International Disability Alliance

INCLUSIVE EQUALITY IN EVERY ASPECT OF LIFE

Understanding and using the CRPD Committee's Guidelines on identifying and addressing intersectional discrimination against girls, adolescents, women and older women with disabilities (2026)

ANALYSIS AND TOOLKIT FOR ORGANISATIONS OF PERSONS WITH DISABILITIES

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IDA International Disability Alliance

This publication analyses the Committee on the Rights of Persons with Disabilities' *Guidelines on identifying and addressing intersectional discrimination against girls, adolescents, women and older women with disabilities*, CRPD/C/7, adopted at its thirty-fifth session, 12–27 August 2026

Overview

A woman seeking protection from violence should not have to explain her life separately to a disability service, a women's service and an immigration authority, only to discover that none can respond to the situation she actually faces. A girl should not lose her education at puberty because a school has addressed wheelchair access but overlooked menstrual health, sexual harassment and the communication support she requires. An older woman should not lose control over where she lives because services assume that age and disability make institutional care inevitable.

Discrimination can emerge from the way disability, gender, age and other characteristics interact. Its causes and consequences can disappear when laws, institutions and programmes examine each characteristic separately. The Guidelines require a fuller account of people's lives and a more demanding approach to changing the systems that shape them (paras. 19–23).

The Guidelines respond to a strong need for intensive implementation of Article 6 of the CRPD, and bring together three elements: a legal explanation of intersectional discrimination; an account of its differentiated effects across the life course; and recommendations for government action. Their contribution is both conceptual and practical. They connect violence, legal capacity, health, education, employment, social protection, community living, political participation, climate action and international cooperation within a common equality framework (paras. 1, 25 and 62).

For IDA, the central implication is that women with disabilities must be able to shape the institutions, resources and decisions that affect their lives. Participation must influence priorities and outcomes. Protection must preserve autonomy. Funding must strengthen organisations led by women with disabilities themselves. Evidence must reveal structural barriers while respecting the people whose experiences make those barriers visible (paras. 66(d), 73(d)–(f), 76 and 77).

The most consequential directions for implementation are:

- **Make gender equality and disability inclusion joint responsibilities.** Both must govern laws and programmes. Clear arrangements should prevent authorities from passing responsibility between them (para. 66(a)).
- **Recognise intersectional discrimination in law and practice.** Complaints, evidence and remedies must address interacting grounds and the structures producing unequal treatment (paras. 19, 71 and 78(a), (c)–(d)).
- **Protect autonomy across the life course.** Supported decision-making, direct and free consent, parenting support and community living are central to equality (paras. 37, 44, 73(d)–(f) and 78(f)–(g)).

- **Design services to include the people most often excluded.** Accessibility, individual accommodation and targeted measures must operate together across health, education, employment and crisis responses (paras. 64, 70 and 72–75).
- **Share decision-making and pay for expertise.** Organisations led by women with disabilities require resources, independence and meaningful influence, including within disability and women's movements (paras. 5, 66(d), 76 and 77).
- **Follow the money and measure change.** Budgets, financing arrangements, institutional practices and accountability mechanisms must change alongside policy language (paras. 77(b) and 78(i)–(j)).

The Guidelines are an authoritative interpretative instrument of the expert body monitoring the CRPD, to guide how existing Convention obligations should be understood and implemented. Advocacy should therefore connect their recommendations to the relevant CRPD articles and to the domestic rules and the structures and systems capable of delivering change, with OPDs at the forefront.

Part I. Detailed analysis

1. Why these Guidelines matter

A response to exclusion within equality agendas

The Guidelines identify a familiar combination of failures: disability policies may overlook gender, while gender policies may overlook disability. This produces gaps in representation, services, leadership and evidence (para. 54). These gaps are not resolved simply by mentioning women with disabilities in both sets of documents. The Guidelines makes a stronger demand: disability inclusion and gender equality must each operate as governing principles, supported by joint institutional responsibility and measures that address the barriers women actually experience. (para 66)

This has a direct implication for mainstreaming. A programme cannot demonstrate inclusion solely through its broad eligibility rules or by counting a few participants with disabilities. It must examine who can obtain information, reach a service, make a decision, receive appropriate support, challenge mistreatment and influence how the programme works. The Guidelines combine mainstream inclusion with targeted measures, expressly endorsing a twin-track approach in paragraph 66(b).

The timing is also significant. The Committee describes a context of regressive laws and narratives, threats to gender equality and disability rights, and restrictions on organisations through surveillance, intimidation and funding constraints (para. 2). The analysis therefore extends beyond service provision. It recognises that the freedom and resources to organise are conditions for equality itself.

A life-course approach with an inclusive scope

The Guidelines life-course approach recognizes that discrimination accumulates and changes over time: exclusion from school can narrow employment opportunities; unpaid care can weaken income and pension entitlements; inadequate support can increase the risk of institutionalisation in later life. The Guidelines also recognise women who acquire disabilities later in life, whose experiences may be missed by programmes built around a fixed understanding of disability (paras. 5, 47 and 49–52).

Paragraphs 4 and 5 establish a broad and non-exhaustive scope. They include varied disability experiences, caste, race, Indigenous identity, migration status, geography, poverty, sexual orientation and other characteristics. Paragraph 5 expressly encompasses transgender, intersex, non-binary and other gender-diverse persons with disabilities. This should be implemented with respect for people's own descriptions of their identities, without requiring anyone to adopt a label or disclose sensitive information to obtain support.

For girls and adolescents, a life-course approach must support participation and developing autonomy, with age-appropriate information and assistance. Disability must

not be used to justify excluding a child's views. Implementation should read the Guidelines alongside the CRPD's recognition of evolving capacities and children's right to express their views, with disability- and age-appropriate assistance (CRPD, arts. 3(h) and 7 ; Guidelines, paras. 41, 44 and 72).

Lived experience and OPD representation as expertise

The Guidelines were developed through submissions from women with disabilities and their representative organisations, including calls in November 2025 and June 2026 (para. 3). Chapter II draws on these submissions and testimonies (para. 25). This gives the analysis an evidential grounding in experiences that administrative systems often fail to record. The Committee expressly rejects treating one group as representative of all women with disabilities (para. 21). IDA's use of the Guidelines should preserve that distinction and support women to interpret their own experiences.

2. What intersectional discrimination means in practice

The interaction matters

Paragraphs 10 and 19 distinguish multiple discrimination from intersectional discrimination. Multiple discrimination concerns disadvantage associated with two or more grounds. Intersectional discrimination concerns grounds operating together in a way that creates a distinct experience that cannot be understood adequately by separating them. This is a qualitative distinction, with consequences for evidence, responsibility and remedies.

The Committee illustrates the point through the situation of a deaf migrant woman (para. 20). Consider a hypothetical protection service whose only booking route is a telephone line, whose staff do not arrange interpretation, and whose procedures require immigration documentation. An assessment of gender alone could miss the communication barriers. An assessment of disability alone could miss the consequences of migration status. The combined system may prevent this woman from seeking protection confidentially or safely.

The practical question is therefore not how many disadvantaged categories a person belongs to. It is how rules, decisions and power relations interact to shape her experience. Nor must every case involve three grounds. Two interacting grounds can produce intersectional discrimination. The analysis should remain open to further factors that the person herself identifies as relevant (paras. 4 and 19–20).

