



FACTSHEET 2025

Beyond Access

Ensuring the continuity of education for
adolescent girls with disabilities



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Education for all girls: where are we today?

Education is a fundamental human right and a pillar of individual and societal development. Over the past 20 years, access to education has improved, but millions of children and young people remain excluded. Adolescent girls with disabilities face unique challenges with regard to staying in school, particularly in low- and middle-income countries.

Approximately 63 million adolescents of lower secondary school age are out of school, nearly half of them in Asian and African countries¹ Adolescents are twice as likely to be out of school as younger children,² reflecting the critical nature of adolescence – a period of transition in life and education when the risk of dropping out increases significantly.

International frameworks – such as the UN Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), Sustainable Development Goal 4 and 5 (SDG 4 and SDG 5), the Beijing Declaration and Platform for Action, and the Pact for the Future, Global Digital Compact and Declaration on Future Generations, adopted at the 2024 UN Summit of the Future – emphasise inclusive, equitable and quality education, and gender equality. Yet, a significant gap remains between these commitments and the realities faced by girls with disabilities who are disproportionately excluded from education and often subjected to violence, stigma and discrimination.

Globally, children and youths with disabilities are significantly overrepresented among those out of school, and the disparities worsen in adolescence. In low- and middle-income countries, 40% of children with disabilities are out of primary school, and 55% are out of lower secondary school.³ Gender inequities compound these challenges: only 41.7% of girls with disabilities have completed primary school, compared with 50.6% of boys with disabilities and 52.9% of girls without disabilities.⁴ The intersection of age, gender and disability heightens the risk of dropping out or discontinuing education. This is particularly true when transitioning from one educational cycle to the next.

Indeed, without accessible environments and adapted support, moving from primary to secondary education, to vocational education and training, or to higher education, becomes especially challenging for children and youths with disabilities. Adolescent girls face added barriers, including gender-based violence, child, early and forced marriage, imposed domestic responsibilities, and inadequate hygiene facilities, making them even more vulnerable to dropping out. Tailored interventions are essential during this period to prevent exclusion and ensure continuity in education.

Education has a significant effect on individuals and their communities. For girls with disabilities, it improves self-esteem, life prospects and economic independence, while reducing reliance on caregivers and enhancing family well-being. Conversely, failure to educate girls, particularly those

¹ UNICEF. (2022). Adolescent Data Portal, Education and Learning Snapshot. Retrieved in November 2024 from: <https://data.unicef.org/adp/snapshots/education-and-learning/>.

² UNICEF. (2015). [Fixing the broken promise of education for all](#).

³ UNICEF. (2021). [Seen, Counted, Included: Using Data to Shed Light on the Well-Being of Children with Disabilities](#).

⁴ World Health Organization and World Bank. (2011). [World Report on Disability](#).

with disabilities, highlights systemic deficiencies in educational systems.⁵ Integrating intersectional perspectives into policies and practices is essential for addressing the specific barriers faced by adolescent girls with disabilities along the education continuum.

This factsheet draws on a qualitative study conducted by Handicap International- Humanity & Inclusion (HI) in Nepal, Rwanda, and Senegal from July to August 2024. The objective of the study was to understand the barriers to education experienced by adolescent girls with disabilities and to formulate advocacy messages to address these challenges. 117 rights holders were consulted, including 68 adolescents in Nepal, 19 in Rwanda, and 30 in Senegal. Rights holders are children and adolescents aged 11–19, both female and male, with and without disabilities, living in urban and rural areas where HI has a national programme presence. Of the 117 people interviewed, 85 were adolescent girls with disabilities. Additionally, parents were interviewed to provide further insights into the challenges faced by these girls. By amplifying their voices, this publication seeks to inform decision-making in the education, development, child protection, gender-based violence and disability sectors, ultimately advocating for more inclusive and equitable educational systems for all girls.



A group of girls in school uniforms sit in a classroom in Nepal. © A. Thapa / HI

Societal and gender norms

Social norms strongly shape what is viewed as acceptable within communities, reinforcing gender biases from a young age. These norms, passed down through families, schools, workplaces or religious institutions, create significant barriers to girls' education by limiting their perceived roles and opportunities.⁶ When these gender biases intersect with discrimination against disability, girls

⁵ UNGEI. (2028). [The cost of not educating girls.](#)

⁶ UNGEI. (2021). [What we know \(and do not know\) about persistent social norms that serve as barriers to girls' access, participation and achievement in education in eight Sub-Saharan African countries.](#)

with disabilities face even greater obstacles, further restricting their chances of accessing and continuing education.

