



Pacific Centre

Pacific Sisters with Disabilities: at the Intersection of Discrimination





Pacific Centre

**Pacific Sisters with Disabilities:
at the Intersection of Discrimination**

Daniel Stubbs and Sainimili Tawake April 2009

USP LIBRARY CATALOGUING-IN- PUBLICATION DATA

Stubbs, Daniel

Pacific sisters with disabilities : at the intersection of discrimination / Daniel Stubbs and Sainimili Tawake. – Suva, Fiji : UNDP Pacific Centre, 2009.

80 p. : col. ill. ; 22 x 28 cm.

ISBN 978-982-304-027-1

1. Women with disabilities—Oceania 2. Women with disabilities—Oceania—Social conditions I. Tawake, Sainimili II. Title.

HV1569.3.W65 2009

362.40820995

Copyright:

Copyright © UNDP, April 2009

UNDP Pacific Centre

Private Mail Bag

Suva, Fiji Islands

Email: registry.pacificcentre@undp.org

Website: <http://www.undppc.org.fj/>

Notes:

All rights for commercial/profit reproduction, in any form, are reserved. UNDP authorises the partial reproduction or translation of this material for scientific, educational or research purposes, provided that UNDP and the source document are properly acknowledged. Permission to reproduce the full document in any form, whether for commercial, profit or non-profit purposes, must be requested in writing.

Original text: English

ACKNOWLEDGEMENT

This report was written and compiled by Daniel Stubbs and Sainimili Tawake. We are grateful for the drafting, editing, proofing and formatting assistance provided by Robyn James and Jacqueline Nguyen.

We are also grateful to Ruby Awa, Elizabeth Cox, Donna Lene and Graham McKinstry who generously took the time to read drafts and provide feedback regarding both content and style and contributing to the robustness of the final report.

Appreciation is also shown to the Statistics and Demography Programme of the Secretariat of the Pacific Community (SPC), who made available the census questionnaires and related data, crucial to our analysis of the situation of women and girls with disabilities in many Pacific island countries. Thanks also to the women and disability focal points in each Pacific Island Country who assisted by providing their respective policies on women and disability.

Early in the project we distributed a request for data, research and related information on women and girls with disabilities. The response exceeded our expectations and provided some rich sources of useful information from within and outside of the Pacific. Although there are too many to name here, we are grateful to all of those who provided this important input.

Information gathering was significantly augmented by the experts who attended the Roundtable on the Situation of Women and Girls with Disabilities in the Pacific, convened by the UNDP Pacific Centre in Nadi from 26 October -7 November 2007. This forum was successfully convened specifically to provide comment on the first draft of this report and we are grateful to the wide range of experts in the areas of the rights of people with disabilities and women from across the Pacific region that attended and contributed.

A special thanks is owed to the UNIFEM Office for professional support extended to Ms Tawake during the writing phase of the project. Other informal support was provided to the authors by the Regional Rights Resource Team (RRRT) and the Pacific Disability Forum (PDF).

Suki Beavers provided extensive edits to the many drafts of this paper, with the assistance of Shoma Prasad and Ilana Burness, organized the Roundtable in 2007, and along with Snehal Morris, coordinated the production of this publication.

Finally, many thanks to the project partners who provided valuable input to the project from the beginning. The partners were represented by Suki Beavers (UNDP Pacific Centre), Frederick Miller and Joanne Lee Kunatuba (Forum Islands Secretariat), Rolande Trolue (Secretariat of the Pacific Community) and Alastair Wilkinson (UNESCAP Pacific Operations Centre).

Contents

Acronyms	5
Executive summary	6
Part 1: introduction and context	7
Intersectional discrimination	10
Structure and approach	11
Part 2: challenges for women and girls with disabilities	13
2.1 Basic challenges	14
2.2 The conflation effect	26
2.3 Structural challenges	28
Part 3: laws, policies and programs	31
3.1. Pacific island governments	33
3.2. Disabled peoples organisations	47
3.3. Women’s organisations	51
3.4. Private sector	51
3.5. Donor’s and development partners	52
Part 4: conclusions and recommendations	57
4.1. Pacific island country governments	60
4.2. Disabled peoples organisations	62
4.3. Mainstream women’s organisations	62
4.4. Other non-government organisations	63
4.5. Private sector	63
4.6. Donors and development partners	63
4.7 Recommendations for further research	64
Appendix 1: data	65
Data collection methodologies	66
Pacific island country census data	68
Education data	74
Informal data collections	75
Appendix 2: bibliography	82

Acronyms

ACROD	Australian Council on Rehabilitation of the Disabled (now National Disability Services)
BMF	Biwako Millennium Framework for Action towards a barrier free and rights based society for persons with disabilities in Asia and the Pacific
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities
DFID	Department For International Development
DPO	Disabled Peoples Organisation
DPI	Disabled Peoples International
EPOC	Economic and Social Commission for Asia and the Pacific - Pacific Operations Centre
ESCAP	Economic and Social Commission for Asia and the Pacific
FDPA	Fiji Disabled Persons Association
FMRH	Fiji Rehabilitation Medicine Hospital
FNCDP	Fiji National Council for Disabled Persons
FWCC	Fiji Women's Crisis Centre
ICCPR	International Covenant on Civil and Political Rights
ICF	International Classification of Functioning, Disability and Health
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organisation
MDGs	Millennium Development Goals
NAB	Indian National Association of the Blind
NGO	Non-Governmental Organisation
NZAID	The New Zealand Agency for International Development
PDF	Pacific Disability Forum
PRIDE	Pacific Regional Initiative for the Delivery of basic Education
RRRT	Regional Rights Resource Team
SPC	Secretariat of the Pacific Community
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USP	The University of the South Pacific
WHO	World Health Organisation
WBU	World Blind Union
WWDA	Women With Disabilities Australia
WWDPN	Women With Disabilities Pacifika Network

Executive Summary

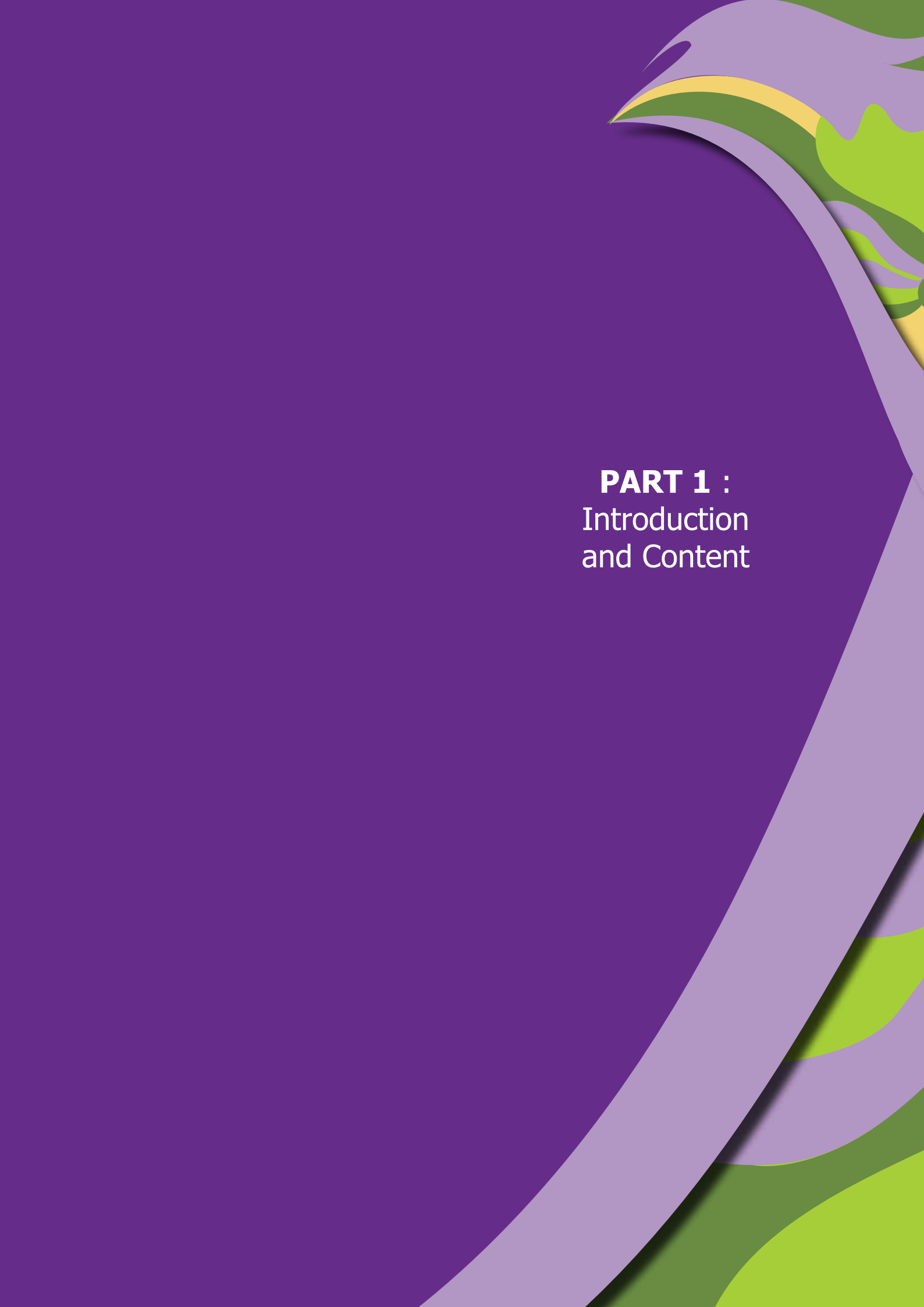
This study aims to identify the issues and challenges faced by women and girls with disabilities in the Pacific and to analyse social and economic factors impacting on their human rights. Women and girls with disabilities experience disadvantages and discrimination based on the combination of both disability and gender-based discrimination, known as 'intersectional discrimination'. Responses targeted to their specific issues and needs are therefore required to ensure that they enjoy the same rights as all others, including disabled men and/or their non-disabled peers.

Following the introduction in Part 1, Part 2 of the study separately considers each of the key areas of discrimination and disadvantage. Although the various forms of discrimination against women and girls with disabilities should be understood as interconnected, for ease of analysis, Part 2 separately considers each of the key areas of discrimination and disadvantage. Key interrelationships between the various challenges are discussed to illustrate the complexity of the issues they face. This creates the context in which current responses are analysed and recommendations developed.

Part 3 focuses on the limited laws, policies and programmes in the Pacific for women and girls with disabilities. It transfers the challenges into areas in which certain stakeholders have leadership roles. The evaluation of current policies, laws, and programmes in the Pacific for women and girls with disabilities and the identification of further work required by the various stakeholders focus on a rights-based approach relevant to supporting women and girls with disabilities.

The conclusion provides an overview of key issues requiring attention and a detailed list of recommendations. Comprehensive rights-based responses will be required to change attitudes and cultural practices where they result in discrimination, and to end the poverty, isolation, violence and abuse suffered by many women and girls with disabilities. While governments must take a leadership role, other stakeholders also have important roles to play. In particular, urgent work is needed to: develop and implement laws, policies and programmes that advance the rights of women and girls with disabilities; raise the educational attainment of girls with disabilities; increase access to comprehensive and quality health care for women and girls with disabilities; reduce of unemployment of women with disability; and improve access to all buildings and transportation. This can best be done with a series of measures that promote the mainstreaming of support and activities for women and girls with disabilities together with a series of targeted actions. Such work must be complemented with continuous awareness raising to change negative attitudes towards them.

Appendix 1 sets out best practices data collection for census and survey activities of governments; census questions and results; and other data sourced from the study. Appendix 2 provides a bibliography.



PART 1 :
Introduction
and Content

Introduction

The study evokes several important themes. It draws and builds on the Economic and Social Commission for Asia and the Pacific (ESCAP) report, *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region* (1995). Most importantly, it refers to the challenge of overcoming intersectional discrimination: a combination of disability and gender-based discrimination that adds new and separate forms of discrimination to the lives of women and girls with disabilities.

The study is a desk review of available research and data relating to women and girls with disabilities in the Pacific. It was commissioned by the United Nations Development Programme Pacific Centre (UNDP PC) to present evidence-based arguments for devoting greater attention to women with disabilities in the 22 countries and territories of the Pacific. This is achieved by identifying challenges they face and analysing the underlying social and economic factors. Current key policies and programmes designed to address the challenges are described and appraised in the context of a rights-based approach. With the challenges and current approaches in mind, it provides recommendations for regional and national action by all development partners.

Throughout the Pacific region, in both urban and rural communities, women and girls with disabilities face multiple and compounding forms of discrimination. They are targets of discrimination not only due to their disability, but also their gender. In addition, they are often poor and/or face various other challenges unknown to most people. Wherever discrimination occurs, they often experience further prejudice, based on common assumptions and widely held beliefs about their status and capacity both as females and as people with disabilities.

The need for integration and inclusion of women and girls with disabilities in all aspects of society is set out in international human rights conventions. Most Pacific Island countries have ratified one or two relevant conventions and some of their constitutions provide for some human rights. Despite these efforts, the challenge has not yet been met. The data, research and anecdotal evidence drawn on by this study show that, despite some helpful laws, policies and systems of practice in some countries, compared to their disabled male or non-disabled female peers, women with disabilities:

- are less educated;
- experience higher rates of unemployment;
- are more likely to be abused;
- are poorer;
- are more isolated;
- experience worse health outcomes;
- generally have lower social status.

It should be recognized that gender is different from other categories of difference. Women are not just another group, and the obligation to achieve substantive equality between women and men has been proclaimed in very strong terms at the international level, including among people with disabilities. This study thus responds to the international agreements and commitments to address gender inequality as a priority.

There is extensive empirical research and data illustrating the current patterns of disadvantage causally related to differences in the social position of women and men. The study recognizes the socially determined ideas and practices of what it is to be female or male. Where necessary, it will challenge these gender roles and relations that withhold power from women. Similarly, medical and charity models of disability consider people with disabilities in terms of what they cannot do or as objects of pity, respectively. By necessity, this study challenges these socialized assumptions to advance the rights of women and girls with disabilities in the Pacific.

The growing consciousness of the challenges for women and girls with disabilities provides an opportunity for action in the Pacific. Since the 1990s, women with disabilities have taken lead roles in addressing issues within their own families, communities and organizations. Awareness created of their challenges as well as international efforts on gender and disability mainstreaming have enabled many institutions and organizations to recognize the separate and different concerns of women with disabilities as well as their particular aspirations¹.

¹ Barbuto, R (2005), Issues of Gender in the Context of the Movement of Persons with Disability

Intersectional Discrimination

This study analyses how women and girls with disabilities experience various forms of discrimination. Rather than thinking of each form independently, the concept of intersectional discrimination recognizes that new forms of discrimination are created when two or more types of discrimination combine.² For example, a woman who is also a person with a disability will face discrimination based on both of these characteristics when seeking education, training and employment. The overall effect is a third form of discrimination that transcends the two separately and is often imposed or reinforced without challenge by many decision makers.

Human rights laws and instruments have sought to respond to intersectional discrimination with provisions that acknowledge the special disadvantages suffered by certain sub-groups, including women and girls with disabilities. They emphasize that governments must ensure that all other provisions are applied to sub-groups and legalize special measures to be taken to promote their rights. The further challenge that this study responds to is the indivisible aspect of the two forms of discrimination. When human rights frameworks and institutions talk about disability and gender in isolation from each other, they risk entrenching discrimination against women with disabilities.³

Figure 1 illustrates the complexity of the types of discrimination and the challenges that surround it. Here, the Disability Highway and the Women's Motorway intersect, creating a new and separate challenge that must be approached in different ways to the roads that led to it. Also leading off the Disability Highway and the Women's Motorway are challenges that are also caused or influenced by the intersection of the two.

Figure 2. Intersectional Discrimination of Women with Disabilities



² Aggarwal, A.G. (2004), Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

³ HREOC (2001) Issues Paper: Gender and Race Intersectionality, Sydney.

STRUCTURE AND APPROACH

This study is intended to reveal the situation of women and girls with disabilities in the Pacific (section 2), and depicts and analyses the complexity of their challenges. Having presented the complexity and depth of discrimination and disadvantage, the legal, policy and programme responses, successes and failures (section 3) are provided to show how attempts to date to alleviate the barriers against women with disabilities have often been unsuccessful. Finally, the ways forward aim to draw on lessons learned from the challenges and the attempts at overcoming them (section 4).

The limited data available on women and girls with disabilities in the Pacific provide a challenge for the research. International research is drawn on to further support findings, because issues not documented or discussed in the context of the Pacific will nevertheless often be present in this region. Certain challenges for women with disabilities will only be found if sought. In this context, it is not surprising that despite the reports on and disabled women's knowledge of issues such as abuse, they have not yet come to light in the Pacific.⁴ Where there is not yet direct evidence in the Pacific, this study draws on reputable sources from outside the region. If there are local reliable anecdotal reports supporting international findings, they are taken into account to support the use of international research.

Definitional issues

The study refers to 'women' and sometimes 'women and girls'. The former is in reference to adult females with disabilities. The cohort of girls with disabilities is defined as females with disabilities under 18 years of age as established in the Convention on the Rights of the Child (CRC). Both are included in recognition of the fact that girls with disabilities may experience different or additional disadvantage than do women, and specific interventions for girls with disabilities may be required.

While there are many definitions of disability, this study bases its findings and recommendations on the definition in the Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities (CRPD), Article 1:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.


Similarly, discussion of disability discrimination is based on the definition in CRPD, Article 2:

...any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation... Reasonable accommodation means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Disability discrimination is joined with the concept of gender-based discrimination as provided for in Article 1 of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) as follows:

⁴ Salthouse, S. and C. Frohmaker (2004), Double the Odds; Salthouse, S. (2005), Sick State of Health; Fiji Women's Crisis Centre (2009); United Nations Secretary General (2006), Ending Violence against Women from Words to Action.

...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

A stylized graphic of a bird's head and neck, rendered in shades of purple, green, and yellow, positioned in the upper right corner of the page. The bird is facing left, with its beak pointing towards the center of the page.

PART 2 :
Challenges for
Women and Girls
with Disabilities

Women and girls with disabilities face multiple forms of discrimination, in particular, forms of intersectional discrimination. The resulting challenges do not occur in isolation; they occur as a result of one or more forms of discrimination and can lead to further barriers. For example, the discrimination they face has resulted in many of them living in poverty, isolation and poor health because their rights to education and/or health care are ignored by policy makers and society. Their poverty, isolation and poor health often lead to new forms of discrimination, such as in employment or community participation, or compound other forms of discrimination.

Gender-related issues

The consequences of discrimination against, and inadequate provision for, people with disabilities are particularly serious for women. Women are often subjected to social, cultural and economic disadvantages, which impede their access to health care, education, vocational training and employment. If they have an intellectual disability or mental illness, their chances of overcoming the barriers that disabilities create are further diminished.⁵ Because views about gender relations tend to put women in a lower place in most hierarchies, it is difficult for them to take a full and active part in community life, which is so important to many Pacific Island cultures.⁶

Gender issues are evident in the different life experiences of women and girls with disabilities from men and boys with disabilities. While women with disabilities do have some experiences and challenges in common with men with disabilities, in many circumstances, the former face multiple and intersectional discrimination. Therefore, they are often profoundly more disadvantaged than men with disabilities in similar situations, leading to the denial of rights, opportunities and resources.

2.1 BASIC CHALLENGES

The following issues are categorized as basic challenges for women and girls with disabilities because they are good examples of the first point at which they confront discrimination and disadvantage. Having experienced intersectional discrimination in these areas of life, it will be shown that other challenges become increasingly complex. Basic challenges are well described in the Biwako Millennium Framework for Action (BMF), a policy framework that promotes an inclusive, barrier-free and rights-based society for people with disabilities in the Asia and Pacific region. It emphasizes issues of women with disabilities and finds that they are subject to discrimination, denied access to health services, education, training, and employment, are at high risk of abuse and do not participate in community activities.

Vulnerability to Disability

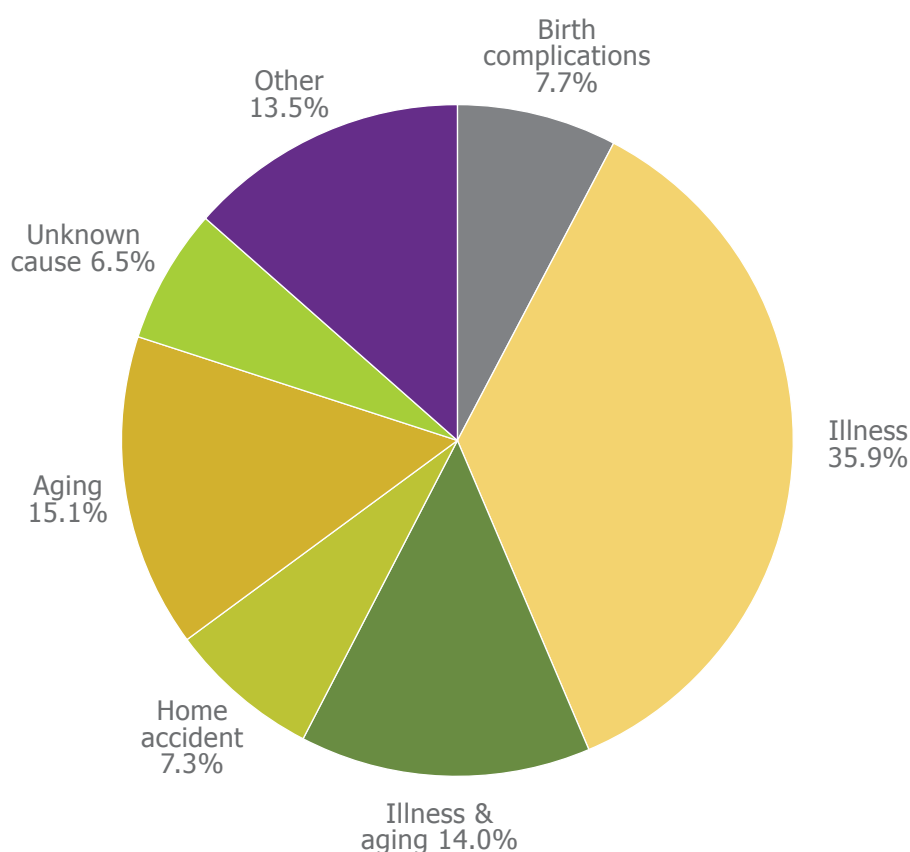
Women in poorer communities, particularly those in developing countries, appear to be more vulnerable than men to disability. In Fiji, there is a higher incidence of disability among females than among males: 72 percent of children with disabilities 0–5 years are girls; 56 percent of people with disabilities 6–20 years old are women and girls, and 58 percent of those 20 years and over are women.⁷

⁵ McKinstry, G, Price, P. and Macanawai, S. (2004), Review of Policy and Legislation in Pacific Island Countries.

⁶ Disabled Women's Network Ontario (2009), Factsheets on Women with Disabilities.

⁷ Perry, D (2002), Status of Employment in Fiji.

Figure 2. Major causes of disability in women (15+) in Samoa⁸



In Samoa, of people with disabilities, there are 1,516 women (52.74 Percent) compared to 1,358 men (47.26) percent.⁹ As figure 2 illustrates, 7.7 Percent (116) of women acquired disability through complications while giving birth. Of these, 60.8 percent (76) had complications during a home birth. The same study revealed that illness was the leading cause of disability for women (35.9 Percent). World Health Organization (WHO) data shows there is an extremely high rate of serious injury or disability of women during labour. For every woman who dies from complications of pregnancy, 30–100 more live with painful, debilitating and often unnoticed consequences.¹⁰ Reproductive health services for all women could ensure that disability arising from complications of labour and pregnancy are minimized.

Figure 3 indicates the total number of people with disabilities by gender in seven Pacific Island Countries. In 1996, the total in the Cook Islands was 356, of which 47.5 percent were female. In 2005, in Kiribati, the total was 3,440, of which 50.0 percent were female. In 2004–2005, in New Caledonia, there were 5,112 people with disabilities: 39.5 percent female. In 2002, in Samoa, there were 2,874 people with disabilities aged 15 and over, of which 52.7 percent were female. In the Solomon Islands in 1999 there were 2,511: 43.4 percent of them female. In 1999, in Vanuatu, there were 2,789, of which 40.3 percent were female.

As women are a slightly greater proportion of the population and other reputable surveys find women with disabilities to be more prevalent in a population, women with disabilities in these countries may be either unwilling to be identified or have a higher mortality rate in certain Pacific Island Countries.

⁸ Lene, D. (2004), Status of Women with Disabilities in Samoa.

