# Promoting the sexual and reproductive health rights of women and girls with disabilities ‒ Mali

## Organization: ODI Sahel (Organisation pour un Développement Intégré au Sahel)

### Background

In Mali, persons with disabilities are often excluded from society and experience discrimination and violence. They lack access to health care, social services and employment. Only a small percentage of children with disabilities are educated, as inclusive schools are rare ([Identifier les enfants handicapés pour les scolariser, Handicap International, February 2019](https://handicap-international.fr/fr/actualites/identifier-les-enfants-handicapes-pour-les-scolariser)). Persons with disabilities constitute a large proportion of the population (2.7 million out of 18 million) according to the World Health Organization statistics for 2016.

Statistics show that 91% of women aged 15-49 years and 69% of girls aged 0-14 years in Mali have undergone female genital mutilation (FGM), (*Enquête Démographique et de Santé au Mali 2012-2013,* [Cellule de Planification et de Statistique (CPS/SSDSPF), Institut National de la Statistique (INSTAT/MPATP), INFO-STAT et ICF International, 2014](https://dhsprogram.com/pubs/pdf/PR33/PR33.pdf)) and early marriage continues to be a popular practice. Women and girls with disabilities are particularly at risk of FGM and early marriage and the severe consequences on their health and ultimately lives because of the increased discrimination they experience linked to both their gender and their disability.

ODI Sahel, which was created in 2001, originally worked to build women’s capacities through a variety of programs including the 2009 partnership with the American program “Trickle UP”. That program aimed to eradicate poverty by connecting vulnerable populations to savings groups, grant and credit schemes and by working with governments, global institutions, and local organizations. Now, ODI Sahel’s objectives focus on the empowerment of women and girls with specific attention paid to women with disabilities and the realization of their rights, specifically sexual and reproductive health rights, due to the discrimination, violence, and lack of access to services women with disabilities face. Activities informing beneficiaries of their rights are implemented to empower them and help them gain independence. The founders of ODI Sahel believe that, to achieve the aforementioned objectives, all members of society must be included in awareness-raising and development activities.

Since 2015, ODI Sahel has been receiving funding from the “Dutch Development Cooperation” to develop their activities on the sexual and reproductive rights of women with disabilities. The Dutch Development Cooperation agreed to support the Malian government in its efforts to implement its development policies and ODI Sahel was chosen to take part in the project.

### What happened?

ODI Sahel organize awareness-raising training on the sexual and reproductive health rights of women and girls with disabilities, as well as information sessions on GBV. These activities take place in 16 villages in the Douentza circle. The sessions, targeting local populations, are organized once or twice a week in each village and take the form of debates and discussions led by the peer educators, who are women with disabilities, contributing to their meaningful participation in the activities.

Different themes include:

* **Identifying GBV** by presenting seven types: sexual assault, rape, physical assault, psychosocial assault, early marriage, FGM and withholding of resources and opportunities.
	+ It is still common for the parents of women with an intellectual disability or a severe physical disability to resort to forced sterilization. The awareness-raising sessions provide an opportunity to speak to families about their daughters’ freedoms and the importance of choosing their own methods of family planning, to prevent them from resorting to this solution.
* **Increasing the reporting of GBV** by informing women and girls with disabilities of different reporting mechanisms including peer educators who can take them to the police to report GBV.
* **Increasing access to family planning methods** by having peer educators explain that family planning can be free of charge, and that contraception and birth spacing are important.

Sessions can take the form of debates, discussions and plays. They aim to raise the awareness of the local authorities, community members and religious leaders by presenting disturbing images of the practice and emphasizing the need to sign the Convention on the Abandonment of Excision and Child Marriage. ODI Sahel also uses local radio to broadcast advocacy messages and communicate on events, every two days. These messages denounce early marriage, GBV and insist on their negative effects on women and girls with disabilities. Lastly, ODI Sahel works with FGM perpetrators, using income-generating activities to help them compensate for the loss of income they experience when they stop engaging in these harmful practices.

### What changed?

Almost all women and girls with disabilities benefited from awareness-raising during the sessions held in the 16 villages. The training provided by peer educators at least every two months helped them develop a better understanding of their bodies and gain in confidence and self-esteem. They are now better integrated in society and participate more often in decision making at community level.

Violence also decreased. “I observed a significant reduction in the problems of physical and psychological violence against women and girls with disabilities,” testified a woman who was working in the community health center. “There has also been a significant increase in women and girls with disabilities’ participation in village meetings. The heads of households also contribute more to addressing some of the needs of women and girls with disabilities.”

### Notable Successes

1. The activities reached around 300 women and girls with disabilities, which led to an increased awareness of, and a change in attitudes to, sexual and reproductive health rights, GBV and access to education for women and girls with disabilities. The discussions centered around the sexual and reproductive health rights’ awareness-raising sessions.
2. Additionally, regarding the policy and legal framework, the Convention on the Abandonment of Excision and Child Marriage was signed by all the villages in 2017 and as a result, ten FGM practitioners have abandoned their activity.

### Key Success Factors

1. ODI Sahel **developed a participatory and inclusive activity that involved all members of the community** to ensure a broad reach for its advocacy work. The organization collaborates with gatekeepers (village chiefs, religious leaders) and FGM practitioners which helps disseminate the information amongst the community, ensuring lasting changes to the collective mindset. The organization also works with the Ministry of Health, which is involved in the care of GBV survivors.
2. **The meaningful participation of women with disabilities** helps empower women and girls and ensures the smooth implementation of the activity. Awareness-raising sessions are run by women – peer educators – with disabilities. The awareness-raising actions consist of debates and discussion groups, which are held twice a week and proposed to the Douentza Association of Women with Disabilities, composed of 250 women. The strategy involves using a range of different means of communication: plays, radios, discussions.
3. The practice **centers around training women and girls with disabilities to pass information on to others**. The long-term objective is that they will no longer need the organization’s input and will be able to ensure their advocacy messages are heard at national level.

### Be gender responsive with ODI Sahel

**GENDER-BASED VIOLENCE PREVENTION**

* Organizing group discussions in the community
* Awareness-raising
* Female genital mutilation practitioners change their activity
* Women participate more in meetings