
Towards inclusion of refugee women with disabilities and care-givers of persons with disabilities in existing women's protection and empowerment programming provided by IRC in Burundi

➔ **By International Rescue Committee (IRC) and Women's Refugee Commission (WRC)**



Topic area: Practices that address violence, abuse and exploitation of women and girls with disabilities in situations of risks and humanitarian emergencies.

Background

Burundi is one of the least developed countries in the Great Lake region. Burundi is a host country to roughly 150,000 refugees¹⁴ and at the same time is resurfacing from decades of devastating civil war and genocide. It is struggling to regain socio-economic security, with a population of internal displaced people in some regions. Agriculture via small scale and/or subsistence farming is the main source of income.

The current refugees are predominantly from the Democratic Republic of Congo,

most living in camps, with a minority living alongside Burundians in the capital Bujumbura. While basic needs are mostly, though not completely, met through international humanitarian action in the camps, this isn't the case in the urban context. While urban refugees receive support for accessing limited health care services, all other needs (shelter, safety, education, food and so forth) have to be met by the refugees themselves. Many of the urban refugees are exploited as basic and cheap labor; for women and girls, there is also a high exposure to sexual exploitation and abuse. Their isolation and social exclusion also mean they are more exposed to domestic violence, sexual harassment and other forms of gender-based violence. The IRC in Burundi implements Women's Protection and Empowerment (WPE) programming with refugees living in both camp and urban settings. This programming focuses on response services for survivors of gender-based violence (case management, access to health care, counselling, safety planning), and on social and economic empowerment programmes designed to reduce the exposure of women and girls

to further violence through increasing their protective networks and social assets, and enhancing their access to income and economic resources. Women with disabilities face situations of financial and sexual exploitation, coercive sex when not able to pay back loans, and/or gender-based violence at home. Due to bigger distances between the homes of the women, the cost of transportation, and less community cohesion in the urban setting, the majority of women hadn't had contact with other women with disabilities. In the camp context many faced challenges in accessing basic humanitarian and/or specific humanitarian services for themselves or their family members, such as rehabilitation services. Yet IRC field staff indicated they'd been hesitant to work with women with disabilities. They had assumed they needed specialist skills to be able to work effectively with this group and include them in program activities. At the same time, they hadn't had

discussions with women with disabilities about their needs. Existing interventions, such as economic and peer support groups, rarely included women with disabilities or their care-givers. IRC's assessment tools and the annual safety audit weren't inclusive of disability related components. Moreover, the gender-based violence information management system only tracked people according to physical or mental disability; and were not used to support program design and planning. Lastly, recruitment of refugee incentive staff to work on the community mobilisation and outreach components of the programme did not target women with disabilities or women caring for those with disabilities.

up to address the gaps in access and inclusion in WPE activities based on the priorities as articulated by women with disabilities.



Village Savings and Loans Associations (VSLA)¹⁵ are a central component of the IRC's Economic and Social Empowerment intervention in Burundi, and when combined with a discussion group series on GBV issues, can have a significant and positive outcome on the incidence of intimate partner violence, attitudes towards violence against women, and household decision-making and negotiation¹⁶.

What happened?

IRC Burundi was identified as a pilot country for the IRC and WRC project, Building Capacity for Disability Inclusion in gender-based violence (GBV) Programming in Humanitarian Settings, which included three phases of work:

- Group discussions with women and girls

- with disabilities and female care-givers to identify GBV needs and capacities, as well as barriers and facilitators to access and inclusion in activities;

- Implementation of pilot actions to promote disability inclusion in existing GBV activities;
- A participatory evaluation to identify effective strategies and positive practices.

The collaboration between WRC and IRC started with a process of consulting refugee women and girls with disabilities, and women with care-giving responsibilities to better understand their situation, and to create space for them to share their ideas for how to strengthen programs. This was the first time that IRC staff in Burundi had met with refugee women and girls with disabilities in a structured way to hear about their lives, their concerns and their priorities. The women with disabilities brought forward priorities related to access to economic and livelihood opportunities, as well as to specific services, including GBV services. After the consultations action plans were drawn

Based on the interests expressed by women with disabilities and care-givers, some of them survivors of gender-based violence, IRC staff initiated groups consisting of women with disabilities and/or care-givers only. Those groups had two functions—first to create a peer support network amongst the women, and second, to create a saving scheme to increase women's independent access to resources. Each of those groups was supported by one community mobilizer from IRC who facilitated the group dynamic and supported a discussion group series, which included women's spouses. The women with disabilities reported a positive change in their perception and daily outlook, helped by the peer support. Some believed that being recognized by an INGO was important (aside from a health referral service supported by Handicap International and managed by the Ministry of Health, no INGOs had reached out to them before). IRC staff also supported the claims of refugees with disabilities to have better access to humanitarian services in the camps, helping them to organize meetings with other humanitarian service providers. The WRC Disability Program and IRC Technical Unit provided guidance, coaching and experimental learning sessions through field visits and remote support.

What worked?

The participatory approach used by WRC allowed IRC to set the pace of change, based on the first exchanges and subsequent discussions with women with disabilities. IRC emphasized that it was extremely helpful to build on their existing structures and programming, and to expand their focus to become more inclusive and target women with disabilities. Women with disabilities explained the importance of meeting each other and having a way to exchange stories and feel understood. The counselling and savings groups supported their empowerment. IRC field staff mentioned the training from Handicap International on the CRPD and concrete accessibility measures as instrumental in helping them to support refugees' access to existing services on an equal basis with others.

What changed?

As a result of the project, women with disabilities in both locations shared the importance of the support and exchanges with other women with disabilities. This has helped survivors of violence, care-givers, and others to break the circle of isolation many of them had felt before the intervention. Some shared that they have gained confidence and feel happier in their daily lives.

The IRC staff expressed satisfaction that they are increasingly able to engage women with disabilities in their programs. Moreover, they have started to employ women with disabilities as incentive staff. IRC emphasised they understand the added value and a benefit of disability inclusion.

What did we learn?

According to IRC WPE staff the initial consultations were an important experience in two ways—making them aware about the similarities between women with and without disabilities, and the unique situations faced by care-givers as well as by those

women with disabilities living in isolation from others. The WPE staff would like more training, particularly in how to communicate more effectively with women with more severe difficulties in communication, or with psychosocial and intellectual disabilities. IRC in Burundi is planning to include disability in their governance program, which is working on supporting the development of the judicial system in Burundi, although this is directly connected with WPE programming. When asked about participation of women with disabilities in more decision taking in the project, IRC field staff was very positive to engage them more in analysis of data, and decision making processes. Moreover, they have also been considering meeting Burundian DPOs, with the intention of initiating collaboration and encouraging the DPOs to address issues of GBV in their work in the coming months. One possible collaboration could be to link DPOs with refugee women with disabilities, particularly in Bujumbura, as this is an especially isolated group.

For more information, please contact Emma Pearce at: EmmaP@wrcommission.org