

Rising voices

Mainstreaming women with disabilities
in India-EU international cooperation

Summary



Sightsavers



About this summary

The stories, findings and recommendations here draw on interviews, focus groups and rights-awareness work involving 15 women with disabilities from rural India, belonging to local organisations of people with disabilities (DPOs). The activities were undertaken as part of the Building Partnerships for the Sustainable Development Goals – Empowering Disabled People’s Organisations (Building Partnerships) project.

Building Partnerships supports people with disabilities to engage in, shape and monitor the implementation of the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development (the 2030 Agenda). It aims to boost the participation of DPOs in the SDGs processes, and strengthen policy dialogue and partnership between Indian DPOs and EU institutions and member states. It brings the voices of India’s DPOs to an international stage.

The Building Partnerships project is jointly undertaken by Sightsavers India and the European Disability Forum (EDF). It is funded by the European Union (EU).

The real names and identifying details of the women participants in Building Partnerships, who have generously and courageously offered their stories, have been changed to protect privacy. However, we have used the real names of women participants in the section on ‘good practices’ to acknowledge their accomplishments and successes, which they are really proud to share.

About the European Disability Forum

EDF is an umbrella organisation of persons with disabilities that defends the interests of over 100 million persons with disabilities in Europe. It brings together representative organisations of persons with disabilities from across Europe. EDF is run by persons with disabilities and their families to ensure a strong, united voice of persons with disabilities in Europe. www.edf-feph.org



Sightsavers

About Sightsavers

Sightsavers is an international organisation working with partners in developing countries to eliminate avoidable blindness and promote equality of opportunity for people with disabilities. In India since 1966, Sightsavers’ work has enabled thousands of people to lead independent and dignified lives. We have been working with local partners in 100 districts across eight states of India to strengthen organisations and communities.

Further information

For the full Rising Voices report and easy to read version:

www.sightsaversindia.in
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Cover image: Indu, who has had an orthopaedic disability since birth, was given training in making bangles and clothes.

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Girls with visual impairments demonstrate self defence techniques at an event organised in New Delhi.

Whose voices?

The “rising voices” referred to in the title of this document are those of 15 women with disabilities from the Indian states of Jharkhand, Odisha and Rajasthan, who agreed to share their stories as part of the Building Partnerships project. They are a tiny fraction of the women and girls with disabilities globally, who face discrimination as both women and as people with disabilities.

They are part of those who are furthest behind, a group of people highlighted and prioritised by the 2030 Agenda as key to sustainable development. The UN Convention on the Rights of Persons with Disabilities (CRPD), recognises that the inclusion of people with disabilities is critical for international cooperation and development.

However, participation of people with disabilities in these global processes is low. Little is known about who they are or how to ensure their inclusion – an issue compounded by a lack of data.

The voices heard in this paper are therefore valuable in drawing attention to the untapped and largely unrecognised potential

of women and girls with disabilities and their critical role in the implementation of the SDGs, and development cooperation more broadly. The stories the women tell highlight the struggles and challenges they face in four key areas: violence, education, health and employment. These are key themes in the SDGs. A fifth focus is family, which emerged as another important theme.

The stories also celebrate the women’s strength, abilities, resilience and victories. In particular, the stories convey the transformational impact that engagement in the SDGs process has on women’s lives, helping them to stand up for themselves, gain independence and support others.



Discrimination: a complex picture

The discrimination that women and girls with disabilities face, first as women and second as people with disabilities, does not equate simply to adding these aspects of discrimination together. Intersectional discrimination can be qualitatively different – and more than the sum of the parts. Intersectional discrimination is exacerbated for women and girls with disabilities when they experience other forms of marginalisation, including as LGBTIQ, ethnic minorities, older people, children and those living in rural areas. Class and poverty also play their roles.

In addition, there is a strong link between disability and gender inequality. For example, while a significant portion of women and girls are born with disabilities,

others experience disability as a result of exposure to gender-related risk factors, including a lack of access to sexual and reproductive health services, exposure to violence and a gender-biased distribution of resources within households.

The European dimension

The experiences of women and girls with disabilities in the EU can be very different from those of their counterparts in India, but there are many shared aspects, too. For example, in India and in EU countries, women with disabilities experience poorer health outcomes and are more likely to face higher health care costs and discrimination by health workers, than women without disabilities.

