



Inclusive Futures
Promoting disability inclusion



Be Inclusive: Including women and girls with disabilities in development and humanitarian projects

Learning report about what we're doing well, what we're changing, and what we've stopped doing in the Inclusive Futures programme

September 2023

Contents

About Inclusive Futures	3
Context	4
Getting started	7
Including women and girls with disabilities: nine lessons from our programme	8
What to keep doing.....	9
What to change.....	12
What to stop doing.....	16
Summary	19
References	20

About Inclusive Futures

Inclusive Futures is UK Aid's flagship disability inclusion initiative. It is a consortium of partners (from development, academia, business and media) working together to innovate and scale approaches to disability inclusion in health, education, livelihoods, and tackling negative stereotyping and discrimination, with an increased focus on women and girls with disabilities. The consortium has projects in six countries: Bangladesh, Kenya, Nepal, Nigeria, Tanzania and Uganda.

Through partnerships with the London School of Hygiene and Tropical Medicine (through the UK Aid-funded PENDA), Institute of Development Studies and Sightsavers' Research Centre, Inclusive Futures generates a significant and rigorous evidence base about what works to include people with disabilities in global development and humanitarian responses. It also operates a Disability Inclusion Helpdesk and secondment initiative, providing technical advice and guidance on disability inclusion to the British government.

In 2022, Inclusive Futures developed guidelines **to ensure that women and girls with disabilities participate and benefit equitably from our programmes.** This learning report brings these guidelines to life with practical examples. These are drawn from a content analysis of project reports from across the work of Inclusive Futures for the period April 2020–May 2023.



This learning report is for:

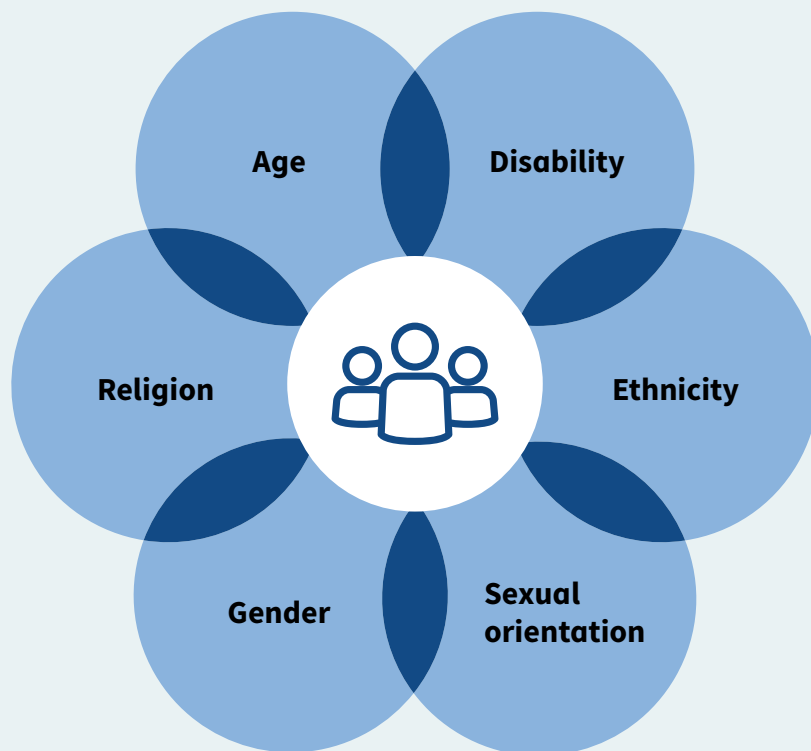
- Development and/or humanitarian organisations, including staff in global and country offices working in project management, coordination, implementation, monitoring and evaluation
- Organisations led by and/or focused on women and girls, working on development or humanitarian projects
- Development and/or humanitarian projects that aim to include vulnerable populations
- Organisations of persons with disabilities (OPDs)

Context

One in five women around the world have some form of disability.¹ Women and girls with disabilities face increased challenges and barriers due to gender and disability discrimination. Multiple barriers include access to employment, health care, education, and financial independence, which can lead to lower economic and social status. Women and girls with disabilities also face increased risk of violence, exploitation and abuse.