⁹ Lene, D. (2004), Status of Women with Disabilities in Samoa; Kiribati Inclusion

International (2005), National Disability Survey (2005); Inclusion International (2005), Vanuatu National Disability Survey. (2005)

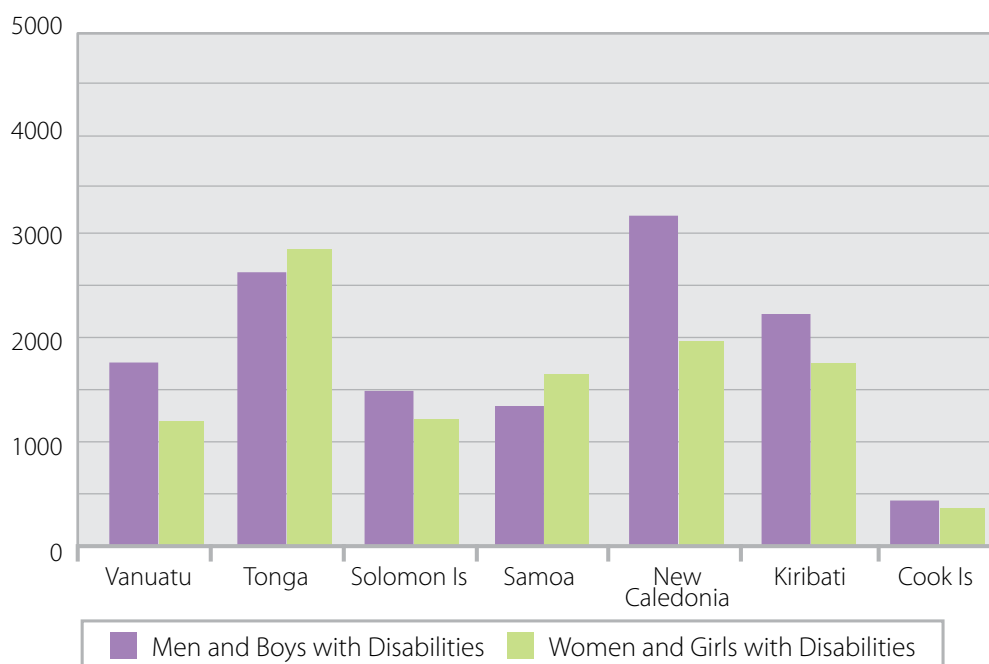
¹⁰ World Bank (2009), Reproductive Health and Disability.

The ESCAP report *Hidden Sisters* draws on a survey of six Asian and Pacific Countries, showing a relatively higher reported incidence of disability among women between the ages of 15 and 44 when compared to men.¹¹ The report also found that there are more men with disabilities than women overall. The likely explanation is women over the age of 44 suffer more from ill health caused by a higher number of pregnancies, inadequate post-natal health and medical care, and poor nutrition.¹² It may indicate that girls and women with disabilities receive less care and support and are more likely to experience abuse resulting in their higher mortality rates.¹³

Violence and Abuse

The PNG report on the situational analysis of child sexual abuse & the commercial sexual exploitation of children indicates that violent sexual abuse by elderly men against female children is common.¹⁴ Elderly men with power in a traditional context are commonly reported sexual exploiters of children, as illustrated by cases from Simbu and Eastern Highlands Province. Cases of serious injury and even disability inflicted by elderly men raping very young girls were reported in the Kup area in the Highlands of Papua New Guinea (PNG). Similarly reports from the field workers of the Vanuatu society for disabled people and the Vanuatu Women’s Centre indicate that women with disabilities are at considerably higher risk of physical and sexual abuse and neglect.¹⁵

Figure 3. Disability Population in Seven Pacific Island Countries



¹¹ ESCAP (2003), *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region*.

¹² WWDA (2007), *Resource Manual*.

¹³ ESCAP (2003), *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region*.

¹⁴ Help Resources (2005), *PNG Report on the Situational Analysis of Child Sexual Abuse*.

¹⁵ Disability Promotion & Advocacy Association (2002). *Women with Disabilities: Doubly Handicapped*. Report on a seminar commemorating International Women’s Day, 6 March, 2002, Port Vila.

Compared to non-disabled women and girls, women and girls with disabilities are at greater risk of all forms of violence: at home, in their community and in institutions.¹⁶ In particular, women with intellectual disabilities and women with mental illness are particularly vulnerable to physical and sexual violence.¹⁷ They are also less likely to access support, refuge or legal redress.¹⁸

“When referring to domestic violence faced by women with disabilities, institutional violence needs to be addressed because most women with disabilities are institutionalized where they live in homes and institutions and it is not their families that come in contact with them but their care-givers.”

Statement by Shamima Ali, Coordinator, FWCC, abstract taken from the Fiji Sun, 23 March 2005.

International research shows that women with disabilities who reside in their own homes and who are assaulted by persons on whom they rely to assist them with routine activities may choose not to disclose violence to authorities. This may be out of fear that they will have no one to provide essential care for them or that they will be moved to a more restricted environment ‘for their own protection’.¹⁹ Women with some disabilities may not be believed or be unable to testify about their abuse.²⁰

Barriers to legal redress are exacerbated by lack of advocacy support. The Fiji Women’s Crisis Centre (FWCC) reports that many women who are deaf or have a hearing impairment are not well represented in court due to lack of qualified interpreters who are sensitive to issues of women with disabilities.²¹

Isolation, both social and physical (section 2.2), is another factor contributing to the difficulties faced by women with disabilities in knowing about domestic violence laws and services and the means of accessing them. In many cases, this isolation is heightened by the absence of family, social support and a lack of other women with whom to network. This isolation can be even more extreme for women with disabilities living in rural areas or remote islands. Such isolation compounds their vulnerability. The combination of lack of information, isolation and the requirement to appear at court are powerful deterrents for women with disabilities experiencing domestic violence.²²

Moreover, women and girls with disabilities experience higher rates of discrimination due to the intersectional nature of the discrimination, at least in terms of responses to reports of violence and abuse. This may be exacerbated by the generally lukewarm or even indifferent police response. From a human rights perspective, this is a serious offence. It is at once the abuse of a right to bodily integrity, a betrayal of trust obligations and an exploitation of vulnerability by the official.²³ It exemplifies the intersection of gender-based and disability discrimination with the exploitation of combined vulnerabilities and power, resulting in a separate form of discrimination and disadvantage

¹⁶ Cockram, J. (2003), *Silent Voices*; ESCAP (1995), *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region*; Lene, D. (2004), *Status of Women with Disabilities in Samoa*; Nongabatu, S. (2005), *Women in Solomon Islands*; Radtke, D. (2005), *Beijing + 10*; Sands, T. (2006), *Voice of Our Own*; Tawake, S. *Forum Reports, 2003 and 2004*.

¹⁷ Arnade, S and Haefer, S. (2006), *Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.

¹⁸ Cockram, J. (2003), *Silent Voices*.

¹⁹ Martin, S.L. et al. (2006), *Sage Journals: Physical and Sexual Abuse of Women with Disabilities, Violence Against Women, Vol. 12, No. 9*,

²⁰ DPI (2006), *51 Slaps for Accused Rapist*.

²¹ Fiji Women’s Crisis Centre, unpublished report.

²² Swift, K (1998), *Response to Domestic Violence*.

²³ *Women with Disabilities Australia (2007c), Forgotten Sisters*.

experienced by the woman or girl. Special measures designed to ensure gender equality or eliminate disability discrimination must be specifically tailored to address the intersectional discrimination experienced by women with disabilities. If targeted special measures are not implemented the unique forms of and ways in which women and girls experience discrimination are likely to continue.

The violence faced by women and girls with disabilities is also a manifestation of intersectional discrimination. In addition to being more prevalent, it may be more chronic and severe than that experienced by other women, girls or men with disabilities, and take some unique forms, such as withholding of essential care and medication. Surveys conducted in Europe, North America and Australia have shown that over half of women and girls with disabilities have experienced physical abuse, compared to one-third of non-disabled women. Offenders believe that their victim with a disability is less likely to report or be believed.²⁴ Further, women and girls generally may also be perceived to have been 'asking for it' if their dressing and behaviour is allegedly sexually arousing. The overlap of these factors for women and girls with disabilities shows their significant disadvantage when attempting to hold their abusers accountable.

For women who are in life-threatening abusive situations, crisis intervention includes escaping temporarily to a woman's shelter, escaping permanently from the abuser and having an escape plan ready in the event of imminent violence. There are a number of possible barriers for women with a disability, including:

- (in) accessibility of the shelter;
- Need for daily living needs that are required;
- (in) accessibility of transportation to the facility;
- (in) ability of shelter staff to communicate with a deaf or speech-impaired woman;
- Primary dependence on the abuser for assistance with personal needs;
- Lack of family or friends to stay with;
- Physical incapability of implementing an escape plan, such as packing necessities and arranging transportation to a shelter or a friend's home;
- Inability to make arrangements to take her children with her;
- Worry about leaving children alone with the perpetrator.²⁵

There are few shelters in Pacific Island Countries, and this study cannot confirm whether they are able to cater to women with various forms of disabilities.

Early Intervention, Education, Rehabilitation and Training

There is ample evidence illustrating that education opportunities for women and girls with disabilities are low compared to non-disabled women and girls as well as men and boys with disabilities. Overall, this illustrates that the intersection of disability and gender-based discrimination is profoundly impacting these women and girls, probably largely as a result of negative attitudes about their capacity.

Low levels of employment for women with disabilities appears to correspond to the low rate of access to education for girls with disabilities, which in turn is largely attributable to the lack of early identification and intervention services and support for children and families.²⁶

²⁴ Deegan, M.J. and Brooks, M. (1985), *Women and Disability: The Double Handicap*.

²⁵ Nosek, M.A. (2008), *Violence Against Women with Disabilities – Fact Sheet #2: Policy Issues and Recommendations*.

²⁶ McKinstry, G., Price, P. and Macanawai, S. (2004), *Review of Policy and Legislation on Disability in Pacific Island Countries*.

While some Pacific Island countries such as Fiji, Samoa and Vanuatu have early intervention services, the latter rarely, except in Samoa, reach out “to children and families in the more rural areas.²⁷ Other research has also highlighted the need for early intervention and better support for parents of babies and young children with disabilities.²⁸ In Vanuatu, for instance, there were only two girls with disabilities and four boys who were receiving early childhood education. This shows the lack of awareness of the importance of early childhood education for children with disabilities. It may also reflect the lack of priority given to early childhood education for girls with disabilities.

Across the Pacific, many women and girls with disabilities attend special schools. This results in their poorer literacy and numeracy rates because these and other key educational outcomes are lower for girls in segregated schools than for those in the mainstream.²⁹

In most Pacific Island Countries, children with disabilities, especially girls, are not sent to school and are hidden away from the community. The unavailability of quality education for women and girls with disabilities is a key factor making it very difficult for them to secure employment and therefore live independently.³⁰

In the Solomon Islands, the total population of girls attended school at twice the rate of girls with disabilities (37 percent compared with 18 percent). More specifically, 39 percent (6,505) of women with disabilities obtained primary education, but did not make it past year 6. Similarly, in Samoa, a higher number of women with a disability completed up to six years attendance at school. However, more men with a disability remained within the education system to complete 10–12 years of secondary and tertiary education. In a 2002 survey, of the 1,516 women with disabilities counted, only four completed polytechnic, while 8 completed university. Women who are deaf or who have an intellectual or physical disability, epilepsy or a speech or language impairment had the highest rates of non-attendance at school.³¹

In Samoa, 33 women with intellectual disabilities compared to 30 men did not attend school. More women with intellectual disabilities (33) than men (15) attended school for the first three years, but more of these men stayed in school for nine years, 28 men compared to 11 women.

While more girls than boys with disabilities attended school in Kiribati, most of the girls do not achieve higher academic qualifications.³² This is due to factors limiting their development, including cultural and social issues, and the level of support provided to and by their families. Cultural bias based on gender and disability greatly limits the educational opportunities of women and girls with disabilities.³³

In Fiji, 49 percent of women and girls with disabilities compared to 32 percent of men and boys did not attend school and 10 percent of women and girls with disabilities had attained Junior Secondary (forms 1-4) compared to 25 percent of men and boys with disabilities. The picture is generally one of extremely low educational attainment for people with disabilities – women and girls with disabilities having a relatively lower attainment than their male counterparts.³⁴

²⁷ Ibid.

²⁸ Punanga Tauturu Incorporated, Cook Islands and CEDAW (2007), NGO Shadow Report, Raratonga January 2007.

²⁹ ESCAP (1995), Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region; United Nations Educational, Scientific and Cultural Organization, Moving Forward: Towards Inclusive Education for Children with Disabilities Guidelines for Action to Include Children and Youth with Disabilities In School Systems and in the EFA Monitoring System, Bangkok (2006).

³⁰ United Nations Development Programme (Pacific Centre) (2007), Round Table on the Situation of Women and Girls with Disabilities in the Pacific, Nadi, 26-7 November.

³¹ Lene, D. (2002), Status of Women with Disabilities in Samoa.

³² Tawaki, Forum Reports, 2003 and 2004.

³³ UNESCO (2003), Moving Forward towards Inclusive Education for Children with Disabilities.

³⁴ Narsey, W. (2007), Gender Issues in Employment, Under Employment and Incomes in Fiji.

There is a lack of support for girls with disabilities, particularly those with intellectual disabilities, in the areas of early identification, intervention and educational attainment.³⁵ This can be seen in the Solomon Islands, for example, where only seven out of 130 women and girls (5–29 years old) with intellectual disabilities attended school.

Table 1 illustrates that more girls with disabilities than boys in Fiji in 2006 enrolled in primary education. However, the higher the level of education, the lower the number of girls with disabilities enrolled, particularly for those women and girls with disabilities, such as vision impairment, hearing impairment, physical and intellectual disabilities. Furthermore, as the participation rate for all girls remains higher throughout their school-age life than girls with disabilities, there is clearly both a gender and disability dimension to the low educational attainment of women and girls with disabilities. Women and girls with disabilities are not given priority to achieve quality education despite the fact that more of them are enrolled in primary school. The denial of the right to education for girls with disabilities is starkly demonstrated by a comparison with Fiji's school rolls, where primary enrolments of all girls were 48.3 percent and secondary enrolments were 51.3 percent in 2006.³⁶

Table 1. Level of education and type of disability by gender, 2006 (%)³⁷

Level	Gender	Sight	Intel-lectual	Hearing	Physical	Age	Others	Disabled Persons	Fiji Is-landers
Never	M	8.2	8.4	8.2	6.3	17.1	10.5	10.5	14.3
Attended	F	16.7	11.1	16.4	18.0	27.6	17.9	18.8	15.6
	Total	11.8	9.6	11.6	13.3	23.3	13.8	14.4	14.9
Kindergarten	M	0.4	0.3	0.2	0.3		0.7	0.3	0.6
	F	0.4	0.3	.0.2	0.3		0.5	0.4	0.6
	Total	0.4	0.3	0.2	0.5		0.6	0.4	1.2
Primary	M	43.5	38.2	45.1	39.0	57.4	36.3	40.7	27.1
School	F	45.8	39.7	45.9	40.5	55.0	35	42.6	26.3
	Total	44.5	38.9	45.4	39.6	56.0	35.7	41.8	26.7
Forms	M	34.0	38.2	34.0	36.0	18.3	40.9	35.0	37.5
1-4	F	26.7	32.6	24.8	28.9	11.1	32.7	26.2	36.8
	Total	309.9	35.8	30.1	33.3	14.1	37.3	31.4	37.2
Forms	M	6.1	8.5	5.6	8.7	0.6	7.2	7.4	14.9
5-6	F	6.4	11.1	5.4	6.8	0.5	8.7	6.6	16.0
	Total	6.2	9.6	5.5	8.0	0.6	7.9	7.1	15.5
Diploma Certificate	M	6.9	5.3	6.8	5.2	6.3	3.7	5.4	5.0
	F	3.7	4.5	5.9	4.4	5.6	5.1	4.8	4.0
	Total	5.6	5	6.4	4.9	5.8	4.3	5.2	4.5

³⁵ McKinstry, G, Price, P, and Macanawai, S (2004), Review of Policy and Legislation in Pacific Island Countries.

³⁶ In 2005, it was 48.3 percent and 51.4 percent in 2005, respectively; Fiji Ministry of Education, Annual Reports 2005 and 2006.

³⁷ Perry, D. (2004), Status of Employment; Note: Columns do not equal 100 percent due to omission of Form 7; most post-secondary schools are not covered.

Employment and Training

Women with disabilities are more likely to be unemployed, or employed in lower paid jobs than men with disabilities and other women. The most tangible cause of this is lack of access to quality education.³⁸ Physical access issues also affect the likelihood of women with physical or sensory disabilities being employed.³⁹ Lack of employer awareness of the potential of people with disabilities is also a barrier. Negative attitudes are, however, likely to be the greatest employment barrier for women with disabilities, particularly given the omnipresent intersectional discrimination in their lives.⁴⁰

Where women are employed, it appears that they have very low expectations of work and are subject to stereotyped perceptions of women's work. Furthermore, their working conditions and related rights in the workplaces tend to be substantially overlooked.⁴¹

An International Labour Organization (ILO) report on employment and training of people with disabilities in Fiji found that the proportion of disabled males engaged in the money economy (25.7 percent) was three times that of disabled females (7.9 percent). This is an indicator of fewer women with disabilities acquiring education and lacking the skills to enter the money economy.⁴² This may also result from their lack of independent living skills for income generation, such as sewing, cooking and poultry raising. This, together with the overall lower levels of female participation in the workforce, means that women with disabilities are unlikely to participate in income-generation programmes.

The ILO report found that women with disabilities have a lower labour-force participation rate (19.8 percent) than men (39.8 percent).⁴³ In rural areas, women with disabilities are three times less likely to be employed than other rural women, whereas rural men with disabilities are two times less likely to be employed than other men.⁴⁴ All of this suggests greater economic hardship for women with disabilities.

In Samoa, the general population of people with disabilities has extremely low percentages of paid work and income generation (1.3 percent for men and 1.1 percent for women). Again, this may also reflect and be an impact of the lower percentage of women and girls with disabilities that receive quality education.⁴⁵ The same report finds that more women with disabilities are involved in assisting their families. It also noted that 0.7 percent of women with disabilities from the age of 15 and over earn their own income compared to 1.6 percent of men with disabilities. Furthermore, 38.5 percent of women with disabilities compared to 31 percent of men with disabilities are not involved in any paid work-related activity. This indicates a high proportion of women with disabilities left in isolation.

Little other data are available on the employment rate of women with disabilities. Anecdotal reports indicate that women with disabilities who are employed are often discriminated against in the workplace. For example, a woman with a disability in the Solomon Islands who was a government employee was made redundant after she acquired her disability. A young woman with a disability working for a franchise company in Fiji reported that despite doing the same work as her able-bodied work mates, she

³⁸ Barbuto, R (2005), *Issues of Gender*; ESCAP (1995), *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region*; Arnade, S. and Haefner, S. (2006), *Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.

³⁹ ESCAP (1995), *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region*.

⁴⁰ Pacific Islands Forum Secretariat, International Labour Office, Economic and Social Commission for Asia and the Pacific and the Pacific Disability Forum (2005), *Pacific Regional Workshop on Disability*, Nadi, Fiji, 1 – 4 August.

⁴¹ ESCAP (1995), *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region*.

⁴² Perry, D. (2002), *Status of Employment and Training of Women with Disabilities in Fiji*.

⁴³ Perry, D. (2002) *Status of Employment and Training of Women with Disabilities in Fiji*.

⁴⁴ Seekins, T. (1998), *National Institute on Disability and Rehabilitation Research*.

⁴⁵ Lene, D. (2004), *Status of Women with Disabilities in Samoa*.

is paid less.⁴⁶

There are many examples of barriers causing reduced access to rehabilitation. While access to rehabilitation services may be free, the costs of transport, food, assistive devices, and sometimes accommodation are out of reach for many women with disabilities.⁴⁷

Women with disabilities have less access than men to rehabilitation. For example, injured soldiers, head-of-household workers who have accidents and athletes injured pursuing victory are the clients whom rehabilitation traditionally serves.⁴⁸ According to an unpublished report from the Fiji Rehabilitation Medicine Hospital (FRMH), a high percentage of women are affected by stroke and other infectious diseases such as spinal abscesses, which cause paraplegia.⁴⁹ This is consistent with the data available from Counterstroke Fiji, where in 2005, 55 women and 52 men reported having a stroke. In 2006, there were 42 women and 22 men.⁵⁰ While the number of women affected by stroke is decreasing, this remains a high number, which increases the number of women with acquired physical disabilities in Fiji.

Women acquiring disabilities later in life have specific support needs. This would have enabled them to access education, earn an income, marry, raise children of their own and participate in community life. Following the onset of disability, the woman is likely to need a different form of support to:⁵¹

- access education, training and employment;
- be included in community life;
- address her health issues;
- minimize negative attitudes that she has experienced daily and the resultant self-esteem issues.

Further, health systems in many countries may inadequately identify disability and thus deny initial rehabilitation.⁵² In Samoa, the lack of health services for women means that 49 percent (376) of women with a physical disability have not had their disability assessed, compared to 41 percent (283) of males. As a result, there are a significant number of women with disabilities who lack awareness and knowledge of their own rehabilitation needs and are not empowered to address them.

Traditional cultures and religions

The Pacific is rich in its diversity of cultures and religions. The uniquely Pacific traditions and customs blended with Christianity and other religions portray tolerance and respect, but can also be exclusionary. Christianity in its many forms, Hindu and Muslim faiths, and traditional religions or beliefs are of enormous influence – magnifying both potential challenges and opportunities. The challenge for women with disabilities of the Pacific is to find and maintain positive aspects of tradition and culture while confronting the entrenched patriarchal views of the role of women and cultural beliefs about the causes and effects of disability.⁵³

Although not always directly negative for women and girls with disabilities, culture

⁴⁶ Tawake, S. Forum Reports. 2003 and 2004.

⁴⁷ ESCAP (1995), Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region; Pacific Islands Forum Secretariat, International Labour Office, Economic and Social Commission for Asia and the Pacific and the Pacific Disability Forum (2005), Pacific Regional Workshop on Disability, Nadi, Fiji, 1 – 4 August.

⁴⁸ Gill, C.J. (1997), The Last Sisters: Health Issues of Women with Disabilities.

⁴⁹ Interview with Dr Tukuna, Medical Officer, Fiji Medical Rehabilitation Hospital, October 2007.

⁵⁰ Counterstroke Fiji (2005 and 2006), Annual Outreach Report.

⁵¹ Lene, D. (2004), Status of Women with Disabilities in Samoa.

⁵² Smith, F. (1990), Western Samoa: An Investigation into the Socioeconomic Status of the Disabled.

⁵³ CEDAW Committee (2007), Concluding Comments, Cook Islands; Aggarwal, A.G. (2004), Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

and religion can disempower them by denying their participation in decision making. Further, they may lead to an unequal application of rights and sometimes the avoidance of the application of rights-based laws to support their inclusion. For example, Pacific cultural values include a caring attitude towards one another, especially the 'unfortunate', creating an environment of charity toward women and girls with disabilities.⁵⁴

Christianity has had social and psychological impacts on Pacific Islanders. While there are examples of religious leaders in the Pacific advocating for gender equality, the major denominations in the Pacific have encouraged views that subordinate and discriminate against women.⁵⁵ In some cases, this has been exacerbated for women and girls with disabilities with literal preaching from the Old Testament that asserts that disability is a curse from God and the only way forward is to be healed or reformed by the Messiah.⁵⁶

There are customary, religious and cultural laws and practices that discriminate against women. These laws and practices often reinforce their vulnerability to violence and also affect their right to adequate housing.⁵⁷ For example, in Tonga, women are not allowed to own land. In Fiji, while women are not prohibited by law from owning land, they cannot always control resources or land use and the traditional system used to determine land use (not ownership) by Mataqali's often results in discrimination against women and other individuals and groups.⁵⁸

In many Pacific cultures, families are ashamed of family members with disabilities⁵⁹ and in some of which people are afraid of mentally impaired individuals.⁶⁰ The result of these perceptions and attitudes is that their participation in community and other activities is significantly restricted.⁶¹ There may be superstitions in village communities about the presence of women with disabilities at community gatherings.⁶² Furthermore, in some cultures, there are perceptions that having a child with a disability is a punishment for past wrongdoings or that an evil spirit is the cause, and the child is hidden in shame.⁶³

The introduction of human rights is often perceived to challenge Pacific culture, customs and traditions. In Melanesian countries in particular, men mostly control traditional governance mechanisms in the villages, many of which restrict girls and women's enjoyment of their basic human rights and the development of their full potential. These groups often have constitutional status. Women do not often have access to these decision-making forums, and when they challenge customs, they may be penalized.⁶⁴ Human rights concepts and practices do challenge the aspects of culture, custom or tradition that violate human rights and those that promote disrespectful and/or charitable attitudes. Human rights concepts and practices have contributed to positively change to the discourses on both gender equality and disability issues in the Pacific.

Access to Health Care

Access to health care can be particularly important for women and girls with disabilities

⁵⁴ The Pacific Islands Home Affairs Minister of New Zealand (2009), Scoop Response News.

⁵⁵ Aggarwal, A.G. (2004), Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

⁵⁶ The Christian Bible, Leviticus 21.

⁵⁷ Aggarwal, A.G. (2004), Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

⁵⁸ Aggarwal, A.G. (2004), Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

⁵⁹ Stubbs D.G. and Nowland-Foreman, G. (2005), Free and Equal: A review of NZAID's Pacific Disability Programme and Scoping Study.

⁶⁰ Marshall, M. (1994), Social Isolation, Cultural Competence, and Disability in the Carolines.

⁶¹ Lene, D. (2004), Status of Women with Disabilities in Samoa.

⁶² Thomas, M. (2003), Addressing Concerns of Women.

⁶³ ILO (2002) Status of Training and Employment Policies and Practices.

⁶⁴ Aggarwal, A.G. (2004), Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

because they may have specific health concerns in addition to their disabilities. They also face barriers to care, often simply because professionals have not thought about their problems or do not see past the disability. Further, women with disabilities may not receive regular medical care due to barriers in the physical environment or the attitudes and perceptions of health care providers.⁶⁵

There are consistent reports across the Pacific that women with disabilities are not always able to access the same quality of health care as other women in the community.⁶⁶ Research shows that health care providers may only concentrate on health issues related to a woman's disability, thereby neglecting to screen for and counsel on other health conditions. Low rates of health care usage among women with disabilities can lead to decreased health status, including the delayed treatment of chronic illness and failure to prevent secondary conditions.⁶⁷ Even when health care is free, women with disabilities are often unable to find money for associated costs such as the extra costs of transport.⁶⁸ In Samoa, it was found that 1,012 women with disabilities need support with transport to health care services compared to 830 men.⁶⁹ Furthermore, 9 percent of women with disabilities in Samoa indicated that they received support from community health nurses, of which 48 percent of them reported that they receive no treatment for their disability-related health requirements.⁷⁰

Women with intellectual disabilities are less likely than men to receive support, including health care services. In Samoa, these women receive far less support than men.⁷¹ Thirty-one percent of women with disabilities who experience epilepsy were not diagnosed or did not receive any assessment of their disability.