As in India, women and girls with disabilities in the EU are more likely to be excluded from educational opportunities and face significant barriers to employment as a result. In both the EU and India there are gaps between women with disabilities in employment and their nondisabled peers.

Women with disabilities are at increased risk of domestic violence, and face significant barriers to accessing justice; there are significant gaps in data available on the situation of women in India and the EU.

Both also have commendable rights-based goals and progressive legislation enshrining these, however, implementation remains a challenge. For example, in 2016 India passed the Rights of Persons with Disabilities Act (RPWD Act), the legislation needed to fulfil its obligation to the CRPD. As such, it duly shifted its thinking about disability from a social welfare concern to a human rights issue. However, the enjoyment of full human rights by women and girls with disabilities in India remains some way off. In Europe, the first EU Gender Action Plan failed to mention disability and the current second plan, while mentioning it, did not systematically incorporate the rights of women and girls with disabilities.

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Sudama, who has a visual impairment, and her sister-in-law Sapna outside her home in Madhya Pradesh. Sudama took part in a self-defence and judo training project run by Sightsavers and a local disability organisation, which is helping her gain independence.

Stories of abuse, discrimination and exclusion in three Indian states

In this section, the real names and identifying details of the women participants in the case studies have been changed to protect privacy and ensure confidentiality.

Since learning self-defence skills, Sudama has been able to return to her education.



Violence and access to justice

Women and girls with disabilities experience higher rates of violence than women and girls without disabilities.

Domestic violence and abuse is not uncommon. For many women and girls with disabilities, the family is not a place of safety. Rather, it is a place where they experience controlling, coercive, threatening, degrading and violent behaviour, including sexual violence.

A lack of financial independence, government support and specialist shelter accommodation, can leave women trapped in unbearable situations.

“My brother fights against my pursuit of higher education and my sister-in-law wants to get rid of me because I’m disabled. ...They frequently verbally and physically abuse me, pushing until I fall. I lose self-confidence and I’m unable to fight back.” Rita, 25, Jharkhand

“I had always been a devoted wife. [My husband] used to hit me, and I would never say anything, just quietly bore it all. For seven years I went through all of this. One day, when my husband came home drunk, he became angry because I’d been unable to prepare food on time as I was busy handling my younger son. In anger, he killed my son by throwing him twice on the wall, then on the floor and finally on the bed.” Sneha, 36, Rajasthan

Outside of the home, health care was highlighted by interviewees as an area where women and girls with disabilities are at risk of both sexual and physical violence.

“When I was in first year of graduation, I was abused by a ‘body massager’ who was hired to massage my deformed legs. He used to touch my upper body,

intentionally. For a few days, I asked him to behave and only to massage my legs. However, he continued to be abusive and then I mentioned it to my mother. She said, ‘If you want to get cured, adjust and accept.’ But I was not comfortable and prayed to God that it should stop immediately. However, I never had the courage to raise my voice against his ‘bad touch’” Asha, 27, Rajasthan

In particular, women with disabilities are at greater risk of forced contraception, abortion and sterilisation than women without disabilities, as medical practitioners discriminate and often consider people with disabilities as either asexual or hypersexual.

“Four years ago, I had some uterus-related issues and so I went to see a gynaecologist. It was extremely uncomfortable to see there was no female doctor when I went for ultrasound and sonography. I had a hysterectomy. I wasn’t informed about the pre- and post-surgery repercussions and was given medicines without my consent. I didn’t know about my right to be informed about medical treatment and felt miserable.” Rubina, 42, Rajasthan

Involuntary treatment and forced institutionalisation, where the experience is often one of unsanitary conditions and exposure to violence, is a risk for women and girls with disabilities. This is in part because of a lack of appropriate government support and services.



The Samarthyam team promotes mass awareness on violence against women at the One Billion Rising Campaign, 2017.

Access to justice is a challenge. Women with disabilities face a range of barriers, from reporting and interacting with the police to navigating the judicial process. The criminal justice system has largely failed to implement recent reforms, such as creating an enabling, supportive environment for abuse survivors with disabilities. Women with disabilities are often unaware of their legal rights.

