



USAID
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WOMEN WITH DISABILITIES IN THE EUROPE & EURASIA REGION

FINAL REPORT

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Women with Disabilities in the Europe & Eurasia Region

Final Report

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LIST OF ABBREVIATIONS

AAWC	Armenian-American Wellness Center
ADRF	Albanian Disability Rights Fund
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CSN	Children with special needs
DAP	Disability Action Plan
DPO	Disabled people's organization
EEF	East Europe Foundation
GIWD	Group of Intellectual Women with Disability (Albania)
IDD	Intellectual and developmental disabilities
IGWD	Interagency Gender Working Group
ILO	International Labour Organization
IT	Information technology
MICA	Multiple Indicator Cluster Survey
MWD	Men with disabilities
NADU	National Assembly of Disabled of Ukraine
PPP	Public-private partnership
PWD	People with disabilities
UAFA	United Aid for Azerbaijan
UMHCG	Association of Youth with Disabilities of Montenegro
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
VOI	All-Russian Organization of Invalids
WHO	World Health Organization
WRCA	Women's Resource Center Armenia
WWD	Women with disabilities

EXECUTIVE SUMMARY

In the recently issued *World Report on Disability* (2011), The World Bank and the World Health Organization (WHO) estimate that there are about one billion people with disabilities globally. Statistics on the prevalence of disability in the Europe and Eurasia (E&E) region are notoriously unreliable. In fact, a recent publication by the Social Transition Team (Galbraith, 2009) reported that estimates of the prevalence of disabilities in the region ranged from 1 percent to 11 percent of the total population. Nearly all official statistics related to disabilities are likely to be underestimates.

Across the E&E region, the socialist legacy of treatment of people with disabilities (PWD) (anyone with a physical, sensory, intellectual, or mental/psychosocial disability) has created a largely invisible segment of the population, confined to their homes or hidden away in institutions. Regardless of where they reside, the majority of people with disabilities live on the margins of society. They are socially isolated, denied basic human rights, unable to access basic services or treatment options, and stigmatized by the non-disabled members of the population. Few community-based social services exist to provide supports to people with disabilities and their families. Women with disabilities (WWD) are especially disadvantaged and the intersection of their sex and disability status combines to create particular barriers and challenges for this sub-group. Worldwide, women with disabilities are particularly likely to experience a variety of negative outcomes including low levels of education, unemployment, poverty, and sexual violence.

USAID Missions in the E&E region are increasingly interested in developing programming that supports the fundamental human right of people with disabilities to participate fully and inclusively in their societies and to improve their overall wellbeing and personal outcomes. Although this programming has become more common across the region, little attention has been paid to two important matters: (a) the special barriers confronting women with disabilities, and (b) how Missions could design programs to address these barriers. This is a significant omission because most countries in the region have ratified the UN Convention on the Rights of People with Disabilities and Article 6 of the Convention requires signatories to address the issues experienced by women with disabilities.

The current study was undertaken to conduct a gender analysis of issues faced by people with disabilities in the E&E region in order to elucidate the unique challenges facing women with disabilities, in contrast with the challenges facing men with disabilities and women without disabilities. It includes an analysis of gender in the context of disability in the sectors in which USAID typically works: health, domestic or sexual violence, civil society, media, education, workforce development, and others.

The project methodology combined desk research with qualitative research in country conducted by local researchers and analyzed by the chief consultant. Eighteen in-country researchers, many of whom are active in civil society initiatives for disability and/or women's rights, conducted their research in thirteen E&E countries. They used uniform data collection instruments and protocols developed by the chief consultant to gather relevant information using (a) telephone interviews, (b) focus groups, (c) personal interviews, (d) published print and online sources, and (e) available statistical data. Of the 501 informants participating in the study, 375 are female and 126 are male.

The gender analysis of disability in the E&E region was conducted using the "The Six Domains of Gender Analysis" framework elaborated by USAID's Interagency Gender Working Group (IGWG), Office of Women in Development, and Bureau for Global Health (USAID, 2011). The six domains are: (a) access to assets; (b) knowledge, beliefs, and perceptions; (c) practices and participation; (d) time and space; (e) legal rights and status; and (f) power and decision-making. The analysis also uses the concept of *double discrimination*. For women with disabilities in the E&E region, the combination of their sex and disability status creates unique barriers and challenges that place them at greater risk of violence, abuse, and

exploitation by (DAWN Ontario, n.d.). It is possible to understand WWD as a particularly disadvantaged subgroup with multiple minority status.

The limited nature of the existing research and a dearth of necessary statistical data do not allow for definitive conclusions concerning the status of WWD in the E&E region. However, the desk research and in-country data gathering did identify important trends that suggest that WWD in the E&E region face significant disadvantages when compared with men with disabilities (MWD) and women without disabilities. For example, participants in this study believed that WWD face more problems navigating inaccessible and partially accessible environments, and in many countries, the education and employment of WWD is seen as less important than for either MWD or other women. They also reported that WWD appear to be more socially isolated than MWD and women without disabilities, and may be more susceptible to domestic and sexual violence. Access to health care—especially gynecological care—appears to be extremely limited for WWD in the E&E region.

The study findings suggest that the key areas where WWD appear to be particularly disadvantaged in relation to MWD and women without disabilities include the following:

- *Rights to sexuality, marriage, and motherhood.* Access to these life activities seem to be the most specifically gendered problem faced by WWD. The violation of WWDs' rights to healthcare, especially the dire lack of access to gynecological care, is closely related to these issues. These issues cut across the domains of *access, time and space, and power and decision-making.*
- *Social integration.* Due to stigma and lack of accessibility, WWD are often more isolated than MWD and women without disabilities. The discriminatory family structures and gender violence that are a part of the patriarchal social systems in some of the E&E countries doubly marginalize WWD. This isolation has ramifications for all areas of life and cut across the domains of *time and space, practices and participation, and power and decision-making.*
- *Employment.* Although unemployment is high among all PWD in the region, the limited statistical data and available anecdotal evidence, suggest that women with disabilities are less likely to be employed than men with disabilities. WWDs' access to employment may be especially curtailed if they are mothers. Lack of employment opportunities for WWD is a gender issue that results in women's economic dependence and diminished personal autonomy. This issue cuts across the domains of *access, practices and participation, time and space, and power and decision-making.*

Findings also indicate a level of need that suggests several clear imperatives:

- There is an urgent need for deeper investigation and data gathering regarding gender disparities and disability so that the special needs of girls and women with disabilities can be better understood. As statistics are generated it is imperative that the data are disaggregated by sex.
- It is vital to insure program sustainability by including stakeholders and their advocates (e.g., disabled persons organizations (DPOs), NGOs, diverse PWD) in program planning and implementation and to design activities that strengthen partnerships and participation among civil society, private market, and state actors.
- Programs to address disability and gender issues need to be designed for both maximum reach and broad accessibility. Past disability programs, while helpful, often had so few beneficiaries that PWD living outside major cities were often not involved and could not benefit from them. Also, any information disseminated to PWD should be available in alternative, accessible formats. Neglecting either reach or access considerably decreases a program's potential to positively impact and empower PWD.

- Program designers must keep in mind that WWD are not a homogenous group. Women with physical and sensory disabilities often have different needs than women with intellectual and psychosocial disabilities. Women living in urban areas may have different priorities than women in rural areas. Women in institutions have different challenges than women living in communities. In other words, there are multiple ways in which disability and gender intersect, including the reality that a significant number of women without disabilities are deeply affected by caring for a family member with a disability.

This study includes recommendations for USAID Missions from which the following highlights are taken.

Four fundamental policy recommendations for furthering WWDs' interests in development:

- Analyze programs and activities to determine why there is low participation by WWD or differential accrual of benefits to WWD and MWD to determine how to adjust interventions to increase equality.
- Include clear gender and disability indicators in all program-monitoring mechanisms.
- Systematically use program-monitoring data to support expanding inclusion of PWD and WWD.
- Insure that disability-related components are included in all mainstream programs by: (a) involving PWD from the project planning phase, (b) designing specific interventions, (c) and requiring that a portion of each award addresses disability issues.

Develop Stand-alone Programming Focused on Women with Disabilities, such as:

- Gender awareness trainings, rights awareness-raising, and empowerment programs to encourage WWD to advocate for themselves and others.
- Summer camps of independent living tailored towards WWD or increasing the accessibility of existing camp experiences for WWD.
- Legal training on the rights of PWD/WWD for medical personnel, lawyers, judges, prosecutors, law enforcement, social workers, and other relevant professionals.
- Educational programs for parents, family members, and allies of WWD.
- Continuing education courses and job training for WWD to raise their qualifications for employment.
- Entrepreneurship programs based on the specific needs of WWD, who are much less likely than MWD and women without disabilities to engage in entrepreneurship.
- Initiatives designed to help mothers with disabilities to hold a job, such as free child-care, help with housework, help with transportation.
- Programs to improve access to and quality of health care, especially gynecological care.
- Sensitivity trainings for health care service providers who examine and treat WWD.
- Infrastructure accessibility programs targeting WWD specifically.
- Media campaigns to educate the public about the challenges faced by WWD
- Training for reporters, talk show hosts, and others who would interview WWD on how to ethically discuss family status.
- Partnership development support that enables DPOs to form partnerships with strong women's rights NGOs in order to facilitate training and other capacity building opportunities for WWD.

While some of the above recommendations may not appear specific to WWD, available research and study participants indicated that assistance is needed in these areas to level the playing field for WWD so that they may become more integrated in society and live more comfortable and fulfilling lives.

Integrate WWD in Gender Programs Focusing Broadly on Gender Equality or Women's Empowerment

- Raise awareness among DPOs about gender issues.
- Educate women's rights advocates about the situation of WWD.
- Integrate WWD into anti-violence programs.

I. INTRODUCTION

The executive of an NGO working on the issues of women with disabilities (WWD) in Georgia says: “There is no perception of a disabled woman as a woman. She is looked upon as a genderless being that should just be grateful for not feeling hungry or cold. She does not have the right to independent decision[-making], property, etc.” She goes on to tell the story of a girl who had a mild disability and could paint very well but her mother did not let her study at the university and forced her to stay at home and be her brother’s servant instead. (Bibileishvili, 2012, p. 5)

I.1 STATE OF KNOWLEDGE ABOUT WWD IN THE E&E REGION PRIOR TO THIS STUDY

Research on people with disabilities (PWD) in the Europe and Eurasia (E&E) region is scarce, and extant research focusing specifically on women with disabilities (WWD) is extremely meager.¹ Existing studies and reports devote very little attention to the special barriers faced by WWD and the problem of double discrimination of WWD on the basis of their combined gender and disability-related characteristics are not addressed in any depth. Furthermore, what little data on PWD are available—both official and unofficial—are almost never disaggregated by sex. Even as PWD are becoming recognized in the region as a vulnerable category of citizens in need of support, the unique barriers faced by WWD remain unacknowledged. One source from Montenegro suggested, “As of the last couple of years, thanks to the interventions of international organizations, more attention is given to PWD, but the special position of women belonging to this group is never stressed” (Raičević and Kovačević, 2011, p. 48). These limitations suggest that the study of the situation of WWD in the E&E region represents a much-needed and high-value intervention.

Of the 13 countries included in this study, Albania has the largest base of existing studies and reports about the specific situation of WWD. This is largely due to the initiatives of the Albanian Disability Rights Foundation (ADRF) in the area of WWD and their rights. Azerbaijan and Moldova have the smallest amount of existing information. In-country researchers in both countries were unable to locate a single existing publication on the situation of WWD, although two such publications are forthcoming in Azerbaijan.

I.2 METHODOLOGY

The study methodology included both desk research of relevant literature and in-country research involving multiple sources conducted by local researchers and analyzed by the lead consultant.

I.2.1 LITERATURE REVIEW

The chief consultant conducted a desk review of key Mission and other USAID materials, selected documents pertaining to current programs, and a range of reports, briefings, and articles from other donor agencies, international organizations, NGOs, E&E region governments’ disability action plans and

¹ For the purposes of this study, The E&E region is defined as the following 13 countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Republic of Macedonia, Moldova, Montenegro, Russia, Serbia, and Ukraine.

public defender's reports, and news sources. The review also included relevant scholarly research on gender, disability, and disability and gender in the E&E region.²

1.2.2 IN-COUNTRY RESEARCH

The in-country research was carried out in 13 E&E countries by local researchers, many of whom are active in civil society initiatives for disability and women's rights. The lead consultant developed common data collection instruments and protocols to ensure a uniform approach by researchers in each country and to facilitate comparisons across countries.³ The researchers used these instruments to gather relevant information from (a) telephone interviews,⁴ (b) focus groups, (c) personal interviews, (d) and published print and online sources, including available statistical data. Annex B includes information primarily on organizations that were contacted for this study, including organizations for women with disabilities. A total of 501 informants were interviewed or participated in focus groups, including 375 women and 126 men.

(a) *Telephone interviews* provided access to qualitative data on the activities of NGOs and similar organizations that work on disability issues. Since travel was not authorized, local researchers conducted telephone interviews with diverse disability advocacy and service NGOs inside and outside the capital cities. These interviews provided a sketch of: (a) the challenges facing WWD in comparison with both men with disabilities (MWD) and women without disabilities outside of the capital city, and (b) programs and projects that are affecting or could affect their lives positively.

(b) *Focus groups* were held to collect opinions on specific issues and probe key points through further discussion. Focus groups were held in the in-country researcher's city of residence. Focus groups of diverse stakeholders were used to elicit different points of view, while focus groups of similar stakeholders (e.g., service providers, family members of PWD, or WWD and MWD themselves) were used to probe the specific issues that were defined in the scope of work. The local researchers conducted three to five focus groups with people likely to be knowledgeable about the situation of WWD. Most focus groups included between seven and nine participants.

(c) *Face-to-face interviews* elicited in-depth perspectives from informants on specific questions. The in-country researchers identified diverse interviewees in their city of residence able to comment in depth on the situation of MWD and WWD: leaders of disability NGOs, leaders of women's NGOs, representatives of state-organized disability groups, officials from government ministries dealing with disability issues, social workers and other service providers, journalists covering health and disability issues, and women with disabilities from diverse backgrounds (e.g., employed and non-employed, activists and non-activists, athletes, public figures, women living in institutions, and parents with disabilities).

(d) *Published sources* provided collecting existing data and analysis. The in-country researchers gathered or identified relevant print and online publications from sources such as organizations that work on disability issues, government agencies, professional journals, newspapers, and reports from the U.S. Government, other donors, and contractors. Many of the publications identified by the in-country researchers were official government reports—labor force surveys, census data, and public defenders' reports—in addition to project reports relevant to WWD. Many of these projects and reports were created by local stakeholders with the support of organizations such as USAID, CIDA, European Commission (EC), European Disability Forum (EDF), UNIFEM, Open Society Institute (OSI), CORDAID, and others. The local researchers uploaded these publications to a common website and compiled

² All primary and secondary sources consulted for the analysis are included in the Reference List.

³ Research instruments and protocols are included in Annex A.

⁴ In-country researchers were advised that they could choose to conduct distance interviews via telephone, Skype, or e-mail.

available statistical information on PWD in their respective countries, though existing statistics proved to be minimal.

In-country researchers attempted to compile the past five years of statistics on the population with disabilities from national government statistics offices, local or regional government offices, and NGOs. Key domains included education, employment, income, population figures (age, gender, disability classification), and social indicators (place of residence, disability pension, marriage and divorce rates).

The local researchers audiotaped all of the interviews and focus groups. Transcriptions of these audio recordings were translated into English and sent to the lead author. The researchers presented their findings in a final descriptive and analytical report that included: (a) a gender analysis of issues faced by PWDs in their home country, (b) an analysis of gender in the context of disability in the sectors in which USAID typically works, and (c) concrete recommendations on how USAID Missions could design activities to address the special challenges facing women with disabilities.

I.2.3 ADVANTAGES OF THE RESEARCH APPROACH

The dearth of extant research and publications on WWD made it essential to go beyond existing reports and to base analyses on new knowledge. Data gathering that focused on gender and disability in the E&E countries provided a more comprehensive regional picture of the situation of PWD in general and WWD in particular. The use of common research instruments and protocols facilitated cross-country comparisons and highlighted regional trends and variations by country. The in-country researchers generated a wealth of useful data that could help local service providers better address the challenges faced by WWD.

I.2.4 LIMITATIONS OF THE STUDY

In-country researchers had limited time (14 days) to develop a research plan, carry out the research, arrange for transcriptions and translation, analyze the data, and complete the report. The short timeframe restricted the amount of data each local researcher was able to collect. Since no travel was authorized for the study, the focus group participants in each country were all from the capital city. In-country researchers were not identified in Belarus, and the researcher in Bosnia and Herzegovina did not complete the activity. Time and travel limitations prevented the research from reflecting the full diversity of perspectives from PWD and service providers in small towns and rural areas.

Because of the extreme stigma sometimes assigned to PWD in the E&E region and the lack of accessible housing and transportation, many PWD, but especially WWD, live socially isolated lives. The in-country researchers sometimes faced difficulties gaining access to isolated PWD. They sometimes faced resistance and even family members' refusal of access to the PWD living in their family. These local researchers had very limited access to PWD living in social care institutions. Only the research team in Serbia was able to interview PWD who were living in or had once lived in social care institutions. In Albania, administrators of an institution for PWD participated in the study, but the research team was not granted access to the residents of the institution for interviews.

Little statistical information on PWD is available in the E&E region. In most cases the limited available statistics were gleaned from government social service agencies and state Ministries in charge of disability issues. Some data were obtained from Pension and Disability Insurance Fund registries and National Employment Agencies, since PWD are often tracked only as beneficiaries of disability pensions or through unemployment registries in E&E countries. Albania is a representative example of the lack of robust statistical data on disability issues in the region. Although data instruments included questions on work plans associated with UN Security Council Resolution 1325 on women and peace building,

informants did not comment on this issue and the author could not find secondary sources, so Resolution 1325 is not discussed in this report.

Missing Statistics: Albania

In Albania, 119,658 PWD are registered as beneficiaries of disability payments, though the number likely understates the population with disabilities since not all PWD are registered. There are no sex-disaggregated statistics and the data are not classified by the category of the beneficiaries receiving disability payments (e.g., blind, paraplegics, persons with mental and physical disabilities). There are no data regarding the marriage and divorce rates among the population of PWD and no education-related statistics for PWD. The Ministry of Education and Sciences gathered data in the country's regions about children with disabilities who attended mainstream compulsory education for the first time in 2011. There are no statistics for PWD in the area of employment and no information available about the number of PWD who are employed. The only statistic available—the number of PWD who have declared themselves as unemployed at the Employment Offices—does not reflect the real unemployment rates for PWD.

Source: Data from the Ministry of Labour, Social Affairs and Equal Opportunities (MLSA), Albania.

2. GENDER ANALYSIS OF DISABILITY IN THE E&E REGION HIGHLIGHTING WOMEN'S EXPERIENCES

Demonstrating the relationship between gender and disability within larger social, political, and economic contexts, requires three tasks: (a) identifying the issues facing all PWD in the E&E region, (b) identifying the unique issues facing women and girls with disabilities in the region by virtue of their gender, and (c) analyzing the effects of those gender-based differences. The usefulness of these findings depends on clear definitions of disability and gender, an analytic framework that facilitates comparisons, and a working hypothesis that can be tested through observation.

This working hypothesis can be simply stated: where gender and disability intersect—where the barriers associated with being a female and the barriers associated with being disabled occur in individual women and girls—disadvantages are compounded, resulting in what can be characterized as “double discrimination” against an entire population of WWD whose unique needs are not being met and whose full contributions to society remain thwarted.

2.1 DISABILITY IN THE E&E REGION

2.1.1. NATIONAL MANDATES TO ADDRESS THE CHALLENGES EXPERIENCED BY WWD

Most countries in the E&E region have signed and ratified the UN Convention on the Rights of People with Disabilities. As noted above, Belarus and Kosovo have not signed the Convention, while Albania, Georgia, and Russia have signed, but not ratified it.

Most E&E countries also have developed National Strategies for realizing the Council of Europe's Disability Action Plan 2006–2015. The Disability Action Plan (DAP) recognizes women and girls with disabilities as a group subject to double discrimination and states that “action is required to remove obstacles which prevent women with disabilities from enjoying their rights on the same basis as men and other women.”⁵

⁵ Please note that Annex D contains information on relevant international norms and standards that address women with disabilities.

Table 1. Attention to Needs of WWD in E&E Countries' National Strategies for realizing the Council of Europe's Disability Action Plan 2006–2015*

Country	National Strategy/Action Plan Addresses Women's Issues?	National Strategy/Action Plan Includes Separate Strategies for WWD?
Albania	No	No
Armenia	No	No
Bosnia and Herzegovina	Yes	Yes
Georgia	No	No
Kosovo	Yes	No
Republic of Macedonia	Yes	No
Moldova	No	No
Montenegro	No	No
Serbia	Yes	Yes

*The countries not included in the table do not have national strategies or national action plans: Azerbaijan, Belarus, Ukraine, and Russia.

2.1.2 DEFINITIONS OF DISABILITY SPECIFIC TO E&E COUNTRIES

Many countries have no official definition of disabilities and working definitions vary across the region (USAID, 2010a, p. 6). Several countries have adopted definitions provided by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), in some cases combining these with official national definitions. Social models of disability that recognize social and attitudinal barriers that intersect with impairments to produce disability are reflected in many official definitions in the region. Exceptions include Azerbaijan and Republic of Macedonia, where official definitions of disability and PWD are still rooted in a medical model that fails to recognize the significant effects of social and attitudinal barriers.

This study follows USAID's disability policy, and the Americans with Disabilities Act (ADA), by defining a person with a disability as someone who "has or is perceived to have a physical or mental impairment that substantially limits one or more major life activities...." This definition includes individuals who may have a physical, sensory, intellectual, or mental/psychosocial disability. Definitions of disabilities used in E&E countries are listed in Annex C, which highlights variations among countries and also among institutions and ministries within the same country.

2.1.3 INCIDENCE OF DISABILITY IN E&E COUNTRIES

The fragmentary nature of national statistics on disability in the E&E region limits understanding of the situation of PWD in areas such as economic wellbeing, education, employment, and marital and family status. The following approximations are based on inadequate official statistics, and unofficial statistics such as estimates provided by DPOs and disability service providers.

Albania: Statistics on PWD are extremely fragmentary and not disaggregated by sex. Albania has registered 119,658 PWD who receive disability benefits.⁶ Two hundred twenty-five PWD were living in residential institutions in 2011.⁷

Armenia: Statistics on PWD are collected and disaggregated by sex. Since 2006, the population of PWD and WWD has increased, but the number of PWD and WWD in state care decreased, as indicated in Tables 2 and 3.

⁶ Data from the Ministry of Labour, Social Affairs and Equal Opportunities (MLSA), Albania.

⁷ Data on disabled people in residential institutions was taken from Social State Services, which is within the Ministry of Labour, Social Affairs and Equal Opportunities of Albania.

Table 2. Sex and age distribution of the number of people with a disability registered at the end of 2010 (Population)

	Total		Of the total, Number of Women	
	2006	2010	2006	2010
Number of Disabled	148656	185080	62542	83941
Of these temporary	95975	116825	39411	49803
Under 18 years of age	8449	8045	2615	2527
Between 18 and 40 years of age	24755	27308	7223	8402
Of these temporary	13826	18201	4008	4980
From 40 years of age to pension age	63601	92522	30079	40579
Of these temporary	30298	41948	12778	14494
Pension age and older	51851	57205	22625	32433
Of these temporary	51851	56676	22625	30329

Sources: Armenia National Statistical Service of the Republic of Armenia 2007 and 2011.