A Fiji Medical Rehabilitation Hospital (FMRH) report confirms that women in Fiji are vulnerable to infections, which cause disabilities. This may suggest that they spend less time caring for their own health and more time on the health and well-being of their family.⁷²

Access to Information

Women with disabilities lack of adequate information on education, health care, reproductive rights and current issues contribute to their vulnerability,⁷³ lack of awareness and isolation. It prevents them from participating and contributing to their own development and the development of their families. BMF states that in rural areas, girls and women are further disadvantaged due to higher rates of illiteracy and lack of access to information and services.⁷⁴

In Samoa, 55 percent of women with disabilities needed assistance in communication. The Status of Women with Disabilities in Samoa Report also states that a higher percentage of women with disabilities over the age of 50 need this assistance.⁷⁵ Their high rate of school non-attendance indicates that women and girls with disabilities are more likely to be deprived of basic life-skills information since English is often used to disseminate such information. Many of them speak English as a second, third or fourth language yet cannot read it at all. Also, for example, this report found women with

⁶⁵ Gill, C.J. (1997), *The Last Sisters: Health Issues of Women with Disabilities*; Centre for Disease Control and Prevention (2006), *Access to Health, Women and Disability*.

⁶⁶ Barbuto, R. (2005). *Issues of Gender in the Context of the Movement of Persons with Disability*; Committee for the Elimination of Discrimination Against Women (2007), Thirty-ninth session, Concluding Comments – Cook Islands, 10 August.

⁶⁷ Barbuto, *ibid*.

⁶⁸ ESCAP (1995). *Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region*.

⁶⁹ Lene, D. (2004), *Status of Women with Disabilities in Samoa*.

⁷⁰ Lene, D. (2004), *Status of Women with Disabilities in Samoa*.

⁷¹ Lene, D. (*ibid*).

⁷² Interview with Dr Tukuna Medical Officer, Fiji Medical Rehabilitation Hospital October 2007.

⁷³ Salthouse, S. (2005), *Sick State of Health*.

⁷⁴ *Biwako Millennium Framework* (2002).

⁷⁵ Lene, D. (2004), *Status of Women with Disabilities in Samoa*.

hearing impairments, speech impairments and vision impairment to be deprived of information and treatment for sexual and reproductive health.⁷⁶

Financial constraints prevent women and girls with disabilities from purchasing information and communications technology equipment and/or adaptive technology that would allow them to be independently informed of issues relating to health, reproductive rights, education, sports, recreation, politics and weather. Lack of access to the Internet deprives them of the social interaction and support afforded by e-mail contact with family, friends, disability support groups and other special interest groups.⁷⁷

Many commercial activities (e.g. bill paying and banking) offer discounts for transactions conducted over the Internet. This penalizes women with disabilities who are already under financial strain.

According to the BMF, in many countries, sign language, Braille, finger Braille and tactile sign language have not yet been standardized. These and other forms of communication need to be developed for each country and disseminated. Without access to such forms of communication, persons with hearing and vision impairments cannot benefit from literacy and information technology-based developments. More importantly, they may be deprived of their rights to community participation, education and freedom of expression (CRPD, Art. 19, 24 and 29).

The Built Environment

The Samoa Report on the Status of Women with Disabilities (2004) indicates that while a large number of women with physical disabilities are mobility independent, 64.6 percent of them needed some or full mobility assistance. It was noted that as they grow older, more mobility assistance and support is needed. This may force older women with disabilities further into isolation.⁷⁸

For women with disabilities, the barriers to equal participation in society due to an inaccessible environment are significant.⁷⁹ For example, in Samoa, 73 percent of women with visual impairment and 77 percent of women with physical impairment needed transport to health care services.⁸⁰ This may result in a high number of women not being diagnosed with appropriate medication and not receiving related care and support.

One of the biggest barriers for me on a daily basis is the physical access. Doors aren't wide enough, fales (Samoan houses), lights telephones and access card machines are all too high, and no ramps to allow me to post my letters. Because of this I have to ask other people to help...when really I could do it myself if the environment was built differently.

There are barriers for women seeking employment. Most workplaces do not have accessible sanitary facilities for women, and as a result, women with disabilities and requiring assistance from colleagues.⁸¹

⁷⁶ Lene, D. (ibid).

⁷⁷ WWDA (2007). Advancement through Advocacy.

⁷⁸ Lene, D. (2004), Status of Women with Disabilities in Samoa.

⁷⁹ Biwako Millennium Framework (2002); Zamb, F. (2001), Disability and Sex Can Share the Same Bed, Say Women; Salthouse, S. (2005),

⁸⁰ Sick State of Health; WWDA (2007a); World Bank (2009), Reproductive Health and Disability;

⁸¹ Lene, D. (2004), Status of Women with Disabilities in Samoa.

While disability access for public buildings is included in the Fiji National Building Code Regulations of 2004, there is no enforcement of this law. This means that women with disabilities are less likely to enjoy the services provided in many public and private buildings. Nevertheless, there are some examples of good practices in state- and privately owned buildings showing untapped potential.

2.2 THE CONFLATION EFFECT

As well as being subject to three types of discrimination (gender-based, disability and the intersection of the two), the resulting challenges (discussed above) will often come together and exacerbate one another, that is conflate, making women with disabilities among the poorest of people, leaving them at increased risk of ill health, poverty and isolation.⁸² Many women and girls with disabilities may experience issues limited to some or all of those labelled basic challenges in sub-section 2.1, but in ways exacerbated and deepened by disadvantaging effects of other challenges that they face. These challenges are examined here as merely illustrative of the ultimate effects of the gender, disability and intersectional discrimination women with disabilities face and the conflation of basic challenges.

Health Outcomes

The poor health of women with disabilities can be both a cause and a consequence of poor reproductive health. Despite international research, anecdotal reports and health outcome data, violations of reproductive and sexual rights are largely not discussed in the Pacific. Sexual and reproductive matters are often considered taboo. This may be exacerbated by the perception of women with disabilities as asexual and incapable of parenting.⁸³ In fact, there is no reason to believe that most women with disabilities are not sexually active or capable of childbirth. For example, fertility rates have been examined in only a few types of disabilities, but where such evidence exists, the results indicate that these rates are similar to rates for women without disabilities.⁸⁴

Women with disabilities may experience forced sterilization and forced abortion due to discriminatory attitudes about their capacity and denial of information about sexual, reproductive health and contraceptives.⁸⁵ When seeking reproductive health care and services, they often face abusive treatment at the hands of health care providers who do not appreciate their particular circumstances and make negative assumptions about their capacity, lives and rights. For example, a United States study showed that women with disabilities were significantly less likely to receive pelvic exams than women without a disability.⁸⁶

According to a Fiji Women's Crisis Centre report,⁸⁷ over 40 percent of women in Fiji are battered while pregnant. This increases the possibility of women and children becoming disabled due to complications during childbirth. According to WHO "every minute,

⁸¹ Salthouse, S. (2005), Sick State of Health.

⁸² Biwako Millennium Framework (2002).

⁸³ Zambal, F. (2001), Disability and Sex Can Share the Same Bed, Say Women; Salthouse, S. (2005), Sick State of Health; WWDA, 2007.

⁸⁴ World Bank (2009), Reproductive Health and Disability.

⁸⁵ DPI (2005), Position Paper on Sterilization; Zambal, F. (2001), Disability and Sex Can Share the Same Bed, Say Women; Salthouse, S. (2005), Sick State of Health.

⁸⁶ Hunt, R (2005), Disabled Women Demand Inclusion in United Nations Convention.

⁸⁷ Interview with Edwina Kotoisuva, Deputy Coordinator, Fiji Women's Crisis Centre, November 2007, Suva.

more than 30 women are seriously injured or disabled during labour”, thus rendering significant numbers of women disabled, including in the Pacific.

Poverty

Women and girls with disabilities experience greater rates of poverty than men and boys with disabilities, indicated by relative employment rates and economic activity. Low educational attainment is a key cause of unemployment. Poverty and a lack of economic opportunities are major barriers to the empowerment of women with disabilities.⁸⁸ Add to this the other basic challenges discussed in sub-section 2.1 and it is clear why women with disabilities continually experience high poverty rates.

The 1997 Fiji Poverty Report illustrates the poverty cycle suffered by women with disabilities. Discrimination and systemic disadvantage contribute to their ongoing poverty, which affects their quality of life.⁸⁹

The BMF recognizes that poverty and disability reinforce one another, contributing to increased vulnerability and exclusion. Aspects of poverty that may lead to disability include:

- poor nutrition;
- dangerous working and living conditions;
- limited access to vaccination programmes and health and maternity care;
- poor hygiene and sanitation;
- inadequate information on the causes of impairments;
- war and conflict.

Many of these causes are preventable by emphatically ensuring that women and girls with disabilities experience or enjoy the same rights as the rest of society. Disability in turn exacerbates poverty by diminishing access to means of livelihood, increasing isolation from the marketplace and economic strain. This affects not just individuals, but often entire families.

Isolation

Both written and unwritten rules within a community can prevent the equal participation of women with disabilities in family and community life. In Samoa, 48 percent of them are involved in church activities, compared to 55 percent of men; 37.2 percent of women with disabilities and 62.8 percent of men with disabilities participate in sports.⁹⁰ These figures also show greater isolation for women with certain disabilities, such as mental illness.⁹¹ The exclusion is compounded by restrictions from participating in family and community activities. Women with disabilities can thus be marginalized and isolated even within the family.

The apparent protectiveness of Pacific cultures may exclude women with disabilities from social participation.⁹² In Fiji, women with disabilities spend an average of two hours per week in household social activities compared to men with disabilities, who spend four hours per week.⁹³ The risks and challenges of lack of community participation are much greater for women and girls with intellectual disabilities since they rely on family to a far greater extent and are extremely vulnerable to abuse when isolated.⁹⁴

⁸⁸ United Nations Educational, Scientific and Cultural Organization (2006), *Moving forward: towards inclusive education for children with disabilities. Guidelines for Action to Include Children And Youth With Disabilities In School Systems and in the EFA Monitoring System*, Bangkok.

⁸⁹ Government of Fiji (1997) *Fiji Poverty Report*.

⁹⁰ Lene, D. (2004), *Status of Women with Disabilities in Samoa*.

⁹¹ Lene, D. (2004), *Status of Women with Disabilities in Samoa*.

⁹² McNally, J.W. (2003) *Health, Widowhood, and Family Support in the North and South Pacific*; Tawake, S. (2003), *Women with Disabilities Pacific Network, 1st Capacity Building Forum Report*.

⁹³ Narsey, W. (2007), *Gender Issues in Employment, Under Employment and Incomes in Fiji*.

⁹⁴ Mirfin-Veitch, B. (2003) *Relationships and Adults with an Intellectual Disability*.

Women with disabilities also face limitations on their rights to marry and have a family, and are often denied custody of their children. International studies have shown that marriage and having children are not viewed as options for many women with disabilities.⁹⁵ Data for the Pacific shows that people with disabilities are less likely to be married than people without disabilities, and women less likely than men. In Samoa, where data are available on marital status of people with disabilities, only 10 percent of women are married compared to 22 percent of men with disabilities. The highest percentages of women (35 percent) who are unmarried are those born with a disability. Eighty percent of the population of unmarried women with disabilities in Samoa acquired their disability in the first 15 years of life.⁹⁶ This indicates the ongoing discrimination in many communities and lack of support for women with disabilities to enjoy their rights, including the right to marry and have a family. It could also indicate the low self-esteem of women with disabilities and the lack of counselling support provided to them on the right to family life and family life education.

Isolation is then exacerbated by the need for support. Women with disabilities face great challenges in independent living. They are often poorer, in worse health, less educated and more dependent on government social service programmes than other people.⁹⁷

It is also important to note that, contrary to the stereotypes of women with disabilities as always dependent on others, they are often also caregivers of others.

According to the Vanuatu Government Report of 2005 to the CEDAW Committee, many women with disabilities are mothers and caregivers themselves and continue to face barriers to full participation in society as a result of the interrelationship between myths and stereotypes about disability and attitudes toward women.⁹⁸

2.3 STRUCTURAL CHALLENGES

The following structural factors, while in place and unopposed, will cause women with disabilities to continue to live in disadvantage regardless of supportive programmes. Without these key elements of a rights-based approach, the enjoyment of human rights by women with disabilities will at best be ad hoc and unsustainable.

Awareness of Human Rights

At the 2004 Regional Capacity-Building Forum, it emerged that women with disabilities in the Cook Islands are not aware of the United Nations instruments such as CEDAW and CRC.⁹⁹ Anecdotal reports indicate that this could be the case in all Pacific Island countries where women with disabilities also lack awareness of and skills to use international instruments to safeguard their rights.

A national capacity-building seminar in Fiji reported that all 15 participants who were women with disabilities feel uncertain whether they have the same rights as other women. It also found that 67 percent feel that women with disabilities should not get married while 27 percent of the participants were uncertain about this right. Two-thirds of participants thought that girls and women with disabilities should not be educated. Despite the diverse backgrounds and nationalities of these women with disabilities, they are led to believe that girls and women with disabilities do not possess basic rights and must be kept at home.

⁹⁵ Arnade, S and Haefer, S. (2006), Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

⁹⁶ Lene, D. (2004), Status of Women with Disabilities in Samoa.

⁹⁷ Seekins, T. (1998), National Institute on Disability and Rehabilitation Research.

⁹⁸ Government of Vanuatu, Combined Initial, Second and Third Periodic Reports Submitted to the CEDAW Committee (2005).

⁹⁹ Tawake, S., Forum Reports, 2003 and 2004.

The lack of knowledge of their rights can be correlated with lower achievement against most indicators of educational, professional, financial and social success than their non-disabled female and male counterparts.¹⁰⁰

“Kalesi once worked for a garment factory in Fiji. She was considered slow due to her disability therefore was dismissed by her employer. Kalesi did not lodge a complaint to appropriate authorities but went home.”

Tawake National Capacity-Building Forum (2005).

There is also general lack of basic understanding of human rights in Pacific communities. Blatant forms of prejudice and discrimination are evident in words, actions, laws and policies.¹⁰¹ The human rights instruments that safeguard the rights of women and girls with disabilities are not well known.¹⁰²

Negative attitudes

Entrenched negative attitudes about women and girls with disabilities are the basis of discrimination, particularly the difficult-to-combat intersectional discrimination. As already illustrated, negative attitudes also significantly contribute to a higher rate of violence against women and girls with disabilities than other women and girls. These attitudes also force women with disabilities to live in isolation depriving them from participating in their community. The lack of acknowledgement and action by government perpetuates and even condones these barriers.¹⁰³

Negative attitudes are another key cause of high rates of unemployment experienced by women with disabilities leading to higher rates of poverty. Both women and men cite negative attitudes towards women with disabilities as one of the most powerful barriers to employment. Many people feel that if such attitudes could be changed, many of the more concrete barriers would be clearer and greater efforts could be made to eliminate them.¹⁰⁴

“Most of the time when I have a relationship or somebody asks me to marry them, the other village people or his family say he is wasting his time and could get a much better wife. It’s hard here because of people’s attitudes. All I really want is to have a husband and family like everybody else.”

Faleu, age 32, in Lene, D (2004) “The Status of Women with Disabilities in Samoa”.

¹⁰⁰ Hunt, R. (2005), Disabled Women Demand Inclusion in the UN Convention.

¹⁰¹ McKinstry, G., Price, P. and S. Macanawai, S. (2004), Review of Policy and Legislation on Disability in Pacific Island Countries.

¹⁰² Committee for the Elimination of Discrimination Against Women, Thirty-ninth session, Concluding Comments – Cook Islands, 10 August 2007.

¹⁰³ ESCAP (1995), Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region.

¹⁰⁴ United Nations Development Program (Pacific Centre) (2007), Round Table on the Situation of Women and Girls with Disabilities in the Pacific, Nadi, 26-7 November.

Policies, Laws, Programmes, and Implementation

Laws in most Pacific Island countries do not make reference to the rights of women and girls with disabilities. Nevertheless, many disability policies and plans make reference to and highlight aspects of the rights of women and girls. Very few women's policies refer to women with disabilities.¹⁰⁵

Policy-makers and programme designers may find it difficult to respond to many of the challenges of intersectional discrimination. On the surface, issues of disability and gender may be invisible or appear to be unrelated. It must be fully understood how basic challenges that some non-disabled women also face, are compounded and can result in new forms of intersectional discrimination, and often impact differently on women with disabilities. For example, issues such as isolation, poverty and poor health are often experienced differently by women with disabilities than they are by both men with disabilities, and women without disabilities. Responses tend to be in terms of generalized measures rather than actions targeting the specific needs of women with disabilities. The lack of priority given to specifically promoting the rights of and issues of women with disabilities creates further disadvantage. Targeted measures, such as individualized, intensive support, are needed to empower women with disabilities out of isolation and poverty.

Most women with disabilities have not had equal access to the opportunities they need to help them contribute to and benefit from development.¹⁰⁶ Women with disabilities need support for programmes that seek to advance anti-discrimination laws. Appropriate evidence-based public policy would secure their rights to accessible health services, afford protection from abuse, provide mental health support, promote family planning and allow for dignified personal assistance in homes.¹⁰⁷

Where disability policies do make reference to women with disabilities, there is a lack of action taken by authorities.¹⁰⁸ Even though gender- and disability-related policies in some countries deal with the issues of women and girls with disabilities, there is a need for more research on how women with disabilities are affected by public policies largely due to the unknown extent and impact of intersectional discrimination.


The lack of solid research on issues of women with disabilities in the Pacific has allowed challenges to continue and left gaps in the evidence to support the need for laws, policies and programmes. Hence, they live in isolation with their experiences and multiple challenges concealed and their voices effectively silenced in the policy debate.

¹⁰⁵ Densem, P. (1990), Disability in the Cook Islands; Falkner, P.M. (1990) Services for People With Disabilities in Vanuatu: A Survey of Existing Services and Recommendations for Future Services; Smith, F. (1990), Western Samoa: An Investigation into the Socioeconomic Status of the Disabled; McKinstry, G., Price, P. and S. Macanawai, S. (2004), Review of Policy and Legislation on Disability in Pacific Island Countries.

¹⁰⁶ ESCAP (1995), Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region.

¹⁰⁷ Fawcett, G. (2000), Bringing down the Barriers: The Labour Market and Women with Disabilities in Ontario.

¹⁰⁸ United Nations Development Program (Pacific Centre), Round Table on the Situation of Women and Girls with Disabilities in the Pacific, Nadi, 26-7 November (2007).

A stylized graphic of a bird's head and neck, rendered in shades of purple, green, and yellow, positioned in the upper right corner of the page. The bird is facing left, with its beak pointing towards the center of the page.

PART 3 :
Laws, Policies
and Programmes

The solutions require comprehensive action by a range of stakeholders because the challenges are complex and multi-dimensional. A sustained response also requires that they understand and take responsibility for the problems. Other stakeholders need to support their respective leadership roles as a necessary response. For example, governments that change laws and policies to prioritize the education of girls with disabilities must be technically and financially supported by development partners and assisted through awareness promotion, *inter alia*, by NGOs and aided by private-sector accessibility measures.

Part 3 of this paper is structured according to stakeholder groups and their respective leadership roles. Each of the key challenges discussed in Part 2 requires leadership by relevant stakeholders. The State bears the obligation to see that universal rights are enjoyed by all of its citizens, including overcoming challenges set out in Part 2.¹⁰⁹ As the main duty bearers, the State's role and opportunities are discussed first and most extensively. The discussion of development partners' and donors' roles at the end of this section recognizes that resources often affect government's abilities to take up their leadership responsibilities. The non-government sectors' complementary and necessary roles are also discussed with respect to their own leadership and support obligations as well as opportunities for elements of a rights-based approach for women with disabilities.

BMF recognizes that governments have a special responsibility in rectifying the imbalances, providing needed support services and providing for full participation by women with disabilities in mainstream development. In particular, measures are required for equal access to health services, mainstream education, training and employment, and protection from abuse. The comprehensive action required can be largely summarized as taking a rights-based approach. This approach has many elements: genuine participation by women with disabilities; transparent mechanisms for accountability for action (and inaction); provision of substantive or real equality and non-discrimination, empowerment of women with disabilities; and a legal framework to enforce their rights. If these elements are in place and there is real commitment to the rights of women with disabilities, the improvements will be sustainable and entrenched in norms. Legal frameworks, norms and standards are central to the rights-based approach and are a foundation on which the other elements can be built. Many legal frameworks are in place for women with disabilities in the Pacific. This analysis shows how they may be best drawn on for the long-term benefit of women and girls with disabilities.

It is important to recognize the different weight carried by the various legal instruments discussed here. When ratified, the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), CEDAW, CRC and other international instruments become binding and they carry weight in legal, political and policy processes. The CRPD, CEDAW and CRC also provide important moral and political weight even for those countries that have not ratified them and remain the relevant international standards. Some elements of human rights treaties may now be considered part of customary international law, regardless of whether a particular country has ratified it. Country constitutions, legislation and policies that assert the rights of both women and of people with disabilities carry significant weight within each country, with constitutions providing the greatest legal power.

Internationally agreed statements of policy, such as BMF, the Millennium Declaration and Millennium Development Goals (MDGs) and the Beijing Platform for Action are also useful. The most important for women with disabilities in the Pacific is BMF. Although it does not have legally binding status internationally or domestically, it is important because the Forum Leaders have endorsed it as a "blueprint for action worthy of the Pacific".¹¹⁰ Advocacy based on BMF is therefore given strength.

¹⁰⁹ Charter of the United Nations (1945); Universal Declaration of Human Rights (1948); UNDP Human Rights Practice Note.

¹¹⁰ Pacific Island Forum Leaders (2002), Forum Leaders Communiqué, Auckland, Art 51 and 52.

3.1. PACIFIC ISLAND GOVERNMENTS

The challenges discussed in Section 2 can all be traced back to the alienation of one or more rights from women with disabilities. As it primarily rests on States to ensure that civil, cultural, economic, political and social rights are enjoyed by women with disabilities to the same extent as the rest of society, the analysis of ways forward begins with roles and opportunities for governments. There are examples of good and poor practices of promoting rights throughout the Pacific, which give a basis for recommendations to governments.

Legislation and policy

Legislative and policy reform is required to enforce the wide range of rights that women with disabilities do not enjoy. The principles and provisions of a comprehensive legal framework for women with disabilities are well supported by international human rights law. Vanuatu has ratified the CRPD and 2 other Pacific Island countries (the Solomon Islands and Tonga) have signed it, all but 3 Pacific Island countries (Nauru, Palau and Tonga) are bound by CEDAW, all Pacific Island countries have ratified (or are otherwise bound by) the CRC, and most have endorsed the BMF, which provide the legal framework for a rights-based approach.¹¹¹

The requirement that national constitutions protect against discrimination on the basis of disability is among the indicators for CEDAW legislative compliance that have been developed in and for the Pacific. None of the ten countries examined to date in the CEDAW legislative compliance process, have fully achieved equal benefits or outcomes for women as required by CEDAW. Fiji, the Marshall Islands, the Federated States of Micronesia (FSM), Samoa, the Solomon Islands and Vanuatu do have anti-discrimination clauses through which individuals who have experienced sex discrimination can seek remedies. Only Fiji (expressly) and the Solomon Islands (implicitly) include indirect discrimination, only Fiji provides protection on the grounds of disability.¹¹²

CEDAW includes the principle of non-discrimination and requires states parties to ensure that all women and girls enjoy all human rights, including through the provision of special measures and even if contrary to cultural practices (Art. 2–5). The CEDAW Committee states in General Recommendation 18 that Article 2 obligates countries to eliminate discrimination against all women, noting that women with disabilities suffer from a ‘double discrimination’. Women and girls with disabilities have experienced discrimination on the basis of their gender and their disability, including in terms of education, employment, health services and social security.

Because the CRC explicitly upholds the rights of children with disabilities, its monitoring has more actively upheld these rights. For example, the Committee has recommended that certain State Parties strengthen efforts to combat discriminatory attitudes towards children with disabilities, particularly among children and parents, and promote their participation in all aspects of social and cultural life.¹¹³

The first strategy of BMF is to “[e]nact and/or enforce legislation... related to equal opportunities and treatment of persons with disabilities and their rights to equity” in regard to the range of its priorities.¹¹⁴ It requires that legislation include women, be rights-based and promote inclusive and multisectoral approaches. The BMF also calls on governments to “ensure anti-discrimination measures, where appropriate, which safeguard the rights of women with disabilities”.

¹¹¹ Stubbs, D.G, Strengthening the Implementation of the Bivako Millennium Framework for Action In The Pacific Subregion, for Economic and Social Commission for Asia and the Pacific (Pacific Operations centre), Nadi 2007.

¹¹² Jivan V. and Forster C. (2007), Translating CEDAW into Law: CEDAW Legislative Compliance in Nine Pacific Island Countries; Jivan V. and Forster C. (2008), Translating CEDAW into Law: CEDAW Legislative Compliance in the Cook Islands.

¹¹³ Compilation of Recommendations of United Nations Treaty Bodies.

¹¹⁴ BMF Strategy 1.

The BMF Mid-Term Review calls on governments to consider signing and ratifying the United Nations CRPD and its Optional Protocol as a matter of priority. Where governments are reticent to ratify the CRPD, they should work towards guaranteeing the rights and freedoms contained in it through disability policies and national legislation.¹¹⁵ Through this process, emphasis should be given to promoting equality between men and women with disabilities. Implementing the principles of rights for the latter by using the CRPD and BMF as a guide to policy and legislation will appropriately prepare Pacific Island countries for CRPD ratification.

