Lessons learned

# Gender and disability intersectionality in practice: Women and girls with disabilities addressing discrimination and violence in Africa

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Lessons learned

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# Women and girls with disabilities' issues in the light of grassroots experience

**Gaudence Mushimiyimana**
**Executive Director of the Rwandan Organization of Women with Disabilities (UNABU)**

Women and girls with disabilities are both more likely to face sexual violence and abuse and less likely to access support before or following an attack. Many of them show a lack of self-esteem linked with economic and psychosocial dependence. Moreover, the vulnerability brought about by this intersectional identity puts women and girls with disabilities at greater risk of gender-based violence. For instance, girls and women with hearing impairments don't hear the warning sounds of approaching predators while those with visual impairments don't know where to run for protection. They are easy targets. In addition, negative attitudes and beliefs on disability, as well as a lack of technical skills on inclusion among health providers, judicial and law enforcement authorities and other stakeholders aggravate the situation.

This will not change until girls and women with disabilities' voices are heard and they start to lead the change themselves, to share their interpretations and expectations from development, human, and women's rights initiatives and thereby hold different stakeholders accountable. Everyone, everywhere needs to understand that women with disabilities are first and foremost women and human rights holders. Global and national commitments to gender equality and respect for human rights for all, including the 2030 Agenda for Sustainable Development, will not be achieved as long as there are still a proportion of women with disabilities in rural areas lagging behind others in every aspect of community life.

UNABU, the Rwandan Organization of Women with Disabilities embarked on the journey of empowering women with disabilities in rural areas in 2016. We started by helping girls and women with disabilities organize themselves into self-advocacy grassroots groups, equipping them with knowledge and skills on their rights as set out in international treaties such as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD) and other national GBV laws and policies.

Our main finding is that helping women with disabilities organize their own community groups has boosted their self-esteem. Being confident and conscious of their value as human beings is the starting point for becoming active members of the community and self-advocates, for reporting abuse, but also dreaming of a better future through initiation of economic activities. Women with disabilities are the best champions and experts in their self-protection. They are the key actors for change in their own communities.

# Foreword

**Manuel Patrouillard,**
**Managing Director of Humanity & Inclusion**

This year marks a turning point, with women, all over the world, raising their voices to denounce the sexual harassment and violence they experience. This unprecedented movement is underpinned by women and girls speaking out freely, claiming their rights and being empowered; and unites the women and girls from all parts of the world, and from different contexts, cultures, social backgrounds, etc.

2018 is also the year to look back at the implementation of the Convention on the Rights of Persons with Disabilities, which entered into force 10 years ago. The fact that these two moments coincide further emphasizes the need to address the discrimination and violence faced by women and girls living with disabilities. As Handicap International becomes Humanity & Inclusion, we are more than ever convinced that we have a role to play alongside women. The Making It Work Gender and Disability report presented here is a perfect illustration of the actions undertaken by HI and its partners in our countries of intervention. Working with and supporting Disabled Persons' Organizations, we want to make sure that they strengthen their ability to advocate for themselves, in particular to promote their dignity and rights.

In 2014, we therefore designed the Making It Work initiative on gender and disability to ensure that the intersection of gender and disability would be addressed, with women with disabilities playing a central role in the process. Its specific methodology helps us draw on what is already implemented by grassroots organizations. It promotes the realization of the full potential of all persons with disabilities, women and girls in particular. It supports the mainstreaming of specific needs and effective participation of women with disabilities in the actions of feminist organizations.

Women with disabilities face numerous specific challenges and we must carefully listen to, and strongly support, their request for recognition. The rights of women and girls with disabilities are reaffirmed in the Convention on the Rights of Persons with Disabilities. However, this recognition of their specific situation has yet to translate into sustainable, tangible change in the lives of individuals.

The nine good practices presented in this report are for most part led by women with disabilities at grassroots level. Good practices were collected and selected in collaboration with the Technical Advisory Committee members, whose expertise and networks have been critical in the project's success. In six countries from the African continent, Making It Work good practice holders have demonstrated through their actions, the very urgent need to address the intersection of gender and disability. They have also demonstrated that there are solutions available, addressing both the prevention of, and response to, violence and empowering women and girls with disabilities.

