since being done by OPDs and their partners to ensure its effective implementation throughout the States of Nigeria (a decentralized country). AWWDI hosted in May 2025 [a high-level Policy Adoption Dialogue](#) that led to the formal approval of the inclusive SRHR policy by Nasarawa State.

Key success factors:

- Recognition of women-led OPDs' expertise: stakeholders—including government ministries, the Disability Rights Commission, financial partners, and civil society—acknowledged the leadership and technical expertise of women-led OPDs such as AWWDI in shaping and domesticating inclusive SRHR policies.
- Political will and institutional ownership: the active participation of the Nasarawa State Ministry of Health in the Policy Adoption Dialogue ensured official endorsement and laid the groundwork for accountability and sustained implementation.
- Actionable, multi-sectoral commitments: the Dialogue resulted in concrete pledges from government institutions and service providers—such as integrating the SRHR policy into healthcare training programmes—thereby promoting a coordinated and inclusive approach to SRHR delivery.

Women with Disabilities at the Heart of Climate Action: Good practices in addressing climate injustice through inclusive and gender-responsive environmental action

GP.18 Gender-sensitive disability mainstreaming in a climate change resilience project: a good practice from Rwanda

Since 2024, UNABU (Umuryango Nyarwandaw'Abagore BafiteUbumuga - Rwandan Organization of Women with disabilities) has been a member of the Steering Committee for a major project to enhance resilience against climate change. The project, called the "Congo Nile Divide Restoration Project", is being spearheaded by the [Ministry of Environment](#) and the [Rwanda Forestry Authority](#) and funded by the Green Climate Fund. UNABU fulfils an advisory role on Gender and Disability on the Steering Committee; and in 2024 it provided training to project stakeholders on gender-sensitive disability mainstreaming. Although the initial [Gender Action Plan](#) of the project does not employ an intersectional approach and does not explicitly target persons with disabilities, nor women with disabilities, UNABU is leading the way in terms of intersectional inclusion.

GP.19 Promoting disability-inclusive climate action and humanitarian response: a good practice from Malawi

In June 2024, following the devastation of Cyclone Freddy, Disabled Women in Africa (DIWA) conducted a research study on the disaster's impact on women and girls with disabilities. The study revealed how inaccessible information, inadequate shelters, and exclusion from relief decision-making disproportionately exposed women with disabilities to risk and deepened existing inequalities.

The research findings were shared with humanitarian actors and government agencies, influencing policy decisions and contributing to the development of Standard Operating Procedures (SOPs) for inclusive disaster response. DIWA also ensured that recommendations on climate change and resilience were integrated into the review of the Malawi's National Action Plan on Albinism. In 2025, DIWA presented this case at the Climate Action Conference in Ethiopia, calling for the inclusion of women and girls with disabilities in climate policy and adaptation frameworks.

Key success factors:

- Evidence-based advocacy: the research provided credible data and lived experiences that informed more inclusive humanitarian and climate policies.
- Strategic engagement: sharing findings with both government and humanitarian actors strengthened policy uptake and institutional collaboration.
- Intersectional approach: by linking climate resilience, disability inclusion, and gender equality, DIWA positioned women with disabilities as key actors in climate and disaster response strategies.

Data that Drives Inclusion and tackles statistical invisibility: Good practices in producing disaggregated data with and by women with disabilities to combat intersectional discrimination

GP.20 Strengthening Disaggregated Data: examples of promising national efforts in Senegal, Malawi and Kenya

The collection of data disaggregated by gender and disability is essential to address the specific needs of women with disabilities, as outlined in the SDGs. 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, such as those addressing discriminations.

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 separately³⁶.

On a positive note, **Senegal** has been using the WGSS since its 2013 national population census, including in its most recent national census RGPH-5 done in 2023. The Agency for Statistics and Demography of Senegal has recently published its new 2024 RGPH-5 report on Population and Housing.³⁷ On one hand, its Chapter 11 is a [dedicated chapter on disability](#), providing disaggregated data on disability and gender. On the other hand, Chapter 12, [on the Situation of Women](#), is regrettably still lacking disaggregated data on disability. It fails to recognise that women with disabilities are also women, despite the availability of data. The same observation applies to the report entitled '[National Reference Survey on Violence Against Women](#)' published in 2024 by Senegal's National Agency for Statistics and Demography, in partnership with UN WOMEN, UNFPA and UNDP and with the support of the French Development Agency: none of the data takes into account the intersectionality of gender and disability.