Key tools for disabled women's rights advocacy are the Beijing Declaration and Programme for Action of the Fourth World Conference on Women (Beijing Platform for Action), which put concerns of women with disabilities on the international women's agenda. Accordingly, governments need to reaffirm the entire scope of the human rights of women and girls with disabilities, including the implementation of the Beijing Platform for Action, in order to achieve the internationally agreed development goals as well as those contained in the United Nations Millennium Declaration.¹¹⁶ The United Nations Declaration on the Elimination of all Forms of Violence against Women provides another important standard and benchmark.

Once legislation comprehensively setting out the rights of women with disabilities is enacted, the responsibility for monitoring and evaluation should be conducted by an independent human rights institution within each country and reported to Committees of the United Nations for CEDAW, CRC and CRPD. In those Pacific Island countries that do not yet have independent human rights institutions, it is important to accelerate efforts to do so. Until independent national human rights mechanisms are functioning, monitoring and evaluation could be conducted by the Disability Coordination Council as part of their mandate for oversight of implementation of the national disability policy as an interim option for internal human rights monitoring.

There is opportunity for constitutional reform to entrench the rights of women and people with disabilities as each Pacific Island country undertakes constitutional review processes. Such reform will require well-researched and thorough advocacy. Constitutional reform that specifically protects the rights of women and girls with disabilities would provide the most important national legal guarantee. Several Pacific Islands' national constitutions either expressly or implicitly support the rights of women with disabilities; legislation would be appropriate to provide more detailed codification of these rights. The Samoan Constitution has an Article that states that nothing shall "prevent the making of any provision for the advancement of women or children or of any socially or educationally retarded class of persons". Despite archaic language, this does provide for laws to be made specifically for women with disabilities. The more recent 1997 Fiji Constitution supports the rights of women and people with disabilities and is a good model for other Pacific Island countries.

National disability policies provide an excellent means for implementation of rights and can set in place plans that provide for legislative development and constitutional reform. Whereas an increasing number of national disability policies provide for women with disabilities, few women's policies in the Pacific currently refer to them. This may reflect the earlier interpretation of CEDAW as seeking rights for all women, rather than the more developed understanding of CEDAW as also addressing the rights of particularly disadvantaged groups of women.¹¹⁷ Fortunately, the CEDAW committee, in its concluding comments to States Parties and in general recommendations, together with some government and shadow reports,

¹¹⁵ Stubbs, D.G, Strengthening the Implementation of the Biwako Millennium Framework for Action in The Pacific Subregion, for Economic and Social Commission for Asia and the Pacific (Pacific Operations Centre), Nadi 2007,

¹¹⁶ Barbuto, R. (2005) Issues of Gender in the Context of the Movement of Persons with Disability; Radke, D. (2005), DPI Women's Committee Report 2002-2004.

¹¹⁷ The text of CEDAW only contains an explicit reference to rural women as a specific group. It is now clear, however, that it also covers a range of other forms of intersectional discrimination suffered by various groups of women.

have highlighted the plight of women with disabilities and the requirement to take concrete steps to redress the discrimination and disadvantage they face. These developments are reflected in the improvement since the 1994 ESCAP survey on disability, which found that no Pacific Island country had policies referring to women with disabilities.¹¹⁸

A number of Pacific Island countries and territories that have developed disability policies have clearly identified the need to provide for the rights of women with disabilities and some set out appropriate practical measures to uphold these rights. The first country to develop a disability policy, the Cook Islands, reviewed its disability policy in 2007 incorporating findings by the CEDAW Committee into the policy, including: a law relating to safety and security; equality and protection from discrimination; and protection of vulnerable women and girls, such as those with disabilities.¹¹⁹ This policy change, when responding to a review by a human rights treaty monitoring committee, is likely to see an appropriate rights-based approach.

Vanuatu's disability policy recognizes that women with disabilities are doubly discriminated against and is aimed at ensuring that issues affecting them are incorporated into national programmes and policies.¹²⁰ Implementation has not yet occurred however.

The Kiribati Disability Policy also contains a section on women with disabilities.¹²¹ It has clear objectives on equal participation of women and girls with disabilities and mainstreaming concerns at the national level. The objectives are matched with detailed actions such as making services accessible, training and law reform.

The PNG Disability Policy states as its Goal 3: Promote gender equality and empower women.¹²² It then recognizes their double disadvantage caused by the intersection of both gender and disability-related discrimination. It requires that legislation be enacted to protect the rights of people with disabilities. The Policy describes how such legislation should be developed in consultation with women with disabilities. It also seeks the equal participation of women with disabilities and to mainstream their issues at the national, provincial and local levels.

The New Caledonia Charte du Handicap does not currently refer to women with disabilities.¹²³

Samoa's relatively more extensive data collection and research on women with disabilities is borne out of its Policy on Women. This policy details barriers and disadvantages faced by women with disabilities and outlines objectives and strategies aimed at overcoming them. It contains a subsection illustrating the more significant challenges faced by women with disabilities using stark statistics and strategies relating to transport, education, home care, awareness, legislated rights, employment and welfare benefits. The policy also inserts the need to respond to issues on women with disabilities in a range of other mainstream women's policy areas, notably participation in sport.

The Cook Islands' Gender Policy incorporates points raised in the Cook Islands CEDAW Report that focus on women with disabilities and reflect the priorities outlined in the disability policy.¹²⁴ Similarly, the draft Tokelau Women's Policy states that all women, including those with disabilities, have quality access to all health services and reproductive health care services. Women with disabilities are specifically mentioned in a number of objectives and strategies.

Fiji's disability policy draws on lessons from other national disability policies. It includes a

¹¹⁸ ESCAP (1995), Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region.

¹¹⁹ Committee for the Elimination of Discrimination Against Women, Thirty-ninth session, Concluding Comments- Cook Islands, 10 August 2007.

¹²⁰ Vanuatu National Disability Policy and Plan of Action (2008–2015).

¹²¹ Kiribati National Policy on Disability and Action Plan (2007–2012)

¹²² Papua New Guinea National Policy on Disability (2005).

¹²³ The Charter is presented in terms of principles and rights owed to people with disabilities. It is the basis for the local DPO's advocacy to the National and Provincial Governments of New Caledonia.

¹²⁴ Economic and Social Commission For Asia and The Pacific - Pacific Operations Centre (2007) Review of the Cook Islands National Policy on Disability, Suva.

section dedicated to women and children. It requires related human rights issues to be included in programmes of government ministries, NGOs and community organizations. The draft Action Plan sets out achievable strategies and measurable indicators for implementation of the policy.

The policies that clearly identify the disadvantages faced by women and girls with disabilities, that describe the issues and provide for strategies to respond to this will be more effective, because both the problems and the solutions are captured for policy makers and those designing and implementing programmes. Neutral policies that merely claim to apply to all people with disabilities or all women will be less effective.¹²⁵ Policies that begin by reaffirming principles of women's rights will also be more responsive to changing needs than those generally addressing specific services or support systems. As women with disabilities are entitled to enjoy substantive equality in the enjoyment of their human rights, countries should look for the most effective action to protect them against discrimination. This means that explicit references to the position of women and girls are required, both in a stand-alone provision and in provisions of particular relevance to them.

The lack of implementation of many plans and policies is indicative of an accountability gap. This may be mitigated by greater government transparency and strengthened DPOs to call on governments to account for the rights of women and girls with disabilities. Government disability and gender focal points that can formulate national disability and gender plans that coordinate with ministries and sectors would assist sustainable implementation of progressive gender and disability policies.

In recognition of the accountability gap, the CRPD urges countries to promote, formulate and evaluate policies, plans, programmes and actions to further equalize opportunities for persons with disabilities (both men and women). The monitoring and evaluation process is lacking and would also benefit from a regional approach supported by technical development and policy-level support from development partners.

National disability coordinating committees create cross-government focused attention on disability issues with potential for promoting internal accountability.¹²⁶ Few, however, have taken steps to entrench women with disabilities' representatives and provide the necessary support. Countries have approached this need in several ways, but none have yet fully implemented the idea of representatives on women's issues on disability coordinating committees.

Although not specific to the disability committee, the FSM Disability Policy requires that National and State Women's Offices and Advisory Councils involve women with disabilities in programmes and planning. The Cook Islands' review of their Disability Policy recognizes that women with disabilities should have a stronger role in the National Disability Council. The Solomon Islands' Disability Policy establishes a National Coordinating Council on Disability (NCCD) with equal representation from women and men with disabilities. As an alternative, possibly more active example, the PNG Disability Policy has its National Disability Committee establish a Women's Sub-Committee to consider ways of supporting and strengthening the roles of women with disabilities.

Interpreting the BMF priority areas and strategies together supports equal representation and the involvement of women with disabilities representatives in disability coordinating committees. Such expert involvement in policy development, implementation, monitoring and evaluation is required for the rights of women with disabilities to be accounted for and sustained. Governments may, however, need to support such representation through re-

¹²⁵ Arnade, S and Haefer, S. (2006), *Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.

¹²⁶ Pacific Regional Workshop on Disability, Fiji, 1–4 August 2005.

sourcing such committees, as already occurs in the Cook Islands, Fiji and PNG.

Violence and Abuse

Very little has been done in the Pacific to safeguard the rights to bodily integrity and equality for women and girls with disabilities. There is a lack of data, research and formal acknowledgement of abuse of women and girls with disabilities in the Pacific, in part because gender-based violence and abuse are rarely reported. In addition, both the likelihood of concealment and the problems associated with reporting are greater for women and girls with disabilities than for their non-disabled peers.

Although data collection will help to underpin future work in this policy area, the legislative progress need not await the difficult-to-collect data. Article 2 of CEDAW calls for the protection of women when discriminated against. Article 15 calls for their equal protection before the law. Article 19 of CRC requires that children be protected from violence. Laws and policies can be developed on this basis, and women and girls with disabilities should be targeted in recognition of their greater vulnerability.

Policy development should seek input from women with disabilities in an environment where they feel safe to participate given the challenging nature of this subject. Such participation, however, is hampered by the disempowerment that abused women with disabilities tend to experience. The difficult subject matter and lack of formal data has not inhibited some groups from advocating on this issue. The Declaration of the PNG National Network of Women (2006) calls on governments at all levels, women's organizations, NGOs and community-based organizations to support women with disabilities who are subjected to violence and abuse in all its forms, and to ensure that these issues are included in all campaigns and programmes targeted at ending violence against women.¹²⁷

In Samoa, the Government has been asked to promote community sensitization on the abuse of girls and women with disabilities. It should be systematically integrated in general sensitization programmes.¹²⁸ More generally, it has been found that governments and communities must change the negative behaviours that exploit or result in disability. Communities can also reduce the negative impacts of violence by emphasizing the importance of learning coping strategies, creating and supporting systems and improvements in parenting, and reducing the impact on families and the mental and ill health that violence creates.¹²⁹

The disempowerment is compounded by the fact that abuse of women with disabilities is a highly sensitive and taboo subject in the Pacific. The alienation of their basic rights to equality before the law undermines recognition of the abuse of their bodily integrity.¹³⁰ The higher rate of abuse of women and girls with disabilities underlies the need to both ensure that there are adequate laws that reflect the seriousness of violence against women with disabilities and their enforcement. Such empowerment would assist in the promotion of human rights, including the rights to self-determination, bodily integrity, sexual and reproductive health and rights, general human rights education, and information and education about the right to live free from violence, and that sexual abuse and gender based violence are both crimes and constitute human rights violations. Women and girls with disabilities also need to be empowered and have their confidence built to speak out about their rights. Parents, families and carers need to be conscious that girls and women with disabilities are particularly vulnerable to sexual abuse and a range of forms of gender based violence.

As an important step toward empowering women with disabilities who have survived abuse, the CRPD also requires that countries take all appropriate measures to promote the physi-

¹²⁷ Papua New Guinea National Network of Women with Disabilities (17–19 July 2006) Statement.

¹²⁸ Lene, D. (2004), Status of Women with Disabilities in Samoa.

¹²⁹ Foundation for the Peoples of the South Pacific (2004), Mental Health and Violence.

¹³⁰ CEDAW, Article 15.

cal, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse. This will take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender-specific needs.

The Beijing Platform for Action and CEDAW both condemn gender-based violence. The most recent human rights convention to come into force, the CRPD, captures the issue in Article 16: Freedom from exploitation, violence and abuse. The Article not only requires a legislative framework, but calls for administrative, social, educational and other measures to protect people with disabilities from all forms of exploitation, violence and abuse, including gender-based aspects. It requires support to be given to women with disabilities, families and carers to avoid, recognize and report abuse to disability-sensitive protection services.

Their higher rates of sexual abuse make women and girls with disabilities more vulnerable to HIV/AIDS.¹³¹ Thus, as per the Beijing Platform for Action, special measures and programmes are needed to protect disabled girls and women from both the violence and exposure to HIV as well as other sexually transmitted infections.¹³²

Early Identification and Intervention

The considerable benefits of early identification and intervention are manifested over the very long term. Despite the fact that the benefits from early identification and intervention, which include higher educational attainment, lower unemployment and greater self-reliance, are reason alone for governments to pursue these policies and programmes, Governments appear less motivated to take steps in this area than in areas that provide more immediate benefits. Governments are accountable for extending this right to all girls and boys, as provided for in CRC Article 23.

The current lack of accountability is illustrated by the insufficient reporting to human rights treaty bodies by Pacific Island countries, particularly on the status of both girls and boys with disabilities. The reports to the Committee on the Rights of the Child (CRC) lack specific statistical data on children with disabilities. The Committee's Guidelines are also often ignored. As a result, the reports do not provide information on the problems and barriers to the implementation of the entire CRC for girls with disabilities.¹³³

Families may not recognize the rights of their daughters with disabilities. Women with disabilities may be fully engaged in advocating for their current rather than past needs. In addition, policy makers may not yet recognize the importance of ensuring that girls with disabilities, women with disabilities, parents and/or educators are engaged and able to meaningfully participate in developing and implementing relevant policies. To ensure participative policy development, governments will need to undertake extensive support and capacity building in order for the stakeholders to enable true engagement in the solution.

All rights for girls are clearly provided for and articulated in human rights instruments. Article 2 of CRC asserts all rights will be ensured for all children, regardless of disability. Further, Article 23 of CRC goes to the heart of this root cause problem for girls. It recognizes that children with disabilities should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate their active participation in the community. The CRC acknowledges the need for special care and to ensure that the disabled child has effective access to and receives quality education, training, health care services, rehabilitation services, preparation for employment and recreational opportunities in a manner conducive to

¹³¹ WWDA, *Forgotten Sisters: Global Review of Violence against Women With Disabilities*, 2007.

¹³² Radtke, D. (2005), *Beijing + 10: Position Paper on Women with Disabilities*.

¹³³ Kilkelly, Dr. Ursula (2002), *Disability and Children: the Convention on the Rights of the Child (CRC)*, in Quinn, G. and Degner, T. (2002), *Human Rights and Disability*.

his or her achieving the fullest possible social integration and individual development.

The right to individual development prior to and during school age years is lost in the implementation of most policies and programmes. The long-term benefits in terms of children's ability to enjoy every other right owed to them are considerable. The social need and response to it is well captured in MDG Goal 2 Target 8. By 2012, all infants and young children (from birth to four years old) will have access to and receive community-based early intervention services, with support and training for their families. This involvement of families and communities is key to promoting sustainable access to this right of all children.

Some isolated examples of sight and auditory testing were carried out in the Pacific with the support of international disability service providers.¹³⁴ In addition, in recognition of the shortfall, the Samoan Ministry of Health, in collaboration with World Health Organization (WHO), has been called on to initiate steps to establish audiological testing facilities and hearing aid supply.¹³⁵

Quality Education, Training and Rehabilitation

The United Nations human rights framework has clearly defined the elements of the right to education. There are three broad categories of obligations for States, including in relation to the right to education. First, as with every right, the State must respect, and therefore not interfere with the enjoyment of the right to education. Second, the State must protect against discrimination and ensure the equal right of men and women, and boys and girls to education. The third principle is fulfilment. The State must take steps, using the maximum available resources, to fully achieve the right to education for all.¹³⁶ To this end, a policy and legal framework is set out in BMF priority C, CEDAW Article 10 and CRC Article 23. There are also practical regional policies and programmes, such as the Pacific Regional Initiative for the Development of Basic Education (PRIDE), to support implementation. However, the same problems identified with the lack of meaningful participation of women and girls with disabilities in the policy process related to early intervention also exist in relation to education and training more generally.

Most Pacific Island countries that have reported to the CRC Committee have been subject to the latter's criticism regarding the rights of children with disabilities, particularly their lack of access to quality education.¹³⁷ The risk is also that where resources are made available, they will tend to be focused on boys due to inherent gender bias in education and in related assessment methods.¹³⁸ There is an urgent need to consider policies and programmes that will place greater emphasis on the participation of girls with disabilities in the mainstream education system in accordance with their rights and to access education at the same standard and alongside their peers. In particular, the data indicates significant disparity between girls and boys and between rural and urban children with disabilities.

International instruments have set firm objectives to provide for these rights. For example, the Beijing Platform for Action requires access to quality education and training at all appropriate levels for women and girls with disabilities (para. 81 k). The MDGs are more specific, seeking universal primary education for all boys and girls by 2015 (MDG 2) and the target of 75 percent of children and youth with disabilities able to complete a full course of primary schooling by 2010.¹³⁹ These targets are supported in the Pacific Plan within the appropriate local context.

The instruments proven most useful in the Pacific are those providing practical strategies on how to support enjoyment of rights and meet objectives. The United Nations Educational,

¹³⁴ This includes international reports of sample surveys from the Cook Islands, Kiribati, Samoa, Tonga and Vanuatu.

¹³⁵ Lene, D. (2004), Status of Women with Disabilities in Samoa.

¹³⁶ United Nations (2006), Right to Education for People with Disabilities.

¹³⁷ Compilation of Recommendations of United Nations Treaty Organizations.

¹³⁸ Rouso, H. (2004), Education of Women and Girls with Disabilities.

¹³⁹ UNESCO, (2006), Moving Forward: Towards Inclusive Education for Children With Disabilities.

Scientific and Cultural Organization (UNESCO) Guidelines on Inclusive Education 2006 discuss the promotion of innovative programmes that encourage schools and communities to search more actively for children who have dropped out or are excluded from school and from learning, especially girls and children with disabilities. Also, all girls and boys must have access to complete primary education that is free, compulsory and of good quality as a cornerstone of an inclusive basic education.¹⁴⁰ If implemented, the Inclusive Education Policy, developed in October 2007, will promote further gender-equitable inclusive education for participating countries.¹⁴¹

The 2001 General Recommendation on the Right to Education issued by the Committee on Economic, Social and Cultural Rights provides an excellent legal framework whereby the rights of girls with disabilities to education is upheld. To date in the Pacific, the Convention on the Rights of the Child has been the mechanism most relied on for the policy formulation that has taken place on issues related to education and disability. The Committee on the Rights of the Child has captured the need for practical measures in recommendations made to a number of Pacific Island countries. It recommends inclusion of children with disabilities into mainstream schools and other community settings, by establishing special units in all communities, giving more attention to special training for teachers and making the physical environment, including schools, sports and leisure facilities, accessible for children with disabilities.¹⁴²

The education policies of Tonga and the Cook Islands provide good examples of promoting inclusive education, including in rural and remote areas. In the Cook Islands, there are equal numbers of girls and boys with disabilities attending school. This highlights the positive approach to non-discrimination on the basis of gender.

The Vanuatu Education Act (2000) includes non-discriminatory provisions based on disability and providing equal opportunity for children with disabilities to be included in the education system. There have been some important provisions made, such as the appointment of an Inclusive Education Officer in the Ministry of Education, adoption of a Teachers' College course, designation of certain primary schools as national centres for the education of students with disabilities and all new schools made accessible. As a result, there have been gradual increases in the number of students with disabilities.¹⁴³ Since independence, however, little has been done to include children with disabilities in mainstream education.¹⁴⁴

The University of the South Pacific and Samoa National University are also now providing training for teachers of students with disabilities. The Samoan Ministry of Education has translated the Inclusive Education Tool Kit into Samoan and provided for the broad take-up of Samoan sign language. A growing number of children with disabilities are attending mainstream schools and special institutions, but many are still not catered for, particularly in the rural areas.¹⁴⁵

To sustain the rights of women and girls with disabilities, positive awareness is required. Although awareness raising should generally be led by DPOs, governments have a key role with respect to changing attitudes and approaches within the public service, and with the general public, to eliminate the attitudes that promote discrimination, and ensure that the right to quality education is enjoyed.

Employment

Despite some policies and laws supportive of equal employment for women with disabilities,

¹⁴⁰ Article 5, UNESCO Dakar Framework for Action.

¹⁴¹ This was developed at a workshop jointly convened by education partners including the Forum Secretariat, UNICEF, UNESCO, PRIDE,

¹⁴² South Pacific Board for Educational Assessment (SPBEA), PDF and the Fiji Ministry of Education.

¹⁴³ CEDAW (2005b), Committee Report Vanuatu.

¹⁴⁴ CEDAW Committee Report Vanuatu (2007).

¹⁴⁵ Samoa State Report to CEDAW, 2003.

government and employer responsibilities provided for in CEDAW Article 11 and BMF Priority D do not appear to have been met. Discrimination indicated by the data suggests the need for special measures for women with disabilities, such as those provided for by CEDAW Article 4.

The development of income-generating programmes is promoted in the CRPD (Article 27). To this end, a mainstreaming approach should be taken. A critical need remains for programmes such as credit schemes, entrepreneurial skills training and advisory services to include women with disabilities and to develop a niche in the market for their goods and services.¹⁴⁶ This is particularly important with the high proportion of women with disabilities in rural areas and the lack of employment opportunities available to them.

There are examples in Fiji, PNG and other Pacific countries of women with disabilities developing their own businesses mainly using traditional skills. The risk however, is that income-generating schemes can be seen as the only employment option for women with disabilities, rather than pursuing the full range of measures that can be taken to ensure that they have a variety of employment options.

As with education policies, employment policies have not recognized the multi-layered disadvantages faced by women with disabilities. Most international instruments and all laws are gender-neutral for the employment of people with disabilities. Such policies will therefore continue to favour men with disabilities over women with disabilities, with the latter's high unemployment rate leading to poverty and related disadvantage.

Fiji has ratified ILO Convention 159, which calls for decent work for people with disabilities. This is a landmark legal development for the Pacific despite its gender neutrality. Fiji's Employment Relations Promulgation Act (2007)¹⁴⁷ takes the ILO Convention a step further. It requires that at least 2 percent of any workforce where 50 or more people are employed must be those with disabilities. Lack of data has prevented any gender analysis of this measure, but the low rate of education and training for people with disabilities suggests that its implementation will be hampered by skill shortages, particularly with respect to women with disabilities.¹⁴⁸ Gendered attitudes to work will likely see women with disabilities under-represented in mainstream employment unless gender equality is required. Further support is needed in this field and the ILO's work in the Asia-Pacific region on labour legislation and systemic advocacy to employers has been noted as an important opportunity for people with disabilities in the Pacific.¹⁴⁹

The Vanuatu Ministry of Health has expanded the definition contained in Article 1 of CEDAW to include elimination of all forms of discrimination in the workplace based on disability and other characteristics. The CEDAW committee found that the Ministry had produced the most comprehensive policy statement yet in the country, which are not found in other policies or laws.

The CRPD sets out the principles relevant to employment. It calls for countries to prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment. This includes protection of the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work and technical and vocational guidance programmes. As a precursor to CRPD Article 27, ILO Convention 159 requires being decent work for men and women with disabilities. It also requires appropriate vocational rehabilitation and training, open employment and positive measures that substantively provide for the right to open employment. As there is a long history of women with disabilities subtly denied their right to decent work, Article 5 of Convention 159 appropriately involves organizations of and for people with disabilities in the implementation of such policies.

¹⁴⁶ ESCAP (1995) Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region.

¹⁴⁷ This reference focuses on the relevant content of the Promulgation and should not be interpreted as commenting on its legality.

¹⁴⁸ Stubbs D.G. and Nowland-Foreman, G. (2005), Free and Equal: A Review of NZAID's Pacific Disability Programme and Scoping Study.

¹⁴⁹ Pacific Regional Workshop on Disability, Nadi, Fiji. (1-4 August 2005). PIFS/ILO/UN-EPOC/DPI/PDF.

The Beijing Platform for Action more specifically targets women with disabilities. It requires implementation of positive public and private sector employment, equity and positive action programmes to address systemic discrimination against women in the labour force, in particular women with disabilities (para.178 f). It is underpinned by more detailed requirements (para. 178 j).

As per the Beijing Platform for Action, another important way for governments to account for its obligations is to take the lead, as required by CRPD, and actively seek women with disabilities as employees (Article 27(g)). As recommended in Samoa, this should be complemented by targeting women with disabilities in job creation programmes, skills development and community-based development.¹⁵⁰ There are currently no known systemic examples of such action by any Pacific government.

Some Pacific Island countries are currently modernizing their labour laws. This provides opportunities for stakeholders to ensure that gender and disability dimensions are incorporated in accordance with international laws.

Traditional and Religious Cultures

All social institutions have a role to play to actively promote inclusion rather than exclusion. For example, if Pacific Island traditional and religious hierarchies promoted issues on women and girls with disabilities, this would greatly assist the work of DPOs in their awareness-raising programmes.

However, the reality is that determining how communities can best ensure that cultures and religions are not used to undermine rights, is not always clear or easy to accomplish. Despite the sensitivities, the CEDAW Committee has made it clear that there is a requirement that any aspects of customary practices or traditions that violate the rights of women must be modified. In addition to governments, important roles are played by NGOs, church groups and other custodians of traditional and religious culture in this regard.

