



Promoting private sector employment of women with disabilities in Bangladesh and Kenya

Summary report of gender analysis

March 2021

ABOUT INNOVATION TO INCLUSION

The **Innovation to Inclusion (i2i) programme** is a three-year project funded by the UK government's Foreign, Commonwealth and Development Office (FCDO) that aims to deliver direct and sustainable change for women and men with disabilities in Bangladesh and Kenya, by supporting them to access employment in the private sector and demonstrating the potential for change of successful interventions that strengthen disability inclusion. The programme is a consortium led by Leonard Cheshire together with a diverse and complimentary group of international and local organisations.

Plan International UK is an independent development and humanitarian charity that advances children's rights and equality for girls. In i2i, Plan is the leading organisation for gender equality, working with the consortium members to ensure that the programme and its interventions address the specific vulnerabilities, risks and barriers facing women with disabilities when accessing the world of work. This will aim to support the safe and meaningful inclusion of women with disabilities and ensure they can benefit fully from the programme interventions.

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OVERVIEW

Persons with disabilities make up approximately **15 per cent of the world's population**. However, globally, they continue to face multiple and varied restrictions to their right to fully participate in economic and social life. Global studies show that in lower income countries 80%-90% of persons with disabilities of working age are unemployed.

As part of the UK's Government Foreign, Commonwealth and Development Office (FCDO) focus on disability inclusion, the Innovation to Inclusion (i2i) programme, led by Leonard Cheshire, is supporting women and men with disabilities in Bangladesh and Kenya to **access employment in the private sector**.

However, not only is disability in itself diverse but global evidence shows that persons with disabilities face **intersecting and compounding forms of discrimination**, with women and girls with disabilities being more significantly excluded.

All over the world women and girls with disabilities are affected by structural barriers that limit their opportunities to access and benefit from safe and wage labour, including discrimination, harassment and violence at work and often on the way to and from work.

In addition, **domestic violence** is both a barrier to employment (affecting productivity, health and safety of workers) and also a potential consequence of women's engagement in the workforce, since increasing women's economic and social power can also result in backlash against women from partners and family members.

Finally, **conscious and unconscious bias** among recruiters regarding the value and potential of women with and without disabilities, contribute to low rates of labour force participation for women globally, particularly in lower income countries, notably in the i2i target countries.

In both Bangladesh and Kenya female participation in the labour market is low, with women being more likely engaged in vulnerable and casual employment and under-represented in formal employment.

To better understand the **gender dynamics, power relations, and gender and disability-specific barriers** that women and men living in the i2i target areas face, Plan International conducted a Gender Analysis for the programme.

The purpose of this gender analysis was to **identify and assess core challenges and constraints women with disabilities face in their empowerment and economic participation** in target urban communities. In particular, the exercise aimed to provide an analysis of how the 'double' or multiple discrimination experienced by women with disabilities can influence their ability to access formal employment in the private sector.

In the first stage of the Gender Analysis, Plan International conducted **extensive literature review and analysed secondary data**. These preliminary findings informed Plan's contributions to raise awareness and support i2i consortium partners to include gender considerations in their interventions since the early implementation stage.

In the second stage Plan International conducted **primary qualitative data collection in Bangladesh and Kenya**. A total of 113 stakeholders across both target countries were engaged in the Gender Analysis. This included women and men with disabilities (employed in private sector companies and unemployed), caregivers, community champions, representatives from Organizations of Persons with Disabilities (OPDs), vocational training institutions (TVETS) and local Government.

It's important to highlight that the primary qualitative data collection was significantly affected by the restrictions caused by COVID-19, which required adapting the modality of data collection, limiting the scope of questions asked and reducing the number of respondents.

The key findings and recommendations resulting from this analysis aim to support consortium partners to improve the design and implementation of inclusive and sustainable interventions that address the practical needs of the women participating in the programme. Where possible they will also support to challenge existing gender norms and power relations. This will aim to **support the safe and meaningful inclusion of women with disabilities and ensure they can benefit fully from the programme interventions**.

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

Gender roles and responsibilities

"Due to our family role (considering all the cooking, care work, reproductive role) we are not encouraged to take more responsibilities because we are overwhelmed to balance this role and expectations from family and society" - employed female respondent, Bangladesh

In Bangladesh and Kenya, women with and without disabilities face **persistent patriarchal attitudes and discriminatory stereotypes** about their roles and responsibilities in the family and in society. They are expected to marry, have children and care for the family as their primary role.