Intersectionality also does not displace familiar forms of discrimination. Interacting grounds can shape direct discrimination, an apparently neutral rule with unequal effects, harassment or the denial of reasonable accommodation. The legal analysis should identify the discriminatory mechanism as well as the relevant interaction (General Comment No. 6, paras. 18–19).

From personal characteristics to institutional responsibility

Paragraph 22 places the source of exclusion in environmental, attitudinal, social, economic and cultural barriers. Paragraph 23 examines the systems that produce these barriers, including ableism, sexism, racism, caste discrimination, ageism, sanism and audism. In plain terms, sanism concerns prejudice and oppression associated with mental health and psychosocial disability; audism concerns the privileging of hearing and spoken-language norms over Deaf people and their languages.

These concepts help identify a chain of responsibility. An inaccessible interview is connected to recruitment rules, procurement choices, staff assumptions and budgets. A coerced medical intervention may be connected to guardianship law, gender stereotypes, family pressure and a lack of independent support. An institution's actions can be discriminatory even when presented as care or protection (paras. 26, 37, 39–46 and 78(a)).

The reference to structural systems does not remove the need for a precise legal claim. Paragraph 23 expressly states that this framework does not create new prohibited grounds or additional Convention obligations. An OPD should connect its structural analysis to identifiable acts or omissions, existing rights, responsible actors and a remedy. It need not prove the entire history of a system before seeking an immediate response to a specific violation.

Four questions that improve programme design

The Committee's earlier account of inclusive equality identifies redistribution, recognition, participation and accommodation as connected dimensions of equality. These can be translated into four practical questions: who controls resources; whose dignity and experience are recognised; who influences decisions; and whether services accommodate difference (General Comment No. 6, para. 11).

Applied to a health programme, these questions examine transport and service costs, discriminatory assumptions about sexuality or motherhood, women's role in governing the service, and the accessibility and support needed to use it. A training session may improve recognition while leaving the other dimensions untouched. Intersectional analysis helps expose that incomplete response.

3. Legal significance and the duties of implementation

The legal foundation lies in the CRPD's definition of discrimination, general obligations, equality guarantees and provisions concerning women and children with disabilities. The Guidelines explain this foundation in paragraphs 6–11. Article 6 is cross-cutting: its relevance extends to education, health, work, justice and every other Convention right, rather than being confined to a separate women's programme (CRPD, arts. 2, 4–7).

As a Committee instrument, the Guidelines carry authoritative interpretative weight. They provide a framework for State reporting, legislative review, policy design and advocacy. Their recommendations should be presented accurately as the Committee's interpretation and implementation guidance.

The breadth of the intended audience does not erase differences in legal responsibility. Paragraph 1 addresses States and a wide range of other actors, including businesses, service providers, national human rights institutions, UN entities and OPDs. Paragraph 78 confirms that States bear primary implementation responsibility. States must also regulate and oversee non-State actors; an outsourced service does not remove that responsibility (para. 78(c)). OPDs can support implementation and hold institutions accountable without becoming substitutes for publicly funded services.

Immediate duties and sustained system change

The prohibition of discrimination and the duty to provide reasonable accommodation are immediately applicable. The fact that wider service transformation requires resources does not postpone those duties (General Comment No. 6, paras. 12 and 23–25). Article 4(2) recognises progressive realisation for economic, social and cultural rights while preserving immediately applicable obligations (CRPD, art. 4(2)).

Implementation should consequently distinguish between stopping discriminatory practices now and delivering a funded transition in systems over time. A government can prohibit disability-based exclusion, recognise a woman's decision, provide a required accommodation and investigate violence while also developing a multi-year plan for accessible infrastructure and community support. The plan must have responsible organisations/entities, resources and milestones; a distant strategy cannot justify leaving current violations unanswered (paras. 64, 68, 72 and 78).

The Guidelines repeatedly require prevention. Paragraph 64(a) calls for equality or human rights impact assessments before legislation and policy are adopted. Paragraph 64(b) calls for accessibility and universal design by default. For IDA, this supports scrutiny of decisions before money is committed: procurement specifications, service eligibility, digital systems, school design, public transport, humanitarian plans and fiscal reforms.

Coordination with enforceable responsibility

Paragraph 63(c) calls for coordination across branches and levels of government. Paragraph 66(a) specifies that authorities should address issues jointly rather than defer responsibility elsewhere. Coordination should have practical consequences: a named lead authority, participating institutions, shared objectives, budget responsibilities, an accessible route for complaints and published progress reports.

For example, a school exclusion issue may require education, transport, health and child protection authorities to act together. A coordination committee with no authority over budgets or service standards may document the problem repeatedly without changing it. IDA should therefore assess whether coordination enables decisions and remedies, including at local level.

4. Bodily autonomy, health and family life

The right to decide is central to health equity

The Guidelines identify a profound contradiction. Women may be expected to provide care while women with disabilities are presumed incapable of parenting or deciding about their own bodies (para. 39). The consequences include forced sterilisation, forced contraception, forced abortion, restrictions on relationships and the loss of parental rights (paras. 40–44).

Paragraph 39 records a self-advocate's words after forced sterilisation following sexual violence: "I didn't want it, but to obey my mother, I had to do it." The testimony illustrates why a signed form or family agreement is not enough to establish genuine consent. Authorities must consider information, communication, support, pressure and the person's own decision.

Paragraph 73(d) is particularly clear: consent must come directly from the person concerned, be updated as appropriate and never be replaced by third-party authorisation. Access to health or support services must not be conditional on contraception, sterilisation or another intervention affecting reproductive autonomy. Supported decision-making should enable a woman to understand and communicate her wishes; it must not become a process for persuading her to accept a decision already made by someone else.

Paragraph 73(e) makes an equally practical point: refusing one intervention does not mean refusing health care altogether. A woman who declines a treatment remains entitled to dialogue, information, support and respect for her will and preferences. For girls and adolescents, implementation must also address age-appropriate information, evolving capacities and participation, without allowing disability-based assumptions to erase their agency (paras. 41 and 73(b)–(e); CRPD, arts. 3(h) and 7).

Paragraph 73(f) extends this approach to psychiatric violence, chemical restraint and coercive medical or behavioural interventions. It calls for voluntary, rights-based responses to crises, including peer and community support. The practical task is to make chosen support available without replacing the woman's decision. In end-of-life care and access to life-sustaining treatment, the same paragraph requires respect for agency and rejects decisions based on discriminatory assumptions about disability, dependence, support requirements or the perceived value of a woman's life. Paragraph 73(d)

separately includes end-of-life care within its prohibition of non-consensual or coercive medical intervention.

Reproductive freedom and disability equality belong together

Paragraph 73(c) calls for decriminalisation of abortion, including support to those seeking abortion, and for laws and practices that do not discriminate on the basis of disability or perpetuate stereotypes devaluing disabled lives. It addresses both the actual or perceived disability of a pregnant woman and projected or perceived fetal impairment.

IDA should communicate the whole recommendation. Respect for disability equality must accompany reproductive autonomy, free consent and access to services. The paragraph should not be recast as an endorsement of compelling someone to continue or end a pregnancy. A practical response includes accessible, balanced information, freedom from pressure, and reliable support for women who choose parenthood, including where a child may have a disability (paras. 44 and 73(b)–(e)).

