Slide 1:

DAWN CANADA

GLOBAL ACTION ON DISABILITY NETWORK MEETING

Monday, April 29, 2019

WOMEN AND GIRLS WITH DISABILITIES – FROM VULNERABILITY TO RESISLIENCE TO EMPOWERMENT: HOW DO WE GET THERE?

Slide 2: About DAWN Canada

Established In 1985, the DisAbled Women's Network of Canada (DAWN) is a national, feminist, cross-disability organization that has provided opportunities for self-determination and leadership development for women with disabilities for nearly 35 years.

Our mission is to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women.

Staying true to our grassroots, we keep women with disabilities at the center of our work. We amplify their voices by ensuring that they are represented at decision-making tables.

Slide 3: Our Approach

Research: We work with community-based researchers and academic partners to shift the discussion around how research and community development can and should be done using the intersectional approach.

Education: We develop curriculum tools to deepen knowledge and skill in the practice of inclusion on the part of instructors, students and service providers in a variety of settings.

Policy: We continue to challenge and engage policy-makers in the review and development of policies so that they are informed by community-defined needs.

Advocacy: We are committed to ensuring that the voices of women with disabilities and Deaf women are represented at decision-making tables in the areas that matter to us most, including violence prevention, health equity, and access to justice.

Slide 4 : New Research

“*More Than A Footnote: A Research Report on Women and Girls with Disabilities in Canada* sheds light on the key issues women and girls with disabilities in Canada face every day, such as social exclusion, poverty, barriers to education and unemployment. I am proud that our Government supported this eye opening report, which puts forward recommendations to create opportunities for women with disabilities in the future.”

- The Right Honourable Carla Qualtrough,

Minister of Public Services and Procurement and Accessibility

Slide 5: From vulnerable, to resilient to empowered -

How do we get there?

* DAWN Canada believes we need to shift our thinking - women and girls with disabilities are centered in the attainment of the Sustainable Development Goals (SDGs)
* All evidence points to making substantial investments in programmatic responses that move us from being vulnerabilized and marginalized
* Think the WILD PROGRAM, think MAKING IT WORK !

Slide 6: *Vulnerability-and resilience-based approaches in response to the Syrian crisis: Implications for women, children and youth with disabilities.*

* Syrian Case Study – Women’s Refugee Commission, February 2017
* The WRC undertook a project to examine how vulnerability and resilience-based approaches are supporting the protection and empowerment of Syrian refugee women, children, and youth with disabilities.
* Vulnerability and Resilience exist along a continuum.

Slide 7: Syrian Case Study - Key Findings

* Most organizations engaged in the Syrian crisis consider persons with disabilities as a homogeneous “at-risk” group.
* Intersecting vulnerability factors, such as age and gender, are not often analyzed within this group.
* Negative capacity of persons with disabilities is usually assumed. There is rarely any analysis of what resources, skills, and assets people possess that are protective.
* WRC’s pilot projects suggest that strengths and asset-based approaches may be useful programming vehicles to strengthen the resilience of women, children, and youth with disabilities.

Slide 8: Syrian Case Study - Recommendations

* Identify and analyze protection risks across age, gender, and diversity groups by identifying intersecting factors that make individuals with disabilities vulnerable to specific protection concerns, and develop strategies to address or mitigate those factors.
* Include an analysis of positive coping and self-protection strategies employed by individuals, target groups, and their communities.
* Identify factors that enable access, participation, and empowerment for marginalized groups, and how those factors can be strengthened and supported

.

* Invest in research and learning that recognizes and strengthens the protection and resilience of marginalized groups.
* Support the development of tools and interventions that move beyond the identification of risks, needs, and concerns, to also include capacities, protection strategies, and resiliency traits of individuals, households, and communities

*Slide 9: Sexual and Reproductive Health Study*

*Sexual and Reproductive Health and Disability: Examining the Needs, Risks and Capacities of Refugees with Disabilities in Kenya, Nepal and Uganda*Background

\* The Women's Refugee Commission (WRC) undertook a participatory research project with partners aimed at intersections between sexual and reproductive health (SRH) and in the contexts of Kenya, Nepal, and Uganda.

\* This research explores risks, needs and barriers for PWD in accessing SRH in humanitarian settings

Slide 10: *: Sexual and Reproductive Health Study - Key findings*

\* In all settings refugees with disabilities showed varying degrees of awareness around SRH. This was especially true for reproductive anatomy, STIs and family planning. HIV and condom use for prevention were were most widely know.

\* Those with access to education and/or already using contraceptives tended to have better knowledge around SRH, while those without those opportunities (i.e. more isolated) had less. Yet all women and adolescents were interested in learning more.