Table 3. Number of PWD and WWD in care according to age and sex

	Up to age 30		31-50		51-70		70 & older		Total	
	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009
Total	85	88	219	178	185	149	137	143	656	558
Of the total, No. of women	46	44	119	97	107	81	76	135	348	298

Sources: Galbraith, 2009, and National Statistical Service of the Republic of Armenia, 2010.

Azerbaijan: It is difficult to verify the current population of PWD and data are not available on the population of WWD. According to an interview with the Minister of Labor and Social Protection of Population of Azerbaijan, the total PWD population is 419,598 (New Azerbaijan Party, 2011).⁸ This is an increase in comparison with 2006, when the PWD population was estimated to be 281,000 (Galbraith, 2009). These statistics are not disaggregated by sex. In contrast to the 2011 population noted above, at the beginning of 2011, 488,551 PWD were receiving pensions and benefits (State Statistical Committee of the Republic of Azerbaijan, 2011). A database of persons receiving disability benefits is in development (State Information Agency Azerbaijan, 2012).

Belarus: Since *Prevalence of Disability in the E&E Region* was published in 2009, more statistical data on PWD and WWD have become available to the public. In 2007, data found on the website of the Sharkovshchina Executive Committee indicated that Belarus had a population of 512,500 PWD (Galbraith, 2009). The Office for the Rights of Disabled Persons reports that as of January 1, 2010 approximately 506,700 PWD were registered with agencies for labor, employment, and social protection. Of the total adult population, 6.1 percent has disabilities, and 1.5 percent of the total population of children (18 and under) has disabilities.⁹ Women make up 53.5 percent of the adult population with disabilities, but the incidence of disability is higher for adult men (622 cases per 10,000) than for adult women (599 cases per 10,000). Boys make up 55.8 percent of the population of children with disabilities (18 and under) and incidence of disability among boys (157 cases per 10,000) is higher than the incidence among girls (132 cases per 10,000) (Office for the Rights of People with Disabilities, 2011).

⁸ This number could not be confirmed because the State Statistical Committee of the Republic of Azerbaijan only provides data on persons newly recognized as disabled for 5 years at a time (the most recent data is from the beginning of 2012).

⁹ For the purposes of this report, persons 18 years old and under are considered children, with one exception; Moldova's official statistics define children as 16 years old and under.

Bosnia and Herzegovina: Data on PWD are not collected. As mentioned in *Prevalence of Disability in the E&E Region*, The Human Rights Ombudspersons for Bosnia and Herzegovina (n.d., p. 40) note a “lack of systemic approach to the keeping of records on persons with disabilities, and lack of database on them, particularly on civilians.” The Multiple Indicator Cluster Survey (MICS) Estimated Prevalence of Disability in Bosnia and Herzegovina is 6.5 percent of the total population (Galbraith, 2009, p. vii).

Georgia: Statistics are maintained on total PWD population, and they are disaggregated by sex. According to the Department of Social and Demographic Statistics (DSDS) there were 130,255 PWD in Georgia (2.9 percent of the total population) in 2011. The DSDS indicated that WWD were 43 percent and MWD were 57 percent of the total PWD population in 2011. Georgia was the only country in the study with disability data disaggregated by region of the country and city of residence.

Kosovo: Official statistics on PWD are not collected. A recent study indicated that lack of data has been noted as a barrier in developing programs and projects to support PWD (Office of the Prime Minister/Office for Good Governance, Human Rights, Equal Opportunities and Gender Issues; in cooperation with the United Nations Development Programme, 2011, p. 7).

Republic of Macedonia: Sex-disaggregated statistics on PWD receiving social benefits are available. At the end of 2008, 13,914 adult PWD were receiving social welfare, of which 5,819 were women. Information available includes data on school attendance and employment. Of 2,407 employed PWD in 2008, 830 were women (State Statistical Office of the Republic of Macedonia, 2009).

Moldova: There are fairly comprehensive data on PWD available.¹⁰ According to the National Bureau of Statistics of the Republic of Moldova, in 2010 there were 134,300 persons over the age of 16 receiving a disability pension. This amounts to 4.6 percent of the total population over the age of 16 (2,914,633 individuals), with nearly equal numbers of women and men receiving disability pensions (National Bureau of Statistics of the Republic of Moldova, 2011).

Montenegro: The four sources of statistical data on PWD in Montenegro are: (a) the Ministry of Labor and Social Welfare, (b) centers for social work, (c) local governments, and (d) DPOs. The statistical office of Montenegro reports that 11 percent of the total population, (68,084 individuals) is living with disabilities and that WWD are 54 percent of the total PWD population (Montenegro Statistical Office, 2011).

Russia: According to the Ministry of Health and Social Development, as of October 1, 2010 there were approximately 13.2 million PWD (9 percent of the total population) in Russia (Ministry of Health and Social Development of the Russian Federation, 2010). These data are disaggregated by age range and employment status, but not by sex.

Serbia: Statistics on PWD are limited to registries from various institutions, such as the Disability Pension Fund or the National Employment Bureau; these figures only represent the individuals who are registered for services and/or benefits (Center for International Rehabilitation, 2007, p. 402). While the 2011 census questionnaire was the first to contain questions about disabilities, these data are not yet available. Unofficial estimates provided by DPOs in Serbia estimate that around 800,000 people (about 10 percent of the total population) are living with disabilities and one in four people are affected either directly or indirectly by disability. According to the data provided by Serbia’s National Employment Agency, MWD represent the majority of PWD registering with the agency; WWD made up 33 percent of the total number of PWD registered with the agency during June 2011.

¹⁰ See the National Bureau of Statistics of the Republic of Moldova’s website: <http://statbank.statistica.md/pxweb/database/EN/databasetree.asp>

Ukraine: According to official estimates, there were approximately 2.64 million PWD (nearly 5.8 percent of the total population) in Ukraine in 2008 (Ministry of Labor and Social Policy, 2008, p. 28). There are no statistics available on the number of WWD in Ukraine. Experts in the disability field believe that the stigma and discrimination that accompany disability and the formidable bureaucratic red tape required to receive disability status have led to the underreporting of disabilities to authorities. This has likely resulted in officials underestimating the number of PWD in the country (Olena Shyngaryova, personal communication, February 27, 2012).

2.1.4 DISADVANTAGES EXPERIENCED BY PWD IN THE E&E REGION

Eight of the 13 countries examined in this study have both signed and ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Of the remaining five countries, Belarus and Kosovo have not signed the Convention, while Albania, Georgia, and Russia have signed but not ratified it.¹¹ Although informants in each country, with the exception of Albania, indicated a belief that overall the rights of PWD are adequately protected in current national legislation, they also overwhelmingly agreed that promising legislation is often not implemented in practice.¹² Enforcement of anti-discrimination and protective legislation appears to be extremely lax across the E&E region.

Although PWD across the E&E region experience many of the same challenges and exclusions as PWD worldwide, they also share some unique disadvantages left over from the region's history of state socialism. Socialist governments took a medical, labor-focused approach to disability law and benefit administration. PWD were classified on the basis of their ability to work, and practically no community supports beyond a disability pension were developed to support the non-working population of PWD. The government structures that managed the population with disabilities segregated people with disabilities, socially and physically, from the wider population. New state structures and market economies notwithstanding, this history of exclusion from both the labor force and the public eye is still very much evident in the unique disadvantages faced by PWD in the E&E region (Galbraith, 2009, pp. 5–10). Table I lists these disadvantages with examples. The discussion that follows describes how WWD in the E&E countries face disadvantages in all of these areas to a greater degree than MWD.

¹¹ In a 2007 survey of 1,503 persons in Belarus, only 22% of those questioned had heard of the UNCRPD (<http://disright.org/id/376>).

¹² Twelve interviewees in Albania complained about the “lack of a modern legal framework” to ensure the rights of PWD in the country.

Table 4. Some of the major disadvantages faced by PWD, including children with special needs (CSN) in the E&E region

Disadvantage	Examples	
Social stigma/attitudinal barriers that inhibit social mobility and restrict opportunities	PWD often blamed for their condition; disability interpreted as result of sin or reckless behavior (Phillips, 2012). PWD feel shame and guilt, are reluctant to be seen in public.	People with visible disabilities shunned for “spoiling other people’s view.” They may face name-calling and abuse when appearing in public. Parents of “normal” children actively resist inclusive education for CSN.
Inaccessible built environments and infrastructures	Although laws mandating barrier-free architecture have been adopted in many E&E countries, they are rarely enforced and non-accessible structures continue to be built (Gyulkhandanyan, 2012).	PWD often have difficulty accessing offices and institutions necessary for improving their quality of life: health clinics, hospitals, offices of the judiciary, social services, and many others (Roza, 2012).
Barriers to education at all levels—primary, secondary, and tertiary	Inclusive education at all levels is in the very initial stages in E&E countries. The socialist-era system of special institutions for CSN is still in place, and many CSN receive sub-par education or none at all (Losert, 2010; OECD 2007).	Barriers to inclusive education are infrastructural and attitudinal. School buildings are not accessible for many CSN, and teachers are not trained in inclusive education methods (Shtino & Fortuzi, 2011).
Barriers to employment opportunities	Historically E&E countries defined PWD as those with decreased or no possibility to work (Galbraith, 2009). This legacy still guides some disability policy and in some countries it is illegal to work <i>and</i> receive a disability pension.	Labor markets are weak across the region and employers are especially reluctant to hire workers with disabilities (Shtino & Fortuzi, 2011). PWD are stereotyped as exhibiting absenteeism and poor work ethic.
Poverty and economic dependence	Disability pensions across the region are very low, in many cases below the poverty line. In Belarus, for example, pensions are too small to cover basic needs (Chubrik, Haiduk, Pelipas, Shymanovich, & Tochitskaya, 2009, p. 57).	PWD, lacking employment opportunities and relying on very low disability payments, often must depend on family and friends for economic survival.
Lack of access to appropriate medical services	Medical personnel in the region often lack expertise in treating the specific health problems PWD face. Negative attitudes of medical personnel toward PWD worsen the situation and discourage PWD from seeking treatment (Kolozova, 2012).	WWD in particular have very limited access to care, especially gynecological exams. Facilities are not in place in most E&E countries to provide WWD the health services they need (Gashi, 2012).
Difficulties establishing relationships and creating their own families	In many cultural contexts PWD are seen as unfit for marriage and parenthood (Iarskaia-Smirnova, n.d.; Vorobyeva, n.d.). WWD encounter these damaging attitudes more frequently than MWD. The families of WWD often actively prevent them from getting married and starting a family.	Economic vulnerability forces many PWD to live within their households of origin because they lack the wherewithal to establish what anthropologists call independent households of procreation.
Vulnerability to violence (physical, emotional, verbal)	Violence within families is a taboo subject but the study results suggest that violence against PWD (especially WWD) in families is a pressing problem that is not being addressed.	The social isolation of many PWD means that their exposure to violence in families is not acknowledged, reported, or addressed (Haxhiymeri, 2011).

2.2 GENDER RELATIONS IN THE E&E REGION

2.2.1 DEFINITION OF GENDER

Gender is a social construct that refers to relations between and among the sexes, based on their relative roles. It encompasses the economic, political, and sociocultural attributes, constraints, and opportunities associated with being male or female. (USAID, 2010b, p. 2)

2.2.2 FRAMEWORK FOR GENDER ANALYSIS

This gender analysis of disability in the E&E region looks at economic, political, and socio-cultural factors related to the roles and relationships of men and women in the region. The inquiry was systematized by using the “The Six Domains of Gender Analysis” framework as elaborated by the Interagency Gender Working Group (IGWG), which is comprised of NGOs, USAID, cooperating agencies, and USAID’s Bureau for Global Health (USAID, 2011). The E&E Bureau has used its framework in prior materials such as an online course in gender integration for USAID staff and *Toward Gender Equality in Europe and Eurasia: A Toolkit for Analysis*.¹³ As noted in the USAID document *Tips for conducting a Gender Analysis at the Activity or Project Level*, the six domains include:

- Access: being able to use the resources necessary to be a fully active and productive participant (socially, economically, and politically) in society. Included are access to natural and productive resources, income, services, employment, information, and benefits.
- Knowledge, Beliefs, and Perception: refers to the types of knowledge that men and women are privy to (who knows what), the beliefs that shape gender identities and behavior, and perceptions that guide how people interpret aspects of their lives differently depending on their gender identity.
- Practices and Participation: refers to peoples’ behaviors and actions in life – what they actually do – and how this varies by gender. Encompasses not only current patterns of action, but also the way that people engage in development activities. It includes attending meetings, training courses, accepting or seeking out services, and other development activities. Participation can be both active and passive.
- Time and Space: includes recognizing gender differences in the availability and allocation of time as well as the space in which time is spent. Includes the division of both productive and reproductive labor, identifying how time is spent and committed during the day, week, month, or year, and in different seasons, and determining how people contribute to the maintenance of the family, community, and society. The objective is to determine how people in different gender categories spend their time and what implications their time commitments have for their respective availability for program activities.
- Legal Rights and Status: involves assessing how people are regarded and treated by both the customary and formal legal codes and judicial systems. It encompasses access to legal documentation such as identification cards, voter registration, and property titles as well as rights to inheritance, employment, redress of wrongs, and representation.
- Power and Decision-making: pertains to the ability of people to decide, influence, control, and enforce. Refers to the capacity to make decisions freely and to exercise power over one’s body and within an individual’s household, community, municipality, and the state. This includes the

¹³ The online course is available through USAID University.

capacity of adults to decide about the use of household and individual economic resources, income, and their choice of employment as well as to vote, run for office, enter into legal contracts, etc.

The six domains are not mutually exclusive and more than one domain may be relevant to a full analysis of complex, far reaching issues. For instance, *power and decision-making* directly influence people's ability to *participate* in NGOs, the work force, and in social life. Similarly, *knowledge, beliefs, and perceptions* inform how *time and space* are allocated differentially according to gender in the home, workplace, marketplace, and community activities.

2.2.3 TRENDS IN GENDER INEQUALITIES IN THE E&E REGION

Researchers have documented extensively the increasing gender inequalities in the E&E region since the fall of state socialist regimes in the early 1990s (Bridger & Pine, 1998; Gal & Kligman, 2000; Marsh, 1996). Many of these inequalities have roots in the uneven socialist policies that intended to emancipate women by guaranteeing most women access to education and paid employment, but failed to provide necessary supports to change gender role expectations. The gender norm in the region was a “double burden” on women who were expected to be both family caretakers *and* wage earners. Women worked predominantly as laborers or in low-prestige, lower-wage professions and were more vulnerable when the economies in the region collapsed (Bridger, Kay, & Pinnick, 1996).

In much of the E&E region today, women face greater rates of unemployment and underemployment than men, fewer opportunities for career advancement (a “glass ceiling”), and persistent wage inequalities (Spevacek, 2011). Women still tend to predominate in the lower-paid professions such as teaching, economics, and medicine. Women are more active than men in the informal economy, but have less access to credit and are less likely to engage in entrepreneurship (Duban & Cozzarelli, 2012). Women often face sexual harassment in the workplace and discrimination in hiring based on age, appearance, and their status as mothers. In most E&E countries, the removal of quotas for women in government has resulted in a dramatic decrease in women's political representation. Women's parties are rare and very weak; most advocacy for women's rights takes place in the unofficial sphere of nongovernmental organizations (Hemment, 2007; Phillips, 2008). Refer to the *Toward Gender Equality in Europe and Eurasia: A Toolkit for Analysis* for extensive information on gender inequalities in the region.

2.3. “DOUBLE DISCRIMINATION” AT THE INTERSECTION OF GENDER AND DISABILITY IN THE E&E REGION

2.3.1 THE CONCEPT OF DOUBLE DISCRIMINATION

For WWD in the E&E region, the intersection of their gender and disability status creates particular barriers and challenges that are widely recognized. WWD face greater risks of violence, abuse, and exploitation (DAWN Ontario, n.d.). The double discrimination against women and girls with disabilities has been identified by UN Enable (n.d.), which recognizes WWD “to be multiply disadvantaged, experiencing exclusion on account of their gender and their disability.”

Disability studies scholar Rannveig Traustadóttir described the greater impact of disability in the experience of women:

Although men and women with disabilities are subject to discrimination because of their disabilities, women with disabilities are at a further disadvantage because of the combined discrimination based on gender and discrimination based on disability. (Traustadóttir, 1997, p. 2)

[Scholarly research has identified] the barriers women with disabilities face in today's society and...documented that they fare less well than both men with disabilities and non-disabled women in education and employment; in receiving economic security and social support; and in their access to sexuality and intimacy. (Traustadóttir, 1997, p. 4)

Russian sociologist Elena larskaya-Smirnova's study highlights the importance of considering the consequences and implications of the intersection of gender and disability. She wrote: "The stereotypical associations of womanhood and disability with passivity, when combined with one another, work to solidify the patriarchal notion of conventional femininity, conjuring up associations with pity, meaningless tragedy, pain, martyrdom and infertility" (larskaya-Smirnova, n.d.).

2.3.2 DOUBLE DISCRIMINATION AGAINST WWD IN E&E COUNTRIES

Despite the fact that official declarations and national strategies continue to pay too little attention to the multiple barriers faced by WWD, double discrimination against WWD is widely recognized and clearly articulated by PWD and rights advocates in E&E countries. The following section provides examples from this study's interview and focus group data for several E&E countries as well as data from existing research reports.

Researchers have studied how Albania illustrates how the "cascade of discrimination" faced by WWD produces multiple disadvantages. The stigma that accompanies disability is more strongly attached to women and WWD are often socially isolated. Their isolation leaves WWD vulnerable to violence within and beyond the family, and also precludes access to education and other opportunities (Haxhiymeri, 2011). Because many WWD in Albania are illiterate, they are unable to assimilate what little information about health care or empowerment opportunities comes their way. This vicious cycle disempowers WWD and excludes them from all arenas of Albanian society (Çani Drenofci, Kalemi, Xheka, & Zyba, 2009).

The leader of an organization for WWD in the Republic of Georgia pointed out that women without disabilities consider WWD to be "creatures without gender," a stigma that contributes to the very low self-esteem of the latter. Interviewees in Georgia suggested that the belief that jobs are more necessary for men than women, especially WWD, is still common in Georgian society. Participants in the study also believed that there a very close relationship between categories of discrimination:

When someone has a disability, he or she is already discriminated against. If it is a woman at the same time, she is more discriminated. If she also belongs to the religious or sexual minority, she is even more discriminated against, and so on. So each identification with each of these marginalized groups causes a new type of discrimination and problems. (Human rights advocate, Republic of Georgia)

Focus group participants in Pristina (2012) provided the following insights about the multiple exclusions affecting WWD in Kosovo.

Women are doubly discriminated; they have far fewer opportunities in education and rehabilitation, and for employment they face far more obstacles. Most WWD end up as housewives, especially in rural areas. As a result of these prejudices and barriers some of our rights are violated. Women with disabilities have their rights violated in Kosovar society. We still don't talk about marriage and sex in front of the family; these are still taboo topics in Kosovar society and even the marriages that are made are made not because of love but with someone's proposal [an arrangement]. (Gashi, 2012, p. 2)

Interviews in Republic of Macedonia discussed a trend that appears across the E&E region: WWD are assigned traditional gender-based roles as caregivers and homemakers, but not as mothers.

WWD are double victims of patriarchy: when it comes to marriage and raising children, it seems that the general presumption is that they are expected to be able to perform the unpaid domestic labor that mothers and housewives do, rather than to realize one of their basic rights and needs – the right to motherhood (Kolozova, 2012, p. 4).

A sociological survey in Russia identified an intersection of social attitudes towards PWD and gender role stereotypes in Russian society (Vorobyeva, n.d.). When asked to name the associations that come to mind when they hear the term “disabled woman,” informants to this survey mentioned loneliness, infertility, and inability to start a family. In contrast, associations mentioned in connection with “disabled man” centered on poverty, being “not needed,” unable to work, and unable to be a breadwinner. These associations conform closely to conventional gender role expectations in Russian society that identify women as wives, mothers, and housekeepers, and men as breadwinners.

Stigma and negative stereotypes are the root cause of much of the discrimination that all PWD encounter. In Russia, for example, 80 percent of informants in this study identified “stereotypes” as the key barrier for PWD. Participants in the study believed that WWD face more stigma than MWD: the stigma WWD face is amplified by structural inequalities, which leads to greater social isolation, fewer opportunities for socialization, education, and employment, and ultimately decreased social mobility for WWD. Denise Roza describes these all-pervasive barriers to social inclusion faced by WWD in the E&E region as “...a set of problems relating to enjoying a personal life, starting a family and having children, and often involving the denial of gender identity, low self-worth, social stereotypes, low quality medical care, lack of understanding from medical personnel, and struggles of daily life” (Roza, 2012, p. 1).

Informants in West-Central Ukraine and Eastern Ukraine articulated polar opposite opinions concerning whether or not WWD face double discrimination. Informants in Eastern Ukraine (PWD, MWD, WWD, and both men and women without disabilities) were adamant that there are no significant differences for MWD and WWD: All PWD find their basic rights violated equally, regardless of their sex. By contrast, most informants in West-Central Ukraine stated their belief, backed up with many examples, that WWD face more barriers than MWD.

It is unlikely that this difference of opinion reflects a qualitative difference in quality of life for WWD between Eastern and West-Central Ukraine (Phillips, 2009; Phillips, 2011). Rather, it most likely reflects a relative lack of gender awareness among informants in the Eastern part of the country. Even while rejecting the notion of double discrimination, informants in Eastern Ukraine pointed out areas of life in which WWD are disadvantaged relative to MWD. This contradiction confirms the importance of combining disability analysis with gender analysis and suggests the need for raising gender awareness among disability advocates in Eastern Ukraine.

2.3.4 DIFFERENTIAL GENDER EFFECTS OF DEVELOPMENT PROGRAMMING FOR PWD

A substantial number of informants in different countries interviewed for this study held the view that in many cases, although positive changes have occurred in the arena of disability rights (e.g., improved legislation, enhanced accessibility of the environment, empowerment projects), these changes have benefited MWD more than WWD. In Albania, for example, half of the 46 research participants agreed that MWD had benefited from these changes more than women. A number of these informants also suggested that the differential benefits for MWD over WWD are especially pronounced in rural areas.

Across countries, informants expressed beliefs that previous or existing empowerment programs for PWD have benefitted MWD more than WWD in two areas:

- **Programs to improve accessibility of the built environment.** WWD do not benefit equally with MWD because they face greater social stigma that leads to greater isolation. WWD

are more reluctant to appear in public and their families may prevent them from appearing in public. Also, women with mobility-related disabilities may not possess the physical strength still necessary to navigate barriers.

- **Employment programs for PWD.** Women’s employment is seen as less important than men’s employment, and WWD are often not allowed by their families to make their own decisions about employment or financial management. If a WWD has a child, she experiences triple discrimination in employment.

The “Social Taxi” program, piloted in Azerbaijan in 2002 to provide jobs and accessible transport for PWD, illustrates the differential effects on MWD and WWD when programming for PWD fails to take gender into account. Disabled veterans of the Nagorno-Karabakh conflict had been given cars as a disability benefit by the government. Since most taxi drivers are men, most veterans are men, and these disabled veterans already owned cars, the program hired them as taxi drivers. The Social Taxi program inadvertently created both employment and mobility for primarily MWD and reinforced the physical and social isolation of WWD (LOTOS, 2002, p. 3).