“I wish the police were aware of the vulnerability of disabled women... For my sister’s marriage, my brother bought a necklace for my sister-in-law and I asked for one too. I gave them money for it and asked them to sell my share of rice for the extra amount. However, my brother shouted at me and my father and took the rice and money. My brother called me a thief and launched a police complaint. I fought back but the police didn’t bother to take me seriously as I was disabled.” Anju, 41, Odisha

Family

Families can be both a place of refuge and support, but too often also a place of struggle and hardship. A lack of social security and government support for independent living often means women with disabilities are reliant on their families. Financial and social strains can put them at risk of abuse.

One interviewee spoke about her sister, who grew resentful at having to look after her at school.

“[My sister] used to fight me a lot and many times she hit me. I never said anything at home. She never hit me at home because she was scared of our father.” Naina, 29 Rajasthan

Property disputes, often instigated by siblings, are common.

“My brother tortured me for the property. I even went to the police station to complain about him. After getting tired of his abuse, my parents and I broke ties and started living elsewhere. I’m taking care of my parents and ensuring that they don’t feel neglected.”
Anju, 41, Odisha

In addition, women with disabilities are often not expected to adopt the roles of wife and mother, a cause of great sadness for many.

“I’m not allowed to think about my future in terms of marriage prospects. Even in my daily work and networking with other women with disabilities, being in a relationship with someone who could appreciate our existence – in which one could be loved, cared for and enjoy life – is something that women with disabilities tend not to talk about. Ignoring our right to pursue happiness in all terms is something that’s been cultivated in our societies for centuries.”
Richa, 26, Jharkhand

Some states run schemes offering financial benefits for marrying people with disabilities, which are discriminatory and stigmatise women and men with disabilities further.

Interviewees also suggested it is common for families in rural areas to seek a daughter in-law with a disability in order to produce a child, only to abandon her once that child is born.

“While working in an NGO, a friend arranged a marriage proposal for me from a man with a disability who had a good job, but my parents refused [to let me marry him]. They wanted me to marry an old man who had two girls and a wife who also lived with him. I came to know that this man wanted a son and I’m pretty sure that once I delivered a baby boy he would kick me out. Also, what is the certainty that I would give birth to a boy? What would happen if this child turned out to be girl?” Radha, 25, Jarkhand



Prem Bai threads a needle at her home in Raisen after sight-saving cataract surgery in Bhopal, India.

Education

There are many barriers to girls with disabilities in India enrolling and staying in school.

Owing to the stigma associated with disability, many families opt not to send girls with disabilities to school, believing they are unlikely to be able to learn and get a job afterwards. The availability of accessible transport and safe commuting options to school also commonly deter attendance.

“I used to crawl on my knees to the entrance of school and ask people I knew to drop me home. Sometimes I used to wait for as long as an hour to find someone I knew. When I was in second grade, I asked someone from my village for help. He said, ‘You trouble your family a lot! Why don’t you die?’ I was deeply hurt and left the school.”
Kajal, 30, Jharkhand

Many interviewees recounted stories of harassment, and cruel taunts and insults from both peers and teaching staff, sometimes with long-term consequences.

“In fourth year, my parents bought me a tricycle from the block office, but the school kids used to play or sit on it and I couldn’t use it, so I dumped it at home. Growing up, sometimes my friends would tease me by taking away my crutches while I washed my hands and legs at the well. I complained and my teachers would do nothing. I decided to dump the mobility aids as they’d become a cause of mockery and harassment. I managed to walk to school but my deformity increased until, one day, I started crawling on all fours.”
Seema, 24, Odisha



Riya, who was screened at school and given a pair of glasses, smiles and sits with her classmates. Previously her eye problems had stopped her from attending school.

Stigma and negative attitudes to disability not only exclude children from the chance of gaining an education, but also from the finding friends and being able to play with others.

“I never participated in extracurricular activities such as dance and PE.”
Asha, 27, Rajasthan

Even when children are at school, the extra costs of appropriate transport, assistance and devices can lead to financial hardship for their families.

“It was challenging to commute 12km to school every day and then work in the field in afternoons to earn money for my education. I was exhausted by the end of the day. But the need to gain a higher education and earn a decent living in the future was my only goal. My family was not against my education, but there was no financial support from them, as they couldn’t spare any money.”
Radha, 25, Jharkhand.