Health systems must change beyond reproductive services

The health recommendations also cover diagnosis, cancer care, menopause, mental health, rehabilitation and the inclusion of women with disabilities as health professionals and researchers. Paragraph 73(a) addresses diagnostic overshadowing: attributing symptoms to an existing disability or diagnosis in a way that obscures a separate health concern. It also addresses gender bias and discriminatory misuse of psychiatric diagnoses or health records.

Paragraphs 42–43 and 73(g)–(h) require attention to the location and character of services. Rural, remote, nomadic and pastoralist communities may need different delivery arrangements. Women with albinism require access to relevant dermatological, cancer prevention and low-vision services. Women with multiple chemical sensitivity may require measures to prevent avoidable harmful exposures. A single accessible clinic in a capital city cannot demonstrate equitable access across these contexts.

The relevant service questions concern the whole experience: whether information is available; appointments can be made; transport is feasible; communication is effective; examinations preserve dignity; decisions are respected; medicines and follow-up are accessible; and complaints lead to remedies. Women with disabilities should take part in designing and assessing each stage (para. 73(g)–(h)).

Parenting support and protection from discriminatory separation

Paragraph 44 describes how disability stereotypes can determine custody and child protection decisions. Paragraph 78(f) requires reform across marriage, divorce, adoption, inheritance, sexuality and reproductive rights. The practical implication is that authorities

should identify the support a parent needs and examine actual evidence, rather than treating disability as proof of parenting incapacity.

The CRPD expressly prohibits separation of a child from parents on the basis of the disability of either the child or one or both parents. It also requires appropriate assistance with child-rearing responsibilities (CRPD, art. 23(2), (4)). An intersectional approach asks how poverty, inaccessible housing, language barriers and the denial of support may be misinterpreted as individual parental failure.

5. Violence, justice and the right to live in the community

Protection must address the conditions that enable violence

The Guidelines describe violence across homes, schools, institutions, communities and humanitarian settings, including violence by partners, relatives, caregivers, service providers and humanitarian actors (paras. 26–28). They identify extreme violence against women with albinism and the ways racism and colonial legacies can intensify harms against Black women with disabilities (paras. 27–28).

This requires prevention and response systems to recognise disability-related forms of control. Removing a communication device, withholding personal assistance, threatening institutionalisation or controlling benefit payments can affect a woman's ability to seek help. An effective response may require accessible housing, independent assistance, income support and communication access alongside investigation and prosecution (paras. 30, 35, 51, 68 and 75).

Safeguarding must not reproduce the same control. A referral that results in involuntary institutionalisation, the loss of legal capacity or the removal of essential technology may create further harm. Paragraph 78(e) expressly states that responses to technology-facilitated violence should not restrict access to technologies essential for communication, health care and independent living.

Credibility, communication and remedies

Paragraphs 32–38 show that access to justice depends on more than physical access to a courtroom. Women with intellectual or psychosocial disabilities and autistic women may have their testimony dismissed because communication differences are misread as unreliability. Deaf and deafblind women may lack sign-language interpretation, tactile communication or other support. Guardianship can prevent a woman from bringing a claim or testifying in her own name (paras. 36–37).

Paragraph 71 calls for legal aid, accessible procedures and effective remedies and reparations. Procedural accommodations in justice must be distinguished from reasonable accommodation: the Committee states that procedural accommodations are not subject to the disproportionality limitation applying to reasonable accommodation

(General Comment No. 6, paras. 25(d) and 51). An OPD should therefore identify the particular access duty instead of accepting a general assertion that support is too costly.

The jurisprudence discussed in the Guidelines illustrates what an intersectional analysis can reveal. In *Z v. United Republic of Tanzania*, the Committee linked the attack and its consequences to the author's situation as a pregnant single mother with albinism; failure to recognise the specific impacts was itself relevant to discrimination (para. 12). In *R.P.B. v. Philippines*, a CEDAW communication, the Guidelines describe how gender, age and disability shaped prejudicial assumptions in rape proceedings involving a young deaf girl (para. 17). These examples show why legal reasoning must recognise the particular harm and the institutional response to it.

Paragraph 71(c) supports remedies addressing both the individual and the structures producing discrimination. Depending on the case and the powers of the relevant body, a remedy may include compensation, restoration of a service or right, accessible support, revised procedures, institutional reform and measures to prevent recurrence. A training workshop alone is unlikely to remedy a discriminatory law or a service system that continues to exclude women.

Deinstitutionalisation is a gender equality issue

Paragraphs 34 and 45–46 reject an understanding of institutions as merely places where care happens. They examine systems that remove choice, privacy, legal capacity and community inclusion. Paragraph 78(g) explicitly connects deinstitutionalisation with substantive gender equality.

The practical implication is that gender-based violence programmes, ageing policies and care reforms must scrutinise institutional arrangements. The question is whether a woman controls where and with whom she lives, her daily routine, relationships and support. A smaller or newly named facility does not resolve those questions if control and segregation remain (para. 46).

Paragraphs 64(e) and 78(g) support time-bound transitions and resource reallocation towards community support. Implementation must also preserve continuity: accessible housing, personal assistance, income, health care and other chosen support must be available through the transition. Moving women out of a building without that support can transfer responsibility to unpaid relatives or expose women to homelessness, violence and re-institutionalisation. This is an implementation implication of reading the community-living provisions with paragraphs 70(b)–(c) and 75.

6. Education, work, income and care across the life course

Education must anticipate exclusion

The education analysis identifies puberty as a point at which inaccessible menstrual facilities, harassment, bullying and gender norms can drive exclusion. It also addresses

access to national sign languages and the exclusion of older women from lifelong learning (para. 47).

Paragraphs 48 and 72 require systemic change, including appropriate teaching methods, accessible materials, communication support, transport, WASH and accountability. Paragraph 72(d) states that segregated classrooms and special schools should not be presented as inclusive education. A programme that reports enrolment without examining attendance, participation, safety, progression and completion can miss continuing exclusion.

For OPDs, an effective education demand should therefore combine immediate support for a particular learner with changes to school systems. This might include accessible menstrual facilities, early sign-language acquisition, a responsive accommodation process, teacher support and independent complaints. Girls themselves must help determine what makes a learning environment safe and usable (paras. 47–48 and 72(b)–(e)).

Economic autonomy requires more than training

Paragraphs 49–53 trace the interaction between discrimination in recruitment, occupational segregation, unpaid work, inadequate social protection and barriers to property and land. Paragraph 74(a) calls for equal pay for work of equal value, protection from harassment and pregnancy discrimination, inclusive recruitment and advancement, and the elimination of sheltered employment and occupational segregation.

Vocational training can be useful, but it does not correct an employer's refusal to accommodate Deaf applicants or a recruitment platform that excludes women using assistive technology. Nor does entrepreneurship replace the right to obtain decent work. Paragraph 74(b) supports enterprise and accessible finance while also addressing the loss of essential disability-related support when someone takes up employment.

An economic inclusion programme should examine income after disability-related costs, job quality, access to social protection and a woman's control over her earnings. Reporting business registrations or training attendance alone says little about economic autonomy. Land and inheritance rights are also central, particularly where caste, Indigenous identity or marital status intersect with gender and disability (para. 53).

Women with disabilities receive and provide care

Paragraphs 51–52 and 75 recognise women with disabilities as both recipients and providers of care. This is a necessary correction to assumptions that women with disabilities are only dependent, or that family care is available without cost to those providing it.