There is a lack of data on disability prevalence and experience among gender and sexual minorities,

including people who identify as LGBTQI – lesbian, gay, bisexual, transgender, queer, and intersex.² There is also a lack of data on the prevalence and experiences of women and girls with disabilities from ethnic minorities, particularly in low- and middle-income countries. However, overall evidence shows that disability intersects with other parts of a woman or girl’s identity, such as age, country, religion, ethnicity and sexual orientation, resulting in different attitudinal, physical and communication barriers to accessing their basic human rights.³



Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.⁴

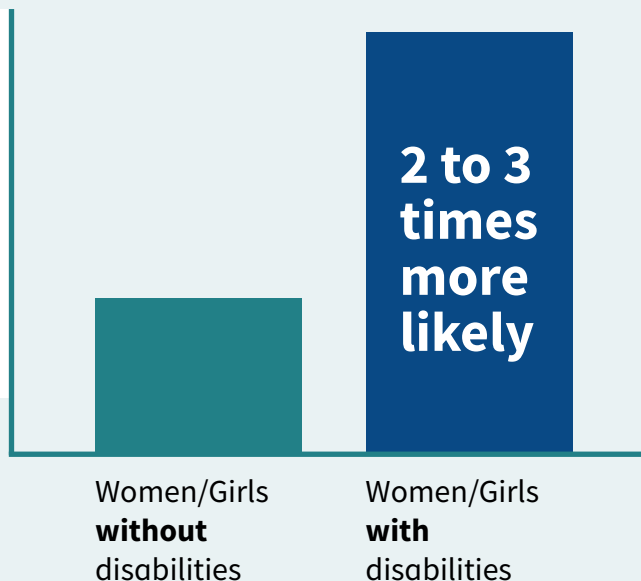
Intersectionality, as defined by the Center for Intersectional Justice, means “the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination ‘intersect’ to create unique dynamics and effects... All forms of inequality are mutually reinforcing and must therefore be analysed and addressed simultaneously to prevent one form of inequality from reinforcing another.”⁵

Women and girls with disabilities, in all their diversity, are more likely to experience challenges and barriers.



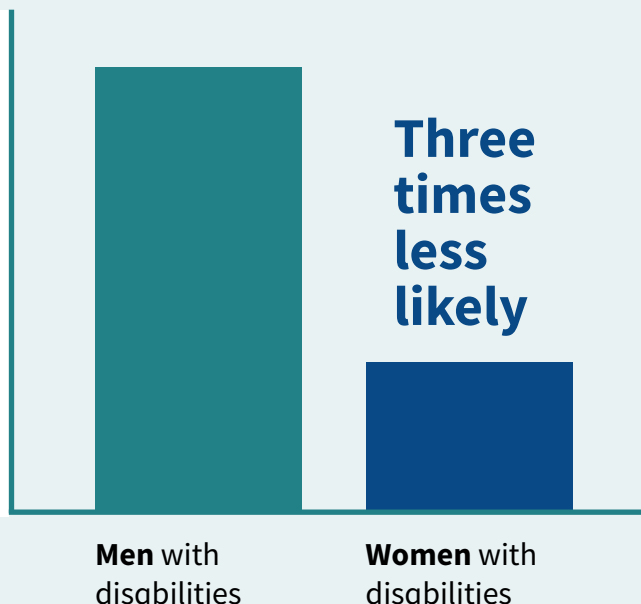
Likelihood of gender-based violence (GBV)

Young girls and women with disabilities are at least two or three times more likely to experience some form of gender-based violence compared to young girls and women without disabilities.⁶



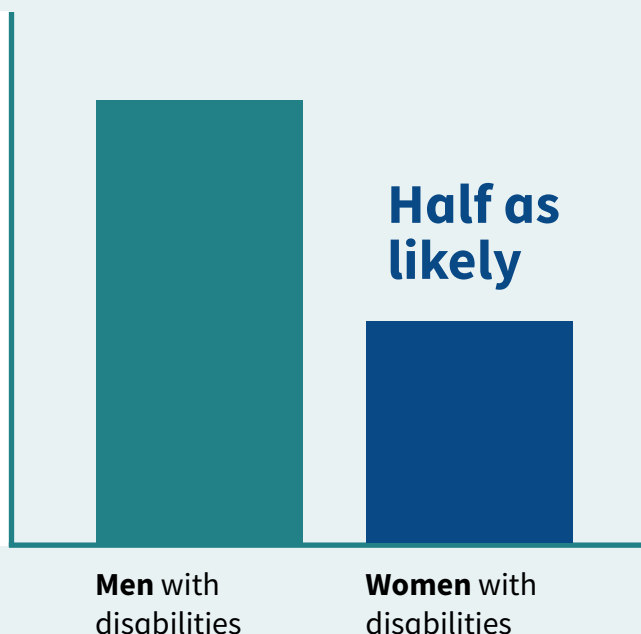
Likelihood of health care needs met

Women with disabilities are three times less likely to have their health care needs met compared to their counterparts who are men.⁷ There are notable gaps in specific health care services, including access to safe and accessible water, sanitation and hygiene facilities, as well as sexual and reproductive health and rights information and services.⁸



