WHO’S MISSING? WOMEN WITH DISABILITIES IN U.N. SECURITY COUNCIL RESOLUTION 1325 NATIONAL ACTION PLANS

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I. INTRODUCTION

Despite progress made through a series of United Nations Security Council Resolutions (UNSCR), beginning with the groundbreaking UNSCR 1325 in 2000, to give women a place at the table in post-conflict peace building and reconciliation, women with disabilities are missing and ignored and have not had a role in these processes. Women with disabilities are excluded both in practice and formally, through the various United Nations (U.N.) resolutions and policy documents, including the UNSCR 1325 Indicators and the UNSCR 1325 National Action Plans, each country is to prepare.

Women with disabilities face unique challenges and offer unique perspectives, which enable them to make important contributions to the peace-building process. Moreover, their participation ensures that their needs and concerns are addressed and effectively represented. Emancipatory gender politics require the consideration and recognition of the intersectionality and multiple dimensions of women’s lives. The 2011 Report of the United Nations Special Rapporteur on Violence Against Women focuses on the multiple and intersecting forms of discrimination

that contribute to and exacerbate violence against women.\textsuperscript{4} According to the report, disability is a factor, along with age, access to resources, race/ethnicity, language, religion, sexual orientation, and class, which can exacerbate the discrimination against and marginalization of women.\textsuperscript{5}

Furthermore, pursuant to the U.N. Convention on the Rights of Persons with Disabilities (CRPD), especially Article 6 on Women,\textsuperscript{6} and the U.N. Interagency Support Group for the U.N. Convention on the Rights of Persons with Disabilities,\textsuperscript{7} both the concerns of and the participation of women with disabilities must be incorporated into these efforts. Additionally, the parallel provisions in the CRPD and the U.N. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) on conflict and post-conflict situations brings into focus the synergy between the two treaties.\textsuperscript{8}

II. WHAT ARE UNSCR 1325 NATIONAL ACTION PLANS?

In 2010, the United Nations Secretary General submitted to the Security Council, for consideration, a set of indicators\textsuperscript{9} for use at the global level to track implementation of UNSCR 1325. These indicators could serve as a common basis for reporting by relevant United Nations entities, other international and regional organizations, and Member States on the implementation of UNSCR 1325 and beyond. In monitoring the implementation of UNSCR 1325, “[i]ndicators are signposts of change; a means for determining the status quo and the progress towards intended results. Indicators are critical for effective monitoring and evaluation,” and serve as mechanisms for accountability to all stakeholders by demonstrating


\textsuperscript{5} \textit{Id}. ¶ 73.


\textsuperscript{9} \textit{Women and Peace and Security}, \textit{supra} note 4.
progress.\textsuperscript{10} Regrettably, however, these indicators lack factors to measure both the inclusion of women and girls with disabilities and the issues concerning them.\textsuperscript{11}

Assessment of the progress of UNSCR 1325 implementation with respect to women with disabilities “is constrained by an absence of baseline data and specific, measurable, achievable, relevant and time-bound indicators.”\textsuperscript{12} Without such indicators, the different experiences of women with disabilities will not be reflected in reporting. A review of current UNSCR 1325 National Action Plans and other reports show this to be the case.

In two important Statements of the President of the U.N. Security Council, issued in 2004\textsuperscript{13} and 2005,\textsuperscript{14} the Security Council called on Member States to apply UNSCR 1325 domestically by developing National Action Plans (NAPs) or other national level strategies encompassing the goals of the Resolution.\textsuperscript{15} In these statements, the Security Council called on Member States to continue to implement UNSCR 1325 through the development of NAPs or other national level strategies.\textsuperscript{16} The creation of a national action plan provides an opportunity to initiate strategic actions, outline priorities, identify the levels and sources of fiscal and other resources necessary to implement the plan, determine and assign the responsibilities for implementation, and establish realistic benchmarks and timeframes.\textsuperscript{17} The process of developing a plan is also one of capacity building in government and civil society, which helps to overcome gaps and challenges to the full implementation of UNSCR 1325.\textsuperscript{18} There are currently thirty-four countries that have adopted such policy plans at the national level, and others are forthcoming.\textsuperscript{19} 