With regard to Malawi, the [National Statistical Office](#) (NSO) has utilised the WGSS in censuses for several years. This is evident in the 2018 [Population and Housing Census Report](#), in which it was employed systematically. The 2024 [MDHS Malawi Demographic and Health Survey](#) incorporated a disability questionnaire as part of the household questionnaire. However, it is regrettable that disability is not regarded as an individual background characteristic. A preliminary intersectional analysis of the data has been performed.

In Kenya, the National Bureau of Statistics has utilised the WGSS for a number of years (i.e. in the [2019 Kenya Population and Housing Census](#)). The [Disability Monograph](#), based on the 2029 Census, contains some data disaggregated by gender. Similarly, the [Gender Monograph](#) contains some data disaggregated by disability. However, both monographs are limited in the extent to which they disaggregate and analyse data by intersectional factors. Furthermore, the [2023/24 Kenya Housing Survey](#) incorporated the WGSS of questions, but intersectional analysis is lacking.

³⁶ R. Mkutumula, M. Nthenge, S. Pecourt, A-C. Rossignol, P. Vulimu. [Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing](#). Lyon: Humanity & Inclusion, October 2024, page 62.

³⁷ Agence Nationale de la Statistique et de la Démographie, [Rapport provisoire du 5ème Recensement général de la population et de l'habitat](#), 2023 (RGPH-5, 2023), July 2024 (available only in French).

GP.21 Evidence for change in Zambia, Kenya and Malawi: using data to inform inclusive laws and policies

Through the Strengthening Partnerships to Advance Disability Rights in Africa (SPADRA) project, Disabled Women in Africa (DIWA) has championed evidence-based advocacy for inclusive policy and legislative reform in Zambia and Malawi, while reinforcing regional advocacy in East and Southern Africa.

In Zambia, DIWA's mixed-methods research to inform the modernization of the *Persons with Disabilities Act No. 6 (2012)* revealed critical gaps in gender responsiveness, accountability, and participation. The findings—exposing limited rights awareness and high rates of violence against women with disabilities—underpinned advocacy to align the Act with the African Disability Protocol (ADP), the Maputo Protocol, and the AU Convention on Ending Violence Against Women and Girls (CEVAWG).

In Malawi, similar research informed the review of the *National Action Plan to End GBV* and the *National Action Plan on Albinism*, ensuring both integrate disability, gender, and climate considerations. DIWA's evidence-based recommendations were reflected in the renewed GBV Plan.

Building on these efforts, and with support from the UN Trust Fund and COVAW Kenya, DIWA is leading a multi-country study in Malawi, Rwanda, and Kenya to document the experiences of women and girls with disabilities in EAWG movements. The research strengthens regional strategies and ensures advocacy is grounded in data, lived experience, and the leadership of women with disabilities.

These initiatives exemplify DIWA's commitment to transforming data into action and advancing the principle of “Nothing Without Us” across Africa's gender equality and disability rights agendas.

GP.22 Participatory data collection led by women with disabilities – The Making It Work ‘Voices of’ Collection

Since 2024, the **Making It Work Gender and Disability Project (MIW)** has supported five qualitative studies led by women with disabilities as both researchers and subjects. These studies recognize their agency and expertise, ensuring they shape both the process and the narrative. Published in the [“Voices of” collection](#), the studies highlight the lived realities of African women with disabilities while challenging traditional, objectifying and overbearing research approaches.

Each study is co-developed and implemented by women-led organizations of persons with disabilities, with MIW providing technical support in methodology design, ethics, data collection and analysis. Current examples include: A study on the lived realities of women with disabilities in Southern Benin (by the Organisation of Blind Women of Benin and NGO Dédji, with support from the University of Guelph's & EDID project); A study on the impact of climate change on the health of women with disabilities in Kenya and Uganda (by Women

Challenged to Challenge in Kenya and Lira District Disabled Women Association in Uganda, with support from the Institute of Tropical Medicine, Antwerp).

By centering women with disabilities in all stages of research, these initiatives produce rich, disaggregated qualitative data and promote inclusive, feminist, and anti-ableist knowledge production that more accurately reflects their diverse realities.

Previous [publications in the 'Voices of' collection](#) include:

- 'Echoes of hope for women with psychosocial disabilities in Kassanda, Uganda' by MUDIWA (Mubende Women with Disabilities Association), published May 2025.
- 'Voices of women with disabilities in Burundi: Shared realities / Au coeur des femmes : réalités partagées - Paroles de femmes handicapées du Burundi' by Association pour la Promotion des Droits des Femmes Handicapées du Burundi - Urumuri (ABPDFH), published June 2024.
- 'Voices of Women with Psychosocial Disabilities in Lira, Uganda' by LIDDWA Lira District Disabled Women's Association, published May 2024.