The discussion of *Bellini v. Italy* concerns the consequences of inadequate support for a family caregiver, including lost employment, financial insecurity and impacts on health and family life (para. 13). Its relevance should be explained without equating the situation of every caregiver with that of a woman with a disability. The shared issue is the discriminatory organisation of care and support and its consequences for autonomy and equality.

Paragraph 75 calls for recognition, reduction and redistribution of unpaid care, adequate income, social protection and community support. Supporting caregivers must preserve the rights and choices of the person receiving support. A payment to a relative does not by itself establish that a woman can choose her supporter, leave an abusive household or live independently. Conversely, promoting independence must not depend on another woman supplying unlimited unpaid work.

7. Humanitarian action, peace, climate and digital systems

Crisis response must preserve rights and continuity of support

Paragraphs 56–58 describe exclusion from evacuation and assistance, disruption of health care and support, violence, displacement and increased risks of institutionalisation. Paragraph 70 translates this into measures covering preparedness, response, recovery and reconstruction.

Three elements are especially operational. Women with disabilities must participate in planning; essential support must continue, including communication assistance, personal assistance and replacement of lost assistive devices; and displacement must not become a route into institutionalisation (para. 70(a)–(c)). Paragraph 70(d) also addresses artificial intelligence in emergencies, including the risk that automated systems deprioritise women with disabilities for evacuation or assistance.

An evacuation plan should be tested with women who use different communication methods, require different forms of assistance or live far from transport routes. A distribution system should assess whether registration, documentation, queues and collection arrangements exclude particular women. Recovery budgets should address the pre-existing discrimination that made the crisis more harmful, as paragraph 70(c) expressly requires.

Women, Peace and Security must include disability throughout

Paragraph 59 identifies exclusion from the Women, Peace and Security agenda, peacebuilding and transitional justice. Paragraph 70(a) calls for disability to be mainstreamed across all pillars of relevant National Action Plans.

This creates a clear advocacy entry point. Organisations led by women with disabilities should shape prevention, protection, participation, relief and recovery, including truth-seeking and reparations. Inclusion should not be limited to a reference to vulnerable

groups or an invitation to attend a single meeting. Relevant plans need accessible participation, funded roles and measures addressing the specific exclusion documented by women themselves (paras. 59, 66(d) and 70(a)).

Climate policy must recognise expertise and unequal burdens

Paragraphs 60–61 connect climate change and environmental degradation with increased care responsibilities, food and water insecurity, displacement, violence and exclusion from decisions. They recognise particular concerns for Indigenous and rural women and women with multiple chemical sensitivity.

The implication extends beyond disability access at climate meetings. Adaptation plans, relocation, land decisions, water systems and livelihood programmes should examine who bears additional work and costs, who retains access to support and who can influence decisions. Accessible early warning is necessary; women's authority in shaping adaptation and recovery is equally relevant (paras. 60–61 and 70(a)–(b)).

Digital inclusion needs rights, oversight and remedies

Paragraphs 29–31 address biased algorithms, inaccessible platforms, surveillance and technology-facilitated violence. These concerns connect directly to employment, health, social protection and education, where digital decisions can determine access to essential services.

Paragraphs 63(d), 70(d) and 78(h) support regulation, international cooperation, human oversight and participation by women with disabilities. Practical implementation should require accessible alternatives, understandable explanations, a human route to challenge harmful decisions, testing with diverse users and clear responsibility when a system causes exclusion. These are proposed applications of the Guidelines, rather than a claim that the document prescribes a particular technical standard.

Digital safety also has to preserve access. Confiscating a device may remove a woman's communication, peer support, employment or route to health care. Paragraph 78(e) provides a direct basis for demanding safety responses that address abusive conduct while maintaining the technology she chooses and needs.

8. Participation, knowledge, funding and accountability

Representation must bring influence

Paragraph 5 defines organisations of women and girls with disabilities through leadership, direction and governance by women and girls with disabilities themselves. Organisations working for women with disabilities can be allies, but cannot automatically stand in for representative organisations.

Paragraphs 66(d) and 76(a) require close consultation, active involvement, co-design and shared decision-making. Paragraph 66(d) also calls for adequate resourcing and fair

remuneration of expertise or professional contributions. The Guidelines do not prescribe a universal fee or confer an unlimited veto over public decisions. They do require participation that enables influence, backed by the means to exercise it.Paragraphs 54 and 76(e) place women's leadership within disability and women's organisations squarely within the equality agenda.

Participation also needs protection. Paragraph 76(b) addresses reprisals, intimidation, harassment and economic retaliation. Paragraph 76(e) calls for an enabling environment free from surveillance and legal reprisals. Public visibility should therefore be a choice informed by risk and the wishes of those involved, not a condition for being heard or funded.

Better data must strengthen people's control

Paragraphs 76(c)–(d) and 78(j) combine disaggregated quantitative data with qualitative research, disability-led inquiry and community-led collection. They also call for indicators of the structural conditions producing inequality, not only outcomes.

Disaggregation can reveal what averages conceal. An increase in women's use of a service may coexist with declining access for older deafblind women or women in remote areas. But collecting more identity fields does not automatically improve evidence. In small communities, combinations of age, location, disability and other characteristics can identify someone even after her name is removed.

Paragraph 76(d) therefore makes privacy, autonomy and protection of personal data part of the task. OPDs should help decide which information is necessary, how it is collected, who can access it, how results are interpreted and what is published. The CRPD's data provision also requires safeguards for confidentiality and privacy (CRPD, art. 31). No woman should have to publicly disclose violence, sexuality, migration status or a diagnosis to demonstrate that an inaccessible system needs reform.

Direct and sustainable funding is part of implementation

Paragraph 77 is a particularly useful entry point for international cooperation. It calls for accessible, flexible, predictable and multi-year funding; institutional strengthening; reduced unnecessary administrative barriers; and resources reaching organisations led by women with disabilities directly and equitably, including grassroots and historically underrepresented groups.

These recommendations challenge funding models that pay for activities while leaving leadership, administration, accessible communication, security and organisational continuity unfunded. A short consultation contract may obtain expertise without strengthening the organisation providing it. A grant labelled for women with disabilities may still place decisions and most resources elsewhere.

International cooperation should reinforce national implementation and organisational independence. Paragraph 77(a) also recognises peer learning, disability-led research, South-South and triangular cooperation. These offer ways for women to share practical knowledge across contexts without assuming that a model developed in one country will transfer unchanged.

Fiscal choices and historical responsibility

Paragraph 78(i) calls for adequate public financing, assessment of budget impacts, avoidance of retrogressive measures and progressive reallocation of resources from institutional, military and carceral systems towards disability inclusion, gender equality and community support. This is an explicit recommendation of the Committee and should be attributed as such.

Its practical significance is to make spending priorities open to equality scrutiny. OPDs can examine whether public resources sustain exclusion while chosen support, accessible services and representative organisations remain underfunded. The paragraph does not establish a numerical defence-spending limit, an automatic budget transfer or a fixed allocation to OPDs. A credible demand should identify the relevant expenditure, the proposed alternative and the expected rights outcome.

Paragraph 78(b) also recognises a particular responsibility of States that have benefited from, or perpetuate, historical and structural systems such as colonialism and enslavement. Read with paragraph 23, this supports attention to continuing structural effects and measures to remove them. It should not be presented as a complete legal determination of liability or compensation owed by a particular State in an individual case.

