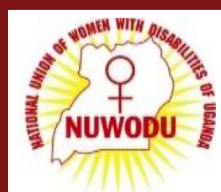


Not Wallflowers; We Are Here to Dance

Exploring the Protection and Care
Needs of WHRDs with Disabilities in
Kenya, Uganda and Tanzania



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List of acronyms and abbreviations

AWHRDs	African womn's human rights defenders
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
FGD	Focus Group Discussion
KNCHR	Kenya National Commission on Human Rights
LBTQI	Lesbian, Bisexual, Transgender, Queer and Intersex
OHCHR	Office of the United Nations High Commissioner for Human Rights
PI KENYA	Protection International Kenya
PWDs	Persons with disabilities
NCPWD	National Council for Persons with Disabilities
NDFPWD	National Development Fund for Persons with Disabilities
NUWODU	National Union of Women with Disabilities of Uganda
SALC	Centre for Human Rights in Pretoria



UAF-Africa Urgent Action Fund-Africa

WEI Women Enabled International

WHRDs Womn's human rights defenders

WHRDIC Women Human Rights Defenders
International Coalition





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The responsibility for this report's content lies solely with NUWODU and UAF-Africa.



Introduction


On December 18, 2013, the United Nations General Assembly adopted the Declaration¹ on the protection of Women Human Rights Defenders (WHRDs), acknowledging the critical role WHRDs play in promoting and protecting human rights at the local, national, regional, and international levels. It further recognises the gender-specific challenges they face in their activism, the heightened risks, violations and abuses they suffer from, and the persistent impunity for, these attacks, violations, and abuses against them.

WHRDs experience these increased attacks, violations, and abuses because of who they are, who they identify with or are part of, and what they are working to advance². The National Union of Women with Disabilities of Uganda (NUWODU) and Urgent Action Fund Africa (UAF-Africa) have, over the years, noted that WHRDs with disabilities face additional and specific obstacles, risks and violations due to their disabilities and gender identities as womn.³ Furthermore, in describing

1 United Nations (2014, January 30). Promotion of the Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms: Protecting women human rights defenders. Retrieved September 20, 2022, from <https://documents.un.org/doc/undoc/gen/n13/450/31/pdf/n1345031.pdf?token=Y3sboNz186Eqbl9LoL&fe=true>

2 Office of the High Commissioner for Human Rights. Women human rights defenders. Accessed at <https://www.ohchr.org/en/women/women-human-rights-defenders>

3 Our use of womn is an act of challenging and replacing traditional ideas of what and who a womn is and can be and the links of womn to a system of patriarchy where womn are, in effect, subject to men or a sub-category of men. Womn for us includes lesbian, bisexual womn, transwomn and those




the situation of WHRDs and in legal instruments on protecting human rights defenders, WHRDs' contributions to social justice work, unique challenges, and specific protection and care needs tend to be left out or decided upon without prior consultation with them..

As an organisation working with womn and girls with disabilities in Uganda and as a pan-African Rapid Response Fund that receives communications daily from WHRDs, primarily in the form of grant requests, but also through the sharing of updates, research, and facilitation of/participation in, various feminist spaces, NUWODU and UAF-Africa are involved in extensive conversations with womn's rights activists from across the continent working on a myriad issues, from violations in digital spaces, criminalisation of the activism of WHRDs, the passage of retrogressive laws to struggles of indigenous activists against the extractive industry, to name only a few. NUWODU and UAF-Africa understand that thinking through trends pertinent to feminist activism on the continent is critical to providing relevant support in contexts constantly shifting in complex ways. Additionally, UAF-Africa's reflections from 2017-2022 point to various critical issues WHRDs on the continent grapple with, including the feminist conceptualisation of protection and care.

African womn's human rights defenders (AWHRDs) have constantly been reporting and reflecting on the fact that despite the protection and mental health support that are available (although the latter is not very readily available),

who are gender non-conforming.



AWHRDs are still burnt out, depressed and tired, and activists' spaces are still rife with conflicts. We are also increasingly seeing AWHRDs trying to incorporate their contexts into their protection and wellbeing conversations: thinking about the origins of the structures that constitute the problematic contexts in which we live calls for a feminist protection model that entails recognition of the fact that protection is wellbeing in action – for activists to continue to do their work safely (physically, emotionally, digitally), they must be well to be able to assess and handle threats accurately, for example.

Being well is thus critical to protection efforts, and protection is a vital foundation for movement building. Being well goes beyond mainstream approaches that primarily focus on managing or reducing the different psychiatric symptoms that activists present with rather than challenging the root causes of emotional, mental, and spiritual distress. Our focus on care is aimed at interrogating and critiquing the primarily individualised responses to support that WHRDs often benefit from through individual-focused psychotherapies, which, even though necessary, are sorely inadequate in meeting the collective nature of the distress that is caused by exclusion, violence, and systemic marginalisation.

AWHRDs increasingly acknowledge that although threats often come from the state, some internal tensions/divisions are a significant source of vulnerability, rendering organisations and communities easy to exploit by outside actors. A collective, feminist approach to understanding protection acknowledges the profound impact that oppression, inequality, and violence have on WHRDs' bodies, minds, and sense of self. This approach centres strategies for safety, renewal, and collective



care to sustain women's organising efforts in the different, but very complex political settings in which they are active.

This research uncovered the fact that conversations around protection and care are not occurring sufficiently in disability justice spaces. The focus is primarily on accessibility, which is understood to take precedence before conversations around politicising care and protection can take place.

NUWODU and UAF-Africa hope that the research findings will lead to concrete actions by protection organisations as well as the governments of Kenya, Uganda, and Tanzania to address challenges and meet the needs of WHRDs with disabilities in these countries and beyond.






Methodology and Data Analysis

The geographical scope of this research is Kenya, Uganda, and Tanzania. The research findings in this report are based on 54 interviews and focus group discussions with WHRDs with disabilities from Kenya, Uganda, and Tanzania, as well as key informants from the disability movement and regional and international protection organisations.

Targeted sampling was utilised, whereby a small number of participants who were keenly aware of the challenges and needs of WHRDs with disabilities were selected. This allowed for the generation of detailed insights into the perspectives, needs, and experiences of WHRDs with disabilities.

This research also offers a quantitative analysis that provides insights into specific contexts or subgroups drawn from qualitative investigation. While it does not claim to represent the views of all WHRDs with disabilities it nevertheless contributes to our understanding of their needs and experiences and offers provocations that can be expanded upon in future research.

Interviews were also conducted with disability justice organisations, including Women Enabled International, an NGO that works to advance rights at the intersection of gender and disability worldwide, and the Kenya Network of Women and Girls with Disabilities.



Protection organisations were interviewed to explore the strategies developed for disability justice WHRDs, if any, and the challenges to creating such protection support. These organisations included Digital Defenders, Defenders Coalition-Kenya, Civil Rights Defenders, Pan-African Human Rights Defenders Network, Front-Line Defenders and Voice⁴. The interviews and FGDs were conducted over four months.

The research aimed to:

- Identify the protection needs and challenges that women's human rights defenders with disabilities in Tanzania, Kenya, and Uganda face.
- Identify existing protection support provided by different organisations to WHRDs with disabilities.
- Identify existing gaps in protection support relative to the needs and priorities of WHRDs with disabilities and
- Provide recommendations regarding how protection support can address the realities and needs of WHRDs with disabilities.

4 Voice is a consortium managed by Oxfam Novib and Hivos.



Audio recordings of all interviews and focus group discussions were transcribed. Those that were held in Kiswahili were translated into English. Through this research, NUWODU and UAF-Africa aimed to dig deeper and identify the protection and care needs of WHRDs with disabilities in Kenya, Uganda, and Tanzania in order to unveil gaps in protection mechanisms relative to their needs and priorities, both at the local, regional, and international levels and share recommendations on creating protection mechanisms that respond to the realities and needs of WHRDs with disabilities in these countries.

The research explores the specific challenges that WHRDs with disabilities face in their activism, what protection and care mean to them, their protection and care needs, the available support, and gaps in existing protection and care mechanisms and then shares strategic recommendations for feminist organisations, the governments of Kenya, Uganda and Tanzania, and protection organisations.



Research Limitations

This research project took place in the context of the COVID-19 pandemic. Travelling to focus countries and organising face-to-face interviews with activists was challenging. Relying on online interviews meant that we could not engage as many WHRDs with disabilities as we had intended to, as some potential interviewees had internet access issues. To remedy this challenge, we organised face-to-face focus group discussions, which brought together 25 WHRDs working on various disability justice issues in the three focus countries. Since the interviews were conducted during the COVID-19 pandemic, the focus group discussions took place in spacious rooms with several windows, and all participants wore face masks. Physical distancing precautions were also in place, with participants sitting 1 meter apart.



Holistic protection and care for WHRDs with disabilities

Defining WHRDs with disabilities




"Until you invited me for the interview, I didn't think I had anything to contribute. I had to go to Google and check whether I qualify to be a human rights defender."⁵

The Women Human Rights Defenders International Coalition (WHRDIC)⁶ defines women human rights defenders (WHRDs) as activists who "work courageously for the defence of their rights and the defence of the rights of others [...] including women active in human rights defence who are targeted for who they are as well as all those active in the defence of women's rights who are targeted for what they do".⁷ In the same way the focus on WHRDs was a bold and necessary challenge to the domination of the experiences of HRDs, usually men, in the narratives around human rights defence and the needs of defenders, the use of womn's human rights defenders challenges traditional ideas of what, and who, a woman is. Womn, here, include lesbian, bisexual womn, transwomn and those who are gender non-conforming. This is the definition that will be used in this research.


5 UAF-Africa & NUWODU's online interview, Uganda, 2022.

6 The Coalition is a network that supports and protects women human rights defenders worldwide in their defence of human rights.

7 Claiming Rights, Claiming Justice: A Guidebook on Women Human Rights Defenders, <https://defendingwomen-defendingrights.org/wp-content/uploads/2014/03/book3NeoWithCovereng.pdf>



The WHRDs with disabilities whom we interviewed fall into this category. Some of them focus their activism on defending womn's human rights while others choose to focus on advancing the rights of womn and girls with disabilities. They include those associated with womn's rights organisations or movements and those who are not often viewed, or do not even view themselves, as WHRDs. These include individual womn's rights activists with disabilities who are community mobilisers, advocate for womn's rights in their communities, such as access to, and ownership of, land, securing property rights for womn, protecting girls from harmful traditional practices, promoting womn's leadership and many other womn's rights issues. These are womn who some protection organisations may never recognise as WHRDs because they are not members of associations, organisations, or organised groups.