Likelihood of employment

People of working age with disabilities are less likely to be formally employed than people without disabilities. When women with disabilities are employed, often they are paid less than men with disabilities. They experience unequal hiring and promotion opportunities and standards, unequal access to training opportunities and resources, and limited participation in economic decision-making.⁹



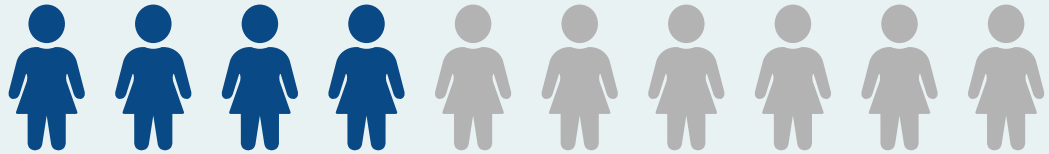


Global completion of primary school

Girls with disabilities are far less likely to finish primary school than girls without disabilities, and boys with and without disabilities.¹⁰

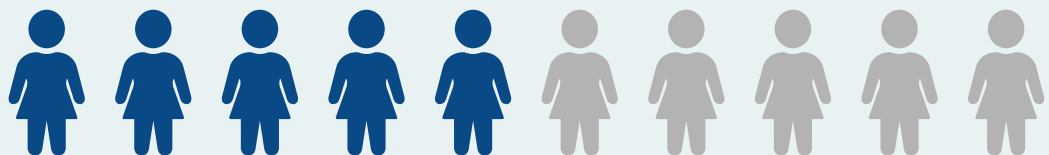
Girls with disabilities:

41 per cent*



Girls without disabilities:

52 per cent*



Boys with disabilities:

50 per cent*



Boys without disabilities:

62 per cent*



*Global averages¹⁰

Legal commitments and protections do exist. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979,¹¹ commits States Parties to respect, protect and fulfil the rights of all women and girls, recognising the specific discrimination that they face. The Convention on the Rights of Persons with Disabilities (CRPD), Article 6,¹² confirms that women and girls with disabilities are subject to multiple discrimination and commits State Parties to take all appropriate measures to guarantee women and girls can claim and enjoy their full human rights and fundamental freedoms.



While the majority of countries have committed these rights to their national policy, serious gaps in practice remain. Discrimination, exclusion and a lack of deliberate intersectional inclusion leaves women and girls with disabilities consistently marginalised.

Getting started

The three steps below are an essential starting point for any programme to include women and girls with disabilities.



Know and seek to understand the people your programme works with

Use an intersectional analysis, including gender and disability, to identify people's preferences, needs, and priorities, and any barriers that may prevent them from engaging in the programme.¹³

In Tanzania, our **inclusive primary education** project carried out a gender analysis to accompany its dedicated disability focus. This analysis explored existing gender norms within the target population, including what parents and communities' knew about girls' with disabilities' right to education.



Collect and disaggregate data

Typically, a programme collects data about how many men and women there are in the target population, and perhaps how many people with disabilities. Not all programmes collect relevant data that is disaggregated – for example, how many women with disabilities there are, and if relevant, what their disability or impairment is. This can be important, as the planned programme might be relevant and accessible for most of the intended population, but disaggregating data can show if potential participants are being excluded: for example, women with visual impairments. The **Washington Group Questionnaire** is a widely used data collection tool to assess functional difficulties and disability, and it can be adapted for each context.¹⁴



Budget and spend to reach people who have been marginalised

To reach people who have been marginalised or excluded, such as women and girls with disabilities, a programme budget needs to plan for different investments.

One important investment is reasonable accommodation, which helps make sure each person can participate in the programme on an equal basis. This can include using wheelchair-accessible venues, providing personal mobility or assistive devices, arranging for live captions during meetings, designing content in accessible and/or easy read formats, and building in additional time in trainings. For women and girls with disabilities, reasonable accommodation also takes into account any gendered barriers to their participation, such as an accessible and safe washroom at a project location.