School and college buildings can be inaccessible, and there is often an absence of qualified teachers and accessible learning materials and opportunities. After leaving her first school, Kajal enrolled in another, but she dropped out after the teacher refused her request to move a class from the fourth to the ground floor.

“I wanted to take the computer course as vocational training. I was hurt and felt discriminated against by the trainer’s statement, ‘I cannot bring the classes down [to the ground floor] for just one student.’ All my dreams came to a standstill.” Kajal, 30, Jharkhand

Issues around adequate safety for girls with disabilities and basic infrastructural facilities, for example, accessible toilets and handwashing facilities, are also major barriers to the education of girls with disabilities.

“The toilet in the school was usually dirty and I had to crawl on the ground. My hands and dress got dirty. During the rains I missed classes. During menstruation, I used to opt for open defecation and felt uncomfortable and embarrassed.” Seeta, 28, Odisha

Many families opt not to send girls with disabilities to school, believing they are unlikely to be able to learn and get a job afterward

Health

Despite substantial improvements in health in the past decade, access to health services in India remains weak, with health services unable to meet the needs of the population. Large health disparities between states, between rural and urban populations, and across social classes persist.

Poor infrastructure, inaccessible facilities, weak governance, poor quality health services, a lack of qualified health workers, unaffordable health care costs and inadequate access to medicines means that people, particularly those with disabilities, struggle to access the care they need.

Women with disabilities are not prioritised in health care, even during emergencies. Almost half of the women interviewed developed their impairments as a result of poor-quality health care.

“The hospital was 15km away and there was no burns specialist there. They took me in a camel cart as there was no other transport. Poor treatment meant I became deformed and lost my fingers completely. Doctors would visit me, but they didn’t take my burn and swelling seriously.” Sneha, 36, Rajasthan

Other barriers to health care include a lack of accessible health information and a lack of privacy and confidentiality. Physical barriers include uneven access to buildings, inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities and inaccessible parking areas.

The lack of affordability is particularly acute.

“There are no big hospitals in my village. I was injured when I was four months old and admitted to a big hospital at the age of three where I got proper treatment.

As I couldn’t walk, my father had to be with me all the time. Later, I was taken to Mumbai for treatment, but it was very difficult as we were very poor.” Rakhi, 26, from Rajasthan

The negative attitudes of health care workers are another issue. Interviewees recounted feeling humiliated in health centres by rude medical staff.

“During childbirth, women with disabilities are taunted when they scream during labour pains. The nurses are very rude to these women.” Sneha, 36, Rajasthan

Many spoke of their discomfort at the lack of female health care professionals available to attend to their health issues, particularly those concerning women’s health.

As a result of all these challenges, women often turn to the informal sector.

“There are unlicensed doctors available in every village, to which most of us go. There is a primary health centre 4km away but usually we only go there if we don’t get cured by the unlicensed doctor. In primary health centres, doctors are usually not available, so villagers go to ‘quacks’ for medicine. Often their medicines are ineffective and then we go to district health centres. It’s not easy to access facilities at district level.” Sarita, 30, Odisha

Employment

Economic empowerment is key to a person's independence and can further contribute to confidence, self-esteem and self-fulfilment. Access to decent work, training, social protection and financial inclusion all play a crucial role. Yet women with disabilities are excluded from the mainstream workforce and often stigmatised. Gender discrimination exacerbates the issues they face.

"I was married when I was 16 years old. I studied only up to class 10. I was not allowed to study further by my in-laws. I got burdened with family chores. There were lots of issues in society such as early marriage and patriarchal restrictions, and I wasn't allowed to work outside [the home]. I was discouraged and told, 'We have everything at home, so there's no need to step outside.' I couldn't take it anymore and revolted. Getting food and shelter is not everything for me. I want to explore the world and grow and become empowered." Rubina, 42, Rajasthan

Many of the interviewees spoke of discrimination and exclusion.

"I was refused a job because of my disability and being unmarried. I spoke to a high officer, but she kept finding excuses for not recruiting me. I've escalated the issue further and the matter is still pending. I'm shocked that being unmarried is a curse and those who are married get a job, as if being married is a blessing." Kajal, 30, Jharkhand

"In 2001, I applied for an Anganwadi job and the government refused me it as a result of political pressure from my uncles. My uncles won and I didn't get the job. I re-applied and was supported by Jan Jagaran [an NGO], and got the job as part of the disability quota." Kajal, 30, Jharkhand

Kajal still works at the Anganwadi, a rural childcare centre which also provides basic health care. However, disappointed by the lack of employment opportunities for people with disabilities, she now aspires to run a business.