As feminists and womn's rights activists organised spaces to reflect on their operating contexts, organising strategies, challenges, and wins, they concluded that their personal experiences and how they felt within themselves directly impacted their work.

Holistic protection and care as understood by WHRDs with disabilities




“Protection means that a woman with a disability is in a safe location, can meet their needs and exercise their rights on an equal basis with others [...] feels respected and supported”.⁸

The meaning of what protection and care involve has continued to evolve as feminists and women’s rights activists reflected on it and has evolved beyond traditional and individualistic definitions of protection and well-being which usually focus on being protected from physical harm or attacks, office raids, judicial harassment, and medical responses, to feeling unwell.

The general understanding of holistic protection includes three aspects: physical, digital, and psychosocial security, or well-being. As feminists and women’s rights activists organised spaces to reflect on the contexts in which they were operating, their organising strategies, challenges, and wins, they concluded that their personal experiences and feelings directly impacted their work. Therefore, a holistic approach to safety must take into account both the public and private spheres and include the need to feel safe at home, at work and on the streets⁹. It became evident that protection is wellbeing in action and caring for our lives and struggles is “at the centre of political action and makes protection a collective act that

⁸ UAF-Africa & NUWODU’s interview, Kenya, 2022

⁹ Barcia, I. (2014). Our Right to Safety: Women Human Rights Defenders’ Holistic Approach to Protection. Toronto: AWID and the Women Human Rights Defenders International Coalition.p.11



strengthens the wisdom and resources that we already have, giving authority, legitimacy, and justice to women, their needs, and their dreams.”¹⁰


Although protection and care have increasingly been incorporated into the thinking and practice of feminist spaces on the continent and globally, our conversations with WHRDs with disabilities from Kenya, Uganda, and Tanzania revealed that “care” and “protection” were unsuitable conceptualisations to most activists interviewed. Interviewed activists shared that the concepts of “care” and “protection” were negative, almost patronising, evoking stereotypes that persons with disabilities are weak, vulnerable, a burden, and generally lack agency and therefore need to be “protected” and “cared for.” Care was specifically an ambiguous term due to the history of persons with disabilities with institutional forms of care that stripped them of their agency in the name of providing them with care.



“Protection in the traditional disability sense has always assumed that persons with disabilities are objects of the law and, therefore, need to be protected. Now, we have reframed that to say that persons with disabilities are subjects of the law and, [therefore], beneficiaries of the law.”¹¹

10 IM-Defensoras “Feminist Holistic Protection to Transform the Crisis in Times of COVID-19” (2021), p.2.

11 UAF-Africa & NUWODU’s online interview, Kenya, 2022.



Interviewed WHRDs with disabilities suggested using “safety” and “assistance” instead of “protection” and “care”, respectively. Another proposed alternative to “protection” is “safeguarding.” Interviewed WHRDs with disabilities consider “safety” and “assistance” to imply that they have agency, are rights holders, are in charge of their own lives and may require assistance if need be.

The term “assistance” is rooted in the literature around the rights of persons with disability. For example, paragraph (x) of the Preamble to the Convention on the Rights of Persons with Disabilities (CRPD) recognises the importance of providing ‘necessary protection and assistance’ to persons with disabilities and their families. The concept of assistance, especially personal assistance, has been proposed in disability studies literature as an alternative to care, as it places control on persons with disabilities to employ a personal assistant to perform specific tasks.

Our conversations with WHRDs with disabilities further revealed that protection and care have different meanings depending on their area of activism, the environment they operate in and related risks, their class, their location, the spaces they are part of or have participated in, whether they have a support system, among other factors. Some of these examples are explored in the section below.

Reflections on protection

One interviewee defined protection as being accommodated and being in an environment that takes into consideration her disability challenges and enables her to use her potential to the maximum.

Another interviewee defined protection as having flexibility with resources because, as someone working in the disability space but also being a woman with a disability herself, her type of activism is very dynamic. By being a woman with a disability, her existence itself is a form of activism. She emphasised that it was essential that the resources at hand be flexible enough to ensure that everyone feels safe because, most of the time, the resources that WHRDs with disabilities have been very restrictive.

Reflections on care



“Care is finding a way to ensure that women’s human rights defenders with disabilities are not drained because of the effort they have to exert to realise change, which is really hard to realise because of deep-rooted cultural values and stereotypes, especially on the issues of gender and disability”-

Interviewed WHRD, Kenya.






"Care is taking time for reflection, meditation, and having a moment for yourself to rethink, reimagine, and re-energise. It is having people speak to us in times of happiness and sorrow so that they can learn and unlearn and then try to move on in our activism because it is [part of]life."

Interviewed WHRD, Uganda.

Although different definitions were shared, all interviewed WHRDs shared a common understanding that protection goes beyond ensuring physical security to feeling safe in their bodies, environments, families, and workplaces and living freely and equally without fear. Additionally, their understanding of care goes beyond the mainstream approach of being provided with medication and physical mobility equipment. It involves taking their whole person into account, which includes their specific physical needs and respecting their personhood, will and preferences. A critical emerging theme centres on a critique of sympathy as the basis for providing care support. An interviewed WHRD from Uganda expressed the sentiment held by many actors in the human rights movement that disability is a "misfortune", the basis of feelings of sympathy. This belief impacts the attitudes of human rights defenders who, when driven by sympathy, do not treat WHRDs with disabilities as equals but as charity cases.





The situation of WHRDs with disabilities: an intersectional context analysis

Womn's human rights defenders (WHRDs) with disabilities advocate for various human rights issues. These include political, social, and economic inclusion by state and non-state actors; improving accessibility; ensuring equity in political and economic opportunities; inclusive employment; addressing systemic violence; reforming and establishing inclusive justice systems; womn's bodily autonomy, including access to sexual and reproductive health services; mainstreaming of development projects and programmes; access to wellbeing information and facilities; ending gender-based violence; access to equal education opportunities; equal participation in decision-making processes, among many others.

In their activism, which seeks to dismantle patriarchy, push against ableism¹², address gender inequalities and transform the lives of womn and girls with disabilities, WHRDs with disabilities face a multitude of challenges, risks and violations at the national, community and movement levels.

12 Ableism: a social attitude that having a disability makes someone a less valued member of society. It assumes that the ways able-bodied people live are the best ways to live.




Systemic and institutional discrimination

At the national level, the main challenges and abuses WHRDs with disabilities face are related to systemic and institutional discrimination resulting from the lack of compliance of national policies and laws with the Convention on the Rights of Persons with Disabilities (CRPD)¹³, lack of integration and full participation of women with disabilities in policy-making and decision-making processes; marginalisation of women with disabilities in political leadership; policymakers designing programmes without taking into account the rights of persons with disabilities to live equal lives; lack of implementation of policies and laws; lack of accessibility to facilitate their work; lack of social protection and care mechanisms among many other challenges. Challenging these various forms of discrimination and violations of the rights of women with disabilities often leads to reprisals by policymakers and enforcers.

Kenya, Tanzania, and Uganda have signed and ratified the CRPD and have laws and national councils for persons with disabilities whose mission is to protect the rights of persons with disabilities. However, compliance with CRPD and implementation of legal provisions remain wanting. For instance, the justice systems in these countries, meant to protect persons with disabilities against the abuse of these provisions, are often sites of discrimination against women with disabilities and complicate the work of WHRDs

13 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>



with disabilities. For instance, one interviewee from Kenya working in the legal sector mentioned how it was challenging to handle cases of neurodivergent women who were forcibly sterilised as laws do not protect them as they are assumed not to have the legal capacity to make simple decisions over their health because they are perceived to be of “unsound mind”. The Law takes away their legal capacity to make such decisions. This violation of their legal rights happens even though Article 14 (1) (b)¹⁴ of the CRPD, (which Kenya ratified on May 19th, 2008) , provides for the rights of persons with disabilities not to be deprived of their liberty based on their disability.

Additionally, most courts of law, police stations, and local administration offices are inaccessible in terms of physical accessibility and availing sign language interpretation. There is a lack of clarity on reporting mechanisms in cases of violations of the rights of people with disabilities as the procedures created for those purposes are not very clear and are not set up in formats to orient, for example, women with hearing or visual impairments on where to report their cases, or what the penal sanctions and civil remedies or compensatory provisions are. In most cases, people working in these institutions are not trained to handle cases from persons with disabilities and often abuse them psychologically through name-calling or frustrating their reporting processes. For instance, women with speech or hearing impairments and survivors of gender-based violence are required to bring their assistants, a financial hurdle for such women with disabilities.

14 [https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-14-liberty-and-security-of-person.html#:~:text=a\)%20Enjoy%20the%20right%20to,justify%20a%20deprivation%20of%20liberty.](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-14-liberty-and-security-of-person.html#:~:text=a)%20Enjoy%20the%20right%20to,justify%20a%20deprivation%20of%20liberty.)




Legal infantilisation of womn with disabilities

The infantilisation of womn and girls with disabilities is a major challenge. This is especially the case for womn with mental disabilities, who are often placed in the category of children in Kenya. Thus, if a womn with a cognitive disability is raped, it is called “defilement” instead of “rape”. As such, WHRDs with disabilities supporting raped womn with mental disabilities find it challenging to report that their clients have been defiled when they have been raped. In Kenya, defilement is defined to mean “the commission of an act which causes penetration with a child”.

In contrast, rape is defined to mean the “intentional and unlawful act that causes penetration with one’s genital organs without the other person’s consent to the penetration”. Defilement carries a maximum penalty of 14 years, while a person convicted of rape can be sentenced to jail for life. Kenya has ratified CEDAW, and the legal treatment of womn with disabilities as children violates CEDAW’s recommendations on protecting womn and girls with disabilities from all forms of violence and ensuring the prosecution and adequate punishment of perpetrators¹⁵.

*“When you say that a woman with a disability who has been raped has been defiled, you are already reducing the sentence for the abuse; it’s like you are giving them a pass”-
Interviewed WHRD, Kenya.*

15 CEDAW. Women with disability (Para 46, 47)



Additionally, corruption and the patriarchal nature of the society in which WHRDs with disabilities operate constitute another significant challenge for their activism. WHRDs with disabilities supporting survivors of gender-based violence, especially sexual abuse, often face reprisals from local authorities and family members of the survivors when they advocate for accountability for sexual abuse. During interviews and focus group discussions, activists shared their experiences of reporting cases of sexual violence committed against women with disabilities to local authorities. Such cases are usually dismissed as inconsequential or unimportant, resulting in perpetrators not facing justice. Most survivors would be told to “be grateful that their abusers had paid attention to them” , reflecting a deeply held ableist belief about the undesirability of disabled bodies.