Overcoming these barriers to achieve full participation is an investment in equity for value for money – reaching everyone in need rather than only focusing on those who are 'cheaper' to reach.¹⁵ For example, there may be a barrier preventing women with disabilities from attending training at a central location, due to household or childcare duties. To address this, the trainer might need to visit them in their homes. We can consider this good value for money because of the equitable investment to reach each person with the training according to their needs and circumstances.



Including women and girls with disabilities: nine lessons from our programme

Coffee farmer Sasmita crouches down to tend to her saplings at her farm in Nepal. © Light for the World

What to keep doing



1. Proactively safeguard women and girls with disabilities

A girl in class at one of our inclusive education project schools in northern Tanzania.

We will keep embedding safeguarding in our programmes, with a specific understanding of the heightened and intersecting vulnerabilities women and girls with disabilities face.

At the beginning of our inclusive primary education project in the Shinyanga and Mwanza regions of Tanzania, one parent expressed how concerns about the safety of girls with disabilities can prevent parents from sending them to school:

“Due to high cases of gender-based violence present in our area, families often resist sending their children – especially daughters – with disabilities to school for fear of their safety and the lack of protection from violence and sexual abuse.”

Focus group discussion with parents of children with disabilities, Salawi Village, Tanzania

Taking this into account through our gender and disability analysis, we strengthened safeguarding in schools where girls with disabilities were being enrolled, and worked with girls with disabilities and their parents, carers and guardians to address their specific safeguarding concerns.

We integrated safeguarding into our site assessments, considering both disability and gender inclusion to ensure safe, accessible water, sanitation and hygiene (WASH) facilities for girls with disabilities in schools.

Across education, health and livelihood projects, we consider aspects such as the time and location of activities, the gender of staff, the accessibility of reporting mechanisms, the need for community sensitisation, and pre-planned incident responses. We embed essential safeguards to protect everyone, including women and girls with disabilities. These include:

- Mapping local referral networks
- Training safeguarding leads
- Establishing a robust reporting procedure
- Protecting budget for safeguarding activities and survivor support
- Embedding safeguarding in staff training
- Risk assessing all activities to ensure the safety of women and girls with disabilities



2. Consult with women and girls with disabilities to choose the topics that matter to them

Including women and girls with disabilities in project design means that topics that are important to them get identified early on, making the project more responsive, relevant and inclusive of the issues that matter to them.

“Often during development programmes, women and girls with disabilities are not given a place at the table, so you’ll find people making decisions for us. People imagine that we don’t have solutions to our own issues.

When we are at the planning table, we can speak from an informed position, provide solutions and meaningfully participate in the decisions taken.”

Lucy Mulombii, Chair of Kakamega County Disability Caucus, Kenya¹⁶

Our **inclusive family planning** project in northern Nigeria is using a BBC Hausa-language

radio drama called ‘Madubi’ and social media communications to increase access to information for people with disabilities, including about sexual and reproductive health and rights (SRHR). Women with diverse disabilities participated to identify issues that are particularly significant for them under SRHR. These include exploring healthy consensual relationships, covering the choice of whether to marry, with whom, and when; bodily autonomy; the right to choose any contraception method available or none; and highlighting experiences of gender-based violence. Women with disabilities are now employed as scriptwriters, actors and editors, and fictional characters in the radio drama.

These issues are being featured in our social behaviour change campaign and our health worker training, to address the attitudes and barriers preventing women and adolescent girls with disabilities from accessing their full SRHR.



Women with disabilities take part in a co-creation workshop as part of our inclusive family planning project in Nigeria. © Joy Tarbo/Sightsavers



3. Support women and girls with disabilities to steer projects

An Inclusive Futures team member acting as a Vulnerable Focal Point between the municipal government and communities, visits community members as part of our inclusive SRHR and livelihoods project in Nepal.

We have set up structures where women and girls with disabilities can influence the decisions and the direction of Inclusive Futures projects. They let us know what is working, what isn't and what else needs to happen.