3. GENDER ANALYSIS OF CHALLENGES FACED BY WOMEN WITH DISABILITIES IN THE SECTORS IN WHICH USAID TYPICALLY WORKS

Conducting interviews with different stakeholders, I have concluded that women with disabilities in Armenia experience many of the now recognized markers of social exclusion - socioeconomic disadvantage, social isolation, multiple forms of discrimination, poor access to services, inadequate health care, and denial of opportunities to contribute to and participate actively in society. (Gyulkhandanyan, 2012, p. 1)

The “six domains of gender analysis” provide the framework and the key sectors in which USAID typically works provide the focus for the following gender analysis of challenges faced by WWD in the E&E region.

3.1 ACCESS

This domain refers to the ability to avail oneself of and fully use the resources necessary to be a socially, economically, and politically active and productive participant in society. Access thus relates to resources in the broadest sense, including information, services, benefits, employment, and income. This study examines six major aspects of this domain: education, workforce development, economic growth, employment, entrepreneurship, and health care.

3.1.1 ACCESS TO EDUCATION

Losert (2010) describes the diversity of approaches and disparities in access to education for PWD in almost all of the E&E countries:

[Countries] have laws or regulations specifically ensuring equal opportunity for special needs children to receive full benefits of education at all levels but actual provision can range from special schools, institutions, and ‘correctional education centers’ to special classrooms, supported home schooling, day care centers, inclusive classrooms, and individualized curricula in special classes in general education schools. (Losert, 2010, p. 14)

As of 2007, existing studies indicated that 20 percent of special needs children in the Republic of Macedonia and 85 percent of special needs children in Serbia did not attend any type of schooling (OECD, 2007). In Bosnia, “officially, only 0.4 percent of children with developmental difficulties are attending school (some say 0.8 percent)” (OECD, 2007, p. 26). A social worker working with hearing-impaired people in Yerevan, Armenia’s capital, reported that of the 82 inclusive schools in Armenia, 42 are in the capital city (Personal communication, interview transcript, 2011).

Informants providing qualitative data for this report in several of the countries identified inequalities in access to education for women and girls with disabilities. Informants in Kosovo rated education and barriers to accessibility as the two most important problem areas for PWD. Few statistics are available to shed light on access to education for PWD, but it appears that most PWD in E&E countries obtain no more than a secondary education. Of the 13 countries included in Losert’s study, only Georgia has a strategic plan for inclusive education for special needs children (Losert, 2010, p. 14). The Ministry of Education and Science of Georgia has indicated that the inclusion of children with disabilities in education is a priority of current reform.¹⁴

In Kosovo and Montenegro, people who were interviewed and participated in focus groups for this report reported their belief that women and girls with disabilities have little or no decision-making power regarding their education. Informants in Montenegro in particular stated that families often do not allow girls and women with disabilities to enroll in post-secondary education. Apparent inequalities exist in Kosovo between boys and girls with disabilities regarding access to primary and secondary education. According to the Ministry of Education, Science, and Technology, in Kosovo only 37 percent of the “children with special needs” (CSN) enrolled in primary schools are girls; 37 percent of CSN enrolled in lower secondary schools (grades 5–9) are girls, and 39 percent of CSN enrolled in higher secondary schools (grades 10–13) are girls.¹⁵

Lynn Losert (2010) notes that, “Across the region there seems to be little expectation that students with disabilities will go on to mainstream secondary or higher education” (p. 15). Indeed interviewees and focus group participants in several countries acknowledged the difficulties all PWD face in obtaining a higher (post-secondary) education, but they also indicated a belief that MWD are at an advantage compared to WWD. For example, in Azerbaijan and Montenegro they indicated that MWD are more likely to enjoy access to higher education and training programs, because the likelihood of MWD securing employment after such training is much higher than for WWD. However, interviewees and focus group participants in both countries claimed that in recent years the numbers of WWD enrolling in higher education and training courses have increased, although statistics were not available to support this assertion.

Further investigation is needed to determine whether and to what extent gender inequalities negatively impact access to education for women and girls with disabilities in the E&E region. Studies show that barriers to education are a problem for people with disabilities in general across the region, but the impact of gender on these barriers is still unclear.

3.1.2 ACCESS TO WORKFORCE DEVELOPMENT

Workforce development (WFD) refers to the emergent policies, systems, and programs that help workers improve the knowledge, skills, and behaviors that help them find and sustain employment. It is very difficult to find information on WFD for PWD in the region, much less information that includes any sex-disaggregated numbers. Often, news items on WFD only mention how a small percentage of PWD benefitted from an initiative. Kosovo illustrates workforce development trends across the E&E region. The Kosovar Law on Vocational Ability, Rehabilitation and Employment of People with

¹⁴ For example, see <http://www.mes.gov.ge/content.php?id=289&lang=eng>.

¹⁵ Kosovo uses the definitions of the UN Convention on the Rights of People with Disabilities.

Disabilities requires that, “for every 50 employees in the private and public sector, there should be one person with disabilities” (Office of the Prime Minister, Office of Good Governance, 2011, pp. 41–46).¹⁶ But while there are government-funded employment training programs for PWD in Kosovo, very few PWD in the country benefit from them; only 53 MWD and 44 WWD were trained in 2011.¹⁷ A recent UNDP survey of PWD in Kosovo indicates a much greater need and opportunity. The survey found that although only 5 percent of PWDs in Kosovo are permanently employed, 43 percent of PWDs show interest in or believe that they have the potential to develop their skills, take part in vocational trainings, and pursue employment opportunities (Republic of Kosovo Office of the Prime Minister, Office for Good Governance, Human Rights, Equal Opportunities and Gender Issues, & UNDP, 2011).

There are examples of training programs to enhance the employability of PWD in the region. The Centre for Professional Rehabilitation and Employment of Persons with Disabilities in Serbia was created in 2010 and provides work placements in public and private organizations, vocational training, and business start-up grants. Employers can receive funding for the workplace adjustments that enable them to hire PWD and during training periods for new hires employers can secure exemptions from social security contributions. The Centre’s support is based on a public-private partnership (PPP) model with public funding from UNDP and Spain’s MDG Achievement Fund, matched by the Serbian government (UNDP, 2011, pp. 17–18).

The existence and effectiveness of legislation and programs for improving the employability of PWD varies among E&E countries. A social worker interviewed in Armenia described recent efforts in that country to connect PWD with potential employers through job expos. These job fairs are a positive trend but to date only a few PWD have found employment as a result.¹⁸

Our ability to provide a gender analysis of workforce development initiatives for PWD in the E&E region is limited due to a lack of sex-disaggregated statistics on employment status of women and men with disabilities, and a dearth of information on whether and how existing workforce development initiatives impact women and men with disabilities differently.

3.1.3 ACCESS TO THE LABOR MARKET

Across the E&E region women face employment discrimination relative to men (Duban & Cozzarelli, 2012; Spevacek, 2011). Women’s participation in the labor force is high, with women more likely than men to work part time, work in the informal sector, or be self-employed, especially in home-based production. Certain occupations are considered appropriate for men or women, and occupational segregation directly contributes to the considerable gender pay gaps in E&E countries. The most feminized employment sectors typically offer the lowest salaries. Education, health care, social services, and cultural fields are considered feminine occupations while men work in such fields as construction, heavy industry, natural resource extraction, and transport. However, there appears to be gender balance in the financial sector, hospitality (hotels, restaurants), and technical and computing fields (Duban & Cozzarelli, 2012).

Quantifying the labor force participation vis-à-vis WWD is extremely difficult; employment statistics for PWD either do not exist or are extremely rare in nearly all E&E countries. The statistics that are available are seldom disaggregated by sex. Employment statistics are often available only from state employment bureaus where PWD seeking jobs register. The only sex-disaggregated statistics available were for the Republic of Macedonia and Kosovo. Of the PWD registered as unemployed with the Employment Agency in the Republic of Macedonia in 2008, 34.1 percent were WWD and 65.9 percent were MWD (Javanovikj, Javanova, Maleska-Saçmaroska, & Markovska, 2010, p. 61). Of the number of

¹⁶ The law may be viewed at: http://www.assembly-kosova.org/common/docs/ligjet/2008_03-L-019_al.pdf.

¹⁷ Data from Ministry of Labor and Social Welfare.

¹⁸ USAID has recently started a program in this area.

PWD registered as unemployed in Kosovo in 2011, 39.5 percent were WWD and 60.5 percent were MWD.¹⁹

These statistics are of limited utility. It is not clear if fewer WWD register with the unemployment bureau than MWD, but based on our research we can hypothesize that they decide not to bother because they know their chances of being hired are extremely low. Also, the lack of official statistics notwithstanding, informants uniformly observed that more MWD than WWD have jobs. In the Republic of Macedonia, this observation was confirmed by a survey of labor market participation of WWD conducted by a team of researchers with the support of UNIFEM. Among those who responded to the questionnaire, 31.1 percent of the MWD were employed and 29.2 percent of WWD were employed (Jovanova, Dimitrijoska, Tomovski, & Ignjatovik, 2009). A recent UNDP-sponsored survey of PWD in Kosovo found that 7 percent of MWD and 4 percent of WWD were permanently employed (Republic of Kosovo Office of the Prime Minister, Office for Good Governance, Human Rights, Equal Opportunities and Gender Issues, & UNDP, 2011, p. 42).

The overall lack of sex-disaggregated employment statistics for PWD working in different sectors makes it difficult to understand whether WWD face barriers to employment that are different from those that women without disabilities face. Many informants reported that cultural expectations that men work and women stay home have influenced their chances of finding work, with several sharing that belief. For example, in West-Central Ukraine, informants expressed the strong opinion that MWD in the country are more likely to be employed than WWD, especially if the women have children. They also noted that the pervasiveness of wage discrimination against WWD relative to MWD reflects wage inequalities throughout the country. Informants in Azerbaijan and Montenegro emphasized how the sexist physical criteria used to judge “regular” women in the labor market—appearance, prettiness, and sexiness—place WWD at a disadvantage that can discourage them from even seeking employment. In Azerbaijan, interviewees and focus group participants regularly mentioned that employers prefer to employ pretty girls with whom they might wish to pursue a relationship. They stressed that this discrimination puts WWD at a complete disadvantage since they are not considered as sexually attractive as other potential female employees.

When asked to comment on the situation of WWD in the labor market, nearly all participants in focus groups and personal interviews in Montenegro referred to the widely-publicized case of Marijana Mugosa, a woman with a visual impairment who is the first user of a guide dog in the country. Even though both Montenegrin and international law entitled her to use a guide dog in the workplace, Mugosa was “expelled” from work when she brought the dog with her. Mugosa sued the city of Podgorica, and although the court found in her favor, she was not reinstated in her place of work. The report *Human Rights in Montenegro 2010–11* described this as a blow to the morale of WWD and PWD in Montenegro:

The fact that the court decided in favour of Marijana Mugosa but she was not returned to work has negatively impacted on the motivation of persons with disabilities to seek justice over violations of their rights. As a rule, they do not dare launch such proceedings, given the lack of efficient protection of competent ministry inspectorates, the length of the court proceedings and their lack of access to legal aid. (Prelevic, 2011, p. 101)

Lack of access to employment was the topic informants in Azerbaijan rated as the most significant problem facing WWD. Currently, there is no official recognition of barriers to employment of WWD, let alone programs aimed at rectifying the situation (Burchell, 2012, p. 3). Where there are efforts to increase the participation of PWD in the labor market, they include quotas as well as financial support by governments and international organizations. Informants believed that in many cases quotas requiring

¹⁹ Statistics from the Ministry of Employment and Social Welfare of Kosovo.

enterprises to hire a certain number of workers with disabilities are easily circumvented by paying a small fine or falsifying employment records. In Ukraine, for instance, although Ukrainian legislation includes quotas for employment of PWD, and officially 22 percent of PWD are counted as employed (MLSP, 2008, p. 137), it is not clear that PWD are actually employed. In what local people call the “dead souls” arrangement, enterprises usually pay a half salary to “workers” who never come to work. This “duplicitous compliance” allows enterprises to avoid paying fines (Phillips, 2011, p. 31).

Incentives for employing PWD have been rescinded in some countries. In Georgia, tax benefits for enterprises that employ PWD were revoked in 2000 and specialized work places that hired PWD have been liquidated (PA Consulting Group, 2007, p. 2–17). In Kosovo, current laws requiring PWD who receive disability pensions to return them upon employment can actually inhibit PWD from seeking employment (Project CARDS, 2007, p. 21).

It is also not clear if the job segregation and the gender wage gap for WWD relative to MWD compares to the situation of women without disabilities to men without disabilities. However, there are indications from informants that the situation is comparable. It appears that WWD participation in the labor market is heavily influenced by gender norms in the E&E region. Of those WWD who are employed, they work in a places and occupations that are acceptable for women, including NGOs (both as NGO staff and participants in income generation activities) and government offices. For example, informants in Georgia noted that WWD work in light factory or production work, the post office, and working in small workshops knitting or making jewelry. While informants noted that some WWD have started businesses, but informants from across the E&E region noted that MWD are more likely to start businesses while WWD establish home-based businesses that center around fields such as cooking at tailoring.

According to informants, PWD in the region seem to find it exceptionally difficult to start businesses. In the Republic of Macedonia, for example, informants reported that even people with minor physical disabilities are subject to specialized medical assessments of their legal capacity to run an individual business, a discriminatory practice that discourages entrepreneurship among PWD. In Moldova, legislation does not allow PWD to access lines of credit. Informants in Armenia and Eastern Ukraine expressed the belief that MWD are more likely than WWD to start their own businesses. Informants in Armenia also observed that, in contrast to MWD or women without disabilities, WWD are more likely to engage in entrepreneurship in the informal economy, producing handmade goods for sale or selling goods for other people.

Consequences of Employment Discrimination against WWD. Discrimination in employment has negative impacts on economic mobility—the ability of an individual to improve his or her economic status, usually measured in terms of increasing income. The majority of PWD in E&E countries are effectively barred from economic mobility because they are heavily reliant on disability pensions that are extremely low. In Montenegro in 2009, for example, although the absolute poverty line was 170 euros per person per month, the minimum old-age and disability pension was set at just 45 euros a month or 1.45 euros per day (Prelevic, 2011, p. 53).

Poverty and lack of economic mobility affects both MWD and WWD, but there are indications that WWD face more economic disadvantages than MWD. Throughout the E&E region, women in the labor force experience wage discrimination, and often do the same job for less pay than men. In countries like Ukraine where disability pensions are calculated according to the PWD’s previous salary, this wage disparity places WWD at a disadvantage relative to MWD. The issue of tying disability pensions to previous wages was identified by study participants as a particularly acute inequality in Serbia, where most women in the study had never worked before acquiring their disability. Informants throughout the region reported that a woman’s disability pension income is often absorbed into the household

economy or used by caregivers because WWD have less power than either MWD or women without disabilities to make financial decisions and manage their own money.

3.1.4 ACCESS TO HEALTH CARE, ESPECIALLY REPRODUCTIVE AND GYNECOLOGICAL HEALTH CARE

Article 25 of the UN Convention on the Rights of People with Disabilities recognizes the right of persons with disabilities to enjoyment of the highest attainable standard of health care without discrimination on the basis of disability. The article stresses the need for health care services for PWD that are accessible, affordable, available, and of good quality. The World Health Organization found, however, that PWD “have unequal access to health care services and therefore have unmet health care needs compared with the general population” (WHO, 2011, p. 37). PWD are at greater risk for: (a) developing health problems such as depression and osteoporosis, (b) experiencing co-morbid health conditions,²⁰ (c) developing age-related health problems, (d) engaging in health risk behaviors such as smoking or lack of exercise, and (e) experiencing violence, unintentional injuries, and premature death (WHO, 2011, pp. 58–60).

Inadequate health care for WWD was a major concern of informants throughout the E&E region, particularly the lack of sexual and reproductive health services—family planning, maternal health care, preventing and managing gender-based violence, and preventing and treating sexually transmitted infections. Lack of services in this region is consistent with the experience of WWD around the world. For example, though data are limited, some research shows that WWD worldwide have decreased access to screenings for breast cancer and cervical cancer compared to women without disabilities (WHO, 2011, p. 60).

Worldwide, the major barriers that hinder PWDs’ access to health care are often economic—the inability to pay for a health care visit and the needed transportation. Data from the *2002–2004 World Health Report* highlight the predicament PWD face by contrasting how PWD and people without disabilities finance their medical care: PWD are less likely to draw on existing income and more likely to pay by borrowing money, selling items, or having family members pay the fee for them (WHO, 2011, p. 66). Additional barriers appear when PWD seek health care: (a) they were denied care when seeking treatment, (b) facilities and equipment were not accessible, (c) they were “treated very badly” by a health provider, or (d) a health provider’s skills were inadequate (WHO, 2011, p. 63). While those WWD included in the present study recognized all of these barriers, feeling abused by the doctors and nurses and excluded from the institution by the lack of accessible equipment and toilets was mentioned more often as barrier for WWD than the inability to pay for health care services. For example, some Armenian WWD informants reported suffering abuse and neglect in clinics and hospitals, and admitted not knowing about their rights to appropriate health care services and expressed an interest in receiving such information.

Lack of access to gynecological exams for WWD worried many study participants. In some cases, WWD informants report that they were unable to access reproductive health care due to: (a) lack of accessible facilities and equipment (e.g., adapted gynecological exam chairs), (b) an absence of medical personnel properly trained to serve the health needs of WWD (including but not limited to reproductive health care), and (c) a preponderance of negative attitudes among health care workers.

Barriers to treatment mean that care is delayed for WWD. The head doctor of the Republic PWDs Rehabilitation Center in Azerbaijan, for example, reported that women who acquired disabilities during

²⁰ “A co-morbid condition is an additional condition independent of and unrelated to the primary condition. The detection and treatment of co-morbid conditions are often not well managed for people with disabilities and can later have an adverse effect on their health: for example, people with intellectual impairments and mental health problems commonly experience “diagnostic overshadowing.” Examples of co-morbid conditions include cancer or hypertension for a person with an intellectual impairment” (WHO, 2011, p. 56).

the Nagorno-Karabakh War (1988–1994) have only recently approached the Center for treatment. The Republic PWDs Rehabilitation Center also does not have a gynecologist on staff.²¹

Issues of double discrimination with respect to health care access persist throughout the region. Informants in Albania reported that access to health care is difficult for all PWD, but that WWD face more limited access than MWD. Research in Kosovo shows that health services for the general population are very limited and that all women in Kosovo lack adequate access to reproductive health services (Kosova Women’s Network, 2011, pp. 135–144). The National Disability Action Plan for the Republic of Kosovo 2009–2011 outlines the need for dramatic improvements in reproductive health care services for WWD (Office of the Prime Minister of the Republic of Kosovo, 2009). Barriers to accessing reproductive health services for all women, but especially for WWD, appear to be particularly acute in Montenegro. Montenegro has only one technical center for reproductive health and the gynecological clinic in Pljevlja has the country’s only accessible gynecological examination table.

There are a number of current efforts to expand the accessibility of quality medical care to PWD. Oxfam International has a program in Nizhny-Novgorod, Russia, to increase health care for PWD as part of the Global Call to Action against Poverty.²² An initiative in Montenegro focuses on improving access to reproductive health care. A local NGO leveraged community support to purchase the accessible examination table mentioned above.²³ Although check-ups are free of charge and transportation is provided for WWD to in the Pljevlja clinic, very few women have utilized the service (Šaranović, Bošković, Vujačić, & Laković, 2011, p. 15). Activists attribute this underuse to a lack of awareness among WWD about the importance of gynecological exams and their timidity in the face of the insensitivity shown by medical personnel.

In Armenia, the Agate Center for Women with Special Needs is translating *A Health Handbook for Women with Disabilities* from English to Armenian. The book includes detailed sections on sexual maturity and sexuality, reproductive health, pregnancy and childbirth, and other important health issues for WWD. The founder and director of the Agate Center, Karine Grigoryan, expects that the handbook will be a useful tool for informing both WWD and medical personnel about reproductive health issues (Personal communication, 2011).

3.2 KNOWLEDGE, BELIEFS, AND PERCEPTIONS

This domain refers to (a) the types of knowledge that men and women are privy to (“who knows what”), (b) the beliefs that shape gender identities and behavior, and (c) the perceptions that guide how people interpret aspects of their lives differently depending on their gender identity. Section 2.3 presented findings about women’s unique experiences of disability that many characterize as double discrimination. This section examines media representations of PWD, especially WWD, a major contributor to the knowledge, beliefs, and perceptions of both WWD and the general public.

3.2.1 MEDIA PORTRAYAL OF PWD, DISABILITY ISSUES, AND WWD

Media and literary treatment of disability issues is important because it both reflects and shapes popular opinion about disability and PWD. Media accounts reflect the most prominent and accepted ideas about disability and people with disabilities in a given society, reproducing the tropes in current circulation (Mitchell & Snyder, 2000). At the same time, media accounts shape the very objects or phenomena they describe (Jones & Harwood, 2009, p. 6). A study of newspaper coverage of disability issues in Ukraine, for example, found that disability is used as a stand-in for social, economic, and moral chaos, and PWD are frequently portrayed as symbolic citizen types: needy supplicants of state and social support; victims

²¹ From interview transcript with head doctor of the Republic PWDs Rehabilitation Center, Saadat Mahmudova.

²² See <https://www.oxfam.org/en/russia/healthy-access-medical-care>.

²³ Association of Paraplegics of Montenegro, Pljevlja Chapter.

or perpetrators of violence and abuse; or self-reliant, individualistic heroes (Phillips, 2012). At the other extreme, informants in the Republic of Macedonia reported a near total absence of references to PWD in the media.

Informants in most of the study countries expressed serious dissatisfaction with how disability issues are covered by mass media outlets. In most countries they observed that stories about PWD in the media are most frequently framed in negative terms and tend to perpetuate harmful stereotypes. In Armenia, informants reported that representations of PWD on state-controlled television (the country's primary mass media outlet) are full of stereotypes that are "extremely demeaning" to PWD. A social worker in Yerevan interviewed for the study noted that journalist Zara Patoyan works with several DPOs in Armenia and has helped stimulate improvements in media coverage of disability issues by offering training seminars for journalists (Personal communication, 2011). The researcher in the Republic of Macedonia found that, "the invisibility of PWD and WWD is flagrant and this is in fact the main mode of exclusion from the public discourse" (Kolozova, 2011).

There were few reports of differences in media representations of WWD relative to MWD. Informants in Georgia, however, noted that while media coverage of disability issues has increased in recent years, this coverage has been limited almost entirely to stories about MWD, leaving WWD invisible to the public eye. A study of depictions of disability issues and PWD in the print media in Bosnia and Herzegovina, Montenegro, and Serbia found that in those countries the individual voices of people with disabilities are rarely used as a source of news (Adams, 2008, p. 22). The in-country researchers in Russia analyzed one short television segment and 15 recent newspaper and magazine articles on problems faced by WWD that appeared in print and online publications.²⁴ Five attempted to elucidate issues facing WWD, five attempted to present a positive picture, and five dealt with WWD's right to have a child. Of those that attempted to shed light on issues facing women with disabilities, the authors exhibited compassion, but largely reported on problems and employed language that elicited pity from readers, using words such as suffering and confinement. The optimistic articles discussed WWD's human rights and how they could successfully contribute to society. Almost all of the articles and the television segment that raised the subject of WWDs' right to motherhood referred to society's negative opinions about WWD having children. A segment on the investigative program, *Freedom and Justice*, titled "Women with disabilities—The right to motherhood" on Channel One Russia had the potential to positively shape public opinion about parental rights for WWD. Unfortunately, although it presented a range of viewpoints on the subject, the program's overall tone was negative and was likely to encourage viewers unfamiliar with disability issues to form or confirm negative opinions about WWDs' right to motherhood (Roza, 2012, pp. 15–16).

