An intersectional approach to disability inclusion: A resource for members of the Bond Disability and Development Group, donors, and wider NGO sector

Background and introduction

The way in which many policies and programmes treat people with disabilities as a homogeneous group continues to be a concern of the Bond Disability and Development Group. This often means that development actors adopt a 'one-size fits all' approach, which ignores other identities that can intersect with disability and increases experiences of discrimination and marginalisation.

This paper explores what it means to take an intersectional approach to disability inclusion. It unpacks how disability intersects with other identities to produce unique experiences of oppression across different thematic areas. It also includes practical case study examples from across the Bond Disability and Development Group, highlighting tools and programmes that take an intersectional approach to disability inclusion. We hope it will be a valuable resource for donors, members of the Bond Disability and Development Group, and the wider NGO sector.

What is intersectionality?

An intersectional approach reminds us of the need to examine how the way multiple individual characteristics and societal factors intersect to compound discrimination in any given context. **Intersectionality** recognises that people's lives are shaped by their identities, relationships, and social factors, but that these identity markers (e.g., 'disability' and 'LGBTIQ+ status')[1] do not exist independently of each other and each combine to create intersecting forms of privilege and oppression. This is also dependent on a person's context and existing power structures such as patriarchy, ableism, colonialism, imperialism, homophobia, and racism.[2]

People with disabilities are not a homogenous group. Disability intersects with other identity factors such as **gender, age, caste, colour, citizenship, descent, ethnicity, geographic**

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[1] Lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual
[2] Hankivsky, O. (2014). Intersectionality 101. Vancouver: Institute for Intersectionality Research and Policy, Simon Fraser University.

location, HIV status, language, migrant status, non-binary identity, race, religion, and sexual orientation. These identities can increase discrimination and oppression.[3] For instance, a woman with disability who is from the Dalit community can face marginalisation based on gender, disability, and caste. This discrimination becomes more complex if she is, for example, a migrant.

However, many laws, policies, and international human rights instruments treat different forms of discrimination as separate and distinct. This often means that the intersection between disability and various marginalised groups is not adequately addressed in the development process. For example, people with disabilities are left out of many gender and LGBTIQ+[4]movements. There is also a lack of data, particularly on disability prevalence and experience amongst gender, sexual, and ethnic minorities, especially in low- and middle-income countries.[5]

