

Disability and Gender Analysis Toolkit



Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DGA	Disability and Gender Analysis
DID	Disability Inclusive Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPDs	Organisations of Persons with Disabilities
SDGs	Sustainable Development Goals

Acknowledgements

This toolkit was developed by CBM's DID team. Teresa Thomson, Disability and Gender Equality Advisor, was technical lead working in close collaboration with colleagues Kathy Al Ju'beh, Benjamin Dard, Nancy DeGraff and Yana Zayed.

It is informed by the work of the wider gender community of practice and builds on the evidence-based approaches of organisations leading the way in addressing gender equality, particularly InterAction, the International Labour Organisation and OurWatch.





The toolkit has been developed and refined through workshops and field-testing over a two-year period. This includes DID COP Africa workshop, 2017; field test with the Niger Country Office, DPOs and partners, 2018; DID COP Asia workshop, 2018; DID Regional Hub and Country Director workshop, 2018; and field test with Bolivia Country Office and partners, 2019. A final detailed review and test of the DGA was undertaken in 2019 with members of the National Federation of Disabled Nepal (NFDN) and the CBM Nepal Country Office. Specifically: NFDN Federal office, NFDN Province 1 office, NFDN Gandaki Province office, NFDN Karnali Province office, Nepal Disabled Women Association (NDWA), Nepal Haemophilia Society, Nepal Blind Association, National Deaf Federation, Parent Federation of Persons with Intellectual Disabilities (PFPID) in Nepal, Autism Care Society Nepal, KOSHISH (National Mental Health Self-help Organization), Disabled Human Rights Center and Youth with Disabilities and Nepal Association of Hard of Hearing (NAHOH).

© November 2019

This is an open source resource that can be reproduced and used for non-commercial and not-for-profit basis, but referencing CBM. This version of the toolkit is also available in French and Spanish for wider use.

As always, we look forward to your valuable feedback to continually build our capacity and promote disability and gender equality for all. Please send feedback/comments to Kathy.aljubeh@cbm.org.

Contents

Introduction	4
CBM's Accountability	5
CBM's Standard on Justice, Equality and Inclusion	6
CBM's Standard on Gender Equality	7
Purpose of CBM's Disability & Gender Analysis Toolkit	8
Scope of CBM's Disability and Gender Analysis Toolkit	9
The Four Step Process	12
 Step 1. Read and Plan the DGA	13
Considerations for planning	13
Choosing and orienting the facilitation team	13
 Step 2. Gather Information: Staff Surveys	15
Sampling and determining what data you need	15
Confidentiality	17
Data analysis	17
Sharing results	20
 Step 3. Discuss and Validate Findings	21
Preparation and participant selection	21
Present survey results and generate discussion	21
Summarising and Reporting	22
 Step 4. Action Plan	23
DGA Templates	25
Self-Assessment Survey Template	26
Organisational Survey Template	28
Project/Programme Survey Template	31
Focus Group Discussions: Agenda Template	35
Focus Group Discussions: Report Structure	35
Action Planning Template	36
Glossary and Definitions	37
Useful resources	43



Introduction

Disability is not a gender-neutral experience. It has a different impact on women, men, girls, boys and other gender identities. Further, while all women and girls face inequality, women and girls with disabilities often face additional, severe disadvantage due to discriminatory social norms and perceptions of their value and capacity.

Evidence consistently highlights the pervasive and intersectional nature of discrimination and inequality. It impacts all areas of life, from access to services, personal security, livelihoods and leisure, through to individual choice and autonomy. Despite no direct mention in the Sustainable Development Goals (SDGs) and minimal representation in advocacy efforts, women and girls with disabilities are:

- Two to three times more likely to experience physical or sexual abuse than women and girls without disability.
- At increased risk of forced marriage, sterilisations, abortions and institutionalisation.
- Less likely to complete primary school education, and as a result have less access than other women to employment opportunities.

In order to achieve disability and gender equality and truly leave no one behind, we must actively listen to **all people** living at the intersection of gender and disability discrimination; women, men, girls and boys, as well as people with other sex and/or gender identities. This requires us to create an environment that enables all to share their experiences of exclusion and build communities, workplaces and systems that drive transformative change.

The Disability and Gender Analysis toolkit recognises that a rights-based approach starts with us. If we are to transform unjust systems and practice, we must first reflect on our own attitudes, practice, programmes and ways of working. Disability is not gender-neutral; neither are organisations. Every conversation, policy and action can either reinforce or challenge gender inequality and the status quo. However organisations, including CBM, have the power to make a choice and create the internal cultural and systemic change that is needed to 'walk the talk' on equality and non-discrimination.

We hope that this resource will support a journey of staff and partner reflection and action so that we may identify the drivers of equality and non-discrimination and realise CBM's commitments in all areas of our core systems, practice and programmes.



CBM's Accountability

As a signatory to [Accountable Now](#) and the [Core Humanitarian Standards](#), CBM is accountable and must demonstrate how we embed and monitor disability and gender equality in all that we do.

This is further framed by our commitment as an international development agency to promote human rights, particularly the rights of all persons with disabilities in line with the [Convention on the Rights of Persons with Disabilities \(CRPD\)](#), the [Convention on the Elimination of All Forms of Discrimination Against Women \(CEDAW\)](#) and the [Convention on the Rights of the Child \(CRC\)](#).

To evidence and enable this, CBM International's leadership team approved [CBM's Programme Quality Framework](#) in April 2018, including standards on [Justice Equality and Inclusion](#) and [Gender Equality](#). This also supports [CBM's Federation Strategy 2023](#), which aims to contribute to transformative change in structures, systems and attitudes and improved quality of life for persons with disabilities, their families and their communities living in poverty.



CBM's Standard on Justice, Equality and Inclusion

CBM is committed to valuing, respecting and encouraging equality, justice and inclusion. We seek to be impartial and non-discriminatory in all our activities, designing our interventions based on levels of need and marginalisation.

This requires us to:

- Respect and advance the equal rights and dignity of all human beings in our programme work and seek to ensure equalisation of opportunity for persons with disabilities to enjoy their rights on an equal basis with others.
- Uphold non-discrimination understood as any distinction, exclusion, restriction or preference based on any ground such as gender, age, ethnicity, faith, sexual orientation, race or any other characteristic, and ensure it is practised and evidenced throughout our programmes, policies, activities as well as internal and external communications.
- Be inclusive, respect and promote human rights in our organisation and ensure that our programming is not doing any harm, be it directly or indirectly, intentionally or unintentionally.
- Identify the most discriminated groups: taking proactive measures to promote equality of opportunity for those who have been identified as excluded, particularly those who are in situations of risk or marginalisation.
- Seek to advance implementation of national laws, public policy, budget, plans, programmes and services that advance the human rights of women, men, girls and boys with disability in line with the CRPD.
- Where such laws do not exist, or are not fully implemented, or are being abused, we will highlight these issues for public debate and advocate for appropriate remedial action across all areas of development and humanitarian action.