\textsuperscript{10} Id. ¶ 4.
\textsuperscript{11} Women and Peace and Security, supra note 4.
\textsuperscript{12} Id. ¶ 53.
\textsuperscript{13} 2004 Statement, supra note 5.
\textsuperscript{14} 2005 Statement, supra note 5.
\textsuperscript{15} Id. at 2; 2004 Statement, supra note 5, at 2.
\textsuperscript{16} Id.; 2005 Statement, supra note 5, at 3.
\textsuperscript{18} Id.
\textsuperscript{19} Id.
III. COMMON PITFALLS IN COVERAGE OF WOMEN WITH DISABILITIES IN UNSCR 1325 NATIONAL ACTION PLANS

Few UNSCR 1325 NAPs include any references to the issues of concern to women with disabilities, whether issued by developing and occupied countries or developed and occupier nations. Furthermore, based on the limited references to women with disabilities in the UNSCRs on Women, Peace, and Security and in the UNSCR 1325 Indicators, the scant coverage of women and girls with disabilities in a few NAPs tends to focus merely on protection, rehabilitation, and victimization, rather than on the participation of women with disabilities in peace building and post-conflict national institution and societal development. Some of the problematic points of discussion and deficits are as follows:

1) Despite substantial documentation that war increases the number of women with disabilities and exacerbates the situation of women with existing disabilities, the impact of war and conflict on women with disabilities is generally absent from NAPs.

2) Neither organizations of women with disabilities nor experts on issues of concern to women with disabilities

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20. This category includes countries either actively facing armed conflict or in post-conflict reconstruction.


22. See INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, WORLD DISASTERS REPORT: FOCUS ON DISCRIMINATION, 88 (2008), available at http://www.ifrc.org/Global/Publications/disasters/WDR/WDR2007-English.pdf (last visited May 21, 2012) (Finding that those living in areas affected by the conflict who are already disabled “may then become further marginalized and excluded on the basis of their disability in the aftermath”); DE SILVA DE ALWIS, supra note 23, at 126 (finding that, in conflict situations, “women with disabilities face greater vulnerability than their male or non-disabled counterparts.”). The CRPD recognizes the special vulnerability of people with disabilities in times of conflict. Article 11 of the CRPD mandates that states parties must take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict. . . .” CRPD, supra note 8, at art. 11.
appear to be involved in the drafting of the NAPs civil society consultative processes, if any were utilized.\footnote{Inclusion is one of the eight central principles of the CRPD. Article 3(c) identifies the principle of inclusion as “full and effective participation and inclusion in society.” The CRPD requires states parties to ensure that people with disabilities can “effectively and fully participate in political and public life. . . .” CRPD, supra note 8, at art. 3. In addition, Article 33, which deals with domestic implementation of the Convention, requires states parties to involve “persons with disabilities and their representative organizations” in the monitoring process. . . .” Id. at art. 33.}