[6]
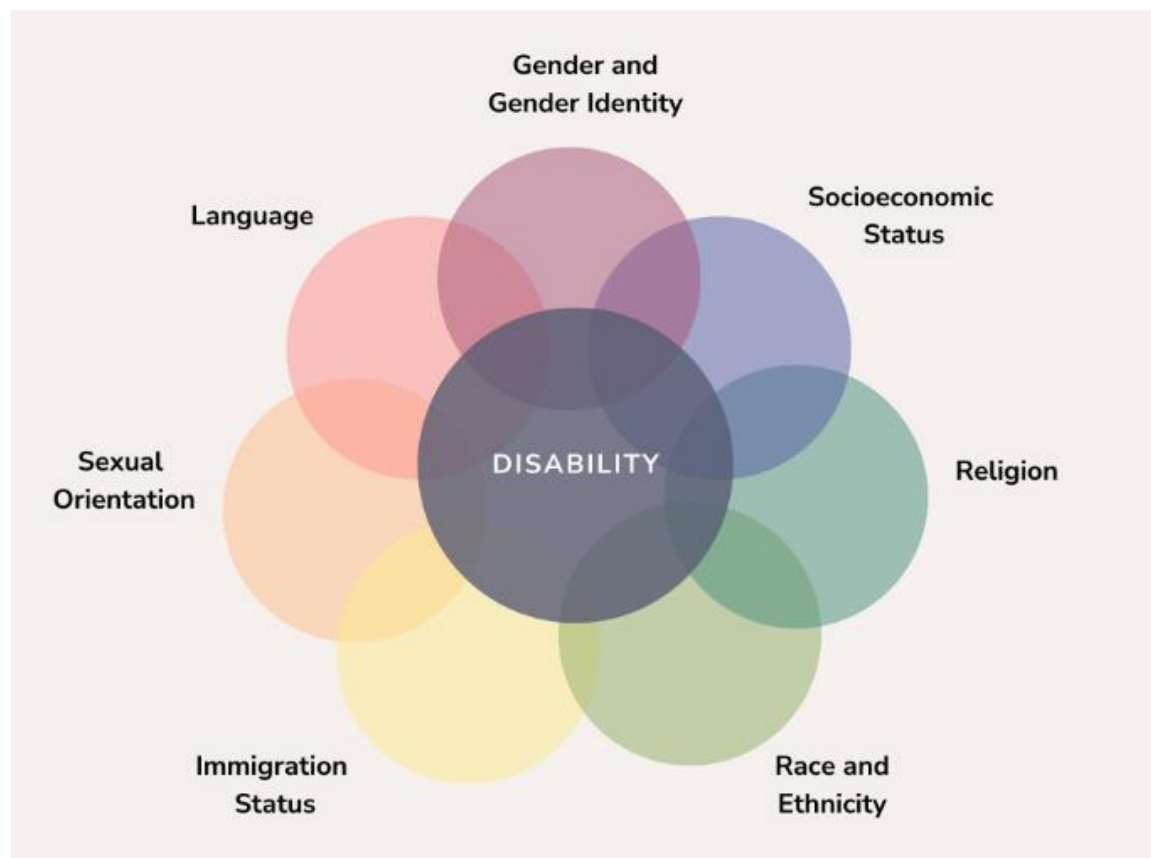
Intersectionality connects these different identities under one lens, helping us to recognise how experiences of multiple discrimination are not discrete. It is a tool for equity that supports contextual approaches to development and rejects the **'one-size fits all'** programmatic and policy approach. Suppose individuals and organisations do not have a strong understanding of intersectionality and how it manifests itself in activism and advocacy. In that case they run the risk of working to solve inequalities for one group while unconsciously perpetuating them for another.

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[3] For more information about these barriers, see Social Development Direct (2022). Key barriers affecting access to and uptake of family planning for people with disabilities. For a range of evidence about disability, browse the Disability Inclusion Helpdesk, led by Social Development Direct.

[4] lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+)

[5] For a desk review of existing evidence, see Social Development Direct (2022) Disability Inclusion Evidence Digest - LGBTIQ+ Disability Inclusion.

[6] Centre for Disability Health and Wellness (2023) Intersectionality and Disability: A Conversation with Reshawna Chapple

Therefore, the following sections aim to unpack how different identities intersect with disability to create particularly extreme inequalities across different thematic areas. The Bond Disability and Development Group has also put together case study examples highlighting practical tools and programmes that take an intersectional approach to disability inclusion.

Violence

Violence and harassment are a major problem that women across the world face. **Gender and disability** can play a role in determining the risk of violence, as girls and young women with disabilities experience up to 10 times more violence than those without disabilities. [7] This is due to perceived power relations and vulnerability, as well as discrimination and stigma against women and girls with disabilities. These are compounded by factors such as poverty, social isolation, political marginalisation, inadequate services, and support systems,[8] which also decrease the likelihood of abuse being disclosed. Yet gender-based violence laws, policies, and programmes tend to exclude people with disabilities[9] and often treat women as a homogenous group.