We plan for accessibility, using different formats to ensure women and girls with disabilities can take part. These include:

- Participatory design workshops¹⁷
- Focus groups for girls with disabilities, which are led by a trained researcher (who is a woman)
- Project governance committees with representatives from women-focused organisations of people with disabilities (OPDs)

In our inclusive education **Support Mainstreaming Inclusion so all Learn Equally (SMILE)** project in Nigeria, we set up a steering committee, including representatives from women-led OPDs. The steering committee provided a place where people with disabilities, local and national government representatives, and non-governmental organisation (NGO) staff could discuss the direction of the project, and agree on actions to take. The structure of the steering committee, with a rotating chair and collectively-agreed roles and responsibilities,

meant that women with disabilities had a formal forum to discuss and identify opportunities or concerns about the project. The committee also enabled all stakeholders to work together with a shared commitment to leave no one behind.

In Nepal, we made sure young women with disabilities were at the forefront of our **inclusive SRHR and livelihoods** project. We trained and employed people with disabilities as Vulnerable Focal Points (VFPs)¹⁸ to link adolescents with disabilities to SRHR information and services in the community. Nanda, a 26-year-old woman with a disability, worked as a VFP, and had the following experience:

“My involvement in this project enabled me to learn about the issues faced by people with disabilities and the steps to amend them. I also got an opportunity to inform and educate about sexual [and] reproductive health at the community level.”

“I built my confidence to share my thoughts and experiences confidently. I got an opportunity to learn about various legal provisions pertaining to the rights of people with disabilities. I had a successful relationship with the government and non-government representatives in the communities.”

Nanda, Vulnerable Focal Point, Nepal

What to change

Inclusive Futures is an adaptively managed programme. This means we continually monitor and adapt our projects to achieve better outcomes for people with disabilities. There are three areas of our work that we are changing, to better ensure women and girls are meaningfully included in our projects.



1. Go beyond statistics to get the whole story

As a minimum, we collect and disaggregate data on disability and gender. This means we have data showing how many women and girls with disabilities participate in our projects. But this data does not tell us what their experiences are, or give information about any conditions that prevent their full participation or equal benefit from the project.

For example, in our **Disability Inclusive Ultra-Poor Graduation** project in Uganda, we achieved high enrolment rates among women with disabilities. However, using the data we collected, we identified that they were generating less income at the end of the project than the graduate men with disabilities. We worked closely with the women with disabilities to understand the ‘why’ behind these statistics. They told us that they faced competing responsibilities as caregivers to children and elders, alongside maintaining households and carrying out roles in the community. These compounded to limit the time they had available to focus on income-generating activities in the project.

In our **disability inclusive coffee livelihoods** project in Nepal, we also needed more information to understand the differing enrolment numbers between adolescent girls with disabilities, and adolescent boys with disabilities. We noticed a lower enrolment rate among adolescent girls with disabilities for the barista training, which took place in the capital city, Kathmandu. When we looked into this, adolescent girls with disabilities and/or their families from districts outside of the capital, expressed concerns about them travelling and staying in the city on their own. This concern led to lower enrolment rates. To address this and ensure equitable participation, we now cover



Ganga Maya has a hearing impairment and graduated from our inclusive barista training in Kathmandu, as part of our inclusive coffee livelihoods project. She is now employed as a barista at a local coffee house. © ICCO Cordaid

transport and accommodation fees for a relative to accompany trainees when they live outside of the Kathmandu Valley.



We now gather qualitative data in participatory ways in our projects, including interviewing women and girls with disabilities as part of a gender analysis¹⁹ right from the beginning. This data gives us a fuller story, so we can better include and respond to unique barriers, commitments, needs and preferences.



2. Support the networks and spaces where women and girls with disabilities access information

We have learnt that disability networks and community groups, such as umbrella OPDs, can reflect wider societal gender norms. This includes limited leadership and decision-making opportunities for women with disabilities, not covering important issues for women and girls with disabilities such as SRHR and GBV, and limited opportunities for women and girls with disabilities to contribute their perspectives across an organisation or network's projects.

We have adapted to better engage women and girls with disabilities, including working with women-focused OPDs and women-led community groups. We also encourage spaces where women with disabilities come together as project participants.



Lucy Mulombii, Chair of Kakamega County Disability Caucus, at the Women Deliver conference in Kigali, July 2023 © Lucy Mulombii

For example, in our **Disability Inclusive Ultra-Poor Graduation** project in Uganda, we worked with the existing women-led and women-focused national umbrella OPD, NUWODU²⁰, to connect with its network of women with disabilities in each community through the spaces they already use to access and share information. We supported smaller women-led OPDs to officially register as organisations, opening up opportunities for them to secure grants and loans from the Ugandan government. We also supported women with disabilities to form district-level associations where they could support each other through to graduation and offered practical guidance to keep the association running after graduation.