3.3 PRACTICES AND PARTICIPATION

This domain refers to peoples' behaviors and actions in life—what they actually do—and how this varies by gender. Practices and participation involve not only current patterns of action, but also the way people engage in development activities, such as attending meetings, training courses, accepting or seeking out services, actively taking part in other interventions, and other change-related activities. Participation can be both active and passive. This study examines two major arenas of practice and participation: (a) communication (access to communication technology—mobile phones, fixed-line telephones, and the Internet), and (b) civil society.

3.3.1 COMMUNICATION

For many PWD who may face structural and attitudinal barriers to participation, access to communication technology could facilitate participation in social networks, civic organizing, and

²⁴ References are included at the end of the References as Russian Media Review.

employment. Forms of digital communication such as blogs, Internet forums, Twitter, and other forms of social networking are powerful means to encourage debates and discussions and shape public opinion on issues such as disability rights. Social scientists J. Bach and D. Stark (2005) note that, “new technologies...present opportunities to communicate in entirely new ways and to perform radically new functions. Especially because these technologies are interactive, their adoption becomes an occasion for innovation that restructures interdependencies, reshapes interfaces, and transforms relations” (p. 38).

Utilization of Internet and telephone communications is increasing dramatically worldwide, even in the least developed countries. During the last decade, Internet use increased by more than 4,000 percent, and the number of persons with phone subscriptions increased by nearly 3,500 percent (UNDP, 2010, p. 67). These worldwide increases are reflected in E&E countries; between 2000 and 2008 the number of Internet users increased between 1,294 percent (Ukraine) and 21,329 percent (Albania), and mobile and fixed-line phone subscriptions increased between 375 percent (Republic of Macedonia) and 587 percent (Russia) (UNDP, 2010, pp. 211–213). The E&E countries with the highest rates of personal computer ownership are the Republic of Macedonia (36.8 per 100) and Georgia (27.2 per 100) (UNDP, 2010, p. 212). Interestingly, however, increases in Internet usage do not necessarily correlate with access to personal computers. Although Internet usage has increased dramatically in Albania, for example, the rate of personal computer ownership is low (4.0 per 100) (UNDP, 2010, p. 212). This could be due to the use of the internet in such settings outside of the home as internet clubs.

Information in the E&E region on PWDs’ access to personal computers and Internet and telephone communications is very limited. Informants in most countries reported that access to communication technology is restricted for all PWD. In Azerbaijan this was attributed to the difficult economic status of most PWD and their families. Informants in Armenia reported that the increasing use of communication technology by PWD is limited mostly to computers and the Internet. Informants in Albania noted that while men and women have limited access to technology, MWD appear to have slightly better access to communication technology than WWD, but did not say why. It could be related to their perceived greater mobility (to be discussed in section 3.4.1) and ability to access public places such as internet clubs. At least two companies are addressing the communication needs of PWD. The VOLIA cable company provides complimentary digital packages, including Internet access, to approximately 30,000 persons in Kyiv, Ukraine. Many beneficiaries are PWD, especially disabled veterans and people with first category (most severe) disabilities.²⁵ Beeline in Russia offers PWD with hearing-related disabilities a discount on short messaging service and multimedia messaging service.²⁶

Information technology (IT) plays an important part in some job training programs for PWD in the region. The East Europe Foundation (EEF) and its partners recently completed a joint pilot project entitled “Information Technology - A chance to employ people with disabilities.” The project provided IT training to 38 PWD (29 men and 9 women), most with mobility disabilities in Ukraine, with the goal of improving the prospects for employment among PWD (East Europe Foundation, 2012). After the training, 3 male students were employed, and EEF and its partners are trying to create partnerships with potential employers to increase the employment prospects of trainees (K. Bagramyan, personal communication, August 8, 2012). Bereginya-Ukraine, a DPO for WWD, also prioritizes IT training as a means of enhancing employment opportunities for PWD (Shyngaryova, 2011). The organization trained a total of 60 PWD in 6 groups; of the 60 participants, 27 were men and 33 were women.

3.3.2 CIVIL SOCIETY

WWD as a recognized and organized vulnerable group. Based on information gathered for this study it appears that almost without exception in the E&E region, WWD are not considered a recognized and organized vulnerable group for the purposes of either governmental or non-

²⁵ For more information, see the Russian or Ukrainian language social programs site <http://www.volvia.com/eng/about/social>.

²⁶ For more information, see <http://about.beeline.ru/responsibility/society/help/invalid.wbp>.

governmental programs targeting WWD. There are no national programs for WWD in the E&E region, and very few civil society initiatives target WWD as a recognized vulnerable group. Informants in several countries, especially the Republic of Macedonia, lamented the broader women's movement's lack of attention to issues faced by WWD. Informants noted that most women's advocacy NGOs in Montenegro focus on victims of violence and that it is only in this context that WWD are included in their programs. The National Assembly of Disabled of Ukraine, the largest and most active coalition of DPOs in the country, recognizes WWD as an organized and vulnerable group but programming for WWD has been short-term and unsustainable.

As in other regions of the world, the interests and special needs of WWD in the E&E region appear to be falling through the cracks, with little or no notice from either women's movements (Hans, 2004), disability movements (O'Toole, 2004), or governments. Informants indicated that PWDs and DPOs usually have little to no influence as stakeholders on the development of social programs and policy. This problem has come to light in Georgia, where informants viewed social programs as poorly coordinated and not based on an evaluation of PWD needs (The Public Defender of Georgia, 2009, p. 198). A female director of a DPO in Georgia remarked during a focus group: "Everyone uses us for getting money. We are, in fact, exploited. Nobody tells us what is happening and why."

Presence and effectiveness of civil society organizations addressing problems faced by WWD. The qualitative research carried out for this study revealed that there are only a handful of DPOs in the E&E region advocating solely for WWD. In Albania, neither the women's movement nor the disability rights movement addresses the specific needs of WWD—both groups see advocacy for WWD as the responsibility of the other (Çani Drenofci, et al., 2009, pp. 8–9). Two countries have only one DPO each for WWD: "Mobility-Challenge" in the Republic of Macedonia and *IZ KRUGA* ("Out of Circle") in Serbia. Ukraine has two DPOs for WWD: *Bereginya-Ukraine*, which focuses on training PWD for work in the IT sphere, and *DONNA-UKRAINE*, a support organization for women diagnosed with breast cancer.

No DPO in Russia directs its work only toward WWD, but NGO leaders interviewed in Russia indicated that 75 percent of their organizations' beneficiaries are WWD. There are no DPOs specifically for WWD in Montenegro, but some DPOs do have programs that address the specific needs of WWD. There is no DPO for WWD in Moldova.

More research is needed, but the study data suggest that limits in the vision and activities of existing DPOs for WWD sometimes constrain their impact. In Georgia, for instance, even though three DPOs focus specifically on the needs of WWD, the knowledge of gender issues among these organizations' members is low (Bibileishvili, 2012, p. 1).

Across the E&E region, it is much more common for women to participate in civil society than men, and civil society organizations are recognized as important mechanisms through which women participate in public life (Duban & Cozzarelli, 2012). While more research is needed to confirm any trends in participation, this study's informants in different countries perceived that the participation rate of WWD in civil society is lower than MWD, and attributed that deviation from traditional gender patterns of participation to the greater social isolation and lack of physical and social mobility experienced by WWD. They noted that civil society participation is especially restricted for WWD living in rural areas, since most NGOs and other participatory institutions are located in large cities or only in the capital city. Informants in Azerbaijan noted that WWD have more limited access to transportation than MWD and that this limitation impedes their participation in civil society. Informants in eastern Ukraine held differing perceptions. The majority of WWD who participated in interviews and focus groups believed that WWD are more active in civil society than MWD. MWD, on the other hand, said that MWD are more active. The MWD expressed the belief that WWD are more reluctant to "air

their private grievances” and that society is more accepting of MWD as community leaders and activists (Shyngaryova, 2012, p. 3).

When discussing the WWD who participate in civil society initiatives, informants made an interesting distinction in several countries: the WWD who do participate in civil society—particularly those in leadership positions—appear to be more active, more visible, and more persistent than MWD. Informants from the All-Russian Organization of Invalids (VOI) indicated that 70 percent of the leadership positions in Russian DPOs are held by women. In eastern Ukraine, more WWD than MWD appear to hold leadership positions in DPOs (Shyngaryova, 2012, p. 3). Informants in Albania asserted that although underrepresented in civil society in terms of raw numbers, WWD are more advocacy-minded and their civil society participation produces greater results than MWD.²⁷

3.4 TIME AND SPACE

This domain refers to gender differences in the availability and allocation of time and the spaces in which people spend time. Time and space includes: (a) the division of both productive and reproductive labor, (b) how time is spent and committed during the day, week, month, and year, and during different seasons, and (c) how people contribute to the maintenance of the family, community, and society. The objective of time and space analysis is to determine how people in different gender categories spend their time and what the implications of their differential time commitments are. This study examines two major aspects of this domain: restrictions on freedom of movement and general social isolation.

3.4.1 FREEDOM OF MOVEMENT

As noted above, families who want to “protect” or “hide” WWD from society may limit their freedom of movement. The inaccessibility of the built environment imposes another major restriction on freedom of movement for all PWD in the region. Restrictions on freedom of movement impact every area of life, including education, employment, socialization, economic status, and parenting.

Many informants across the E&E region identified lack of accessibility as the most significant challenge faced by WWD. Informants in Georgia, Russia, and other countries indicated that WWD are more hindered by inaccessible environments than MWD. “[In]...comparison to MWD, women [in Russia] have more difficulties due to the challenges of physical barriers, for example throwing your wheelchair into a car or going up and down hills or ramps that are too steep” (Roza, 2012, p. 13). Informants in the present study in Russia noted that WWD also have to deal with barriers while raising their children and are hindered by lack of access to preschools or playgrounds.

In Russia, 90% of the informants named the lack of accessibility as a key barrier faced by WWD (Roza, 2012, p.1).

WWD with restrictions in movement are limited in the life activities they can pursue. A study of disability and quality of life in Georgia describes how women with mobility disabilities “seldom manage to get out of their houses or apartments.” “A young female...with movement restrictions recalled her visit to a disco.... Her neighbors took her and she stayed in a mini-bus watching people dance” (PA Consulting Group, 2006, pp. 2–20). A study in Montenegro describes how young WWD did not realize the extent to which lack of accessibility hindered their personal autonomy:

They often are not aware that when their mobility is dependent on assistance from others, they do not exercise autonomy. When a 30-year-old WWD was asked about her physical mobility she just complained that she could not convince her mother to go with her to see a movie. (Lakovic & Vujacic, 2012, p. 8)

²⁷ From focus group transcript.

3.4.2 SOCIAL ISOLATION OF WWD

Families can be sites of empowerment for PWD but the family environment also is a potential site of limitation and isolation, particularly for WWD (Hillyer, 1993, pp. 193–217). Informants across the E&E region indicated that WWD are more dependent on their families than MWD and women without disabilities. Their dependence is often a result of family-based isolation that occurs in both a “protective” and a punitive guise.

Informants described common elements of the “protective” isolation of WWD in families. Families (often mothers) are overprotective and do everything for the PWD, who never learns to carry out the tasks or make the decisions of daily living. The PWD lives a “sheltered” life without exposure to the problems and opportunities of the outside world, and never learns to navigate that world. Although this protective isolation is carried out with good intentions, it has many negative effects.

Punitive isolation of PWD occurs when families are ashamed and want to “hide” the family member with a disability. Informants indicated that punitive isolation occurs more frequently for WWD than MWD. Notes from the researcher in Kosovo describe punitive isolation there: “Families hide both men and women [with disabilities] but more often women in order to protect the family’s prestige. Cases were presented when PWD have been locked at home for decades” (Gashi, 2012, pp. 6–7).

Both forms of isolation of PWD limit opportunities and social inclusion, and social isolation can lead to violence. This violence can be open or hidden, it can be intentional or unintentional, and it can involve physical, emotional, psychological, and sexual harm. “Disabled women and girls face more psychological violation from their families. They stay more at home. Being excluded from the society, they are automatically violated in every aspect of life” (Çani Drenofci, 2012, p. 10). The closed environment of the family means that violence against PWD, especially WWD, is a problem that is “known but not talked about” and a “well-known secret” that goes unremarked and unaddressed across the E&E region. (See section 3.6.3 below.)

3.5 LEGAL RIGHTS AND STATUS

This domain refers to how people are regarded and treated by both the customary and formal legal codes and judicial systems. It encompasses access to both legal documentation, and legal rights. This report examines the right to housing. Little information is available on whether MWD and WWD in E&E countries have differential access to suitable housing and much further research is needed. In Eurasia, for example, property ownership is complex and not just limited to whose name is on the ownership document but also to who is registered at that address. If a woman marries, she could stay registered at parents' address and be entitled to property when they die, or if she transfers her registration to her husband's home, she is entitled to a share if they divorce or full entitlement if he dies. Because there has not been any research on property ownership and WWD it is not possible to draw any conclusions about whether gender or disability play a greater role in any issues WWD might face. However, informants in Azerbaijan noted that a lack of evidence-based policy making constrains WWD’s access to subsidized housing. In Azerbaijan, war veterans and blind male heads of household are the majority of recipients of social housing. According to discussions with policy makers, they are concerned with their capacity to implement an expanded program (Burchell, 2012).

In Serbia, all of the research participants complained about the complete lack of services necessary for WWD to live independently. Informants who were living in or had lived in social care institutions described the challenges posed by lack of access to adequate accommodation and identified the prevention of institutionalization as a pressing issue.

3.6 POWER AND DECISION-MAKING

This domain refers to the ability of people to decide, influence, control, and enforce. It involves the adult capacities: (a) to make decisions freely and to exercise power—over one’s own body and within one’s household, community, municipality, and the state; (b) to decide about the use of personal income, and individual and household economic resources; (c) to choose employment; (d) to vote and run for office; and (e) to enter into legal contracts. This study examines four major aspects of power and decision-making: family agency, participation in elections, susceptibility to domestic and/or sexual violence, and trafficking in persons.

The poor economic conditions of PWD make them dependent on their families and prevent them from being able to live their lives as they would wish...The very low pension of only 45 Euros a month is not even enough for their medicines. If their pension were higher families could see PWD as income earners and might treat them differently and consider them as bringing some benefit to the family. Cases were reported that due to their disabilities some PWD do not even have access to their own pension, and hence need to be completely dependent on their families. (Gashi, 2012, p. 7)

3.6.1 FAMILY AGENCY AND ROLE CHOICE

Family agency refers to the acts of getting married, becoming a parent, and founding a family. It is the capacity to create and sustain a healthy, autonomous family unit in society, either as a single person or as a couple. A cluster of interrelated issues including sexuality, relationships and marriage, reproductive health, parental decision-making, custody rights, and adoption rights affect family agency. Informants in Russia identified three key challenges WWD face: getting married, having a child, access to health care for reproductive health issues, all of which are aspects of family agency (Roza, 2012, p. 1).

Cross-cultural research shows that family agency is often significantly circumscribed for both MWD and WWD. Because they are biological child bearers, and traditional gender roles create the expectation that they, as women, are the caregivers of choice for the young, WWD are usually much more affected by the various limits placed on the power PWD have over their own sexuality and parental decision-making (Finger, 1990; Limaye, 2003). Such limits are imposed by multiple entities: the families of WWD, medical professionals, and state institutions such as nursing homes.²⁸

Rights to sexuality and marriage for PWD in general and WWD in particular are the basis of their power to create families. When asked about the specific, gendered rights of WWD, informants in the Republic of Macedonia emphasized the need to raise awareness of the right to sexuality of PWD, especially WWD. By claiming the right to sexuality, WWD claim the right to both marriage and motherhood.

Acknowledging these rights raises complex social issues. Informants in Georgia emphasized families’ restrictions on WWD having babies without getting married. Informants in Kosovo and Montenegro noted that WWD are traditionally seen as incapable of caring for themselves, let alone children. Families of WWD discourage or prohibit births outside of marriage out of concern that they will be burdened with responsibility and care for the child. WWD have to cope with popular misgivings about their abilities, misguided fears that their children will be disabled at birth, and the negative attitude of medical professionals who do not support their choice to have and raise children. Informants in Serbia even described cases in which medical professionals decided to terminate the pregnancies of women with intellectual and psychosocial disabilities.

²⁸ The discussion on the media representation of WWD in Russia located in section 3.2 also offers insight into the societal stigmatization of WWD becoming mothers.

Adoption and custody rights of WWD are often curtailed. The Center for Reproductive Rights (2002) notes that in Russia, children born to parents with mental disabilities are automatically institutionalized. Informants in Montenegro reported that when WWD who are economically and socially independent go through a divorce, courts rarely assign them custody of their children. This occurs despite courts' propensity to award women with custody (Statistical Office of Montenegro, 2010). In spite of limited access to social care institutions, in-country researchers conducted interviews with a few institutionalized PWD in Serbia. Informants described a couple that started a family while living in an institution. When the man was discharged from the institution, he abandoned the mother and took their two children. In Georgia, where WWD sometimes live in boarding houses for PWD and the elderly, there are several documented cases in which WWD were prevented from living with their children, in violation of rights guaranteed in both international law and the Georgian Constitution and civil code (Public Defender's Office of Georgia, 2010, pp. 17–18).

3.6.2 PARTICIPATION IN ELECTIONS

Informants reported significant differences among the various countries in the ability of WWD and MWD to participate in elections. In Azerbaijan the election process appears to be equally accessible: All PWD have the option of telephoning their local election office to request transportation to polling stations. In Montenegro, polling stations are inaccessible to people with mobility and sensory disabilities. PWD may request that election workers visit their homes so they can cast a vote, but informants found this an unsatisfactory solution because it is conducive to election fraud. This exclusion appears to equally affect WWD and MWD (Lacovic & Vujacic, 2012, pp. 3–4).

Informants in Albania and Kosovo, however, indicated that WWD have much less access to participation in elections than MWD and women without disabilities because of their decreased social mobility and freedom of movement. Informants in Albania emphasized that whereas MWD face only physical barriers to voting, WWD also face psychological barriers stemming from patriarchal family structures and social stigma. Research participants in Albania also indicated that low rates of election participation by WWD may be attributed to apathy, low self-esteem, and lack of political awareness.

3.6.3 GENDER-BASED VIOLENCE

Violence against women and girls with disabilities is a pressing yet taboo subject in E&E countries. This issue is being addressed under power and decision-making because it is related to the relative lack of power women and girls with disabilities experience in their natal and marriage households or institutions. Informants across the region overwhelmingly characterized WWD's relationship with family as one of extreme dependence in comparison with MWD and women without disabilities. Some interviewees also emphasized the high rates of domestic violence in their countries overall. During the qualitative data collection process, violence against girls and women with disabilities arose as an issue of major concern for PWD (especially WWD) and their advocates in the region and that more investigation is needed.

None of this study's informants, however, challenged the statement that girls and women with disabilities are more likely to be abused than MWD. Although women's movements in the region have succeeded in launching anti-violence campaigns and domestic violence has increasingly come under official and public scrutiny (Fábián, 2010; Johnson, 2007), violence against girls and women with disabilities is normally not discussed, either privately or publicly. Some of the in-country researchers were surprised when informants discussed violence against girls and women with disabilities at greater length than they had expected. It is not a frequent topic in the mass media (cf. Phillips, 2012), and even advocates for PWD are reluctant to make official "expert" statements about violence against PWD. Thus, there seems to be no public debate or mechanism in place to address this problem, even though it occurs in many forms throughout the region.

Most of the research participants in Serbia identified violence as one of the most serious and frequent problems faced by girls and women with disabilities. In Montenegro, informants reported encountering serious verbal violence from peers from an early age. Informants in Azerbaijan, Kosovo, and Ukraine explained that WWD's high risk for experiencing violence was due to the high prevalence of violence against women in their cultures. Some stressed, however, that while all women in these countries are at risk of violence, WWD are more vulnerable due to their weak and dependent status in families and society. Informants reported verbal, emotional, financial, physical, and sexual abuse against women and girls with disabilities. They noted that the restriction of freedom of movement by families can be considered a form of violence that deprives women and girls with disabilities the right to sexuality and intimacy. In Kosovo, for example, activists asserted that, "women and children with special physical and psychological needs are particularly in danger of domestic violence, including sexual assault, psychological abuse, isolation, early marriage, broad age differences in marriage, and marriage against one's will" (Farnsworth, 2008).

Violence against girls and women with disabilities occurs in many contexts—in families and households, social care institutions, schools, and medical facilities. Informants in most countries indicated that violence against girls and women with disabilities occurs most often in families and social care institutions, both of which are supposed to be protecting their rights. As a girl with a visual impairment in Albania stated, "Family is very important for all of us. But for people with disabilities, family becomes even more important. When you are violated in the family, life becomes even more difficult" (Haxhiymeri, 2011, p. 9). The head doctor of the Republic PWDs Rehabilitation Center in Azerbaijan noted in an interview that girls and women with disabilities who visit the center for treatment are more likely than boys and men with disabilities to have experienced abuse by their families.²⁹ The forms of violence she highlighted were social isolation ("growing up in a corner of an apartment") and denial of medical treatment (e.g., for scoliosis).

WWD in Albania also reported cases of violence against women with acquired disabilities, perpetrated by partners who were unable to accept them in their newly impaired state. In a case reported in Albania, a man who had been appointed caretaker of his wife after she had acquired a disability abandoned his wife and subsequently used her disability pension to his own benefit (Haxhiymeri, 2011, pp. 14–15).

Informants in Serbia indicated a belief that violence against girls and women with disabilities is most prevalent in social care institutions, where caregivers and service providers are the primary perpetrators. One resident of a special institution in Serbia acknowledged that for this reason, "Persons with disabilities cannot escape from violence." In Montenegro, informants frequently referred to media allegations that children and adults with disabilities had been maltreated at the Komanski Most special institution. UNICEF took an interest in this case and developed a plan for deinstitutionalization of the children at Komanski Most by the end of 2011.

Country trends in violence against girls and women with disabilities. Perspectives collected in focus group discussions and interviews suggest that there may be differences among the E&E countries in the types of violence to which girls and women with disabilities are most likely to be subjected. Although the absence of in-depth studies highlights the need for research in this area, these impressions provide useful clues to national needs. Informants in Albania claimed that women and girls with intellectual disabilities were more likely to be abused and to face sexual abuse in particular. Informants in Montenegro also expressed the view that people with intellectual disabilities were more prone to abuse, as well as people rendered physically defenseless by disabilities such as muscular dystrophy. They believed that the most common types of violence against PWD are verbal and physical, while informants in Kosovo identified psychological abuse as the most common form.

²⁹ From the transcript of the interview with the head doctor of the Republic PWDs Rehabilitation Center, Saadat Mahmudova.

An example from Serbia sheds some light on the scope and incidence of the problem of violence against WWD. The NGO *IZ KRUGA* (“Out of Circle”) provides an SOS hotline. Of the 5,520 calls received by the hotline during the last decade, 93 percent were from WWD who were exposed to various forms of violence. The most common form of abuse was verbal (28 percent), followed by economic violence (24 percent), forced isolation (22 percent), physical violence (11 percent), and sexual violence (6 percent). Women with intellectual disabilities were most likely to experience abuse (48 percent of callers), followed by women with cerebral palsy (32 percent), muscular dystrophy and neuromuscular diseases (15 percent), and women with multiple disabilities (5 percent) (Ilkić & Čarević Mitanovski, 2010).