It is therefore critical to challenge existing stereotypes about women's roles, and promote more equitable power dynamics and distribution of labour within the home. This should be actioned by engaging husbands and families to promote their support to the enrolment and active participation of women with disabilities in i2i trainings and employment pathways.

Time **poverty is a major factor undermining women's empowerment in both countries**, and women with disabilities are more likely to have a higher burden of care than men with disabilities. Household work and caregiving responsibilities are key barriers for women with disabilities to attend training and enter the workforce, and they negatively impact women currently employed. The burden of unpaid care work also affects female caregivers of persons with disabilities who are often unable to support their children/siblings/partners' socio-economic participation.

In addition to engaging husbands and families it is important to invest in community awareness raising on the value of women's participation in the workforce. This should include messages on how unequal gender roles and responsibilities affect the socio-economic participation of women with disabilities, promoting a more balanced sharing of household and care work.

Furthermore, i2i activities, notably trainings, should be offered in locations, modalities and as per schedules that allow for women to balance these opportunities with their household roles. It is also recommended that i2i implementing partners consider options for childcare support to enable women with disabilities with young children to participate in trainings and activities.

In **both countries, engaging in training and participating in the workforce requires a complex balance with families**, which is particularly challenging for married women. In **Bangladesh**, data showed that men tend to view mobilisation of female labour as a "*necessary evil*" that threatens their masculinity. In **Kenya**, in addition to men often seeing women's economic empowerment as a threat to their role and the concept of masculinity, data showed that the unequal division of labour is to a large extent based on culturally and socially-determined role allocations heavily internalised by women.

In addition to engaging communities and families to promote the recognition of women's workload and encouraging more equitable power dynamics within the home, the Gender Analysis highlighted the need for sensitisation and awareness raising on social norms change. This is critical to address the negative perceptions and stereotypes that inform the division of household chores. This can include enrolling men as role models and champions of change and promoting inspiring stories of women with disabilities and of supportive families in the programme target areas.

In **Bangladesh in particular**, poverty and economic necessity are drivers of women's participation in the workforce. This means that households where women work outside the home (and thus outside the scope of their traditional gender role) experience a loss of status. Furthermore, **discriminatory and harmful sociocultural norms combined with the low quality of jobs available** for persons with disabilities result in **low participation rates of women with disabilities in the workforce, particularly among women who have higher educational attainments**.

In addition to promoting the value and importance of women with disabilities' engagement in the workforce, a targeted strategy is required to support their enrolment in i2i, including by engaging with women-led Organisations of Persons with Disabilities (OPDs) and women's rights organisations.

This includes mainstreaming discussions on gender, power and the rights of women with disabilities in the sensitisation of programme partners and in trainings with programme participants.

As part of this strategy i2i should actively target women with disabilities from vulnerable groups - who are often engaging in informal and insecure employment, and support them with training to engage in private sector jobs.

Economic participation of women and men with disabilities

Sectors of employment and other income generation opportunities

Overall, employment of persons with disabilities in Bangladesh and Kenya is low. In Kenya many organisations do not employ any persons with disabilities. In those that do, people with disabilities generally comprise less than 2% of total staff.

In Bangladesh women are disproportionally employed in lower-wage jobs, primarily in the garment sector. This pattern is seen also with women with disabilities, despite the limited data available on the participation of women and men with disabilities in the workforce in Bangladesh. While the participation of women in the garment sector may support challenging social norms that limit women's participation in the formal economy, it can also reinforce harmful social norms that consider acceptable for women to work as long as they engage in traditionally-female roles/ sectors. In addition, it is clear that women are underrepresented in supervisory and management positions, and experience gender-based wage disparities. Allegations of abuse in factories, including sexual harassment, are also reported.

It is critical to target and engage companies from a variety of sectors to invest in hiring women and men with disabilities. In Bangladesh in particular it is important to ensure that i2i does not rely too heavily on partnerships with private sector companies from the Ready-Made Garments (RMG) sector. In addition, ongoing sensitisation of private sector company management and employees on the importance and benefits of having gender and disability-sensitive workplaces, is necessary.

This should be complemented by initiatives to assess workplace policies and practices of companies partnering with i2i in relation to discrimination, harassment and violence in the workplace.