Age can also intersect with gender and disability. For example, girls and boys with disabilities are nearly three times more likely to be subjected to sexual violence than their peers without disabilities, with girls at the most significant risk.[10] The COVID-19 pandemic also created the conditions for increased violence, abuse, and neglect of older people with disabilities.[11,12] However, the lack of gender, age, and disability disaggregated data on violence against people with disabilities means their situation remains largely invisible.[13]

Marital status is also a crosscutting factor intersecting with age, gender, and disability to affect older women's lives in different ways. Widows with disabilities can be mainly targeted by harmful ageist attitudes, discrimination, and violence.[14,15]

Studies have also shown that the **type of impairment** affects a person's experience of violence. For example, girls with sensory or intellectual disabilities often experience higher levels of abuse as challenges communicating mean that they can be less likely – or are perceived to be less likely – to be able to report abuse and so are targeted by some men.[16]

Case study

Humanity and Inclusion (HI) has recently launched its 'Intersectionality in Gender-Based Violence (GBV) Programming Toolkit'[17] and the accompanying e-learning modules.[18] The toolkit and modules unpack intersectionality policy and explain how to apply it daily in both humanitarian and development contexts for people with disabilities. These resources build on HI's experience with the 'Making it Work' project's 'How-To Guide: Intersectionality in Practice'[19] and are complementary to existing intersectionality resources and the Gender-Based Violence Information Management System (GBVIMS).[20]

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[7] World Health Organization and the World Bank Group (2011) World Report on Disability

[8] World Health Organization and the World Bank Group (2011) World Report on Disability

[9] UN Women (2018). The empowerment of women and girls with disabilities: Towards full and effective participation and gender equality

[10] Jones, L. et al. (2012). Prevalence and Risk of Violence against Children with Disabilities: A Systematic Review and Meta-Analysis of Observational Studies, Lancet 380, 899- 907.

[11] HelpAge (2021). Confronting the shadow pandemic: COVID-19 and violence, abuse and neglect of older people.

[12] United Nations (2020). Policy Brief: The Impact of COVID-19 on older persons

[13] MHLSP (2020). Pandemic increased the number of cases of domestic violence.

[14] HelpAge International (2017). Entitled to the same rights

[15] UK Aid VAWG Helpdesk (2015). GBV against older women

[16] Sightsavers et al (2014). 'We can also make change': Piloting participatory research with persons with disabilities and older people in Bangladesh

[17] HI (2022). Intersectionality in Gender-Based Violence Programming A Toolkit for Humanitarian and Development Practitioners

[18] HI (2022). Intersectionality in Gender-Based Violence Programming Project

[19] HI. (2022). 'How-To Guide: Intersectionality in Practice'

[20] Gender-Based Violence Information Management System

The aim of this toolkit is to simplify and bridge the concept and practice of intersectionality for humanitarian and development practitioners, as well as representative groups, through participatory activities. It provides simple, practical intersectional tools to GBV actors who do not use the GBVIMS and highlights complementary resources and guidance for GBVIMS users, bringing an intersectional lens to contribute to their inclusion efforts. It also provides a selection of practical and intersectional tools to support all actors working with GBV survivors when no GBV actor is available. For example, the programming 'awareness' tools increased sensitisation and awareness of intersectionality and supporting concepts such as power and unconscious bias. It provided participants with insight into their attitudes and how this facilitates or hinders GBV referral and response to make sure it does not get in the way of supporting survivors in the future.

Inclusive education

Girls with disabilities are less likely to enrol in education and have lower rates of attendance and completion, making **disability and gender** two of the most prominent factors in education marginalisation.[21] A recent report by UNICEF found that girls with disabilities have the lowest rates of primary school readiness, as only 49% of girls with disabilities attended a year of early childhood education, compared to 61% of girls without disabilities and 52% of boys with disabilities.[22] Girls with disabilities are also more likely to be out of primary and lower secondary school compared to girls without disabilities.[23] This is due to the multiple barriers they face in accessing quality education, including ineffective policy and legal frameworks; long and unsafe journeys to school; and inaccessible curriculums, teaching methods, and school buildings.[24] In addition, inaccessible WASH facilities at school can further discourage girls with disabilities from attending school, especially during menstruation.[25,26]

Ethnicity, race, skin colour, and origin can also intersect with disability to reinforce experiences of exclusion and discrimination in education, including increased scrutiny of their behaviour[27] and disproportionate rates of suspension and expulsion.[28] Curricula and learning materials often strengthen stereotypes and norms of ability, gender roles, and ethnicity.[29] School enrolment rates also differ amongst children with different **impairments**, as children with physical impairments generally fare better than those with intellectual or sensory impairments.[30]

Despite this reality, education policies and interventions have tended to focus on one marginalised group at a time, rather than the intersection of all these dimensions of exclusion. Therefore, there is a need to unpack the additional educational barriers children with disabilities face.