3) Victimization and vulnerability are too often the focus of the discussion of women with disabilities in strategies and policies concerning conflict and post-conflict situations.\footnote{The cultural narrative in which women and disabled persons are seen as “vulnerable” produces an ideology that renders women and disabled persons as “redundant and expendable.” Rosemarie Garland-Thomson, Re-shaping, Re-thinking, Re-defining: Feminist Disability Studies (Barbara Faye Waxman Fiduccia Paper on Women and Girls with Disabilities, Center for Women Policy Studies) (2001), available at http://www.centerwomenpolicy.org/pdfs/DIS2.pdf (last visited May 21, 2012). The CRPD also incorporates a transformative view of disability, moving away from the “medical model” of disability toward a “social model” of disability. As noted disability human rights scholars, Michael Stein and Janet Lord, emphasize, “[t]he Convention categorically affirms the social model of disability in relation to persons with disabilities by describing it as a condition arising from ‘interaction with various barriers [that] may hinder their full and effective participation in society on an equal basis with others’ instead of condition arising from inherent limitations.” Janet E. Lord & Michael Ashley Stein, The Domestic Incorporation of Human Rights Law and the United Nations Convention on the Rights of Persons with Disabilities, 83 WASH. L. REV. 449, 460 (2008) (quoting CRPD, supra note 8, art. 1). Moreover, the CRPD reflects the international community’s recognition that persons with disabilities “have equal dignity, autonomy, and worth.” Id. at 476. In this spirit, Article 8 of the CRPD tasks states with altering social norms with respect to persons with disabilities, including “the responsibility to eviscerate harmful stigmas and stereotypes and promote positive imagery.” Id. at 475. Early on in the CRPD negotiation process, a delegate from South Africa called on the delegates from all states to refrain from using “charity-model terminology” and to instead utilize a “rights-based taxonomy” when referring to persons with disabilities. Id. at 476. A rights-based taxonomy treats persons with disabilities as rights-bearers with equal dignity and worth, rather than victims in need of charity.}

4) Failure to see women with disabilities as leaders and engaged actors for their own rights and for the rights of all women, who therefore can contribute to peace processes.\footnote{The CRPD emphasizes empowerment over vulnerability. Article 6, which addresses women with disabilities, requires states parties to ensure the “empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.” CRPD, supra note 8, at art. 6. State parties must empower women to demand their own rights under the CRPD.}

5) Absence of baseline data and specific, measurable, achievable, relevant, and time-bound indicators are benchmarks for measuring progress and ensuring accountability, even when the NAP has its own indicators.
which may reflect the absence of references to women with disabilities in the current UNSCR 1325 Indicators.\textsuperscript{26}

6) Over-emphasis on social protection to the exclusion of other economic, social, and cultural or civil and political rights.\textsuperscript{27}

7) Failure to recognize that during and after conflict, women with disabilities, like all women, care for their families and need access to food and health care that is accessible and sensitive to their needs.\textsuperscript{28}

\textsuperscript{26} See \textit{infra}, Part IV.A (describing the absence of references to women with disabilities in two countries that have both 1325 NAPs and strong advocacy groups of women with disabilities). There is a dearth of data on persons with disability, such that they remain excluded from humanitarian responses. See \textit{International Federation of Red Cross and Red Crescent Societies}, supra note 24, at 95. In particular, baseline data on women with disabilities can be either scant or non-existent. See Shantha Rau Barriga, \textit{As If We Weren't Human}: Discrimination and Violence against Women with Disabilities in Northern Uganda, 6 \textit{Human Rights Watch}, Aug. 26, 2010, available at http://www.hrw.org/sites/default/files/reports/uganda0810webcover_0.pdf (last visited May 21, 2012) (commenting on the lack of data on the number of women with disabilities in Uganda). In the face of these data scarcities, the CRPD requires states parties to collect data on persons with disabilities. See \textit{CRPD}, supra note 8, at art. 31 (requiring states parties to "undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention.").

\textsuperscript{27} The CRPD enumerates a comprehensive list of human rights of persons with disabilities. This list includes a wide variety of civil and political rights. See, e.g., \textit{CRPD}, supra note 8, at art. 13(1) (requiring states parties to provide "effective access to justice for persons with disabilities on an equal basis with others"); id. at art. 14(1) (requiring states parties to ensure persons with disabilities the right to liberty and security of person on an equal basis with others); id. at art. 15(2) (tasking states parties to take measures to prevent persons with disabilities from being subjected to "torture or cruel, inhuman or degrading treatment or punishment."); id. at art. 16(1) (requiring states parties to take measures to protect persons with disabilities from "all forms of exploitation, violence and abuse, including their gender-based aspects."); id. at art. 22(2) (tasking states parties to protect the privacy of "personal, health and rehabilitation information" of persons with disabilities). In addition, the Convention guarantees a broad array of economic, social, and cultural rights. See, e.g., \textit{CRPD}, supra note 8, at art. 24(1) (recognizing the right of persons with disabilities to education); id. at 26 (requiring states parties to "promote the availability, knowledge and use of assistive devices and technologies" for persons with disabilities as they relate to habilitation and rehabilitation); id. at 27 (recognizing the right to work for people with disabilities); id. at 28(1) (recognizing the right of persons with disabilities to "an adequate standard of living" both for themselves and their families).