Importantly, i2i should have a clear strategy on how to effectively support and incentivise companies to implement recommendations from such assessments. This will contribute to ensuring that women and men with disabilities enrolled in i2i are not being encouraged into jobs with companies that are not committed to tackling discrimination and abuse.

In Bangladesh and in Kenya the barriers that women and men with disabilities face in engaging in private sector employment often push them to pursue informal income generation opportunities. This is particularly relevant for women with disabilities since

the barriers they face are **exacerbated by discriminatory and harmful social norms and traditional gender roles.**

In addition to having a strategy to target women with disabilities and support their enrolment in i2i, it has also been suggested by various Gender Analysis respondents (women and men with disabilities, OPDs and private sector partners) that it would be beneficial to include training on entrepreneurship and micro-business management as part of i2i's activities. While this is not the programme's focus, this training could widen the socio-economic participation options for women and men with disabilities – which could then grow to future engagement in private sector employment. In addition, the know-how and skills from this training would be equally useful for those engaged in private sector employment.

In Bangladesh there were reports of persons with disabilities being paid less than persons without a disability in the same position, which was a considered a deterrent for women and men with disabilities to apply for jobs in the private sector.

i2i can use the programme's findings from the research on the additional cost of disability to actively advocate for fair and equal pay with the private sector companies partnering with i2i. In addition, the programme should support public recognition incentives for companies that have a pro-active policy for engaging and retaining women and men with disabilities, including in leadership positions.

Self-perception and aspirations to participate in the world of work

"I think the biggest issue with persons with disabilities is self-confidence or self-affirmation" – community champion in Kenya

Existing literature in both countries shows that **low self-confidence and self-esteem of persons with disabilities** are barriers to their socio-economic participation, being **particularly challenging for women with disabilities.** Interestingly however, younger and educated respondents in the Gender Analysis, particularly those who were not married, demonstrated more knowledge of their rights and greater confidence in their skills. The Gender Analysis interviews, particularly in Bangladesh, indicate that women with disabilities have less knowledge than men with disabilities about the job market and career opportunities. Also, many female respondents prioritise finding a comfortable and accessible job, which was not a concern shared by the male respondents.

i2i training must include a component of confidence building, which should be integrated not only as a training topic but also as a guiding principle of training delivery (with practical examples and training dynamics intentionally promoting the self-esteem and confidence of participants).

Training should acknowledge the divide in confidence between women and men with disabilities, but also the different needs in confidence building of older participants and those with lower levels of education. Training modules (including the structure of

sessions, activities planned and case studies shared) and training delivery should consider the specific situation and needs of these groups.

While most women and men with disabilities engaged in the Gender Analysis exercise in both countries had aspirations to work in the private sector, there was also the **perception that working for the Government and pursuing self-employment opportunities would be best suited for the needs of persons with disabilities.** This was due to negative experiences in recruitment processes (detailed below) and to the perception that workers with disabilities have limited labour protection in the private sector, which particularly concerned female respondents given their traditional household and care responsibilities.

i2i training should include specific orientation for women and men with disabilities regarding the job market, employment sectors and career opportunities, with a focus on building trust and knowledge of women with disabilities. In particular, organisations implementing the programme should consider engaging inspiring women with disabilities as role models – and potential mentors - for i2i participants. Alongside these efforts, i2i should assess private sector company policies on sick leave and options for flexible work for persons with disabilities and advocate for stronger labour protection.

Perception of others

“I was laughed at by the neighbours when taking my child with a disability outside the house” – caregiver in Kenya

An employer was worried that I would be a burden due to the fact that I was a woman and had a disability – employed female respondent in Bangladesh

Stigma and discrimination against women and men with disabilities still prevail in both Bangladesh and Kenya. In Kenya in particular many families believe that having a child with a disability means they are cursed, which impacts families’ perception of the value of persons with disabilities and of their rights to study and work. Caregivers engaged in the Gender Analysis were largely unsupportive of the engagement of persons with disabilities in wage labour.

This finding reiterates the importance of engaging families to support the active participation of their wives / daughters / family members with disabilities in the programme, highlighting how their encouragement is critical to women’s success in training and in the world of work.

This can be strengthened by investing in wider awareness raising in target areas on the positive impact of socio-economic participation of women and men with disabilities, notably in additional household income and empowerment of persons with disabilities. In this process it is recommended that i2i challenges existing stereotypes by showcasing success stories of persons with disabilities who are thriving in employment.