Prejudice and stigma

In many communities, stigma and prejudice against persons with disabilities are widespread. Families with children with disabilities often experience exclusion from community activities – such as communal meals and neighbourhood gatherings – because of discrimination by association with their child, which further isolates them. These attitudes are particularly harmful to girls with disabilities, who face a compounded form of discrimination due to both their gender and their disability.

A mother of a girl with disabilities, from Nepal, recounted a painful experience: “Whenever my daughter leaves the neighbours’ place, they instantly clean the place where she was sitting with water. That makes me feel bad. My daughter doesn’t have any communicable diseases to be treated in that way.”

Stigma may be fuelled by the parents of children with disabilities themselves. Some mothers shared that their husbands had abandoned the family because they could not accept having a child with disabilities.

Such social exclusion underscores the deep-seated stigma around disability and its negative impact on the lives of adolescent girls, including their ability to attend school. Girls with disabilities often internalise these societal prejudices, leading to a lack of self-confidence and feelings of hopelessness.

One 12-year-old girl from Nepal shared that her blind friend frequently expressed suicidal thoughts because “she feels useless in life”. This lack of self-worth can severely diminish these girls’ motivation to continue their education.

Parents’ role in education

Parents are critical in shaping the educational opportunities available for their daughters with disabilities. When parents recognise their daughters’ rights and potential, they become advocates for their education, contributing to their empowerment and protection.

A girl with disabilities from Senegal commented: “My parents provide for all my needs despite the high cost of living so that I can become a teacher and a seamstress as is their wish”.

Other parents, however, driven by fears for their daughters’ safety, particularly the risk of sexual violence, may hesitate to send them to school, choosing instead to keep them at home in an effort to protect them. Indeed, girls and young women with disabilities face more gender-based violence than those without disabilities, and girls with intellectual disabilities are particularly vulnerable to sexual violence.⁷

⁷ UNFPA. (2018). [Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights](#).

"I know two girls with disabilities who have never been to school. The family kept them at home. The mother ended up making her children believe that they cannot succeed in life. Parents prefer to keep them at home in order to protect them from possible 'violence' they may be victims of. They cultivate a mindset of helplessness in these children with disabilities. They are not socialised at all." 16-year-old girl without a disability, urban area, Senegal.

While it might be understandable that parents adopt over-protective attitudes, keeping girls at home goes against their right to freedom and autonomy. In addition, it can create unintended negative effects, such as fostering a mindset of helplessness, and limiting opportunities for socialisation and personal growth. Moreover, girls with disabilities may not be safe at home, as studies show that girls with disabilities are at great risk of violence both outside and within the household.⁸ They are twice as likely to experience domestic violence compared to their counterparts without disabilities,⁹ often facing abuse over extended periods. Isolation and the lack of education increase the likelihood of abuse, frequently from individuals within their own communities. This highlights a complex dilemma: protecting girls with disabilities from external violence must be balanced with the risks posed by isolation and domestic abuse, underscoring the importance of creating safer environments in both the home and at school, while strengthening girls' awareness and ability to claim their rights.

In some communities, additional factors come into play: girls with disabilities may be seen as burdens. These barriers contribute to a cycle of isolation and vulnerability for girls with disabilities, reinforcing the need for supportive and inclusive educational environments.

Harmful beliefs on girls' roles and their future, household responsibilities, and child, early and forced marriage

Adolescent girls, regardless of their disability status, often face unequal burdens in the household, which limit their educational opportunities. They are expected to manage household chores, leaving little time for schoolwork or leisure. In Nepal, for example, adolescents aged 10–14 show a gender disparity in the time spent on household chores, with 17% of girls and 7% of boys dedicating at least 21 hours per week to unpaid household work.¹⁰ The unequal division of labour within households reflects deeper gender norms that devalue the education of girls, who are often withdrawn from school to manage household chores.

In many rural areas, educating daughters is seen as a poor investment because they are expected to marry early, leave the family home and prepare for having children.

A 16-year-old boy in Nepal from a religious minority group explained that his family had already arranged his sister's marriage for when she completed secondary school, saying: "This is the practice in my community. Even though I wish my sister could study more, if my parents are planning a marriage for her, I must agree."

⁸ UNICEF, UN Women, WHO, ILO, FAO, UNDP, UNFPA and UNPRPD. (2023). [Working Together to Ensure the Right of Girls with Disabilities to Live Free from Violence](#).