CBM's Standard on Gender Equality

CBM is committed to rights and equality for women, men, girls and boys in all our programmes ensuring equal value, participation and decision-making by all; and addressing all forms of violence, discrimination, intimidation and exploitation for women, men, boys and girls so they can fulfil their aspirations. This requires us to:

- Identify and encourage country and programme level strategies that ensure equality of opportunity and equality of outcome for women, men, girls and boys.
- Conduct and apply disability and gender analysis to ensure programme design addresses barriers and discrimination on the grounds of gender.
- Collect and analyse disaggregated data by sex, age and impairment and promote partners and governments to do the same.
- Monitor, evaluate and learn about the equality of opportunities and outcomes for women, men, girls and boys involved in our programme work.
- Promote the voice, choice and autonomy of women and girls in our programming and advocacy work.
- Promote enabling and empowering opportunities for all women, men, girls and boys, particularly with disability, to become agents of change within our programmes.



Purpose of CBM's Disability & Gender Analysis Toolkit

The purpose of this Disability and Gender Analysis toolkit (DGA) is to help us 'walk the talk' on disability and gender equality.

It aims to help CBM staff to improve the quality of our approach and ways of working, both internally and with partners, and uphold our commitment to equality and non-discrimination in all that we do.

This tool is designed to strengthen:

- Our accountability
- Organisational learning and reflection
- The quality of programme implementation and organisational performance
- Monitoring and evidence of change over time



Scope of CBM's Disability and Gender Analysis Toolkit

This toolkit has been developed to help staff and partners uphold CBM's commitment to disability and gender equality, within the framework of broader justice and equality for all. It may be used:

- By individuals or within teams to assess and strengthen knowledge, attitudes and practice.
- At a project level to inform situation analysis and design, to create baseline data and/or to improve monitoring, evaluation, accountability and learning.
- At a programme/initiative level to assess a broader portfolio of work and inform country analysis.
- At a partner level (e.g. as part of Partner Capacity Assessments) to understand partner systems and support improved performance on disability and gender equality.
- At Country/Regional/International Office level to understand the impact of disability and gender on internal systems and improve performance.
- At Member Association level or Federation-wide to baseline, monitor and develop accountability measures that support prevention of gender-based sexual exploitation, abuse and harassment.

The components of the DGA are designed to be adapted and used to suit a variety of purposes.



The individual self-assessment is designed to be undertaken anonymously by individual staff and partners prior to undertaking further assessment of an organisation, programmes or projects. It helps staff prepare and recognise how our own deeply entrenched attitudes and practice impact our approach to disability and gender equality.



The organisational assessment identifies areas for improvement within three dimensions: organisational culture, governance, structure and capacity. These dimensions are designed to strengthen commitment and capacity to prevent non-discrimination and promote disability and gender equality internally.



The programme/project assessment helps to analyse disability and gender equality in a project or programme across the project cycle.

Here are some examples of how the DGA may be used:

Individual and Organisational Surveys		
Line managers/Team leads Human Resources		
When	<ul style="list-style-type: none"> Annual team retreats/workshops 	<ul style="list-style-type: none"> Annual appraisals/Mid-year reviews
Why	<ul style="list-style-type: none"> Capacity building of staff Challenging attitudes or negative norms 	<ul style="list-style-type: none"> Refining or developing team KPIs/ staff KPOs
Individual, Organisational and Programme surveys		
Line Country Directors		
When	<ul style="list-style-type: none"> Ahead of country planning /reviews 	<ul style="list-style-type: none"> Preparation for LCDF/consortia bids
Why	<ul style="list-style-type: none"> Informing country situational analysis/review 	<ul style="list-style-type: none"> Strengthening partner/programme portfolio Meeting donor requirements
Initiative Directors/Programme Managers		
When	<ul style="list-style-type: none"> Before programme/initiative planning Reviewing plans 	<ul style="list-style-type: none"> Baselining and evaluating progress
Why	<ul style="list-style-type: none"> Ensuring initiative/programme plans address, monitor and evidence disability and gender equality 	
Member Associations		
When	<ul style="list-style-type: none"> Organisational audits Programme/Partner assessments Evaluations 	<ul style="list-style-type: none"> LCDF applications Accreditation standards
Why	<ul style="list-style-type: none"> Ensuring consistent standards/ quality/evidence across programme portfolio 	<ul style="list-style-type: none"> Meeting LCDF/donor requirements Advocating with government/ bilateral agencies
Partners		
When	<ul style="list-style-type: none"> Strategic planning processes Annual audits 	<ul style="list-style-type: none"> Project development/design/ implementation
Why	Strengthening: <ul style="list-style-type: none"> Organisational governance structures Staff capacity 	<ul style="list-style-type: none"> Programme quality Evidence to advocate change for equality and rights



The Four Step Process

The remainder of the guidance covers the four steps that need to be undertaken for a DGA as illustrated by the image below:





Step 1. Read and Plan the DGA

The process for conducting a DGA is as important as the outcome. So... the first step is to read this guidance!

Aim: to help you frame the scope of your analysis and plan for the human and financial resources you will need to meet your objectives.

How: This section will give you some broader principles, practical planning considerations, as well as guidance on choosing a facilitation team, to help you decide, prioritise and get started.

Considerations for planning

Resources: It is important to consider what resources are needed and available for the DGA. This will depend on the scope (see [here](#)) or may determine the scope. Also consider staff time and availability of internal and external expertise including from Disabled People's Organisations and women's organisations.

Timing: A DGA may be conducted at any time that CBM and/or a partner wishes to build capacity in disability and gender equality.

Data collection: Data collection options should be considered with resources in mind. It is important to be realistic from that start about how much data can and should be collected and for what purpose. For further guidance see [Step 2](#).



Planning tips

- Choose a period when the maximum number of staff will be available to participate. The length will vary depending on the size of the partner but ensure key staff and team members will be available during the process.
- Be clear on your specific objectives for the DGA – why it should be done and what benefits it will bring – and make sure you communicate these upfront with relevant stakeholders including senior management, partner organisations and survey respondents.
- Make sure the DGA is as participatory as possible. Provision of specific measures, reasonable accommodation and accessibility are a must to ensure full participation of a diverse range of women and men, especially those from under-represented groups.

Choosing and orienting the facilitation team

Ideally the DGA should be led by a team of 3-4 people. This includes two team leaders who are experienced on gender and disability issues. Wherever possible, women and men with disabilities should lead or participate in the team.

The team may be comprised of country office staff and/or local organisations with a combination of the following skills:

- Experience working on gender issues and disability issues.
- Knowledge of participatory methodologies and experience facilitating groups that include people of different social status.

- Experience and knowledge of the local area or region.
- Fluency in relevant languages.

The focus group discussions ([Step 3](#)) will also need a documenter/observer and an interpreter (sign language and/or local language) if required.

It will be important to set aside some time to brief and train the team on the DGA methodology and help develop a common understanding of what good gender and disability inclusive practice looks like. This should also help the team to start to consider how to adapt and contextualise the DGA to suit the organisation and/or programme/project in question.





Step 2. Gather Information – Staff Surveys

The second step is to conduct staff surveys across the organisation.