The Making It Work Gender and Disability project and its partners further demonstrate that Disabled Persons' Organizations and Women Organizations are willing to learn from each other, a model for others to follow to achieve our common goal: promoting dignity for all women.

# Introduction

**Sophie Pecourt**
**Making It Work Gender and Disability Project Coordinator, Humanity & Inclusion**

Three years back, the Making It Work Gender and Disability Initiative published its first report entitled "Making It Work initiative on gender and disability inclusion: Advancing equity for women and girls with disabilities", describing and drawing evidence from eleven good practices in ten countries around the world, aimed at eliminating discrimination and violence against women and girls with disabilities.

In her introduction to the 2015 report, Professor Arlene S. Kanter from Syracuse University College of Law wrote, on behalf of the Making It Work Technical Advisory Committee: "Readers of this report may wonder why a separate initiative aimed at eliminating violence against women and girls with disabilities is needed on the international level, given the attention that is being paid to violence against women, generally and to people with disabilities. Indeed, State parties to the CRPD, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), as well as other international human rights treaties, are all obligated to protect and promote the equal rights of women and girls with disabilities, including their right to be protected from violence, abuse and torture. The Beijing Platform of Action (1995) also recognizes the obligations of States parties to address the rights of women. But neither the Beijing Platform nor subsequent international and regional reports adequately promote the empowerment of women and girls with disabilities and programs to eliminate violence, nor do they call for monitoring incidents of violence, exploitation or abuse against women and girls with disabilities."

Three years have passed, and Disabled Persons Organizations, Women's Organizations and their partners have been continuously pressing for progress to be made in confronting discrimination and violence against women and girls with disabilities.

The scale of the problem is huge. Women are more likely to experience physical, sexual, psychological and economic violence than men. Women with disabilities are twice as likely to experience domestic violence and other forms of sexual and gender-based violence as non-disabled women.[1] It is estimated that 83% of women with disabilities will be sexually abused in their lifetime.[2] They are disproportionately affected by violence and in unique forms owing to discrimination and stigma based on both their gender and their disability.[3]

The compelling need to address the intersectionality of gender and disability, not to mention other discrimination factors, has been put at the forefront of the international agenda thanks to the continuous advocacy undertaken by Disabled Persons Organizations, Women's Organizations and their partners; the Making It Work Gender and Disability project has been doing its part in this critical work.

Since 2015, MIW Good Practice Holders have been relaying the voices of women and girls with disabilities at numerous international events, such as the 2016 Social Forum, the Conference on the Status of Women (CSW) in 2017 and 2018, the Association for Women's Rights in Development (AWID) Forum in 2016. They have also taken part in Gender and Disability Forums, organized by the MIW team in New York in 2015, Bogota in 2017, and Nairobi in 2018.

The July 2017 Report of the Secretary-General, prepared for the UN General Assembly 72nd session, on the "Situation of women and girls with disabilities and the Status of the Convention on the Rights of Persons with Disabilities" highlights that a "significant number of Member States reported the integration of women and girls with disabilities into their national plans and strategies focused on disability". Still the inclusion of empowerment and rights of women and girls with disabilities within gender laws, policies and programs is far from sufficient. For instance, only one out of the six countries where Making It Work documented good practices is equipped with a gender strategic plan with specific provisions for

women and girls with disabilities. Further advocacy is crucial to ensuring women and girls with disabilities are included in both gender and disability policies.

This new Making It Work report entitled 'Gender and disability intersectionality in practice: Women and girls with disabilities addressing discrimination and violence in Africa' is published at a time when the world is witnessing an unprecedented movement of women denouncing sexual harassment and abuse and claiming their rights. More than ever, it is our duty to work alongside women and girls with disabilities who are raising their voices and taking action to confront discrimination and violence.
We, the Making It Work project, a diverse plethora of individuals and organizations working together, are proud to be part of this journey.

