



## **Humanity & Inclusion Canada's brief on inclusive sexual and reproductive health and rights for people with disabilities**

To the Standing Committee on Foreign Affairs and International Development as part of its in-depth study on women's sexual and reproductive health and rights worldwide.

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### **CANADA'S COMMITMENT TO MAINSTREAMING DISABILITY IN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)**

In 2019, Canada pledged \$1.4 billion annually by the end of 2023 to advance the health and rights of women and girls worldwide. This ten-year commitment focuses on four underfunded areas in SRHR: adolescent sexual and reproductive health and rights, comprehensive sexuality education, contraceptive care, safe abortion care and advocacy.

However, this commitment has not yet succeeded in bridging the significant gaps in the field of inclusive SRHR for people with disabilities. This is despite the important commitments made by the Canadian government and its obligations as a signatory to the United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol. The meaningful inclusion of women and girls with disabilities is a priority for Canada and is part of our efforts under the 2030 Agenda for Sustainable Development to "leave no one behind". The Feminist International Assistance Policy emphasizes an intersectional approach, including women and girls with disabilities. The 2019 mandate letter to the Minister of International Development mentions a specific commitment to provide greater assistance to people with disabilities in developing countries. In 2022, at the Global Disability Summit, Canada reiterated this commitment. Meanwhile, the Auditor General's 2023 report "International Assistance in Support of Gender Equality" highlights only three recommendations, including that Global Affairs Canada should consider identity factors beyond gender and age to support more inclusive programs.

Unfortunately, very few SRHR programs with an inclusive approach to women with disabilities are funded by the Canadian government or any other donor country. Aid projects targeting the inclusion of people with disabilities totaled US\$3.2 billion between 2014 and 2018; this represents less than 0.5% of all international aid.<sup>1</sup> Canada, Australia, Sweden and Belgium are placed after Finland in the top 5 in terms of the share of Official Development Assistance (ODA) that is inclusive of people with disabilities for at least three of the last five years of data.

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



At a roundtable discussion held in December 2022 at the "More Than a Footnote" Forum on Disability Inclusion Policies, Cheryl Urban, Director General of International Development and Financial Institutions Canada, stated that less than 5% of projects funded by Global Affairs Canada included a "significant indicator" related to people with disabilities.

In the case of our projects, we were able to identify "significant indicators" relating to people with disabilities. Project evaluations revealed that these were primarily projects that mentioned disability as part of a broader intersectional approach. A review of project reports showed that these initiatives rarely benefited women and girls with disabilities. At the same time, although the proportion of development aid linked to disability has steadily increased since 2015, these increases are mainly due to higher volumes of projects with a disability-associated indicator of 1, meaning projects where disability is a secondary objective or as part of a broader intersectional approach.<sup>2</sup> Canada has not yet made a major investment to fund projects with a disability-associated indicator of 2 in SRHR; which implies that the project's main objective is to promote the rights and equality of people with disabilities.

## **THE CHALLENGES FACING WOMEN WITH DISABILITIES IN SRHR**

According to the World Disability Report from the World Health Organization (WHO) and the World Bank, the global prevalence of disability among women is 19.2%, rising to 80% in low-income countries. These rates increase in humanitarian contexts, survivors of armed violence and natural disasters are predominantly women and young people with disabilities.

Although adolescent girls and women with disabilities have the same SRHR needs and rights, they face multiple barriers to accessing essential services, including comprehensive sexuality education, modern contraception and abortion. These barriers are connected to multiple issues: stigma and stereotypes that portray people with disabilities as either asexual or hypersexual; discrimination against people with disabilities in romantic relationships; inaccessible infrastructure; forced marriages; isolation in institutions or collective residences; and a lack of health service providers trained in the needs and rights of this target group. Evidence shows that these barriers have harmful consequences for the sexual and reproductive health of adolescent girls and women with disabilities.