Case study

To address some of these barriers that girls with disabilities face, Able Child Africa and their partner Uwezo Youth Empowerment (UWEZO) implemented an inclusive education project in

[21] International Commission on Financing Global Education Opportunity (2016). The Learning Generation – Investing in education for a changing world.
[22] United Nations Children's Fund (2021). Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities.
[23] United Nations Children's Fund (2021). Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities.
[24] UNICEF (2021). Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, p.62, 67.
[25] UNICEF (2021). Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, p.62, 67.
[26] Abdullah, Mohamad Qasim (2018). 'Gender Difference in Learning Disabled Children', Neuropsychological Review
[27] Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., Shic, F. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions? Yale University Child Study Center.
[28] Gilliam, W. S. (2016). Early childhood expulsions and suspensions undermine our nation's most promising agent of opportunity and social justice. Moriah Group.
[29] Hancock, Morgan, and Holly (2021). Counteracting Dysconscious Racism and Ableism Through Fieldwork.
[30] WHO & World Bank (2011). World Report on Disability

Rwanda.[31] This project innovatively utilises safe WASH, to empower girls with disabilities to access mainstream education.

Girls with disabilities are disproportionately affected by poor WASH in schools due to the intersection of their **age, disability, gender, and poverty**. The compounding challenge of substandard WASH services, alongside the complex barriers they face when accessing WASH can have a detrimental impact and lead to many dropping out of education entirely, leading to a lifetime of inequity and discrimination.

This youth-led project identified 144 out-of-school girls with disabilities and trained 19 female youth with disability mentors to design and implement a peer-to-peer mentoring programme. This used child-friendly resources designed by the girls with disabilities themselves, which addressed the intersectional barriers to inclusive education they experienced. The programme consisted of individual mentoring at the homes of girls with disabilities and inclusive group mentoring sessions in schools, made up of an additional 288 girls both with and without disabilities, to promote inclusion and break down stigma in classrooms and enable the inclusion of girls with disabilities. Teachers were trained on disability inclusion and inclusive WASH, and six schools were adapted to have more accessible WASH and general facilities to ensure girls with disabilities could attend school in dignity. Mentors also worked with communities and government officials to raise awareness of the specific WASH-related barriers to education that many girls with disabilities face and led the design of inclusive WASH resources and a public awareness campaign.

The project concluded successfully, with 92% of girls surveyed stating that they felt more confident to demand inclusive WASH as an enabler to inclusive education, and 100% of government officials stating they now understood the link between disability-inclusive WASH in schools and inclusive education. Accessibility improvements made in school toilets and washing facilities had a widespread impact not just for girls with disabilities but also for all children in the schools, providing better value for money and promoting inclusion. In addition, several out-of-school girls with disabilities enrolled in the more inclusive project schools during the project.

The project demonstrated the significant impact of utilising disability-inclusive WASH as a means to tackle many of the intersectional inequities that children, and particularly girls with disabilities, often face in accessing inclusive education.

Economic empowerment

Compared to men without disabilities, women with disabilities are two times less likely to be employed[32] and face discrimination in hiring, retention, promotion, pay, and access to training, credit, and other productive resources.[33] They are also more likely to work in the informal sector,[34] which lacks job security and financial protections such as unemployment insurance or paid sick and carer leave. Women with disabilities also tend to experience increased economic violence in older age.[35] This shows how **disability, gender, and age** can intersect to create additional barriers to economic empowerment.