9. An implementation agenda for IDA and its partners

What the Guidelines add, and what they leave to implementation

The Guidelines consolidate existing jurisprudence while bringing together a detailed life-course approach, structural analysis, participation, technology, funding and sectoral recommendations. Their value lies in the connections they make. They show how legal capacity affects health, how income affects the ability to leave violence, how school exclusion affects later economic security, and how institutional funding decisions shape personal autonomy. The Guidelines use qualitative evidence and do not provide global prevalence estimates for the harms described (paras. 25 and 62). The toolkit below addresses practical implementation choices for consideration of key stakeholders.

Five priorities for collective action

- **Secure country-level implementation arrangements.** Seek a named coordinating authority, a funded workplan and independent monitoring, with women-led OPDs involved in decisions and review (paras. 63(c), 66(a) and 78(c)).

- **Choose reforms through women's priorities.** Start with barriers women identify as urgent, while linking immediate solutions to wider legislative and service change (paras. 63(b), 64 and 76(a)).
- **Build alliances with clear leadership.** Bring together women-led OPDs, wider disability organisations, women's movements and other equality organisations, with explicit arrangements for representation, funding and accountability (paras. 5 and 76(e)).
- **Align funding with the required transformation.** Support organisational costs, accessible participation, evidence, advocacy and monitoring alongside programme delivery (paras. 66(d) and 77).
- **Judge success through rights and power.** Measure whether women gain control, access effective services, obtain remedies and influence decisions, as well as whether discriminatory rules and resource allocations change (paras. 71(c), 76 and 78(j)).

Paragraph finder

Use this table to move between an advocacy issue and the relevant parts of the Guidelines. The recommendations are non-exhaustive, and provisions should be read together.

Issue	Analysis and evidence	Principal recommendations
Scope, diversity and life course	1–5; 21	63(b); 76(a)–(b)
Meaning of intersectional discrimination	6–24	63(a); 78(a)
Prevention and government coordination	21–23; 54	63(c); 64; 65–66
Violence, including violence against women with albinism	26–28	68; 71; 78(c)–(e)
Digital violence and artificial intelligence	29–31	63(d); 70(d); 78(e), (h)
Legal capacity and access to justice	32–38	71; 73(d); 78(a), (c)–(d), (f)
Bodily autonomy and health	39–43	73(a)–(h)
Marriage, parenting and family life	39–44	73(d); 78(f)
Institutionalisation and community living	34–35; 45–46	64(e); 70(c); 75; 78(g), (i)
Inclusive education and lifelong learning	47–48	64(d); 72
Work, income, care and property	49–53	74–75; 78(f)–(g)
Political participation and leadership	54–55	66(c)–(d); 76(a)–(b), (e)
Humanitarian action and displacement	56–58	70
Women, Peace and Security; transitional justice	58–59	70(a)–(c); 71(c)

Issue	Analysis and evidence	Principal recommendations
Climate and environmental change	60–61	70(a)–(b)
Stereotypes and awareness	21–23; 26–61	67; 69
Data, research and privacy	54	76(c)–(d); 78(j)
International cooperation and organisational funding	2; 54–55	77(a)–(b)
Public financing and historical responsibility	23	78(b), (i)

Part II. An OPD toolkit for feminist action

Women and girls with disabilities have the right to make decisions about their bodies, relationships, work and futures. They also have the right to shape the laws, services and spending decisions that affect their lives.

This toolkit helps organisations of persons with disabilities, especially organisations led by women and girls with disabilities, put the CRPD Committee's Guidelines into practice. It can also support joint action with feminist organisations, women's movements and other allies.

Its starting point is simple: women with disabilities should lead the work, choose the priorities and decide what change would mean for them. That includes examining power within our own organisations: who speaks, who decides, who gets paid and whose experiences are overlooked.

The Guidelines recognise women and girls across the life course and expressly include transgender, intersex, non-binary and other gender-diverse persons with disabilities. They recognise organisations led and governed by women and girls with disabilities themselves, including grassroots and self-help groups (paragraph 5).

Use whichever tools are useful to your group. You can begin with one shared concern and one clear demand. The exercises, templates and suggested timetable are practical ways to use the Guidelines; they are our suggestions, rather than additional requirements adopted by the Committee.

All paragraph references below refer to the Guidelines, CRPD/C/7,

Tool 1. Make sure women with disabilities lead

A feminist approach begins with who has power over the work. Women with disabilities should decide what matters, how to act and who can speak on their behalf.

The Guidelines call for shared decision-making, properly funded participation and fair payment for expertise (paragraph 66(d)). They also call for women's leadership within both OPDs and women's rights organisations, and for partnerships across movements (paragraph 76(e)).

Agree how you will work together

Before organising a campaign, consultation or meeting, discuss these questions:

- **Who will lead?** Agree which women-led organisation or group will guide the work. Decide who can approve priorities, public statements and spending, and how they will report back to other members.

- **Whose voices are missing?** Think about women with different disabilities, girls and older women, women living in poverty or rural areas, Indigenous and racialised women, migrants, refugees and others who are often excluded locally. Ask what would make participation possible for them. No one should have to disclose a private identity or experience to join.
- **What does each person need to participate?** Ask privately and budget accordingly. This may include sign language interpretation, easy-to-read information, personal assistance, transport, childcare, sensory adjustments, breaks or a way to contribute without travelling.
- **Who is being paid?** Agree payment for preparation, expertise and follow-up. Arrange advance payment of costs where needed. Women should not have to borrow money to participate in a discussion about their rights.
- **How will decisions be made?** Make space for disagreement and for people who need more time to communicate. Check that the final position reflects what participants agreed.
- **How will you protect each other?** Agree safe contact methods, confidentiality and how to respond to harassment or intimidation. Sharing a personal story must always be a choice.

Paragraph 76(a) asks States to include women who are often absent from representative structures. Paragraph 76(b) calls for accessible participation and protection against reprisals, harassment and economic retaliation.

For a first meeting

Allow time for everyone to communicate comfortably. Ask:

1. What is making life harder or limiting our choices?
2. Which issue do we want to act on together?
3. Who has the power to change it?
4. What support and money do we need?
5. What will each of us do next?

Write down the agreed priority, who will lead, the access arrangements, the budget and the next meeting date. Offer another way to contribute for anyone who cannot attend.

Ask yourselves afterwards: Did women with disabilities actually shape the decision? Who still needs to be heard?

Tool 2. Understand what happened and what needs to change

Women are often expected to adapt to systems that exclude them. This tool helps turn attention towards the rules, assumptions and decisions producing that exclusion.

The Guidelines call on States to address interconnected systems of discrimination and unequal power, including sexism, ableism, racism, caste discrimination and ageism (paragraph 63(a)). Paragraph 78(a) calls for laws that explicitly recognise and prohibit intersectional discrimination.

Work through these questions with the woman or group concerned, using their preferred way of communicating.

1. What were you trying to do?

For example: obtain contraception, leave a violent relationship, attend school, apply for work, keep custody of a child or remain in your own home.

2. What happened?

Record what was said or done, who made the decision and whether the problem is continuing. Separate what is known from what still needs checking.

3. What assumptions or barriers shaped the response?

Was she treated as incapable of deciding? Was an older woman assumed to need institutional care? Did staff expect a daughter to provide unpaid support? Did cost, language, racism or inaccessible communication affect what happened?