When WHRDs with disabilities encourage survivors to continue to pursue their cases, they face the challenge of supporting these women, given the absence of social protection systems. There are no safe houses for women with disabilities in the focus countries, and activists accompanying rape survivors to police stations do not know how to assist survivors when they need accommodation and support for their livelihoods. The survivors unfortunately end up staying in the same abusive situations. As a result, WHRDs with disabilities wanting to follow up on these cases end up facing reprisals from the abusers in collaboration with corrupt authorities, while survivors are reluctant to cooperate. Such situations are disheartening for WHRDs with disabilities advocating against sexual and gender-based violence.


Failure to implement legal provisions

Interviewed WHRDs with disabilities mentioned the failure to implement existing legal provisions or to revise them to address the needs of women with disabilities as a challenge to their activism. In Uganda, in addition to ratifying the CRPD and the inclusion of disability rights provisions in the Constitution, (such as section 16, which states that “Society and the State shall recognise the right of persons with disabilities to respect and human dignity”), the Government has adopted the Persons with Disabilities Act 2020¹⁶ which provides for the respect and promotion of the human rights of persons with disabilities.

However, the Act does not explicitly focus on the rights of women with disabilities. Additionally, many public servants at the local level are neither aware of this Act nor its provisions. This lack of awareness has led to slow implementation of its provisions and a lack of clear indications of how women with disabilities can benefit from this Act. WHRDs with disabilities demanding implementation of its policies and trying to hold the government accountable find themselves targeted by State agents through intimidation, receiving anonymous calls, online threats, sexual violence to shame activists and character assassination through defamation.



16 <https://commons.laws.africa/akn/ug/act/2020/3/media/publication/ug-act-2020-3-publication-document.pdf>



In Tanzania, interviewed WHRDs with disabilities indicated that their main challenge was operating in a restricted civic space. Like the experience of most human rights defenders, WHRDs with disabilities are labelled by authorities as the opposition, who ruin the image of the country by highlighting abuses against women with disabilities in their communities. More specifically, WHRDs with disabilities who report on cases of killing and abduction of persons with albinism in rural areas are constantly harassed by local government officials. The bureaucracy around the reporting process, from regional leaders to area Chiefs and district leaders, is created to frustrate accountability efforts. AWHRDs with disabilities are further subjected to online harassment, including ableist name-calling based on their disabilities (such as “kiwete”, a Kiswahili word for “lame” which translates to being as ugly as the heron), increased risks of sexual violence, especially among WHRDs with physical disabilities, death threats, illegal arrests, and imprisonment of WHRDs with albinism reporting cases of abduction, killing and mutilation of persons with albinism¹⁷. Reporting violations rarely leads to accountability. In addition, family members do not generally offer support due to feelings of shame associated with disability and out of fear of reprisals from authorities.


17 Global Disability Watch (2016, February 18). Broken bodies: Hunting persons with albinism in Tanzania. <https://globaldisability.org/2016/02/18/broken-bodies-the-hunt-for-persons-with-albinism-in-tanzania>




Physical accessibility challenges

Physical inaccessibility constitutes a significant challenge, especially for WHRDs with physical, visual or hearing disabilities. Interviewed WHRDs pointed out the daily challenges they face using public transport systems in Uganda, Kenya and Tanzania, which are not generally disability friendly despite regulations to make them such for persons with disabilities. They mentioned how they often miss out on attending important events on women's rights or engaging in fieldwork whenever they realise that they cannot afford to take private transport or when provisions for personal assistants have not been considered. Getting on or off public transport without ramps and sitting for hours on uncomfortable seats often results in traumatic journeys or even injuries. They also expressed their frustrations whenever they were invited to sit on panels and had to get on stage without a ramp.

Another example was given of how WHRDs with albinism would be invited to attend meetings where facilitators would project PowerPoint presentations with small fonts. Given



Kenya, Tanzania, and Uganda have signed and ratified the CRPD and have laws and national councils for persons with disabilities whose mission is to protect the rights of persons with disabilities. However, compliance with CRPD and implementation of legal provisions remain wanting.



that many are short-sighted, this would limit their active participation. Realising that their physical accessibility needs have not been factored in makes spaces uncomfortable and limits their full participation.

The invisibility of disability issues in the media



“When issues of womn with disabilities are mentioned in the public media, it comes from a point of sympathy and pity, of misinformation, not from the human rights point of view” -

Interviewed WHRD, Tanzania.

Lack of visibility/blockage of issues of womn with disabilities in the media and ableist reporting was mentioned as a challenge facing WHRDs. Media outlets were identified as a critical advocacy space with significant potential to shift mindsets and harmful traditional beliefs and practices on disability. However, most disability justice stories in the media are from a perspective of pity, a victim standpoint or a charity model, instead of raising awareness on disability justice issues. The media thus perpetuates injustice. In addition, even when WHRDs are invited to speak on matters affecting womn with disabilities, they are requested to pay for airtime, which is often a hindrance due to constraints on financial resources. Moreover, most media houses, especially in Tanzania due to media censorship, refuse to talk about violations of the rights of womn with disabilities for fear of being sanctioned or banned. This situation leads to the voices of WHRDs with disabilities not being amplified.

Threats, challenges and violations due to discriminatory norms and beliefs



"There are people who think I'm loud because people believe inherently that I shouldn't be speaking"-


Interviewed WHRD, Uganda.

Discriminatory norms and beliefs constitute a significant challenge to WHRDs with disabilities. Cultural prejudice, stereotyping, and patriarchal ableist beliefs consider it normal for women with disabilities to be unheard, believing that disability means inability. There is very little understanding and community awareness of disability issues. This leads to treating women with disabilities as "special cases", "charity cases" or "assuming that someone else is going to decide for them and think for them and speak on their behalf", as expressed by an interviewee from Uganda.



"The community needs to change their attitude towards disability, to stop looking at disability in the traditional way, where they consider a person with a disability as the problem,"-


Interviewed WHRD, Uganda.



The first community barriers WHRDs with disabilities face start at level of the family. Most interviewed WHRDs come from families where they are not accepted as “normal”. Their families continuously discourage them from engaging in activism by depriving them of their agency to choose and define what is safe or not safe for them. These are families who believe that their activism brings shame as these activists claim their voices, challenge regressive family values and roles or talk about issues which are considered taboo in their societies, such as sexual and reproductive health and rights or LGBTQI rights. Examples were given on the challenges WHRDs with disabilities working on sexual and reproductive health and rights of persons with disabilities face. For instance, when activists report on, or challenge the forced sterilisation of girls with cerebral palsy or those with albinism, they face reprisals from family members for challenging their assumed authority as guardians.

Additionally, most family members consider disability as a curse. These myths and misconceptions around disability lead to many WHRDs with disabilities not being supported by their families to pursue educational opportunities. Most of those who pushed against these barriers became educated about their rights and are strong disability justice advocates who tend to be dishonoured by their families due to their activism, which is frowned upon. Even when they face reprisals outside their homes, their families refuse to shelter them.






Interviewed WHRDs also acknowledged the deeply religious backgrounds in which they operate, where societal norms, stereotypes and traditional cultural values compound their challenges. They are based in communities where women are looked at as inferior to men, and women and girls with disabilities, and especially queer WHRDs are placed at the bottom of the chain. WHRDs with disabilities, therefore, face double discrimination as women and persons with disabilities. The community's core belief is that persons with disabilities are not fully human, and as such, WHRDs with disabilities must not advocate for their rights. This is apparent in the use of derogatory terms to describe disabilities.



"A Kiswahili word for intellectual disability is 'mwendawazimu' which, when directly translated, means 'you went crazy'. That's the official word that is supposed to be used to describe mental disabilities. So, imagine everytime you're hearing it, you are being told [that] 'you went crazy' [...], it's very traumatising," – Interviewed WHRD, Kenya, 2022.

Backlash at the community level

The community's ignorance around disability inclusion and the lack of interest in learning about issues women with disabilities grapple with pushes the community to accuse WHRDs with disabilities of trying to introduce Western concepts to their areas and spoiling their community's image, resulting in attacks and violations. Changing this narrative is challenging and risky.




In Tanzania, for instance, WHRDs with albinism fighting to stop the trafficking, abduction, mutilation of body parts or killing of persons with albinism face enormous risks and attacks. Firstly, the fact that they have albinism puts them at risk. They constantly fear for their lives as they can be abducted or killed by people wanting to sell their body parts for witchcraft due to their perceived special powers. Selling of body parts of persons with albinism, especially limbs, genitals, ears, tongue and nose, can generate up to \$75,000¹⁸. Secondly, some families of children with albinism resent WHRDs with albinism who sensitise them on the need to stop hiding their children and preventing them from enjoying their full rights. These families accuse the activists of wanting to embarrass them, as having a child with albinism is considered a curse. They also get threatened by witch doctors/sorcerers while conducting community awareness-raising on superstitions and myths around people with disabilities, accusing activists of depriving them of their source of income.

Discrimination faced from the social justice movement

Interviews revealed the way WHRDs with disabilities struggle with the issue of belonging to either the disability rights movement or the woman's rights movement. On the one hand, within the disability rights movement, WHRDs with disabilities are side-lined by male-led organisations, their issues are rarely prioritised, and there is a tendency to focus on accessing basic needs. Men in the disability movement,

18 Velton, R. (2017). "The 'silent killer' of Africa's albinos". 25th April. Accessed on 19 September 2022 at <https://www.bbc.com/future/article/20170425-the-silent-killer-of-africas-albinos>



often holding positions of power, are seldom concerned with incorporating a gender lens in the work, even if that is stated in organisational strategic plans. Women rarely hold leadership roles or key managerial positions in disability rights organisations. This sexist attitude favours men in the disability rights movement to the detriment of WHRDs with disabilities.

On the other hand, WHRDs with disabilities also echoed the feeling that they often “fall in the cracks” in the women’s rights movement. Interviewed WHRDs expressed how they are usually made to feel that the space is for other women and not women with disabilities. In this space, WHRDs with disabilities are viewed by women’s rights organisations and activists as disability rights activists and not feminist or women’s rights activists, even if they are working on the intersections of gender and disability. At the same time, WHRDs with disabilities are often perceived in the disability rights movement as women’s human rights defenders/activists. Several WHRDs interviewed reflected that they are not considered as fully belonging to either movement.