As with other areas of life, accessibility is a barrier to employment – from inaccessible training centres to the physical strains of commuting and travelling for work and the lack of appropriate toilet facilities.

"Many women ridicule me, asking me why I am fussy during periods when they don't have any problems. I face heavy bleeding and nausea and am unable to travel for fieldwork. I'm taunted that they take heavy work during menstruation, while I excuse myself from work and need time off! They don't realise that every woman has individual menstruation management needs and we need empathy and flexibility in our working days." Naina, 29, Rajasthan

Taking time to support a family member with a disability can also affect the employment opportunities for other household members. Such situations can cause resentments.

"My father often taunted me for taking me to the school as he then couldn't go to work." Rakhi, 26, Rajasthan

Good practices: stories of empowerment, newly-gained independence and personal transformation

This section outlines some of the empowering practices that were used in Building Partnerships. The real names of the women participants are used based on their consent and to acknowledge their accomplishments and successes.

Sisters Janki and Shanti walk through the fields near their home. They started learning self-defence and judo so they could go out and about in their community more freely.





A two-day workshop on empowering women DPO leaders on advocacy and gender equality under the EU project was held in Bhopal, Madhya Pradesh, in July 2018.

Awareness raising

Sightsavers India ran a gender assessment, and an SDG disability inclusive scorecard process focused on education with the women DPO members.

The gender assessment revealed that interviewees were reluctant to go to DPO training sessions and other meetings, as their lack of education and low self-esteem meant that understanding the content of sessions could be challenging and they felt they could not actively participate. The scorecard process saw DPO members and stakeholders brought together with school staff and decision-makers, such as local government representatives to develop an action plan for improving services.

The interviewees recounted a range of positive feelings and outcomes as a result of their participation in both initiatives. Many women spoke of a personal transformation.

“When I was nominated group leader of the parents and DPO group to develop the ratings for the SDG disability inclusive scorecard, I ‘found myself’ ... This was my first community exposure and I learned how to lead active advocacy and stand up for the rights of girls and women with disabilities. For me, now, there is no looking back ... Today, I stand with my chin high and confidence in my heart and I know, yes, I can.” Danjai, DPO member, Odisha

Others spoke of feeling newly empowered.

“I was nervous while holding the mic, but when I looked around I got my confidence back and could recall all my opening speech lines. I spoke with a mic for the first time in my life as part of the scorecard process and now I’m confident that I can address community meetings better and actively advocate for other women with disabilities.” Leela, DPO member, Jharkhand.

The women gained critical advocacy skills.

“I am actively advocating for [an accessible environment] and it’s been implemented in a few of our neighbourhood streets. I’ve also succeeded in getting the sewer lines maintained. These had been neglected, with dirty water entering our houses. ... I’m also fighting for accessible public toilets for women with disabilities and advocating for a school toilet facing the market within the school premises.” Anuradha, DPO member, Rajasthan

Participation and representation

Many of the interviewees found engagement in their DPO invaluable for advocacy.

“People have started recognising my work. My neighbours have started seeing me as someone very influential due to my DPO position and connection with high-profile people in the government and gram panchayat [village council]. They see me as a future political leader and, if I’m given an opportunity, I’d like to be in politics ... This is me, new Salma!” Salma, DPO member, Rajasthan

Representation was highlighted as important for engaging and empowering more women.

“If more women join the DPO, it will be a motivating factor for other women. They will feel empowered like me.” Leela, DPO member, Jharkhand.

Others gained new-found status and respect in their communities.

“I am known in my village for my work and contribution. My father is known for my work and people say, ‘Look, there’s Anuradha’s father.’ I feel proud and confident that now I have an identity.” Anuradha, DPO member, Rajasthan

Salma Bano says there is no caste, class and religion divide for her. People recognise her as a disability rights activist.



Economic empowerment

DPOs play an important role in facilitating access to employment and livelihood opportunities. They help by making connections, providing training and setting up self-help groups.