⁹ Report of the Special Rapporteur on the Rights of Persons with Disabilities. (9 August 2016). [A/71/314](#)

¹⁰ UNICEF. (2020). [A New Era for Girls](#).

These harmful practices violate the rights of the girls and prevent them from continuing their education.

Economic factors

Economic barriers significantly hinder the educational prospects of adolescent girls with disabilities, as families facing poverty often prioritise caregiving, healthcare and the education of sons over daughters with disabilities. In low-income settings, these challenges create a cycle where limited resources and cultural biases make it difficult for girls with disabilities to access and continue their education.

Economic opportunities lost due to disability

Persons with disabilities experience higher rates of poverty and deprivation, as well as lower income levels, compared with the general population.¹¹ 80% of persons with disabilities live in low- and middle-income countries,¹² where access to essential services and economic opportunities is often limited. This creates a vicious cycle, as poverty exacerbates the challenges faced by persons with disabilities and further limits their access to services and their social and economic participation.

Having a child with disabilities often limits a family's economic potential. In households where one family member, typically the mother or an older daughter, must stay at home to care for the child with disabilities, the family's overall income suffers.

Besides, keeping girls with disabilities at home to help with household tasks is often viewed, in the short term, as more cost-efficient than investing in their education.

A pattern observed across the interviews in three countries is that families often depend on remittances from one parent (usually the father) working abroad, while the mother stays at home to care for the child with disabilities. This further limits the family's ability to invest in education, as financial resources are stretched thin.

Financial prioritisation of sons over daughters

In families with limited financial resources, sons and children without disabilities are often prioritised over daughters with disabilities. The rationale behind this decision is rooted in cultural beliefs about future economic returns, associated with gender and disability-related stigma. Sons are viewed as future breadwinners, while daughters, particularly those with disabilities, are seen as dependent and less capable of contributing financially to the household in the long run.

¹¹ S. Mitra, A. Posarac and B. Vick. (2011). [Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey.](#)

¹² UNDESA. [Factsheet on Persons with Disabilities.](#)

A deaf girl from rural Nepal expressed her disappointment, saying, “I really want to continue my studies, but my family isn’t willing to support me once I pass grade 8, which is available in my local school. My parents want me to prepare for marriage even though I’m only 15. They want me to work and earn money to support the family.”



12 year old girl from Rwanda with a prosthesis playing with a ball at school. © S. Wohlfahrt / HI

Cost of assistive devices

These economic constraints are compounded by the cost of assistive devices and specialised materials needed for some girls with disabilities to access, learn and succeed in school. While some programmes provide temporary support in the form of devices such as wheelchairs or glasses, these interventions are often insufficient or short-lived.

One girl with a visual impairment from Nepal shared that she lost her glasses and couldn’t afford to replace them. “One of my friends has a magnifier, which we share, though it’s not always available when needed because there is only one for both of us.”

Competing priorities: healthcare or education?

For many families, the healthcare needs of their children with disabilities take precedence over educational expenses. In cases where families must choose between paying for medical treatments or sending their daughter to school, healthcare typically wins out. This decision, though understandable given the circumstances, further limits the educational prospects of girls with disabilities.

In Rwanda, a mother explained how her daughter’s frequent health issues interfered with her schooling: “She would be in secondary school now, but she is still in grade 4 of primary education because of poor academic performance due to constant ill-health and being in pain.” This is one example among many of the direct impact of health-related absenteeism on academic progression for girls with disabilities.

Educational settings

The contexts where learning takes place can either enable or hinder access and educational success. Whether in special or mainstream schools, barriers such as inadequate teacher training, limited accessibility, and a lack of supportive facilities make the learning environments challenging, contributing to higher dropout rates among these students.

Mainstream and special education

Parents often call for more special schools in their communities, believing that these institutions are better adapted and equipped to address the unique needs of children with disabilities. Such schools are not without challenges, however, as they can expose these children to an equally high risk of violence and abuse, and are frequently located far from their homes, disrupting family connections.

One girl with a visual impairment in a special boarding school in Nepal shared, “I feel very sad when I return home because my mother cries a lot due to the long separation. This makes it difficult for me to adjust when I’m away from home for an extended period, often taking about a week to adapt.”