4. How did these barriers work together?

This is the central question. Paragraphs 19–23 explain why examining gender, disability or other factors separately can miss the discrimination a woman experiences.

For example, a shelter may welcome women escaping violence but offer no accessible communication. Its reliance on relatives to interpret may then make it impossible for a Deaf woman to seek help privately.

5. What evidence do we already have?

Her account matters. Other evidence might include messages, application forms, policies, photographs of access barriers or accounts from other women. Record gaps honestly. Urgent support should not have to wait for a complete research file.

6. Who can change the situation?

Name the person or institution controlling the decision: a school, employer, service manager, ministry, local authority or regulator.

7. What does she want to happen?

She may want a service, an apology, compensation, a change in policy, a confidential complaint or no further action. Respect her choice. Discuss both immediate support and changes that could prevent the same harm happening again.

Paragraph 71(c) recommends remedies that address the harm suffered and, where appropriate, change the structures and power relations behind it.

8. Which recommendation supports the demand?

Choose the most relevant paragraph. For example:

- Decisions about health and reproduction: **73(b)–(f)**.
- Inclusive education: **72**.
- Employment discrimination and equal pay: **74(a)**.
- Unpaid care and income support: **75**.
- Marriage, parenting and family life: **78(f)**.
- Community living: **78(g)**.

A sentence to help bring it together

"Women are being prevented from [doing what] because [rule or practice]. This particularly affects [the women concerned] because [how the barriers interact]. We want [responsible institution] to [specific change], in line with paragraph [reference]."

Use the woman's experience to explain the problem without assuming that every woman sharing her identity has experienced the same thing.

Tool 3. Ask whether a service works for the women who need it

A service can appear inclusive on paper while remaining difficult, humiliating or impossible to use.

Review it with women with disabilities, including women who tried to use it and could not. Look at the whole experience: finding information, getting there, communicating, making decisions, receiving support and raising a concern.

Paragraph 78(a) says services should be available, accessible, acceptable and of good quality. Paragraph 64(b) calls for accessibility to be built into laws and policies from the start.

Work through these ten areas

- **Whether the service exists.** Is it available where women live? Are staffing, opening hours and support adequate? Relevant recommendations: **64(b) and 73(g)**.

- **Information and contact.** Can women find information and make contact in a language and format they use? Is there an option for someone without internet access? Relevant recommendations: **73(b) and 76(b)**.
- **Getting there and using the space.** Are transport, entrances, equipment and toilets accessible? Does the environment meet sensory and other access requirements? Relevant recommendations: **72(b)–(c) and 73(g)–(h)**.
- **Costs and eligibility rules.** Do fees, travel costs or paperwork prevent access? Do benefit rules make women fear losing essential support? Relevant recommendations: **74(b) and 75**.
- **Choice and consent.** Do staff speak directly to the woman? Can she get support to decide? Is someone else being allowed to override her decision? Relevant recommendations: **73(d)–(e)**.
- **Safety and privacy.** Can she seek help privately? Can she report abuse without losing the support she depends on? Relevant recommendations: **68, 71(b) and 78(e)**.
- **Respectful treatment.** Are concerns taken seriously? Do sexism, racism, ageism or disability stereotypes affect the response? Relevant recommendations: **67 and 73(a), (g)–(h)**.
- **Continuity and community living.** Can support continue during a crisis? Are women being pushed towards institutions because community support is unavailable? Relevant recommendations: **70(b)–(c) and 78(g)**.
- **Women's influence.** Have women with disabilities shaped the service and its budget? Were their access costs and expertise paid for? Relevant recommendations: **66(d) and 76(a)–(b)**.
- **Complaints and redress.** Is there an accessible, independent way to challenge a decision and obtain a remedy? Relevant recommendations: **71 and 78(c)–(d)**.

For each area, record: **working, partly working, not working, or not yet checked**. Explain what led to that assessment.

Keep serious harms visible. Good access to a building cannot cancel out forced treatment, abuse or a woman being denied the right to decide.

Turn each finding into an action

Record:

- What needs to change.
- Who is affected.
- Who has responsibility.
- What funding or support is needed.
- When the change should happen.

- How women using the service will check whether it works.

Where someone faces immediate harm, agree a safe response with her before continuing the wider review.

Tool 4. Listen to women and respect their control over their stories

Sharing an experience of discrimination can take courage and energy. A woman may also face consequences if her family, employer, service provider or community learns that she has spoken.

A feminist approach to evidence respects her choices from the first conversation to the final publication.

Paragraph 76(d) calls for research led by persons with disabilities and for women-led OPDs to be involved throughout the use of data. It also requires protection of privacy and autonomy. Paragraph 71(a) calls on justice systems to address the disbelief women with disabilities face.

Before asking someone to share

Explain, in an accessible way:

- Why you are collecting information.
- What she would be asked to do.
- Who would see her account.
- What you hope the work will achieve.
- What you cannot promise.
- How she can pause, stop or decline a question.

Let her choose how to communicate and whether she wants a supporter present. Where possible, check privately that she has chosen that person freely.

A diagnosis or communication difference is not a reason to disregard her decisions. Girls should receive age-appropriate information and support to express their views. Check any applicable consent and safeguarding requirements, including limits to confidentiality, before collecting sensitive information.

Ask separately about different uses

Agreement to speak with you does not automatically mean agreement to:

- Be recorded.
- Have her words quoted.
- Be named or photographed.

- Have information sent to a public authority.
- Appear in a report, campaign or social media post.

Record each choice. Offer the chance to review quotations and descriptions before they are used. Explain how withdrawal works and any limits once material has been published.

Access to support must never depend on agreeing to publicity.

Collect only what is needed

Keep her account distinct from your interpretation. Record the barriers, decisions and changes she wants without gathering unnecessary personal details.

Use a case code, keep contact information separately and limit access to people who need it. Agree when records will be deleted. In a small community, changing a name may not be enough to protect someone's identity.

External recording, transcription or AI services can create additional privacy risks. Check those risks and obtain explicit, informed agreement before putting identifiable testimony into such a system.

Respond with care

If someone describes immediate danger, pause and discuss safe support options. Work within your team's skills and seek appropriate help. Decisions about confronting an alleged perpetrator, making a complaint or publishing an account must take her wishes and safety seriously.

Finally, report back. Tell her what happened to the work, including when an institution refused to act. Women who share their experiences should be able to see how their contribution was used.

Tool 5. Make a clear demand for change

A useful advocacy brief helps the reader understand what is happening, why it matters and what they need to do.

The Guidelines give OPDs strong recommendations to use. Paragraph 66(a) calls for gender equality and disability authorities to take joint responsibility. Paragraph 63(c) calls for coordination across government. Paragraph 71(c) supports remedies that address the causes of discrimination.

Aim for a brief of one or two pages, with five parts.

1. The change we want

State it plainly.

For example: “We want the district health service to provide accessible sexual and reproductive health information and obtain consent directly from women with disabilities, with support for decision-making where they choose it.”

2. What women are experiencing

Explain the barrier and whose lives it affects. Include evidence and, where freely agreed and safe, a short personal account. Say where information is incomplete.

3. What the Guidelines recommend

Choose the provisions closest to the issue. In the health example, paragraph 73(b) addresses accessible information and services, while paragraph 73(d) requires support for women’s own decisions and an end to third-party authorisation replacing their consent.