The rights of women and people with disabilities are often trumped by discriminatory cultural practices if they are not expressly, legally protected. For example, in Tuvalu, the Constitution provides for the protection of “Tuvaluan values, culture and tradition”, which in the absence of an anti-discrimination clause on the grounds of gender, permits the continuation of customary practices that discriminate against women.¹⁵¹ This underscores the importance of countries making constitutional changes to provide for the rights of women and people with disabilities in their highest laws.

The cultural barriers for women and girls with disabilities are likely to also be resolved through the general advancement and enjoyment of all of their rights.¹⁵² This approach may assist in overcoming the more complex intersectional discrimination that they experience. The legal framework is provided for by CEDAW Article 5 which requires governments to modify the stereotypical, social and cultural conduct of men and women. Such cultural norms may be modified through education in a variety of forums and policy measures as well as through legislative provisions.¹⁵³

Health Care

Non-discrimination in the provision of health care and services requires governments to take special measures to ensure that women and girls with disabilities’ enjoy the right to health outcomes that are comparable to the highest available.¹⁵⁴ Due to the lack of accessible health services, in order to enjoy their right to health, women and girls with disabilities

¹⁵⁰ Lene, D. (2004), Status of Women with Disabilities in Samoa.

¹⁵¹ Jivan V. and Forster C., Translating CEDAW Into Law: CEDAW Legislative Compliance in 9 Pacific Island Countries, 2007.

¹⁵² Stubbs, D. (2007), Strengthening the Implementation of the Biwako Millennium Framework For Action In The Pacific Subregion.

¹⁵³ Jivan V. and Forster C., Translating CEDAW Into Law: CEDAW Legislative Compliance in 9 Pacific Island Countries, 2007.

still require the most fundamental services, such as access to basic health care and related information.¹⁵⁵

Like education, the non-immediate benefits from investment in health services require long-term government and donor commitment to health-related programmes. For example, a joint pilot project on community care for women with disabilities with the Fiji National Council for Disabled Persons (FNCDP) and Fiji Disabled Peoples Association (FDPA) was useful and popular. This project has continued under the auspices of the government-based FNCDP.¹⁵⁶ It is a useful example of the much needed community-based health care that enables women with disabilities to receive health services despite the restrictions created by their disabilities.

The Vanuatu Department of Health has incorporated non-discrimination on the grounds of sex and disability into its policies and is supported by the national disability policy.¹⁵⁷ Experience of other countries, however, suggests that progressive policy statements are not enough, particularly in the field of health services, as resources are required to redress the imbalance.

Samoan advocates, on the other hand, have been active in calling on the Government for its support on the range of health needs of women and girls with disabilities. They have identified the need to increase resources to provide training for health workers in the health issues that they experience at different stages of life, and appropriate ways to support them in accessing rural health care.¹⁵⁸

International evidence that women and girls with disabilities tend not to receive health screening and check-ups suggests that Pacific Governments should review health services for them more broadly. There have been calls for the Samoan Government to review the current community-based health service for women and girls with epilepsy and mental illness to ascertain if they are receiving appropriate assessment and diagnosis, and medical management, including medication.¹⁵⁹

Lack of access to health care, health screening, childbirth complications and health-related information may have also resulted in the higher prevalence of disability among women. In particular, some Pacific-based diabetes research has indicated that women contract diabetes at higher rates than men.¹⁶⁰ Given that diabetes is often a precursor to disability, there may be a problem of access to health services and information for women. Further research is required regarding the prevalence of disabilities and related health issues for women.

In order for women and girls with disabilities to have access to the same health treatments as other women and girls, current health programmes for them need to be adapted to meet the needs of different disability groups.¹⁶¹ To ensure substantive equality of health care, they should also be specifically targeted.¹⁶²

CRPD calls on countries to take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive. The Convention recognizes the unique needs of people with disabilities regarding the type and location of services. This is supported by the Beijing Platform for Action, which, after outlining the nature of appropriate health services needed for women and girls with disabilities – gender-sensitive, decentralized

¹⁵⁴ CRPD Article 25.

¹⁵⁵ Radtke, D. (2005), Beijing + 10: Position Paper on Women with Disabilities.

¹⁵⁶ Fiji Disabled People's Association (FDPA) (2007), Women with Disabilities Activities in Fiji Report.

¹⁵⁷ Committee on the Elimination of Discrimination against Women, Concluding Comments of the Committee on the Elimination of Discrimination against Women: Vanuatu (2007).

¹⁵⁸ PPSEAWA: (Women for Peace, Understanding and Advancement), Inclusion International (Disability and Human rights), National Council of Women (NCW) and members of Civil Society, NGO Shadow report on the Status of Women in Samoa, 2004.

¹⁵⁹ Lene, D. (2004), Status of Women with Disabilities in Samoa.

¹⁶⁰ Hodge A. et al. (1995), Prevalence and Secular Trends in Obesity.

¹⁶¹ Committee on the Elimination of Discrimination against Women, Concluding Comments of the Committee on the Elimination of Discrimination against Women: Vanuatu (2007).

¹⁶² PPSEAWA: (Women for Peace, Understanding and Advancement), Inclusion International (Disability and Human rights), National Council of Women (NCW) and members of Civil Society, NGO Shadow report on the Status of Women in Samoa, 2004.

and addressing their needs throughout their lives (106c) – calls for increased financial support from all sources for their health services and research (109d).

Overall, greater resources are needed for health services for women with disabilities. Also, due to their higher rates of poverty, women with disabilities are likely to suffer greater health problems.¹⁶³ Moreover, poor health outcomes have generally disempowered women with disabilities, exacerbating other discriminatory practices.

Reproductive and Sexual Rights

Legislation and policy appear not to have acknowledged, and in some cases have denied, sexual and reproductive rights of women with disabilities.¹⁶⁴ The rights of women with disabilities are now set out clearly in CRPD Article 23. It clarifies that countries should take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, in order to ensure that the right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent. In particular, it sets out the right to reproductive and family planning services and education, and the underlying means needed to exercise these rights are laid out.

It should also be recognized that, all women, including women with disabilities have both sexual and reproductive rights. These include the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence¹⁶⁵ as well as the right to decide freely and responsibly on the number and spacing of their children and to have the information, education, and means to do so.¹⁶⁶ Women with disabilities may also require support to nurse their children.¹⁶⁷ Although often unpopular or sensitive, these more socially challenging rights must still be advanced in the Pacific.

Tonga is an example of a useful good practice, which saw the first Pacific Family Health Association target women with disabilities in delivery of education and health services to equip them with the skills, knowledge and access to enjoy their sexual and reproductive rights.¹⁶⁸ The issue has also been raised in Samoa, where the Government has been urged to implement Pacific Regional initiatives in Health and Reproductive Treatment and Awareness Programmes to specifically address the unmet needs of women with disabilities in accessing all relevant services and programmes.¹⁶⁹ This should be a first step for all Pacific Island countries.

As with any supporting survivors of abuse, significant individual and community-based rehabilitation is required to empower women with disabilities to be partners, mothers and sexual beings.

Community Inclusion

The lack of general community participation has a detrimental effect on the enjoyment of other rights for women and girls with disabilities; it is also the abuse of basic rights, such as the right to public, political, sporting and recreational participation provided for in CEDAW Articles 7 and 13. While responsibility for ensuring that they enjoy their rights sits with governments, the delivery of related services may be shared between government and non-government sectors.

While women and girls with disabilities are continually denied the civil and political rights of

¹⁶³ Salthouse, S. (2005), Sick State of Health.

¹⁶⁴ McKinstry, G., Price, P. and S. Macanawai, S. (2004), Review of Policy and Legislation on Disability in Pacific Island Countries.

¹⁶⁵ United Nations, Fourth World Conference on Women, Beijing Platform for Action (1995), paragraph 96.

¹⁶⁶ United Nations. International Conference on Population and Development (ICPD), Programme of Action Cairo 1994.

¹⁶⁷ DPI Women's Committee Action Plan; WWDA Legislation to Authorize Procedures for the Sterilization of Children with Intellectual Disabilities (2007).

¹⁶⁸ Lene, D. (2003), Tonga Report.

¹⁶⁹ Lene, D. (2004), Status of Women with Disabilities in Samoa.

freedom to participate and to belong to their communities, their ability to advocate for various other rights will also be impacted on by violations of their civil and political rights. The vicious circle that they find themselves in is that they must be able to exercise other rights, including for example freedom of movement and mobility (e.g. transport), information and expression, communication, employment and quality education, before the right to participate can have meaning.

Article 29 of CRPD on Participation in Political and Public Life and Article 30 on Participation in Cultural Life, Recreation, Leisure and Sport together provide details of how the right of inclusion for women with disabilities should be manifested. The former asserts freedom of expression of political views, enjoyment of association and participation in public affairs. The latter requires accessible information in accessible formats, physical access, development of women with disabilities creative potential and involvement in mainstream and disability-specific sporting activities.

All forms of accessibility (CRPD Art. 9) are key to providing for participation. BMF devotes Priority 6 to the need for an accessible, built environment and public transport. Moreover, several national disability policies refer to physical access requirements. This issue, however, does not seem to have translated into mainstream policy change. Urban planning is a pressing issue for many Pacific Island countries, raising matters of infrastructure, public services and amenities. However, planning appears to fail to recognize the rights of a group heavily reliant on quality urban infrastructure and transport.¹⁷⁰

Information exchange that considers and addresses the access issues for various disability groups would also increase social integration for women with disabilities. This would include documents written in plain language for people with intellectual disabilities, audio reports for people who are blind and cannot read Braille, Braille reports for people who are blind, sign language for the deaf and visual representations for women with disabilities who may not be fully literate.

Poverty Alleviation

Laws and policies seeking to alleviate the poverty experienced particularly by people with disabilities or women are rare. As a result, data indicate that women with disabilities are disproportionately represented in the very low income groups.

As a strong example of a legal and policy framework to respond to the poverty experienced by women with disabilities, BMF's Priority G promotes poverty alleviation through capacity building, social security and sustainable livelihoods. It recognizes the importance of the MDGs to eradicate poverty, but highlights the risk that broad goals will leave people with disabilities behind because they experience the most extreme poverty, which is far more complicated and multi-faceted. This includes intersectional discrimination that often requires targeted rather than broad responses. Hence, conscious efforts should be made to include persons with disabilities in the target groups given priority in the national poverty reduction strategies to achieve the MDGs.

Welfare support should not be the first or only response to the poverty faced by women with disabilities. It must be part of a set of responses that focus on advancing and resourcing all of the rights of women and girls with disabilities, making them partners in development.¹⁷¹ Until governments fully embrace such a rights-based approach, any responses will continue to be short-term and unsustainable.

Emphasizing the even greater complexity for women with disabilities, the Beijing Platform for

¹⁷⁰ ESCAP (2007), Workshop on Urban Management.

¹⁷¹ ESCAP (1995), Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region.

Action calls on NGOs, academic institutions as well as grassroots and women's groups "to improve the effectiveness of anti-poverty programmes directed towards the poorest and most disadvantaged groups of women, such as ... women with disabilities, recognizing that social development is primarily the responsibility of Governments" (para. 60a). In this context, and because women and girls with disabilities are more likely to live in poverty and be excluded from the workforce, Disabled Peoples International (DPI) has called on United Nations organizations, in particular the World Bank, in its poverty alleviation strategies, the ILO in its 'right to decent work' and UNESCO in its goal of 'Education for All' to ensure their work includes women and girls with disabilities.¹⁷²

Many Pacific Island countries assert that they do not have the immediate capacity to put in place a welfare system that provides for the unemployed, single parents, people with disabilities.¹⁷³ Although some countries, such as Fiji and Vanuatu, have put welfare programmes in place, welfare payments have been found to be inadequate.¹⁷⁴ Progressively implementing economic and social rights of individuals also benefits their community and should be undertaken to the greatest extent possible by governments, in accordance with their responsibilities. As a key vulnerable group, women with disabilities should be identified as recipients of such support.

Samoa NGOs recommend that the Government explore the viability of a social welfare support programme and comprehensive programmes for vulnerable women's groups, such as elderly women, and women with disabilities.¹⁷⁵ Further, mothers with disabilities need a basic income and assistance for their own needs and those of their children.¹⁷⁶ The problems of isolation and poverty experienced particularly by older women with disabilities would be significantly mitigated with the provision of financial and social support from the Government.

There are opportunities not yet fully explored to tackle the systemic issue of inaccessible housing in mainstream policies on urban management in the Pacific.¹⁷⁷ Positive policies tend to focus on the location and affordability of housing benefiting women with disabilities. The risks of living alone and the need to provide for their inherent rights and dignity also require policies on the type and accessibility of their accommodation.

The right to own land has been withheld from some women in the Pacific. The problems related to their lack of rights to land are exacerbated for women with disabilities by problems of affordability and tenure.¹⁷⁸ Low rates of income compound the problems of affordability and tenure. They should be recognized as a target group for considerations of both affordable and accessible housing in all urban management policies.

¹⁷² Radtke, D. (2005), Beijing + 10: Position Paper on Women with Disabilities.

¹⁷³ Committee on the Elimination of Discrimination against Women, Concluding Comments of the Committee on the Elimination of Discrimination against Women: Vanuatu (2007).

¹⁷⁴ Fiji Womens Rights Movement (2002), Fiji Shadow Report to CEDAW; Cook Islands Review of NSDP (2003).

¹⁷⁵ PPSEAWA: (Women for Peace, Understanding and Advancement), Inclusion International (Disability and Human rights), National Council of Women (NCW) and members of Civil Society, NGO Shadow report on the Status of Women in Samoa, 2004; Lene, D. (2004) Status of Women with Disabilities in Samoa.

¹⁷⁶ DPI Women's Committee Report 1998-2002.

¹⁷⁷ Economic and Social Commission for Asia and the Pacific and the Pacific Islands Forum Secretariat, Second Pacific Regional Workshop on Urban Management, Nadi, Fiji, 23-25 April 2007.¹

¹⁷⁸ Aggarwal, A.G. (2004), Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

3.2. DISABLED PEOPLES' ORGANIZATIONS

The principle of accountability for the rights of women and girls with disabilities requires civil society oversight in all phases of programme planning, implementation and evaluation. It is therefore necessary that organizations of women with disabilities, in partnership with DPOs and women's organizations where necessary, be resourced to participate and advance their rights effectively. This will also increase the capacity of women with disabilities to claim and exercise their rights independently, empowering them to do so into the future.

Organizations that serve people with disabilities and organizations of people with disabilities should not be confused, although they may share many of the same goals. DPOs – organizations led by people with disabilities and in which they are responsible for decisions – have legitimacy in representing the needs and rights of people with disabilities, which organizations providing services to people with disabilities can never have. Many DPOs, however, have low capacity and face governance challenges, at least partly due to resource constraints and insufficient capacity of volunteers (DFID, 2005).

Advocacy and Awareness

As a necessary but not sufficient condition to reforming many of the barriers for women and girls with disabilities, the development and implementation of advocacy and awareness programmes based on relevant human rights instruments, norms and standards, must clearly involve women with disabilities. There are several good examples from across the Pacific of advocacy and awareness programmes where DPOs have equally promoted the rights of women resulting in their empowerment.

The need for DPOs to sustainably increase the inclusion and meaningful participation of women with disabilities in their advocacy and awareness programmes is supported by the BMF. The BMF recommends that DPOs, other NGOs and governments implement programmes to “raise the public's awareness of the situation of women with disabilities and to promote positive attitudes, role models and opportunities for their development” (BMF Action 2).

The case studies in ESCAP's Hidden Sisters Report and other anecdotal information show that visibility of women with disabilities and their self-advocacy is a powerful and necessary aspect of promoting their rights and gaining practical benefits for them. The decision to only have men with disabilities conducting advocacy and awareness in many rural areas due to traditional views about women is a challenge for DPOs. It can inadvertently reinforce discrimination against and stereotypes about women with disabilities and undermine the message that women with disabilities must be empowered and provided with opportunities for full and meaningful participation, as well as having their potential as leaders recognized at all levels.

There are an increasing number of good examples of Pacific women with disabilities advocating for themselves. The 'Know Your Rights' human-rights award-winning awareness campaign by FDPFA provided for equal representation of men and women with disabilities. For true empowerment, however, it is necessary not just to provide women with equal representation in a campaign, but also to deliver the messages to overcome the multiple forms of discrimination faced by women and girls with disabilities. The PNG National Network of Women's Declaration (2006) sets out a platform of clear advocacy for and by women with disabilities. It identifies needed measures in the areas of: violence and abuse, reproductive health, sexuality, HIV/AIDS, healthy relationships, family planning and self-esteem, leadership and skills building, income generation, inclusive education, equal opportunity in employment and special measures, such as quotas for government departments; community-based rehabilitation, consultation processes, capacity building of DPOs and networks of women with disabilities in particular, and community awareness of their issues.¹⁷⁹

¹⁷⁹ Papua New Guinea National Network of Women with Disabilities, Statement, 17–19 July 2006.

In the Pacific, women with disabilities have received training and support to conduct effective advocacy, such as the training run by ESCAP and DPI in 2001–2002. More recently, the Regional Rights Resource Team (RRRT) has piloted a sophisticated human rights advocacy training with a disability and gender focus for disability advocates, for which they ensured equal gender participation. This and related training need to continue if a critical mass of women with disabilities are to acquire the human rights knowledge, skills and confidence to advocate for the inclusion of their particular issues within DPOs and mainstream advocacy groups and the wider community.¹⁸⁰

The media has been used effectively by some women with disabilities. For example, FemLINK-PACIFIC had a segment on an FDPA Women's Committee Member. Also an episode of 'Look at my abilities' featured six women with disabilities in Fiji. Following lobbying of the Secretariat of the Pacific Community (SPC) by disability advocates, the Pacific Way Programme developed a number of stories about people with disabilities, more than half of which concentrated on women. The Women's Committees of the World Blind Union (WBU) and DPI also provide excellent examples of advocacy and awareness on a wide range of issues such as the need to promote a positive image of expectant women with disabilities and the support of young blind women as leaders.

While governments and other service providers remain the dominant source of awareness raising on the rights of men and women with disabilities, the implied message that men and women with disabilities cannot speak for themselves, organize or determine their own course will be perpetuated. This should be seen as an unsustainable approach to attitudinal change unless accompanied or led by significant awareness-raising programmes by women with disabilities. In this context, the Samoan Government considered the work of the private institutions as positive, which has "emphasized the ability of the disabled to be worthy members of society, has helped to change attitudes and encourage families to let their disabled children participate in programmes offered for them at the three special schools".¹⁸¹ Similarly, the Republic of the Marshall Islands (RMI) Inter-Agency Committee takes an active role in organizing the annual National Disabilities Week held on the first week of December to create greater public awareness of disabilities.¹⁸²

Self-governance of Disabled Peoples' Organizations

Advocacy approaches and empowerment issues tend to be determined at the organizational governance level of DPOs.¹⁸³ The responsibility to ensure the meaningful participation of women with disabilities therefore lies with the DPO's Committee of Governance. In support of this, the BMF requires that DPOs "adopt policies to promote the full participation and equal representation of women with disabilities in their activities, including in management, organizational training and advocacy programmes." In particular, the fourth strategy of the BMF is: "Support the development of persons with disabilities and their organizations and include them in the national policy decision-making process on disability, with special focus on the development of women with disabilities and their participation in DPOs as well as in mainstream gender initiatives." Further DPOs should "ensure that women with disabilities are represented at the local, national and regional levels of the organizations".

There are examples of good practices on which others could draw of DPOs supporting Women's Committees in the Pacific. A number of DPO Boards have significant numbers of women involved in illustrating non-discrimination in its operations, such as Fiji, the Cook Islands, the Solomon Islands DPOs and the Pacific Disability Forum (PDF). FDPA has a task force on women. This has resulted in equal gender representation in FDPA's national leadership seminars, Human Rights Training Package (2006) and capacity building workshops.¹⁸⁴ Similarly,

¹⁸⁰ ESCAP (2002), Review of Achievements in the APDDP.

¹⁸¹ Samoa State Report to CEDAW (2003).

¹⁸² Cook Islands Government and UNICEF (2005), Situation Analysis.

¹⁸³ Stubbs D.G. and Nowland-Foreman, G. (2005), Free and Equal: A Review of NZAID's Pacific Disability Programme and Scoping Study.

¹⁸⁴ FDPA (2007), Women with Disabilities Activities in Fiji.

the Constitution of Vanuatu Disabled Peoples Association specifically provides for a gender balance in its Governing Body, and in 2004, four out of the seven members were women.¹⁸⁵ The newest Pacific regional organization, the PDF, has taken this one step further to ensure that there are always male and female co-chairs of the board. A DPO constitution provides the organization's legal backing to ensure that the rights of women with disabilities are advanced within the organization and in its work. Currently, only the PDF Constitution requires a gender dimension in its governance: male and female co-chairs. It is of concern, however, that last year, PDF resolved to change its constitution to remove the Women's Network Representative from its Executive Committee.

Genuine empowerment of women with disabilities in DPOs is less clear, however. This may be in part because Boards may be considering and even discussing matters of relevance to women with disabilities but not acting on them because they are not held accountable and/or remain male dominated or focused. This underscores the importance of requiring stronger accountability mechanisms for DPOs on women's issues. Strengthening women's committees and providing targeted resources would to some extent empower women with disabilities, giving the already stretched DPO a broader base for accountability and action.

Another barrier for women with disabilities in DPOs is also the lack of understanding of intersectional discrimination and gender issues by both male and female members.¹⁸⁶ Initiatives are needed to raise the awareness of members of DPOs on human rights and gender issues to promote sharing of governance and leadership to rectify male dominance that still exists within some DPOs.¹⁸⁷ Gender equity must be a goal for every level of a DPO.¹⁸⁸ In response to this, PDF should support and seek to provide gender awareness training within its own organization and for all of its national member DPOs (PDF Strategic Plan: 2007–2011).

A Regional Pacific Network of Women with Disabilities

To promote a strong capability to genuinely participate in various rights-based approaches, in-country organizations need to be supported by activities at the regional level. There have been some successful regional activities but sustained, ongoing support is needed.

PDF is continuing to develop its capacity to promote the issues of women with disabilities and to provide training for women with disabilities, as illustrated by its 2007–2011 Strategic Plan. PDF has introduced a Women's Project Officer position to support the PDF Women's Programme, which will over time:

- build the capacity of members to promote the equal participation of women with disabilities;
- build the capacity of girls and women with disabilities at all levels;
- support gender sensitization training for national DPOs;
- create and moderate a Women with Disabilities ListServe.

The Women With Disabilities Pasifika Network (WWDPN) was formed in Suva in December 2003. It seeks to build the capacity of women with disabilities and their organizations in the Pacific and to promote the equal treatment and full participation of women with disabilities in the development and implementation of national, regional and international initiatives.¹⁸⁹ The Network has played a key role in previous capacity-building workshops for women with disabilities. The organization is, however, currently hindered in its work by its unincorporated status. It is likely that future work by WWDPN will focus on more informal and grassroots-level support for women with disabilities in their own communities.

¹⁸⁵ CEDAW Committee, Vanuatu (2005). Thirty-eighth Session, Concluding Comments.

¹⁸⁶ ESCAP (1995), Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region.

¹⁸⁷ Lene, D. (2004), Status of Women with Disabilities in Samoa.¹⁸⁹ McKinstry, G., Price, P. and S. Macanawai, S. (2004), Review of Policy and Legislation on Disability in Pacific Island Countries.

¹⁸⁸ ESCAP (1997), Report, Management of Self-Help Organizations of PWD.

¹⁸⁹ McKinstry, G., Price, P. and S. Macanawai, S. (2004), Review of Policy and Legislation on Disability in Pacific Island Countries.

Given the emerging different roles that WWDPN and PDF wish to assume, work by these organizations can be expected to be complementary and are unlikely to result in overlap. Such networks are important regardless of the forms they take. Studies have shown that women with disabilities who do manage to break through prejudicial attitudes have usually benefited from strong role models and/or support groups of their peers at a national and/or international level.¹⁹⁰

Taking hold of personal power is a huge challenge for someone with disability especially when the disability is severe enough that it affects physical, economic, and social independence.

Cooper, M (2005). "Women with Disabilities and Empowerment".

Capacity Building for Women with Disabilities

Organizations of women with disabilities struggle with the mutually reinforcing challenges of the very low literacy of most members and the advocacy work to change this falling on a few. It is vital that resources and skills be provided to women with disabilities and their organizations so that greater numbers of women with disabilities are empowered to promote their rights. To this end, BMF recommends training of women with disabilities in participating effectively in various decision-making processes and advocacy situations. The ongoing benefits of capacity building for women with disabilities and their organizations is well recognized around the world, with many national, regional and international organizations providing them with a wide variety of skills and knowledge development depending on their local needs. It may include human rights, leadership, management, governance, literacy, communications and information technology.¹⁹¹

Training and development resources have been produced to assist in developing the leadership potential of women with disabilities in various settings. Women With Disabilities Australia (WWDA) has developed a useful resource on recruiting women with disabilities to advocacy roles and another on leadership and mentoring.¹⁹² The World Blind Union (WBU) Women's Committee has developed similarly high-quality resources.¹⁹³

In the Pacific, since many women with disabilities lack understanding of their basic human rights, this has and will continue to be a useful starting point for capacity building.¹⁹⁴ If more women with disabilities understood their own rights, they would be better equipped to seek a sustainable rights-based approach than if limited to others' views, which tend to be limited to a focus on charitable needs. To this end, the Beijing Platform for Action suggests translating human rights into local languages, as was done in Vanuatu for the BMF and by the FDPA Know Your Rights project. Building on this, human rights training for women with disabilities is needed to enable strong and well-informed advocacy for the rights of women with disabilities and the multiple discrimination they face.¹⁹⁵

There is a lack of other kinds of training and capacity building available for women with disabilities in the Pacific. Programmes developed to meet their practical needs, particularly for health care, rehabilitation, education, training and employment, and social integration, would empower them to actively seek more opportunities, greater access to resources and equal participation in decision-making with men with disabilities and non-disabled women. The empowerment of a group experiencing such structural disadvantages is not simple, but there are examples that show that it can be fruitful.