Aim: to gather as much information as possible on staff perceptions, understanding and behaviour in relation to disability and gender equality, looking at individual attitudes, and either or both organisational and programme management processes. This will create a baseline that may be returned to later on to measure institutional progress towards gender equality. It also will help start the conversation and identify areas to explore further via focus group discussions and interviews in [Step 3](#).

How: the templates provided on [pages 25-36](#) may be adapted and used in hard copy format. You may also pre-fill forms using an online survey format and request respondents to respond electronically.



Don't forget!

Whatever format you use, make sure it's accessible. You may like to refer to CBM's Digital Accessibility Toolkit for further guidance.

For each statement a ratings scale is provided. This will allow you to quickly measure change over time in your organisation or program:

0	No, not at all
1	Rarely/ad hoc
2	Sometimes/partially
3	Always/consistently

Each dimension provides a section for comments and examples of particularly strong or weak practice; this will provide further understanding of staff perceptions of what makes a strong disability and gender responsive organisation. This is also helpful for highlighting where only disability aspects are strong, and gender weak, or vice-versa.

Sampling and determining what data you need

For organisations with under 100 staff it is suggested that all staff undertake the survey. For organisations with over 100 staff a sample of at least 25-30% is suggested to ensure sufficient perspectives are captured.



Remember!

When deciding what personal data to collect make sure you are meeting human rights standards, particularly in relation to anonymity, confidentiality and Do No Harm.

The Office of the United Nations High Commissioner for Human Rights (OHCHR) has provided some good guidance on this. Follow this link to access the OHCHR Guidance Note on Approach to Data.

It is critical that a wide range of staff across the organisation be surveyed from all levels, departments, and that the perspectives of both women and men with disabilities, as well as any other intersecting identities, are sought wherever possible.

In order to build an understanding of different perspectives it is important to include some basic demographic data.

The data sets you choose for disaggregation purposes should represent the different groups/identities/positions most relevant to your context.

Here is an example for collecting demographic data that can be adapted as appropriate. Please note this does not include data on ethnicity or under-represented groups that you may wish to also consider.

Demographics

Please state your gender identity:

- Male
- Female
- Other
- Prefer not to say

Please state if you consider yourself a person with disability:

- Yes
- No
- Prefer not to say

Please state your age:

- Age: _____
- Prefer not to say

Please state your department:

Department: _____

- Prefer not to say

Please state how long you have worked in your organisation:

- Less than 12 months
- Between 1-3 years
- Over 3 years to 10 years
- Over 10 years
- Prefer not to say

Confidentiality

It is critical that respondents feel confident and able to be as honest as possible in their answers. Given this, you need to be sure that once surveys are filled in, the respondent will not be identified. No one on the DGA team should be able to identify individual survey responses and no one should ask respondents which survey is theirs. This may have an impact on the demographic information requested. For example if there are only a small number of people with a certain impairment type in the sample, impairment data may reveal their identity and should not be requested.

Strategies for confidentiality:

- Some online surveys allow you to build confidentiality in automatically.
- If you are using email you can create a special email address and designate one

person to receive all surveys. Or you can have all surveys returned to a specific individual in the organisation (e.g. Gender Advisor or DID Advisor). This person should download/copy all surveys and then delete all emails received.

Data analysis

Once you have collated survey responses in a way that is easy to review (such as Microsoft Excel) it is time to analyse the information.

Basic quantitative data

To compare your data on a very basic quantitative level you can add up the total score of each section and then divide by the number of questions in that section to give you an average (mean) rating per domain.

You can use the following to calculate your average (mean) scores for each domain:



Number of surveys	
-------------------	--

Governance and Structures

Total score (maximum score = 24 per survey)	
Total score divided by number of surveys, divided by 8 questions	

This number reflects the perceived extent of governance and structural support for disability and gender equality.

Organisational Culture

Total score (maximum score = 15 per survey)	
Total score divided by number of surveys, divided by 5 questions	

This number reflects the perceived extent to which the organisational culture supports disability and gender equality.

Staff Responsibilities and Capacity

Total score (maximum score = 18 per survey)	
Total score divided by number of surveys, divided by 6 questions	

This number reflects the perceived extent of disability and gender equality capacity in the organisation.

Design and Planning

Total score (maximum score = 42 per survey)	
Total score divided by number of surveys, divided by 14 questions	

This number reflects the perceived extent of disability and gender equality practice in programme design and planning.

Implementation, Monitoring and Learning

Total score (maximum score = 24 per survey)	
Total score divided by number of surveys, divided by 8 questions	

This number reflects the perceived extent of disability and gender equality practice in programme implementation, monitoring and learning.

Evaluation

Total score (maximum score = 24 per survey)	
Total score divided by number of surveys, divided by 8 questions	

This number reflects the perceived extent of disability and gender equality practice in programme evaluation.



Tip!

These basic averages allow you to create a very simple baseline and monitor change in perceptions over time. However, to improve on this baseline, it is critical that you go on to disaggregate and generate questions from the survey information. The focus group discussions and action planning workshops will then support consensus, dialogue and help to improve on the baseline you have developed. **Remember** don't get stuck on data, this is just the means to help create the conversations needed for us to reflect, learn, dialogue and improve our practice.

If you have a few very unusual survey scores (outliers) – either very high scores or very low scores – this may distort the average. If this is the case it may also be worth looking at the median score for each domain. For this you rank the scores for each domain from lowest to highest and the score in the middle is the median.

Disaggregated and qualitative data

To actually achieve progress against the above baseline, it is critical that the information is further disaggregated and analysed. This may then be used to create dialogue and engage on critical issues, initially as part of the focus groups and interviews at [Step 3](#).

The comments/examples boxes should also be reviewed for further information and understandings of good practice. Similar responses should be analysed against the demographic data sets, to see if there are any significant differences or noticeable response patterns.

Here are some ideas on what to look for:

a) Overall respondent characteristics

If any particular groups are represented more than others in the quantitative data analysis then this needs to be kept in mind when reviewing results and drawing conclusions. You may wish to ensure the views of under-represented groups in the survey are captured further in the Focus Group Discussions.

Example: 70% of staff are female, while only 15% of respondents are female.

b) Significant differences based on gender

Comparing responses by gender can highlight where individuals experience the same circumstances or culture differently, based on gender. Again, this may highlight areas for further exploration in the Focus Group Discussions.

Example: 42% of male respondents and 76% of female respondents think men 'always' (rating 3) tend to speak most and make most decisions in meetings.

c) Significant differences based on disability and other demographics

You may find that gender differences are more pronounced for people with disabilities, or you may find there is a relationship between gender, disability and other subgroups.

Example: 70% of female respondents and 68% of male respondents think that programmes 'always' (rating 3) actively engage diverse people with disabilities and their representative organisations in analysis, design and planning. However only 10% of male respondents with disability and 2% of female respondents with disability think this.

Sharing results

Once surveys are complete it is important that the results are shared with staff in the organisation. This will help staff see results at each step of the process and ensure ownership of subsequent discussions and action plans. It is suggested that results are first shared with senior leadership (especially in the case of operational review) prior to sharing with staff more broadly.