Connect these recommendations to relevant CRPD rights and national law where applicable.

4. What action and resources are needed

Set out the immediate change, any wider reform, the responsible institution and the proposed dates. Include payment and access support for women involved in designing and checking the response.

5. How we will know it happened

Ask for a written commitment and agree how women will assess the result.

Text to adapt

“We are asking [institution] to remove [barrier]. Women with disabilities in [place] have described [what is happening and its effect on their lives].

“Paragraph [reference] of the Guidelines recommends [relevant action]. We ask you to [specific change], with an agreed budget and timetable.

“Women with disabilities and their representative organisations should help design and review the response. Please confirm who will lead this work, how their participation will be funded and when we will receive a written decision.”

At the meeting, ask

- What can you change now?
- Who controls the decision and the money?
- What will you do about the wider rule or practice?
- How will women with disabilities shape the response?
- When will we hear back?

Afterwards, send an agreed account of the commitments and set a date to check progress. Where an immediate obligation is being breached, a proposed longer-term timetable should not become a reason to leave the breach unaddressed.

Tool 6. Follow the money and fund women's organising

Women with disabilities need resources to organise, build knowledge, challenge discrimination and sustain their organisations. Expecting them to do this through unpaid work can deepen the inequalities the work is meant to address.

The Guidelines are explicit. Paragraph 77(b) calls for flexible, predictable, accessible, multi-year funding that strengthens organisations and reaches women-led groups directly and equitably, including grassroots and historically underrepresented groups.

Paragraph 77(a) also calls for international cooperation and feminist foreign policies to strengthen women's leadership and respond to priorities women with disabilities identify themselves.

Questions for governments and donors

- Who chose the priorities?
- Who decides how the money is spent?
- Can women-led OPDs receive funding directly?
- Which application requirements exclude smaller or newer groups?
- Does the grant cover salaries, leadership, accessibility, administration and safety?
- Is expertise paid fairly, as paragraph 66(d) recommends?
- Can funding respond when women's priorities or circumstances change?
- How much money reaches the women-led organisation, and how much is retained elsewhere?
- If another organisation manages the grant, did the women-led group choose that arrangement? Does it retain control over its priorities?
- Does the programme depend on women taking on more unpaid care or organising work?

Paragraph 75 calls for care policies that recognise, reduce and redistribute unpaid care, and challenge the assumption that women should carry it.

Build a budget that reflects the real work

Include funding for:

- **Leadership and paid expertise:** preparation, organising, research, meetings and review time.
- **Accessible participation:** interpretation, accessible materials, transport, personal assistance, childcare and other agreed support.
- **Reaching women who are often excluded:** local visits, peer networks, community meetings and offline communication.
- **Evidence and advocacy:** listening sessions, policy work, accessible publications and follow-up.
- **Keeping the organisation running:** staff, finance, administration, premises, technology and governance.
- **Safety and changing needs:** agreed protection measures and flexibility when circumstances change.

Cost the support people actually need. Agree reporting arrangements that a grassroots organisation can manage.

Look at the wider spending choices

Ask whether public money expands women's choices or supports segregation and control.

Paragraph 64(e) calls for resources to move progressively from institutions towards community-based support, gender equality and disability inclusion. Paragraph 78(i) recommends reviewing the effects of budget decisions on women with disabilities and progressively reallocating resources from institutional, military and carceral systems towards those priorities.

These recommendations can support questions about spending priorities: what could be funded, whose needs are being deferred, and what choices are being made?

Leave a funding discussion with clear answers

Record who will receive the money, how much, for how long, who controls it, what it covers and when the arrangement will be reviewed. When calculating the share reaching women-led OPDs, define the total budget clearly and avoid counting the same transfer twice.

Tool 7. Check whether women's lives and choices are changing

Agree what success would look like with the women concerned.

It might mean seeing a doctor privately, returning to school, controlling personal assistance, getting paid fairly or being able to challenge a discriminatory decision.

Paragraph 78(j) calls for monitoring that examines outcomes and the conditions producing inequality. Paragraphs 76(c)–(d) call for women's lived experiences to inform data, research and decisions.

Choose a small number of questions your group can realistically follow.

- **Has a discriminatory rule changed?** Look at the revised rule, when it took effect and women's experience of how it is applied. Relevant recommendations: **78(a) and (f)**.
- **Are women influencing decisions?** Record which proposals were accepted or refused, the reasons given and women's own assessment of their influence. Relevant recommendations: **66(d) and 76(a)**.
- **Are women getting the access support they request?** Track requests made, support delivered, delays and refusals. Ask whether the support worked for the woman concerned. Relevant recommendations: **72(b) and 74(a)**.
- **Can women obtain the service they need?** Gather accounts from women who received it and women who could not, alongside available service records. Relevant recommendations: **73(g) and 78(j)**.
- **Do women have more control over support?** Ask whether they can choose supporters, make decisions and change arrangements. Relevant recommendations: **73(d) and 78(g)**.
- **Are girls able to learn and participate safely?** Look at attendance, progression and completion, together with girls' accounts of safety, belonging and support. Relevant recommendation: **72**.
- **Is funding reaching women-led OPDs?** Record money received directly, the duration and flexibility of grants, and who controls spending. Relevant recommendation: **77(b)**.
- **Have remedies actually been delivered?** Check whether agreed or ordered action happened and whether it addressed the harm. Relevant recommendations: **71(c) and 78(c)**.

For each question, record what the situation is now, what change you want, when you will review it and who will gather the information.

Read the evidence carefully

More complaints may mean women feel safer reporting. Fewer complaints may mean they have lost trust or cannot reach the complaints process. Ask women what they think is happening.

Where you use percentages, explain who is included in the total. A measure based only on people who reached a clinic will miss women who could not get through the door.

Look for differences between groups where it is useful and safe. An overall improvement can hide continuing exclusion of women with particular disabilities or women living in remote areas.

Protect identity and privacy. Avoid publishing small groups or combinations of details that could identify someone. Mark missing information as unknown.

At each review, ask: What changed? For whom? Who is still being excluded? What needs to happen next?

Tool 8. Decide how to seek justice and accountability

Women with disabilities should be able to challenge discrimination and obtain a remedy without being dismissed, disbelieved or placed at further risk.

Paragraph 71(a) calls for action against systemic disbelief and impunity. Paragraph 71(b) calls for accessible legal aid and support. Paragraph 78(c) calls for independent complaints and oversight mechanisms, including for abuse and discrimination by private providers.

Begin with the woman's wishes. Does she want a decision changed, support restored, an investigation, compensation, protection or a wider change in the law?

Consider the available routes

- **A complaint to a service provider or regulator** may help correct a decision or lead to an investigation of a service's practice. Find out who can act, how quickly, and what protects the person from retaliation.
- **An equality body, national human rights institution or independent monitoring body** may be able to examine discrimination, investigate or recommend wider changes, depending on its powers. Check its mandate, independence and available communication support.
- **A court or tribunal** may provide a remedy under national law. Find out about the legal grounds, deadlines, possible costs, legal aid and access support.
- **A submission to the CRPD Committee during a country review** can bring patterns of discrimination to international attention and support recommendations to the State. Check the review timetable, submission arrangements and confidentiality options.
- **Other UN mechanisms** can help raise connected concerns about women's rights, children's rights or other violations. Identify which mechanism fits the issue and what it can realistically do.
- **An individual complaint under the CRPD Optional Protocol** can seek the Committee's findings on an alleged violation affecting identifiable people. Check whether the State has joined the Protocol and whether the complaint meets its legal conditions.