# At a glance

The nine good and emerging practices have been selected collectively by the MIW project team and the Technical Advisory Committee members following the African call for good practices on the elimination and response to violence, abuse and exploitation of women and girls with disabilities.

The Technical Advisory Committee members are: Ms. Yetnebersh Nigussie, Prof. Arlene S. Kanter, Ms. Lisa Adams, Ms. Stephanie Ortoleva, as individual members, and the International Disability Alliance (IDA) represented by Ms. Silvia Quan, Disability Rights Fund (DRF), the African Disability Forum (ADF) represented by Ms. Fatma Wangare, the Women with Disabilities Arts and Cultural Network represented by Ms. Mi Yeon Kim, and International Women Rights Action Watch Asia Pacific (IWRAW) represented by Ms. Lee Ai Schuen.

| Practice | Submitting Organization | Country | CRPD and CEDAW related articles |
|---|---|---|---|
| Gender-Based Violence prevention through a grassroots initiative led by women with disabilities | Rwandan Organization of Women with Disabilities (UNABU) | Rwanda | CRPD Art. 6; 8; 16; 18<br>CEDAW Art. 5 |
| Protecting urban refugee women and girls with disabilities from abuse and discrimination in Kenya | Women Challenged to Challenge (WCC) | Kenya | CRPD Art. 6; 16; 25; 26; 28<br>CEDAW Art. 9 |
| Advancing the access of deafblind women and girls to Sexual and Reproductive Health | Visual Hearing Impairment Membership Association (VIHEMA) | Malawi | CRPD Art. 6; 15; 16; 17; 21<br>CEDAW Art. 12 |
| Enhancing access to justice for Gender-Based Violence survivors with intellectual challenges through integrated legal and psychosocial support service provision | Coalition On Violence Against Women (COVAW) | Kenya | CRPD Art. 6; 12; 13; 16<br>CEDAW Art. 15 |
| Developing knowledge and empowerment through the Gender and Disability Inclusive Development Community of Practice | Cameroon Baptist Convention Health Services (CBCHS) | Cameroon | CRPD Art. 6; 8; 13; 16 |
| Promoting a safer, Gender-Based Violence free environment for women and girls with disabilities in Lilongwe, Malawi | Disabled Women In Africa (DIWA) | Malawi | CRPD Art. 6; 8; 13; 16<br>CEDAW Art. 16 |
| Restoring the dignity of women and girls with disabilities in the Plateau State of Nigeria | Inclusive Friends Association (IFA) | Nigeria | CRPD Art. 6; 11; 16; 29<br>CEDAW Art. 7 |
| Forging a district community where women and girls with disabilities live dignified and empowered lives | Lira District Disabled Women Association (LIDDWA) | Uganda | CRPD Art. 6; 8; 16<br>CEDAW Art. 5; 14 |
| Emerging Practice: Fostering peace and respect by bringing women and girls with disabilities concerns into a women's organization | Rural Women Peace Link (RWPL) | Kenya | CRPD Art. 6; 16; 23; 25<br>CEDAW Art. 12; 14 |

# Key findings and recommendations

Women and girls with disabilities are subject to multiple and intersecting forms of discrimination on the basis of disability, gender and other non-majority identity markers, such as race, ethnicity, sexual orientation, religion, refugee status, poverty, etc. These multiple and intersecting identities limit their enjoyment of all human rights and fundamental freedoms on an equal basis with others.

The right of women and girls with disabilities to a life free of violence, exploitation and abuse is violated by persistent historical and structural unequal power relationships, stigma and stereotypes, and discriminatory attitudes and practices. All of these harmful attitudes and practices limit the ability of women and girls with disabilities to exercise their legal capacity and place them at greater risk of experiencing gender-based violence.



### Tackling the stigma and discrimination harming women and girls with disabilities

**Issues:** The persistence of stereotypes based on gender, disability and sexuality as well as discriminatory attitudes and the stigmatization of women and girls with disabilities, heighten their risk of violence and abuse, as compared to women and girls without disabilities, as well as men and boys with disabilities. These harmful stereotypes range from labelling a woman as asexual or hypersexual, to infantilizing women or assigning them with supernatural qualities (for example, imagining a woman with disabilities has the ability to heal HIV or that a woman with disabilities is a witch, etc.). These stereotypes and myths lead to harmful practices including rape, lynching, forced sterilization and other forms of abuse, gender-based violence and torture.