What results should be included

- **Total number/percentage** of survey respondents.
- **% female and male respondents with and without disabilities.**
E.g. 10% of total respondents were women with disabilities, 50% were women without disabilities, 15% were men with disabilities, 25% were men without disabilities.
- **Other demographic information** as relevant. E.g. % respondents in different positions in the organisation.
- **Average score** for each Organisation and Programme dimension reviewed.
- **Significant differences** in responses to questions based on gender.
- **Significant differences** in responses to questions based on disability.
- **Any other 'aha' moments**
E.g. other interesting significant differences based on other demographic combinations.



Step 3. Discuss and Validate Findings

The third step in the process is discussion and validation of initial data analysis of survey results with key stakeholders.

Aim: to unpack and build dialogue around diverse staff practices, experiences and attitudes relating to disability and gender equality. It also aims to start building a shared vision for a disability and gender equal organisation, and identify the actions needed to realise this.

How: This step can be done through focus group discussions as well as key informant interviews. It is important to seek a wide range of feedback to critically review and validate findings to plan forward. It is critical that you engage decision makers, women led organisations, DPOs and technical advisors in this process.

Preparation and participant selection

The DGA facilitation team should together decide:

- How many focus groups should be held.
- Who will facilitate.
- Who will take notes.

A focus group should have 8-12 participants and the discussion should take no longer than 1-2 hours. Participants should cover as wide a range of organisational perspectives as possible. The team must ensure that women and

men with and without disabilities are active participants. Diversity in terms of other marginalised identities, as well as representation of different departments and levels, should also be considered.

It may make sense to facilitate separate groups for women and men, you may find staff more willing to expand on their views around attitudes and organisational culture in these spaces. However the facilitation team may decide that a different configuration makes more sense e.g. people with and without disabilities or managers and non-managers.

As with the surveys, it is important to reassure focus group participants that their comments will be kept confidential and create a safe space so that all feel comfortable giving their honest opinions.

Present survey results and generate discussion

A suggested agenda and questions for the focus group discussions is available on page 35 at this link: [Focus Group Discussions: Agenda Template](#). The team should begin with an overview of survey results using the outline provided in the previous section on sharing results.

Facilitation and note taking tips

- **Suspend judgement** – the facilitator should remain neutral and not agree or disagree with any point of view given. The purpose of the focus group is to air all ideas and view, not to reach consensus.
- **Ask questions** – to clarify information, get more detail, encourage different views. E.g. ‘Can you give me an example?’ ‘Could you explain a little bit more?’ ‘Can anyone provide a different view?’
- **Paraphrase** – to make sure you are understanding what people are saying. E.g. ‘I think you said...is that right?’ ‘So you differ from (another participant) in that you think...is that correct?’
- **Summarise** – to pull important information together, build discussion or move to another topic/question. E.g. ‘We seem to have presented the following ideas so far...’ ‘So do we agree on this view, we are saying that...’ ‘The different views are ...’
- **Encourage participation** – make sure quieter group members also get the opportunity to speak – a round robin so each person speaks in turn or ask questions like ‘Does anyone else have ideas about this?’ to move on from people who are speaking more.
- **Clarify notes** – at the end of the discussion the note taker should be given time to ask questions on points they did not understand.
- **Review notes immediately** – after the session the note taker should review notes alongside the participating facilitation team members to organise, add, delete, clarify the information.

Summarising and Reporting

Once focus group discussions have concluded it is important to pull together all the issues and ideas raised in a report. The report should include both new information and cover agreement and disagreement with survey results. The report and survey

results form the basis for developing the action plan in [Step 4](#).

The suggested structure for the report can be found at this link: [Focus Group Discussions: Report Structure](#).



Step 4. Action Plan

The fourth and final step is to develop an action plan, building on the ideas and recommendations made in focus groups. Ideally this should be done in a workshop format and take 1 day. When a shorter process is required it may be possible to combine focus group discussion and action planning into one longer session (approximately 4-5 hours).

Aim: to identify the strategies or measures that need to be taken to address gaps and build on the strengths revealed during the analysis phase.

How: It is essential that the CBM office or partner under review has ownership of these measures and their recommendations are critical to ensure that meaningful action is taken.

For this reason, it is key that the action planning should take the form of a participatory workshop, with the input of a range of staff members. The action plan should also be integrated in to organisational policy and planning documents, Partner Capacity Assessments, programme design documents, log frames and budgets wherever possible. Not only is this more efficient, it also ensures that findings from this DGA are integrated, implemented and monitored.

The Action Planning template available here: [Action Planning Template](#) provides one option for organising recommendations and making sure that these recommendations are captured and

followed up by the organisation. Other formats may also be used.

Findings, indicators or commitments should also be integrated to current organisational or programme documents, such as the situation analysis section or indicators of a multi-year plan, or country plan, team or partner capacity development plans.

Suggested workshop agenda

- Introductions and process so far
- Participants review survey results summary and focus group report.
- Break into 3-6 groups, each group looks at the information and recommendations in relation to one particular domain and develops a draft action plan with timeframe.
- Each group presents and reports back to plenary .
- Whole group discussion, clarifications, adjustments – to find consensus.
- Mutual agreement on recommendations and next steps.



DGA Templates

These templates are designed to support you in reflecting on your current practice as individuals and as part of teams across the organisation, and is relevant for all departments, whether programmes, advocacy, advisory or operational. They were developed, tested and piloted in workshops and via project design, country planning and DID Community of Practice support over two years. However they are still templates and will need to be adapted to suit context and purpose.

Key considerations:

- Human rights principles, particularly the general principles of the CRPD Article 3, underpin this toolkit and must guide your approach.
- This is not a prescriptive template or checklist. You do not need to systematically ask all statements listed, but rather adapt questions to suit the situation or individuals interviewed.
- The DGA seeks perceptions of different stakeholders, not facts. Everyone will have different opinion on gender equality and these opinions are our starting point for dialogue, learning and action.
- Participatory methods are critical and it is essential that diverse perspectives are sought especially from women, men, girls and boys with disabilities and other **under-represented groups**. This means that **reasonable accommodation**, **accessibility** and **specific measures** must be considered throughout the process to ensure equality and voice.
- The focus of the DGA is on both disability and gender. Where survey questions ask respondents to consider both aspects, then the rating must reflect this, and a rating of 3 means that both disability and gender are always addressed. If a respondent would e.g. rate 3 for disability and lower for gender, or vice versa, they should rate in between and make a comment noting this.
- It is also important that you consider **intersectionality** and the multiple forms of personal and political discrimination that may be experienced in your context and adapt the demographic data and/or questions accordingly.



Self-Assessment Survey Template

This survey is designed to be completed anonymously, for the purpose of self-reflection only. Please read through the questions and for each statement think about how you rate your everyday practice:

Description of ratings for self-assessment

When you read the statement, is your reaction:

0	No, not at all
1	Rarely/ad hoc
2	Sometimes/partially
3	Always/consistently

If you have any thoughts or comments that you would like to share with colleagues, please make a note of these as you do your self-reflection. These comments may be concerns you have or ideas on how to develop strategies to improve practice or processes to better embed disability and gender equality across our work – thank you!