We know that women with disabilities are the best representatives of their own interests. This is why we are increasingly supporting women with disabilities to attend higher-level forums, where disability inclusion could otherwise be sidelined. In July 2023, we supported women including Lucy Mulombii, a disability inclusion activist from Kenya, to attend the Women Deliver Conference in Kigali, Rwanda:

“Most of the time, grassroots organisations are left out of national and international dialogues on women’s rights. More support should be given to women-led or women-focused OPDs so that our voices can also be heard and we can meaningfully engage in those discussions.

“More support should also be given to strengthen the capacity of grassroots OPDs which are women-led or women-focused and ensure that funding opportunities are made accessible to them.”

Lucy Mulombii, Chair of Kakamega County Disability Caucus, Kenya²¹



3. Create an enabling environment among family members

Community members take part in a disability inclusion awareness raising session in Bangladesh. © Ayesha Islam/BRAC

Family members and caregivers can play a critical role in enabling or preventing a woman or girl with disabilities from taking part in a project. When working with women and girls with disabilities, we learnt to build the support and confidence of the family around them.

In our **disability inclusive vocational skills training** project in Bangladesh, parents and caregivers raised concerns about their adolescent girls travelling alone on public transport to attend training, and facing discrimination from customers during their placements. The project's endline report explains why this can be a barrier, and how they addressed this:

“The socio-cultural context of Bangladesh presents barriers to gender inclusion as patriarchal attitudes persist; adolescent girls and young women are not encouraged to work outside the home and are expected to perform household and care tasks within the family.

“Young women with disabilities, especially women with intellectual, speech, and hearing disabilities, are particularly

vulnerable within and outside households and face multi-faceted challenges in accessing development interventions.

“In order to ensure the project was reaching people who might otherwise be missed from livelihood support, field staff conducted household visits and family consultations during the survey and learner selection process to fully explain the objective and benefit of the training, as well as detail the additional support available, such as assistive devices.

“As a result, family members and young women with disabilities themselves felt more confident to join and complete the training. Periodic follow-up meetings with family members were helpful in reinforcing this message and addressing any concerns that arose.”

Project endline report, disability inclusive vocational skills training project, Bangladesh

Our projects also engaged parents and caregivers as participants, recognising that caregiving responsibilities more often fall on women, as

mothers, grandmothers and older sisters, and are compounded by gaps in support and services at all levels for children with disabilities. In Nepal, our **disability inclusive coffee livelihoods** project works with parents or caregivers of children with disabilities. One participant, Prithvi Devi, is a mother of four who cares for her adult son with an intellectual disability. Her husband works away from home. A lack of funding for social, education and health services means that Prithvi receives limited government financial support: NPR 4000 (around £26) a month. Prithvi, along with other participants, has planted coffee saplings on her plot of land, and engages with a farming specialist who visits her regularly to monitor the coffee plants and provide advice.

“If [local government] had some sort of carer who could come in a few hours a week, or some sort of day care programme, where [my son] could go and be active and meet people... but no one in our local government is motivated or interested to provide any additional support for people with disabilities. [...] This is the first time that I have planted cash crops. So I was a little nervous. I would have maize ready for harvest around this time otherwise, but



Prithvi Devi on her coffee farm in Nepal.
© Light for the World, Nepal

I know that a kilogram of coffee cherries goes for as much as NPR 105 [£0.63]²², so the maize has now been relegated.”

Prithvi Devi, caregiver and coffee livelihoods project participant, Nepal



We are continuing to adapt our projects to ensure they are flexible and responsive, and meet the needs, preferences and concerns of women and girls with disabilities as well as women like Prithvi who have caregiving responsibilities for family members with disabilities.

What to stop doing



1. Assume participation will result in positive outcomes

Across several Inclusive Futures projects, we aimed for high enrolment rates among women and girls with disabilities, or at a minimum an equal enrolment rate between men and women with disabilities, or boys and girls with disabilities.