An interviewee from Kenya, for example, reflected on her feelings of marginalisation by the feminist movement in the country, evident in the failure to take up the demand of WHRDs with disabilities for seats in parliament by the broader feminist movement. WHRDs with disabilities would be told that their demands should be an aspect of parliamentary representation for people with disabilities generally. The majority of interviewed WHRDs with disabilities identified ableism in the feminist movement as an issue that needs to be urgently addressed.



Interviewees also reflected on the fact that the issue of access is a critical one because it is primarily WHRDs with disabilities based in big cities who are nationally recognised and can speak English and are invited to essential spaces, but rarely activists at the grassroots levels.

Another major challenge facing WHRDs with disabilities in the countries of focus is the lack of collective voice and action. Many WHRDs with disabilities in the region work in silos. They operate in their localities because of feeling side-lined. They lack support networks specialising in disability rights, and more specifically with disability issues in which they can grow and learn from one another. Those that exist are loose networks mainly created on WhatsApp. Activists identified this lack of a collective agenda and support networks as a factor that hindered the progress of disability justice work.

Interviewed WHRDs further raised the issue of being thought to be homogenous by activists in the disability and feminist movements. There is a lack of recognition of their specific types of disabilities, identities, and areas of activism. For instance, WHRDs with hidden/invisible disabilities such as epilepsy and psychiatric disabilities face challenges being accepted within the disability movement. Questioning their identity as persons with disabilities violates their rights to advocate within the disability movement. Another interesting issue was raised by WHRDs with disabilities working on the intersection of disability and being part of the LGBTQI+ movement. They face challenges raising disability justice issues in LGBTQI+ spaces and are often made to feel superfluous. A queer interviewee reflected on how she



usually gets frustrated discussing queer problems with her peers in the disability movement as she is often told that such issues should be taken to the LGBTIQ+ movement.

Another significant issue is around internal conflicts in the disability rights movement, mainly driven by a lack of opportunities to collectively heal from the effects of oppression, stigmatisation, and discrimination they have been subjected to and scarce funding opportunities. Interviewed WHRDs regretted, for example, how intergenerational conflicts prevent younger generations of activists from learning from the experiences of older sisters in the movement.



Safety needs of WHRDs with disabilities



"Protection means empowering persons with disabilities, especially women, to be able to understand their rights, understand the responsibilities that come with these rights and empower them to claim those rights," –
Interviewed WHRD, Kenya.



"Protection means being in an environment that is conducive for everybody without fears or favour, that someone, maybe the government or somebody might come in to close it or to arrest me or to have me out of this place," –

Interviewed WHRD, Uganda.

Several themes have emerged from interviews and focus group discussions with WHRDs with disabilities on what their specific safety needs are.



Safety through legal avenues


One of the overarching safety needs that was severally mentioned by interviewed WHRDs with disabilities is being in an **environment that accommodates their disability needs**. One step to creating an accommodating environment for WHRDs with disabilities is putting in place laws that specifically guarantee their safety. Interviewed WHRDs with disabilities pointed out that they needed their respective governments to elaborate laws on the safety of WHRDs with disabilities and establish mechanisms to follow up on the implementation of these laws. They also indicated they needed easy access to, and understanding of, information on their rights.

This easy access and understanding require that all legal documents, instruments, and policies be accessible in various formats and local languages. Unfortunately, most legal instruments that address people with disabilities do not centre the experiences and needs of womn or WHRDs with disabilities. Interviewees from Uganda, for instance, alluded to the fact that legal instruments such as the Convention on the Rights of Persons with Disabilities (CRPD), which Uganda ratified in September 2008, the Constitution, the 2020 Disability Act in Uganda, and the Mental Health Act of 2018 are only available in English. Not all of them are available in disability-friendly formats, such as braille, to be understood by WHRDs with disabilities who do not speak English and womn with visual impairment, respectively. Furthermore, the above-mentioned legal documents/instruments need to be revised to ensure that they have a gendered perspective that is also reflective of specific issues affecting womn with disabilities.



Digital safety

Online platforms have consistently been used by womn's rights activists for years, given various degrees of restrictions on civic spaces. In addition to being used as tools and platforms for activism, the "work" of womn's rights activism also essentially takes place online: meetings, calls for proposals, grant information, post-grant reports, etc., are shared online. Sensitive information about the work conducted or constituencies served is shared or stored online. Unfortunately, these spaces have also become increasingly targeted by governments through oppressive and restrictive laws. Non-state actors also use these online spaces to intimidate, harass, bully, body-shame, and blackmail womn's human rights activists and WHRDs with disabilities in particular. For instance, an activist with restricted growth who uses social media to raise awareness and advocate for inclusive employment mentioned how she is often mocked due to her disability and how she is constantly harassed online through unwanted sexual advances to discourage her from continuing her activism. A clear need was raised by interviewed WHRDs to be trained on tools to target and survey their work and ways to remain safe online. Interviewed WHRDs highlighted how only a few of them have benefited from training on digital security, given that there are rare opportunities for capacity-building sessions on such topics tailored to their specific needs.



Additionally, interviewed WHRDs, especially those with visual or hearing impairments, expressed that, to feel safe, they needed easy and equal access to information about security concerns such as terror attacks or violent demonstrations in their areas as they are often the last to get such information. When public notices on security matters are published, they are usually in formats that are not user-friendly for WHRDs with visual or hearing impairments. They also pointed out the need to create disability-friendly apps that can provide them with security updates.


Equal access to justice systems

Equal access to justice systems is essential to the safety of WHRDs with disabilities. Interviewed WHRDs underscored the need for access to lawyers, police stations, and courts with personnel versed with disability sensitivities to ensure that their complaints are taken seriously, attacks and violations against them are equally and timely investigated, and those behind them are held accountable.



"I feel protected, supported, and empowered when I can handle [my issues] myself. I need [to be able to] go to the police station, and they listen to me. For as long as they listen to somebody else on my behalf, that is vulnerability," – Interviewed WHRD, Kenya.





An example of inaccessibility was shared by interviewed WHRDs with albinism. Due to rampant physical attacks, kidnapping and killing of persons with albinism in East Africa, Tanzanian WHRDs with albinism expressed the need for police officers, other local authorities and the community, in general, to set up community surveillance committees aimed at ending these violations against persons with disabilities and for the prosecution of those involved in them.

Safety through public awareness of disability rights

Another critical safety need is raising public awareness, especially among community members and public service providers, on disability rights to facilitate the work of WHRDs with disabilities. This public awareness would create conducive environments for WHRDs with disabilities and change community mindsets on disability issues and rights. Lack of public awareness of disability justice issues contributes to many security challenges and violations which WHRDs with disabilities face in their activism. WHRDs with disabilities working on gender-based violence, for instance, often get targeted by some local chiefs or the police while supporting their victims as these leaders aim to protect the abusers.





"There's a lot of corruption and bribery [that] goes on because people are like 'this is a girl with disability... taking this case forward will ruin this young man's life'. I am like, 'What about the victim?' So, in most cases, you'll find that the abuser has already bribed the police, and [when] I come into the picture, [and] I ask too many questions, that's how I end up receiving death threats,"-

Interviewed WHRD, Uganda.

Safety through flexible funding

In cases where WHRDs with disabilities are facing security threats or their lives are in danger, they need safety grants; interviewed WHRDs underscored the need for flexible funding to determine what safety measures work for them given their disability-specific challenges, such as ensuring that protection organisations always factor in their medical and personal assistants' costs as these are indispensable and constant needs.

Medical support to WHRDs with disabilities should not be considered only if the health situation is a direct result of the reprisals against them. Interviewed WHRDs with disabilities expressed the need for protection organisations to consider contributing to their health need, which pre-existed the violation, as these health needs would not cease to be significant only because they now need safety support. Personal assistants are equally crucial in navigating new spaces, especially when the defenders have had to relocate from their familiar environments. In line with safety grant support, in



cases of death threats, interviewed WHRDs with disabilities also mentioned that they needed shelter in homes which accommodate their disability needs. Most of those available are not built with the needs of WHRDs with disabilities in mind. Additionally, they expressed the need for training on developing long-term security plans specific to their disability challenges and needs, such as ensuring that their assistants, for those who need them, are also factored in the security plan.

Above all, interviewed WHRDs underscored their need for solidarity support from the feminist movement. Despite differences in visions and missions, all feminists and womn's human rights defenders need to stand together for everyone's safety. Interviewed activists said that they needed regular meetups, meaningful engagements with like-minded womn's human rights defenders and organisations to discuss security/safety issues, to discuss their contexts and how to respond to security concerns collectively. Creating such spaces will bring cohesion and safety in the way they do their work. Their collective actions would strengthen their advocacy initiatives for safe environments for WHRDs with disabilities and WHRDs in general.



Assistance needs of WHRDs with disabilities




"We do not want to be cared for [...] To be cared for brings vulnerability. We are tired of being vulnerable and people to be taken care of. We want to be empowered to care for ourselves and others because we want to be leaders," – Interviewed WHRD, Kenya.

The traditional understanding of care in the disability field is medicalised. It mainly involves providing medication or wheelchairs, leaving out mental, physical, psychological, emotional, and spiritual aspects of care. Interviewed WHRDs with disabilities preferred the term "assistance" to "care". To them, assistance is a more pertinent term that reflects the need for support while maintaining autonomy. Mentioned assistance needs include:

Tackling structural violence in healthcare

Disability-related stigma worsens discrimination faced by WHRDs with disabilities. Interviewed WHRDs view tackling stigma as a prerequisite to improving their wellbeing. Neurodivergent WHRDs mentioned they often avoid seeking assistance for fear of being mistreated. There is a need for addressing self, community and institutionalised stigma around disabilities. This entails support in challenging structural



violence of healthcare systems that mete out substantial violence, deeply rooted in colonial and ableist ideas around what constitutes “healthy”, “normal”, and thus worthy bodies.

Agency to make their own choices regarding assistance

Interviewed WHRDs with disabilities pointed out that, in most cases, their assistance/ needs are assumed by protection organisations. They often get frustrated when their expressed assistance needs are considered extra costs and they must accept what these organisations offer without taking into account their will and preferences.