Through her DPO, Jhumuri received training on how to make soft toys.

“I sell soft toys at the village fair. I’ve managed to save 6,000 rupees so far and have bought a mobile phone on my own. I feel happy and contented with the business as I’m self-sufficient.” Jhumri, DPO member, Odisha

Neha completed a stitching and beautician course and can now support her family.

“People’s attitudes have changed, and they look up to me. I have become quite popular ... Daily earnings got me respect, and this is what I treasure the most.” Neha, DPO member, Jharkhand

Shweta handles her DPO’s accounts and runs a small boutique at home. She now works to empower other women with disabilities as a self-help group trainer, teaching other women with disabilities to stitch.



Neha Khatun is self employed and independent. She runs her own beautician business.

“I train women to become financially empowered and earn a decent income by becoming part of self-help groups. Now the women have started earning slowly and are confident as they are recognised as productive citizens. I helped create opportunities for these women for their financial empowerment and self-respect.” Shweta, DPO member Rajasthan



Orientation of elected Panchayati Raj (local administration) representatives on SDGs in Sirohi district, Rajasthan.

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Solidarity, alliance building and learning

Interviewees increasingly spoke of reaching out to support other women with disabilities, to build solidarity and share what they had learned.

“In our DPO, we’ve started identifying women and men with disabilities in the community. We connect with them to understand their situations and motivate them to join our DPO. We’ve started one-to-one conversations with everyone. Salma, DPO member, Rajasthan

“I came back with lots of learnings and I feel very confident. I would appeal to every DPO in India to work together in a united way and motivate each other to achieve what EDF has achieved in Europe. I saw that in EDF women with disabilities have a strong voice and participate more and that should be replicated in Indian DPOs.”

Building Partnerships extended this transformational impact by supporting exchanges between DPO representatives from India and EDF partners. Neeta, an Indian DPO representative who participated in the exchange, said:

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Indian DPO representatives participate in European Disability and Development Week, in partnership with EDF, in Brussels, Belgium, in December 2018.



Accredited Social Health Activist workers Usha Devi, Sonai Devi and Rekha Devi at an eye care screening at Gola community health centre, Ramgarh.

Conclusion

As the world's leading provider of development assistance, the EU has the potential to deliver transformational change in the lives of women with disabilities through its international cooperation grants and programming.

Building Partnerships is testament to this and evidence of effective EU-India cooperation in disability rights. The positive impact it has had on the lives of the women that participated reverberates throughout this paper.

But much needs to be done and there are significant opportunities to strengthen and address the gaps in central and state legislation and policy in India and in the European Union's international cooperation policy, programmes and practice, as identified by EDF. If these gaps are not addressed, we will not be able to meaningfully make progress on the SDGs, nor implement the CRPD in full.

The voices of the women from India involved in the Building Partnerships project that are amplified in this paper paint a vivid picture of the impact that failing to address these gaps makes to the lives of women with disabilities living in India today. But they also describe just as vividly and profoundly the impact and real change, learning about their rights has brought to their lives. In Rekha's words:

**“Before, we would discuss our rights only among ourselves. Now, we exert them.”
Rekha, DPO member from Rajasthan**

Recommendations

India recommendations

These recommendations represent the key concerns of the 15 DPO members interviewed.

1. Raise awareness among women and girls with disabilities of their rights to justice, health care, including sexual and reproductive health care, education and employment.
2. Sensitise and train public officials such as police, health care professionals, and teachers on the rights of women and girls with disabilities.
3. Promote accessibility in public life, in particular to police and judiciary buildings, to schools, colleges and training facilities, and to health facilities, in voting and on public transport.
4. Ensure reasonable accommodations are made for women and girls with disabilities in schools, for example, by providing assistive aids; in the health system, for example, by supporting mobile community outreach services; and in the workplace, for example, by providing personal mobility devices.
5. Provide social protection for women with disabilities.
6. Protect women and girls with disabilities from violence and abuse, provide access to domestic violence shelters.
7. Support financial inclusion by, for example, implementing fair and accessible recruitment processes to jobs, making low-interest and flexible loans available, recognising self-help groups and providing vocational training.
8. Make female staff available for women and girls with disabilities in the justice system and in health care.
9. Protect women with disabilities, for example, by using gram panchayat funds to provide free volunteer escorts for travel to school and college.
10. Promote healthy family lives. Remove discriminatory incentives and policies to marry women with disabilities. Ensure disability programmes work with families to raise awareness and provide an allowance for women with disabilities to set up a home.
11. Include women with disabilities equally in all areas of life, including at grassroots level, and create avenues for increased participation and engagement.
12. Build a supportive ecosystem and encourage advocacy and support groups for women with disabilities so they can share knowledge and information on rights.
13. Collect data on women with disabilities, at the village level to monitor their educational, medical, social, economic, political and cultural inclusion.
14. Carry out access audits for public places and implement the recommendations.
15. Raise awareness of the 2030 Agenda and the CRPD. Train all DPO members on SDG targets and indicators, and monitor SDG implementation through a scorecard process. Promote training on the CRPD.