In our **inclusive vocational skills training** project in Bangladesh, we achieved similar enrolment rates between men with disabilities and women with disabilities to be trainees. However, when the trainees graduated and entered work, the men with disabilities earned a monthly average of BDT 3162 (approx. £22.90²³) while the monthly average income of women with disabilities was lower, at BDT 2474 (£17.92). Equal enrolment of women with disabilities, and their successful participation in the project, was not enough to achieve

gender equality in their places of employment. Several factors influenced this beyond project participation. Trades deemed socially acceptable for women, such as tailoring and beauty, were overall less financially rewarding than those taken up by men, such as mechanics and electrical repairs. Potentially, employers might have also replicated societal norms of valuing women's work less, by offering women with disabilities a lower wage.

When we encountered a similar earning gap for trainees in our inclusive coffee livelihoods project in Nepal, we introduced gender inclusion training for employers, including about fair pay. We also offered self-advocacy training for the trainees so they could advocate for fair pay.

We know that enrolment isn't enough; it's only the first step towards gender equality and disability inclusion. We now use social behaviour change campaigns alongside our health, education and livelihood projects, to drive wider transformation of cultural and societal norms around gender.²⁴



Samanjar (right) with her employer (left). Samanjar has a communication disability and was trained in tailoring as part of our inclusive vocational skills training project in Bangladesh. © BRAC



2. Try to change attitudes through short-term inclusion training

Children with and without disabilities take part in an art competition for Children's Day.
© Joy Tarbo/Sightsavers

It is essential to address negative stereotyping and discrimination against women and girls with disabilities. However, we have learnt that changing attitudes takes much more than short training courses with key influencers such as teachers, health workers, employers, or community members, and that attitudes about gender and disability need to be addressed together, rather than separately.

For example, in our **inclusive education** project in Nigeria, we ran a short series of awareness-raising sessions in the community about the importance of education for all children with disabilities. These had the direct result of increasing enrolment of children with disabilities in the project pilot schools. However, the awareness sessions were not enough to counter embedded attitudes about girls' education being less important than boys' education. As a result, more boys with disabilities than girls with disabilities were enrolled in pilot schools after the campaign. Despite positive progress in enrolling children with disabilities, the gender disparity in education continued, as Dr Joy Shu'aibu explains:

“In northern Nigeria, you also find that education for girls is deprioritised. [...]

We know that whatever barriers women face, in general women with disabilities face even more.”

Dr Joy Shu'aibu, director of programme operations for Sightsavers in Nigeria

While a short training course or campaign can be an essential starting point on someone's disability inclusion journey, we know that repeat engagements, along with partnerships with people with disabilities and their representative organisations, are important to secure longer-term attitudinal and behaviour changes. We now aim to target influencers including family, community, sector (teachers, health workers, employers) and government members with tailored and repeated engagement, with inclusive messages about both gender and disability. For example, in our **inclusive family planning** project in northern Nigeria, the Madubi radio drama will run over 52 weeks, repeatedly exploring these themes through detailed and relatable characters. We also aim to be both realistic and ambitious about how much we can transform social norms during the length of our project.



3. Enforce standardised criteria for engagement

We have learnt that some initial criteria required for women and girls with disabilities to engage in Inclusive Futures projects inadvertently created barriers to their participation. We had designed our criteria to be inclusive of people with disabilities, but we did not consider gender disparity fully in this.

To register for our **inclusive livelihoods** project in Kenya, micro-entrepreneurs with disabilities had to meet a standard minimum income requirement, commit to studying for a certain amount of time, and attend training in a town or city. We learnt that many women with disabilities who were micro-entrepreneurs were not eligible to apply, as they had a lower monthly income, with some of their businesses forming a flexible or 'back-up' income for themselves, alongside a primary person's income in their household. They also often had childcare responsibilities, making it difficult to commit to attending training away from home, and had a lack of disposable income

to spend on meals and transport for the days when they did attend.

To be inclusive of women with disabilities, we now maintain flexible criteria in our application process. This includes a lower criterion for minimum monthly income for women with disabilities, and flexible attendance options, with a business specialist visiting trainees to top up their training if they have missed any sessions. We have created a space in the training venue where women with disabilities can bring their children and a carer, with transport and meal costs covered for these additional people.

Ultimately, we have learnt to stop enforcing standardised criteria as this created unseen barriers. We now aim to be more flexible by continually gathering feedback from women with disabilities about what works and what doesn't. This is part of our commitment to continually adapt our work to leave no one behind.