They expressed needing flexible funding to define, choose and implement their preferred individual and collective assistance practices. This type of funding takes into account their whole person while including their disabilities and respecting their personhood. This requires protection organisations to take time to reach out and talk with WHRDs with disabilities to understand their assistance needs.



“Having to rely on others really opens me up... to danger, to feeling unsafe, because I have to rely on someone,” – **Interviewed WHRD, Tanzania.**

Learning from existing practices of care

It is often assumed that WHRDs with disabilities are only recipients of care. However, they have much to offer from the collective care practices established to counter the inadequacies of institutional support. Interviewed WHRDs expressed that they needed more opportunities to meet with their sisters in the women's rights movement, both WHRDs with, or without, disabilities, to share their experiences and lessons on self and collective care practices. These include creating networks that provide emotional, financial, and practical familial support. It was also apparent that these networks need substantial support, as they may be as informal as a WhatsApp group. One interviewee from Kenya shared how she appreciated being part of a WhatsApp support group where WHRDs with disabilities have conversations on issues that affect them and support each other, including on topics such as the stigma around mental health and how they deal with it and the trauma this stigma triggers. The interviewee reflected that if only a WhatsApp group could provide this much support to activists, she can only imagine the substantial support that can be experienced when WHRDs with disabilities create networks sufficiently resourced to provide relevant, collectively determined support.



Having access to assistants and assistive devices

Interviewed WHRDs understand assistance as support that enables them to act or perform at par with others. This assistance ranges from having access to personal assistants (such as sign language interpreters) to assistive devices to facilitate access to, and understanding of, information, such as screen-readers and making sure that information on websites is in a format that these screen-readers can read for WHRDs with visual disabilities. It also includes having access to callipers and crutches for WHRDs with physical disabilities. Interviewed activists with cerebral palsy, for example, mentioned that they needed personal assistants to assist them with writing or carrying out other activities. Interviewed WHRDs with mobility challenges said that they would feel assisted if they had locomotive equipment to facilitate and control their movements.



"Care for me means [that] I have reasonable accommodation to be able to properly perform my tasks without being restricted by the disability challenges that I have [...] to be taken seriously because usually, there are a lot of discriminatory attitudes that come from the people that we work with," -

Interviewed WHRD, Tanzania.



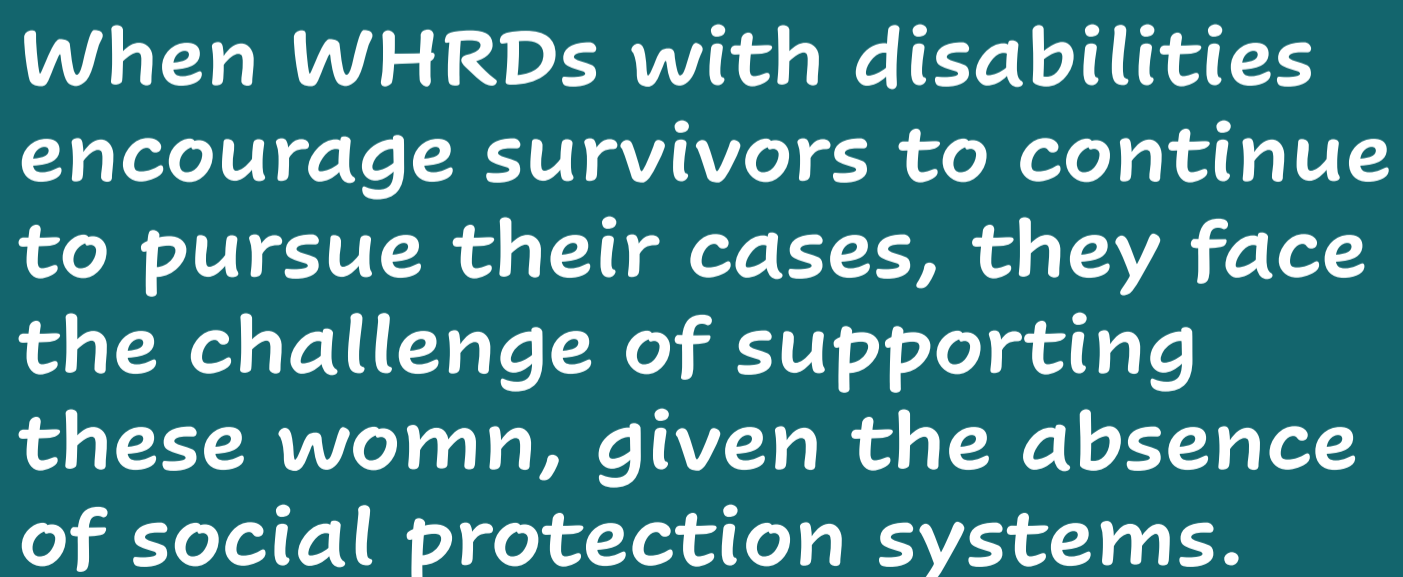


Respect, not tolerance

WHRDs with disabilities have expertise in various fields of work. However, there is a tendency to focus on their disabilities instead of their abilities. Interviewed WHRDs underscored that they needed to be listened to as rights-holders, as experts in their fields, and be given the same respect as any other individual by all actors, from police officers and local leaders to activists in the broader feminist movement.

Care as a challenge to the 'undesirability' of disability

Womn with disabilities, including WHRDs with disabilities, have been socialised to think that taking care of/ nourishing their bodies, looking good, and taking time away to reflect, meditate, reimagine, re-energise, is a luxury that is out of their reach. Interviewed activists pointed out that different systems of oppression consider disabled bodies as 'undesirable' and less than "normal bodies". Collective care is primarily needed to challenge these designations and question how we determine which bodies are valued.




When WHRDs with disabilities encourage survivors to continue to pursue their cases, they face the challenge of supporting these womn, given the absence of social protection systems.



Building a support community

One of the many effects of stigma and discrimination against women with disabilities and the many violations they endure is the tendency to work in silos. Interviewed activists said that they needed funding to organise regular gatherings with other WHRDs with disabilities so as to appreciate each other as WHRDs with disabilities, celebrate their achievements, and have a space in which to cry and be human. This peer support is usually not funded by funders, but it is essential to WHRDs with disabilities. Interviewed activists mentioned how it was vital for them to create and build their own spaces, such as annual festivals, which are meant to create a safe space for seeing/feeling one another, doing art therapy, dancing, and moving together as disability justice activists.



Interviewees also reflected on the fact that the issue of access is a critical one. This is because it is primarily WHRDs with disabilities based in big cities who are nationally recognised and can speak English and are invited to essential spaces, but rarely activists at the grassroots levels.

Protection mechanisms for WHRDs with disabilities in Kenya, Uganda and Tanzania

One of the critical ways in which Governments can contribute to ensuring the safety of women's human rights defenders in general, and WHRDs with disabilities in particular, is by adopting, elaborating and strengthening legal frameworks and mechanisms safeguarding their rights.

This section explores several national, regional and international protection mechanisms at the national, regional and international levels and their limitations.


Available protection mechanisms

i. National mechanisms



"I haven't heard [of any] structured way of protecting women's human rights defenders, especially those with disabilities,"-

Interviewed WHRD, Uganda.




Based on our various conversations with WHRDs with disabilities from Kenya, Uganda and Tanzania and on desktop research, we realised that there were no protection mechanisms that are specific for WHRDs with disabilities in these countries. However, each country has broad human rights and disability mandates that WHRDs with disabilities can use to either report violations or reach out for protection support.

1) In Kenya, the following mechanisms are in place:

- The National Council for Persons with Disabilities (NCPWD)¹⁹: The NCPWD was established by an Act of Parliament, the Persons with Disabilities Act No. 14 of 2003 and set up in November 2004. Representation on the Council is drawn from key government Ministries and organisations of/for persons with disabilities (PWDs). The NCPWD aims to promote and protect equal opportunities and the realisation of human rights so that PWDs can live decent livelihoods.

The priority areas of work of the NCPWD include the National Development Fund for Persons with Disabilities (NDFPWD); cash transfers for PWDs; the National Persons with Albinism Sunscreen Support Programme; Disability Mainstreaming Programmes in the Public and Private Sector; job placement and legal advisory services. The NCPWD does not have any specific programs for women with disabilities or women human rights defenders with disabilities.


19 <https://ncpwd.go.ke/>

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- Defenders Coalition²⁰, the National Coalition of Human Rights Defenders – Kenya. This national membership organisation was established in 2007 and registered under Kenyan law as a Trust to champion human rights defenders' safety, security and well-being (HRDs). The Defenders Coalition works primarily to protect HRDs in Kenya. Among others, the Coalition strengthens the capacities of HRDs to work more effectively, besides advocating for favourable legal, policy and institutional environments to reduce their vulnerability to the risk of persecution and or harm in Kenya. The Defenders Coalition provides protection support to WHRDs with disabilities even though it does not have a specific protection programme for them.
 - The Kenya National Commission on Human Rights (KNCHR)²¹. This independent National Human Rights Institution was created by Article 59 of the Constitution of Kenya 2010 and established through the KNCHR Act of Parliament (the Kenya National Commission on Human Rights Act, 2011). It is the state's lead agency in promoting and protecting human rights.

The Commission plays two key broad mandates: a) It acts as a watchdog over the Government in human rights; b) it provides critical leadership in moving the country towards a human rights state.

20 <https://defenderscoalition.org/about-us/>

21 <https://www.knchr.org/>




The main goal of KNCHR is to investigate and provide redress for human rights violations, research and monitor the compliance of human rights norms and standards, conduct human rights education, facilitate training, campaigns and advocacy on human rights, and collaborate with other stakeholders in Kenya. Work areas include institutional reforms, research and compliance, business and human rights, legal services, special interest groups, displacement and forced evictions, public education and training, and psychosocial support and debriefing.

Within the research and compliance mandate, KNCHR is monitoring the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) by the Kenyan government. However, it has no specific focus on women with disabilities, WHRDs, or WHRDs with disabilities. Interviewed Kenyan WHRDs with disabilities, said that it serves more as a reporting body.

- The Commission on Administrative Justice (Office of the Ombudsman)²². The office is supposed to investigate complaints against any government agency. However, interviewed WHRDs with disabilities claimed that they are not disability specific. However, the office is essential because it is the only entity that can provide witness protection support. WHRDs with disabilities who feel threatened report their cases to local ombudsperson offices.