Statements	0	1	2	3	Comments
I know how to use appropriate language and terminology to promote both disability and gender equality in my work					
I am conscious of my position/status and how this may inhibit others from speaking up					
I know how to use different methods/ approaches in my work to ensure everybody can participate equally					
I know how to identify discrimination based on disability, sex and gender identity and other intersecting identities such as age, faith, ethnicity, sexual orientation etc.					
I refer to relevant national and international guidance and standards, including the CRPD and other treaty bodies, that support equality and non-discrimination in my work					



Statements	0	1	2	3	Comments
I feel at ease working with people who are different to me – different on the basis of sex, gender identity, impairment, ethnicity, sexual orientation, faith (including no faith), age etc.					
I treat colleagues in the same way regardless of their sex, gender identity, impairment, ethnicity, sexual orientation, faith (including no faith), age etc.					
I proactively seek and act on feedback to improve my language, behaviour and practice towards others					
I proactively check that my work practice is in line with CBM’s commitments detailed in the Accessibility Policy and Programme Quality Framework					
I feel it is my responsibility to contribute to strengthening accountability towards disability and gender equality within CBM’s systems and practices					
I actively share information in accessible formats and use diverse communication modes to ensure my work colleagues/ partners can make informed decisions					
I am confident to request reasonable accommodation and/or work adjustments					
I am confident to call out others who may use behaviour, language, jokes or comments that may marginalise, stigmatise or exclude others					
I take active measures to support colleagues with reasonable accommodation and/or work adjustments					
I am confident to escalate any issues of discrimination I see within the organisation					



Organisational Survey Template

Please read through the questions and think about your organisation. For each statement think about how much you believe your organisation is doing on that activity based on the following ratings scale:

0	No, not at all
1	Rarely/ad hoc
2	Sometimes/partially
3	Always/consistently

Some questions ask you to assess both disability **and** gender; for these questions please only rate '3' if you think that both disability and gender considerations are fully met. If you would rate 3 for disability and lower for gender, or vice versa, please rate in between and make a comment noting this.

Please use the comments column to give examples, evidence of pertinent concerns/ ideas. If you are unable to answer, please leave the ratings blank but explain why in the comments column.

Your thoughts, combined with those of other staff in your organisation, will help to develop strategies be used as part of the action planning to improve our work on disability and gender equality – thank you!

Governance and Structures	0	1	2	3	Comments
Are organisational policies, standards and procedures in place to addresses equality and non-discrimination in line with CRPD, CRC and CEDAW?					
Is gender equality seen as a key accountability measure and included in strategy documents, annual reports/ audits etc.?					
Is senior management held responsible for ensuring compliance with disability and gender policies, standards and procedures across the organisation?					

Governance and Structures	0	1	2	3	Comments
Do organisational budgets ensure adequate human and financial resources to support gender equality, both in operations and programme work?					
Are women and men with disabilities represented at all levels of the organisation, including senior decision-making and governance positions?					
Does HR actively support the recruitment of both women and men with disabilities to the workforce e.g. affirmative action, job ads in disability networks?					
Are the organisation's operations accessible in line with CBM's Accessibility Policy commitments e.g. office, events, communications etc.?					
Does the organisation have functional and appropriate mechanisms to prevent and address workplace discrimination and harassment on the basis of disability and gender?					

Organisational Culture	0	1	2	3	Comments
Does the organisation encourage disability sensitive behaviour in language, jokes and comments and actively counter disability stereotypes?					
Does the organisation encourage gender sensitive behaviour in language, jokes and comments and actively counter gender stereotypes?					
Are employees encouraged to request reasonable accommodation or work adjustments to support their work?					
Do people with disabilities tend to speak more and make most decisions in meetings?					
Do women tend to speak more and make most decisions in meetings?					



Staff Responsibilities and Capacity	0	1	2	3	Comments
Is there a designated focal person or division with the time, technical capacity and mandate to troubleshoot issues and support action towards disability equality?					
Is there a designated focal person or division with the time, technical capacity and mandate to troubleshoot issues and support action towards gender equality?					
Are both disability and gender equality part of mandatory induction training for all staff?					
Do staff have the necessary knowledge and skills relevant to their role to support progress on CBM’s commitments to disability and gender equality?					
Do staff have disability and gender equality Key Performance Indicators (KPIs) that are linked to line manager Key Performance Objectives (KPOs)?					
Are programme staff adequately trained in situational analysis and planning that includes both disability and gender equality?					



Project/Programme Survey Template

Please read through the questions and think about your programmes/your portfolio/a specific programme/project that you wish to appraise. For each statement think about how much you believe your organisation is doing on that activity based on the following ratings scale:

0	No, not at all
1	Rarely/ad hoc
2	Sometimes/partially
3	Always/consistently

Some questions ask you to assess both disability and gender; for these questions please only rate '3' if you think that both disability and gender considerations are fully met. If you would rate 3 for disability and lower for gender, or vice versa, please rate

somewhere in between and make a comment noting this.

Please use the comments column to give examples, evidence of pertinent concerns/ideas. If you are unable to answer, please leave the ratings blank but explain why in the comments column.

Your thoughts, combined with those of other staff in your organisation, will help to develop strategies be used as part of the action planning to improve our work on disability and gender equality – thank you!

Design and planning	0	1	2	3	Comments/evidence
Are diverse people with disabilities and their representative organisations actively engaged in analysis, design and planning?					
Do situation analyses clearly identify under-represented groups and analyse social roles, relations, norms and inequalities in relation to disability and gender?					
Does community mobilisation include accessible and participatory processes so that diverse people from under-represented groups are actively engaged?					



Design and planning	0	1	2	3	Comments/evidence
Do programme designs have objectives and result areas that contribute to achieving both disability and gender equality?					
Does the design include specific measures with budget to address equality and non-discrimination in line with CRPD, CEDAW and CRC?					
Are programmes designed comprehensively to address accessibility, availability, affordability, acceptability and quality (4AQ)?					
Are there budgeted activities that challenge attitudes, stigma, stereotypes and discrimination faced by all people with disabilities?					
Are there budgeted activities that contribute to participation and decision-making of all people with disabilities in services and government-led initiatives?					
Are there budgeted activities that target those who may face barriers or stigma on other grounds, including more isolated or under-represented groups ?					
Are there budgeted activities that address intersectional or multiple discrimination ?					
Is there budget for partners to develop capacity on disability and gender equality?					
Is there budget for accessibility, participatory processes, reasonable accommodation and other specific measures to ensure non-discrimination, such as sign language interpreters, childcare assistance, translation, easy read etc.?					
Do indicators or data systems include disaggregation (at minimum by sex, impairment and age) to monitor progress and equality of outcomes ?					
Is there budget and technical capacity to identify, monitor and mitigate potential risks so that no person is harmed by our work?					