This demand for special schools also underscores the lack of true inclusive educational options, where students with disabilities can learn alongside their peers, diversity is valued, and each learner is supported to thrive. In some cases, inclusion is understood as simply placing learners with disabilities in mainstream schools. Schools that are not prepared, supported or accountable for achieving inclusion, however, may end up intensifying a child’s experience of exclusion and even provoke a backlash.¹³

Teacher training and support

A recurring theme across all three countries is the lack of disability-inclusive and gender-transformative¹⁴ teacher training. Teachers in mainstream schools often lack the skills and resources to support students with disabilities and the ability to adopt tailored approaches to respond to the diverse learning needs of all students, including adolescent girls with disabilities. This leads to frustration and disengagement among the students.

Deaf girls in Nepal reported significant challenges in understanding subjects such as mathematics because their teachers did not provide alternative methods of explanation. “The teachers only show pictures, so now we are falling behind,” they explained.

A girl with a visual impairment from Nepal recounted how she had to rely on her friends to read material from the board because the teachers rarely read aloud. During exams, she was given an additional 20 minutes to complete her work, but this was often insufficient, as writing in Braille takes longer than traditional writing methods.

¹³ UNESCO, (2020). [Inclusion and Education: All Means All - Global Education Monitoring Report](#).

¹⁴ UNGEI. [Gender Transformative Education Glossary](#).

When teachers are trained and supported to teach with student-centred methods, foster critical thinking, challenge gender and disability stereotypes, promote gender equality in their classrooms, and ensure that the learners' unique abilities and challenges are addressed, all students benefit and thrive.

A 12-year-old girl with a physical disability from Rwanda shared how the encouragement she received from her teachers helped her stay confident and succeed in her studies: “Even if a few students at school mock and bully me, I don’t let it affect me. I stay confident, and this has enabled me to succeed.”



Sundari is an 11 year old child living in Nepal. She has an intellectual disability. She is reading her notebook at the blackboard in her classroom and explaining what an animal cell is. © P. Gairapipli / HI

Physical accessibility

Physical accessibility remains a significant barrier for girls with disabilities in all three countries. Many schools themselves are inaccessible, with features such as steep stairs, narrow doorways or uneven ground that prevent girls with physical disabilities navigating the premises.

A girl with physical disabilities shared that even though she had been provided with a wheelchair, she couldn’t use it because the school grounds were inaccessible.

This lack of accessibility extends to classrooms, playgrounds and other facilities, further limiting their participation in school activities. In particular, many schools lack accessible toilet facilities, and girls with disabilities often face humiliation and discomfort. The absence of separate, gender-segregated toilets makes the situation worse, as girls may feel unsafe or uncomfortable using shared facilities. Accessible, private toilets are crucial for ensuring dignity and for allowing these girls to use essential equipment or receive assistance. The lack of such facilities leads to higher rates of absenteeism and dropout.

In addition, schools are often located far from their homes, and the journey to school is made even more difficult by poor infrastructure. In Nepal, girls reported walking 45 minutes to an hour each way to reach school, which becomes especially challenging during the monsoon season when roads are flooded.

Menstrual care management

The lack of accessible separate, gender-segregated toilets in many schools poses a major barrier for girls with disabilities, especially during menstruation. It exacerbates the stigma surrounding menstruation for these girls, often leaving them to navigate an already challenging experience without the necessary support from school staff who are rarely prepared for it. Furthermore, the lack of free menstrual products in many schools places additional financial burdens on families with limited resources. Schools that provide private, accessible toilets and free menstrual products are more likely to retain their female students as they ensure a level of dignity, comfort and privacy.

A 15-year-old girl with mental disabilities from Rwanda expressed relief at the improvements made at her school: “Menstrual periods are not a shame and problem to me nowadays. I am safe at school today even during my periods because I have a safe place at school for easy management of the period.”

Menstrual care management is hindered by widespread stigma and harmful beliefs about girls with disabilities, who are often seen as asexual or incapable of experiencing menstrual or sexual health issues. This results in limited education and resources on menstrual care management and, more broadly, on sexual and reproductive health for girls with disabilities. Addressing this stigma is crucial for ensuring that girls with disabilities receive the health education and care they need to lead healthy, informed lives.

Safety and protection

Girls with disabilities are particularly vulnerable both to general forms of abuse – such as bullying and physical violence, which many children with disabilities experience – and gender-based violence (GBV), which targets them specifically because of their gender. Together, these factors push many girls with disabilities to leave school, seeking safety in the absence of strong protective measures.

Bullying and physical abuse of children with disabilities

In Rwanda, a 17-year-old girl with intellectual disabilities described how her teachers would beat her when she couldn't answer their questions correctly. This abuse led her to drop out of school.