Studies have also shown that the **type of impairment** affects barriers to, and experiences of, employment. For example, women with psychosocial disabilities are more likely to report workplace discrimination due to ableist perceptions, internalised stigma, gender roles, and a

[31] Able Child Africa (2022). Improving girls with disabilities' access to education and learning progress through safe water hygiene and sanitation (WASH) in Rwanda
[32] UN DESA (2018). Disability and Development Report. p. 117
[33] UN DESA (2018). Disability and Development Report. p. 109, 152
[34] Mizunoya S., Mitra S (2019). Is there a disability gap in employment rates in developing countries?
[35] Age International (2019). Violence against older women.

lack of reasonable accommodation, which intersect with each other.[36] Therefore, it is essential that people with disabilities are not treated as a homogenous group when designing economic empowerment policies and programmes.

Case study

In 2022, Inclusive Futures developed guidelines to ensure that women and girls with disabilities participate and benefit equitably from its economic empowerment programmes. A recent learning report brings these guidelines to life with practical examples drawn from a content analysis of project reports.[37]

A key learning at the intersection of **gender and disability** is that participation in livelihood programmes will not automatically result in positive outcomes for women with disabilities, as other factors also come into play. An example of this was found in the Inclusive Futures vocational training project in Bangladesh. This project 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 (approximately £22). In contrast, the monthly average income of women with disabilities was lower, at BDT 2474 (approximately £17). 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 repairers. Potentially, employers might have also replicated societal norms of valuing women's work less, by offering women with disabilities a lower wage.

When the programme encountered a similar earning gap for trainees in its inclusive coffee livelihoods project in Nepal, it adapted by introducing gender inclusion training for employers, including fair pay. It also offered self-advocacy training for the trainees so they could advocate for fair pay. The programme also uses social behaviour change campaigns alongside its health, education, and livelihood projects, to drive wider transformation of cultural and societal norms around gender.[38] This resulted in increased confidence amongst trainees to advocate for fair pay following the training.

Inclusive Futures also engages with parents and caregivers as participants in its livelihood projects, 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.

Health

There are strong links between **health, gender, and disability,** which can intersect and create complex forms of discrimination. Evidence shows that gender inequality contributes to poorer health outcomes for women and girls with disabilities.[39] There are also gender gaps in access to health services; a good example of this is eye care, where women are significantly less likely to undergo cataract surgery than men.[40,41]

Health inequities experienced by people with disabilities who identify as LGBTIQ+, are at increased risk for several outcomes. Compared with their peers, they are more than twice as likely to experience depression; more than four times as likely to attempt suicide; two to five

[36] Ebuenyi ID, Syurina EV, Bunders JFG, Regeer BJ (2018). Barriers to and facilitators of employment for people with psychiatric disabilities in Africa: a scoping review.

[37] Inclusive Futures (2023). Be Inclusive: Including women and girls with disabilities in development and humanitarian projects.

[38] For examples of our Social Behaviour Change approaches, see Inclusive Futures (2022). Using social behaviour change to promote disability inclusion in development programmes.

[39] WHO (2022). Global report on health equity for persons with disabilities

[40] Lewallen S, Mousa A, Bassett K, Courtright P (2009). Cataract surgical coverage remains lower in women.

[41] Ramke J et al. (2017). Effective cataract surgical coverage: an indicator for measuring quality-of-care in the context of Universal Health Coverage

times more likely to abuse substances; experience bullying twice as often; and have a three times greater risk of being assaulted sexually.[42] The stigmatization and discrimination experienced by people with disabilities who identify as LGBTIQ+ when they access health services can negatively affect their quality of care and consequently their health-seeking behaviours.[43] Sexual health needs are often not considered by service providers, with people with intellectual disabilities reporting that they are made to '"feel invisible" in terms of their gay identity.'[44]

Case study

A study into **gender, identity, disability**, and unmet healthcare needs in the United States[45] was published in *The International Journal of Environmental Research and Public Health* in February 2022. Using cross-sectional survey data, the study explored the rates of unmet healthcare needs for transgender people with disabilities and cisgender people with disabilities. The study found that the odds of transgender people with disabilities reporting an unmet healthcare need was higher than cisgender people with disabilities for all unmet needs, except for preventative services. The authors argue that this is reflective of the compounding effects of discrimination based on disability status and gender identity. The paper identifies a need for better understanding on gender identity among people with disabilities and representative population data.