\textsuperscript{28} Article 23 of the CRPD requires states parties to "ensure the rights and responsibilities" of persons with disabilities regarding family care and to render "appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities." \textit{CRPD}, supra note 8, at art. 23. Article 25 of the CRPD enshrines the right to the enjoyment of the "highest attainable standard of health without discrimination on the basis of disability." \textit{CRPD}, supra note 8, at art. 25. \textit{See also} Special Rapporteur on Econ., Soc. & Political Rights, \textit{The Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: Report of the Special Rapporteur, Paul Hunt, Submitted in Accordance with Commission Resolution 2002/31, Commission on Human Rights}, ¶ 67.
8) Fiscal, personnel, and other resources allocated to peacebuilding and humanitarian efforts in conflict and post-conflict situations do not consider possible ramifications of the need for reasonable accommodation, accessibility, nor personnel who are experts on working with women with disabilities,29 which must be considered in state budgets.30

U.N. Doc. E/CD.4/2003/58 (Feb. 13, 2003) (stating that women with disabilities are more likely to face denials of health care services “due to stigmas associated with both disability and gender. . . .”).

29. Article 9 of the CRPD ensures the right of accessibility for people with disabilities. The provision requires states parties to take measures to ensure that people with disabilities have equal access to “the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and rural areas.” CRPD, supra note 8, at art. 9(1). The provision specifically requires states parties to “provide training for stakeholders” regarding accessibility issues that people with disabilities face. Id. at art. 9(2)(c). Article 5 of the CRPD ensures the right of reasonable accommodation for people with disabilities. Id. at art. 5(3) (requiring states parties to “take all appropriate steps to ensure that reasonable accommodation is provided.”).