**Recommendations:** Initiatives addressing gender-based violence against women and girls with disabilities must consider how to tackle the stigma, myths and stereotyping of women and girls with disabilities, including in relation to their sexuality. This can be achieved by training community members, religious leaders, community decision-makers, legal professionals, sexual and reproductive health service providers, violence prevention actors, women's rights advocates, and other human rights activists.

### Empowering women and girls with disabilities to access economic opportunities and justice

**Issues:** A lack of access to education and opportunities for socio-economic empowerment increases women and girls with disabilities' vulnerability. It also limits their access to services in response to violence including access to justice, sexual and reproductive health services, and gender-based violence response and prevention programs. The perpetrators of violence against women and girls with disabilities often have an economic hold over them. Therefore, if a woman with disabilities can gain access to economic opportunities such as paid employment or land ownership, she is more likely to be able to protect herself, report the violence she has experienced, and obtain redress from the judicial system.

**Recommendations:** Empowering women and girls with disabilities through education and economic opportunities is essential to increasing their capacity and agency to seek justice when their rights are violated, and therefore preventing and reducing gender-based violence. Advocacy should strive to ensure access to education for women and girls with disabilities, as well as access to opportunities for socio-economic empowerment. Initiatives should also consider the power dynamics between the perpetrator and the survivor of gender-based violence and the role this plays in preventing a woman or girl with disabilities from reporting criminal behavior. Overall, we recommend addressing the different factors contributing to violence such as the impunity of perpetrators, and the impossibility for the women and girls to report abuse because of economic dependence.

### Ensuring that acts of violence against women and girls with disabilities are brought to justice

**Issues:** For many women and girls with disabilities, violence, abuse and exploitation have become a normal part of their lives. Often, the discrimination, violence and abuse they experience are not seen as a violation of their human or civil rights. As a consequence, they often do not consider turning to the judicial system for redress. When a woman or a girl with disabilities does report a crime, they are not taken seriously by the police or other judicial actors. In many contexts, women and girl who are survivors of violence are prevented from providing testimony or evidence in court under the assumption they are not credible witnesses. Their voices are left outside the judicial system.

**Recommendations:** In addition to advocacy for preventing and eliminating violence against women and girls with disabilities, successful initiatives should include empowerment and training for women and girls with disabilities on their human and civil rights. Empowerment training on the rights of women and girls with disabilities in local and national legislation and policies, the Convention on the Rights of Persons with Disabilities (CRPD), and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) are significant factors for moving towards the prevention and elimination of violence. Finally, police, courts and judges must uphold the right of women and girls with disabilities to bring to justice perpetrators of violence without discrimination of any kind, including by adopting practical measures to improve the accessibility of justice for women with different types of disabilities.

### Including women and girls with disabilities in legal and policy frameworks

**Issues:** In many contexts, there are domestic laws and policies on access to justice, gender equality, gender-based violence prevention, and disability inclusion. However, these laws and policies often do not adequately guarantee the equal rights of women and girls with disabilities. In addition, when programs and practices are developed to prevent and respond to gender-based violence, they are often inaccessible to women and girls with disabilities, and do not adequately address their diverse needs. Finally, many of the existing domestic laws, policies and practices are not compliant with the CRPD or CEDAW.

**Recommendations:** Legal and policy reform initiatives on the prevention of gender-based violence against women and girls with disabilities should address the inclusion of women and girls with disabilities in compliance with the CRPD and CEDAW. This should include gender equality policies and laws, gender-based violence policies and laws, equality and non-discrimination frameworks and national disability laws and policies. The inclusion of women and girls with disabilities should take into account the diverse needs of all women and girls with disabilities including marginalized groups, such as women and girls with intellectual disabilities, deafblind women and girls, and women and girls with multiple disabilities.