To raise awareness and address some of the barriers experienced by people with disabilities who identify as LGBTIQ+, CHANGE has produced an easy-read guide[46] to being LGBTIQ+ and what it means. The guide aims to help LGBTIQ+ people who are autistic or have an intellectual disability or mental health condition be involved in the health services they use.

Humanitarian action and climate change

Research has found that people with disabilities are disproportionally at risk and impacted by emergencies whilst people at the intersection of **disability and gender; diverse sexual orientation, gender identity, and/or expression**; and sex characteristics face greater barriers and discrimination.[47]

Disability can also intersect with a variety of factors including **gender, age, and type of impairment** to increase vulnerability to emergencies. For example, a study by the Inclusive Futures programme in Bangladesh and Nepal found that women and girls with disabilities, especially those with mobility impairments, suffered increased mental stress, gender-based violence, and forced marriage during the COVID-19 pandemic.[48] In addition, older women with disabilities are at particular risk of being heavily affected by crisis, and more recently the COVID-19 pandemic.[49] However, government responses to COVID-19 further exacerbated pre-existing barriers faced by people with disabilities, particularly women and girls with disabilities, by ignoring the importance of intersectionality.

[42] Silberholz E et al. (2017). Disparities in access to care in marginalized populations.

[43] Ayhan CHB et al. (2020). A systematic review of the discrimination against sexual and gender minority in health care settings.

[44] McCann E, Lee R, Brown M (2016). The experiences and support needs of people with intellectual disabilities who identify as LGBT: a review of the literature.

[45] Mulcahy et al (2022). Gender Identity, Disability, and Unmet Healthcare Needs among Disabled People Living in the Community in the United States

[46] Change LGBTQ+- an Easy Ready Guide

[47] CBM, Edge Effect & Nossal Institute Partnership for Disability Inclusive Development (2021). Out of the Margins: An intersectional analysis of disability and diverse sexual orientation, gender identity, expression & sex characteristics in humanitarian and development contexts

[48] IDS and Inclusive Futures (2021). 'Because of COVID, everything is a mess' How have people with disabilities experienced the pandemic in Nepal and Bangladesh?

[49] UN Women (2020). Meeting basic needs of women and girls with disabilities during COVID-19.

Indigenous women with disabilities also face multilayered and unique risks, as they are discriminated against as environmental activists, as people with disabilities, as women, and as part of an ethnic minority group. Forms of discrimination range from exclusion from land ownership and decision-making processes, to defamation campaigns, to gender-based violence and murder.[50] Additionally, the disproportionate impact on people with disabilities living in poor communities who have done least to contribute towards climate change means that the intersectionality between climate and disability cannot continue to be ignored[51].

Case study

In Iraq, HI is part of a consortium delivering an Australian government-funded project, Building Peaceful Futures, aimed at supporting the return and reintegration of returnees, and strengthening community resilience and social cohesion through inclusive services.

At the beginning of the project, an inclusion analysis was conducted as part of the comprehensive needs assessments. This aimed to better understand how **disability, gender, age, and diversity** impact access to services, decision-making structures, and the realisation of basic human rights. However, the adapted tool was context-blind, including to conflict sensitivity, which risked the project overlooking other characteristics, namely **faith and ethnic or tribal identity affiliation (actual or perceived),** which intersect with gender, disability, and age to create barriers to services, and drive exclusion and discrimination.[52,53]

Originally, the quality of the sampling criteria for the needs assessment and the recruitment of enumerators were assessed through the lens of disability, gender, and age. By identifying that ethnic, tribal, and faith identity were additional priority factors, the criteria for hiring enumerators were broadened, which directly enabled access to 'difficult to reach' communities, who would have not been possible to consult based on the original characteristics of the enumerators. By taking contextual factors into account, the risk of reinforcing discrimination and deepening societal cleavages was minimised.