30. Budget analysis refers to a process through which state allocation of resources is scrutinized and assessed. In the human rights context, civil society organizations use budget analysis to determine whether the state is meeting its human rights obligations. See Gillian MacNaughton, Human Rights Frameworks, Strategies, and Tools for the Poverty Lawyer’s Toolbox, 44 CLEARINGHOUSE REV. 437, 446. In order to determine whether the needs of women with disabilities are met in post-conflict programs and policies, budgetary analysis is crucial. See Lord & Stein, supra note 26, at 459 (stating that budget analysis is an “essential component” of any effective disability rights campaign). Human rights practice tends to overemphasize legal intervention over other forms of rights oriented work, including budgetary analysis. See id. at 453. Human rights advocates have only recently stressed the importance of budgetary analysis. See Stephanie Farrior, Human Rights Advocacy on Gender Issues: Challenges and Opportunities, 1 J. HUM. RTS. PRAC. 83, 95; Gillian MacNaughton & Paul Hunt, A Human rights-Based Approach to Social Impact Assessment, in NEW DIRECTIONS IN SOCIAL IMPACT ASSESSMENT: CONCEPTUAL AND METHODOLOGICAL ADVANCES 355, 360 (Frank Vanclay & Ana Maria Estoves, eds., 2012)Budget analysis “reveals human rights problems and affords means to tackle them.” Id. It can be used to identify the sufficiency of resource allocation in an attempt to secure the rights of a particularly disadvantaged group. See MARIA SOCORRO I. DIOKNO, A RIGHTS-BASED APPROACH TO BUDGET ANALYSIS, 8 (1999), http://www.crin.org/docs/resources/publications/hrbap/ RBABudgetAnalysis.pdf (last visited Feb. 22, 2012); HELENA HOFBAUER, ET AL., DIGNITY COUNTS: A GUIDE TO USING BUDGET ANALYSIS TO ADVANCE HUMAN RIGHTS (2004), available at http://www.iie.org/en/Programs/IHRIP/~media/Files/Programs/IHRIP/Dignity_Counts.ashx (last visited Feb. 22, 2012). Budget analysis can also serve an important role in the realm of women’s rights. See, e.g., DEBBIE BUDLENDER & RHONDA SHARP, HOW TO DO A GENDER-SENSITIVE BUDGET ANALYSIS: CONTEMPORARY RESEARCH AND PRACTICE, (1998), available at http://www.thecommonwealth.org/shared.asp_files/uploadedfiles/%7B1171EF87-2C5C-4624-9D76-B03CF35F4E65%7D_AusAIDTr.pdf (last visited Feb. 22, 2012). Budget analysis has also been emphasized in the context of state reporting obligations on the implementation of economic, social, and cultural rights. See United Nations, Econ. & Soc. Council, Limburg Principles on the Implementation of Economic, Social and Cultural Rights, ¶ 79, U.N. Doc.E/CN.4/1987/17 (Jan. 8, 1987) (“Quantitative information should be included in the reports of States parties in order to indicate the extent to which the rights are protected in fact. Statistical information and information on budgetary allocations and expenditures should be presented in such a way as to facilitate the assessment of the compliance with
9) Women with disabilities may be ignored in NAPs because it is assumed that their issues will be covered in a Disability National Action Plan, resulting in their isolation, segregation, and exclusion within women, peace, and security strategies, which are under inclusive.31

10) NAPs reflect limited understanding of international disability rights, standards enumerated in the United Nations Convention on the Rights of Persons with Disabilities (CRPD): accessibility,32 reasonable accommodation,33 non-discrimination and equality,34 economic, social and cultural rights, and civil and political rights.35

11) NAPs focus on disability prevention as a public health issue rather than viewing disability through a human rights lens.36

IV. SURVEY OF INCLUSION IN SELECTED UN SECURITY COUNCIL RESOLUTION 1325 NATIONAL ACTION PLANS

Few UNSCR 1325 National Action Plans include or refer to women with disabilities. Only nine of the thirty-four currently issued UNSCR 1325

Covenant obligations. States parties should, where possible, adopt clearly defined targets and indicators in implementing the Covenant.

31. Women, peace, and security strategies directly implicate many provisions of the CRPD, most notably Article 6’s protection of the rights of women with disabilities and Article 11’s provisions on the rights of persons with disabilities during times of armed conflict. CRPD, supra note 8, at arts. 6, 11. As such, Article 33(3), which requires states parties to involve persons with disabilities in the monitoring process, calls for the inclusion of women with disabilities in the development of women, peace, and security strategies.

32. See supra, note 30 (describing the duties of states parties to ensure accessibility under the CRPD).

33. See id. (describing the duties of states parties to provide reasonable accommodation under the CRPD).

34. See supra, note 8, at art. 5 (requiring states parties to “prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.”).

35. See supra, note 29 (describing several civil and political rights as well as several economic, social, and cultural rights enshrined in the CRPD). See also supra, note 31 (describing the provisions in the CRPD that require states parties to ensure the rights of accessibility and reasonable accommodation).

