

Further follow-up evidence submitted by Kirsty Smith, CEO, CBM UK

Follow up to IDC Evidence Session on [FCDO's approach to sexual and reproductive health](#)

Tuesday 4 July at 14.30, Grimond Room

Q1. To what extent does the FCDO involve marginalised people in the planning and implementation of sexual and reproductive health programmes?

There are an estimated **1.3 billion people with disabilities** globally. With an aging global population, and a rise in noncommunicable diseases, this figure is **expected to double by 2050** (19% of women, 12% of men), with greater exclusions from education, healthcare and good nutrition.

Despite having the same sexual and reproductive health (SRH) needs and rights as any person, women and girls with disabilities face **multiple barriers** to accessing SRH information, education and services, particularly in low income settings.

Barriers

Women and girls with disabilities seeking SRH are forced to overcome the following barriers:

- a) **physical barriers** (accessible and affordable transport, accessible buildings)
- b) **communication barriers** including a lack of information in accessible formats
- c) **economic barriers** including lack of access to credit or savings schemes, male family members and partners controlling finances etc.
- d) **cultural & attitudinal barriers** from self-stigma, from their partners, families and communities, and from healthcare professionals (who often cannot perceive of women with disabilities as sexual beings). This exacerbates the already taboo subject of SRH.

Development partners lack expertise

If development partners carrying out FCDO funded programmes are unaware of these barriers, or if they recognise them but lack the experience or expertise to overcome them, then it is highly unlikely that this marginalised group will be included in the planning and implementation of SRH programmes.

Government policies lack alignment

The FCDO **International Development Strategy (IDS)** expresses the desire to ensure that the rights of people with disabilities are upheld and a commitment to people with disabilities being "meaningfully engaged, empowered and able to exercise and enjoy full rights & freedoms on equal basis". However, strategies remain siloes, decreasing the likelihood of meaningful involvement

- a) The **IDS** of May 2022 **made no reference to the Disability Inclusion and Rights Strategy (DIRS)** which came out just 3 months prior in

February 2022. Nor does the IDS **have any observable strategy on eradicating poverty** despite most people with disabilities living in lower and middle income countries and experiencing on average, twice the poverty rate of people without disabilities.

- b) Similarly, the **Women and Girls strategy (WGS)** makes a few mentions of women with disabilities when it recognises the increased risk of violence, the additional barriers to accessing and remaining in education and the need for disaggregated data, but **makes no specific mention of DIRS** nor specific mention of the barriers faced by women and girls with disabilities in priority areas including SRH, women's political and social empowerment and women's economic empowerment.
- c) Nor does the IDS make any reference to **UK Government's Global Disability Summit (GDS) commitments** to meaningfully embed W&GWDIs across the Strategy's priorities.

Recommendations

1. All SRHR programming and funding should **integrate a full disability analysis, including disaggregated data**, identification of barriers for women and girls with disabilities, and strategies for their inclusion. This includes any delivery plan for SRH within the WGS.
2. The ambitious **commitments in IDS cannot be delivered unless proper funding** (including any additional allowance for reasonable accommodation) and **full transparency is given on targets, indicators and timelines** for meaningful accountability of the strategy.
3. **Disability rights and inclusion should be elevated as a core cross-cutting component** of the whole FCDO SRHR programme.

Q2. Does the FCDO engage sufficiently with relevant civil society organisations in-country?

The new FCDO **internal guidance note on meaningful engagement of Organisations of People with Disabilities (OPDs)** (GDS commitment 13) is very welcome (and appropriately involved OPDs) and the **DIRS** commits to "work towards" embedding the meaningful participation, representation, and leadership from people with disabilities throughout our strategy, policy and programme development..."

In reality, however, the involvement of civil society rarely extends to local organisations of people with disabilities and women led groups (partly due to the barriers described above) and there needs to be more to ensure that those who best understand the specific challenges they face, and the most appropriate solutions to overcome these barriers, are sufficiently engaged.

Recommendations

- 1. Prioritise.** Rather than being on frontline of cutbacks, recognise that funding for programmes run by these experts, traditionally marginalised, should be last to be cut.

2. **Allow adequate time and financing for participation.** Traditional exclusion means that internet connection, transport, timing and location may all present extra barriers the participation for people with disabilities.
3. **Data.** All this needs to be backed up by good quality and accurate data.
4. Ensure that engagement includes community and staff awareness-raising on disability inclusion to **reduce stigma and increase understanding.**