The HI Making It Work Gender and Disability Project and the Inclusive Friends Association Nigeria has also published the How-To Guide: Intersectionality in practice.[54] This Guide is providing steps and tools to adopt an intersectional approach to design and initiate projects that will leave no woman behind. Although it was developed with a targeted intersectional approach where gender is at the centre of the factors of discrimination, the How-To Guide can be used to approach any context and consider all the factors of discrimination to analyse the lived experiences of individuals of all genders and (dis)ability status.

Political participation

'In political life, just because she is a woman, she will be judged as incapable. So, imagine how difficult it would be when a disability is added. She will have to deal with two "disabilities:" as a woman and as a disabled [person]...'[55]

Intersectionality is fundamentally about power relations and thus has a profound impact on understanding the dynamics of political inclusion and exclusion. The intersection of disability with different social identities compounds barriers to meaningful political participation through

[50] UNEP, UN Women, UNDP and UNDPPA/PBSO (2020): Gender, Climate & Security. Sustaining inclusive peace on the frontlines of climate change, p. 14, 16, 28.
[51] U, Grant (2022) CBMUK Locating disability inclusion in action on climate change CBM UK
[52] HelpAge International (2018). Violence and discrimination against older women is compounded in emergencies
[53] Humanity and Inclusion (2020). Towards more inclusive practices: A Disability, Gender and Age Intersectional Resource
[54] HI (2022). How-To-Guide: Intersectionality in practice
[55] IFES (2021). Intersectionality in Action: Lebanese Human Rights Advocates Assess Joint Barriers and Build Coalitions. This quote came from a participant in IFES Lebanon intersectionality assessment focus group discussion.

systematic discrimination, and in some cases, physical or psychological violence that undermines political rights.

There is no official global data on how many politicians there are with disabilities, and data on the number of women and youth candidates is not disaggregated by disability. Research from 18 countries in the Asia-Pacific found that there were no women parliamentarians with a disability.[56] There is also no reliable source of information on how many election management body officials or poll workers have a disability. Research has shown experiences of political life greatly vary based on a person's social identity. For example, young people have reported that some of the biggest barriers to their active political engagement are clientism and nepotism; however, young people with disabilities report that their biggest barriers are related to inaccessibility of parliaments, polling stations, and voter and civic education information.[57]

Case study

The International Foundation for Electoral Systems' (IFES) Intersectionality Assessment Framework identifies intersectional barriers and opportunities related to political participation. By focusing on how identities such as **gender, disability, age, sexual orientation, and religion intersect,** the assessment provides an examination of how political and social exclusion is expressed in the exercise of political rights and identifies ways for civil society organisations (CSOs) to address discrimination through coordinated action.

The intersectionality assessment is conducted in partnership with identity based CSOs, such as organisations of people with disabilities (OPDs), women's rights organisations, or youth organisations. This methodology seeks to generate focus group data through democratic, collaborative, and participant-led means. In Ukraine,[58] findings revealed that internally displaced people with disabilities experienced multiple barriers because of their displacement and their disability, including logistical hurdles to securing the appropriate documentation to vote and inaccessible polling stations.

In Armenia, the physical inaccessibility of polling stations was found to disproportionately discourage women with disabilities from voting compared to men with disabilities, as they were uncomfortable with the usually male police having to carry them up the stairs to the voting centre.[59] During a key informant interview in Lebanon, the leader of an LGBTIQ+ organisation noted their annual conference was not equipped to ensure participation of LGBTIQ+ people with disabilities, saying, 'we were all stressed about how to handle the blind participant at the conference because we have not worked with people with disabilities before. We know we need to learn more about disability inclusion.'[60]

IFES uses assessment findings to develop tailored solutions to increase access to political life, such as via 'Power to Persuade,' a training focused on supporting women with disabilities to influence public policy. In Armenia, IFES collaborated with OPDs from across the country to develop a strategy for influencing public policy, in partnership with women's rights organisations. The first priority was integrating disability into a draft gender-based violence law that did not include any reference to women with disabilities. The OPDs and women's rights organisations developed a joint advocacy plan which resulted in the adoption of the law, with specific clauses included to address the different experiences of women with disabilities.