Stigma and stereotypes of persons with disabilities also contribute to the negative perceptions of recruiters, co-workers and costumers regarding the value of and contributions persons with disabilities can make. Negative attitudes from employers lead to unpleasant experiences in recruitment processes and in the workplace. These barriers affect women more significantly due to the double discrimination they experience as a result of their gender and disability.

It is critical to sensitise private sector staff and train companies partnering with i2i on gender and disability-inclusive workplaces, including addressing conscious and unconscious bias among recruiters regarding the value and potential of women and men with disabilities. This can be strengthened by showcasing positive stories of women with disabilities successfully employed in private sector companies and of companies with progressive policies and strategies on gender and disability inclusion.

Recruitment

“I give Kenya credit because nowadays you know we have special pathways for people living with disabilities, we also have vehicles that are customized for that. But how many of those people living with disabilities are able to afford it; some of them are not even able to afford wheelchairs, so they still have to crawl or stand on their knees because they are unable to afford these wheelchairs” – community champion in Kenya

Employers’ negative perceptions of persons with disabilities are evident in recruitment processes in Bangladesh and Kenya. Persons with disabilities engaged in the Gender Analysis considered these a critical barrier to securing employment, particularly senior positions. Data collected indicates that **women with disabilities are faced with a “double burden” of gender and disability**, considering the perception of women’s roles and unequal care responsibilities in the target countries. In addition, perceptions about the high cost of accommodation measures, assistive technologies and lack of affordable sign language interpreters are seen by employers as challenges to the recruitment of both women and men with disabilities by private sector companies. This was a barrier that was more consistently raised in Kenya.

In addition to having a mobilisation strategy with clear guidance on how to reach women with disabilities and engage them safely in the programme, i2i should encourage private sector companies to design flexible roles and working schemes. This will encourage women with disabilities to apply to vacancies and ensure they can contribute to their best ability whilst balancing their other domestic and caregiving responsibilities. This also mitigates the risk of backlash against women with disabilities engaged in private sector employment.

In addition, it is critical that i2i encourages private sector companies to promote internships with persons with disabilities, as this helps recruiters to experience the value of engaging women and men with disabilities in their workforce, changing existing stigma and negative perceptions.

It is also important that i2i supports private sector companies to establish links with relevant networks (such as the National Council for Persons with disabilities in Kenya) and OPDs as a strategy to identify candidates with disabilities and disseminate vacancies to their members.

Private sector companies partnering with i2i must be encouraged and supported to put in place gender and disability-inclusive recruitment strategies and processes, including:

- offering flexible work options and explicitly stating in job descriptions that women and men with disabilities are encouraged to apply;
- creating mechanisms to make shortlisting fair, removing bias against diverse applicants;
- asking shortlisted candidates if they have any access requirements and ensuring these are accommodated at interview;
- ideally including persons with disabilities in the interview panel.

Finally, i2i should support private sector companies in identifying the accommodation measures and assistive devices/technologies required by women and men with different types of impairment.

Retention and progression

“For management and leadership positions, women with disabilities are not encouraged to apply and employers are not supportive of their promotion due those negative stereotypes”- OPD representative in Bangladesh

While there is limited literature on the promotion and career progression of persons with disabilities within private sector companies, existing data indicates **that women and men with disabilities in Bangladesh and Kenya have limited access to management and senior leadership positions.**

Primary data also indicates that clear policies and a commitment from companies to inclusion increases the interest from women and men with disabilities to engage in private sector employment and improves retention and career progression.

In addition to supporting and encouraging private sector companies to assess and improve gender and disability inclusion (notably by rolling out training on unconscious and conscious bias for managers), i2i should assess available personal development opportunities in private sector companies partnering with i2i. It should also encourage companies to invest in personal development plans that promote communication, leadership development, team management and supervision skills of women and men with disabilities, in line with their career aspirations.

Representatives of companies with clear policies and a commitment to inclusion should be engaged to share experiences and inspire – and perhaps mentor – colleagues from other companies engaged in the programme.