36. Notably, the CRPD does not mention disabilities prevention. As an international human rights instrument, the purpose of the CRPD is to promote and protect the human rights of persons with disabilities. See supra, note 8, at art. 1 (“The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”).
National Action Plans include any references to women with disabilities. These are the NAPs of Austria,\(^{37}\) Finland,\(^{38}\) Italy,\(^{39}\) Liberia,\(^{40}\) Nepal,\(^{41}\) Rwanda,\(^{42}\) the United States,\(^{43}\) and Uganda,\(^{44}\) and, most recently, Georgia.\(^{45}\) The remaining twenty-five UNSCR 1325 National Action Plans lack references to women with disabilities. These are the National Action Plans of: Belgium, Bosnia-Herzegovina, Canada, Chile, Côte d'Ivoire, Croatia, the Democratic Republic of the Congo, Denmark, Estonia, France, Guinea, Guinea-Bissau, Iceland, The Netherlands, Norway, Philippines, Portugal, Senegal, Serbia, Sierra-Leone, Slovenia, Spain, Sweden, Switzerland, and


the United Kingdom.\textsuperscript{46} Several countries are also in various phases of the process of drafting an UNSCR 1325 National Action Plan. These countries include Australia,\textsuperscript{47} Ireland,\textsuperscript{48} Bulgaria,\textsuperscript{49} Greece,\textsuperscript{50} and Slovenia.\textsuperscript{51}

Interestingly, some of the countries that were supportive of the drafting of the CRPD, including countries that ratified the CRPD prior to issuing their UNSCR 1325 NAPs, failed to make any references to women with disabilities in their NAPs. In contrast, other countries that were not vigorously engaged in the ratification process of the CRPD made references to women with disabilities in their NAPs.

The NAPs that reference women with disabilities provide scant and often superficial coverage of issues of concern to women with disabilities. Of course, the minimal coverage of women with disabilities in NAPs may well reflect the absence of references to women with disabilities in the UNSCR 1325 Indicators. Most countries draw on these Indicators when formulating their UNSCR 1325 National Action Plans. To illustrate these points, a few countries and their inclusion (or lack thereof) of women with disabilities in their UNSCR 1325 NAPs are discussed below.

\textbf{A. Countries that fail to mention women and girls with Disabilities in their UNSCR 1325 National Action Plans}

Canada’s UNSCR 1325 NAP, which was issued in October 2010, contains no references to women and girls with disabilities.\textsuperscript{52} Canada ratified the CRPD in March 2010, several months prior.\textsuperscript{53} Canada was

\begin{itemize}
  \item \textsuperscript{46} Women’s International League for Peace and Freedom, \textit{supra} note 19.
  \item \textsuperscript{49} \textit{Id}.
  \item \textsuperscript{50} \textit{Id}.
  \item \textsuperscript{51} \textit{Id}.
\end{itemize}
engaged in the drafting of the CRPD and has a vigorous community of women with disabilities.

In addition to the nationwide Disabled Women’s Network Canada, the country has several provincial organizations run by and for women with disabilities, including Disabled Women’s Network Ontario, Disabled Women’s Network Manitoba, Disabled Women’s Network British Columbia, and Disabled Women’s Network Saskatchewan. This strong community of women’s disability rights organizations could have contributed effectively to the development of Canada’s UNSCR 1325 NAP.

Although the NAP notes that input from civil society was welcomed, there is no indication of which civil society organizations were engaged. As such, it could not be determined if women with disabilities were involved. Given that Canada leads the group of U.N. member states that are “Friends of Women, Peace and Security,” it is regrettable that the country’s NAP does not reference women with disabilities.

The UNSCR 1325 NAP of the Philippines, issued in March 2010, contains no references to women and girls with disabilities. The Philippines ratified the CRPD on April 15, 2008, almost two years earlier. As in Canada, the lack of references to women with disabilities in the NAP

60. Foreign Affairs and International Trade Canada, supra note 54, at 4 (“[M]embers of Canadian civil society . . . have all contributed to the development of the Action Plan.”).
of the Philippines is surprising due to the strong support for women’s rights and people with disabilities within the country. While the Human Rights Commission of the Philippines (CHRP) was deficient in its engagement with the disability community during its first two decades of existence, the CHRP has recently become actively engaged with the disability community. In addition, the Philippines more general Human Rights NAP has strong coverage of disability issues. The Philippines also utilizes its National Council on Disability Affairs, a national government agency, to formulate policies concerning disability issues. Furthermore, the Government of the Philippines was a strong positive force during the negotiations of the CRPD.