For a country-review submission

Explain:

- What women are experiencing.

- How gender, disability and other factors interact.
- What the State has done or failed to do.
- Which CRPD rights and Guidelines recommendations apply.
- What you want the Committee to recommend.

Women-led OPDs should choose the priorities and approve the use of their evidence. A State does not need to have joined the Optional Protocol for OPDs to contribute to its CRPD reporting process.

For an individual complaint

Get specialist support to check consent, authority to act, deadlines and admissibility. Domestic remedies normally need to have been exhausted, subject to the exceptions in the Optional Protocol. Previous or ongoing examination by another international procedure can also matter.

The Committee may request interim measures to prevent irreparable harm after receiving a communication. It also has a separate inquiry procedure for grave or systematic violations, subject to the Protocol's conditions. These procedures do not replace immediate support or guarantee a particular outcome.

Throughout, keep the woman informed and able to make choices about the case. Paragraph 71(c) supports her involvement in shaping remedies, including measures to prevent the same discrimination happening to others.

Tool 9. Make a plan for the next three months

A group can begin with one priority and build from there. Choose something women want to change, identify who controls it and agree how you will pursue it together.

The Guidelines support this approach through their recommendations on women's active involvement, coordination, funding and accountability (paragraphs 63(b)–(c), 66(d), 76–78).

The timetable below is a suggestion. Adapt it to the group's pace, access requirements and local opportunities. Act sooner where someone faces ongoing harm.

Days 1–15: Come together and choose a priority

Bring women together, agree access and support, and decide what you want to change. By the end of this stage, aim to have a shared demand and agreement on who will lead.

Days 16–30: Understand the problem and who can change it

Listen to experiences, gather existing evidence and find out who controls the decision. Aim to have a clear explanation of the problem and a safe plan for any further evidence you need.

Days 31–45: Work out the changes and resources needed

Review the relevant service or policy and consider what change would require. Prepare proposed actions and a realistic budget.

Days 46–60: Present the demand and seek a commitment

Meet the responsible institution or decision-maker. Seek a written response identifying the action, who is responsible, the money available and the dates for delivery.

Days 61–75: Check what is happening

Find out what has changed and hear from women affected. Keep a record of progress, delays and remaining barriers.

Days 76–90: Review together and decide what comes next

Discuss the result, prepare an accessible update and revise the plan.

Before starting, agree

- Who will lead and how decisions will be made.
- Which public institution or service is responsible.
- Which allies can offer legal, financial or practical support.
- What work will be paid and what resources are missing.
- How personal information and safety concerns will be handled.
- When the group will check progress.

Build in rest, access support and a fair distribution of work. A campaign should be organised so that women can sustain their involvement.

At the three-month review

Ask:

- Has anything changed in women's daily lives?
- Has a rule, decision or spending choice changed?
- Which women have benefited, and whose concerns remain?
- Did the work strengthen women's leadership?
- Were participants properly supported and paid?
- What should we do about commitments that were delayed or refused?

Share the findings in accessible ways, including when public reporting would be unsafe. Agree the next action and who will take it.

Tool 10. Practise with three everyday situations

These are fictional examples for discussion. Use them to explore how the Guidelines can support action, while recognising that women with similar identities may have very different experiences.

Example A. A Deaf migrant woman cannot get help to leave violence

A woman wants help from a protection service. Its main contact route is a telephone helpline. Staff rely on relatives to interpret and ask for documents she cannot readily provide. She does not want her partner to know she is seeking support.

What is going wrong?

Inaccessible communication, migration-related requirements and a partner's control combine to block her access to safety. She needs a response that understands these barriers together.

What do the Guidelines recommend?

Paragraph 20 uses the example of a deaf migrant woman to explain intersectional discrimination. Paragraph 68 calls for accessible protection, support and remedies. Paragraphs 71(a)–(b) call for justice systems that respond to women's experiences and provide accessible support.

What could happen now?

Ask how she wants to communicate and what would be safe. Arrange independent communication support and discuss protection options with her. Check the documentation requirements and possible alternatives. Seek support that respects her decisions and confidentiality.

What wider change should the OPD seek?

Ask the service to fund confidential, accessible contact routes and interpretation, review exclusionary paperwork requirements and establish a complaints route women can use safely. Women with disabilities should help design and test the changes.

How would we know it worked?

She can contact the service privately, understand her options and obtain help she chooses. Other women facing similar barriers can also use the service. The review includes women whose earlier attempts to seek help failed.

Example B. An older woman is told she must move into residential care

An older woman needs more support. She wants to stay in her community, but the only funded option offered is a residential facility. Her daughter is expected to provide unpaid care while the move is arranged.

What is going wrong?

Assumptions about age and disability are limiting the older woman's choices. Expectations about women's unpaid care are also shaping the daughter's life. Both women's rights and wishes need to be heard.

What do the Guidelines recommend?

Paragraph 75 calls for adequate support and care policies that reduce and redistribute unpaid work. Paragraph 64(e) recommends moving resources towards community-based support. Paragraph 78(g) calls for community living and time-bound deinstitutionalisation strategies, recognising their importance for gender equality.

What could happen now?

Speak directly with the older woman about the support she wants. Offer accessible information and decision-making support if she chooses it. Find out what community options and immediate assistance are available.

Ask the daughter what support she is willing and able to provide. Family relationships should not be treated as an unlimited supply of unpaid labour.

What wider change should the OPD seek?

Challenge funding and eligibility rules that make institutional placement the only realistic option. Seek adequately funded community support, housing options and income protection that respect both women's autonomy.

How would we know it worked?

The older woman can choose where she lives and how she is supported. Her daughter can make choices about her own work, time and relationships. Support remains reliable without depending on either woman giving up her rights.

Example C. A girl stops going to school after puberty

A girl with a disability attends a rural school. After puberty, she begins missing classes. The accessible toilet offers little privacy, transport is unreliable and staff respond to harassment by suggesting she stay at home.

What is going wrong?

The school is failing to respond to disability-related barriers, menstrual health needs and gender-based harassment. Distance and transport make the situation harder. The responsibility to fix these conditions is being shifted onto the girl.

What do the Guidelines recommend?

Paragraph 72(c) specifically addresses bullying, inaccessible transport, accessible water and sanitation, and menstrual health. Paragraph 72(b) calls for individual support and accessible learning environments. Paragraph 72(d) recommends no-rejection policies, and paragraph 72(e) calls for independent monitoring with women with disabilities actively involved.

What could happen now?

Ask the girl what is happening and what would help her feel safe and able to learn. Use communication and support appropriate to her age and preferences. Work with her and appropriate supporters to address privacy, sanitation, transport, harassment and learning support.

What wider change should the OPD seek?

Ask the school and education authority to agree a funded plan covering these barriers, with clear responsibilities and dates. Involve girls with disabilities in reviewing the changes. The response should secure her place in inclusive education.

How would we know it worked?

She can attend regularly, participate in lessons and use the facilities with privacy and dignity. She says she feels safer and has someone she trusts to approach when something goes wrong. Check whether other girls facing similar barriers are benefiting too.