22 <http://cmis.ombudsman.go.ke/>




"Sometimes we report cases to the ombudsman's office, which is supposed to look into any complaints against any government agency. They are not disability-specific; they deal with all sorts of complaints against the government, but one thing - the reason why they're important is that they're the only ones who are allowed to provide witness protection and any other form of relocation, money, or any other service that you might need," **Interviewed WHRD, Kenya.**

- The Independent Policing Oversight Authority was established through an Act of Parliament published in November 2011 to provide civilian oversight over the work of the police in Kenya. Its mission is to conduct independent and impartial investigations, inspections, audits, and monitoring of the National Police Service to enhance its professionalism and discipline. They deal with any complaints against the police and are not disability specific.

Several legislative and policy instruments are in place concerning the rights of persons with disabilities. These include:

- The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the optional protocol were signed and ratified in 2009, the first international, legally binding treaty to protect the human rights of persons with disabilities.

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- Other human rights treaties, which award different degrees of attention to the rights of people with disabilities, were signed and ratified, including the UN Convention on the Rights of the Child, the African Charter on Human and People's Rights, the Convention on the Elimination of All Forms of Discrimination against Women. These treaties reference protecting the rights of persons with disabilities, including fair treatment, appropriate care, inclusion, and full participation in society.

Additionally, some national councils and commissions focus on the human rights of people with disability. However, they do not have any particular focus on WHRDs with disabilities. These include:

- The National Advisory Council for Persons with Disabilities: This was established by the Persons with Disabilities Act 23(2010) - National Advisory Council for Persons with Disabilities: established by the Persons with Disabilities Act (2010) – The purpose of the Act is to “make provisions for the health care, social support, accessibility, rehabilitation, education, and vocational training, communication, employment or work protection and promotion of basic rights for persons with disabilities and to provide for related matters” (Tanzania, 2010, p.5).



The Act has no specific information on the protection of the rights of WHRDs with disabilities.

- The National Fund for Persons with Disabilities was established by the Persons with Disabilities Act (2010). By law, the resources are used in the areas of financing education and vocational training, rehabilitation programs on disability, issuing grants for associations of PWDs, supporting research on disability matters, and “any other related matters”²⁴. The law mentions equality but has no specific articles on womn with disabilities or WHRDs with disabilities.
- Commission for Human Rights and Good Governance (CHRAGG). The CHRAGG (CHRAGG) is an independent national oversight institution that protects and promotes human rights and good governance in Tanzania. It was established under Article 129(1) of the United Republic of Tanzania of 1977 as amended by Act No. 3 of 2000²⁵. Even though it does specify its roles in the protection of the rights of womn with disabilities or WHRDs with disabilities, part of its roles are to receive allegations and complaints in the violation of human rights generally and to promote ratification of, or accession to, treaties or conventions on human rights, harmonisation of national legislation and monitor and assess compliance, within the United Republic by the government and other persons with human rights standards provided for in treaties or conventions or under customary international law to which the United Republic of Tanzania has obligations²⁶

24 Ibidem

25 <https://www.chragg.go.tz/pages/background>

26 <https://www.chragg.go.tz/pages/functions>

3) In Uganda, the following mechanisms are in place:


Uganda has established several commissions, councils and policies to protect the rights of persons with disabilities. However, they lack focus on the protection of the rights of womn with disabilities and those of WHRDs with disabilities. We have listed below a few national mechanisms, but none of them have a focus on womn with disabilities, and certainly none on WHRDs with disabilities.

- The National Council for Disability²⁷ was established by the Persons with Disabilities_Act²⁸ (2020). Women with disabilities are mentioned sparingly in the Act, but there is no mention of the specific needs of womn with disabilities or WHRDs with disabilities.
- The Equal Opportunity Commission of Uganda (EOC)²⁹ is a statutory body established by an Act of Parliament to effectuate Article 32(3) and Article 32 (4) of the Constitution of Uganda. The Equal Opportunities Commission is mandated to eliminate discrimination and inequalities against any individual or group of persons on the grounds of sex, age, race, colour, ethnic origin, tribe, birth, creed or religion, health status, social or economic standing, political opinion or disability, and take affirmative action in favour of groups discriminated against on the basis of gender, age, disability or any other reason created by history, tradition or custom aimed at redressing imbalances which exist against them, and to provide for other

27 <https://www.ncd.go.ug/>

28 <https://ulii.org/akn/ug/act/2020/3/eng%402020-02-14>

29 <https://eoc.go.ug/about-us/functions-and-powers-of-the-eoc/>



related matters. It has no specific support to womn with disabilities or WHRDs with disabilities.

- The Uganda National Youth Policy (2016)³⁰ aims to unlock youth's potential for sustainable wealth creation and development. The Policy is operationalised through the National Youth Action Plan (NYAP). The policy mentions youth with disabilities but has no specific information on girls and womn with disabilities, or WHRDs with disabilities.
- **The Uganda Human Rights Commission (UHRC)**

The Commission was established under the provisions of Article 51(1) of the 1995 Constitution of the Republic of Uganda, and its functions and powers were operationalised under the Uganda Human Rights Act of 1997³¹. Although part of its function is to monitor the Government's compliance with intentional treaty and convention obligations on human rights³², the Commission provides no specific support to womn with disabilities or WHRDs with disabilities.

ii. Regional and international mechanisms

In our interviews, focus group discussions and desktop review, we did not identify any regional or international protection mechanisms focusing on WHRDs with disabilities. We have listed below some treaties and special procedures which WHRDs with disabilities can use to defend their rights.

30 <https://mglsd.go.ug/wp-content/uploads/2019/05/National-Youth-Action-Plans-2016.pdf>

31 <https://uhrc.ug/about/uhrc-mandate/>


32 <https://uhrc.ug/about/uhrc-functions/>



1. United Nations

- Relevant international treaties and treaty bodies:
- Convention on the Rights of Persons with Disabilities (CRPD)³³ and the Committee on the Rights of Persons with Disabilities. The Convention is intended as a human rights instrument with an explicit social development dimension. It adopts a broad categorisation of persons with disabilities and reaffirms that all persons with disabilities must enjoy all human rights and fundamental freedoms.
- Convention on the Elimination of Discrimination against Women (CEDAW) and the Committee on the Elimination of Discrimination against Women
- Special procedures:
 - Independent Expert on the enjoyment of human rights by persons with albinism
 - Special Rapporteur on the rights of persons with disabilities
 - Special Rapporteur on the situation of human rights defenders
 - Special Rapporteur on the elimination of discrimination against persons affected by leprosy and their family members

33 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html#:~:text=The%20Convention%20is%20intended%20as,human%20rights%20and%20fundamental%20freedoms.>


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- Special Rapporteur on violence against women, its causes and consequences
 - Working Group on discrimination against women and girls.

2. African Commission on Human and Peoples' Rights (ACHPR)

- Relevant treaties:
- African Charter on Human and Peoples' Rights
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

The primary objective of the Protocol is to promote, safeguard and ensure the complete and equal exercise of all human and people's rights for individuals with disabilities in Africa, as well as to ensure respect for their inherent dignity³⁴. The Protocol complements the UN Convention on the Rights of Persons with Disabilities (UNCRPD) by addressing the rights of persons with disabilities from an African perspective, considering the lived realities of individuals with disabilities on the continent while maintaining the core values and principles outlined in the UNCRPD.

34 https://au.int/sites/default/files/treaties/36440-treaty-protocol_to_the_achpr_on_the_rights_of_persons_with_disabilities_in_africa_e.pdf

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- Special procedures:
 - The Special Rapporteur on Human Rights Defenders in Africa has the mandate to:
 - 1) seek, receive, examine and act upon information on the situation of human rights defenders in Africa.
 - 2) submit reports at every ordinary session of the African Commission.
 - 3) cooperate and engage in dialogue with Member States, National Human Rights Institutions, relevant intergovernmental bodies, international and regional protection mechanisms of human rights defenders and other stakeholders.
 - 4) develop and recommend effective strategies to better protect human rights defenders and follow up on their recommendations; and
 - 5) raise awareness and promote the implementation of the UN Declaration on Human Rights Defenders in Africa.
 - Special Rapporteur on Human Rights Defenders and Focal Point on Reprisals in Africa
 - Working Group on Rights of Older Persons and People with Disabilities

3. East Africa Community


East African Community Partner states, including Kenya, Uganda, and Tanzania, have obligations to guarantee the safety of WHRDs with disabilities per the fundamental principles stated in Article 6 of the Treaty for the Establishment of the East African Community. The article highlights³⁵ EAC's commitment to ensuring equal opportunities and gender equality and the recognition, promotion and protection of human and people's rights by the provisions of the African Charter on Human and Peoples' Rights.

4. Disability Justice organisations are providing support to WHRDs with disabilities.

- Women Enabled International (WEI)³⁶: WEI works at the intersection of gender and disability, focusing on SRHR, gender-based and sexual violence, participation and inclusion, discrimination, equality, stigma and stereotyping, and accountability and access to justice. They mainly help alleviate issues that impact women with disabilities worldwide in the international arena and help support advocacy on the ground on a daily basis. Through their advocacy, they also work with the NGO Working Group on Women, Peace, and Security to help influence outcomes at the Security Council. They also work with the broader UN system to support

35 file:///Users/edmondmugisha/Downloads/The_Treaty_for_the_Establishment_of_the_East_Africa_Community_2006_1999.pdf

36 <https://womenenabled.org/>



human rights defenders in a way that includes gender and disability. They have started to build stronger connections between WHRDs with disabilities who may be facing reprisals and protection organisations to ensure the safety and assistance of the WHRDs with disabilities.

- Article 48 initiative (A48)³⁷. This is a legal and advocacy organisation which promotes access to justice for persons with mental disabilities without discrimination. Article 48 initiative is based on the Constitution of Kenya, 2010, Article 48, which binds the State to ensure access to justice for all persons. On this premise, the organisation advocates for the right of persons with disabilities to access justice through the Convention on the Rights of Persons with Disabilities (CRPD).
- Centre for Human Rights in Pretoria (SALC)³⁸. The Centre works towards a greater awareness of human rights, the wide dissemination of publications on human rights in Africa, and the improvement of the rights of women, people living with HIV, indigenous peoples, sexual minorities and other disadvantaged or marginalised persons or groups across the continent. The centre also provides legal support to W/HRDs. Interviewed WHRDs from Kenya appreciated the centre's efficiency and disability-friendly policies.