Mobility

“Women with disabilities face more challenges and barriers. We are not safe in and out of home and so we have mobility issues. Also, nobody likes that I will go to work outside. Even my husband who is trying to provide support sometimes misunderstands me. When I go outside, or walk down the road, it is very hard for me to understand if people will be supportive or not. Many people deliberately push me.”
- visually-impaired unemployed woman respondent in Bangladesh

In Bangladesh and Kenya **poor road and transport infrastructure and unsafe, inaccessible and unaffordable public transport** affect the mobility of women and men with disabilities. Women’s mobility is particularly restricted, with discriminatory and harmful social norms and attitudes around traditional gender roles exposing them to gender-based violence whilst travelling to and from work. Indeed, concerns for their safety and security whilst commuting were identified by women with disabilities and caregivers engaged in the Gender Analysis as one of the main challenges to their socio-economic participation.

In addition, mobility is not limited to transports and road infrastructures. It includes the ability and freedom to leave the house, attend events, socialize. So, when infrastructure barriers are combined with the perceptions and role of women in society, these challenges become exacerbated for women with disabilities.

Organizations implementing i2i interventions should consider providing or supporting safe transport options for participation in trainings and activities. In addition, i2i should encourage private sector companies to provide free, or at least subsidised, safe transport options for staff with disabilities.

Finally, it is critical to sensitize families on the value of women with disabilities’ socio-economic participation, including messages on the negative impact of mobility restrictions.

Access to information

In Kenya a minority of unemployed women with disabilities respondents had access to a computer with internet, which they used for job applications, reading emails and accessing school notes. In contrast, a majority of unemployed men reported accessing computers with internet, which they used for work (research, tutorials, emails, writing reports) and leisure (watching movies).

In both countries gender inequalities persist in access to information. In Bangladesh, women with disabilities engaged in the Gender Analysis had less knowledge of special legal and policy provisions for the benefit of persons with disabilities than male respondents. They were also less aware of programs and projects implemented by the Government and NGOs.

In addition, secondary data indicates that in both countries women generally have less access to technology than men. Significant numbers of women and men with disabilities engaged in the Gender Analysis in both countries reported not owning a smartphone or a computer and being unable to access the internet on a regular basis. However, women respondents reported having less access to smartphones and internet than male respondents.

In Kenya the critical barrier to accessing technology cited by men with disabilities engaged in the Gender Analysis was lack of computers adapted for persons with disabilities, while women identified low computer literacy skills, difficulty in accessing cyber cafes (due to mobility restrictions) and lack of money to pay for internet.

In both countries Gender Analysis respondents with disabilities that had access to a smartphone reported using mostly Facebook, WhatsApp and YouTube. In addition, many respondents reported accessing information on job vacancies online. However, many employed respondents also reported that they found out about their job from newspapers, friends, relatives or OPD members.

Using online advertisement on i2i opportunities is critical, but this finding shows that it is equally important to ensure this information is made available through OPDs and community-based structures.

Therefore, as part of a mobilisation strategy to reach women with disabilities and engage them safely in the programme, i2i must use a variety of channels to reach programme participants, while also investing in bridging the gendered digital divide. This can include providing digital literacy training opportunities for women with disabilities and supporting safe and affordable access to internet-enabled computers.

Education and training

Access to education and training

“In a situation where we have different people in a family, first of all a man without disability may be given the first priority to access education or any other opportunity, a woman without disability second, a man with disabilities third and then a woman with disabilities last. So, in that context, you realize that accessing education and such skills becomes an uphill task for women with disabilities so most of them end up lacking the relevant skills for the job market” – OPD representative in Kenya

Despite the existence of free primary and secondary education in Kenya, access by persons with disabilities is still far from universal. Low levels of education and lack of

relevant technical skills were identified by Gender Analysis respondents as key challenges for persons with disabilities' socio-economic participation. This affects women with disabilities disproportionately, notably due to inequitable gender norms and household and caregiving responsibilities that exclude them from formal education and training opportunities.

In Bangladesh, women with and without disabilities, face multiple barriers to access education (lack of financial resources, distance from school, child marriage, sexual harassment, early pregnancy and the low value placed on girls' education, amongst others). Girls and women with disabilities face additional barriers, including family negligence and lack of inclusive and accessible tools and teachers.

i2i should keep a flexible approach to engaging women with disabilities with primary education (to ensure women are not excluded). It should also design training and support actions that ensure women with lower levels of education can be meaningfully engaged.