Moreover, there are advocates for the rights of women with disabilities in the Philippines who could have been invited to contribute to the UNSCR 1325 NAP. For example, Venus M. Ilagan, a highly accomplished Filipina, is the Chairperson of Rehabilitation International. Ms. Ilagan, along with the leaders of organizations such as Women with Disabilities LEAP to


68. See Commission on Human Rights Government Linkages Office, supra note 66, at 10 (“The Commission on Human Rights of the Philippines has . . . participated in efforts in the drafting of the Convention on the Rights of Persons with Disabilities through its submissions to the Department of Foreign Affairs and the Asia Pacific Forum of National Human Rights Institutions of which CHRP is a member.”).

Social and Economic Progress Inc. (WOWLEAP) could have enhanced the Philippines’ NAP.

B. Countries that Mention Women and Girls with Disabilities in Their UNSCR 1325 National Action Plans

The United States signed the CRPD on July 30, 2009, but has not yet ratified it. The United States was engaged in the negotiations of the CRPD in 2003, but at that time the U.S. Department of Justice stated that it had no intention to ratify the treaty. Attorneys under the Bush Administration argued that national legislation, rather than international law, is the best method to ensure non-discrimination. However, since 2009, the Obama Administration has supported ratification of the CRPD.

Despite the fact that the CRPD has not yet been sent to the U.S. Senate for ratification, the U.S. National Action Plan includes many references to women with disabilities. The U.S. National Action Plan discusses the interaction between conflict and the incidence of disability and the particular risks that women with disabilities face in conflict situations. The Plan also tasks the U.S. Government with promoting “equitable access” to medical, social, and legal services for women and girls with disabilities. Perhaps more significantly, the Plan tasks the U.S. Government with supporting the participation of women with disabilities in peace building efforts.

73. Id.
74. Id. at 570.
75. White House, supra note 45.
76. Id. at 9–10 (“Conflict also increases the incidence of disability, and women with disabilities can face particular risks including social stigma and isolation, difficulty accessing humanitarian assistance, unmet health care needs, and higher rates of SGBV and other forms of violence during and after conflict.”).
77. Id. at 17.
78. Id. at 14 (“Support the participation and leadership roles of women from all backgrounds, including minorities and women with disabilities, in peace negotiations, donor conferences, security sector reform efforts, transitional justice and accountability processes, and other related decision-making forums including those led by the UN and other international and regional organizations, and including capacity building for such actors as female candidates, female members of government, women in the security sector, and women in civil society.”).
Interestingly, in spite of these references to women with disabilities in the U.S. National Action Plan, women with disabilities were not “fully represented” in the U.S. Government’s formal consultations with civil society representatives. While NGO representatives brought forward “relevant issues” regarding disabled women during the final stages of the development of the NAP, the U.S. National Action Plan would undoubtedly have been even more sensitive to the concerns of women with disabilities if they had been more deeply involved at earlier stages and throughout the consultation process.

Liberia, which signed the CRPD on March 30, 2007, has yet to ratify the CRPD. Nonetheless, Liberia’s UNSCR 1325 NAP, issued on March 8, 2009, references women with disabilities. However, the references to women with disabilities focus on preventing gender-based violence, including statements concerning outcomes. It is not clear to what extent women with disabilities participated in the development of this NAP or whether organizations such as the Association of Women with Disabilities in Liberia were involved.