Implementation, monitoring and learning	0	1	2	3	Comments
Do programmes have diverse local staff and a proactive approach to ensure inclusive recruitment ?					
Are accountability mechanisms in place and regularly reviewed using accessible community consultation processes?					
Is disability and gender expertise available within teams and/or through consultancies with women with disabilities and women led organisations?					
Are information & feedback mechanisms provided in a range of accessible formats, including local languages ?					
Do activities create safe and accessible spaces for all to participate equally including, where necessary, separate spaces to ensure diverse and marginalised voices are heard?					
Is disaggregated data consistently collected and analysed following OHCHR Principles of participation, self-identification, transparency, privacy and accountability?					
Are all incidences of discrimination, including denial of reasonable accommodation, raised with management and formally addressed through organisational complaints systems?					
Does the programme regularly take time to listen to diverse voices to reflect on how implementation may need to be adjusted?					



Evaluation	0	1	2	3	Comments
Do evaluation teams include women and men with disability with diverse lived experience?					
Do evaluation teams use local expertise, languages and participatory processes that enable diverse and marginalised voices to be heard?					
Are evaluation initial findings and recommendations shared back with end users/local communities and partners in accessible formats and diverse communication modes to ensure feedback and validation?					
Do evaluation reports reflect the views of women, men, girls and boys with disabilities on the programme outcomes?					
Is learning on disability and gender equality from evaluations consistently used to inform future programmes and strategies?					
Do programmes contribute to outcomes relating to increased participation and decision making for women, men, girls and boys with disabilities?					
Do programmes contribute to outcomes relating to mainstreaming of disability and gender specific issues in national strategies/policies/plans?					
Do programmes contribute to outcomes relating to the realisation of the rights of women, men, boys and girls with disabilities in line with both CRPD and CEDAW?					

Focus Group Discussions

Agenda Template

1. Welcome and introductions

2. Review DGA Steps:

Steps 1 and 2 are complete.

This discussion is part of Step 3 and the purpose is to uncover further insights about perceptions of staff and additional information about survey results.

This will then support Step 4: Action Planning and help take the organisation/ programme forward in terms of Disability and Gender Equality.

3. Share survey results

4. Discuss the following questions:

- a. What results are in line with your experiences at this organisation?
- b. Which results surprised you?
- c. What do you recommend that the organisation/programme do to build on its existing strengths?
- d. What do you recommend that the organisation/programme do to strengthen areas of weakness?
- e. What is your vision for disability and gender equality in this organisation/programme?

5. Recap major discussion points

6. Review next steps

Report Structure

1. Overview of DGA Process

2. Summary of Step 2 survey results

3. Focus Group Discussion questions

- a. Experience in line with survey
- b. Surprising survey results
- c. Issues and Recommendations from Focus Group Discussions (separated into categories eg. human resources, gender policy, training)
- d. Visions of a disability and gender equal organisation.

4. General comments





Action Planning Template

Area of Inquiry	What needs to change?	How can we change it?	Who will oppose and how do we engage them?	Who will support and how do we engage them?	How will we know if we succeed?	Who will coordinate /lead each area of inquiry?
Governance and Structures						
Organisational Culture						
Capacity						
Planning and Design						
Implementation and monitoring						
Evaluation						

Glossary and Definitions

Accessibility ‘...is a precondition for persons with disabilities to live independently and participate fully and equally in society.’ (CRPD General Comment No. 2, 2014). It ‘means taking the appropriate measures to ensure access to persons with disabilities on an equal basis with others, to the physical environment, to transportation, to information and communications including information and communications technologies and systems and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to inter-alia:

- a) buildings, roads, transportation and others indoor and outdoor facilities including schools, housing, medical facilities and workplaces
- b) information, communications and other services, including electronic services and emergency services.’ (CRPD Article 9)

Accessible formats refers to information available in formats such as Braille, easy reads, tactile graphics, large print, text to speech, oral presentations, electronic files compatible with screen readers, captioned and/or signed videos, icons and animations, 3D models etc.

Core international human rights conventions are the group of United Nations human rights conventions where a committee of experts has been established to monitor implementation for each one. There are currently nine such core conventions; the CRPD is most recent. The other eight are:

- International Covenant on Civil and Political Rights
 - International Covenant on Economic, Social and Cultural Rights
 - Convention against Torture and Other Cruel, Inhuman or Degrading Punishment
 - Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
 - Convention on the Rights of the Child (CRC)
 - International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
 - International Convention on the Protection of all Persons from Enforced Disappearance
- Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, 1981)**, is an international human rights treaty that focuses specifically on equality between women and men in all areas of life. It defines discrimination against women and provides an important bill of rights for all women across the world. Countries who have ratified the convention have an obligation to respect, protect and fulfil all women’s rights.
- Convention on the Rights of Persons with Disabilities (CRPD, 2008)** is an international human rights treaty intended to protect all rights and dignity of persons with disabilities. Parties to the Convention (those who have ratified it) are required to promote, protect, and ensure the full enjoyment of human rights by all people with disabilities.
- Discrimination** is when people are treated less favourably than other people due to their background or certain personal characteristics. This includes not giving people the support or accommodation they require and not letting a person exercise or enjoy their human rights in the same way other people do.
- International Convention on the Elimination of all Forms of Racial Discrimination

Grounds for discrimination include age, disability, ethnic, indigenous, national or social origin, gender identity, political or other opinion, race, refugee, migrant or asylum seeker status, religion, sex and sexual orientation (CRPD General Comment No. 3, 2016)

Discrimination on the basis of disability ‘means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation’. (CRPD Article 2)

Multiple discrimination refers to a situation in which a person experiences discrimination on two or more grounds, leading to discrimination that is compounded or aggravated (see also [intersectionality](#)).

Direct discrimination occurs when, in a similar situation, persons are treated less favourably than other persons because of their background or certain personal characteristics. This includes detrimental acts or omissions based on prohibited grounds where there is no comparable similar situation. The motive or intention of the discriminating party is not relevant to a determination of whether discrimination has occurred. For example an older applicant is not considered for a job because it is assumed they are less familiar with new technology. A State school refusing to admit a child with disability because it does not want to adapt the school curriculum is another example of direct discrimination.

Indirect discrimination refers to laws, policies or practices which apply to everyone in the same way and may appear neutral at face value but have a worse effect on

some people than others. For example, if a school does not provide books in Easy-Read format, it is indirectly discriminating against persons with intellectual disabilities, who, although technically allowed to attend the school, are placed at a disadvantage to others to access the curriculum. Similarly, a policy that says managers must work full time may indirectly discriminate against women, who are more likely to work part time due to family responsibilities.

Denial of reasonable accommodation constitutes discrimination if necessary and appropriate modifications and adjustments (that do not impose a ‘disproportionate or undue burden’) are denied and are needed to ensure the equal enjoyment or exercise of a human right or fundamental freedom. (CRPD Article 2). Not accepting an accompanying person or refusing to otherwise accommodate a person with a disability are examples of denial of reasonable accommodation. ([General Comment No. 6, 2018](#))

Harassment is any unwanted or unwelcome behaviour towards a person on the basis of certain personal characteristics. It may have the purpose or effect of violating the dignity of a person and creating an intimidating, hostile, degrading, humiliating or offensive environment. This includes telling insulting jokes, sending explicit emails, making derogatory comments, asking intrusive questions and other actions or words that perpetuate difference and the oppression of women, persons with disabilities and other under-represented groups.