\* Provider attitudes were reported as the most significant barrier.

\* In cases where here had been efforts made to address disability and inclusion, fewer attitudinal barriers were noted.

*Slide 11: Key findings: (cont’d)*

\* In some places there was more acceptance of adolescents with disabilities having romantic relationships.

\* Pregnant women with disabilities often experienced discrimination and shaming from caregivers for becoming pregnant.

\* Refugees with disabilities noted that a lack of accessibility led to decreased overall safety.

\* Women with disabilities shared that their access to SRH was mixed, with some noting full autonomy while others had none.

*Slide 12: : Sexual and Reproductive Health Study - Recommendations:

\* Participants noted that improvements to their health care experiences, opportunities for empowerment were their most common recommendations.

\* Facilitate opportunities for greater inclusion among support agencies.

\* Support to agencies so they can help foster the empowerment of women.

\* Increased  monitoring and reporting to ensure accountability for inclusion.

\* Agencies serving refugees should also address cross-disability and intersectionality and allocate funds for inclusion,*

*Slide 13: Recommendations (cont’d)

\* Implement training to address systemic barriers

\* Prioritize outreach to most isolated refugees
with disabilities, included adolescents with disabilities in SRH programs,

\* Address security risks for women with disabilities and reduce wait times for services,

\* Develop partnerships to address these issues,

\* Provide opportunities for parents and caregivers to learn about SRH.

\* DPOs should be included in this process to lend technical expertise and advocacy.*

 Slide 14: Examples of feminist disability organizing

* August 2008 - Ann Hawker becomes the President of RI at the Quebec City Conference and pulls together an international women with disabilities Summit. After a day of connecting, sharing and workshops we pull together a manifesto that we share with the RI Conference Plenary and the INWWD is born. INWWD is a virtual network that continues to this day.
* June 2012 - 5th Session of Conference of State Parties on the Rights of People with disabilities – Women and Children with disabilities were framed as the ‘theme’ of CoSP 12. Feminist disability activist worked throughout the conference, self-organizing and meeting and again, came together. The notion of women as a theme at a CoSP rather than understanding that gender and more broadly an intersectionality must be centered at EACH CoSP was again framed as a Declaration, read in the closing Session and supported by the Special Rapporteur who gave over his time to share our message.
* October 2018, CREA convened a Global Dialogue on Abortion, Prenatal Testing and Disability in Nairobi, Kenya, bringing together feminist organizations, organizations of women with disabilities and organizations supporting sexual and reproductive health and rights (SRHR) from different contexts and regions. These international experts came together in recognition of the human rights violations women, and in particular women with disabilities, face when exercising SRHR and to reaffirm the growing need for dialogue around the intersection of SRHR and disability.

Slide 15: The Nairobi Principles

*The Nairobi Principles on Abortion, Prenatal Testing and Disability*

<https://nairobiprinciples.creaworld.org/>

* The release of a joint statement (August, 2018) titled `*Guaranteeing sexual and reproductive health and rights for all women, in particular women with disabilities’* by the Committee on the Rights of Persons with Disabilities (CRPD) and the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW)

AND

* An earlier report by Catalina Devandas, Special Rapporteur on the Rights of Persons with Disabilities titled *`Sexual and Reproductive health and rights of girls and young women with disabilities’* presented at the 72nd session of the General Assembly (2017) serve as important precedents in guiding this work

Slide 16: Nairobi Principles

* The aim of the Nairobi Principles on Abortion, Prenatal Testing and Disability is to serve as the beginning of a cross-movement dialogue between disability, SRHR and women’s rights and a continued initiative to forge greater dialogue on the intersection of these rights issues.
* It lays the groundwork for critical advocacy work to address these intersectional rights issues often overlooked by governments, policy makers and human rights frameworks and forge solidarity between movements.
* It provides a framework for inclusive feminist organizing that focuses on our shared desire for agency and full autonomy over our bodies and decisions related to our Sexual and Reproductive Rights – our human rights!

Slide 17: *The empowerment of women and girls with disabilities*

* When women with disabilities have the opportunity to self-organize, we invariably move from looking at our common concerns, to collaboration, to finding solutions to our own problems;
* This cannot be done by someone else – NOTHING ABOUT US WITHOUT US!
* DPO’s and women’s organizations haven’t changed our situation
* Support feminist disability organizing

Slide 18: ADDRESSING SYSTEMIC BARRIERS THROUGH POLICY CHANGE

This slide is an image of a poster that urges Canada to recognize its obligations to women and girls with disabilities under three UN conventions: the Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of All Forms of Discrimination Against women, and the International Covenant on Economic, Social and Cultural Rights.

Slide 19: Contact Us

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