**Developing knowledge and empowerment through the Gender and Disability Inclusive Development Community of Practice**

🡺 Implemented by the Gender and Disability Inclusive Development (Gender and DID) group, Cameroon Baptist Convention Health Services, North-West Region, Cameroon

**Background**

There are an estimated 10.5% of persons with disabilities in the North-West Region of Cameroon, with a slightly higher prevalence amongst women.[[1]](#endnote-1) Although there have been many initiatives focusing on gender in this area, it was noted that women with disabilities were left out and their empowerment was not addressed. There was no community of practice or forums for program workers and professionals to come together and share knowledge on the intersection between gender and disability. The Gender and Disability Inclusive Development (Gender and DID) group was created together with other “Groups for Rehabilitation and Inclusive Development” (GRID), which tackle issues linked to disability and development. The Gender and DID group addresses the Gender-Based Violence (GBV) experienced by women and girls with disabilities in this region. This initiative was part of the Socio-Economic Empowerment of People with Disabilities program run by the Cameroon Baptist Convention Health Services.

**What happened?**

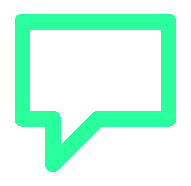
This group consists of 12 selected members from organizations actively involved in gender and disability related projects. The objectives are to provide better services, to generate evidence-based decision-making, and to enhance knowledge by compiling resources.

Following the specific case of a pregnant woman with disabilities who survived GBV, the Gender and DID group developed Standard Operating Procedures (SOPs) to address the protection of women and girls with disabilities, in a practical manner. The SOPs bring together key stakeholders who are able to help in emergency situations and at the same time to ensure the empowerment of victims in the long-term.

Group members have seen that survivors were inspired and motivated to play an advocacy role and share their own experience. In 2017, 16 women and girls with disabilities testified during the 16 days of activism against GBV campaign. A striking story was published every day of the campaign, giving positive examples of women and girls with disabilities surviving and thriving.

The group advocates for the full implementation of existing legislation and policies and inclusive approaches, interacting with service providers and ministries such as the Ministry of Social Affairs.

Finally, all members of the Gender and DID group are encouraged to participate on an equal basis: women with disabilities are entitled to chair the meetings and develop their own initiatives. Currently, a woman with disabilities of the group is using her experience and knowledge to draft a concept paper on the “economic empowerment of women and girls with disabilities in income-generating activities in the North-West region”.

  
“I now know [that] I am not alone, most importantly I know I can stand up, forget the past, look up to the future and still be very successful”.   
Armelle Nogning, member of the Gender and DID group

**What changed?**

The women and girls with disabilities who work on a daily basis with the Gender and DID group develop a very meaningful sense of ownership. Veronica Ndi, the leader of a Disabled Person’s Organization (DPO) and member of the group stated, *“I feel more fulfilled participating in this practice because my contributions are valued, I am assigned tasks like every other person, I do them and I am encouraged, this gives me a sense of belonging, keeps me active and refreshed.”* Women and girls with disabilities are more actively contributing to the organization of campaigning events such as the International Day for Persons with Disabilities.

Through advocacy they have succeeded in achieving a general change in policy-makers’ perceptions of gender and disability inclusion. The activities have encouraged sustainable collaboration in preventing and responding to GBV.

**What worked?**

In addition to highlighting the benefits of operational collaboration when addressing GBV, this practice provided a platform for survivors to share their stories. By showcasing their experience, they have become role models, and thus empowered their peers which is a key to shattering the silence surrounding violence. The diversity of members including DPOs, Civil Society Organizations, and health professionals, has facilitated the work on intersectionality.

The group has also obtained improved efficiency and visibility through partnerships with officials. One member of the group is the North West Regional Delegate of Women’s Empowerment and the Family, allowing for direct advocacy in the spheres of power to lobby for a more inclusive national policy against GBV.

**For more information,** please visit: [www.cbchealthservices.org](http://www.cbchealthservices.org) or contact: [spd@cbchealthservices.org](mailto:spd@cbchealthservices.org)

1. International Centre for Evidence in Disability (ICED), The North-West Cameroon Disability Study Summary Report, London School of Hygiene and Tropical Medicine (LSHTM) (2014)   
   <http://disabilitycentre.lshtm.ac.uk/files/2014/12/Cameroon-Summary-Report.pdf> [↑](#endnote-ref-1)