Lack of reporting and recourse. Informants across the E&E region agreed that although violence against WWD is a serious problem, violence is severely underreported. There are several key reasons for underreporting:

- Public awareness is low.
- Violence is not recognized as a crime by victims, or they are too ashamed to report.
- Reporting sexual abuse, particularly abuse occurring in the family, is taboo.
- WWD are not aware of the services and options available to them.
- WWD fear retaliation and their family dependency makes reporting and leaving the situation seem impossible.
- WWD have little confidence in the ability and willingness of law enforcement and the judiciary to protect victims’ interests.
- The nature of their impairments means that WWD may face special difficulties, including communication or sensory limitations, in reporting abuse to law enforcement.
- Trivial sanctions, such as placing perpetrators on parole in Serbia, humiliate WWD victims of violence and discourage them from reporting.

Interviewees in Serbia and Ukraine pointed out that safe houses for women, which are in short supply in both countries, are neither open nor accessible to WWD experiencing violence, leaving WWD entirely without recourse.

3.6.4 TRAFFICKING IN PERSONS

Human trafficking is a violation of one’s human rights to make decisions for oneself and protect oneself from harm. Informants in most countries of the study had very little or nothing to say about whether WWD are uniquely at risk for being trafficked. Human trafficking, particularly trafficking in women, is known to be a serious problem across the E&E region. But in almost all countries, informants did not perceive that WWD were at a higher risk for trafficking than other women or were not aware of actual cases of human trafficking. In fact, informants in Eastern Ukraine expressed the view that the risk for being trafficked is the only area where WWD face an advantage: they believe that women with disabilities are at less risk for being trafficked than women without disabilities.

The leader of an organization for WWD in Georgia expressed the only counterview: “Trafficking of women with disabilities and their labor exploitation—even in their families—is one of the most common problems.”³⁰ Informants in Montenegro indicated they had heard of cases of trafficking of WWD in the media, but recalled no specific examples. Informants in Moldova did note that WWD were more at risk of trafficking for the purpose of begging and trafficking in human organs. Informants’ lack of knowledge about WWD’s relative vulnerability to trafficking suggests that either trafficking in WWD is not a problem in the region, or that there is very little social awareness of it. More research on this issue is needed.

³⁰ Unfortunately she did not elaborate or provide examples. Also, in general informants focused on trafficking for sexual exploitation rather than begging or other forms of labor exploitation. There is some mention Roma women being victimized in this manner, but more research is needed.

4. SUMMARY OF FINDINGS

The lack of quantitative and qualitative data means that there are many gaps in the knowledge about WWD and PWD, and that evidence-supported conclusions cannot be drawn about their situations in E&E countries. In E&E countries, questions on disability status are not normally included in the national census, and there are few national-level efforts or efforts by DPOs to gather any data on PWD, much less data disaggregated by sex or other characteristics. Also, donor-funded development projects and associated evaluations do not collect such data about beneficiaries. The limited existing data on PWD in these countries are almost never disaggregated by sex or other characteristics. Therefore it is impossible to quantify differences in characteristics such as income levels, employment status, educational achievement, and marital status between MWD and WWD. Qualitative data are also scant and only provide an approximate picture.

The results of this study suggest that WWD do indeed face more barriers than MWD in the E&E region. Research participants tended to challenge this idea at first, but inequalities consistently became evident in their responses in the focus groups, interviews, and ensuing discussions. On the surface, the gravest problems that PWD face—the right to work, accessible infrastructure and transportation, and access to education—do not seem to be obviously gendered. But there are gendered components to these challenges in almost every case. For example, WWD face more problems navigating inaccessible and partially-accessible environments and the education and employment of WWD is seen as less important than it is for MWD in many countries.

There is a demonstrated need to address the problems faced by women with disabilities through both women's movements and disability rights movements (Hans, 2003, p. 14). Anti-discrimination legislation is in place in most of these countries, almost all of them have ratified the UNCRPD, and in most cases there are legal instruments to protect the equal rights of PWD. But enforcement mechanisms do not have a significant deterrent effect on discrimination against PWD in general, and double discrimination of WWD in particular.

5. DETAILED RECOMMENDATIONS

The need to understand the special needs of girls and women with disabilities requires deeper investigation and data gathering regarding gender disparities and disability. Better understanding that informs program design will arise only if data on populations with disabilities are disaggregated by sex. In addition, the inclusion of stakeholders and their advocates—DPOs, NGOs, and diverse PWD—in planning and implementing programs targeting PWD is vital. Activities designed to facilitate and support the formation of strong partnerships among civil society, private sector, and state actors will provide points of access to the information needed for effective program design, and potentially result in improved data collection.

Disability-related issues should be considered when designing all programs. This can be done by engaging PWD in the project design phase, the design of specific interventions, and/or implementing a quota for beneficiaries who are PWD/WWD in each initiative. Also, just as USAID's gender analysis mandate requires that projects and activities not be designed in a gender-blind manner (USAID, 2012), a disability analysis mandate might ensure that projects and activities are not disability-blind. The scopes of work for all broadly focused projects, and activities should explicitly state that WWD and MWD are welcome to participate and should be encouraged to participate in project activities, including essay, film, or social media contests, calls for proposals or papers, and events featuring musical and theatrical performances.

Consideration should be given to the scalability of programs targeting WWD. Some broad-based support programs could be scaled up to support a larger proportion of the PWD population. Past programs helped many PWD, but were too limited in scope to reach and benefit PWD living outside

major cities, even though rural areas are sometimes most in need of investment to address disability issues (e.g., Moldova). Other types of interventions, however, such as job training, should be responsive to local labor market conditions to maximize impact. Also, geographic expansion could require the inclusion of different languages, which may increase the average costs of an intervention. Any information disseminated to PWD should be available in accessible and alternative formats. Neglecting information accessibility considerably decreases a program's potential positive impact for PWD.

The design, performance, and impact of general programs and projects should be evaluated from both disability and gender perspectives. Gender- and disability-sensitive evaluation would help ensure that no person, due to either gender or disability, is excluded from or harmed by a project that is designed to benefit the general population. Engaging WWD and their allies in evaluation design and implementation is an important means to gather relevant data as are clear indicators to monitor and evaluate the effects of programming on PWD and WWD.

The following recommendations are organized according to the six domains of gender analysis. While some of the recommendations do not appear to be specific to WWD, available research and study participants indicated that assistance is needed in these areas to level the playing field for WWD so that they may become more integrated in society and live more comfortable and fulfilling lives.

5.1 ACCESS

5.1.1 PROMOTING INDEPENDENT LIVING AND LIVELIHOODS

As informants noted, accessing education and employment outside of the home will require overcoming dependency on family and caregivers in the home. The development of independent living skills could be supported by such interventions as:

- Counseling in birth hospitals to inform parents of children with disabilities about their legal rights and the DPO and social service supports available to them and their child (Rapp and Ginsburg, 2001). Parents' groups, social workers, and other disability advocates could implement these interventions.
- Independent living day centers for WWD/PWD where beneficiaries can learn daily living skills and increase their level of independence. A successful example is the day center Dzherelo in L'viv, Ukraine, which offers rehabilitation therapy, educational programs, and other services to more than 200 children and youth with disabilities in L'viv.³¹
- Summer camps of independent living or making existing camp experiences more accessible to WWD. Such experiences would involve learning to independently carry out the tasks of daily living and gain facility in wheelchair. Active rehabilitation camps in Ukraine, Russia, and other E&E countries have been instrumental in fostering active lifestyles among MWD, but informants noted that women are reticent to attend the camps for many reasons: sometimes they have to travel long distances in uncomfortable conditions and on inaccessible trains, women with spinal cord injuries have a harder time than men doing without help from their families and friends (no friends or allies are allowed at the camps), and the dependent mindset discussed earlier in the report.
- Support the adoption and use of mobile technologies, including assistive technologies, by WWD through independent living programming and encourage them to access online information portals, such as INVAK.info in Ukraine, which gather information on news and events, provide a forum for discussion and interviews.

³¹ For more information, see: <http://www.dzherelocentre.org.ua/index.php?lang=en>.

5.1.2 PROMOTING ACCESS TO INCLUSIVE EDUCATION

PWD face limitations when accessing education at all levels in the E&E region, and WWD appear to be particularly disadvantaged. Attitudes toward PWD are shaped from childhood and, and inclusive education is important to foster societal inclusion of PWD and provide equal educational opportunities to PWD. The implementation of gender sensitive interventions should work towards equality of access for MWD and WWD as well as PWD and people without disabilities. Improved access to education at all levels for all PWD would positively affect access to workforce development, economic growth, and employment for WWD. Possible educational interventions could include:

- Supporting the development and passage of a national policy on inclusive education and implementation plan (where one does not currently exist).
- Promoting parent-to-parent models which provide support and information to parents of children with disabilities by pairing them with other parents of children with disabilities. They have been used successfully in the U.S. (Brookman, 1988).
- Adapting a Best Buddies³² program to provide peer support to PWD, especially WWD with intellectual and developmental disabilities (IDD), to encourage and support their participation in a range of activities and events. A successful Best Buddies program exists in Moscow, Russia and includes participants from three public schools, two special schools, and two universities.³³
- Supporting in-service teacher training on inclusive education strategies to be implemented in the classroom.
- Adapting pre-service teacher training programs to cover inclusive education strategies and prepare teachers to work with boys and girls with disabilities.
- Supporting efforts to increase physical accessibility to schools and public transportation through construction and equipment purchases where appropriate.
- Supporting distance learning efforts, such as the Center for Distance and Education and Counseling for Peoples with Disabilities, which was created by TV and Internet provider Volia in partnership with the Charity Fund for the Development of Computer -and Information Technologies for Disabled People in Ukraine.

5.1.3 PROMOTING INCLUSIVE WORKFORCE DEVELOPMENT AND ACCESS TO ECONOMIC GROWTH AND EMPLOYMENT

Lack of opportunities for training and employment was identified as a major factor in the social isolation, low self-esteem, and economic dependency of WWD. A focus group informant in Georgia reflected: “My doctor couldn’t believe I was working at the Ministry of Internal Affairs...the attitude towards you changes immediately once they find out that you have a job.”

Job training and placement for WWD could be enhanced through continuing education programs and connecting WWD with potential employers. It is particularly important to educate employers about disability issues and encourage employers to hire WWD and MWD. Positive media coverage of working WWD to raise public awareness and enhance employer interest is a key strategy. A promising example of this strategy is the ADRF/Vodafone Albania Foundation program “Employment of PWD” that has

³² Best Buddies International was founded in 1989 by Anthony Kennedy Shriver. The organization is “dedicated to establishing a global volunteer movement that creates opportunities for one-to-one friendships, integrated employment and leadership development for people with intellectual and developmental disabilities (IDD)” (Best Buddies, n.d.).

³³ For more information, see: <http://bestbuddies.ru/en>.

resulted in the employment of about 20 PWD. The results were published in Albanian in an attractive booklet titled “I am the success story of employment of people with disabilities.” The booklet contains color photographs and candid personal narratives of nine WWD and nine MWD who are employed in jobs ranging from radio journalist to social worker (ADRF, 2011). Programs in workforce development, entrepreneurship, and employment might include:

- Job search training for WWD, especially mothers with disabilities, including instruction and support in all stages of the job search and initial employment, planning for work-family balance, and finding work with flexible hours.
- Initiatives designed to help mothers with disabilities to hold a job, such as free child-care, help with housework, help with transportation. The involvement of employed WWD, their allies, and employers would be essential for positive outcomes.
- Continuing education courses and job training for WWD to raise their qualifications for employment. These should be based on current market demands. Distance education or online courses are possibilities in some contexts.
- WWD could be targeted as a vulnerable group with limited access to labor markets and efforts could be supported that promote the creation of jobs and state employment programs specifically for WWD.
- Developing enforcement mechanisms to ensure the appropriate use of state funds designated for job creation for PWD.³⁴
- Designing entrepreneurship programs based on the specific needs of WWD, who are much less likely than MWD and women without disabilities to engage in entrepreneurship.
- Programs to facilitate access to credit for WWD.
- Supporting the development of social enterprises employing WWD and businesses that provide work to PWD.³⁵ Gender inequality is so prevalent in the marketplace, however, that social enterprise should not be seen as a panacea and treated uncritically (Phillips, 2005).
- Educating employers about disability issues and outreach to encourage employers to hire PWD/WWD, a model used in Albania.
- Positive media coverage of working WWD to raise public awareness and enhance employer interest.

6.1.4 PROMOTING ACCESS TO HEALTH CARE, ESPECIALLY REPRODUCTIVE AND GYNECOLOGICAL HEALTH CARE

There is a pervasive need for public health-related programs to improve access to health care for WWD. Several areas need to be addressed simultaneously: (a) availability of accessible transportation to health care facilities, especially women’s clinics and maternity hospitals; (b) physical access to buildings and within buildings; (c) accessible equipment such as hospital beds, toilets, gynecological chairs, and mammogram machines; and (d) competencies of medical personnel to address the specific needs of

³⁴ In Montenegro the special contributions that employers pay the state for PWD (almost 3 million Euros in 2010) remain unspent and are reabsorbed in the state budget at the end of the year. These funds could be used to provide jobs for PWD (Gorjanc Prelević, 2011, p. 25).

³⁵ A few social enterprises are operating successfully in Georgia, some of them receiving support from the British Council, Eurasia Partnership Foundation (EPF), the Center for Strategic Research and Development of Georgia (CSR DG), and the Civil Society Institute (CSI). For more information, see: <http://www.epfound.ge/english/programs-activities/social-enterprise.html>, and <http://www.fundraising.cz/ccf/developing-social-entrepreneurship-in-georgia-and-armenia/>.

WWD. Telemedicine and e-health services could be especially valuable for PWD, who often have limited mobility, lack access to services, and are socially isolated.

There is an acute need for sensitivity trainings to help make health care service providers who examine and treat WWD aware of the specific problems faced by WWD and respectful of their needs. The lack of access WWD have to gynecological care is of particular concern, and there is a demonstrated lack of educational activities for WWD in the areas of reproductive health and sexuality. This education might include aspects of PWD's legal rights to make decisions regarding their own sexuality, reproductive intentions, and health care interventions. Since WWD face discouragement and even abuse (e.g., forced abortions) when making reproductive decisions, training for medical professionals should include both: (a) caring for WWD during pregnancy and childbirth, and (b) success stories of WWD who gave birth and special needs children who have grown up and thrived.

Health awareness initiatives must include not only WWD themselves, but also their caregivers, families, and allies. Interviewees point out that health education could help prevent situations in which WWD suffer irretrievable harm in isolation for want of care and attention, because their families are unaware of the real difference appropriate treatment can make in their lives. Existing women's health promotion programs might be reviewed and adjusted to ensure that WWD benefit from them.

5.2 KNOWLEDGE, BELIEFS, AND PERCEPTIONS

In the arena of media portrayal of PWD, disability issues, and WWD, while media coverage of PWD in the region is scant, it tends to reproduce negative stereotypes and in some cases almost entirely excludes WWD or portrays them as genderless beings. Media campaigns could be a productive way to raise the level of public awareness of the rights of WWD in all areas (human rights, education, employment, health). Programs on media development and new media technologies could provide an opportunity to implement valuable interventions to improve media coverage and public opinion about disability issues and PWD. Media initiatives could take the following forms, among others:

- Training journalism students in best practices for reporting on disability issues as part of their education as well as training on using a gender-sensitive approach to reporting.
- Providing practicing journalists and other media professionals with continuing education that encourages them to highlight the key issues raised by WWD and PWD.
- Offering specific training to reporters, talk show hosts, and others who would interview WWD on how to ethically discuss family status.
- Easing access for WWD to the internet and providing training in the use of mobile technologies for sharing information and creating forums for discussion, such as blogs.
- Using videos, films, public service announcements, brochures, and flyers to disseminate information and success stories about WWD that challenge stereotypes, and informing the public about how to overcome barriers WWD face in everyday life.
- Encouraging media representations that depict WWD as strong, self-sufficient characters, not dependent creatures. Too often WWD are portrayed as genderless, weak and pitiable. WWD as a group are just as diverse as women on the whole—they have different interests, backgrounds, and priorities. Disability is only one facet of their identity. Positive stories about WWD as mothers have proven helpful in Ukraine and Russia.

- Encouraging media to include a character with disability in a TV serial and including PWD in informational shows where disability is not being discussed.
- Supporting disability film festivals, such as the International Disability Film Festival “Breaking Down Barriers” held annually in Moscow by the NGO Perspektiva.
- Promoting the inclusion of images of WWD and MWD in advertising and school textbooks as well as educational programming such as Sesame Street.

5.3 PRACTICES AND PARTICIPATION

5.3.1 FOSTERING INCLUSIVE COMMUNICATION THROUGH ONLINE ADVOCACY

In increasingly “wired” societies, DPOs and other groups promoting the rights of WWD need to establish and maintain a strong Internet presence. NGOs, particularly those outside large cities in Ukraine and Armenia, lack expertise in web design and Internet technologies. Support for website design and maintenance could help advocacy groups extend their reach and establish a more robust public presence. The popularity of Facebook, Twitter, and social networking technologies could be harnessed to facilitate online advocacy initiatives, information sharing, and social networking among activists and their constituencies. As noted earlier, Volia in Ukraine could serve as model for public private partnerships providing PWD with access to information and communication technologies. One type of activity already supported by some Missions that could include prizes for positive portrayals of WWD and MWD are social media contests that solicit YouTube videos and blog posts. PWD could be encouraged to submit and judge entries.

5.3.2 DISABILITY MAINSTREAMING: ADDRESS DISABILITY AS A FORM OF DIVERSITY IN GENDER EQUALITY PROGRAMS

Gender equality programs should strive to include disability issues and to foster greater participation of WWD in the wider women’s movement. Informants advocated that women’s movements should be encouraged to consider disability, just like ethnicity, as a form of diversity among women and to incorporate the interests of WWD into their advocacy programs. Programmatic cooperation among the women’s NGOs and NGOs dealing with disability issues could be highly beneficial, increasing the representation, standing, and visibility of WWD within the women’s movement. Both types of NGOs should also cooperate with human rights NGOs. Integrating disability concerns in analyses of women’s empowerment initiatives as well as in programs for sectors such as health, democracy and governance, and economic growth, is one way to ensure that WWD are not excluded from the benefits of work and advocacy to address gender issues. “Disability mainstreaming” is one way to describe this approach.

5.3.3 FOSTERING CIVIL SOCIETY AND STATE PARTNERSHIPS

Interviews with leaders of DPOs and NGOs in the region indicated that many are eagerly seeking strategies and support to move from service provider roles to include advocacy in their work. WWD must be empowered to articulate and guide positive changes, advocate for improved understanding of their needs, and act as watchdogs to ensure changes are not undermined or abandoned. In Russia, for instance, the majority of participants noted that it is necessary to empower more WWD to speak out for their rights and communicate better with the media and government authorities, and to provide training for WWDs to become more confident in their abilities. It is recommended that DPOs form partnerships with strong women’s rights NGOs in order to facilitate training and other capacity building opportunities.

Informants felt that they do not have time to think about what it means to be a woman, and many DPOs were reported by study participants to be “gender unaware.” Similarly, organizations that focus on gender in the E&E region tend not think of the double discrimination caused by being a woman with a disability. In Russia, for example, research participants who are involved in the women’s movement admitted to knowing very little about WWD. In fact, two leaders of NGOs that assist vulnerable women declined to participate in the study because they were so unfamiliar with the situation of WWD. These activists could not

recall having ever served a WWD. It is imperative to develop programming that establishes partnerships between DPOs and women’s organizations. The resulting collaboration could benefit all involved. Together, the parties could share knowledge as well as plan and implement relevant activities such as developing awareness raising materials and events; organizing education initiatives targeting medical staff, educators, lawyers, and other service providers; engaging real estate developers to advocate for accessibility; and, gathering data on WWD.

There is a clear need for efforts to strengthen the role of DPOs, NGOs and other civil society actors in monitoring and shaping public policy and legislation affecting PWD. Stakeholders need to be empowered to conduct needs assessments, participate in planning, and lobby for reform. Informants also emphasized that DPOs should be empowered to monitor implementation of national disability strategies. Agencies could develop or foster programming to strengthen cooperation among state institutions (legislators and civil servants), DPOs, and NGOs with the goals of building capacity and fostering civic participation.

5.4 TIME AND SPACE

Expanding freedom of movement through accessibility programs would address a major hindrance for PWD across the region. There have been significant improvements in accessibility for PWD in some study countries during recent years. For example, Kyiv, L’viv, Donetsk, Kharkiv in Ukraine became more accessible thanks to the accessibility monitoring during 2011 and 2012 in preparation for the UEFA Euro-2012 soccer championship. Lack of accessibility still is an acute problem in all E&E countries.

During this research project it became clear that there are many PWD, particularly WWD, who have insightful opinions to share but whose voices are not heard because transportation barriers prevent them from attending relevant conferences, workshops and meetings. Programs for providing accessibility (or at least providing transportation for WWD) could have significant impact on civil society participation by WWD. One important recommendation essential for future USAID programming is treating the transportation of PWDs and 508 compliance as necessary budget items. Doing so would fairly apply ADA accommodation requirements to facilitate the full participation of diverse populations

Illustration: Albania

A positive model comes from Albania: WWD were included in a review of the government’s Strategy on Gender Equality and Domestic Violence. Their recommendations were also incorporated into the Shadow CEDAW report for Albania. (Çani Drenofci, 2011, p. 4) This was made possible through a program to empower women with disabilities that was funded first by USAID and later by the U.S. Embassy in Tirana. Under this program a group of disabled women regularly met at ADRF. The group organized several activities targeting different stakeholders, including the Ministry of Labor, Social Affairs, and Equal Opportunities (MOLSAEO). Recognizing the group’s work, MOLSAEO requested the group’s input to the strategy. Premises at MOLSAEO are accessible, and ADRF office is accessible. All of the logistics necessary for women with disabilities to participate in the program, including the advisory role for MOLSAEO, was covered by the grants.

(B. Çani Drenofci, personal communication, June 13, 2012)

in projects and activities funded by USAID. Specific programming designed to improve accessibility might include the following:

- Social taxi programs for PWD designed to employ male and female drivers. Social taxis are publicly-funded taxi services specifically for PWD. A number of informants described the benefits of increased mobility provided by existing social taxi services.
- Improving accessibility to institutions that are especially important for WWD such as women’s clinics, maternity hospitals, and crisis shelters.
- National competitions for a “most accessible city/town/area/region” title to stimulate improvements in accessibility. Positive efforts are underway in Ukraine to publish maps indicating accessible areas of cities and these strategies might be extended.
- Strengthened enforcement mechanisms for existing legislation mandating accessibility. Two strategies used in Ukraine were (a) electing disability rights activists to local positions with power and enforcement authority, and (b) requiring that fines be collected for the violation of accessibility regulations be channeled back into accessibility programs (Phillips, 2011, pp. 132–134).