“When I started training it was worst time of my life. People threatened my father directly that if I did not stop training they will abandon/cast off our family from all social activity” - woman with disabilities in Bangladesh

In addition, primary data collected in Bangladesh shows that when girls, women and families go against prevailing customs – notably by investing in the education and training of girls and women with disabilities – they challenge harmful social norms and gender roles, risking backlash from family and community members.

Within the i2i programme, consortium members should be oriented on the risk of backlash facing women participating in training opportunities and supported to design and adopt mitigation strategies, including family engagement, community dialogues and awareness raising activities.

Skills and training needs

In Bangladesh both unemployed women and men with disabilities engaged in the Gender Analysis cited computer and communication skills – including English language skills – as key to securing a job. The majority of female respondents added that they would like to strengthen their public speaking and interviewing skills.

Primary data collected on the training needs of persons with disabilities in Bangladesh and Kenya indicates a preference for computer and communication skills in both countries. In Bangladesh, public speaking and interviewing skills were highly prioritized by female respondents.

In Kenya, available data indicates a gendered difference in desired skills and aspirations of unemployed women and men with disabilities, with male respondents

prioritizing skills on information technology and female respondents preferring to gain skills that related to human resource management and public relations, communications and negotiation skills.

i2i training modules should be reviewed to ensure preferred training topics are reflected in the current package. In addition, organizations implementing i2i training should include mechanisms to receive sex and age disaggregated feedback from participants on the relevance and interest of the training provided, using that to make quick iterations to the training content and facilitation modality if required.

Finally, it is critical to ensure organisations are delivering gender-sensitive training, that harmful stereotypes are not being reinforced and that both female and male participants are actively encouraged to explore various skills and areas of work.

In both countries Gender Analysis respondents indicated a preference for face-to-face training for better engagement, interaction and motivation. But also to avoid challenges to access devices and internet needed to attend online training. They all recognized, however, that given the COVID restrictions online training is safer and more convenient.

Considering COVID restrictions and associated concerns, organizations delivering training under i2i must ensure remote training is adapted to promote effective interaction and engagement of women with disabilities. This includes having mechanisms to ensure women participate actively, that there is time and opportunities for questions and reflection and that, where necessary, pre-training is provided to participants on how to engage effectively with the selected training platforms.

In this process it is critical to ensure support is provided for the participation of women and men with disabilities who do not have access to computers and internet connection. This may include organizing safe physical locations for this training to take place.

Social capital and access to networks

[Persons with disabilities engaging with OPDs and in activism for the rights of persons with disabilities would be beneficial] “because the community would know that there is a child with disabilities who has their own rights and it would encourage other caregivers who may have hidden their disabled children to come out and seek help. It would also help other persons with disabilities to realize they are not alone.” – caregiver in Kenya

Women with disabilities in both countries often do not engage in activism for the rights of persons with disabilities due to social norms, limited mobility, and concerns around safety in public transport and in public places.

In Bangladesh the Gender Analysis found that although women with disabilities interviewed agreed that activism is important, men with disabilities are more aware of and engaged in activism than female respondents.

In Kenya data shows that social support groups (usually comprised of friends, family members or peers) are considered important entry points for skills training and organizing for collective action and that women who are part of such groups are slightly more likely to be in formal employment than other women. However, while approximately 1.9 million workers are members of trade unions in Kenya, there is no information on membership of women and men with disabilities. In addition, awareness of persons with disabilities about OPDs and other networks is limited. Therefore, membership of persons with disabilities in these organizations and networks is nearly insignificant, with more men members than women and more highly educated members than those with secondary or vocational education.

i2i should advocate for the engagement of women and men with disabilities in support groups and networks. This could be promoted during i2i trainings and wider awareness raising initiatives with i2i partners. Such efforts can be further strengthened by encouraging the participation of activists and movement leaders as speakers in i2i trainings and community engagement activities.

It is critical to diversify channels and widen reach of information related to the rights of persons with disabilities, available services and opportunities, intentionally targeting women with disabilities and persons with lower levels of education. This can be promoted by investing in the engagement of women's rights organizations and OPDs and networks that focus on the rights of women with disabilities, supporting them to strengthen their reach to women and men with disabilities.

