



## Humanity & Inclusion Canada's Written Submission on Disability Inclusive SRHR

To the Standing Committee on Foreign Affairs for consideration as part of its comprehensive study on Sexual and Reproductive Health and Rights of Women Globally

APRIL 19, 2023

### CANADA'S COMMITMENT TO DISABILITY-INCLUSIVE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In 2019, Canada committed \$1.4 billion per year by the end of 2023 to advance the health and rights of women and girls worldwide. This 10-year commitment also focuses on four underfunded areas of Sexual and Reproductive Health and Rights (SRHR) including: adolescent sexual and reproductive health and rights, and comprehensive sexuality education, contraceptive care, safe abortion care and advocacy.

However, this commitment has not yet addressed important gaps in the area of disability-inclusive SRHR, despite important commitments made by the Canadian government and its obligations as signatory to the UN Convention on the Rights of Persons with Disabilities and its Optional protocol. The meaningful inclusion of persons with disabilities is a priority for Canada and is in line with efforts under the 2030 Agenda for Sustainable Development to "Leave no one behind". The Feminist International Assistance Policy includes important emphasis on an intersectional approach, inclusive of women and girls with disabilities. The 2019 mandate letter to the Minister of International Development specifically includes a commitment to provide greater assistance to persons with disabilities in developing countries. In 2022 at the Disability World Summit, Canada re-iterated this commitment. Meanwhile the Auditor General's 2023 report "International Assistance in Support of Gender Equality" highlighted only three recommendations, one of which is that Global Affairs Canada should consider identity factors beyond gender and age to support more inclusive programming.

Unfortunately, very little targeted programming for disability inclusive SRHR is funded by the Canadian government, or by any donor countries. Aid projects targeting disability inclusion totaled US\$3.2 billion between 2014 and 2018, representing less than 0.5% of all international aid.<sup>1</sup> Canada, Australia, Sweden and Belgium have appeared behind Finland in the top five in terms of share of disability-inclusive ODA for at least three out of the past five years of data.

During a panel for the "More than a Foot Note" Policy Forum on disability inclusion in December 2022, Cheryl Urban, Director General, Economic Development and International Financial Institutions stated that **less than 5%** of projects funded by GAC have a "significant marker" related to persons with disabilities. Upon evaluation of these projects, her staff revealed that these are primarily projects that mention disability as part of a broader intersectional approach. Their review of project reporting demonstrated that these initiatives rarely benefited women and girls with disabilities. Likewise, though the share of disability-relevant ODA has increased consistently since 2015, these increases have occurred mostly due to higher volumes of projects with a 'significant' disability marker of 1, meaning projects where disability is a secondary or partial purpose, or as part of a broader intersectional approach<sup>2</sup>. No significant investment has yet been made by Canada to fund SRHR projects with a Disability Inclusion Marker of 2 (which indicates the project's main objective is the rights and equality for persons with disabilities).

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<sup>1</sup> Development Initiatives (2020). Disability-inclusive ODA: Aid data on donors, channels, recipients.

<sup>2</sup> [Development Initiatives \(2020\). Disability-inclusive ODA: Aid data on donors, channels, recipients.](#)

## **SPECIFIC CHALLENGES FACED BY WOMEN WITH DISABILITIES WITH RESPECT TO SRHR**

According to the World Health Organization (WHO) and World Bank's World Report on Disability, the female disability prevalence rate worldwide is 19.2%, 80% of which live in low-income countries. These rates rise in humanitarian settings, particularly as survivors of armed violence and natural disasters increase the number of women and young persons with disabilities.

Despite having the same sexual and reproductive health needs and rights as any person, adolescent girls and women with disabilities face multiple barriers to accessing fundamental SRHR services, including access to comprehensive sexuality education, modern contraception, maternal and safe abortions. These barriers relate to stigma and stereotypes about persons with disabilities as asexual or hypersexual, discrimination against persons with disabilities engaging in romantic relationships, inaccessible facilities, forced marriage and isolation in institutions or group homes, and barriers caused by lack of trained health services providers on the needs and rights of women and girls with disabilities. Evidence shows that the consequences of these barriers are significantly detrimental to their sexual and reproductive health.

Women and girls with disabilities are less likely to access contraception or to be screened and treated for sexually transmitted infections, including HIV/AIDS, or reproductive cancers. Multiple studies on young persons with disabilities of both sexes indicated poor knowledge about ways to prevent HIV transmission and that young persons with intellectual disabilities are the least informed about sexual and reproductive health.<sup>3</sup> They are also more likely to be denied their right to bodily autonomy and informed consent, forced into pregnancy or subjected to coerced procedures, such as sterilisation, abortion or contraception<sup>4</sup>. They are at a higher risk of violence, including sexual violence: between 40% and 68% of young women with disabilities will experience sexual violence before the age of 18.<sup>5</sup> Family planning needs of 22 per cent of women with disabilities aged 15 to 49 were unmet.<sup>6</sup>

## **MEASURES REQUIRED TO OVERCOME THESE BARRIERS**

In Humanity & Inclusion's experience, SRHR actors including government agencies, NGOs, community-based networks and private providers can benefit enormously from **technical support on disability-inclusive SRHR**. This can help them develop and implement disability-inclusive policies and practices, inclusive programmes that address gender and disability-based violence, support them in making health facilities accessible, build the capacity of healthcare professionals to provide inclusive high-quality SRH services, and promote and protect the rights and dignity of women and adolescent girls with disabilities.