Equality

Formal equality relies on the notion that all people should be treated identically regardless of difference. However, this approach denies the differences that exist between individuals, and promotes the idea that the state is a neutral entity free from systemic discrimination.

Equality of opportunities is a process to ensure that all people regardless of age, sex, race, disability or any other characteristic have access to the same opportunities in life as others in the community and are able to participate equally in the public sphere.

De-facto or substantive equality refers to equality of outcomes and takes into consideration the effects of discrimination and difference. It recognises that rights, entitlements, opportunities and access are not equally distributed throughout society and that a one size fits all approach will not achieve equality. It demands a redistribution of typical power relations, structures and resources; transformation in unjust power relations, hegemonies and structures; opening up of access to resources and participation for traditionally marginalised groups.

Inclusive equality has been recently defined in [CRPD General Comment No. 6, 2018](#) as ‘...a new model of equality developed throughout the Convention. It embraces a substantive model of equality and extends and elaborates on the content of equality in: (a) a fair redistributive dimension to address socioeconomic disadvantages; (b) a recognition dimension to combat stigma, stereotyping, prejudice and violence and to recognize the dignity of human beings and their intersectionality; (c) a participative dimension to reaffirm the social nature of people as members of social groups and the full recognition of humanity through inclusion in society; and (d) an accommodating dimension to make space for difference as a matter of human dignity. The Convention is based on inclusive equality.’

Gender

Gender – the socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men

and women; gender defines masculinity and femininity. Gender expectations vary between cultures and can change over time. This is different to sex, which refers to the biological and physical characteristics used to define humans as male or female.

Gender identity refers to a person’s deeply held internal and individual sense of their gender and how they define themselves in relation to masculine and feminine characteristics. This may be the same or different from their sex assigned at birth.

Gender transformative approaches seek to tackle the root causes of gender inequality and to challenge and change unequal power relations. It moves beyond a singular focus on individual empowerment towards transforming the structures that reinforce gendered inequalities. This approach demands a critical examination of the underlying social norms, attitudes, behaviours and systems that contribute to perpetuating inequalities. It requires proactive engagement of people across all gender identities within societies to challenge and redress discriminatory systems and practices based on gender.

Gender-based violence (GBV) is violence that is specifically directed against a person because of their sex, gender identity or sexual orientation. Violence against women is any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural/spiritual, financial, and others) that are gender based (adapted from *OurWatch – Change The Story Framework*, 2015).

Inclusive development ensures that marginalised groups actively participate and benefit from the develop processes and outcomes, regardless of their age, gender, disability, state of health, ethnic origin, sexual

orientation, faith or any other characteristics. It seeks to address the deepening inequality and consequent lack of access to opportunities for those who are excluded from development gains and processes (adapted from *Disability, Poverty and Development – A Vicious Cycle*, DFID, 2000).

Inclusive recruitment is a proactive approach to recruitment that aims to ensure open, non-discriminatory processes that can reach the most diverse range of candidates and give all equal opportunities to showcase their skills. The aim of inclusive recruitment is a workforce that benefits from, celebrates and builds on the strength of staff with diverse backgrounds, skills and approaches.

Intersectionality a concept first used by Kimberle Crenshaw to explain the various ways in which race and gender interact to shape the multi-dimensions of black women's employment experiences. It is more widely used now to understand the intersection between forms of oppression, domination or discrimination. Intersectionality is critical in recognising the complex, multi-faceted dimensions of discrimination on the grounds of disability and how this intersects with other forms of discrimination based on other identities of the same person, including gender identity, ethnicity, age, caste, class, faith, sexual orientation or any other characteristic.

Local languages need to go hand in hand with consideration of under-represented groups. Production of materials to support meetings and the main medium of meetings needs to consider the mother tongue of not just major language groups but also minorities. It also includes communication in Sign Language. Consultation can also include audio-visual materials for people with low literacy, as well as videos, including videos in sign languages.

Non-discrimination requires that people are treated equally irrespective of their personal characteristics or identities. Non-discrimination is a foundational principle of human rights and is enshrined in the Universal Declaration of the Human Rights, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, among other international instruments. The CRPD equally has non-discrimination as a general principle underpinning the rights of all persons with disabilities. Article 5 outlines what this means specifically for persons with disabilities and how to ensure that equality and non-discrimination is upheld.

Reasonable Accommodation '...necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms' (CRPD Article 2)

Representative organisations of persons with disabilities: are defined by the CRPD Committee as organisations of persons with disabilities (OPD) that 'should be rooted, committed to and fully respect the principles and rights recognized in the Convention. They can only be those that are led, directed and governed by persons with disabilities. A clear majority of their membership should be recruited among persons with disabilities themselves.' (CRPD General Comment No. 7, 2018). OPDs can present in diverse forms and may be cross-disability, impairment focussed, organisations of women or children with disabilities, family supported organisations for persons with learning disabilities, as long as they are upholding and promoting CRPD principles including recognition of legal capacity, self-representation, autonomy and choice.

Sexual orientation refers to a person's 'emotional, affectional and sexual attraction to...individuals of a different gender or the

same gender or more than one gender.’ (Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, 2007).

Specific measures are measures that positively re-balance less favourable systems or structures to ensure greater equality of opportunity and outcomes for groups who are marginalised or have less privilege. These can be measures to support affirmative action on the grounds of race, sex or any other less represented group. Examples could be scholarship funds, work placed creche, flexible working or home working, subsidised services. The CRPD defines that specific measures ‘are necessary to accelerate or achieve de facto equality of persons with disabilities [and] shall not be considered discrimination under the terms of the present Convention’ (CRPD Article 5).

Social norms, roles, relations

Social norms are the unwritten rules about how people are expected to behave in a given situation or social group. They are different from individually held beliefs or attitudes. Social norms are grounded in the customs, traditions and value systems that develop over time and vary across organisations, countries and cultures. They are maintained by social influence – the anticipation of social approval or disapproval for one’s actions. People who challenge norms may face social backlash such as losing power or status in a community. Social norms usually advantage those in the majority and keep the status quo that allows some groups to dominate. They may also act as a brake or accelerator in the process of behaviour change; thus the process of understanding the role they play in sustaining behaviours is critical for equal and inclusive development.

Roles and relations are the functions and responsibilities expected to be fulfilled in

any given society and often determined by underlying gender and social norms. This includes women’s mobility and reproductive (caregiving and household) roles, men’s community and productive (breadwinning) roles. It is important to understand the differing priorities, needs, activities and responsibilities of men and women, boys and girls across different life stages in the various roles they play (as children, parents, students, employees, citizens, neighbours etc.). An analysis of roles and relations must also recognise the impact of other intersecting identities including disability, gender identity, ethnicity, age, caste, class, faith, sexual orientation or any other characteristic.

