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DISABILITY AND GENDER EQUALITY



Considerations from CBM Australia's meta-evaluation

CBM Australia conducted a meta-evaluation of 26 recent evaluations of projects we have supported, including 19 projects that received support from the Australian Government through the Australian NGO Cooperation Program (ANCP). This summary highlights what we learnt about disability and gender equality.*

CBM Australia's evaluations highlighted examples of good practice in considering gender issues and contributing to changes in norms and roles. There has been an increased focus on the rehabilitation training of fathers and siblings (rather than mothers only) leading to increased involvement in care of children with disabilities and, in some cases, household work. Evaluation findings also confirmed

some common challenges in the meaningful engagement of women and particularly women with disability. They also highlighted the effect of cultural norms around masculinity and its potentially negative impact on health seeking behaviour.

Five key considerations are:

1. Ensure women are not just “in the room”, but actively participating

Women being “in the room” in self help groups and even local government committees that promote disability inclusion does not ensure they are genuinely participating. In a number of projects, women were present but not speaking in meetings. Even being in a leadership position, such as the secretary of a self help group, did not necessarily ensure genuine participation. It is important

to first pay attention to how much women are participating in group processes, and then identify and address the barriers that are preventing more genuine participation of women, appropriate to the context. Examples of strategies that work include encouraging specific group meeting processes that give everyone a clear opportunity to talk, and in some contexts women-only self help groups have been formed.

2. Even in women-only self help groups, ensure specific action to include women with disability

Although development of women-only self help groups has been an important strategy to promote women's participation in some contexts, participation of women with disability may still need to be addressed. There can be a low level of membership of women with disability, even in groups that are designed to encourage their participation specifically (involving members with and without disability). While gender may have been addressed as a barrier to participation, barriers relating to disability still need addressing. This is a reminder that it is important to work very explicitly on inclusion of women with disability, whether the context includes both women and men, or women only.

3. Ensure that gender is integrated throughout a project design and that it is clear who is responsible

Some evaluations raised the issue that the analysis of gender had led to identification of project strategies to address challenges. However, because of a lack of mandate, capacity or time, limited action was taken. Although gender related issues and strategies should ideally be integrated throughout a project design, issues are sometimes identified later. When this happens, there needs to be a clear plan for who is responsible for taking forward any strategies identified. There also needs to be budget included or added, to ensure action is monitored. CBM needs to support partners to ensure action is taken.

4. Remember to consider caregivers' other responsibilities when exploring livelihoods options

In planning livelihood options with caregivers of children with disability (usually women), it is essential to look realistically at the time individuals have available to engage with different livelihood options, particularly small business development.

A caregiver's schedule can already be full with household and caring responsibilities, making some forms of livelihood development unrealistic. Many households experience marriage breakups when there is a child with a disability, meaning a single parent takes on the caring responsibility. This places even further limits on time available. This is a reminder of the importance of individualised livelihood planning and that some livelihood activities may be more realistic in situations where people are very time limited. It may be preferable to link people to government social protection, pensions or other security schemes (where available) that do not require the same time commitment. Some projects are developing savings groups that can be another option in some situations.

5. Consider how gender norms impact men, too!

CBM Australia's evaluations also provided a reminder that consideration of gender may show that men are adversely impacted by gender norms and specific actions may need to be taken to ensure that men are also benefiting from access to services. For example, evidence in one project indicated that fewer men were accessing specific medical services for diabetes management. It was found that this was partly due to the language being used to communicate about diabetes, with the word commonly used meaning both to "be sick" and "pain". Men appeared to be worried that admitting the need for health care was an admission of weakness and an inability to withstand "pain", which did not fit with the norms around masculinity in the area. By understanding these issues, the project could then work towards a more targeted way of communicating with men about their health, increasing their engagement.

* The meta-evaluation was based on evaluations done between 2015-17. This paper on disability and gender equality summarises one of four main learning themes identified. The other themes are: inclusive eye health; disability inclusive education; and design, monitoring, evaluation and learning. Separate papers are available.

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