**Social behaviour change communication** has proven to be effective in raising awareness about disability and SRHR and in helping to transform beliefs and reduce stigma preventing women and adolescent girls with disabilities from accessing SRHR information and services. However, it takes time to succeed and

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<sup>3</sup> UNDESA (2018) Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities.

<sup>4</sup> United Nations (2017) Report of the Special Rapporteur on the rights of persons with disabilities on Sexual and reproductive health and rights of girls and young women with disabilities

<sup>5</sup> Data from "We Decide", a UNFPA-led initiative to promote gender equality and social inclusion of young people with disabilities and to prevent sexual violence.

<sup>6</sup> Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities, UNDESA, 2018

therefore needs to be adequately and sustainably resourced. Using a rights-based approach ensures that interventions are centred on the premise that women and adolescent girls with disabilities have the right to make their own choices about their bodies, health and lives.

Most critical is **ensuring that women with disabilities and organisations of persons with disabilities (OPDs), particularly women led OPDs, are consulted and fully considered** at all stages when designing and implementing SRHR programmes. Support for the integration of women with disabilities in health structures is essential to ensuring sustainable partnerships with SRHR stakeholders and to promoting national accountability for inclusive health. However, to be fully effective, engagement with and meaningful participation of OPDs should also **include work to strengthen their organisational and financial capacity, particularly for those organisations led by women with disabilities.**

In HI's extensive experience, civil society organizations and women-led OPDs in developing contexts face severe challenges in meeting international donors requirements for funding; there is therefore a need for **more participatory and flexible ways of channelling funding to these organisations.**

Strong project design with specific inclusive strategies are necessary to ensure programs that intend to mainstream disability actually include initiatives that will increase accessibility of SRHR services for women and girls with disabilities, as well as ensuring these services are adapted to their needs. Robust intersectional needs analysis, monitoring with age, sex, and disability- disaggregated data and reporting is vital to ensuring that projects truly reach the most vulnerable populations. Box checking exercises and broad intersectional approaches run the risk that "key words" are not followed up with quality inclusive initiatives.

## **RECOMMENDATIONS**

- 1. Increase investment and ensure SRHR programmes take into consideration the specific needs of women and girls with disabilities, through both targeted and mainstreamed approaches.**
- 2. Invest in adapted, flexible and sustained support for organisations of women with disabilities, in order to support them in making long-term contributions to SRHR for women and adolescent girls with disabilities, including in advocacy.**
- 3. Ensure the meaningful participation of women and girls with disabilities, as well as their organisations when designing, implementing, monitoring and evaluating SRHR programmes.**
- 4. Support long-term social behaviour change communication about disability and SRHR in order to transform beliefs and stigma preventing women and adolescent girls with disabilities from accessing SRH information and services, exercising their rights to bodily autonomy.**
- 5. Review those promising projects that Global Affairs Canada has supported in recent years on disability inclusive SRHR and promote internally and externally their impact while ensuring lessons learned are carried over into future investments, such as the need for disaggregated data collection that includes disability, to ensure greater accountability and compliance with the UN Convention on the Rights of Persons with Disabilities.**

## ABOUT HUMANITY & INCLUSION CANADA

Humanity & Inclusion Canada, formerly Handicap International, is part of an international federation working with persons with disabilities and vulnerable populations in more than 60 countries worldwide in development and humanitarian settings. We are a leading actor in disability inclusion in the health sector and in disability-inclusive Sexual and Reproductive Health and Rights (SRHR). Humanity & Inclusion Canada provides annual disability inclusion training for Global Affairs Canada staff, as part of the regular departmental training course calendar.

Humanity & Inclusion has developed inclusive SRHR-related projects in 22 countries, one of which is funded by Global Affairs Canada. Examples include:

- The *Ensemble* project (2020-2023), which is funded by Global Affairs Canada and which we co-lead with Care International; this project aims to improve access to SRHR through inclusive social behaviour change communication, comprehensive sexuality education and SRH services with a focus on women and adolescent girls, including those with disabilities, in Togo, Côte d'Ivoire and Senegal. This initiative includes a focus on strengthening women led OPD organisations in advocacy and government relations.
- Regional *HIV and Disability* projects (2017-2020) supported by the Global Fund, through which HI produced rigorous data in 6 West African countries showing that women with disabilities are significantly more affected by HIV/AIDS than the general female population.
- The UK-funded and International Planned Parenthood Federation (IPPF) led *WISH* (“Women’s Integrated Sexual Health”) programme, for which HI provides expertise on inclusive approaches to high-quality integrated and inclusive family planning and SRHR services and information to marginalised and hard-to-reach populations, including persons with disability, across 15 countries in Africa and Asia.

## SELECT BIBLIOGRAPHY OF HI-AUTHORED / CO-AUTHORED GUIDELINES AND DOCUMENTS ON INCLUSIVE SRHR

- 2023, [Strategic Planning Guide to Facilitate the Inclusion of Persons with Disabilities in Family Planning](#), High-Impact Practices (HIPs)
- 2022, [Sexual and Reproductive Health and Rights for All: Disability inclusion from theory to practice](#), Humanity & Inclusion. A WISH2ACTION Initiative
- 2021, [Access to Sexual and Reproductive Health and Rights Information and Services: Perspectives of women and girls with disabilities in Uganda and Bangladesh](#), Humanity & Inclusion. A WISH2ACTION Initiative
- 2019, [HIV & Disability in West Africa: A combined analysis of 4 studies conducted in Burkina Faso, Niger, Guinea Bissau and Cape Verde](#),