5.5 LEGAL RIGHTS AND STATUS

Programs to educate WWD and their advocates about their legal rights would enhance their access to justice, and is an important aspect of raising awareness among WWD. The study data suggest that WWD across the E&E region have very low awareness about their legal rights. They do not know when their rights are being violated and do not know how to seek recourse. As Teuta Halilaj, a member of the GIWD in Albania explained,

Enhancing the capacities of women with disabilities through awareness raising programs will lead to a broader scale involvement of women in their efforts for accessible infrastructure, health, education, employment, that will eventually lead to their integration in the society. (Çani Drenofci, et al., 2009, p. 14)

Programs could be developed to provide WWD with free, confidential, expert legal consultations in person, by telephone, or by SMS text messaging. A promising model is a free legal aid program for PWD in Albania, where ADRF employees in different cities provide free legal consultations to PWD. Legal training on the rights of PWD/WWD should also be provided to a broad range of relevant professionals such as lawyers, judges, prosecutors, and law enforcement officers. Such training would facilitate a better understanding of the specific challenges faced by PWD in accessing justice and would better prepare professionals to properly accommodate these needs.

5.6 POWER AND DECISION-MAKING

Integrating WWD into anti-violence programs would improve their access to services and redress for domestic and sexual violence. Although violence against WWD was identified as a major problem in most of the study countries, women’s safe houses—when they exist—are not accessible or open to WWD. Because WWD are not recognized as a group in need of advocacy and protection, targeted initiatives are needed to facilitate the inclusion of WWD activities related to the prevention, protection, and prosecution of violence. This would include requiring WWD involvement in the design and implementation of awareness raising campaigns, and ensuring that service providers and safe house have the capacity to assist those WWD who decide to seek assistance.

6. DISCUSSION OF POTENTIAL CHALLENGES

Specific challenges may arise in designing program components that seek to involve WWD.

6.1 CHALLENGES IDENTIFYING BENEFICIARIES

It is important to include a large and diverse population PWD in programming instead of reaching out to the same handful of beneficiaries who are already closely involved in DPOs and other go-to groups. Two challenges could make it difficult to achieve greater inclusion and diversity: (a) countries have few, if any sex-disaggregated statistics for PWD and there are no comprehensive databases of PWD, and (b) relatively few WWD participate in the activities of DPOs or NGOs or benefit from their work.

To address these challenges it will be necessary to:

- Utilize innovative means of outreach, such as cellular telephones, new media, and the Internet.
- Look beyond DPOs for program participants by identifying and recruiting from alternative agencies, such as territorial social work centers, offices of Ministries of Labor and Social Policy, and parents' networks that maintain registers of PWD.

6.2 CHALLENGES MOTIVATING WWD TO PARTICIPATE

For many WWD in the region, the burden of double discrimination, lack of awareness, and difficult circumstances result in low self-confidence and little hope for change. Even WWD who would like to participate in programs and events face multiple challenges: (a) lack of family support to take part in empowerment initiatives, (b) communication problems that discourage participation, and (c) lack of accessible transportation.

To address these challenges:

- Include a “coaching” component in activities. WWD may need peer support, such as a “best buddies” program, to become involved, and may want to be accompanied to activities by a volunteer support person.
- Counsel family members and other allies on the benefits of participation for the WWD.
- Budget for accessible transportation for all participants who need it; implement a “social cab” service.
- Make all materials available in accessible and alternative formats. Budget for sign language interpreters and other supports in communication.

6.3 CHALLENGES MOTIVATING COMMUNITY BUY-IN

A number of this study's recommendations involve innovations in systems and infrastructure that require “buy in” from the larger community. It may be difficult to implement changes if local officials, businesspeople, administrators, and media professionals have no incentives to participate. Some recommendations would require inputs from parties unfamiliar with disability and gender issues. Some would-be participants may doubt the necessity of the proposed programs and activities, and essential participants, such as physicians, social workers, journalists, and attorneys, may view these activities as encroaching on their time and professional expertise.

To address these challenges:

- Recruit local stakeholders as research and implementation and partners at every stage of project design.

- Recognize these persons as experts and request their input on developing incentives for participation by resistant or uninterested parties.
- Involve resistant or uninterested parties in program planning. Though they may have different perspectives on what “the problems” are, incorporating their concerns will incentivize their participation and enable stronger partnerships.
- Include financial incentives for participants in program budget.

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ANNEX A: RESEARCH INSTRUMENTS AND PROTOCOLS

Guidelines for in-country researchers

The consultant will gather relevant information on women with disabilities (WWD) through (1) telephone interviews (2) focus groups, (3) personal interviews, and (4) published sources (online and print). Due to the limited time frame, these activities most likely must be carried out simultaneously.

In general, whenever you are recording, please let the interviewee or focus group members know that it is for note-taking purposes only. It will help us write a comprehensive report for USAID. Nothing will be attributed directly to anyone. Hopefully no one will have an issue with it.

Also for each participant, it is important to collect the demographic data noted in the interview or focus group protocol.

Your final 5-page report should include an overview of your findings in the interviews and focus groups and include comments that you feel are especially important.

1) Telephone interview

Purpose: To gather information on the activities of NGOs and similar organizations around the country that work on disability issues. The interview is intended to provide a sketch of (a) the challenges facing with WWD in comparison with men with disabilities (MWD) and women without disabilities outside of the capital city and, (b) programs and projects that are or could affect their lives positively.

No travel is authorized for this research. Therefore, NGOs located outside the consultant's city of residence should be administered via email, telephone, Skype, Google Voice, or online chat. Please record the calls. Skype has downloadable recorders, and a handheld digital recorder could record a telephone call. If that is not possible, please take detailed notes using the interview protocol as a form to fill in, or take detailed notes on the computer as you talk. Chat transcripts may be archived if Gmail is used—please check if you use another program to chat. Please note

Consultants should identify organizations working with people with disabilities. The organizations should be those working on the ground providing social services, legal counseling, advocating for the rights and or inclusion of people with disabilities. It is important to identify as diverse a pool of organizations as possible for the survey (e.g. those targeting WWD specifically; those targeting MWD specifically; those targeting people with particular disabilities with no focus on either sex; those serving persons with disabilities living in a particular locale, etc).

However, two profiles have been identified: PWD and those without disabilities who work on PWD-issues or provide services to PWD. In any case, the interviewer should note an interviewee's answers and take care to note if a person answers more than one question during a particular response. In the context of each interview interviewers should select the relevant questions from the personal interview protocol.

A list of target organizations for the survey should be included in the 2-page research plan (due 11/24/11). One interview per organization is adequate. The interviewee should be knowledgeable about issues facing WWD as well as programs and projects that can or could assist WWD.

2) Focus groups

Purpose: To collect opinions on specific issues and probe for further discussion of a few points. Focus groups are useful for generating discussion between different stakeholders in order to elicit different points of view on an issue. Alternatively, focus groups that include similarly positioned participants (e.g. people with similar backgrounds and experiences) may probe issues more deeply.

Due to the limited scope of this research, focus groups should be conducted in the consultant's city/town. A minimum of three and a maximum of five focus groups should be conducted. The ideal size of each focus group is 8-10 participants. Focus groups should be held in a comfortable location that is accessible for people with disabilities. If sign language interpreters are required, please let us know, and these costs will be covered. We will also cover the costs of refreshments at the focus groups. We are not able to provide financial incentives for participation.

Please digitally record the focus groups. We will cover transcription and translation of the recordings separately. Instructions to the Transcriber should include the names of the participants so that track can be kept of who said what. Again, that is just for analytical purposes

Based on the local situation, focus group leaders should organize the focus groups in the way deemed most productive. That said, PWD and advocates/family/friends/service providers without disabilities should be in separate groups. For example, participants in non-PWD groups might include representatives of organizations that work on disability issues, service providers, social workers and other government employees, and others. PWD groups might involve diverse people with disabilities (those involved in disability organizations, those not involved in disability organizations, people with disabilities who are employed and those who are unemployed, people with different kinds of disabilities—including visual, hearing, mobility, intellectual, and psychiatric disabilities, parents with disabilities and those who are not parents, etc.)

All focus group participants should be individuals who are likely to be able to say something about the situation of women with disabilities. Ideally, the focus groups should include participants from as many diverse stakeholder positions as possible. However, it is at the discretion of the focus group leader to decide what combinations of participants in different focus groups is ideal. Focus groups where participants have a high degree of compatibility are often best—compatibility can be based on shared demographic characteristics (gender, age, occupation, etc.) or on shared experiences.

Please sketch seating charts of the focus groups and identify the participants. We will need to While running the group, please note group dynamics and write down the chair number of the speaker so that comments can be attributed to the speaker (so you can later report if the comment is made by a male or female, NGO leader, social worker, etc.). This should be possible because the group is being recorded.

A preliminary plan for focus groups should be included in the 2-page research plan (due 11/24/11).

3) Interviews

Purpose: Personal interviews will provide perspectives of informants on specific questions in a more in-depth manner. Interviews will be conducted using a common personal interview protocol (list of interview questions).

Consultants should identify a range of persons to interview in the time they have allotted. It is expected that most interviews will take place face-to-face, but interviews also may be conducted via telephone or skype. Potential interviewees might include representatives of the following groups: leaders of disability NGOs, leaders of women's NGOs, representatives of state-organized disability groups, officials from government ministries dealing with disability issues, social workers and other service providers, journalists covering health and disability issues, women with disabilities of diverse backgrounds (employed and non-employed; activists and non-activists; athletes; public figures; those living in institutions; parents with disabilities, etc.) It may be possible to recruit interviewees from focus group participants (i.e. those whose perspectives seem especially interesting and who seem eager to talk). However, since research elements will likely be conducted simultaneously this recruitment strategy might not be feasible.

Important Note: It is expected that interviewees will be drawn from a diverse pool, and it is not feasible to develop a separate interview protocol for each potential interviewee profile. However, two profiles have been identified: PWD and those without disabilities who work on PWD-issues or provide services to PWD. In any case, the interviewer should note an interviewee's answers and take care to note if a person answers more than one question during a particular response. In the context of each interview interviewers should select the relevant questions from the personal interview protocol. Interviews should be digitally audio-recorded, transcribed, and translated. The costs of transcription and translation will be covered by JBS International, Inc.

4) Publications

Consultant should elicit relevant publications (print and online) from sources such as organizations that work on disability issues, government sources, professional journals, newspapers, reports from US Government, other donors, and contractors, etc. Publications that consider the challenges women with disabilities face relative to women without disabilities and men with disabilities will be especially helpful. Citations and brief notes about the piece should be entered on the data collection sheet for publications. Please upload all electronically available publications to http://www.4shared.com/folder/yaxZuxFZ/SOCIAL_Gender_and_Disability.html. If a document not available in electronic format, perhaps it could be scanned or copied and mailed. JBS will pay for postage.

Statistics!

Consultants should also compile the existing statistics on the population with disabilities. Sources should only include official government statistics and statistics gathered by NGOs, for example. International sources are already available to the lead consultant. Please fully cite statistics, note the definition of variables, and include any notes about what the numbers include or how they were collected in the appropriate area on the data collection sheet.

As part of the report, USAID would like practical tools and resources for Missions and others, including websites, links to reports or toolkits online, examples of stand-out programs or models. Also useful would be links to disability strategies (better to be in English, but it is ok if they are not as US Mission staff do receive language training and nationals do work in the Mission).

What are the state bodies (Ministries, committees, etc.) that deal with disability issues? Are there official or unofficial strategies to address the particular needs of women with disabilities?

- What is the civil society presence of DPOs? At the national, regional, and local levels? Do women with disabilities have leadership positions in DPOs? At all levels?
- What are the DPOs that have an entire programming portfolio targeting to women with disabilities?
- What are the programs that address PWD issues but that are not targeted only at PWD issues?
- What are the existing programs—governmental and non-governmental—to address the needs of people with disabilities? To what extent are these gender sensitive, and what role do women with disabilities (as leaders or clients) play in them?

**Interview Protocol
Telephone/Skype/Chat
Leadership Of Disability NGOs
Women with Disabilities in the E&E Region
2011**

USAID Missions in the E&E region are increasingly interested in developing programming that seeks to support the fundamental human rights of people with disabilities to participate fully and inclusively in their societies and to improve their overall well-being and personal outcomes. Crucial to this is gender analysis of disability that highlights the particular barriers and challenges experienced by women with disabilities in comparison with men with disabilities.

The goal of this interview is to learn about the challenges women with disabilities face, what efforts are currently underway to mitigate those challenges, and what interventions are needed, but not yet underway. We appreciate your assistance in this effort and the time you are spending with us.

IMPORTANT NOTE: Data will be aggregated – no personal data will be revealed. Compelling stories will be shared without attribution to the individual. For example, a quote might be attributed to a “Informant in Russia.”

Demographic Data

1. Sex
2. Disability (Y/N)
 - a. If yes, what category
3. City, village, or town of residence
4. Age
5. Highest level of education attained
6. Position (Title and organization)
7. # of years employed with the organization

Substantive Questions

1. In five sentences, please summarize what you consider to be the most important aspects of your work and that of your NGO.
2. What inspires your staff to come to the office every day?
 - a) What percent of staff and leadership are female?
 - b) If the organization is a membership organization, what percent of members are female?
3. Describe the population served by your organization (e.g. all people with disabilities, people with a particular kind of disability, people in a certain town/city/region, etc.)
 - a) If the organization provides services, what percent of beneficiaries are female?
 - b) If the organization advocates for the rights of PWD, on average, how many women take part in activities?
4. From your perspective, do women with disabilities in your country experience more or fewer problems than women without disabilities in everyday life?
 - a) In what areas?
5. Do you feel that women with disabilities in your country experience more or fewer barriers and challenges in life when compared to men with disabilities? Please provide a few examples.
6. **(Optional:** If the interviewee is a WWD) How would you describe the barriers and challenges that you have experienced in your life?

- 7.** In comparison with women without disabilities and men with disabilities, how would you describe WWD's
- a) Participation in civil society (advocacy for various issues or membership in various civic groups that might not be dedicated to advocacy)
 - b) Access to education at vocational/technical, and university levels?
 - c) Access to work?
 - d) Experience with workplace discrimination?
 - e) Access to voting in elections or participating in government
 - f) Access to healthcare?
 - g) Access to accessible housing and transportation
 - h) Access to technology (assistive and internet, computer)
 - i) Depiction in the media?
 - j) Access to media outlets?
 - k) Experience with domestic, sexual violence, or disability-based violence?
 - l) Experience with pension offices
 - m) Protection under law (property rights, reproductive rights, civil rights)?
 - i. The right to make decisions for oneself
 - n) Access to the workplace and vocational or professional training and education
 - i. Access to the opportunities for entrepreneurship, credit, and supply chains
 - o) Access to health care and for ambulatory treatments and therapy
 - p) Access to public health education
 - q) If this is a country that has or is experiencing conflict, crisis, or unrest: inclusion or involvement in peacebuilding?
 - r) Any additional areas?
- 8.** Are WWD aware of the problem of human trafficking and have any that you know of been victims of trafficking?
- 9.** Of the barriers and challenges you have noted, which 4 do you consider to be the most detrimental to WWD?
- a) Why?
- 10.** Of the barriers and challenges you have noted, in what order should they be addressed and how would you prefer that they be addressed?
- 11.** Is your organization generally addressing any of the issues mentioned earlier (refer to No. 7)?
- a) If so, which?
- 12.** Are any of your organization's programs geared towards specifically addressing the needs of women with disabilities?
- a) Are any targeted at men with disabilities
 - b) Do the programs help men and women without differentiation?
 - c) Do the programs help men and women take into account their different life experiences and societal perspectives on men and women?
 - d) Do you cooperate with any local, national, or international organizations?

13. If no programming is targeted specifically at men or at women, do you think that it is feasible to target programming at women with disabilities or men with disabilities?
- What barriers are there to doing so?
 - What opportunities do you see for doing so?
 - Would it be easier or more difficult to work with women with disabilities than men with disabilities?
14. Based on your knowledge of the kinds of programs or projects international development organizations implement, would you like to see women with disabilities targeted by programs that address aspects of sectors such as democracy and governance, economic development, health, education, rule of law, etc.?
- If so, which would you prioritize? Please think in terms of on the ground projects. (If the person is having difficulty, examples include training of judges, alternative media development, domestic violence awareness, vocational training, etc.)
 - Have you seen any such programs or projects?
15. What would be effective ways for programs or projects not deliberately targeted at WWD to expand their reach to include WWD?
16. From your perspective, what are the most effective or promising existing practices that could be used by programs or projects targeting or including all people with disabilities in the country?
- Have these practices been studied? (If yes, by whom)
 - Why do you consider the practice effective?
 - Can the practice be used as part of a gender equitable approach? (Treating men and women the same or differently in the context of their situations in order to increase equality between men and women)
 - If yes, how?
17. (If applicable, based on responses above) If your organization were to implement new programming targeting women with disabilities, or to partner with more general projects or programs to incorporate women with disabilities what program(s) would you recommend, and why?
18. Is there anything additional you would like to note regarding the status of and challenges faced by women with disabilities in your country?
19. Do you know of any (other—if this organization works with WWD) organizations specifically working with WWD?
20. Any printed material, Internet sources, or other resources you could provide us about your organization and the situation of women with disabilities in your country would be very helpful. Please share such material with the interviewer.

THANK YOU FOR YOUR PARTICIPATION!

PERSONAL INTERVIEW PROTOCOL
PWD or PWD who works with/ advocates for/researches PWD issues
Women with Disabilities in the E&E Region
2011

USAID Missions in the E&E region are increasingly interested in developing programming that seeks to support the fundamental human rights of people with disabilities to participate fully and inclusively in their societies and to improve their overall well-being and personal outcomes. Crucial to this is a gender analysis of disability that highlights the particular barriers and challenges experienced by women with disabilities. Therefore, USAID contracted JBS International, Inc., Aguirre Division to conduct personal interviews to learn about the perspectives of various stakeholders on these issues.

We appreciate your assistance in this effort and the time you are giving us.

Important Note: Information would only be shared anonymously, with no direct attribution to a particular person.

Interviewer: Take care to note if an interviewee answers more than one question in a particular answer. Please use this sheet to take notes in addition to recording the interview for our archives.

Demographic Data

Collect demographic data from everyone to include his or her age, area of residence, highest level of education attained, terminal degree, M/F, primary language spoken at home, employment status (if employed, what position (title, employer)

Questions

2. *[Note to facilitator: Open with this question if the person advocates for, works with, or researches PWD]*
What inspired you to work with/study/advocate for PWD?
3. What do you feel are the 3 most important challenges or barriers that affect people with disabilities today, and you in particular?
4. What opportunities do you see for addressing those issues? (For example, policy environment, economic change, social movements, etc.)
5. What are the most prominent challenges women with disabilities in the country face today? If they are different for women than for men, please explain why.
6. In your *work/study/activism/other*, have you ever focused on issues pertaining specifically to women with disabilities?
 - a. If yes, please describe in detail.
 - b. If no, why?

7. Based on your observations and experiences, are there significant changes that have occurred in the lives of people with disabilities during the last 5-10 years? If so, can you please describe the 2 or 3 most important? [Positive and negative]
- a. Have women and men with disabilities been equitably affected by these changes? (Equitable means that although the men and women were affected differently by specific changes, the result increased the level of equality between men and women.)
 - i. How so? (for answers of both yes and no)
 - ii. Why do you think that happened?
8. Do you feel that women with disabilities in your country experience more or fewer barriers and challenges in life when compared to men with disabilities? Please provide a few examples and rate the significance of the problems.
- a. If yes, what are these areas? Please provide as many details as possible.
 - b. Are there specific examples (stories) you can share that illustrate these inequalities?
9. We wonder if women with disabilities face unique challenges and barriers in life. Do you think there are areas in which women with disabilities face significant disadvantages relative to men with disabilities? (Note which stakeholders tend to identify which areas, and whether there are divergent opinions about particular areas/challenges.)
- a. (Please ensure that the most relevant of the following issues are touched upon:)
 - i. Participation in civil society (advocacy for various issues or membership in various civic groups that might not be dedicated to advocacy)
 - ii. Access to technology (assistive and computer/internet)
 - iii. Access to voting in elections and the participating in government
 - iv. Disability-based violence
 - v. Experience with law enforcement and, if applicable, judges
 - vi. Experience with pension offices
 - vii. Access to vocational/technical and higher education
 - viii. Protection under law (property rights, reproductive rights, civil rights)?
 - ix. The right to make decisions for oneself
 - x. Access to appropriate housing, meaning that
 - xi. If this is a country that has or is experiencing conflict, crisis, or unrest: inclusion or involvement in peacebuilding?
 - xii. Access to the workplace and vocational education or professional training
 - xiii. Access to the opportunities for entrepreneurship, credit, and supply chains
 - xiv. Access to health care and for ambulatory treatments and therapy
 - xv. Access to public health education
10. From your perspective, do women with disabilities in your country experience more or fewer problems than women without disabilities in everyday life? How stark is the inequality?
11. [if yes to Q9] Do you think there are areas in which women with disabilities face significant disadvantages relative to women *without* disabilities?
- a. (Please ensure that the most relevant of the following issues are touched upon:)
 - i. Access to public health and reproductive health education
 - ii. Access to reproductive health doctors or clinics
 - iii. Reproductive rights—the right to have a child and keep it
 - iv. Enforcement of laws against domestic of sexual violence

- v. Access to education at all levels
- vi. Access to the workplace and vocational education or professional training
- vii. Access to the opportunities for entrepreneurship, credit, and supply chains
- viii. Access to technology (assistive and computers/internet)
- ix. Food security
- x. Access to voting in elections
- xi. Depiction in the media
- xii. Human trafficking
- xiii. Participation in civil society (advocacy for various issues or participation in social groups of various kinds)
- xiv. In countries experiencing conflict, unrest, or crisis: How crisis affects women in terms of experiencing violence and their inclusion or exclusion from peacebuilding and post-conflict/crisis reconstruction

- 12.** Have you ever benefitted from a program or project (service provision, advocacy, research) that targeted women with disabilities and the particular challenges they face?
- a. If yes, please describe
 - b. If no, do you think that it would ever be feasible for such a program to exist?
- 13.** Are you aware of any programs or projects targeting women with disabilities elsewhere in the country (PWD-specific)?
- a. If Yes, can you please describe these programs?
 - b. (If yes was answered to questions 11 or 12) What do you think about these programs or projects? What kind of impact did they have?
 - c. Would you say that the impact was significant (need to define what they mean by significant)?
- 11.** Let's think about internationally-funded programs that are not targeted specifically at persons with disabilities. For example (*name most relevant examples of political participation, youth engagement, education, agriculture, workforce development, health, etc. that you are aware that USAID implements*).
- a. Are you aware of any aspects of such programming targeting PWD, or more specifically, WWD?
 - b. Have you ever participated/implemented/partnered/consulted on such a program or project?
 - c. What would be the most relevant aspects of such programming in which to include people with disabilities, especially women with disabilities, and how would that be done?
- 12.** What would be effective ways for programs or projects not deliberately targeted at WWD to expand their reach to include WWD?
- 14.** From your perspective, what are the most effective or promising existing practices that could be used by programs or projects targeting or including all people with disabilities in the country?
- a. Have these practices been studied? (If yes, by whom)
 - b. Why do you consider the practice effective?
 - c. Can the practice be used as part of a gender equitable approach? (Treating men and women the same or differently in the context of their situations in order to increase equality between men and women)
 - i. If yes, how?
- 15.** If you could participate in any kind of program or project, what would you like it to be?

16. Is there anything else you would like to discuss that we have not talked about?
17. If you have access to any publications or Internet sources that are relevant to the issues we have discussed, we would be grateful if you could share that information with us.

THANK YOU FOR YOUR PARTICIPATION!

PERSONAL INTERVIEW PROTOCOL
Non-PWD Advocate/social worker/legal assistance/family/friend/researcher of PWD issues
Women with Disabilities in the E&E Region
2011

USAID Missions in the E&E region are increasingly interested in developing programming that seeks to support the fundamental human rights of people with disabilities to participate fully and inclusively in their societies and to improve their overall well-being and personal outcomes. Crucial to this is a gender analysis of disability that highlights the particular barriers and challenges experienced by women with disabilities. Therefore, USAID contracted JBS International, Inc., Aguirre Division to conduct personal interviews to learn about the perspectives of various stakeholders on these issues.