Sustainable Development Goals (SDGs) were established by the United Nations in September 2015. It is a joint global agenda that has 17 goals highlighting three dimensions of development: economic, social and environment. Governments, UN agencies, non-governmental organisations and the business sector have agreed to work in partnership to try to end poverty, promote peace, share wealth and protect the planet by 2030. This plan is also known as Agenda 2030.

Under-represented groups are generally persons in a minority with less representation, voice or visibility. This is important when considering disability; the disability movement, as with other social movements, is not homogenous. There are some groups that have traditionally been less included or harder to reach such as: persons who are deafblind, persons with intellectual disabilities, persons with psycho-social disabilities, persons with albinism. It also includes those who are often less engaged in decision making, such as women, children, older people and indigenous persons, as well as faith, ethnicity, caste, class, sexual orientation or gender identity minorities. This will be different for different countries and cultures.



CoRSU
for People

Clefts

A cleft lip happens...
opening in the skin of the upper
lip that extends all the way to the base
of the nose.



A cleft palate

A cleft palate is an opening in the
roof of the mouth. It is a hole in the
roof of the mouth that prevents the
lips from meeting. The hole is usually
in the middle of the roof.



CoRSU
Prevent Disability

Thank You, Africa

SÃO PAULO
BRASIL

Useful resources

ADB and UN Women (2018): [Gender Equality and the Sustainable Development Goals in Asia and the Pacific](#)

The first comprehensive review of Gender and the SDGs in the Asia-Pacific region, with a number of significant references to women and girls with disabilities. Four transformative policy areas are identified for their potential to drive change: sexual and reproductive health and rights, recognising, reducing and redistributing unpaid care work, ending violence against women and girls, and empowering women to build climate resilience and reduce disaster risks.

CARE USA (2017): [Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming](#)

Overview of CARE's work piloting a social norms approach to gender transformative programming. It looks at how to identify and measure norms and would be helpful for informing program design and risk management.

CBM International (2016): [The 3P's for inclusion of women with disabilities: The Personal, The Political, The Policy](#)

This brochure looks at the issues that impact on women with disabilities on personal, political and policy levels.

CBM Australia (2018): [Leave No One Behind: Gender equality, disability inclusion and leadership for sustainable development](#)

Provides practical examples of how programmes can address individual barriers faced by women and girls with disabilities and create enabling environments.

CBM Australia (2018): [Disability and Unpaid Care Work](#)

Overview and case studies from CBM's work in the Philippines, India and Ghana exploring simple strategies for combating challenges relating to unpaid care work, disability and poverty. Brief examples of how other organisations are addressing unpaid care work in health, livelihood and disaster risk response programming are also provided.

Committee on the Rights of Persons with Disabilities (Adopted 26 August 2016): [CRPD General Comment No 3 Article 6: Women and girls with disabilities](#)

Provides useful guidance for identifying and addressing the discrimination and barriers that are faced by women and girls with disabilities. Looks at rights violations and appropriate measures in relation to gender based violence, sexual and reproductive health rights, awareness raising, accessibility, humanitarian emergencies, broader health care, education, access to justice, employment, public participation and several other areas.

Committee on the Rights of Persons with Disabilities (Adopted 9 March 2018): [CRPD General Comment No.6 Article 5: Equality and Non-Discrimination](#)

Frames disability as a human rights issue and encourages States parties to shift further from charity and/or medical models of disability. Outlines obligations in areas including equality before and under the law, reasonable accommodation and specific measures.

Committee on the Rights of Persons with Disabilities (CRPD) and the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) (2018):

[Guaranteeing sexual and reproductive health and rights for all women, in particular women with disabilities](#)

This Joint Statement recognises the sexual and reproductive health rights of all women and calls upon States parties to take a human rights based approach that safeguards the reproductive choice and autonomy of all women, including women with disabilities.

InterAction (2010): [The Gender Audit Handbook: A Tool for Organizational Self-Assessment and Transformation](#)

Helps organisations to assess and improve their approach to gender in systems and programming.

International Labour Organization [ILO] (2007): [A Manual for Gender Audit Facilitators: The ILO Participatory Gender Audit Methodology](#)

A manual designed to support organisational learning on gender equality. The participatory workshop exercises are particularly useful and may offer some ideas to supplement the DGA focus group discussion sessions.

Leonard Cheshire (2017): [Still left behind: Pathways to inclusive education for girls with disabilities](#)

Outlines the additional barriers that girls with disabilities face in education; highlights effective or promising approaches and programmes addressing these barriers, including policies and legislation; points to gaps in evidence; and provides recommendations on a way forward.

OurWatch (2018): [Workplace Equality and Respect Standards](#)

Provides practical, detailed standards for any workplace wishing organisational commitment to gender equality, with a particular focus on rejecting sexist culture and supporting staff who experience violence.

Plan International (2017): [Let Me Decide and Thrive: Global Discrimination and Exclusion of Women and Girls with Disabilities](#)

Research findings on sexual and reproductive rights violations of women and girls with disabilities around the world. It identifies key barriers that contribute to the violation of rights and good practices in inclusion that can be built on. The report demonstrates how sexual and reproductive health rights are linked to the experience of violence and lack of agency for many women with disabilities.

UN Women (2017): [Issue brief: Making the SDGs count for women and girls with disabilities](#)

Underlines the need to mainstream disability into all efforts to achieve gender equality and women's empowerment (SDG 5); highlights key issues for ending poverty (SDG 1) and ensuring healthy lives (SDG 3) for women and girls with disabilities; and calls for closing data gaps on gender and disability.

Women Enabled International (2016):
[Enabling a Global Human Rights Movement for Women and Girls with Disabilities – Global Disabled Women’s Rights Advocacy Report](#)

Maps and includes data, analysis and infographics of the leaders, venues, and locations where women’s disability rights advocates and organisations are especially active. It also highlights where the gaps are and where there are opportunities for collaboration to help achieve greater collective impact.

Women Enabled International (2016):
[Factsheets including easy read formats](#)

Overviews of the rights of all women and girls with disabilities. These provide examples of specific rights violations, identify barriers and recommend action that needs to be taken to ensure these rights. Also available in Spanish, Arabic and Chinese.

- Information about the United Nations for Women and Girls with Disabilities
- The Sexual and Reproductive Rights (SRHR) of Women and Girls with Disabilities
- The Right of Women and Girls with Disabilities to be Free from Gender-Based Violence
- The Right to Education for Women and Girls with Disabilities
- Access to Justice for Women and Girls with Disabilities
- Legal Capacity of Women and Girls with Disabilities

Women’s Refugee Commission (2016): [‘Working to improve our own futures’: Inclusion of women and girls with disabilities in humanitarian action](#)

Documents the findings from a global mapping on inclusion of women and girls with disabilities in humanitarian action and presents recommendations to strengthen the role of organisations of women with disabilities.



www.cbm.org

CBM
Stubenwald-Allee
5, 64625 Bensheim,
Germany