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[56] UN Women (2019). Leadership and political participation of women with disabilities.

[57] IFES (2018). New Intersectionality Assessment Framework

[58] IFES (2020). Intersectionality Assessment of Political and Electoral Participation in Ukraine.

[59] Agate Rights Defense Center for Women with Disabilities (2018). The Political Participation of Armenian Women with Disabilities: Barriers and Recommendations.

[60] IFES (2020). Identity and Politics in Lebanon.

Recommendations

Disability inclusion requires working in an intersectional way. All development actors need to urgently adopt intersectionality as an overarching approach in their programmes, strategies, and action plans. Taking an intersectional approach to disability inclusion has the potential to improve development outcomes for the most marginalised people, whilst generating important new evidence to reduce inequalities.

Building on the evidence and case study examples presented in this paper, we recommend that members of the Bond Disability and Development Group and wider NGO sector should:

1. Take a twin-track approach to disability, which ensures that people with disabilities, in all their diversity, are systematically included in mainstream development policies and programmes and at the same time can benefit from targeted initiatives that respond to their specific needs.

2. Collect, analyse, and embed results tracking disaggregated by disability, age, and gender and other identifying characteristics to ensure an inclusion focus on reporting.

3. Also collect, disaggregate, analyse, and use qualitative data on people with disabilities in all their diversity to better understand the complexities of identity and the experiences that shape their lives.

4. Leverage budgets and funding that apply an intersectional lens and are equitably allocated and targeted at the most marginalised, taking into consideration the complexity of identities.

5. Ensure representatives of women and men, girls, and boys in all their diversity meaningfully participate in all phases of development cooperation and humanitarian action, including policy dialogues.

6. Take an intersectional approach to meaningful engagement, to facilitate equal outcomes through reaching out to a diversity of people with disabilities, such as women and girls with disabilities (as their representation in OPDs tends to be low).

7. Address the underlying stereotypes and stigma that foster violence against women and girls with disabilities and avoid a 'one-size fits all' approach by applying an intersectional lens to understand and address the harmful practices that women and girls with disabilities face.

8. Incorporate inclusive and accessible social and behaviour change approaches, to address stigma at the community level and create supportive environments.

9. Anticipate, plan, and address the heightened risks and vulnerabilities for people with disabilities with intersecting identities, including women and girls with disabilities, and identify inclusive and safe spaces to ensure safeguarding in development and humanitarian projects.

10. Use accessible, gender-transformative, and inclusive communication.

11. Provide training for all staff on intersectionality and how it is relevant across different policy priorities.

We recommend that donors should:

1. Set targets and publish data for the percentage of ODA which is both disability inclusive and gender equitable, measured using the OECD DAC gender and disability markers.

2. Target specific funding to ensure the meaningful participation and consultation of people with disabilities and their representative organisations, particularly OPDs led by women, young people, LGBTIQ+ people, indigenous peoples, and ethnic and religious minorities.

3. Adopt funding models that incentivise intersectional approaches for disability inclusion.

4. Strengthen the collection and use of disaggregated data in programmes and use this to inform programmatic and funding decisions.

5. Ensure disability inclusion is mainstreamed and receives appropriate resources across all policies and strategies, for example in gender policies.

6. Ensure specific strategies and policies on disability take an intersectional approach by considering how disability intersects with other identify factors.

7. Increase global attention on disability rights at international fora that targets other marginalised groups, such as the UN Commission on the Status of Women, Generation Equality, Summit for Democracy, and UN Permanent Forum on Indigenous Issues.