EU recommendations

1. Mainstream women and girls with disabilities in all international cooperation policies, programming and practice, using the OECD DAC disability inclusion marker.
2. Make EU external action coherent with EU internal legislation.
3. Create a network of disability focal points across EU institutions and delegations.
4. Consult with women with disabilities and their representative organisations.
5. Ensure that all EU-funded actions for international development uphold the human rights of women and girls with disabilities.
6. Strengthen and develop new EU disability-related indicators in line with the 2030 Agenda and the CRPD.
7. Collect and disaggregate data and support partner countries to do the same.
8. Support and fund research on intersectional discrimination and social exclusion.
9. Focus EU-funded actions on the most marginalised groups.



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EDF prepared and conducted a training course on CEDAW, the role of the CEDAW Committee and how to provide alternative reports to the CEDAW Committee. This took place after the EDF General Annual Assembly in Brussels, Belgium, on 2 June 2019.



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The EDF Women Committee participates in the consultation on the evaluation of the European Disability Strategy 2010-2020.

Key policy and legal frameworks

The 2030 Agenda for Sustainable Development has a central commitment to leave no one behind and a pledge to reach the furthest behind first. SDG 5 is dedicated to achieving gender equality and empowering all women and girls. There are 11 references to people with disabilities in the framework.

The EU has committed to implementing the SDGs in its internal and external policies, yet it still needs to develop an overarching vision to implement and monitor the SDGs in its strategies and policies. India's national development agenda reflects the SDGs, yet people with disabilities have generally not been consulted in connection with initiatives to achieve them.

The UN Convention on the Rights of Persons with Disabilities reaffirms that all people with disabilities must enjoy all human rights and fundamental freedoms, including to participate in civil, political, economic, social and cultural life of the community. Both the EU and India have signed up to it.

The CRPD Review Committee in 2019 recommended that India adopts national and state action plans for promoting equality and the inclusion of women and girls with disabilities in all areas of life; ensures that the national policy for women mainstreams disability; and ensures the effectiveness of campaigns to raise awareness, reduce stigma, gender and disability stereotypes involving women with disabilities through their representative organisations in awareness-raising programmes. It also recommended that

India establish gender-responsive policies and budget allocations to address the rights of all women and girls with disabilities to better inform policy and provision of services.

In 2015, the CRPD Review Committee recommended that the EU mainstream a women and girls with disabilities perspective in its forthcoming gender equality strategy, and its policies and programmes, as well as a gender perspective in its disability strategies. While some initiatives have been undertaken, the EU continues to fail to recognise women with disabilities in much of its policymaking and programming.

The UN Convention on the Elimination of Discrimination Against Women is the primary international legal instrument on the elimination of discrimination against women and the promotion of equal rights for women. It has requested all signatories provide information on women with disabilities in their reports, and on measures to ensure equal access to education, employment, health services and social security, and full participation in social and cultural life. India, the EU and all European countries are parties to CEDAW.

The UN Convention on the Rights of the Child has been ratified by all EU countries and India. It outlines provisions for children with disabilities, including their rights to a full and de-cent life, special care and assistance.

1. Kumar, R and Roy, P India in search of right Universal Health Coverage (UHC) model: The risks of implementing UHC in the absence of political demand by the citizen www.ncbi.nlm.nih.gov/pmc/articles/PMC5290751/

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We work with partners
in developing countries to
eliminate avoidable blindness
and promote equal opportunities
for people with disabilities.

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