A mother of a girl with a physical disability and a refugee from Burundi in Kakuma refugee camp in northern Kenya is photographed with her sewing machine. © Ninth Wonder Productions/Sightsavers

Summary

Any programme that aims to be inclusive of women and girls **needs to include women and girls with disabilities.**



Learning support assistant, Nyariel helps children at an inclusive education project school in Kakuma refugee camp in northern Kenya. © Ninth Wonder Productions/Sightsavers



[View the summary version of this report](#)



[Visit the Inclusive Futures website](#) to learn more about our approach to reaching women and girls with disabilities

References

1. World Health Organization. **World Report on Disability.** (December 2011).
2. For a desk review of existing evidence, see Inclusive Futures' consortium partner Social Development Direct. **Disability Inclusion Evidence Digest - LGBTIQ+ Disability Inclusion.** (June 2022).
3. For more information about these barriers, see Rebekah Martin (Social Development Direct). **Key barriers affecting access to and uptake of family planning for people with disabilities.**(November 2022). For a range of evidence about disability, browse the **Disability Inclusion Helpdesk**, led by Inclusive Futures' consortium partner Social Development Direct.
4. World Health Organization. **Gender and Health.** (May 2021).
5. Center for Intersectional Justice. **What is Intersectionality.** (Aug 2023).
6. United Nations General Assembly. **Report of the Special Rapporteur on violence against women, its causes and consequences (A/67/227).** (August 2012).
7. UN Women. **Six ways women with disabilities have been affected by the pandemic** (July 2022).
8. See Social Development Direct, Disability Inclusion Helpdesk. **Evidence digest focus issue: SRHR and Disability Inclusion**(November 2022) and **Evidence digest focus issue: Health and Disability Inclusion** (December 2021).
9. UN Department of Economic and Social Affairs. **Women with Disabilities Fact Sheet** (2005). See also UN Women. **Facts and figures: Women and girls with disabilities** (2018).
10. World Health Organization. **World Report on Disability.**(December 2011).
11. United Nations General Assembly. **Convention on the Elimination of All Forms of Discrimination against Women.** (December 1979).
12. United Nations Department of Economic and Social Affairs. **Convention on the Rights of People with Disabilities (CRPD).** (December 2006).
13. For examples of analyses using both gender and disability see: CBM. **Disability and Gender Analysis Toolkit.** (November 2019). Christian Aid and Social Development Direct. **Gender Inclusion, Power and Politics (GIPP) Analysis Toolkit.** (June 2021). Star Foundation Ghana. **Gender Equality Social Inclusion Toolkit.** (Accessed Sept 2023).
14. For an example of the Washington Group Questionnaire (Child Functioning Module) being used in Inclusive Futures, see the video. **SMILE project: Support Mainstreaming Inclusion so all Learn Equally'.** (February 2023). For recommendations and learning based on the Washington Group questions, see Sightsavers. **Everybody Counts.** (2021).
15. See Bond. **Leaving no one behind: The value for money of disability-inclusive development.** (2016).
16. For Lucy's interview in full, see Inclusive Futures. **Our People: Lucy Mulombii.** (July 2023).
17. For further detail see Inclusive Futures. **Learning paper Participatory planning process to design an inclusive education project, Kaduna, Nigeria.** (January 2022).
18. See Inclusive Futures' consortium partner: Humanity and Inclusion. **Beyond Visibility: A Learning Brief on Vulnerability Focal Point Approach.** (January 2023).
19. For examples of analyses using both gender and disability see: CBM. **Disability and Gender Analysis Toolkit.** (November 2019). Christian Aid and Social Development Direct. **Gender Inclusion, Power and Politics (GIPP) Analysis Toolkit.** (June 2021). Star Foundation Ghana. **Gender Equality Social Inclusion Toolkit.** (Accessed Sept 2023).
20. **National Union of Women with Disabilities of Uganda.**
21. For Lucy's interview in full, see Inclusive Futures. **Our People: Lucy Mulombii.** (July 2023).
22. **Xe.com.** Currency conversion rates 1 GBP = 167 NPR. (30 August 2023).
23. **Xe.com.** Currency conversion rates 1 GBP = 138.069 BDT. (24 August 2023).
24. For examples of our Social Behaviour Change approaches, see Inclusive Futures. **Using social behaviour change to promote disability inclusion in development programmes.** (August 2022).



Inclusive Futures
Promoting disability inclusion



ADD International | BBC Media Action | BRAC | Humanity & Inclusion | The Institute of Development Studies | International Disability Alliance | Leonard Cheshire | Light for the World | Sense International | Sightsavers | Social Development Direct