¹⁹⁰ Disabled Women's Network Ontario (1991), Factsheets on Women with Disabilities, sourced from Pride Against Prejudice.

¹⁹¹ DPI Women's Committee Action Plan; ESCAP (2002), Review of Achievements; Fiji Disabled People's Association (FDPA) (2007), Women with Disabilities Activities in Fiji Report; PDF Strategic Plan: 2007–2011.

¹⁹² Women With Disabilities Australia (2007), Advancement through Advocacy for Women With Disabilities Final Report, (2007).

¹⁹³ WBU Women's Committee (2004), Leading the Way.

¹⁹⁴ Tawake, S. Forum Reports, 2003 and 2004.

¹⁹⁵ Stubbs, D. (2006), Disability: The Human Rights Approach.

3.3 WOMEN'S ORGANIZATIONS

Inclusion of Women with Disabilities

The first step in ensuring that women's organizations advance the rights of women and girls with disabilities is inclusion in women's organizations' membership and organizational processes. It would also be appropriate to pursue constitutional and policy change of such organizations to support their rights. Few women's organizations and institutions currently include women and girls with disabilities and their issues in their programmes or have mechanisms that require this.¹⁹⁶

BMF promotes partnerships and alliances between committees of women with disabilities and women's organizations. It requires that women with disabilities be included in the membership of mainstream women's associations.¹⁹⁷ To support this, organizations should specifically include women with disabilities in their training programmes by providing accessible venues, arrangements and support, as well as training materials in accessible formats.

More recent support was articulated in the BMF Mid-Point Review in 1997 for the Pacific, which recognized that women with disabilities need to continue to develop partnerships with their respective national councils on women to raise awareness of their specific concerns.¹⁹⁸

It has proved empowering for women with disabilities to engage in partnerships with women's organizations as equal stakeholders. In Fiji, the Women with Disabilities Committee is a member of the Fiji National Council of Women. Similarly, the Cook Islands' Women With Disabilities Committee has successfully partnered with the National Council for Women.¹⁹⁹

Taking a slightly different approach, the PNG Disability Policy calls on the National Council of Women and women's groups in churches to encourage and support the formation of other women's groups in communities and/or integrate programmes and activities for women with disabilities in their communities.

A useful international example of partnership and strategic alliance is the Women's Committee of the Indian National Association of the Blind (NAB). In 1994, the Committee sought to promote gender-specific blindness policies to the Government. NAB engaged a veteran women's leader of a political organization to help the Association unite with larger women's organizations. Together, they inserted clauses more favourable to women in the Disability Act.²⁰⁰

Given the already disempowered status of many women with disabilities, it would be appropriate that women's organizations take the first active steps toward involving them, provided that this takes into account their needs. For example, Samoa, like some other Pacific Island countries, has a coalition that prepares reports to the CEDAW. The CEDAW Partnership has been urged to include representation from Nuanua o le Alofa and the National Council for People with Disabilities as members.²⁰¹

3.4 PRIVATE SECTOR

Employment and Training

The lack of awareness among employers of the abilities of women with disabilities and their rights, are key barriers to their economic participation. The legal obligations of CEDAW, including Article 11 which deals with employment, rest with governments; however, the private sector must not discriminate. Unfortunately, the business sector in the Pacific has largely missed valuable opportunities to support the right of women with disabilities to work. If the private

¹⁹⁶ SPC, 27–31 May 2007.

¹⁹⁷ Lene, D. (2004), Status of Women with Disabilities in Samoa; Stubbs, D. (2007), Strengthening the Implementation of the Biwako Millennium Framework For Action In The Pacific Subregion.

¹⁹⁸ ESCAP (2007), Expert Group Meeting on Disability in the Pacific.

¹⁹⁹ Stubbs, D. (2007) BMF Pacific Priorities.

²⁰⁰ ESCAP Report (1997), Management of Self-Help Organizations of PWD.

²⁰¹ PPSEAWA: (Women for Peace, Understanding and Advancement), Inclusion International (Disability and Human rights), National Council of Women (NCW) and members of Civil Society, NGO Shadow report on the Status of Women in Samoa, 2004.

sector took more positive steps to advance the rights of women and men with disabilities to decent work and training, employers would be well placed to contribute to the empowerment of women with disabilities and could play an important role in holding governments accountable for acting on their duties to educate, train and directly implement anti-discrimination laws and practices.²⁰² Apart from Fiji's 2 percent quota for people with disabilities, there is little evidence of government attempts to promote private-sector involvement in the employment of women or men with disabilities in the Pacific.

Realizing the potential of partnerships with employers' organizations, individual employers, trade unions and DPOs is one way to improve training and increase employment opportunities that have not been met.²⁰³ FDPA has conducted direct advocacy to businesses to promote employment of women and men with disabilities with limited success.

Access

As a component of community inclusion, the right to access all of the built environment is important. When the private sector is involved in creating the built environment, it should increasingly see women with disabilities as rights holders, and their clients before, during and after the building stage, thus promoting their rights.

Importantly, if they are to be part of the solution to women with disabilities' right to work and to community inclusion, the private sector must be engaged as partners, including in the areas of vocational training and employment.

Physical access also refers to the private environment. Another issue that poses complex problems for women with disabilities is the inadequacy of appropriately located and constructed housing, for example that provides wheelchair access, and access to water and sanitation facilities within the home.²⁰⁴ Innovative projects can, however, make inroads into this problem. For example, in Fiji, an Australian organization, Australian Council on Rehabilitation of the Disabled (ACROD), funded a halfway home for women with disabilities to enhance independent living and continued benefiting from local funding after ACROD funding stopped.

3.5. DONOR'S AND DEVELOPMENT PARTNERS

International Monitoring

Accountability and transparency require an independent process to monitor the delivery of a rights-based approach across all areas of discrimination experienced by women with disabilities. The wide ratification of CEDAW in the Pacific, together with CEDAW legislative compliance indicators that have been developed for and applied in the Pacific, refer to women and girls with disabilities, and provide for immediate opportunities to monitor the rights enjoyed by them.²⁰⁵ Their status should be included in state reports, and specific recommendations should be made in future CEDAW reports.

As previously discussed, while the text of CEDAW does not explicitly mention women and girls with disabilities, it is now clear that it does cover issues of discrimination against them. This is reflected in the CEDAW legislative compliance indicators that have been developed, which provide a concrete guide on how the interpretation of CEDAW has evolved, such as calling for an anti-discrimination clause, on the basis of disability, in national constitutions. Importantly, the CEDAW legislative compliance indicators also require a provision to cover direct and indirect discrimination, promoting CEDAW's condemnation of all forms of discrimination.²⁰⁶

Similarly, the CRC has been fully ratified across the Pacific. Article 2 states that it applies with-

²⁰² ILO, C159: Disabled Persons Convention (1983).

²⁰³ Pacific Islands Forum Secretariat, (2005), Pacific Regional Workshop on Disability.

²⁰⁴ Aggarwal, A.G. (2004) Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004.

²⁰⁵ Jivan V and Forster C., Translating CEDAW Into Law: CEDAW Legislative Compliance in 9 Pacific Island Countries..

²⁰⁶ Ibid, Compliance Indicators 1.7 and 1.8.

out discrimination of any kind, including specifically discrimination on the grounds of disability. Therefore, in terms of other rights granted and guaranteed under the Convention, States Parties must ensure that there is no discrimination on the grounds of disability with respect to the right to life; preservation of the family; protection from abuse; access to health care and medical treatment; social security; and education.

Where United Nations Treaty Committees have probed the status of rights of women with disabilities, they have recommended that countries seek assistance from agencies such as the United Nations Development Fund for Women (UNIFEM) and United Nations Children's Fund (UNICEF) to develop and implement strategies for women and girls with disabilities.²⁰⁷ These and other agencies in the Pacific, with the possible exception of Economic and Social Commission for Asia and the Pacific – Pacific Operations Centre (ESCAP POC), are not currently well known as providers of expertise and support in the disability field. Regional and United Nations agencies should develop expertise with respect to their various areas of operation to promote and support the needs of people with disabilities, in particular women.

Data Collection

As long as relevant high-quality data on the situation of women and girls with disabilities remains unavailable to governments and NGOs, transparency and accountability for the rights of women and girls with disabilities will be elusive. As an important step, the 10th Triennial Conference of Pacific Women urged governments, SPC and other organizations to support ongoing work to strengthen the capacity of national statistics offices to establish, update and use – in close consultation with women's machineries and stakeholders – gender statistics and indicators disaggregated by disability.²⁰⁸

In recognition of the link between quality data and rights-based policies, programmes, monitoring and evaluation, Article 31 of CRPD requires countries to collect appropriate information to enable them to formulate and implement policies to give effect to the Convention. To this end, data must be appropriately disaggregated and used to help assess the implementation of convention obligations and to identify and address the barriers faced by persons with disabilities in exercising their rights.

The Beijing Platform for Action Strategic Objective H.3 also calls on governments to generate and disseminate gender-disaggregated data and information for planning and evaluation. Specifically, the Platform for Action requires (para. k): Improved concepts and methods of data collection on the participation of women and men with disabilities, including their access to resources. Gender-sensitive indicators are needed in the Pacific to help understand the limited extent to which women participate in their communities and their rates of poverty.²⁰⁹ Encouragingly, the SPC is leading in the development of such a set of core gender indicators for the Pacific.

A recent example of good practice in disability data collection in the Pacific was in the Tongan 2006 Census (Appendix 1). The coding used against each possible answer provides for data to be collected on whether the disability is mild, moderate or severe.²¹⁰ Such data may therefore be disaggregated by disability type and severity, as well as the range of subjects covered by the census, including gender. Although not in strict conformity with the United Nations standards on disability data collection, Tonga's Census appears to be the closest example available in the Pacific.²¹¹ Territories such as American Samoa and Guam also appear to collect quality data, but it is held in the United States and difficult to obtain in a useful disaggregated form.

The need for governments to collect and publish gender-disaggregated disability data has been recognized in the Review of the Status of Women with Disabilities in Samoa (2004). The

²⁰⁷ Compilation of Recommendations of United Nations Treaty Bodies.

²⁰⁸ SPC (2007), Final Decisions of the 10th Triennial Conference of Pacific Women.

²⁰⁹ Arnade, S. and S. Haefner, (2006), Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities:

²¹⁰ Insert the appropriate codes in boxes: 1 = No difficulty at all; 2 = Some difficulties; 3 = A lot of difficulties; 4 = Cannot do at all

²¹¹ Mbogoni, M. and Me, A. (2006), Principles and Recommendations for Population and Housing Censuses, Revision 2.

Harmonized Guidelines on Reporting under the International Human Rights Treaties from 2005 recommends collecting gender-disaggregated data. Furthermore, the reporting state should include information on participation of those most affected by specific provisions of the relevant treaties, including women.²¹²

Governments claim to collect data for developing and implementing policies and programmes. In fact, data collection has other higher purposes, such as evaluation of whether women and girls with disabilities enjoy basic human rights. Well-collected data is an excellent tool for monitoring and evaluating whether or not equality and empowerment goals are truly being realized. With technical support to collect data on agreed monitoring and evaluative indicators, the cycle of government accountability for the rights of women with disabilities could be completed. It would also be useful to ensure that such indicators are comparable across the Pacific for evaluating different policies and approaches.

Any technical assistance provided to countries for monitoring and evaluation should include focus on assessing the success of public policy measures for overcoming intersectional discrimination experienced by women with disabilities. This should inform new policies and special measures required to overcome the ongoing denial of their rights.

There is significant room for improving the quality of data collected on women with disabilities. Appendix 1 shows that the type and quality of questions vary considerably and the data collected is so far from the international mean as to make it indicative at best. This work is really only useful as a starting point for future good practice in data collection. Also useful were the data collected by informal surveys supported by Inclusion International for many Pacific Island countries up until 2006. As indicated in Appendix 1, however, much of this data is not gender-disaggregated.

As the key technical development agency for data collection, SPC should take a leadership role in improving the quality, reliability and availability of high quality data on Pacific Islanders with disabilities – in particular women and girls. Appendix 1 also describes the methodology and good practice approach expected of appropriate data collection on women and girls with disabilities. Disaggregating all data on the basis of gender should also ensure that they provide information on issues that may differently affect women with disabilities, their experience of gender-based violence, HIV rates for women with disabilities, and sexual and reproductive health and rights enjoyed by women and girls with disabilities.

Data should also be presented in a way that facilitates comparisons of persons with disabilities with those without.²¹³ To ensure useful and appropriate data collection and presentation, countries should involve both men and women with disabilities and their organizations in the design of relevant indicators and the collection and analysis of the data; appropriate data items are provided in Appendix 1.

Although data can help target good policies and programmes, it is not necessarily appropriate to postpone good policy decisions until the highest quality data are collected. First, data on women with disabilities have already been collected in several Pacific Island countries and do not appear to have been drawn on to inform research or policy decisions. Second, much can be understood about the status of women with disabilities from the generally applicable findings of the current data collections in the Pacific and more generally.

It is a fact that there are women with disabilities in the Pacific. If they are not visible, this is an indication that they do not enjoy basic rights, liberties, freedoms or equality. The requirement for data collection showing the numbers of women and girls with disabilities before policy responses are set in place, may be a delaying approach by policy makers.²¹⁴ In many instances, it may not be the lack of data, but the level of awareness within government that is the barrier to women with disabilities.

²¹² United Nations. (2005), Harmonized Guidelines on Reporting under the International Human Rights Treaties.

²¹³ Department of Economic and Social Affairs Statistics Division Statistics on Special Population Groups, United Nations Guidelines and Principles for the Development of Disability Statistics, Series Y No. 10, New York 2001.

²¹⁴ Stubbs, D. (2007), Strengthening implementation of the BMF in the Pacific.

Research

The clear link between data and enjoyment of rights set out in the CRPD requires an intermediary step of research to ensure that data translate into rights-based laws, policies and programmes, rather than economically expedient responses; that is, any quantitative representation should be complemented by a qualitative analysis.²¹⁵ Further, due to difficulties of comparing disability statistics and delays inherent in using the International Classification of Functioning in National Censuses, qualitative research can be used to assist policy makers by reflecting lived experiences.

Donors and development partners are well placed to promote research that provides for greater understanding of the challenges faced by women with disabilities from a regional, sub-regional and country-specific perspective. There are many issues and policy areas that have not been researched regarding women and girls with disabilities. In particular, regional organizations of the Pacific, such as the University of the South Pacific, are appropriate venues to conduct such research.

Issues clearly requiring further research include:

- a) sexual and reproductive health and rights of women with disabilities, with particular examination of forced or coerced sterilization and other violations of sexual and reproductive rights, and knowledge of women with disabilities of the full range of sexual and reproductive rights;
- b) sexually transmitted infections of women and girls with disabilities;
- c) mental health and its manifestations for Pacific Island women and girls;
- d) prevalence and causes of disability among Pacific Island women and girls;
- e) physical and sexual abuse of women, girls and boys with disabilities;
- f) options and support for abused women and girls with disabilities;
- g) causes and strategies regarding lower educational attainment for women and girls with disabilities;
- h) a cost-benefit analysis of supporting and promoting the rights of women and girls with disabilities, particularly regarding early identification and intervention;
- i) causes of and strategies to redress high rates of unemployment of women with disabilities;
- j) key indicators to monitor and evaluate the full enjoyment of rights by women and girls with disabilities.

Funding

With respect to supporting the rights of women and girls with disabilities, governments must ensure that provisions are made for them in legislation, policies, plans and budgets. It is in the light of such government commitments that donors and development partners can best assist with resourcing this work in partnership with Pacific Island Countries.

Support by donors and development partners for the rights of women and girls with disabilities will assist by resourcing governments and NGOs to develop and implement policies and programmes that fully integrate and advance their rights, including where special measures are required. Donors, however, should be cautious to only support policies and programmes that are part of a rights-based approach for women and girls with disabilities.

There have been isolated examples of funds provided for short-term projects for women and girls with disabilities. The New Zealand Agency for International Development (NZAID) bilateral funding records indicate, for example, funding for NZ\$600 for Disability Promotion and Advocacy (DPA) Vanuatu for nursing /counselling for women with disabilities in 2001–2002, and for a DPI Oceania training and awareness-building workshop for women with disabilities.²¹⁶ The former now continues with the support of the Fiji Government's FNCDP. This shows

²¹⁵ Arnade, S and Haefer, S. (2006), Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

²¹⁶ Stubbs D.G. and Nowland-Foreman, G. (2005), Free and Equal: A Review of NZAID's Pacific Disability Programme and Scoping Study.

the benefits of donors working closely with DPOs and in response to the needs identified by such organizations. The training boasts results of continued strong advocacy by the Pacific women who participated through WWDPN and PDF.

As resource requirements are best led by governments and in-country organizations, future resourcing opportunities need to be developed cooperatively between local NGOs and governments. Donors need to listen to and involve those closest to these issues to have an impact for this most disadvantaged group.

Given the need for genuine engagement with organizations of women with disabilities to support rights-based policy development across all areas of this study, such organizations, whether within DPOs or separately, require resources with gradual increases over time so that sustainable capacity can be built.²¹⁷

Mainstream development

International NGOs have recognized the limitations of a gender-neutral approach for achieving socio-economic progress.²¹⁸ Gender-sensitive analysis should be an integral part of the development and monitoring of policies and programmes, with women with disabilities involved in the design and implementation phases. To sustain this approach, development organizations should initiate awareness raising to create a favourable working environment for women and girls with disabilities. Since quality education is a crucial part of the cultural change required to empower women and girls with disabilities, development partners involved in education should particularly motivate local education authorities to include them.²¹⁹

To promote non-discrimination and empowerment, donors and development partners must challenge their programmes to include women and girls with disabilities. This may be achieved by seeking participation in the review of programmes by women and girls with disabilities wherever possible. A recent example of this was UNICEF's 2008–2012 Commitment to the Pacific Review process where two young women with disabilities were chosen as members of a group of young people to inform UNICEF's Plan. Another useful innovation has been the appointment of the Disability Coordination Officer at the Forum Secretariat in the same programme as the Gender Adviser.


Mainstreaming of the issues of women and girls with disabilities could be supported by:

- a) the Forum Secretariat, ESCAP and PDF continuing to support Pacific Island Governments to develop disability policies and review them for gender sensitivity;
- b) the Human Development Programme of the SPC addressing issues of women and girls with disabilities in its programmes, including data collection;
- c) the Statistics and Demography Programme of the SPC promoting and supporting collection of data on women and girls with disabilities;
- d) the gender focal point within the Pacific Islands Forum Secretariat increasing its capacity in taking on board issues of women with disabilities and mainstreaming them in their organizational plan;
- e) the disability focal point within the Pacific Islands Forum Secretariat increasing its capacity in taking on board issues of women with disabilities and mainstreaming them in their organizational plan;
- f) all donors and development partners active in the region considering the needs of women and girls with disabilities in their mainstream programmes;
- g) all major regional donors and development partners reviewing their funding and programming strategies to identify women and people with disabilities as target groups experiencing significant disadvantage.

²¹⁷ Nowland-Foreman, G. (2006), *Investing in Capacity: A Review of Arts Waikato and Social Service*.

²¹⁸ Arnade, S and Haefer, S. (2006), *Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.

²¹⁹ Lene, D. (2004), *Status of Women with Disabilities in Samoa*.

A stylized graphic of a bird's head and neck, rendered in shades of purple, green, and yellow, positioned in the upper right corner of the page. The bird is facing left, with its beak pointing towards the center of the page.

PART 4 :
Conclusions and
Recommendations

Comprehensive rights-based responses are required to change attitudes and cultural practices where they result in discrimination, and end the poverty, isolation, violence and abuse suffered by many women and girls with disabilities. To this end, urgent work is required to develop and implement laws, policies and programmes; raise the educational attainment of girls with disabilities; increase access to comprehensive and quality health care for women and girls with disabilities; reduce their rates of unemployment; and improve access to all buildings and transportation.

While governments must take a leadership role, the private sector needs to partner with them and other stakeholders. Meanwhile, development partners and NGOs should review the way they approach all facets of their work to ensure against marginalization of women and girls with disabilities. Only then can their more complex challenges, such as violence and abuse, their poverty and isolation, be exposed and eradicated.

The structural issues of policies, legislation, attitudes and implementation are not separate, but recognized as a systemic problem across almost all areas of disadvantage for women and girls with disabilities. Each challenge discussed in section 3.3 is evident within the challenges discussed in sections 3.1 and 3.2, illustrating the need for immediate action across all forms of discrimination to make an appreciable difference for women and girls with disabilities. The human rights instruments relevant to women and girls with disabilities jointly and severally confront the challenges and support the recommendations set out below. They can be promoted and combined with the issues of women and girls with disabilities as the basis for their advancement. The Conventions are important international instruments that support development and changes in policies, legislation, attitudes and implementation.

Although necessary, unless gender mainstreaming specifically addresses the situation of women and girls with disabilities, it is usually insufficient to ensure their rights due to the complex set of challenges they experience. A multi-pronged approach that actively promotes rights to mitigate against each form of gender, disability and intersectional discrimination, and each facet of their disadvantage (such as poor health, abuse and isolation) is needed. Despite the complex and multi-pronged response required for a genuinely rights-based approach, governments and other stakeholders should not be put off. Recent experience has shown that significant gains are available for women and girls with disabilities with small steps in the right direction. They are starting from such a low level in their enjoyment of human rights that even first steps to ensure them can have large effects.

Most of the lead responsibilities for the issues of women and girls with disabilities lie with governments. The other stakeholders – including DPOs, women’s organizations, development partners and the private sector – bear responsibilities for at least some recommendations. This shared responsibility approach is the way in which their rights of women and girls with disabilities may be sustainably advanced.

RECOMMENDATIONS

The recommendations in this study include three main categories of actions: mainstreaming, targeted measures and awareness raising. Gendered disability mainstreaming involves applying an intersectional approach to both gender and disability analysis and responses to policies, actions and current activities. It includes taking into account the experience, knowledge and interests of women and girls with disabilities in all aspects of political, economic, social and cultural life. A sustainable mainstreaming approach requires:

- 1) affirmation of substantive equality between men, women and people with disabilities;
- 2) specific reference to the problems faced by women and girls with disabilities, which is necessary to show that the issues that affect them are different or disproportionate, and to increase the likelihood that they will be addressed;
- 3) active inclusion of women and girls with disabilities in mainstream systems.²²⁰

Targeted measures provide women and girls with disabilities with a genuine chance to capitalize on the opportunities that mainstreaming offers thus providing a twin-track approach. Attitudes toward women and girls with disabilities must be changed to capitalize on these activities, which should mitigate one of the most profound barriers – intersectional discrimination. Awareness raising is often a key outcome of mainstreaming and targeted measures, and such programmes should be recognized for their longer-term benefits to other women and girls with disabilities.

Finally, women and girls with disabilities must be involved in the development and implementation of all of these policies. This will require respect, support and capacity building by all stakeholders, as required by Article 33 of CRPD: National implementation and monitoring.

²²⁰ Arnade, S and Haefer, S. (2006), Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

4.1 RECOMMENDATIONS FOR PACIFIC ISLAND COUNTRY GOVERNMENTS

Laws and Policies

1. Legislate the elimination of all forms of discrimination against women and girls with disabilities, either as part of current disability and women's legislation, and/or in the development of laws for the rights of citizens.
2. Ratify the CRPD and CEDAW (if not yet done so), and their respective Optional Protocols which provide complaints procedures.
3. Report to the relevant United Nations monitoring committees against the international conventions that countries have ratified to provide appropriate accountability for the rights of women and girls with disabilities.
4. Develop and/or revise all government policies that relate to women and girls with disabilities so that policies promote a rights-based approach in accordance with international human rights instruments, norms and standards
5. Harmonize policies and legislation for disability and gender-equality issues across all ministries and services.
6. Establish an independent national human rights mechanism with a mandate that includes the elimination of all forms of discrimination specifically including; gender, disability, and all forms of intersectional discrimination.
7. Establish and support a gender-equality issues representative(s) in all national disability coordinating committees to provide technical advice and advocacy on the concerns of women and girls with disabilities to governments.
8. Support national disability coordinating committees to report on progress in implementing disability policies and programmes for women and girls.
9. Establish and support positions for women with disabilities within national women's machinery.
10. Collaborate with all government ministries, including those responsible for disability, women, children, education, health and finance, to promote an inter-sectoral and joint approach to meeting the needs supporting the rights of women and girls with disabilities.

Education and Employment

11. Provide community-based early identification and intervention services that promote a non-discriminatory approach to identifying both girls and boys with disabilities and intervening where necessary, with support and training for families, including in remote areas, to ensure that girls with disabilities attend and succeed at school.
12. Provide and strengthen human rights, gender equality and advocacy education and training to support the active participation of women and girls with disabilities in national women's machinery and other civil and political roles.
13. Provide and strengthen quality education, rehabilitation and training for girls and women with disabilities that is inclusive and sensitive to the multiple forms of discrimination they face.
14. Actively engage in the PRIDE mechanism for funding inclusive education developments, particularly with respect to the need to actively support girls with disabilities' access to mainstream schools.
15. Seek technical assistance from UNESCO and relevant others to implement inclusive education promoting equality in outcomes for girls with disabilities.