Decision-making

Existing literature in both countries shows that **women with disabilities have limited decision-making power**. In Bangladesh women with disabilities have low decision-making power within households, at least in comparison to married women in the general population. The existing primary data from the Gender Analysis also indicates that **men with disabilities have more control over** decisions on most aspects of their lives (including decisions on studies/ training, employment and own-income expenditure) and that women with disabilities tend to make these decisions jointly with family members, with some respondents reporting that some decisions are made exclusively by those family members.

In Kenya, women's decision-making power is generally lower than that of men, particularly if women are not employed. In addition, women often do not have control over how the money they earn is spent. There is limited data on the decision-making patterns of women and men with disabilities, but existing literature shows persons with disabilities, particularly those who are unmarried and/ or less educated, being excluded from critical household decisions, notably on how to use disability grants and pensions.

Building on these findings i2i trainings should include components of gender, power and rights of women with disabilities. Husbands and family members must be proactively engaged by the programme to ensure women with disabilities are able to enrol in the i2i interventions but also to mitigate backlash from their participation and to promote more equitable and shared decision-making within households.

This can be strengthened by showcasing stories of couples who share power and decision-making within the home to act as role models and champions of more equitable relationships.

At community level women with and without disabilities are underrepresented in decision making level and excluded from critical discussions in both countries, with domestic issues, including experience of violence, being trivialised in public forums.

As part of community awareness raising actions on the socio-economic rights of women with disabilities, organizations implementing i2i interventions should include messages to community leaders on the value of women with disabilities' participation in community decision-making.

Gender based violence against Women with Disabilities

Gender-based violence is pervasive in both Bangladesh and Kenya and, in line with the existing global literature, the Gender Analysis found that the **experience of violence is particularly prevalent among women with disabilities**. Unequal and harmful social norms and practices in Bangladesh contribute to a high level of tolerance to violence against women and girls. In Kenya women with disabilities are estimated to be up to three times more likely to experience physical and sexual abuse.

Domestic violence is a barrier to employment considering it affects employment and productivity (as it negatively impacts the health and safety of workers).

i2i must raise private sector awareness of the effects of domestic violence in the world of work and should advocate for policies that protect women who experience violence, notably including leave and flexible work arrangements for survivors of domestic violence.

Additionally, **domestic violence is a potential consequence of women's engagement in the workforce**, since women's economic empowerment initiatives – notably promoting employability and participation in the labour market - can result in backlash from husbands and family members.

In addition to engaging husbands and family members in the programme (with tailored content to promote more positive, non-violent masculinities and more equitable power relations in the home), i2i should develop clear guidance on how consortium members and implementing partners will address and respond to disclosures of abuse from programme participants and how to conduct ongoing and intentional monitoring for emerging backlash. This should include:

- Ensuring consortium members staff working directly with programme participants are trained in psychological first aid and principles of a survivor-centred approach and are equipped to respond sensitively and safely to any disclosures of abuse;
- Conducting training and refresher sessions to i2i consortium members and organisations implementing i2i interventions on the risk of violence associated with women's socio-economic participation and the importance of ongoing monitoring to identify any emerging cases.

In addition, women with and without disabilities in Bangladesh and Kenya often face **discrimination, harassment from male colleagues in the workplace**. Such behaviour is largely normalised, meaning women may not report incidents and perpetrators are rarely held to account.

To address this issue, i2i should undertake thorough assessments of companies' policies and practices on discrimination, harassment and violence in the workplace, including complaint and reporting mechanisms, prior to supporting women with disabilities to take up job opportunities.

i2i should also have a clear mapping of the services and support available for reporting, referral and response to cases of violence and harassment in the programme target areas.

Employees of companies partnering with i2i should be trained on their company's Code of Conduct and oriented on the unacceptability of harassment and abuse in the workplace.

Finally, **women with disabilities often face harassment and violence** - from unwelcome sexual remarks to rape and femicide - **on the way to and from work** notably when travelling on public transport. This impacts women's freedom, health and well-being and severely limits their ability and aspirations to engage in the workforce.

In addition to sensitisation of private sector companies and organizations working under i2i, addressing this issue requires awareness raising and sensitisation (both at community level and through communication campaigns) about women's right to work and their right to safety and security.

In addition, women with disabilities participating in i2i interventions should have access to information on how to handle harassment, including where and how to report and support services available for survivors of violence.

Finally, i2i should advocate for companies to provide safe transport options for persons with disabilities, but also for social protection schemes to take into account the additional/different costs of ensuring safe, accessible transport to/from work for women with disabilities.

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