Her mother explained: “When her teachers asked her questions and she couldn't answer, they thought she was doing it intentionally, so they beat her. I went to explain her situation to the school, but they didn't understand me. They asked me to keep her at home because having her in school was useless and she was causing them problems.”

While instances of bullying and abuse were reported across all types of educational setting, schools with explicit inclusion policies and specialised training for teachers were more likely to provide supportive environments and be better equipped to address these issues, including for students with disabilities.

“I was followed into the toilets by a boy during playtime when I was relieving myself, but the school life assistant who had followed the scene helped me and the boy was summoned and

brought before the disciplinary board in the presence of his parents.” Young autistic girl, aged 16, urban area, Senegal

Gender-Based Violence (GBV)

Gender, age, disability and other discrimination factors interact to exacerbate the risk of violence for girls with disabilities. A study in Uganda found that 16% of girls with disabilities had experienced sexual violence perpetrated by their teachers, compared with 4.9% of girls in general (Parkes et al. 2023). In 2021, the Human Rights Council recognised that the multiple and intersecting forms of discrimination that women and girls with disabilities face result in violence.¹⁵ “Women and girls with disabilities experience gender-based violence at disproportionately higher rates and in unique forms owing to discrimination and stigma based on both gender and disability.”¹⁶

**“We see that there are girls with disabilities who are in very difficult situations, whether at school, in the home or in the community. They face sexual abuse because they are disabled.”
An 18-year-old girl from rural Senegal, without a disability.**

Girls with disabilities are particularly vulnerable to sexual violence, both in and out of school. In some communities, girls with intellectual disabilities or albinism are targeted because of myths that intercourse with such girls brings wealth, power, or even cures diseases such as AIDS. As persons with disabilities are often perceived as asexual, girls and young women with disabilities are presumed to be virgins, and easy to target because of their disabilities, which may make it less likely that the violence will be reported or prosecuted.¹⁷

The fear of GBV not only affects the safety of these girls but also has broader implications. Parents may feel reluctant to send their daughters with disabilities to school due to concerns about their safety.

One mother from Nepal, whose daughter has physical disabilities, expressed her anxiety: “I have not stayed a single night away from my home as I am worried about my daughter’s protection. We hear a lot of news about girls getting sexually abused, thus I am scared that such an incident occurs to her during my absence.”

In some cases, the issue is aggravated by family dynamics. When a parent or family member shows intolerant, unaccepting or unsupportive behaviour toward a girl with disabilities, this can create an environment of tension and fear, leaving other caregivers – often mothers – in constant apprehension of conflict or violence within the household.

¹⁵ Resolution adopted by the Human Rights Council on 13 July 2021, [A/HRC/RES/47/15](#). “Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities”.

¹⁶ The situation of women and girls with disabilities and the status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto ([A/72/227](#)), Secretary-General, July 2017.

¹⁷ C. Devandas Aguilar. (2017). *Sexual and Reproductive Health Rights of Girls and Young Women with Disabilities* ([A/72/133](#)). UN Special Rapporteur on the Rights of Persons with Disabilities. Presented at the 72nd session of the UN General Assembly.



In Senegal, a 14 year old girl with physical disabilities in a classroom with other students. © J-J. Bernard / HI

No girl left behind: transforming education for adolescent girls with disabilities

Accessing, continuing and thriving in educational systems that are inclusive of all learners should not be a luxury. It is instead a fundamental right for all, including for adolescent girls with disabilities. Only by embracing a gender-transformative, holistic, intersectional approach can we ensure that adolescent girls with disabilities can learn, grow and reach their full potential. Below are targeted recommendations to guide governments, international donors, school authorities and civil society organisations in their efforts to ensure that adolescent girls with disabilities can learn, grow and reach their full potential on an equal basis with others.

1. Challenge the harmful beliefs that exclude girls with disabilities from education

To governments:

- Run public campaigns and support civil society efforts to counter myths about disability and transform harmful gender norms and practices, emphasising the human rights aspect and the lasting value of educating all girls to the whole community.
- Ensure that teachers' initial and in-service training, as well as national educational curricula, address diversity and inclusion.
- Increase diversity in the teaching profession by encouraging the recruitment of more women teachers with disabilities.
- Improve teaching content and materials to combat gender and disability stereotypes and discrimination.

To international donors:

- Support awareness-raising campaigns, particularly those led by women's rights activists and women-led Organisations of Persons with Disabilities (OPDs) advocating for the protection and education of girls with disabilities.
- Encourage and support governments' efforts to improve educational curricula and teacher training in order to address diversity and inclusion adequately.