Health Care

16. Promote the accessibility of health services, both urban and rural, and support outreach and/or transport for women and girls with disabilities to reduce their experience of higher incidence of avoidable health problems, isolation and lack of knowledge of health and reproductive rights.
17. Provide women and girls with disabilities with equal access to health screening and related education.
18. Provide training for health workers in the health issues that women and girls with disabilities experience at different stages of life, and appropriate ways to support them in accessing rural and metropolitan health care and information.

Care and Protection

19. Develop and implement measures to provide for care and protection of women and girls with disabilities either experiencing or at risk of abuse or negligence.
20. Provide support and supported accommodation to women and girls with disabilities, including outside of urban areas, to meet the distinctive needs and eliminate risks they face.

Community Access and Participation

21. In all urban and town planning processes, plan for and implement access requirements to meet the needs of women and girls with disabilities in all public spaces and buildings.
22. Improve physical accessibility of the built environment and measures for accessible transport to support community participation and reduced isolation of women and girls with disabilities.

Data Collection and Monitoring

23. With support from development partners, strengthen the capacities of national statistics offices to establish, collect, update and use high quality data on women and girls with disabilities, in close consultation with women's machineries and DPOs. Such data should be disaggregated by relevant indicators to inform policy and programme development.
24. Monitor and evaluate progress for women and girls with disabilities against a set of agreed regional indicators and submit reports on a regular basis with relevant explanations to the SPC and PIFS.
25. Include women and girls with disabilities in MDG reporting to ensure that various development activities do not overlook them.

Mainstreaming and Awareness Raising

26. Promote and support participation of women with disabilities in national women's meetings.
27. Train and employ women with disabilities in all government ministries to show leadership in the promotion of their employment and support awareness raising and awareness raising of the rights and inter-sectional discrimination faced by women and girls with disabilities.
28. Partner with DPOs to conduct disability and gender-awareness training at all levels of government.

4.2 RECOMMENDATIONS FOR DISABLED PEOPLES' ORGANIZATIONS

29. Ensure that regional and national DPO constitutions ensure meaningful participation of women with disabilities in organizational governance.
30. Establish and strengthen networks and/or committees of women with disabilities at both national and regional levels.

Mainstreaming

31. Partner with relevant stakeholders, such as mainstream women's organizations and human rights advocates, at the regional and national level, to address issues of women and girls with disabilities and promote their rights.
32. Actively engage with national disability focal points, national institutions and regional and international bodies, including civil society organizations, to provide technical advice on the issues and rights of women and girls with disabilities.

Targeted Measures

33. Provide information and capacity building for women with disabilities based on identified needs and emerging requirements to enable enjoyment of their right to participate in law making, policy development and decisions affecting them.
34. To support all DPO-related recommendations, the Pacific Disability Forum should develop and implement a programme for women and girls with disabilities.

Awareness Raising

35. Conduct continual advocacy and awareness programmes on issues faced by women and girls with disabilities. Campaigns should involve them directly and particularly raise the issues of women with mental illness and women and girls with intellectual disabilities due to their heightened vulnerability to discrimination and abuse.
36. Conduct advocacy and awareness targeting girls with disabilities and their families with a view to promoting greater understanding and support for the rights of women and girls with disabilities, particularly to quality education, community/cultural participation and good health.
37. Facilitate provision of gender-awareness training for all members of national and regional DPOs, particularly those involved in governance, policy development and advocacy.

4.3 RECOMMENDATIONS FOR MAINSTREAM WOMEN'S ORGANIZATIONS

Mainstreaming

38. Actively involve women with disabilities in membership and organizational processes to promote their effective participation.
39. Include women with disabilities in information dissemination and capacity building.
40. Include issues for women and girls with disabilities in current and emerging policies, programmes, advocacy and awareness campaigns through supported and appropriate involvement.
41. Promote monitoring and evaluation of crisis services with a view to understanding whether they are appropriate for women and girls with disabilities, including physical accessibility, information accessibility, staff awareness and utilization rates.

Partnership Opportunities

42. Develop and strengthen partnerships with DPOs and committees of women with disabilities to address issues of women and girls with disabilities.
43. Support DPOs in the establishment and strengthening of networks and committees of women with disabilities.

Targeted Measures

44. Establish targeted, disability-sensitive programmes for women and girls with disabilities who are the survivors of violence.

Awareness Raising

45. Facilitate provision of disability awareness training for members of national and regional organizations, particularly those involved in governance, policy development and advocacy.

4.4 RECOMMENDATIONS FOR OTHER NON-GOVERNMENT ORGANIZATIONS

Partnership Opportunities

46. Youth organizations should develop and strengthen partnerships with DPOs and women's committees to address issues of women and girls with disabilities to promote their participation and broader community recognition.

Mainstreaming

47. Religious and traditional cultural organizations should revise policies and practices to promote active inclusion and support the rights of women and girls with disabilities.

4.5 RECOMMENDATIONS FOR THE PRIVATE SECTOR

Mainstreaming

48. Employ women with disabilities whenever possible and take on women with disabilities in training positions.
49. Whenever involved in building projects, aim to ensure that the needs of women with all types of disabilities are catered for by promoting the involvement of disabled people's organizations.

Partnership Opportunities

50. With a view to implementing the above recommendations, develop partnerships between business, trade unions, development partners and organizations of women with disabilities.

4.6 RECOMMENDATIONS FOR DONORS AND DEVELOPMENT PARTNERS

Data and Monitoring

51. Work with governments to build capacity in national statistics offices to establish, collect, update, analyse and make use of high quality and internationally consistent data on women and girls with disabilities.
52. Ensure that monitoring and evaluation frameworks on an agreed set of indicators for equal enjoyment of rights are developed and implemented with other relevant development partners.

Mainstreaming

53. Include the needs of women and girls with disabilities in mainstream development programmes, such as education, employment, income generation, housing and town planning.
54. Provide for a donor harmonization process to promote the claims of women and girls with disabilities for women's and disability funding as well as providing funding for special measures.
55. Support countries to ratify and report on human rights conventions relating to women and girls with disabilities to provide for greater accountability and transparency of progress toward meeting their rights.

Targeted Measures

56. Make available funding opportunities to specifically address issues of women with disabilities, in particular with respect to:
 - (a) special measures that provide for the rights of women and girls with disabilities to access quality education, employment, health services, housing, crisis accommodation and information, and any other rights;
 - (b) capacity building for women and girls with disabilities and organizations working with them to conduct rights-based advocacy and appropriate services.
57. Enter into partnerships and provide technical, funding and other assistance, such as identifying appropriate funding programmes for projects assisting women and girls with disabilities, and to assist governments and organizations to attract such resources to ensure that funding reflects the depth and complexity of challenges faced by women and girls with disabilities.
58. Promote and support participation of women with disabilities in regional and international women's and disability meetings.
59. Provide technical support and resources for action-based research into the range of issues for women and girls with disabilities raised in this report.

Awareness Raising

60. Raise awareness among all donors and development partners, including those outside the Pacific region, on the discrimination, including intersectional, faced by women and girls with

4.7 RECOMMENDATIONS FOR FUTURE RESEARCH

61. Sexual and reproductive health and rights of women with disabilities, with particular examination of forced or coerced sterilization and other violations of sexual and reproductive rights, and knowledge women with disabilities of the full range of sexual and reproductive rights.
62. Sexually transmitted infections of women and girls with disabilities.
63. Mental health and its manifestations for Pacific Island women and girls.
64. Prevalence and causes of disability among Pacific Island women and girls.
65. Physical and sexual abuse of women, girls and boys with disabilities.
66. Options and support for abused women and girls with disabilities.
67. Causes and strategies regarding lower educational attainment for women and girls with disabilities.
68. A cost-benefit analysis of supporting and promoting the rights of women and girls with disabilities, particularly regarding early identification and intervention.
69. Causes of and strategies to redress high rates of unemployment of women with disabilities.
70. Key indicators to monitor and evaluate the full enjoyment of rights by women and girls with disabilities.



Appendix 1:
Data

APPENDIX 1

This Appendix first provides a more detailed discussion of good practice in data collection. Available census data from the Pacific on women with disabilities are then provided. To assist in understanding the quality and basis of the data, the questions used for each data collection are given together with the data. A key example of flaws in the data is disability data collected to explain why someone is not employed. This is inappropriate because it assumes that all people with disabilities are not employed and that the reason for their unemployment is their disability.

Education data for girls and boys with disabilities is held by Kiribati, Solomon Islands, Tuvalu, Tokelau, Niue, and Nauru. Only Vanuatu has made this data available for this study.

Also provided is a compilation of the data on women with disabilities from the informal sample surveys supported by Inclusion International in selected Pacific Island countries, which was disaggregated by gender.

Data Collection Methodologies

Including a question on disability in country censuses as well as more detailed questions in relevant household surveys will enable important data to be disaggregated for policy and programme development as well as monitoring and evaluation.

The presentation of data on women with disabilities should include:

- Employment/unemployment
- Main work activity
- Income
- Marital status
- Living arrangements (e.g. institutionalized, living with a family, living alone)
- Community participation, e.g. sports, religious, community activities
- Type/degree of disability
- Age
- Languages (e.g. indigenous language, Hindi, English, French, etc.)
- Other data relevant to local policy and programme needs.

Disability questions should be based on the standard recommended by the United Nations.²²¹ The United Nations Census recommends that countries use the Disability Concept as defined in the International Classification of Functioning, Disability and Health (ICF) to define the population with disabilities in census and frame questions on disability in terms of activity limitations. Recognizing the space constraints on the Census Questionnaire, the United Nations recommends that countries focus only on one dimension of the ICF and use surveys to collect more detailed data on the other dimensions. It is recommended that questions used to identify the population with disabilities list the following broad categories based on the ICF Disability Concept:

- (1) Seeing difficulties (even with glasses, if worn);
- (2) Hearing difficulties (even with hearing aid, if used);
- (3) Speaking difficulties (talking);
- (4) Moving/mobility difficulties (walking, climbing stairs, standing);
- (5) Body movement difficulties (reaching, crouching, kneeling);
- (6) Gripping/holding difficulties (using fingers to grip or handle objects);
- (7) Learning difficulties (intellectual difficulties, retardation);
- (8) Behavioural difficulties (psychological, emotional problems);

²²¹ United Nations Economic and Social Development (2006), Principles and Recommendations for Population and Housing Censuses.

²²² M. Mbogoni and Me, A. (2002), How a Census Can Be Used to Measure Disability.

- (9) Personal care difficulties (bathing, dressing, feeding);
- (10) Others (specify).²²²

ICF is the successor to the International Classification of Impairments, Disabilities and Handicaps (ICIDH). It is a classification system offering a conceptual framework with terminology and definitions of the terms and classifications of contextual components associated with disability, including both participation and environmental factors. ICF distinguishes multiple dimensions that can be used to monitor the situation of individuals with disability. The system is divided into two parts, each with two components: functioning and disability. It seeks to identify the population with functional limitations that have the potential to limit independent participation in society. The intended use of these data would be to compare levels of participation in employment, education and/or family life of individuals with disabilities with those without, in order to assess whether the former have experienced special inclusion. In addition, the data could be used to monitor prevalence trends for persons with limitations in particular basic activities. It would not represent the total population with limitations, nor would it necessarily represent the true population with disabilities, which would require measuring limitation in all domains.

Countries planning specialized surveys on disability may want to use the census to develop a sampling frame for these surveys and include a screening instrument to identify persons who will be subsequently interviewed. The screening is generally as inclusive as possible in order to identify the largest group of people who could be further studied. The screening question should be designed so that false negatives are minimized, while false positives should be less of a concern. Within the framework of the ICF, the census screening may include all of the three main dimensions: body structure and function, activity and participation. This will allow for keeping a broad approach to the follow-up survey where the different aspects of disability can be better studied.²²³

Before embarking on using the census to develop a framework for a follow-up survey, it is important that the legal implications of using the census data for this purpose are fully considered. Respondents should be informed that the data may be used for follow-up studies, and national authorities responsible for ensuring the privacy rights of the population may need to be consulted to obtain their approval.

Data collection on the level of functioning in the population is considered by the Washington Group on Disability Statistics, a United Nations City Group that focuses on proposing international measures of disability. The Group is developing census questions in accordance with ICF. See www.cdc.gov/nchs/citygroup.htm for updates on the questions and other practical information.

The best current Pacific example of disability-related data collection that adheres to these international standards is the 2006 Tongan Census (set out in the Tonga section below).

²²³ UNESA (2006), Principles and Recommendations for Population and Housing Censuses.

PACIFIC ISLAND COUNTRY CENSUS DATA

American Samoa (Census 2000)

Disability status of the civilian non-institutionalized population

Population 5 to 20 years	20,510	100.0
With a disability	1,014	4.9
Population 21 to 64 years	26,921	100.0
With a disability	6,119	22.7
% employed	58.8	(X)
No disability	20,802	77.3
% employed	57.8	(X)
Population 65 years and over	1,891	100.0
With a disability	901	47.6

Note: Gender disaggregated data are not available.

Cook Islands (Census 1996)

Total Population with disabilities			Total Population		
Total	Male	Female	Total	Male	Female
356	187	169	15,608	8,054	7,554

Total Population Currently attending school			Total Population			
	Total	Male	Female	Total	Male	Female
Total	356	187	169	16,305	8,390	7,915
No	316	167	149	12,172	6,226	5,946
Yes	40	20	20	41,33	2,164	1,969

Note: Gender disaggregated data are not available.

Fiji Islands (Census 2006)

C1. Does any person in this household have any disability or health problem that is long term? (for six months or longer)

C2. As a result of this condition, does this person have difficulty with, or is this person unable to do the following: (Tick the appropriate box)

Everyday activities that people his/her age can do
 Communicating, mixing with others or socializing
 Any other activity that people his/her age usually do
 OR No difficulty with any of these

C3. What is the nature of the disability?

Insert code in appropriate box.

- | | |
|-----------------|------------|
| 1. sight | 4.physical |
| 2. intelligence | 5.age |
| 3. hearing | 6.other |

Not available at time of publication

Guam (Census 2000)

Disability status of the civilian non-institutionalised population.

Civilian non-institutionalised population with a disability			% of civilian non institutionalised population with a specified disability						
5-15 years	16-64 years	65 years and over	5 years and over					16 years and over, going outside the home	16-64 years employment disability
			Any Disability	Sensory	Physical	Mental	Self-Care		
819	18956	3665	17.7	2.5	4.8	2.1	1.5	13	13.8

% Employed of civilian non-institutionalised population 21 to 64 years		
Total	Disability status	
	With a disability	No disability
65.2	62.7	65.9

Notes: Data is also provided at district and place level; gender-disaggregated data is not available

Disabled: If the person was seriously disabled and did no work of any kind, write 'Disabled'. Included also are people who have been sick for quite a long time.

If the person did not work in the previous week but does not fall in the categories mentioned above, write a one- or two-word explanation, for example, 'mental',

Kiribati (Census 2000)

Does ___ have any physical or mental disability?

What type of disability does ___ have?

(A list of the types of disability is provided.)

Reason for not looking for work.

Why did ___ not look for work?

One of the answers to choose from is:

6. Too young, too old or retired.

Permanent disability

Sources of income:

What are the sources of income of this household?

Answer E. Social security, retirement, survivor and disability pensions

Marshall Islands (Census 1999)

Federated States of Micronesia (Census 2000)

Question 32d: How much did ___ receive in social security payments or any retirement, survivor or disability pension payments?

Nauru (Census 2002)

Question 40: What is the main reason why _____ did not work last week?

One of the answers is: 05. Disabled

New Caledonia (Survey Data 2004 and 2005)

Niue (Census 2001)

Question 16: Main activity during the week prior to the Census
This question applies to persons 15 years old and over. It asked to obtain information on employed and unemployed persons, economically active and economically not active. The categories of main activities were as follows:
One category was: Other (pensioner, disabled, etc.)

Papua New Guinea (Census 2000)

What was the person doing mostly in the last 7 days?
One of the answers is: 8. Permanently disabled

Samoa (Census 2001)

P13. Please indicate if this person is disabled or not. 1. Disabled 2. Not disabled

Solomon Islands (Census 1999)

P8. Disability

Do you have any problem seeing, hearing, talking, moving, holding or gripping, or any mental problem?

P25. Why have you not worked for pay?

What is the reason that you have not worked for money or payment in kind in the last 7 days?

List of answers given, one of which is 'Disabled'

7.2 Disabilities

"The 1999 Census question on disability screens the population by self-perceived status of health in terms of functioning and disability..."

The question in the 1999 Solomon Islands Census is meant to screen the population at large, not to describe in detail individual health conditions in terms of the International Classification of Functioning, Disability and Health (ICF).

Population 5 -29 years of age, by type of disability and by sex, school attendance

Sex, school attendance, age group	Total population 5-29 years of age		Population reporting disability						
	Total	Disabled	Type of disability						
			Seeing	Hearing	Speaking	Moving	Gripping	Mental	Multiple
Both sexes	227,474	2511	449	449	427	338	99	297	452
Attending school	89727	471	123	146	55	67	22	17	41
Not attending school	134256	1964	323	294	354	268	74	264	387
Attendance not stated	3491	76	3	9	18	3	3	16	24
Males	116817	1422	254	237	239	206	58	167	261
Attending school	48885	276	79	76	34	43	10	10	24
Not attending school	66061	1097	173	153	195	162	45	146	223
Attendance not stated	1871	49	2	8	10	1	3	11	14
Females	110657	1089	195	212	188	132	41	130	191
Attending school	40842	195	44	70	21	24	12	7	17
Not attending school	68195	867	150	141	159	106	29	118	164
Attendance not stated	1620	27	1	1	8	2	-	5	10

Tokelau (Census 2001)

Question 27. If ___ had a job, could he or she have started work this week?
List a number of answers, one of which is:
4. No, disabled

Tonga(Census 2006)

Does this person have any disabilities?
Does this person have difficulty in:
a. Seeing, even wearing glasses?
b. Hearing, even if using a hearing aid?
c. Walking, climbing steps or use of arms?
d. Remembering or concentrating?
1 = No difficulty at all; 2 = Some difficulties; 3 = Many difficulties;
4 = Cannot do this at all.

Total Tongan population with disability by administrative division, urban / rural areas and Greater Nuku'alofa

Sex	Tongatapu	Vava'u	Ha'apai	'Eua	Ongo Niua	Urban	Rural	Greater Nuku'alofa
Male	1,718	375	235	179	70	587	1,990	870
Female	1,950	424	194	203	49	655	944	2,165
Total	3,668	799	429	382	119	1,242	4,155	1,814

Tongans with disabilities by five year age groups, with/without disability, sex,

Five year age groups	With disability			Without disability		
	Total	Male	Female	Total	Male	Female
Tonga	5,397	2,577	2,820	96,594	49,195	47,399
Less than 5	47	21	26	13,735	7,153	6,582
5 to 9	148	84	64	12,656	6,661	5,995
10 to 14	196	116	80	12,124	6,296	5,828
15 to 19	138	73	65	10,142	5,310	4,832
20 to 24	138	78	60	9,053	4,570	4,483
25 to 29	157	85	72	7,147	3,554	3,593
30 to 34	162	86	76	6,175	3,060	3,115
35 to 39	200	111	89	6,029	3,001	3,028
40 to 44	250	138	112	4,764	2,440	2,324
45 to 49	355	166	189	3,627	1,757	1,870
50 to 54	451	212	239	3,014	1,422	1,592
55 to 59	511	231	280	2,338	1,128	1,210
60 to 64	569	244	325	1,901	925	976
65 to 69	602	283	319	1,572	809	763
70 to 74	539	257	282	1,047	520	527
75 & above	926	387	539	1,156	507	649

Other presentations of Tongan data on women with disabilities are expected to become available in due course as the census results are processed. This may include data relating to employment, education, living arrangements, activity level and other questions included in the 2006 Tongan Census.

Tuvalu (Census 2002)

P27. If ___ found a job, could he or she have started work last week?
(Circle one answer code)

One of the answers is:
4. No, disabled/ retired

Table 8. Activity status, by sex and Island religion
(Non-labour force/ not economically active)

Island/ Religion	Retired/ Disabled
---------------------	----------------------

Vanuatu (Census 1999)

P21A. What is the main reason that you do not work?
One of the answers is:
3. Disabled

EDUCATION DATA

Vanuatu

Children with Disabilities in schools survey year 2007.

Province	Girls With Disabilities	Boys With Disabilities	Total
Malampa	339	521	860
Penama	326	386	712
Sanma	833	969	1802
Shefa	580	774	1354
Tafea	350	435	785
Torba	210	282	492
TOTAL	2638	3367	6005

Level of Education	Girls with Disabilities	Boys with disabilities	Total
Early Childhood Education	2	4	6
Primary School	3200	4088	7288
Secondary School	6050	7741	13791
TOTAL	2638	3367	6005

The authors understand that comparable data is available from Kiribati, Solomon Islands, Tuvalu, Tokelau, Niue, and Nauru due to the completion of a data and education project (supported by NZAID) but only Vanuatu made this data available.

INFORMATION DATA COLLECTIONS

Cook Islands

641 individuals identified with disabilities, representing 4.2 percent of the population

In all categories of disabilities identified, males had a higher incidence than females.

Note: There is no separate reporting of women and men in the consolidated data for all disability types.

Kiribati

3,840 people with disabilities: 2,122 are males and 1,718 are females.

Samoa

Table 2a. Disability population by urban-rural and gender

LOCATION	Gender		Total
	Male	Female	
Samoa Urban	232	244	476
Samoa Rural	1126	1272	2398
TOTAL	1358	1516	2874

Note: Data included is taken from the 2001 Census; 2006 data is not yet available.

Table 2b. Disability population by level of education attained, 2002

Level of Education Attained	Male	Female	Total	% of total
Primary education	589	720	1309	45.5
Government secondary education	229	223	452	15.7
Private/Mission secondary education	270	286	556	19.3
Loto Taumafai (special needs)	60	33	93	3.2
Fiamalamalama (special needs)	21	22	43	1.5
Marist Center-Palauli Savaii	3	6	9	0.003
PREB school	2	4	6	0.002
Overseas primary/secondary	12	12	24	8.008
Samoa Polytechnic school	7	3	10	0.003
Other Polytechnic school	3	2	5	0.002
National University	3	4	7	0.002
Overseas University	7	4	11	0.002
Mission informal school (Aoga Faifeau)	54	81	135	4.7
Never Attended School	98	116	214	7.5
TOTAL	1358	1516	2874	100

Table 2c: Disability population by marital status and gender

MARITAL STATUS	Males	Females	Total	% of total
Never Married	591	510	1101	38.8
Married	575	360	935	32.5
Divorced/Separated	26	27	53	1.8
De facto	7	10	17	0.01
Widowed	157	597	754	26.2
Not Status	2	12	14	0.01
TOTAL	1358	1516	2874	100

Table 2d: Disability population by main work activity and gender

Type of Work Activity	Males	Females	Total	% of total
Paid work	26	12	38	13.2
Income earner	22	11	33	11.5
Assist family work activities	647	757	1404	48.9
School student	159	153	312	10.9
None	504	583	1087	37.8
TOTAL	1358	1516	2874	100

Table 2e: Disability population by sports involvement and gender

Gender	Sports involvement		Total
	Yes	No	
Male	261	1097	1358
Female	154	2721	1517

Table 2h: Disability population by community involvement, gender and age

Gender	Age	Community involvement		Total
		Yes	No	
Male	Less 20	16	196	212
	20-29	28	121	149
	30-39	38	107	145
	40-49	52	58	110
	50+	343	398	741
	Not Stated		1	1
	Total		477	881
Female	Less 20	15	169	184
	20-29	17	111	128
	30-39	19	89	108
	40-49	26	64	90
	50+	281	724	1005
	Not Stated		1	1
	Total		358	1158

Table 3a: Disability population by single and multiple disabilities

Degree of Disability	Gender		Total	% of Total
	Male	Female		
More than one disability	609	743	1352	47.0
Single disability	749	773	1522	53.0
	1358	1516	2874	100

Table 3d: Level of disability assessments by gender and place of residence

Ever assessed your disability?	Gender		Residence		Total
	Male	Female	Urban	Rural	
Yes	668	717	238	1147	1385
No	668	780	236	1212	1448
Don't Know	22	19	2	39	41
TOTAL	1358	1516	476	2398	2874

Table 3e: Level of disability diagnosis by gender and place of residence

Ever diagnosed your disability?	Gender		Residence		Total
	Male	Female	Urban	Rural	
Yes	687	749	260	1176	1436
No	652	746	212	1186	1398
Don't know	19	21	4	36	40
	1358	1516	476	2398	2874

Table 3f: Major Causes of disabilities by gender and place of residence

Causes of disabilities	Gender		Residence		TOTAL
	Male	Female	Urban	Rural	
Hereditary	44	51	25	70	95
Genetic	11	38	9	40	49
Birth complications	145	125	50	220	270
Birth injury	19	20	9	30	39
Illness	572	765	227	1110	1337
Disease	7	7	2	12	14
Side effects of medication	40	31	12	59	71
Nutrition	2	1	1	2	3
Motor vehicle accident	45	25	11	59	70
Sea accident	6	0	0	6	6
Aircraft accident	5	2	1	6	7
Workplace accident	42	4	16	30	46
Home accident	121	110	37	194	231
Recreational/sports accident	36	6	6	36	42
Drug abuse	14	4	4	14	18
Physical abuse	9	4	1	12	13
Aging	231	407	99	539	638
Curse	3	2	1	4	5
Unknown	132	133	34	231	265
TOTAL	1358	1516	476	2398	2874

Table 4a: Self care skills by level of abilities, age and gender

MALE	AGE	Independent	Needs some assistance	Needs full assistance	Not Stated	TOTAL
	Less 20	189	18	4	1	212
	20-29	126	20	3	0	149
	30-39	117	20	7	1	145
	40-49	91	18	1	0	110
	50+	463	231	46	1	741
	NS	1	0	0	0	1
	Total	987	307	61	3	1358
FEMALE	Less 20	166	14	3	1	184
	20-29	103	17	8	0	128
	30-39	90	14	3	1	108
	40-49	76	11	2	1	90
	50+	629	317	57	2	1005
	NS	1	0	0	0	1
	Total	1065	373	73	5	1516
ALL		2052	680	134	8	2874

Table 4b: Communication skills by level of abilities age and gender

	AGE	Independent	Needs some assistance	Needs full assistance	Not Stated	TOTAL
MALE	Less 20	150	55	6	1	212
	20-29	86	52	11	0	149
	30-39	85	42	17	1	145
	40-49	87	20	3	0	110
	50+	414	287	40	0	741
	NS	1	0	0	0	1
	Total	823	456	77	2	1358
FEMALE	Less 20	146	30	7	1	184
	20-29	74	38	16	0	128
	30-39	64	35	8	1	108
	40-49	65	21	4	0	90
	50+	640	316	44	5	1005
	NS	0	0	1	0	1
	Total	989	1509	80	7	1516
ALL		1812	896	157	9	2874

Table 4c: Mobility by level of abilities, age and gender

	AGE	Independent	Needs some assistance	Needs full assistance	Not Stated	TOTAL
MALE	Less 20	186	18	7	1	212
	20-29	116	26	7	0	149
	30-39	99	31	14	1	145
	40-49	62	42	6	0	110
	50+	255	361	124	1	741
	NS	1	0	0	0	1
	Total	719	478	158	3	1358
FEMALE	Less 20	163	12	8	1	184
	20-29	93	21	14	0	128
	30-39	82	17	8	1	108
	40-49	61	23	6	0	90
	50+	283	517	202	3	1005
	NS	1	0	0	0	1
	Total	683	590	238	5	1516
ALL		1402	1068	396	8	2874

Table 5a: Types of Family and Community support needed by gender.