Key success factors:

- Recognition of women-led OPDs as key actors: women-led organizations of persons with disabilities (OPDs) are representative bodies as defined by the CRPD. Their dual role—as rights-holders and experts—makes them essential partners in the design and implementation of research.
- Full and meaningful participation: women with disabilities must be involved at every stage of the research process—including governance mechanisms such as steering or review committees—and not limited to the role of respondents.
- Diversity and intersectionality: women with disabilities are not a homogeneous group. Ensuring representation across types of disabilities, ages, locations and socioeconomic backgrounds strengthens the inclusiveness and relevance of findings.
- Tailored and empowering technical support: technical support should be adaptive, continuous, and grounded in trust. It must respect the leadership, pace, and expertise of women-led OPDs, avoiding top-down or extractive approaches.
- Adequate and inclusive resourcing: grants must fully cover accessibility and reasonable accommodation costs, ensuring that both researchers and participants with disabilities are not financially burdened or further marginalized.

Annex: List of contributing organisations

Country	Organisation name	Acronym	Website or Facebook page
Benin	Organisation des Femmes Aveugles du Bénin (Organisation of Blind Women of Benin)	OFAB	Link to OFAB Facebook
Benin	ONG Dédji (NGO Dedji)	DEDJI	Link to DEDJI Facebook
Burundi	Association Burundaise pour la Promotion des Droits des Femmes Handicapées – Urumuri (Burundian Association for the Promotion of the Rights of Disabled Women)	ABPDFH-Urumuri	Link to ABPDFH Facebook
Cameroon	Cameroon Baptist Convention Health Services	CBCHS	Link to CBCHS website
Ghana	Women With Disability Development And Advocacy Organization	WODAO	Link to WODAO website
Kenya	Coalition on Violence Against Women	COVAW	Link to COVAW website
Kenya	United Disabled Persons of Kenya	UDPK	Link to UDPK Facebook
Kenya	Women Challenged to Challenge	WCC	Link to WCC Facebook
Malawi	Network for Girls and Women with Disabilities in Malawi	NEGWDM	Link to NEGWDM Facebook
Nigeria	Advocacy for Women With Disabilities Initiative	AWWDI	Link to AWWDI website
Rwanda	Umuryango Nyarwanda w'Abagore Bafite Ubumuga (Rwandan Organization of Women with disabilities)	UNABU	Link to UNABU website
Senegal	Brigade Communautaire de Conscientisation et Dénonciation des violations des droits humains de Ziguinchor (Ziguinchor Community	BCCD	Link to BCCD Facebook

	Brigade for Raising Awareness and Denouncing Human Rights Violations)		
Senegal	Women In Law and Development in Africa	WILDAF Senegal	Link to WILDAF Senegal Facebook
Togo	Association de Promotion des Femmes Handicapées du Togo (Association for the Promotion of Women with Disabilities in Togo)	APROFEHTO	Link to APROFEHTO Facebook
Togo	Cellule Féminine - Association des Sourds du Togo (Women's wing - Togo Association of the Deaf)	AST	Link to AST Facebook Link to Women's wing AST Facebook
Uganda	Mubende Women with Disabilities Association	MUDIWA	Link to MUDIWA Facebook
Uganda	Lira District Disabled Women Association	LIDDWA	Link to LIDDWA Facebook

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African Perspectives and Good Practices on Multiple and Intersectional Discrimination against Women and Girls with Disabilities

November 2025

Summary

This publication analyses the multiple and intersectional forms of discrimination experienced by women and girls with disabilities across Africa, providing evidence to inform the CRPD Committee's forthcoming **Guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities**.

Based on contributions from 17 women-led organisations of persons with disabilities across 11 countries, it highlights persistent gaps between continental commitments and national implementation. Despite widespread ratification of the CRPD, the Maputo Protocol, and the African Disability Protocol, most legal and policy frameworks still fail to meaningfully integrate the intersection of gender and disability.

The report shows that women with disabilities face systemic exclusion in health, education, employment, political participation, and access to justice, with heightened risks for those in rural areas, those with intellectual or psychosocial disabilities, and those living in poverty or displacement. Lack of disaggregated data further perpetuates invisibility.

Alongside its analysis, the report presents 22 promising good practices, largely led by women with disabilities. These practices demonstrate the transformative impact of their leadership by showcasing effective approaches to inclusive services, economic empowerment, policy influence, climate action and participatory data production.

The publication was collaboratively authored by Disabled Women in Africa (DIWA) and Humanity & Inclusion - Making It Work Gender and Disability project.

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