We appreciate your assistance in this effort and the time you are giving us.

Important Note: Information would only be shared anonymously, with no direct attribution to a particular person.

Interviewer: Take care to note if an interviewee answers more than one question in a particular answer. Please use this sheet to take notes in addition to recording the interview for our archives.

Demographic Data

Collect demographic data from everyone to include his or her age, area of residence, highest level of education attained, terminal degree, M/F, primary language spoken at home, employment status (if employed, what position (title, employer))

Substantive Questions

18. What inspired you to work with/study/advocate for PWD?
19. What do you feel are the 3 most important issues that affect people with disabilities today?
20. What are the most prominent challenges women with disabilities in the country face today? If they are different for women than for men, please explain why.
21. In your *work/study/activism/other*, have you ever focused on issues pertaining specifically to women with disabilities?

- a. If yes, please describe in detail.
 - b. If no, why?
- 22.** Based on your observations and experiences, are there significant changes that have occurred in the lives of people with disabilities during the last 5-10 years? If so, can you please describe the 2 or 3 most important? [Positive and negative]
- a. Have women and men with disabilities been equitably affected by these changes? [Equitable means that although the men and women were affected differently by specific changes, the result increased the level of equality between men and women.]
 - i. How so (for answers of both yes and no)?
 - ii. Why do you think that happened?
- 23.** Do you feel that women with disabilities in your country experience more or fewer barriers and challenges in life when compared to men with disabilities? Please provide a few examples and rate the significance of the problems.
- a. If yes, what are these areas? Please provide as many details as possible.
 - b. Are there specific examples (stories) you can share that illustrate these inequalities?
- 24.** We wonder if women with disabilities face unique challenges and barriers in life. Do you think there are areas in which women with disabilities face significant disadvantages relative to men with disabilities? *(Note which stakeholders tend to identify which areas, and whether there are divergent opinions about particular areas/challenges.)*
- a. *(Please ensure that the most relevant of the following issues are touched upon:)*
 - i. Participation in civil society (advocacy for various issues or membership in various civic groups that might not be dedicated to advocacy)
 - ii. Access to technology (assistive and computer/internet)
 - iii. Access to voting in elections and the participating in government
 - iv. Disability-based violence
 - v. Experience with law enforcement and, if applicable, judges
 - vi. Experience with pension offices
 - vii. Access to vocational/technical and higher education
 - viii. Protection under law (property rights, reproductive rights, civil rights)?
 - ix. The right to make decisions for oneself
 - x. Access to appropriate housing, meaning that
 - xi. If this is a country that has or is experiencing conflict, crisis, or unrest: inclusion or involvement in peacebuilding?
 - xii. Access to the workplace and vocational education or professional training
 - xiii. Access to the opportunities for entrepreneurship, credit, and supply chains
 - xiv. Access to health care and for ambulatory treatments and therapy
 - xv. Access to public health education
- 25.** From your perspective, do women with disabilities in your country experience more or fewer problems than women without disabilities in everyday life? How stark is the inequality?
- 26.** [If yes to Q8] In which areas do women with disabilities face significant advantages or disadvantages relative to women *without* disabilities?

- a. *(Please ensure that the most relevant of the following issues are touched upon:)*
 - i. Access to public health and reproductive health education
 - ii. Access to reproductive health doctors or clinics
 - iii. Reproductive rights—the right to have a child and keep it
 - iv. Enforcement of laws against domestic of sexual violence
 - v. Access to education at all levels
 - vi. Access to the workplace and vocational education or professional training
 - vii. Access to the opportunities for entrepreneurship, credit, and supply chains
 - viii. Access to technology (assistive and computers/internet)
 - ix. Food security
 - x. Access to voting in elections
 - xi. Depiction in the media
 - xii. Human trafficking
 - xiii. Participation in civil society (advocacy for various issues or participation in social groups of various kinds)
 - xiv. In countries experiencing conflict, unrest, or crisis: How crisis affects women in terms of experiencing violence and their inclusion or exclusion from peacebuilding and post-conflict/crisis reconstruction
- 27.** Have you ever facilitated or implemented a program or project (service provision, advocacy, research) that targeted women with disabilities and the particular challenges they face?
- a. If yes, please describe
 - b. If no, do you think that it would ever be feasible for such a program to exist?
- 28.** Are you aware of any programs or projects targeting women with disabilities elsewhere in the country (PWD-specific)?
- a. If Yes, can you please describe these programs?
- 29.** (If yes was answered to questions 27 or 28) What do you think about these programs or projects?
- a. What kind of impact did they have?
 - b. Would you say that the impact was significant (need to define what they mean by significant)?
- 30.** Let's think about internationally-funded programs that are not targeted specifically at persons with disabilities. For example (*name most relevant examples of political participation, youth engagement, education, agriculture, workforce development, health, etc. that you are aware that USAID implements*).
- d. Are you aware of any aspects of such programming targeting PWD, or more specifically, WWD?
 - e. Have you ever implemented, partnered, or consulted on such a project?
 - f. What would be the most relevant aspects of such programming in which to include people with disabilities, especially women with disabilities and how would that be done?
- 31.** What would be effective ways for programs or projects not deliberately targeted at WWD to expand their reach to include WWD?
- 32.** From your perspective, what are the most effective or promising existing practices that could be used by programs or projects targeting or including all people with disabilities in the country?
- a. Have these practices been studied? (If yes, by whom)
 - b. Why do you consider the practice effective?
 - c. Can the practice be used as part of a gender equitable approach? (Treating men and women

the same or differently in the context of their situations in order to increase equality between men and women)

i. If yes, how?

33. Is there anything else you would like to share about the experience of people with disabilities that we have not talked about?

34. If you have access to any publications or Internet sources that are relevant to the issues we have discussed, we would be grateful if you could share that information with us.

THANK YOU FOR YOUR PARTICIPATION!

**FOCUS GROUP PROTOCOL
PEOPLE WITH DISABILITIES
Women with Disabilities in the E&E Region
2011**

USAID Missions in the E&E region are increasingly interested in developing programming that seeks to support the fundamental human rights of people with disabilities to participate fully and inclusively in their societies and to improve their overall well-being and personal outcomes. Crucial to this is a gender analysis of disability that highlights the particular barriers and challenges experienced by women with disabilities. Therefore, USAID contracted JBS International, Inc., Aguirre Division to conduct focus groups to learn about the perspectives of various stakeholders on these issues.

We appreciate your assistance in this effort and the time you are giving us.

INTRODUCTION

1. Introduction of the Focus Group Leader(s); put the group at ease
2. Introductory remarks about what the project is seeking to learn about (taken from your scope of work)
3. Stress the anonymity of the discussion
4. Emphasize that there are no right or wrong answers—only opinions and individual experiences
5. Advise the participants that an audio recording will be made of the focus group discussion so that the report will accurately reflect the points made in the discussion

GROUND RULES

1. Be respectful of one another and the opinions of others
2. Wait until being recognized before speaking out

3. Remember this is a discussion, not a debate; differences are tolerated, arguments are not

NOTES TO FOCUS GROUP LEADERS

1. Before holding a focus group, please quickly look at the USAID website for your country in order to understand on which areas of programming the Mission focuses. Link to the directory of all missions: <http://www.usaid.gov/locations/missiondirectory.html>
2. Encourage participation from everyone
3. Use this form to take notes
4. Note differences of responses between participants with different stakeholder positions
5. Be alert to gender differences in responses
6. Record any noticeable differences by age groups
7. Write up your report on the Focus Group prior to your next activity, while your impressions are still fresh
8. Sketch a seating chart of the focus group and identify the participants by number. While note-taking, write down the chair number of the speaker so that it will be known who made the comment. Direct attributions by name will not be made in the write-up. However, descriptive attributions might be used.

Participant DEMOGRAPHIC INFORMATION

Collect demographic data from everyone to include his or her age, area of residence, highest level of education attained, terminal degree, M/F, primary language spoken at home

Country:

Location of the focus group:

Focus Group Leader:

Language(s) in which the focus group is conducted:

FOCUS GROUP QUESTIONS

2. **Tell us who you are (first name is sufficient, use tent name cards) and [_____].** (facilitator, elicit a personal detail, characteristic, or story of your choosing. This opening question is not to be analyzed, but to encourage everyone to talk early in the group and to establish a sense of community in the group. The opening question should emphasize how people are alike, not how they are different from one another)
3. **In general, how would you categorize the most pressing challenges and barriers women and men with disabilities face?**
4. **We wonder if women with disabilities face unique challenges and barriers in life. Do you think there are areas in which women with disabilities face significant disadvantages relative to men with disabilities?** [Note to facilitator: these may include the following:

- i. Participation in civil society (advocacy for various issues or membership in various civic groups that might not be dedicated to advocacy)
- ii. Access to technology (assistive and computer/internet)
- iii. Access to voting in elections and the participating in government
- iv. Disability-based violence
- v. Experience with law enforcement and, if applicable, judges
- vi. Experience with pension offices
- vii. Access to vocational/technical and higher education
- viii. Protection under law (property rights, reproductive rights, civil rights)?
- ix. The right to make decisions for oneself
- x. Access to appropriate housing
- xi. If this is a country that has or is experiencing conflict, crisis, or unrest: inclusion or involvement in peacebuilding?
- xii. Access to the workplace and vocational education or professional training
- xiii. Access to the opportunities for entrepreneurship, credit, and supply chains
- xiv. Access to health care and for ambulatory treatments and therapy
- xv. Access to public health education

5. Do you think there are areas in which women with disabilities face significant disadvantages relative to women without disabilities? *[Note to facilitator: these may include the following:*

- i. Access to public health and reproductive health education
- ii. Access to reproductive health doctors or clinics
- iii. Reproductive rights—the right to have a child and keep it
- iv. Enforcement of laws against domestic of sexual violence
- v. Access to education at all levels
- vi. Access to the workplace and vocational education or professional training
- vii. Access to the opportunities for entrepreneurship, credit, and supply chains
- viii. Food security
- ix. Access to voting in elections
- x. Depiction in the media
- xi. Human trafficking
- xii. Participation in civil society (advocacy for various issues or participation in social groups of various kinds)
- xiii. In countries experiencing conflict, unrest, or crisis: How crisis affects women in terms of experiencing violence and their inclusion or exclusion from peacebuilding and post-conflict/crisis reconstruction

6. Are there any examples (stories?) you might share that illustrate some of the unique challenges experienced by women with disabilities? *[Note to facilitator: please elicit whether the examples come from personal experience, media, word-of-mouth, personal observation, other]*

7. Do you know of any programs in the country—PWD-centric or other issues, that are implemented by governments or NGOs—that target women with disabilities or men with disabilities specifically? *[Note to facilitator: please elicit specific examples]*

- a. *If yes:*
 - i. *Is such targeting common?*
 - ii. *Have you been involved in these programs?*
 - iii. *What is your assessment of them?*
 - iv. *Have they had an impact?*

- l. If so, has the impact been positive or negative, small or significant)*
- v. Is there a need for more programs to be targeted in that way?

b. If no:

- i. *How do programs usually target their assistance?*
- ii. *Is there a need for such targeted programs?*

- 8. Let's think about internationally-funded programs that are not targeted specifically at persons with disabilities. For example** (name most relevant examples of political participation, youth engagement, education, health, etc. that you have seen that USAID implements). **What would be the most relevant aspects of such programming in which to include people with disabilities, especially women with disabilities, and how would that be done?**
- 9. What would be effective ways for programs or projects not deliberately targeted at WWD to expand their reach to include WWD?**
- 10. From your perspective, what is the best way to ensure that women with disabilities would enjoy equal rights with other members of society?**
(*Would be good to encourage each participant to answer this question.*)
- 11. Is there anything else that you would like to discuss in relation to these topics?**

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!

**FOCUS GROUP PROTOCOL
NGO STAFF, SERVICE PROVIDERS, ADVOCATES WITHOUT DISABILITIES
Women with Disabilities in the E&E Region
2011**

USAID Missions in the E&E region are increasingly interested in developing programming that seeks to support the fundamental human rights of people with disabilities to participate fully and inclusively in their societies and to improve their overall well-being and personal outcomes. Crucial to this is a gender analysis of disability that highlights the particular barriers and challenges experienced by women with disabilities. Therefore, USAID contracted JBS International, Inc., Aguirre Division to conduct focus groups to learn about the perspectives of various stakeholders on these issues.

We appreciate your assistance in this effort and the time you are giving us.

INTRODUCTION

6. Introduction of the Focus Group Leader(s); put the group at ease
7. Introductory remarks about what the project is seeking to learn about (taken from your scope of work)
8. Stress the anonymity of the discussion

9. Emphasize that there are no right or wrong answers—only opinions and individual experiences
10. Advise the participants that an audio recording will be made of the focus group discussion so that the report will accurately reflect the points made in the discussion
11. Information would only be shared anonymously, with no direct attribution to a particular person.

GROUND RULES

4. Be respectful of one another and the opinions of others
5. Wait until being recognized before speaking out
6. Remember this is a discussion, not a debate; differences are tolerated, arguments are not

NOTES TO FOCUS GROUP LEADERS

9. Before holding a focus group, please quickly look at the USAID website for your country in order to understand on which areas of programming the Mission focuses. Link to the directory of all missions: <http://www.usaid.gov/locations/missiondirectory.html>
10. Encourage participation from everyone
11. Use this form to take notes
12. Note differences of responses between participants with different stakeholder positions
13. Be alert to gender differences in responses
14. Record any noticeable differences by age groups
15. Write up your report on the Focus Group prior to your next activity, while your impressions are still fresh
16. Sketch a seating chart of the focus group and identify the participants by number. While note-taking, write down the chair number of the speaker so that it will be known who made the comment. Direct attributions by name will not be made in the write-up. However, descriptive attributions might be used.

Participant DEMOGRAPHIC INFORMATION

Collect demographic data from everyone to include his or her age, area of residence, highest level of education attained, terminal degree, M/F, primary language spoken at home, employment status (if employed, what position (title, employer or at least type of employer)

Country:

Location of the focus group:

Focus Group Leader:

Language(s) in which the focus group is conducted:

FOCUS GROUP QUESTIONS

12. **Tell us who you are (first name is sufficient, use tent name cards) and [_____].** (facilitator, elicit a personal detail, characteristic, or story of your choosing. This opening question is not to be analyzed, but to encourage everyone to talk early in the group and to establish a sense of community in the group. The opening question should emphasize how people are alike, not how they are different from one another)
13. **In general, how would you categorize the 3 most pressing challenges and barriers women and men with disabilities face?**
14. **When you think of women with disabilities, what comes to mind?**

15. We wonder if women with disabilities face unique challenges and barriers in life. Do you think there are areas in which women with disabilities face significant disadvantages relative to men with disabilities? [*Note to facilitator: these areas might include the following:*

- i. Participation in civil society (advocacy for various issues or membership in various civic groups that might not be dedicated to advocacy)
- ii. Access to technology (assistive and computer/internet)
- iii. Access to voting in elections or participating in government
- iv. Disability-based violence
- v. Experience with law enforcement and, if applicable, judges
- vi. Experience with pension offices
- vii. Access to vocational/technical and higher education
- viii. Protection under law (property rights, reproductive rights, civil rights)?
- ix. The right to make decisions for oneself
- x. If this is a country that has or is experiencing conflict, crisis, or unrest: inclusion or involvement in peacebuilding?
- xi. Access to the workplace and vocational education or professional training
- xii. Access to the opportunities for entrepreneurship, credit, and supply chains
- xiii. Access to health care and for ambulatory treatments and therapy
- xiv. Access to public health education

16. Do you think there are areas in which women with disabilities face significant disadvantages relative to women without disabilities? [*Note to facilitator: these areas might include the following:*

- i. Access to public health and reproductive health education
- ii. Access to reproductive health doctors or clinics
- iii. Reproductive rights—the right to have a child and keep it
- iv. Enforcement of laws against domestic of sexual violence
- v. Access to education at all levels
- vi. Access to the workplace and vocational or professional training and education
- vii. Access to the opportunities for entrepreneurship, credit, and supply chains
- viii. Accessible housing
- ix. Food security
- x. Access to voting in elections
- xi. Depiction in the media
- xii. Human trafficking
- xiii. Participation in civil society (advocacy for various issues or participation in social groups of various kinds)
- xiv. In countries experiencing conflict, unrest, or crisis: How crisis affects women in terms of experiencing violence and their inclusion or exclusion from peacebuilding and post-conflict/crisis reconstruction

17. Are there any examples (stories?) you might share that illustrate some of the unique challenges experienced by women with disabilities? *[Note to facilitator: please elicit whether the examples come from personal experience, media, word-of-mouth, personal observation, other]*

18. Do you know of any programs in the country—PWD-centric or other issues, that are implemented by governments or NGOs—that target women with disabilities or men with disabilities specifically?

[Note to facilitator: please elicit specific examples].

c. If yes:

- i. *Is such targeting common?*
- ii. *Have you been involved in these programs?*
- iii. *What is your assessment of them?*
- iv. *Have they had an impact?*
 - I. *If so, has the impact been positive or negative, small or significant?*
- v. *Is there a need for more programs to be targeted in that way?*

d. If no:

- i. *How do programs usually target their assistance?*
- ii. *Is there a need for such targeted programs?*

19. Let's think about internationally-funded programs that are not targeted specifically at persons with disabilities. For example (name most relevant examples of political participation, youth engagement, education, agriculture, health, etc. that you are aware that USAID implements). **What would be the most relevant aspects of such programming in which to include people with disabilities, especially women with disabilities and how would that be done?**

20. What would be effective ways for programs or projects not deliberately targeted at WWD to expand their reach to include WWD?

21. From your perspective, what are the most effective or promising existing practices that could be used to increase the gender sensitivity of programs or projects targeting or including all people with disabilities in the country?

22. From your perspective, what is the best way to ensure that women with disabilities would enjoy equal rights with other members of society?

(Would be good to encourage each participant to answer this question.)

23. Is there anything else that you would like to discuss in relation to these topics?

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!

DOCUMENT AND STATISTICS COLLECTION SHEETS (Excel format)

DOCUMENT COLLECTION

Document Citation (author, title, publisher, year, weblink--if a journal or newspaper article, include the title of the article and the journal or newspaper name)	Relevance of Document (highlights and key information only)

STATISTICS COLLECTION

Instructions for Statistical Data Collection. Consultants should also compile existing statistics on the population with disabilities from national government statistics offices, local or regional government offices, and statistics gathered by NGOs. Please do not use international sources such as World Bank, UNESCO, or Transmonee.

The following sheets indicate which statistics are most necessary, but additional statistics would be welcome. All statistics must be fully cited and the data source's definition of each variable must be noted in the variable definition column.

Also, please document any issues with data collection, the population measured, or other caveats on the data notes page.

At least 5 years of data should be gathered. Where that is not possible, please note the reason in the notes column.

Where possible, if data is noted by impairment type, please expand the categories given to allow for that. Also, if the data is broken down by age groups, please include that data as well. If government categorizes those disabled in military service separately, please add an additional row or rows where necessary to capture that.

EMPLOYMENT

	2005	2006	2007	2008	2009	2010	2011	Definition of the data; Notes or caveats about data	Data Citation
Total Labor Force									
Total Labor Force (M)									
Total Labor Force (F)									
Total Disabled in Labor Force									
Total Disabled in Labor Force (M)									
Total Disabled in Labor Force (F)									
Unemployment Total (% of total labor force)									
Unemployment Female (% of total labor force)									
Unemployment Male (% of total labor force)									
Unemployment, Disabled Total (% of total labor force)									
Unemployment, Disabled Female (% of total labor force)									
Unemployment, Disabled Male (% of total labor force)									
Unemployment, Disabled Total (% of disabled in labor force)									
Unemployment, Disabled Female (% of disabled in labor force)									
Unemployment, Disabled Male (% of disabled in labor force)									
Long-term unemployment, total (% of total unemployment)									
Long-term unemployment, total (% of total unemployment)									
Long-term unemployment, Female (% of female unemployment)									
Long-term unemployment, Male (% of male unemployment)									
Long-term unemployment, disabled, total (% of total disabled unemployment)									
Long-term unemployment, disabled, Female total (% of total disabled unemployment)									
Long-term unemployment, disabled, Male (% of total disabled unemployment)									
Average gross wages and salaries (overall or by sector--please add rows if necessary)									
Average gross wages and salaries total population									
Average gross wages and salaries female population									
Average gross wages and salaries male population									

EDUCATION

	2005	2006	2007	2008	2009	2010	2011	Definition of the data; Notes or caveats about data	Data Citation
Children Out of School									
Out of School Children, Primary, Total									
Out of School Children, Primary, Female									
Out of School Children, Primary, Male									
Out of School Children, Primary, Total, disabled									
Out of School Children, Primary, Female, disabled									
Out of School Children, Primary, Male, disabled									
Primary Completion Rate									
Primary completion rate, total (% of relevant age group)									
Primary completion rate, female (% of relevant age group)									
Primary completion rate, male (% of relevant age group)									
Primary completion rate, disabled, total (% of relevant age group)									
Primary completion rate, disabled, female (% of relevant age group)									
Primary completion rate, disabled, male (% of relevant age group)									
Average educational attainment									
Mean years of education, total									
Mean years of education, female									
Mean years of education, male									
Mean years of education, total, disabled									
Mean years of education, female, disabled									
Mean years of education, male, disabled									

Primary and Basic Education Gross Enrollment Rates (GER) (gross enrolment ratio (percent of relevant population)-								
Primary GER, total								
Primary GER, female								
Primary GER, male								
Primary GER, total, disabled								
Primary GER, female, disabled								
Primary GER, male, disabled								
Basic Education GER, total								
Basic Education GER, female								
Basic Education GER, male								
Basic Education GER, total, disabled								
Basic education GER, female, disabled								
Basic Education GER, male, disabled								
General upper secondary (ISCED 3A) gross enrolment ratio (per cent of population aged 15-18)								
General Upper Secondary Education GER, total								
General Upper Secondary Education GER, female								
General Upper Secondary Education GER, male								
General Upper Secondary Education GER, total, disabled								
General Upper Secondary education GER, female, disabled								
General Upper Secondary Education GER, male, disabled								
General Higher Education (Tertiary) (ISCED 3A) gross enrolment ratio (per cent of population aged 15-18)								
General Higher Education (Tertiary) Education GER, total								
General Higher Education (Tertiary) Education GER, female								
General Higher Education (Tertiary) Education GER, male								
General Higher Education (Tertiary) Education GER, total, disabled								

General Higher Education (Tertiary) education GER, female, disabled									
General Higher Education (Tertiary) Education GER, male, disabled									
Proportion of School-Aged Children in School									
Proportion of School-Aged Children in School, Primary, Total									
Proportion of School-Aged Children in School, Primary, Female									
Proportion of School-Aged Children in School, Primary, Male									
Proportion of School-Aged Children in School, Primary, Disabled									
Proportion of School-Aged Children in School, Primary, Total, Disabled									
Proportion of School-Aged Children in School, Primary, Female, Disabled									
Proportion of School-Aged Children in School, Primary, Male, Disabled									
Proportion of School-Aged Children in School, Secondary									
Proportion of School-Aged Children in School, Secondary, Total									
Proportion of School-Aged Children in School, Secondary, Female									
Proportion of School-Aged Children in School, Secondary, Male									
Proportion of School-Aged Children in School, Secondary, Disabled									
Proportion of School-Aged Children in School, Secondary, Total, Disabled									
Proportion of School-Aged Children in School, Secondary, Female, Disabled									
Proportion of School-Aged Children in School, Secondary, Male, Disabled									

POPULATION

2005	2006	2007	2008	2009	2010	2011	Notes or caveats about data	Data Citation
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Total Population (No.)								
%Rural								
% Urban								
Population, Female % Total								
Population, Male % Total								
Population, Disabled % Total Population								
Population, Female Disabled % Total Population								
Population, Male Disabled % Total Population								
Total Disabled Population								
% Rural								
% Urban								
Disabled Population, Female, % Total								
Disabled Population, Male, % Total								
Population 14 and under								
Total								
Female, (% of total)								
Male, (% of total)								
Total Population 15-24								
Total								
Female, (% of total)								
Male, (% of total)								
Total Population 15-64								
Total								
Female, (% of total)								
Male, (% of total)								
Total Population 64+ (% Total)								
Total								
Female, (% of total)								
Male, (% of total)								
Disabled Population 14 and under								
Total								
Female, (% of total)								
Male, (% of total)								

Disabled Population 15-24									
Total									
Female, (% of total)									
Male, (% of total)									
Disabled Population 15-64									
Total									
Female, (% of total)									
Male, (% of total)									
Disabled Population 64+ (% Total)									
Total									
Female, (% of total)									
Male, (% of total)									

SOCIAL

2005	2006	2007	2008	2009	2010	2011	Notes or caveats about data	Data Citation
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Marriage and Divorce Rates

Crude marriage rate (per 1,000 mid-year population), non-disabled								
	Total							
	Female							
	Male							
Crude marriage rate (per 1,000 mid-year population), disabled								
	Total							
	Male							
	Female							
Crude divorce rate (per 1,000 mid-year population), non-disabled								
	Total							
	Female							
	Male							
Crude divorce rate (per 1,000 mid-year population), disabled								
	Total							
	Female							
	Male							
Place of Residence, disabled (please break down M/F if data are available)								
	Home							
	Institution							
	Other care facility							
Government Pensions								
Disability Pension Recipients (please note if disability pensions turn into old-age pensions and at what age that happens)								
	Total Number							
	Total Number, Female							
	Total Number, Male							
Number of households receiving pension allowance/benefit								
	Total							
	Total for Disabled							
	Total for Disabled, Female							
	Total for Disabled, Male							
Amount transferred for household benefit								
	Total							
	Total for disabled (please include additional lines detailing any additional breakdown of this category, such as disabled under 18 or a type of disability)							
	Average Amount Transferred, Female							
	Average Amount Transferred, Male							

ANNEX B: SELECTED LIST OF DPOS IN THE E&E REGION AND OTHER ORGANIZATIONS SUPPORTING DISABILITY RIGHTS

Note: This selected list contains mainly organizations that were contacted for this study, including organizations for women with disabilities.