To civil society organisations:

- Run community and family-focused campaigns, in partnership with religious and cultural leaders, to foster inclusive values in communities with entrenched beliefs about disability and harmful gender norms.
- Engage parents on the importance of education, sexual and reproductive health, and the risks of child and forced marriage.

To school authorities:

- Provide training for teachers and personnel on the specific challenges faced by girls with disabilities and the importance of gender-transformative, inclusive school practices.
- Support girls with disabilities to become role models in their classrooms and communities.

2. Make educational settings more accessible and more inclusive

To governments:

- Dedicate an adequate budget for the effective implementation of educational policies that support girls, children and youths with disabilities.
- Provide initial and in-service training and support for teachers so that they are adequately equipped to meet the needs of all learners, including learners with disabilities.

To governments and school authorities:

- Ensure that all school facilities, including classrooms, playgrounds, toilets and menstrual care facilities are accessible to students with physical, sensory, intellectual or communication disabilities.
- Ensure that assistive technologies and reasonable accommodations (such as accessible teaching materials, Braille materials, physical accessibility) are available and used effectively.
- Adapt curricula and teaching methods, including home-learning and digital options for students with ongoing health issues, and promote the positive portrayal of girls with disabilities in teaching and learning materials.
- Address menstrual care needs by equipping schools with accessible private toilets and free menstrual products, and by training staff to support girls with disabilities with intimate care needs.

- Ensure access to youth-friendly, disability-inclusive sexual and reproductive health (SRH) services by linking schools with local health providers to deliver accessible, confidential and gender-sensitive SRH education and care.

To international donors:

- Increase funding for inclusive education, using a twin-track approach that strengthens inclusive education systems in general and specifically targets children and youths at higher risk of being left behind, including adolescent girls with disabilities.
- Place accessibility at the core of support to improve infrastructure and school environments.

To civil society organisations:

- Monitor the implementation of educational policies, involving parents, students, teachers and school staff on the ground.
- Advocate for the necessary changes in terms of accessibility and inclusion in educational environments.

3. Ensure protection and safety for adolescent girls with disabilities

To governments:

- Develop and implement comprehensive safeguarding policies that explicitly address the specific risks faced by adolescent girls with disabilities, such as neglect, bullying, child and forced marriage and gender-based violence.
- Set-up mechanisms for effective collaboration between the educational sector and other interconnected sectors (social protection, health and rehabilitation, transport and infrastructure).
- Adopt the whole-school approach to prevent and address school-related gender-based violence, with specific measures for girls with disabilities.¹⁸

To school authorities:

- Establish and implement school safeguarding policies with reporting mechanisms that are accessible by and inclusive of all students, including students with disabilities.
- Provide training and awareness raising for staff and students to reduce stigma, discrimination and violence in the school environment.

¹⁸ UNGEI. (2019). [A Whole School Approach to Prevent School Related Gender-Based Violence](#).

To international donors:

- Support programmes that adopt a comprehensive approach that prioritises the safety, rights and empowerment of adolescent girls with disabilities within and outside the educational setting.

To civil society organisations:

- Raise awareness within the school and community of the specific protection risks faced by adolescent girls with disabilities, and empower them to recognise and advocate for their rights.

4. Support families, especially single mothers, of children and youths with disabilities

To governments:

- Provide solutions to reduce the cost of education for the most vulnerable households (school grants, cash transfers, canteens, transport).
- Enforce policies that ensure gender equality in employment opportunities, protect single mothers from discrimination in the workplace, and increase the availability and affordability of childcare services.

To governments, international donors and civil society organisations:

- Develop and/or support livelihood programmes tailored to parents of children with disabilities, focusing on sustainable sources of income and on promoting gender equality in household roles.
- Facilitate access to psychosocial support, peer support and counselling to empower caregivers and reduce the emotional strain of caregiving.

To all stakeholders and for all the above recommendations:

- Meaningfully collaborate with adolescent girls with disabilities, amplifying their voices, supporting their advocacy, and ensuring their participation at all stages of policies and programmes that affect their lives.
- Collect, analyse and use disaggregated data (at least by disability, gender and age) to develop relevant responses to the educational exclusion of adolescent girls with disabilities.
- Apply an intersectionality perspective in the development of policies and programmes, paying particular attention to the specific situation of adolescent girls with disabilities.

Let's act now to break down the barriers and ensure that no girl, regardless of her abilities, is left behind.

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