37 <https://article48initiative.org/about-us/>

38 <https://www.chr.up.ac.za/>



"Some time back, I was threatened by a government official. That was very scary. So, I needed assistance, but regionally, in case of trouble, disability-specific trouble, I reached out to the Centre for Human Rights in Pretoria. They tend to be a lot more responsive and faster."


An interviewee reflecting on her experience working with SALC.

5. Protection organisations supporting WHRDs with disabilities

The organisations listed below were mentioned by interviewed WHRDs and protection organisations. Although they do not have a specific focus on WHRDs with disabilities, they provide support to WHRDs generally, which WHRDs with disabilities might benefit from.

- Defend Defenders³⁹ is a subregional HRD support organisation. They have experience working with WHRDs in general. They have started to work at the intersection of W/HRDs and disability to provide tailored support to W/HRDs with disabilities.

39 <https://defenddefenders.org/>

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- Frontline Defenders⁴⁰ is an international HRD support organisation that has experience working with WHRDs. However, they do not have any specific protection programme for WHRDs with disabilities.
 - Protection International Kenya⁴¹ (PI Kenya) creates a safe and enabling environment for human rights defenders (HRDs) and civil society. Their objective is to accompany HRDs and communities at risk in Africa so they are better able to protect themselves against risks associated with targeted discrimination, criminalisation and persecution. PI Kenya does this work through proactive risk management and advocating for improved protective behaviours by public authorities and other relevant stakeholders.
 - Missing Voices⁴² is a loose network of organisations that have the mission to shine light upon extrajudicial killings and enforced disappearances in government custody in Kenya. This group has supported WHRDs with disabilities in cases of killing and enforced disappearance in the country. In addition to providing training on how to protect themselves and how to go to court, they also train WHRDs with disabilities on how to engage the media and set up safe houses.

40 <https://www.frontlinedefenders.org/>

41 <https://www.protectioninternational.org/en/our-work/where/kenya>

42 <https://missingvoices.or.ke/>

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"I have resorted to this network several times to help me track down some of my people who have gone missing... they provide a lot of support, like when some of us female lawyers felt like we were very overwhelmed, they provided training on how to protect ourselves. So, it's not just about how to go to court; it's also about how you protect yourself in case of an emergency,"

interviewed WHRD, Kenya.



43 <https://missingvoices.or.ke/>



Existing gaps in the protection/safety support available to WHRDs with disabilities

In December 2013, when the United Nations General Assembly adopted a Resolution on protecting WHRDs⁴⁴, it urged States to develop gender-specific laws and policies to ensure their protection. None of the countries of focus for this research has implemented this call. In Africa, it is only Burkina Faso⁴⁵, Mali⁴⁶, Côte d'Ivoire⁴⁷ and recently Niger⁴⁸ that have adopted legal instruments for the promotion and protection of defenders with specific articles on special protection of WHRDs and WHRDs with disabilities.

Analysis of safety support available to WHRDs with disabilities revealed the following gaps:

- **Lack of safety mechanisms specific to the needs of WHRDs with disabilities.** The first and most significant gap is the lack of specific laws and mechanisms that are specific for the safety of WHRDs with disabilities in Kenya, Uganda and Tanzania. Interviewed WHRDs mentioned they mainly relied on their loose networks for safety support. These are virtual platforms, such as WhatsApp


44 <https://documents.un.org/doc/undoc/gen/n13/450/31/pdf/n1345031.pdf?token=48SPKxolTefQxNkheW&fe=true>

45 https://lavoixdujuristebf.files.wordpress.com/2018/02/loi_039-2017_defenseurs_droits_humains.pdf

46 https://ishr.ch/sites/default/files/documents/mali_loi_relative_aux_ddh.pdf


47 <https://www.ci-ddh.org/wp-content/uploads/2016/09/Loi-portant-promotion-et-protection-des-d%C3%A9fenseurs-des-droits-de-l'homme.pdf>

48 <https://ishr.ch/wp-content/uploads/2022/07/Loi-fixant-les-droits-et-les-devoirs-des-defenseurs-des-droits-de-l'Homme-au-Niger-2022.pdf>




groups, where people can converse on issues that affect them. They consider these spaces where they can reach out to others for support. These loose networks have also been used to collectively draft legal articles on issues affecting WHRDs with disabilities, such as stigma around mental health. Additionally, most WHRDs with disabilities seek safety support from networks of womn's human rights defenders in their countries, which also do not have any specific focus on WHRDs with disabilities.

- **Lack of community awareness** on disability rights issues and the work of WHRDs with disabilities leads to a lack of support systems within their communities.
- **There is a lack of coalitions of womn's human rights defenders with disabilities**, but coalitions of WHRDs that assist WHRDs in general in securing safety support.
- **The justice systems in the countries of focus of this research are yet to be disability inclusive.** For instance, there are often access and communication barriers when WHRDs with disabilities report cases of attacks/violations against womn/womn with disabilities to police stations where there is no sign language interpretation available or when WHRDs are imprisoned; there is rare consideration of their disability needs such as ensuring that they have access to disability-friendly cells or have access to their medication.

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- **Limited information on available safety and assistance support for WHRDs with disabilities.** Many interviewed WHRDs with disabilities were not aware of any national, regional or international organisations providing safety and assistance support. This is especially evident for activists who work in rural areas or are not affiliated with any women's human rights organisation. Additionally, much of this information is available in English or in formats that are not user-friendly for WHRDs with visual and hearing disabilities, which further limits access and understanding, especially for WHRDs with disabilities in rural areas who do not speak English or who do not have screen-readers. Furthermore, even for activists with visual or hearing disabilities who have the technology to access this information, maintaining the use of this technology is a challenge due to a lack of financial resources.
 - **Limited funding is available to WHRDs with disabilities.** The work of WHRDs, in general, is underfunded, but that of WHRDs with disabilities is further underfunded due to trust, recognition and accessibility issues. Furthermore, the very little funding WHRDs with disabilities get is very restricted and does not often take into consideration issues of self and collective care. There is a significant disparity in resources allocated to the mainstream human rights movement compared to those from the disability rights movement. A 2018 report⁴⁹ issued by the Human Rights Funders Network (HRFN) indicated that only two (2) per cent of global foundation human rights funding


49 Human Rights Funders Network. *People with Disabilities*, 2018. <https://humanrightsfunding.org/populations/disabilities/year/2018/>



and four (4) per cent of bilateral and multilateral funding went to people with disabilities. Even within the disability rights movement, there is a disparity between funding going to male-led organisations and those that are women-led. Since male-led organisations have had access to core funding for years, they were able to create governance structures and systems that women-led organisations need core funding to develop. Given their nascent nature, the latter are often not trusted to have the same capacity as male-led organisations to manage resources.

Moreover, interviewed WHRDs with disabilities lamented that most funding strategies and requirements are discriminatory to WHRDs with disabilities by, for example, having a “first come, first serve” grant making approach. This approach is seen as discriminatory to WHRDs with disabilities, as it does not acknowledge their various accessibility needs. Interviewed WHRDs reflected that they often have to “twist” to fit in the larger women’s rights funding opportunities. For them to qualify for this type of funding, they must justify that they are women-led, then women with disabilities and WHRDs with disabilities.


Another challenge WHRDs with disabilities face at this level is the power-over funding approach, which essentially dictates funding priorities that WHRDs with disabilities frame their interventions within, rather than an approach that is framed and shaped by the agendas of WHRDs with disabilities and their most felt needs.





This lack of funding and flexibility in using funding to advocate for the agendas WHRDs with disabilities deem relevant means a limitation in the scope of their interventions, mainly being reduced to their villages instead of strengthening their movement and meeting the needs of the constituencies they serve. Many WHRDs with disabilities are forced to find other sources of financial resources to support their work, such as income-generating activities. Even then, there is a limitation to what they can achieve with these minimal financial resources.


Additionally, ever-changing funders' priorities constitute a significant challenge for interviewed WHRDs with disabilities. Donors' priorities often change, sometimes leading to programmes/projects being completely altered or abandoned. Given the obstacles WHRDs with disabilities face in identifying funder who would believe in their capacities or who prioritises disability justice work, then fitting into the funding criteria, when donors change their funding priorities, activists must start the process from scratch.

- **Lack of core funding to establish disability-friendly safe houses.** Interviewed protection organisations mentioned that most available safe houses where they refer WHRDs with disabilities whom they support are not disability friendly. Their current operating budget does not allow them to create their own safe houses, which would meet the specific needs of WHRDs with disabilities.

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- **Lack of access to crucial womn's rights spaces where protection and care issues are discussed.** Due to disability inclusion being an afterthought and lack of mobility equipment or sign language interpretation services, many WHRDs with disabilities reported that they miss out on opportunities to meaningfully engage in spaces where crucial issues around activists' protection and care are discussed and critical information shared.
 - **Interviewed WHRDs with disabilities observed that most organisations** that provide financial or logistical support to womn's human rights defenders at risk do not cater for additional costs that are critical to WHRDs with disabilities, such as having a personal assistant or a sign-language interpreter to navigate the world or other specific types of health care services that go beyond psychiatric support. Most protection organisations do not cover medical costs beyond trauma or physical injury that may have happened due to the reprisal. However, medical support for WHRDs with disabilities is essential to their well-being, whether they have been physically attacked or not. Additionally, WHRDs with disabilities do not need just regular counsellors but those who have experience in the intersection of trauma and disability. They also need counsellors who identify as womn and who are familiar with, and are sensitive to, their challenges. These needs are rarely taken into consideration.

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- **Lack of user-friendly digital security tools.** Interviewed protection organisations, especially those providing digital protection support to WHRDs stated that most digital security tools they use in their training sessions are not user-friendly for WHRDs with visual or hearing disabilities. The tools used to safely communicate online (i.e., encrypt emails, send disappearing messages, share encrypted files, etc.), to secure information on laptops or phones or to document and share reports on attacks, risks, or violations against WHRDs have not been developed with persons with visual, hearing, or other types of disabilities in mind. The lack of such user-friendly tools also affects the effectiveness of the grant application and case reporting processes as some cases of violations or details about attacks or violations and safety and assistance needs are often missed out by people helping WHRDs with visual or hearing disabilities to fill in grant application forms and reporting forms. Some critical details on how the attacks or violations took place or who was behind them are lost in sign-language interpretation, for example, leading to inadequate support for WHRDs with disabilities. Some interviewed protection organisations further mentioned that the need for hiring screen readers or using assistants to understand and respond to communications between WHRDs with visual disabilities leads to delays in responding to safety cases.