Types of Support Needed	Male	Female	Total
Financial support	1102	1282	2384
Respite care	73	80	153
Transport to health care	830	1012	1842
Full-time nursing	11	11	22
Access to education support centres	202	171	373
Involve in support groups with other disability families	372	390	762
Involve in advocacy groups like NOLA	944	1051	1995
Improve Community awareness	966	1157	2123

Vanuatu

Total of 2,749 people were counted of which 40% were females.

Table 6a Prevalence of Disability in the Population by Gender and Province, 1999

Province	Male Population			Female Population			Total Population		
	Total	MWD	%	Total	WWD	%	Total	PWD	%
Malampa	16,653	481	2.9	16,052	337	2.1	32,705	818	2.5
Penama	13,721	141	1.0	12,922	95	0.7	26,646	236	0.9
Sanma	18,678	311	1.7	17,408	240	1.4	36,084	551	1.5
Shefa	28,119	370	1.3	26,320	244	0.9	54,439	614	1.1
Tafea	14,573	226	1.6	14,474	127	0.9	29,047	353	1.2
Torba	3,937	95	2.4	3,820	82	2.1	7,757	177	2.3
Total	95,682	1,624	1.7	90,966	1,125	1.2	1.2	2,749	1.5

Different types of disabilities exhibited by men and women: 1998 analysis of Vanuatu Society for Disabled Persons Client survey, TAFEA Province.

Disability Type	Male (%)	Female (%)
Physical	34	33
Hearing	22	25
Vision	17	14
Intellectual	10	14
Multiple	10	7
Other	5%	6%

APPENDIX 2 : BIBLIOGRAPHY

- Aggarwal, A.G. 2004. Pacific Regional Consultation: Women's Right to Adequate Housing and Land, Fiji, 12 to 15 October 2004. Prepared for Habitat International Coalition-Housing and Land Rights Network (South Asia Regional Programme) in Cooperation with United Nations Special Rapporteur on the Right to Adequate Housing, (2004).
- Arnade, S. and S. Haefner, 2006. Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities: Legal Background Paper, Disabled Peoples International, Berlin. January.
- Barbuto, R. Issues of Gender in the Context of the Movement of Persons with Disability, Disabled Peoples International, Europe, 2005.
- Booth, T. and M. Ainscow, M. 2000. Breaking down the Barriers: the Index for Inclusion. Education Journal (England), March.
- Centre for Disease Control and Prevention. 2006 Access to Health, Women and Disability. [<http://www.cdc.gov/ncbddd/women/access.htm>] Last accessed April 2009.
- Nosek, M.A. 2008. Violence Against Women with Disabilities. Fact Sheet #2: Policy Issues and Recommendations. Centre for Research for Women with Disabilities (Baylor College of Medicine) [<http://www.bcm.edu/crowd/?pmid=1410#1>] Last accessed April 2009.
- Cockram, J. 2003. Silent Voices: Women With Disabilities and Family and Domestic Violence' for Women With Disabilities Australia, Hobart.
- Collectif Handicaps (Nouvelle Calédonie). 2007. Charte du handicap Noumea.
- Committee for the Elimination of Discrimination Against Women. 2005. Thirty-second session, Concluding Comments – Samoa, 28 January 2005.
- Committee for the Elimination of Discrimination Against Women. 2007a. Thirty-eighth session, Concluding Comments – Vanuatu, 1 June.
- Committee for the Elimination of Discrimination Against Women. 2007b. Thirty-ninth session, Concluding Comments – Cook Islands, 10 August.
- Cook Islands Government and the United Nations Children's Fund. 2005. A Situational Analysis of Children, Youth and Women, Suva.
- Cooper, M.. 1995. Women with Disabilities and Empowerment. Prepared for Women With Disabilities Australia, Hobart.
- Counterstroke Fiji. 2006. Annual Outreach Report (2005 and 2006), Suva.
- Deegan, M. J. and Brooks, N.A. (eds.). 1985. Women and Disability: The Double Handicap. New Brunswick, NJ: Transaction Books.
- Densem, P. 1990. Disability in the Cook Islands, for the Economic and Social Commission for Asia and the Pacific (Pacific Operations Centre, Port Vila), October
- Department of Economic and Social Affairs, Statistics Division. Statistics on Special Population Groups. 2001. United Nations Guidelines and Principles for the Development of Disability Statistics, Series Y No. 10, New York.
- Department For International Development. 2005. Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities. Prepared for the U.K. Department For International Development, London.
- Disability Promotion & Advocacy Association. (2002). Women with Disabilities: Doubly Handicapped. Report on a seminar commemorating International Women's Day, 6 March, 2002, Port Vila
- Disabled Peoples International. 2006. 51 Slaps for Accused Rapist, Lucknow, India, sourced

from Associated Press 10 November 2006.

Disabled Peoples International. 2005. Position Paper on Sterilization (draft) [http://v1.dpi.org/lang-en/resources/topics_detail?page=886] Last accessed April 2009.

Disabled People's International Oceania Sub-Regional Office. 2003. Women with Disabilities Pacifica Forum – Suva Statement, Suva.

Disabled Peoples International Women's Committee. 2002. Action Plan for the DPI Women's Programme, Sapporo.

Disabled Women's Network Ontario. 2009. Factsheets on Women with Disabilities, sourced from Pride Against Prejudice, London 1991. [<http://dawn.thot.net/fact.html>] Last accessed April 2009.

Economic and Social Commission for Asia and the Pacific. 1995. Hidden Sisters: Women and Girls with Disabilities in the Asia-Pacific Region Bangkok.

Economic and Social Commission for Asia and the Pacific. 1997. Management of Self-Help Organizations of People with Disabilities, Bangkok.

Economic and Social Commission for Asia and the Pacific. 2002. Biwako Millennium Framework for Action: Towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific, Biwako.

Economic and Social Commission for Asia and the Pacific. 2002. Review of Achievements in the Implementation of the Agenda for Action. Prepared for the Asian and Pacific Decade of Disabled Persons, 1993-2002, Otsu City October.

Economic and Social Commission for Asia and the Pacific 2006. Disability at a Glance: a Profile of 28 Countries and Areas in Asia and the Pacific, Bangkok.

Economic and Social Commission for Asia and the Pacific and the Pacific Islands Forum Secretariat. 2007. Second Pacific Regional Workshop on Urban Management, Nadi, Fiji, 23-25 April.

Economic and Social Commission for Asia and The Pacific – Pacific Operations Centre. 2003. Review of the Cook Islands National Policy on Disability, Suva.

European Blind Union, Report on the EBU Daphne Project 2000-2003, co-financed by European Commission Justice & Home Affairs Directorate. [www.ebudaphne.org] Last accessed April 2009.

Falkner, P.M. 1990. Services for People With Disabilities in Vanuatu: A Survey of Existing Services and recommendations for Future Services. Prepared for the Economic and Social Commission for Asia and the Pacific (Pacific Operations Centre), Port Villa July.

Fawcett, G., 200. Bringing Down the Barriers: The Labour Market and Women with Disabilities in Ontario. Prepared for Canadian Council on Social Development, Ontario.

Federated States of Micronesia, Department of Health, Education and Social Affairs. 2006. National Policy on Disability (2006-2016) Palikir.

Fiji Disabled People's Association. 2007. Women with Disabilities Activities in Fiji Report, Suva.

Fiji Government. 1997. Fiji Poverty Report, Suva.

Fiji Ministry of Education. 2005. Annual Report, Suva.

Fiji Ministry of Education. 2006. Annual Report, Suva

Fiji National Council for Disabled Persons and the Ministry of Women, Social Welfare and Housing. 2006. National Policy on Disability (2007–2016) Suva.

Fiji Women's Rights Movement, Fiji Women's Crisis Centre and Ecumenical Centre for

- Research Education and Advocacy. 2002. NGO Report on the Status of Women in the Republic of the Fiji Islands, Suva.
- Foundation for the Peoples of the South Pacific International. 2004. Masculinity, Mental Health & Violence - A Synopsis of Four Pacific Country Studies: Papua New Guinea, Vanuatu, Fiji and Kiribati, Suva.
- Gill, C.J. 2009. The Last Sisters: Health Issues of Women with Disabilities [http://dawn.thot.net/cgill_pub.html] Last accessed April 2009.
- Health Resources Inc. 2005. A Situational Analysis of Child Sexual Abuse & the Commercial Sexual Exploitation of Children in Papua New Guinea, with the support of the UN Children's Fund PNG, Port Moresby January.
- Hodge, A., Dowse, G., Zimmet, P., Collins, V. 1995. Prevalence and Secular Trends in Obesity in Pacific and Indian Ocean island Populations. International Diabetes Institute, Melbourne.
- Human Rights and Equal Opportunities Commission (Australia). 2001. Issues Paper: Gender and Race Intersectionality, Sydney, 2001.
- Hunt, R. 2005. Disabled Women Demand Inclusion in UN Convention. Prepared for Disabled Peoples International [http://www.disabilityworld.org/09-10_03/women/unconvention.shtml] Last accessed April 2009.
- Inclusion International. 2005. Reports of Sample Surveys: Cook Islands, Kiribati, Samoa, Tonga, Vanuatu.
- International Labour Organization. 1983. Convention 159 Vocational Rehabilitation and Employment (Disabled Persons) Convention, Geneva.
- Jivan, V. and Forster, C. 2007. Translating CEDAW into Law: CEDAW Legislative Compliance in Nine Pacific Island Countries. Prepared for the United Nations Development Program (Pacific Centre) and UNIFEM, Suva.
- Jivan, V. and Forster, C. 2008. Translating CEDAW Into Law: CEDAW Legislative Compliance in the Cook Islands. Prepared for the United Nations Development Program (Pacific Centre) and UNIFEM, Suva
- Kiribati Government. 2007. National Policy on Disability and Action Plan (2007–2012), Tarawa.
- Kilkelly, Dr. Ursula. 2002. Disability and Children: the Convention on the Rights of the Child (CRC), in: Quinn, G. and Degner, T. 2002. Human Rights and Disability HR/PUB/02/1, 2002
- Lene, D. 2003. Samoa Report. Prepared for Inclusion International, Apia.
- Lene, D. 2004. The Status of Women with Disabilities in Samoa, Apia.
- Lene, D. 2005. The Development of Policy Planning and Support and Services for People with Disabilities (15 years +) in Samoa. Thesis for the University of Newcastle, November.
- Marshall, M. 1994. 'Social Isolation, Cultural Competence, and Disability in the Carolines' in The Micronesian Counsellor, Occasional Papers, no 13, January.
- Martin, S.L., Ray, N., Sotres-Alvarez, D., Kupper, L.L., Moracco, K.E. Dickens, P.A., Scandlin, D and Gizlice, Z. 2006. Sage Journals. Physical and Sexual Abuse of Women with Disabilities, Violence Against Women, Vol. 12, No. 9, 823-837 (2006). DOI: 10.1177/107780120629267 [<http://vaw.sagepub.com/cgi/content/abstract/12/9/823>] Last accessed April 2009.
- McKinstry, G., Price, P. and S. Macanawai, S. 2004. Review of Policy and Legislation on Disability in Pacific Island Countries. Prepared for the Pacific Islands Forum Secretariat, Suva.
- McNally, J.W. 2003. 'Health, Widowhood, and Family Support in the North and South Pacific: A Comparative Study' in Journal of Women & Aging. The Haworth Press, Inc., Vol. 15, No.

2/3, 2003.

Mirfin-Veitch, B. 2003. Relationships and adults with an intellectual disability, Donald Beasley Institute, Dunedin.

Mbogoni, M. and Me, A. 2002. Principles and Recommendations for Population and Housing Censuses, Revision 2 (2006) Part Two, Chapter Vi, D, Chapter 8, Disability characteristics. United Nations, Department of Economic and Social Affairs Statistics Division, for the First meeting of the Washington Group on Disability Statistics, Washington, 18–20 February.

Nongabatu, S. 2005. Women with Disabilities in the Solomon Islands, for the Disabled People's Association of Solomon Islands, Honiara.

Nowland-Foreman, G. 2006. Investing in Capacity: A Review of Arts Waikato and Social Service. Prepared for Trust Waikato, Christchurch.

Office of the United Nations High Commissioner for Human Rights (OHCHR) Regional Office for the Pacific. 2007. Compilation Of Recommendations Of The UN Human Rights Treaty Bodies to the Countries Of The Pacific, Suva.

Pacific Disability Forum. 2007. Strategic Plan 2007-2011, Suva.

Pacific Island Forum Leaders. 2002. Forum Leaders Communiqué, Auckland.

Pacific Islands Forum Secretariat, International Labour Office, Economic and Social Commission for Asia and the Pacific and the Pacific Disability Forum. 2005. Pacific Regional Workshop on Disability, Nadi, Fiji, 1 – 4 August.

Pacific Islands Home Affairs Minister of New Zealand. 2009. Scoop Response News. [<http://www.scoop.co.nz/stories/PA0711/S00580.htm>]. Last accessed April 2009.

Panapasa, S.V. 2002. 'Disability among Older Women and Men in Fiji: Concerns for the Future', in Journal of Women & Aging, Haworth Press Inc.

Papua New Guinea Department of Community Development. 2005. National Policy on Disability, Port Moresby.

Papua New Guinea National Network of Women with Disabilities. 2006. Declaration , Lae 17–19 July.

Perry, D. 2002. Status of Employment and Training of Women with Disabilities in Fiji. Prepared for the International Labour Organization, Fiji.

PPSEAWA (Women for Peace Understanding and Advancement) Inclusion International and National Council of Women. 2004. Shadow Report on the Status of Women in Samoa, Apia December.

Punanga Tauturu Incorporated, Cook Islands and CEDAW. 2007. NGO Shadow Report, Raratonga January.

Radtke, D. 2005a. Beijing + 10: Position Paper on Women with Disabilities, Disabled Peoples International, Winnipeg.

Radtke, D. 2005b. Disabled Peoples International (DPI) Women's Committee Report 1998–2002. [http://v1.dpi.org/lang-en/resources/topics_detail?page=97] Last accessed April 2009.

Radtke, D. 2005c. DPI Women's Committee Report 2002-04, Disabled Peoples International, Winnipeg

Rehabilitation International. 2003. Violence and Children With Disabilities, in 'One In Ten'. Volume 24 New York.

Reeves, H. and Baden, S. 2000. Gender and Development BRIDGE Report No. 55. Prepared for the U.K. Department For International Development (Gender Mainstreaming Intranet

Resource) London.

Rensel, J. and Howard, A. 1997. 'The Place of Persons with Disabilities in Rotuman Society' in Pacific Studies Vol 20, No 3 10, Hawaii.

Republic of the Marshall Islands Government and the United Nations Fund for Children, 2003. Situation Analysis: Women Children and Youth, Suva

Rousso, H. 2004. Education of Women and Girls with Disabilities, for the American Association of University Women (AAUW). Salthouse, S. 2005. The Sick State of Health for Women with Disabilities for Women With Disabilities Australia. Presented the Australian Women's Health Network (AWHN)5th Australian Women's Health Conference, 20 – 22 April.

Salthouse, S. and Frohmaker, C. 2004. Double the Odds – Domestic Violence and Women with Disabilities, for Women With Disabilities Australia, Hobart.

Samoa Government. 2003. CEDAW Statement, Apia, 10 June.

Samoa Ministry of Women, Community and Social Development. 2006. National Policy for Women of Samoa (2007–2017) Apia.

Sands, T. 2006. A Voice of our Own: Advocacy by Women with Disability in Australia and the Pacific. Prepared for People With Disabilities Australia, Sydney.

Schneider, C.E. 2005. The Able-Bodied Hegemony: The Social Construction of Disability, Ohio University.

Secretariat of the Pacific Community, Pacific Island Populations: Estimates and Projections 2005–2025. [<http://www.spc.int/demog/en/index.html>] Accessed April.

Secretariat of the Pacific Community Regional Media Centre, Suva, Fiji. 2006, "The Pacific Way", Season One Episode 2, features Frank Hilton assisting people with disabilities in Fiji and the Pacific region.

Secretariat of the Pacific Community Regional Media Centre, Suva, Fiji. 2006, "The Pacific Way", Season One Episode 3. Part 1 of a three part series on the disability sector: Special education: the Hilton Legacy is about the people who laid the foundation for special education in the region, Frank and Nora Hilton.

Secretariat of the Pacific Community Regional Media Centre, Suva, Fiji. 2006,, "The Pacific Way" Season One Episode 4. Part II of a three part series on the disability sector: features Sovaia Coalala, a young woman who beat the odds to become the 2005 Valedictorian and the first totally blind graduate of the University of the South Pacific.

Secretariat of the Pacific Community Regional Media Centre, Suva, Fiji. 2006, "The Pacific Way", Season One Episode 5. Part III of a three part series on the disability sector: The documentary looks at policies and strategies in the region and how people living with disability have fared in being accepted. While much has been achieved governments in the Pacific need to seriously commit themselves to implementing changes that will better the lives of people living with disability.

Secretariat of the Pacific Community (Regional Media Centre), The Pacific Way: Season One Episode 10, Nancy Battalaird and her daughter with a disability, Suva

Secretariat of the Pacific Community 2007. Final decisions of the 10th Triennial Conference of Pacific Women, Noumea 27-31 May 2007

Seekins, T. 1998. National Institute on Disability and Rehabilitation Research, United States Department of Education, Washington.

Smith, F. 1990. Western Samoa: An Investigation into the Socioeconomic Status of the Disabled, for the Economic and Social Commission for Asia and the Pacific (Pacific Operations Centre), Port Villa September.

Solomon Islands, Ministry of Health and Medical Services. 2004. Community-Based Rehabili-

tation Programme, National Policy on Disability (2005–2010) Honiara.

Special Body on Pacific Island Developing Countries (ESCAP POC), Participation of Persons with Disabilities in Pacific Island Countries in the Context of the Asian and Pacific Decade of Disabled Persons, 1993–2002, and Beyond, Seventh Session, Bangkok, 14–15 May 2002

Stubbs, D.G. 2006. Disability: the Human Rights Approach (A Report on How and Why RRRT will Deliver Human Rights Training for Disability Advocates across the Pacific region), Suva..

Stubbs, D.G. 2007. Strengthening the Implementation of the Biwako Millennium Framework For Action In The Pacific Subregion. Prepared for Economic and Social Commission for Asia and the Pacific (Pacific Operations Centre), Nadi.

Stubbs D.G. and Nowland-Foreman, G. 2005. Free and Equal: A review of NZAID's Pacific Disability Programme and Scoping Study for New Zealand Agency for International Development NZAID, Wellington October.

Swift, K. 1998. Women with Disabilities Response to Domestic Violence, for Women With Disabilities Australia, Hobart.

Tabalailai, M. 2002. Blueprint for Affirmative Action on Special Education Fiji, by Special Education Division Fiji Ministry of Education, Suva.

Tawake, S. 2003. Women with Disabilities Pasifika Network first Capacity Building forum report, Disabled People's International Oceania Sub-region and Women with Disabilities Pasifika Network, Suva.

Tawake, S. 2004. Women with Disabilities Pasifika Network second Capacity Building forum report, Disabled People's International Oceania Sub-region and Women with Disabilities Pasifika Network, Suva.

Tawake, Sainimili. 2005. Report on First Women With Disabilities National Capacity Building Forum Fiji, For New Zealand Agency for International Development.

The Dakar Framework for Action, Education For All: Meeting Our Collective Commitments, 2009. World Education Forum, Dakar, Senegal, 26–28 April 2000. [<http://www2.unesco.org/wef/en-conf/dakframeng.shtm>] Last accessed April 2009.

Thomas, M. 2003. Addressing Concerns of Women with Disabilities in Community Based Rehabilitation. Presented at United Nations ESCAP Workshop on Women and Disability: Promoting Full Participation of Women with Disabilities in the Process of Elaboration on an International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities, Bangkok, 18–22 August.

Tok Blong Pasifik. 1993. A quarterly of news and views on the Pacific Islands, Addressing the Needs of Disabled People (issue devoted to disability in the Pacific), No. 45, Victoria, November.

Tokelau Government. 2007. Tokelau Draft National Women's Policy, Apia.

United Nations. 2007. Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, New York.

United Nations. 1948. Universal Declaration on Human Rights

United Nations. 1967. International Covenant on Economic, Social and Cultural Rights and International Convention on Civil and Political Rights

United Nations. 1980. Convention on the Elimination of All Forms of Discrimination against Women

United Nations. 2000. Resolution adopted by the General Assembly: 55/2: United Nations Millennium Declaration (A/RES/55/2),

United Nations Development Programme (Pacific Centre). 2007. Round Table on the Situation of Women and Girls with Disabilities in the Pacific, Nadi, 26–27 November.

United Nations Human Rights Council. 2006. Fourth Session Item 2 of the Agenda, Implementation Of General Assembly Resolution 60/251 of 15 March 2006, Human Rights Council. The Right to Education of Persons with Disabilities Report of the Special Rapporteur on the Right to Education, New York

United Nations. 1994. Programme of Action adopted at the International Conference on Population and Development: Cairo, 5-13 September 1994

United Nations. 1996. The Beijing Declaration and the Platform for Action: Fourth World Conference on Women: Beijing, China: 4-15 September 1995.

United Nations Secretary General. 2006. Ending Violence Against Women From Words to Action, United Nations, New York.

van Weerelt P. 2001. A Human Rights-based Approach to Development Programming in UNDP. Prepared for the United Nations Development Program, Geneva. [http://www.undp.org/governance/docs/HR_Pub_Missinglink.pdf]

Vanuatu, Office of the Prime Minister and Department of Women's Affairs. 2004. Combined Initial, Second and Third Reports on the Convention on the Elimination of All Forms of Discrimination against Women, Port Vila, September 2004.

United Nations Economic and Social Commission for Asia and the Pacific (Pacific Operations Centre). 2003. Review of the Cook Islands National Policy on Disability (2003) And National Action Plan (2003-2008) (2007) Port Villa.

United Nations Educational, Scientific and Cultural Organization. 2006. Moving forward: towards inclusive education for children with disabilities: Guidelines for Action to Include Children and Youth with Disabilities in School Systems and in the EFA Monitoring System, Bangkok.

United Nations Commission on Human Rights. 2001. 70th Meeting, Resolution 2001/29, Recommendation on the Right to Education, Geneva.

Vanuatu, Ministry of Justice & Social Welfare and the National Disability Committee, National Disability Policy and Plan of Action (2008-2015) Port villa 2007.

Narsey, W. 2007. Gender Issues in Employment and Underemployment and Income in Fiji, for the Fiji Bureau of Statistics, Suva.

Women With Disabilities Australia (WWDA). 2007a. Advancement through Advocacy for Women With Disabilities Final Report, Hobart.

Women with Disabilities Australia. 2007b. Forgotten Sisters, A Global Review of Violence against Women with Disabilities, Hobart.

Women With Disabilities Australia. 2007c. Resource Manual on Violence Against Women With Disabilities, Hobart.

Women With Disabilities Australia. 2007d. The Development of Legislation to Authorise Procedures for the Sterilisation of Children with Intellectual Disabilities: Policy & Position Paper, Hobart.

Women with Disabilities Pasifika Network. 2004. Report on the Pacific Regional Civil Society Consultation Meeting on the Commonwealth Plan of Action 2005-2015 and Commonwealth Partners Forum (in preparation for the Seventh Commonwealth Gender/ Women's Ministers Meeting, Suva.

Zambl, F. 2001. Disability and Sex Can Share the Same Bed, Say Women, Inter Press Service (Johannesburg), 1 November.



Pacific Centre

United Nations Development Programme Pacific Centre
Level 7, Kadavu House, Victoria Parade
Private Mail Bag, Suva, Fiji Islands
Telephone: (+679) 330 0399, Fax: (+679) 330 1976,
Email: registry.pacificcentre@undp.org
www.undppc.org.fj