They are less likely to have access to contraception, and to be screened and treated for sexually transmitted infections, including HIV/AIDS and cancer. Several studies of girls and boys with disabilities have revealed that they have little knowledge of how to prevent HIV transmission, and that young people with intellectual disabilities were the least informed about sexual and reproductive health.<sup>3</sup>

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

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



Adolescent girls and women with disabilities are also more likely to be denied the right to bodily autonomy and informed consent, to be forced into pregnancy, or to undergo forced procedures such as sterilization, abortion and contraception.<sup>4</sup> They are more exposed to sexual violence: between 40% and 68% of women with disabilities will be victims of sexual violence before the age of 18.<sup>5</sup> Nearly 22% of women with disabilities aged 15 to 49 say that their needs for family planning services are not being met.<sup>6</sup>

### **THE MEASURES NEEDED TO OVERCOME THESE OBSTACLES**

According to the experience of In Humanity & Inclusion's, government agencies, NGOs, community networks and private providers need technical support in addressing disability in sexual and reproductive health. This support is essential for developing and implementing inclusive SRHR policies for people with disabilities, or inclusive programs that tackle gender- and disability-based violence. Additionally, it is necessary to make health facilities more accessible and strengthen the capacity of healthcare providers to deliver inclusive, quality SRHR services, all aimed at promoting and protecting the rights and dignity of women and girls with disabilities.

Social behavior change communication has proved effective in (1) raising awareness among populations about disability, sexual and reproductive health and rights, and (2) helping to transform beliefs and reduce the stigma that prevents women and adolescent girls with disabilities from accessing SRHR information and services. However, it takes time for all this to yield results, and consequently, adequate and sustainable resources are needed. The use of a rights-based approach ensures that interventions are centered on the principle that women and adolescent girls with disabilities have the right to make their own decisions about their bodies, their health and their lives.

It is essential to ensure that women with disabilities and organizations of people with disabilities (OPDs), particularly women-led OPDs, are consulted and fully involved at all stages of programs, from design to implementation. Supporting the inclusion of women with disabilities in health structures is essential to ensure sustainable partnerships with health personnel and to promote national accountability for inclusive health. In addition to their commitment and meaningful participation, to be fully effective, OPDs, particularly those run by women, need to strengthen their organizational and financial capacities.

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<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 initiative to promote gender equality and the social inclusion of young people with disabilities and prevent sexual violence.

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



According to HI's extensive experience, women-led civil society organizations and OPDs in developing countries face significant challenges in meeting the requirements of international donors; therefore, it is necessary to find more participatory and flexible ways of channelling funds to these organizations.

## **RECOMMENDATIONS**

1. Increase investment and ensure that SRHR programs consider the specific needs of women and girls with disabilities through targeted and inclusive approaches.
2. Invest in appropriate and sustainable support for organizations of women with disabilities to help them make long-term contributions to the sexual and reproductive health and rights of target groups, including through awareness-raising.
3. Ensure the meaningful participation of women and girls with disabilities and their organizations in the design, implementation, monitoring and evaluation of sexual and reproductive health and rights programs.
4. Support communication actions that foster a social behavioural change in attitudes towards disability and SRHR, in order to transform beliefs and stigma that prevent women and adolescent girls with disabilities from accessing information and services, as well as exercising their rights.
5. Review the promising projects that Global Affairs Canada has supported in recent years in SRHR that take disability into account, and promote their impact both internally and externally, while ensuring that feedback from these experiences is considered in future investments. For example, the need for disaggregated data by gender and 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 that works with people with disabilities and populations affected by social exclusion, crises, wars and natural disasters in over 60 countries worldwide.



We are a leading player in the inclusion of people with disabilities in SRHR. Humanity & Inclusion Canada offers annual training to Global Affairs Canada staff on disability inclusion in development and humanitarian aid contexts.

Humanity & Inclusion manages inclusive sexual and reproductive health and rights projects in 22 countries, including one funded by Global Affairs Canada. Here are a few examples:

- The Ensemble project (2020-2023), which we co-pilot with CARE International, is funded by Global Affairs Canada. This project aims to improve access to SRHR through inclusive communication to change mindsets and behaviors, comprehensive sexuality education and adapted services with a focus on women and adolescent girls, including those with disabilities in Togo, Côte d'Ivoire and Senegal. The initiative also strengthens the advocacy capabilities of women-led organizations.
- Regional HIV and disability projects (2017-2020) supported by the Global Fund. HI has produced rigorous data in 6 West African countries show that women with disabilities are significantly more affected by HIV/AIDS than the general female population.
- The UK-funded Women's Integrated Sexual Health (WISH) program, led by the International Planned Parenthood Federation (IPPF). HI provides expertise on inclusive approaches to integrated family planning and SRHR services and information to marginalized and hard-to-reach populations, including people with disabilities across 15 countries in Africa and Asia.

## **BIBLIOGRAPHY OF HI'S PUBLICATIONS ON INCLUSION IN SRHR**

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- 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\*](#).