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- **Protection/care budget restrictions.** Some interviewed protection organisations communicated that their donor budget restrictions do not allow them to provide holistic support to WHRDs with disabilities, especially those needing medical support or to purchase assistive equipment (i.e., screen-readers) or to cover costs to be incurred by people assisting WHRDs with disabilities who need them; most of these organisations can only provide relocation, legal and psychosocial support due to their budget restrictions.



Medical support to WHRDs with disabilities should not be considered only if the health situation is a direct result of the reprisals against them. Interviewed WHRDs with disabilities expressed the need for protection organisations to consider contributing to their ongoing health needs.





Strategic Recommendations

Based on our research findings, our strategic recommendations are addressed to:


- o Feminist organisations in Kenya, Uganda and Tanzania
- o Protection organisations and mechanisms
- o The Governments of Kenya, Uganda and Tanzania

1. To feminist organisations in Kenya, Uganda and Tanzania

“The feminist movement itself needs to make us safe. They are our first line of protection, and they need to be there, even if we don’t agree, at the very least, we all agree on safety for all,”- Interviewed WHRD, Kenya.

Feminist organisations in these countries should:


- Centre disability inclusion in programming and strategising; be intentional about disability inclusion in their programmes/projects. Disability justice should not be left to disability organisations.
- Ensure meaningful inclusion and participation of WHRDs with disabilities in critical conversations around women’s rights.

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- Have honest conversations on, and break walls and power dynamics within, feminist spaces so that WHRDs with disabilities can thrive in them.
 - Ensure adequate representation of womn with disabilities in all decision-making roles.
 - Guide or advise protection organisations they have access to on how best to support WHRDs with disabilities from a gender and disability intersectional perspective.

2. To the Governments of Kenya, Uganda and Tanzania

a) General recommendations

- Adopt legal instruments/policies on the protection of WHRDs and WHRDs with disabilities as per the UN Declaration on protecting WHRDs.
- Put in place mechanisms aimed at following up on the implementation of national policies on protecting the rights of womn with disabilities.
- Invest in reforming education systems to ensure the curriculum is inclusive; teachers are trained to educate children with diverse disabilities.
- Create and fund disability-friendly shelter homes for womn and girls with disabilities and victims of sexual violence.
- Invest in conducting awareness-raising sessions for public



service providers and public servants on meaningful accommodation of persons with disabilities and for a better understanding of the vulnerabilities of womn with disabilities.

- Repeal laws or legal definitions that lead to the infantilisation of womn with intellectual disabilities in the criminal justice system.
- Avail sign language interpreters in all public offices, as well as information on lawyers, specialised doctors, psychosocial support, and mental wellness support for WHRDs with disabilities.
- Avail functional toll-free lines for WHRDs with disabilities to report violations/ attacks.
- Provide clear orientation of where WHRDs with disabilities should go, or who to reach out to, for support or pro-bono egal support.
- Ensure rights to privacy, self-agency, and determination of womn with disabilities and WHRDs with disabilities when they engage with the criminal justice system.

b) Specific recommendations



i. To the Government of Kenya

- Implement commitments made during the second Global Disability Summit, hosted by the governments of Norway and Ghana, to provide funding for organisations of persons with disabilities.
- Put in place mechanisms for fully implementing the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.

ii. To the Government of Uganda

- Engender the Persons with Disabilities Act of 2020 to include provisions on the protection of rights of women with disabilities and WHRDs with disabilities.
- Implement commitments made during the second Global Disability Summit to increase Government spending on special grants in empowerment for people with disabilities and to focus on mental health policy⁵⁰.
- Avail copies of the Convention on the Rights of Persons with Disabilities (CRPD), the Constitution, the 2020 Disability Act in Uganda and the Mental Health Act of 2018 in Luganda, Kiswahili and in disability-friendly formats to facilitate understanding and accessibility.
- Put in place mechanisms for fully implementing the African Charter on Human and Peoples' Rights on the

⁵⁰ International Disability Alliance (2022). Global leaders commit to “Nothing without us” as the focus on disability rights grows. <https://www.internationaldisabilityalliance.org/content/global-leaders-commit-%E2%80%9Cnothing-without-us%E2%80%9D-focus-disability-rights-grows>



Rights of Persons with Disabilities in Africa.

iii. To the Government of the United Republic of Tanzania

- Ratify and adopt legal frameworks for implementing the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.
- Adopt measures aimed at ending the rampant killing of people with albinism in the country and put in place community-based mechanisms for the safety of WHRDs with disabilities, especially those working on defending the rights of people with albinism.

3. To Protection organisations

"Donors have to be honest with themselves if they're interested in changing the situation",
Interviewed WHRD, Kenya.

Internally

- Organise staff training sessions on disability inclusion to understand the different categories of disabilities and their different issues; educate themselves, especially those in grant making, on disability inclusion policies and laws.
- Develop grant making policies and guidelines




internally in consultation with WHRDs with disabilities.

- Revise their terminology around protection and care to ensure that they resonate with the needs, imaginations and traumas that WHRDs with disabilities hold.
- Invest in making their website disability-friendly, have essential access tools in place.
- Review recruitment processes and practices to include womn with disabilities. Protection organisations should have womn with disabilities as members of managerial and grant making teams. For the safety and assistance needs of WHRDs with disabilities to be met, womn with disabilities should be invited to sit at the tables where funding programmes are being designed.

Review Grant-making strategies

- Actualise their grant making standards of operation regarding protection support to cater for specific protection needs of WHRDs with disabilities in their diversity.
- Be proactive in providing the type of support that accommodates disability needs of WHRDs with disabilities even when they do not mention them as needs for lack of clarity on what they should request.
- Ensure that the methodology for applying for funding is apparent and that there are accessible and simple ways to do it.


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- Consider having a specific mechanism that responds to the realities and needs of WHRDs with disabilities.
 - Avoid overburdening potential grantees with application and reporting requirements.

Externally

- Creation of networks/coalition of WHRDs with disabilities
- Invest in facilitating the establishment of networks of WHRDs with disabilities.
- Consult women with disabilities before implementing any project for, or with, them.

Provide support for disability research and documentation projects

- Support initiatives aimed at understanding the structural sources of violence and trauma at the root of the violations WHRDs with disabilities grapple with. This analysis is necessary to inform structures of assistance and safety that are responsive to the needs of WHRDs with disabilities.
- Support documentation about WHRDs with disabilities who are involved in disability justice work for information sharing and to inspire other women with disabilities and the younger generations to activism.


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- Establish disability-friendly shelter homes where WHRDs with disabilities would feel fully accommodated.

Outreach

- Program officers within grant-making mechanisms should proactively reach out to WHRDs with disabilities to share information on available support and ensure that WHRDs with disabilities know all their options.
- Provide Capacity-building support to WHRDs with disabilities on
 - Advocacy strategies
 - Fundraising strategies
 - Holistic security

Moving from funder-grantee to partner-partner relationships

- Encourage openness and transparency, prioritising building mutually beneficial relationships; acknowledge interdependence between donors and grantees. Invest in building partnerships and treat one another as partners.

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- Fund organisations of women with disabilities to strengthen their management systems and trust them to manage the funds.
 - Consider travel policies of women with disabilities organisations that consider their specific needs.


Impact assessment

Funders/protection organisations need to move beyond quantitative analysis to qualitative analysis of the impact of their support to WHRDs with disabilities.




Conclusion

WHRDs with disabilities face a multitude of challenges related to their gender and disabilities. These challenges are based on historical and systemic oppression, stigmatisation, and discrimination, deeply rooted in patriarchy, ableism, heteronormativity, and capitalism, all of which conspire to determine which bodies are “healthy”, “worthy”, and “productive”. From our conversations with WHRDs in Kenya, Uganda, and Tanzania, it was evident that the protection support available to them often fails to acknowledge the unique challenges, risks and violations they face in their activism. Understanding their root causes and enabling factors to address these challenges, risks, and violations is necessary.



Lack of consciousness on the importance of contributions of WHRDs with disabilities to social justice work pushes them to vulnerable spaces, off the radar. Interviewed WHRDs highlighted that ableism has meant that they are viewed as activists whose sole focus is on disability justice issues. While disability justice is a critical area of attention, they also want to be recognised for their many areas of expertise and how they intersect with disability justice. There is a need to improve their visibility through funding research on their contributions to social justice work and initiatives to bring forth their recognition as equal human rights defenders.

WHRDs with disabilities are not homogeneous. Their protection and care needs are as different as their environments and disabilities. An approach to meeting their protection and care needs must be based on understanding their exclusion from social, economic, and political life and decision-making spaces. Needs must be determined by different types of disabilities and the respective barriers and impact these barriers and abuses have on their bodies, minds, souls and organising strategies. It must be a rights-based and intersectional approach. This approach should rely on active involvement and consultations at all levels to ensure that it addresses the felt protection and care needs of the WHRDs with disabilities themselves and not those that have been assumed by funders or protection organisations based on their theory of change. There is further a need for acknowledging that WHRDs with disabilities are at different points in their activism, and how they perceive care or safety might mean different things.



This research has indicated that there are usually protection mechanisms for W/HRDs in general without any particular focus on WHRDs with disabilities. There are no national, regional or international protection mechanisms that are specific for the protection of WHRDs with disabilities. There is no structured protection support for WHRDs with disabilities but a reactive approach from government institutions and other stakeholders. Furthermore, many interviewed WHRDs with disabilities were not aware of general national, regional or international protection mechanisms they could reach out to for protection support. There is, therefore, a need for a more proactive outreach to WHRDs with disabilities, detailing the type of funding opportunities they can benefit from.

The research has also confirmed recent findings⁵¹ by the Human Rights Funders Network on how the womn with disabilities movement is underfunded. All interviewed protection organisations reported providing less than 3% of their grants to WHRDs with disabilities. This could be explained by the lack of representation of womn with disabilities in leadership roles in many Funders/ donors organisations providing support to the womn's rights movement and inadequate outreach strategies. It is, therefore, essential for WHRDs with disabilities to be represented where decisions that affect them, their security, their safety, and their care are being taken. They must be among the people who decide on funding, ensure that their voices are heard and that decisions are not made by others on their behalf. In this way, the funding they receive would have considered their most felt needs.

51 Human Rights Funders Network (2021, November 16). Reversing the trend: The time is now to fund disability rights. Global Disability Watch. <https://www.hrfn.org/resources/reversing-the-trend-the-time-is-now-to-fund-disability-rights/#>



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