ALBANIA

<p>Albanian Disability Rights Foundation Target Group(s): PWD and their advocates Telephone: (+35542) 269426 E-mail: adrf@albmail.com Web-site: http://www.adrf.org.al/</p>	
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ARMENIA

<p>Agate Center for Women with Special Needs (Gyumri) Target Group(s): girls and WWD Telephone: (+37431) 241254 E-mail: agate.ngo@gmail.com, info@agatengo.am Web-site: http://www.agatengo.com/ Contact Person: Karine Grigoryan (founder)</p>	<p>Astghik Union of Disabled Children's Parents Target Group(s): disabled children and their families Telephone: (+37410) 575185 E-mail: levast@netsys.am Contact Person: Levon Nersisyan</p>
<p>Bridge of Hope NGO Target Group(s): children with physical and mental disabilities Telephone: (+37410) 589186 E-mail: bridge@arminco.com Web-site: http://www.bridgeofhope.am/en/first/ Contact Person: Susanna Tadevosyan</p>	<p>Full Life Charity NGO (Stepanavan) Target Group(s): people with spinal cord injuries and other disabilities Telephone: (+37456) 22058, (+37491) 345261 E-mail: fulllife@freenet.am Web-site: www.fulllife.am Contact Person: Suren Maghakyan</p>
<p>Havat Public Organization of Hard-of-Hearing Children's Mothers Target Group(s): deaf and hard-of-hearing children Telephone: (+37410) 231953 E-mail: surdoam@yahoo.com Web-site: www.havat.am Contact Person: Tamara Manoukyan</p>	<p>Kamk ev Korov NGO of Young Disabled People Target Group(s): hard-of-hearing young people Telephone: (+37410) 538541 E-mail: kamkorov@netsys.am Contact Person: Mari Pahutyanyan</p>
<p>Nor Spitak NGO of disabled people (Spitak) Target Group(s): people with 1st and 2nd groups of disability Telephone: (+37451) 23611 Contact Person: Hrair Karapetyan</p>	<p>Paros Disabled Center for Development of Education and Culture Target Group(s): disabled people with mobility impairments Telephone: (+37410) 632958 E-mail: paros@web.am Contact Person: Suren Ohanyan</p>
<p>Prkutyun NGO for Disabled Children Target Group(s): children and young people with mental disabilities Telephone: (+37410) 427850 E-mail: prkutyun@netsys.am Web-site: www.prkutyun.am Contact Person: Arpine Abrahamyan</p>	<p>Pyunic Association for Disabled Target Group(s): people with any kind of disability Telephone: (+37410) 565607 E-mail: pyunic@arminco.com Contact Person: Hakob Abrahamyan</p>

<p>Skarp Recreational Center Target Group(s): people with disabilities, especially those with spinal cord injuries Telephone: (+37410) 390209 E-mail: skarp@freenet.am Contact Person: Ashot Mkrtchyan</p>	<p>Unison NGO for Support of People with Special Needs Target Group(s): people with disabilities, elderly people, orphans Telephone: (+37410) 522170 E-mail: unison@unison.am Web-site: www.unison.am Contact Person: Rasmila Alaverdyan</p>
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AZERBAIJAN

<p>Lotos Disability Awareness and Learning Center Target Group(s): people with disabilities Telephone: (+99412) 494 41 24, (+99412) 596 17 76 E-mail: otos@bakinter.net, informlotos@bakinter.net Web-site: http://www.lotos-az.org/en/about.shtml</p>	<p>United Aid for Azerbaijan (UAFA) Target Group(s): children with special needs; deinstitutionalization, health, education Telephone: (+44) 1372 361772 (UK), (+99412) 4970104 (Azerbaijan) E-mail: uafa_pr@azeurotel.com, uafa@azeurotel.com Web-site: http://www.uafa.org.uk/</p>
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BOSNIA AND HERZEGOVINA

<p>Impuls, Association of Disabled Women (Bijeljina) Telephone: +387 55-213-155, +387 65-664-789 E-mail: impuls@spinter.net</p>	<p>Lotosice Disabled Women Association (Tuzla) Target Group(s): people with disabilities, women with disabilities Telephone: +387 35-291-041, +387 61-729-905 E-mail: lotosice@yahoo.com Web-site: http://www.lotosice.com.ba</p>
<p>Resource Center for People with Disabilities "Lotos Tuzla" Target Group(s): people with disabilities and their advocates Telephone: +387 (35) 251245 E-mail: ic.lotos@bih.net.ba Web-site: www.ic-lotos.org Contact Person: Suad Zahirovic, Director</p>	<p>TWI4Kids, Learning Center for Children with Special Needs Target Group(s): children with special needs Web-site: http://twi4kids.org/Learning%20Center.htm</p>

GEORGIA

<p>Association of Disabled Women and Mothers of Disabled Children-DEA (Zugdidi) Target Group(s): children with disabilities, mothers of children with disabilities, women Telephone: +995 (315) 50139 E-mail: madonnakharebava@yahoo.com; madonna_k@gol.ge Web-site: http://www.adw-dea.org.ge Contact Person: Madonna Kharebava</p>	<p>Coalition for Independent Living (Tbilisi) Target Group(s): people with disabilities Telephone: +995 (322)350966 E-mail: info@disability.ge; tamuna.nadiradze2@gmail.com Web-site: http://disability.ge Contact Person: Tamar Nadiradze</p>
<p>Gori Disabled Club Target Group(s): Person with disability, women with disability, children with disability Target Area: Shida Kartli (east Georgia) region, Georgia Telephone: (00995) 593 33 45 96 E-mail: gori_club@mail.ru; tina-l@rambler.ru Web-site: http://www.goridc.ge/ Contact Person: Tina Bregvadze</p>	<p>International association of Georgian women with disabilities Target Group(s): Women with disability Telephone: (00995) 2920911 E-mail: gdwia@access.sanet.ge Contact Person: Manana Galuashvili</p>

Union Disable Child, Family, Society Target Group(s): Children and adults with disabilities and their family members Telephone: (00995) 2140012; (009955) 555715609 E-mail: maia@disability.ge Web-site: www.disability.ge Contact Person: Maia Bibileishvili	
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KOSOVO

Handikos, Pristina Target Group(s): people with disabilities Telephone: +381 (38) 548 326/550 834 e-mail: handikos@ipko.org handikos@eunet.yu Web-site: http://www.handi-kos.org/	
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REPUBLIC OF MACEDONIA

Mobility-Challenge Target Group(s): women with disabilities Web-site: http://mobilitychallenge.blogspot.com/	Polio plus, Movement against disability Tel: +389 (0) 224 00 544 E-mail: polioplus@polioplus.org.mk , zvonko@polioplus.org.mk Web-site: www.polioplus.org.mk
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MOLDOVA

MOTIVATION Moldova Association Tel/fax: + 373 (22) 66 13 93 Tel: + 373 (22) 76 35 97 E-mail: office@motivation-md.org Web-site: http://www.motivation-md.org/	
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MONTENEGRO

Association of Youth with Disabilities of Montenegro Telephone: +381 (81) 266 039 E-mail: office@umhcg.org , umhcg@cg.yu , milansh@umhcg.org Web-site: http://www.umhcg.me/	
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RUSSIA

All Russian Society of the Disabled (VOI) Telephone: 8 495 935-0012, 8 495 935-0013 E-mail: sek.voi@mail.ru sekvoi2@mail.ru Web-site: www.voi.ru	All-Russia Society of Persons with Mental Health Disabilities and Their Relatives (ARSP) "New Choices" Web-site: http://nvm.org.ru/about-us/
Best Buddies Russia Target Group(s): people with intellectual disabilities, student partners Telephone: +7(495)725-39-82, +7(499)246-31-03 E-mail: russia@bestbuddies.org Web-site: bestbuddies.ru	Katyusha Target Group(s): parents with disabilities Telephone: +7(905)535-78-32 Email: np3108@mail.ru Web-site: http://katyusha-ngo.livejournal.com/
Regional Society of Disabled People "Perspektiva" Telephone: +7(495)725-39-82 E-mail: office@perspektiva-inva.ru Web-site: http://eng.perspektiva-inva.ru/index.php Contact Person: Denise Roza	

SERBIA

<p>Center for Independent Living of PWDs Serbia (Belgrade) Telephone: + 381 (11) 360 55 09 E-mail: office@cilsrbija.org Web-site: http://www.cilsrbija.org/eng/index.php</p>	<p>Mental Disability Rights Initiative of Serbia (MDRI-Serbia) Target Group(s): protecting the rights of people with mental disabilities Telephone: +381 11 3837 204/ E-mail: dciric@disabilityrightsintl.org Web-site: http://www.mdri-s.org/</p>
<p>“...Iz Kruga” (“...Out of Circle”) Target Group(s): women with disabilities E-mail: office@izkruga.org Web-site: http://www.izkruga.org/</p>	

UKRAINE

<p>Berehynia-Ukraine Target Group(s): women with disabilities, people with disabilities, IT training Telephone: +38 (044) 361-26-24; 583-07-55 E-mail: bereginya-ykr@mail.ru Web-site: http://www.bereginya-ukraine.com/</p>	<p>Creavita DPO (Kharkiv) Target Group(s): people with disabilities E-mail: creavita@yandex.ru Contact Person: Olena Shyngaryova</p>
<p>DONNA-Ukraine Target Group(s): women with breast cancer Telephone: +38 044 361-94-72 E-mail: donna-2004@galanet.net Web-site: http://donna.kiev.ua/</p>	<p>Dzherelo Children’s Rehabilitation Center (L’viv) Target Group(s): children with disabilities, parents of children with disabilities Telephone: +38 (032)227-36-01, +38 (032)227-36-02 E-mail: dzherelocentre@gmail.com Web-site: http://www.dzherelocentre.org.ua/index.php?lang=en</p>
<p>National Assembly of Disabled of Ukraine (NADU), DPO coalition Telephone: +38 (044) 279-61-82 E-mail: office@nau.org.ua Web-site: http://nau.org.ua/</p>	<p>Parostok (Vinnytsia) Target Group(s): youth with disabilities and their families Telephone: +38(0432)43-22-61; +38(0432)50-48-94 E-mail: isarancha@gmail.com Contact Person: Irina Saranacha</p>

ANNEX C: OFFICIAL DEFINITIONS RELATING TO DISABILITY IN E&E COUNTRIES

ALBANIA

Term	Official definition
Disability	No official definition of “disability.” The understanding of disability as a restrictive impairment experienced for more than six months derives from the National Strategy for People with Disabilities and the Law on Social Assistance and Services.
People with disabilities	<p>According to the National Strategy for People with Disabilities, “people with disabilities are the ones whose physical function, mental capacities or psychological health are highly likely to deviate for more than six months from the condition which is typical for the respective age and whose participation in life and society is therefore restricted.” (Source: http://www.osce.org/albania/40201)</p> <p>The Law on Social Assistance and Services offers another definition of people with disabilities--“People with disabilities are individuals who have become disabled due to a physical, sensory, intellectual, psychic-mental impairment, either congenital or in the course of life as a result of an accident and permanent or temporary diseases, which are not related to employment.” http://www.partnersalbania.org/skedaret/1323943210-law_nr_9355_on_social_assistance_and_services.pdf)</p>
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	None
Notes	Although the definition of PWD refers to “impairment,” there is no official definition of impairment.

ARMENIA

Term	Official definition
Disability	The government of the Republic of Armenia defines disability as a result of some vital activity limitations. Vital activity limitations include inability of self-care; complete or partial loss of the ability to move, communicate, control one’s behavior, work, study, or play (for children); including the need for usage of additional appliances for speaking, moving, hearing, or seeing. (Source: https://www.e-gov.am/u_files/file/decrees/arc_voroshum/12/qax48-22.pdf (in Armenian))
People with disabilities	<p>In the Republic of Armenia a PWD is considered to be a person who has some limitations in vital activities due to sickness or injury. A PWD is a person who has physical or mental disorders and who needs social aid and defense because of some vital activity limitations. (Source: http://www.parliament.am/legislation.php?sel=show&ID=1810&lang=arm (in Armenian))</p> <p>NGOs in Armenia tend to use the definition of PWD provided by the UNCRPD: “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.” (Source: http://www.un.org/disabilities/convention/conventionfull.shtml)</p>
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	None

AZERBAIJAN

Term	Official definition
Disability	Disability is lumped with the understanding of “limitation to health.” Both are defined as the restriction of life activity as a result of mental retardation or a physical shortcoming which is congenital or caused by an injury or a disease.
People with disabilities	None
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	Injury, damage, or loss
Notes	The definition of disability in Azerbaijan follows a strict medical model of disability (e.g. neglects social factors such as barriers and attitudes contributing to disability).

GEORGIA

Term	Official definition
Disability	The Concept Paper on Social Integration of PWD adopted by the Parliament in 2009 states that “Disability is the is a unity of attitudes of the society, civil institutions and material environment, due to which people with various physical, psychic, mental or sensor-motoric disorders have no equal opportunities of personal development and self-realization.”
People with disabilities	The Law on Social Expertise states that “A person with disability is someone whose body does not have sufficient or good vital skills for functioning due to disease, trauma, intellectual or physical deficiency, which leads to partial or complete loss of labor capability or complications in living conditions which, in its turn, causes temporary or permanent limitations of his/her capability and results in a need for social protection.”
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	Impairment is of a medical nature and describes the objective conditions of a person with regard to biological or physiological norms.
Notes	The Concept Paper uses a fully social approach, while the Law on Social Expertise combines medical and social factors.

KOSOVO

Term	Official definition
Disability	The Ministry of Labour and Social Welfare uses the UNCRPD understanding of disability: “Disability is an evolving concept and...disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” (Source: http://www.un.org/disabilities/convention/conventionfull.shtml)
People with disabilities	The Ministry of Labour and Social Welfare uses the UNCRPD understanding of PWD: “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.” (Source: http://www.un.org/disabilities/convention/conventionfull.shtml)
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	None

REPUBLIC OF MACEDONIA

Term	Official definition
Disability	None
People with disabilities	According to the Law for Social Welfare, a PWD is a person with physical or mental impairment (Article 17 of the Law for Social Welfare, The Official Gazette of the Republic of Macedonia nr. 79/09, 24.06.2009)
Physical disability	Physical handicap is defined as a state of a diminished or lost functionality of one or more parts of the body, significantly reducing the ability of the person in question to satisfy his or her basic life needs. (Article 4 of the “Rulebook on Pension and Welfare Support for the Disabled” based on the Social Welfare Law, Official Gazette of the Republic of Macedonia, 50/97)
Sensory disability	None
Intellectual disability	“Mental disability is a state of a slowed down or incomplete psychological development of a person, marked by those abilities in particular which represent developmental stages and contribute to the general level of intelligence such as the cognitive, motor, and social capacities.” (Article 10 of the “Rulebook on Pension and Welfare Support for the Disabled” based on the Social Welfare Law, Official Gazette of the Republic of Macedonia, 50/97)
Impairment	None
Notes	Definitions in Macedonia follow a strict medical model of disability (e.g. neglect social factors such as barriers and attitudes contributing to disability).

MOLDOVA

Term	Official definition
Disability	According to the Draft Project of the Law Regarding Inclusion of PWD, disability is “a generic term for impairments / disabilities, activity limitations and participation restrictions that reveals the negative aspect of individual interaction / context.” The government of Moldova also uses the UNCRPD understanding of disability.
People with disabilities	None. An unofficial definition of PWD used by NGOs in Moldova is “a person with physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on equal terms with others.” This approximates the UNCRPD definition of PWD.
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	None

MONTENEGRO

Term	Official definition
Disability	The government of Montenegro uses the UNCRPD understanding of disability. “Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” (http://www.un.org/disabilities/default.asp?id=260)
People with disabilities	The UNCRPD understanding of PWD laid out in Article 1 was incorporated into Montenegro’s Law on Prohibition of Discrimination against Persons with Disabilities. “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.” (http://www.un.org/disabilities/convention/conventionfull.shtml)
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	None

RUSSIA

Term	Official definition
Disability	<p>None. Understandings approximating “disability” in official definitions include the following:</p> <p>“Limitation of life:” full or partial loss of the ability or opportunity of the person to self-service, walk, navigate, communicate, control their behavior, learn and engage in employment. (Federal Law of November 24, 1995 № 181-FZ “On social protection of invalids in the Russian Federation”, p. 1)</p> <p>“Limitations in health possibilities:” any loss of psychological, physiological or anatomical structure or function, or deviation from them, entailing the total or partial restriction of the ability or opportunity to carry out domestic, social, professional or other activity in a way and to the extent considered normal for a human being equal age, social and other factors. Depending on the degree of possibility of compensation or reinstatement, disabilities can be temporary or permanent. (Law of Moscow on April 28, 2010 N 16 “On Education of Persons with Disabilities in the city of Moscow”)</p>
People with disabilities	An “invalid” is a person who has a health problem with persistent disorder of body functions due to illness, the consequences of injury or defect that leads to restriction of activity and causes the need for social protection. (Federal Law of November 24, 1995 № 181-FZ “On social protection of invalids in the Russian Federation,” Article 1)
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	None

SERBIA

Term	Official definition
Disability	None
People with disabilities	<p>According to the Law on Prohibiting Discrimination against Persons with Disability, PWD are “persons with physical, sensory, intellectual or emotional impairment acquired at birth or a later stage of life, who due to social and other barriers cannot fully participate, or are limited in their participation, in social activities at the same level as others, regardless of whether they can participate in activities fully with technical aids or support services or not.</p> <p>According to the Law on Professional Rehabilitation and Employment of Persons with Disabilities, “a person with disabilities shall be the person suffering permanent consequences of bodily, sensory, mental and psychiatric impairment or sickness which cannot be eliminated by any treatment or medical rehabilitation and [who is] faced with social and other limitations affecting his/her working capacity and possibility to find or retain employment and who does not have the possibilities or has reduced possibilities to be included in the labour market or apply for employment on equal terms with other persons.”</p>
Physical disability	None
Sensory disability	None
Intellectual disability	None
Impairment	None

UKRAINE

Term	Official definition
Disability	<p>According to the Rehabilitation of Disabled Persons in Ukraine Act, disability (invalidity) is “a degree of health loss and vital activity limitation that inhibits or strips a certain person of ability or opportunity to perform an activity in a way and within the scope that is commonly accepted as normal depending on age, gender, and social and cultural factors.” (Rehabilitation of disabled persons in Ukraine Act [¶ 1], № 2961-IV, 6 October 2005)</p> <p>According to the Ministry of Health Protection of Ukraine, Instruction for Disability Groups Determination, disability (invalidity) is “social inadequacy (“disadaptation”) as a result of person’s vital activity limitation induced by health problems with constant body functions disorder that demands social protection and help.” (Ministry of Health Protection of Ukraine, Instruction for Disability Groups Determination [¶ 1.1], Order № 183, 7 April 2004)</p>
People with disabilities	<p>According to the Ministry of Justice, a PWD is “a person with constant body functions disorder due to illness/ trauma or with congenital defects, which results in limited vital activity and need of social help and protection.” (Source: www.minjust.gov.ua/0/11521)</p>
Physical disability	None
Sensory disability	<p>A group of disorders which includes visual, hearing, speaking impairments. These disorders limit orientation or communication abilities, thus preventing a person from certain types of labor activity. (Source: http://www.intrud.gov.ua/page/dodatkov)</p>
Intellectual disability	None
Impairment	Loss of health, the presence of disease or infirmity which leads to physical, mental, and social distress.

ANNEX D: INTERNATIONAL NORMS AND STANDARDS THAT ADDRESS THE CHALLENGES EXPERIENCED BY WWD

As noted by UN Enable (n.d.), “Through setting international norms and standards the international community recognizes the need for the gender perspective and the empowerment of women with disabilities to achieve the equal enjoyment of all human rights and development for all, including persons with disabilities.” Examples of such international norms and standards include the following:

- The Fourth World Conference on Women, Beijing Declaration states that “[We are determined to] [i]ntensify efforts to ensure equal enjoyment of all human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement because of such factors as their...disability” (para 32).
- The World Programme of Action concerning Disabled Persons recognizes that the consequences of deficiencies and disablement are particularly serious for women.
- The Standard Rules on the Equalization of Opportunities for Persons with Disabilities recall the provisions in the Convention on the Elimination of all Forms of Discrimination against Women to ensure the rights of women and girls with disabilities. The Standard Rules includes references to women and girls with disabilities under several Rules (e.g., support services, education, and family life and personal integrity).
- The UN Convention on the Rights of People with Disabilities recognizes that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. The Convention has as one of its general principles equality between men and women, and it devotes Article 6 to women with disabilities, which states:
 - 1. The States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.
 - 2. The States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of their basic human rights and fundamental freedoms from this Convention (UN, 2006).