Uganda ratified the CRPD on September 25, 2008, three months before the country issued its UNSCR 1325 NAP. As a country that endured a long and destructive conflict, it is encouraging to see that Uganda developed a UNSCR 1325 NAP at all. Uganda’s NAP notwithstanding, Human Rights Watch reports that the situation for women with disabilities in Uganda remains dire. For example, despite the Ugandan NAP’s provision of “[m]easures undertaken to increase women’s access to justice, particularly for women with disabilities,” the Human Rights Watch report documents exclusion from the justice system experienced by women with disabilities. Post hoc human rights reports produced by organizations like

80. Id.
82. Ministry of Gender and Development, supra note 42, at 27.
83. Id. (“Outreach programmes targeting women, girls and men, including those with disabilities and special needs, are designed, developed and delivered to protect them against GBV.”).
84. United Nations Treaty Collection, supra note 65, at 3.
86. See generally Barriga, supra note 28.
Human Rights Watch, while useful, can only provide a broad depiction of the situation of women with disabilities. Measurable and specific tracking mechanisms are needed to assess progress or the lack thereof.

C. Countries that have not Developed, Have Draft Plans or Are Developing UNSCR 1325 National Action Plans

Australia’s UNSCR 1325 NAP Consultation Draft, circulated on August 18, 2011, contains no references to women and girls with disabilities. Australia ratified the CRPD on 17 July 2008, three years before the issuance of the draft NAP. Furthermore, Australia has an active and engaged community of women with disabilities. In addition to Women With Disabilities Australia (WWDA), a countrywide organization, Australia has several regional organizations run by and for women with disabilities, including Women With Disabilities Australian Capital Territory (WWDACT), Women With Disabilities Victoria (WDV), Women With Disabilities Western Australia Inc. (WWDWA INC), and Women With Disabilities South Australia (WWDSA). Australia has both a disability strategy and a national human rights action plan that pays due attention to the specific inclusion of disability rights issues, but without discussion of disability rights issues in the context of conflict and post-conflict situations.

89. Department of Families, Housing, Community Services and Indigenous Affairs, supra note 49.
90. United Nations Treaty Collection, supra note 65.
The Australian draft UNSCR 1325 NAP sought civil society comments on the plan by October 18, 2011. It is not clear as to what extent women’s disability rights organizations participated in or were informed of this process. Among ten organizations that signed on to a response to the Consultation Draft, no women’s disability rights organizations were included. However, the strong community of women’s disability rights organizations could contribute effectively to the development of the NAP. Hopefully, the omission of coverage of women with disabilities will be corrected when the government issues the final NAP, which may occur by mid-2012.  

V. BASIS FOR INCLUSION  

Women and girls with disabilities are a part of all societies. They need to be an active part of the advancement of the human rights of all and shaping how societies affect their lives. The justifications for inclusion are numerous. Representation and fairness are the most obvious: women account for more than half of the population of the world. There are approximately one billion persons with disabilities in the world, which constitutes 15% of the global population. This number is increasing due to many factors, including war and conflict. In June 2011, the World Health Organization (WHO) and the World Bank (WB) released a groundbreaking report, which notes a dramatic increase in estimates of the number of persons with disabilities worldwide. According to the report:

About 15% of the world’s population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning. The global disability prevalence is higher than previous WHO estimates, which date from the 1970s and suggested a figure of around 10%. There are significant differences in the prevalence of disability (defined as “significant

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102. Id.  
103. Id. at 34.
difficulties in their everyday lives”) between men and women in both developing and more developed countries: male disability prevalence rate is 12% and female disability prevalence rate is 19.2%.104

With such a dramatic increase in the number and percentage of persons with disabilities, the urgent need to include women and girls with disabilities is even more significant.

Traditionally excluded groups, such as women with disabilities, deserve special attention. It is important to bring their varied backgrounds, perspectives, and skills to the negotiating table and to ensure that they play an important role in formulating and implementing policies that will affect society as a whole after conflict. This approach also strengthens democracy and fosters inclusive political participation. Therefore, existing programs, institutions, and mechanisms at all levels (international, regional, national and local, non-governmental, academic, corporate, etc.) must strive to include the voices of women with disabilities as resolutions, recommendations, and guidelines are drafted, as programs are designed and implemented on the ground, as peace processes proceed, and as the UNSCR 1325 Indicators are utilized and UNSCR 1325 National Action Plans are drafted, implemented and monitored.105

104. Id. at 261.