To this end, we specifically encourage African States to ensure the inclusion of women and girls with disabilities when ratifying the African Union Protocol on Persons with Disabilities.

### Collecting inclusive evidence and disaggregated data

**Issues:** Evidence and disaggregated data on women and girls with disabilities is severely lacking in most countries around the world. Most of the information we have on gender-based violence against women and girls with disabilities is anecdotal and limited to small-scale research. Data collection rarely disaggregates by type of disability, age, and sex. When data are disaggregated by disability, they are rarely, if ever, disaggregated by sex. Without data on the extent of violence against girls and women with disabilities, it is more difficult to convince policy makers of the need to change laws, policies and practices to end violence and abuse against women and girls with disabilities.

**Recommendations:** Include evidence gathering on gender-based violence against women and girls with disabilities or advocacy for data disaggregation by

disability and sex in gender-based violence initiatives. Supporting local stakeholders such as National Statistics Offices to collect data on women and girls with disabilities helps facilitate long-term changes in policy and legislation. Domestic censuses and surveys should also include the Washington Group short set of questions.[4]

### Sustaining progress by formalizing processes

**Issues:** Some stakeholders providing services to women and girls with disabilities, or responding to gender-based violence, have been and are being trained on this issue by diverse actors. However, while results have been observed on a small scale and/or over a limited time period, these improvements in behavior must be sustained to generate lasting effects.

**Recommendations:** Training on how to prevent or respond to gender-based violence against women and girls with disabilities must be accompanied by formal commitments and/or processes to implement sustainable inclusive changes. This can be done by including advocacy for the formalization of procedures and practices that will sustain the changes beyond project completion. For example, when working with actors in the justice sector, identify opportunities to sign a Memorandum of Understanding (MoU) to formalize cooperation. When working with sexual and reproductive health actors and violence response stakeholders, advocate for the inclusion of women and girls with disabilities in existing Standard Operating Procedures. When working to establish shelters for victims of violence, ensure these shelters are physically accessible to women and girls with disabilities.

### Collaborating across gender and disability movements

**Issues:** Working with allies is essential for giving a louder voice to the rights of women and girls with disabilities. In many countries however, women with disabilities are marginalized or invisible within the disability rights movement and/or the women's rights movement. Girls with disabilities are also often ignored in children's rights initiatives and advocacy. Women with disabilities should be part of the women's movement. Their issues and priorities should also be considered within the disability rights movement to ensure that they have decision-making roles alongside their male colleagues.

**Recommendations:** Integrate cross-movement collaboration with actors in the disability rights and women's rights movements so that the issues and priorities of women and girls with disabilities are put on the agenda. Establish partnerships with children's rights allies as well as other human rights defenders. Advocate within the disability rights movement to prioritize issues affecting women and girls with disabilities and to amplify their voices by ensuring they have decision-making roles, and by including their rights in ongoing advocacy on behalf of other groups.

### Enabling safe spaces for sharing experiences

**Issues:** Women and girls with disabilities who are survivors of violence may need safe spaces to share their experiences. Talking with other women and girls with disabilities about their experiences is essential to enable them to feel protected and begin the healing process. Ensuring that there are safe spaces for women and girls with disabilities to do this helps facilitate this important empowerment and support process.

**Recommendations:** Create safe spaces for women and girls with disabilities to share their experiences. Initiatives working on self-advocacy and empowerment should include the creation and maintenance of safe spaces, which are ideally led by women and girls with disabilities themselves. It is critical that the spaces should be accessible, with access to accommodations and support, and respect confidentiality.

### Allocating resources to the inclusion of women and girls with disabilities

**Issues:** Efforts to address the issue of violence against women and girls with disabilities are woefully lacking in funds. Funding exists internationally, as well as

nationally in most countries to support inclusion of women with disabilities, although it is often limited. By allocating adequate resources to fund the inclusion of women and girls with disabilities, governments can ensure sustainability and avoid over-reliance on foreign donors and development stakeholders.

**Recommendations:** Adequate budgets need to be developed by governments to ensure that programs, services and facilities support the full inclusion and enjoyment of human rights by women and girls with disabilities on an equal basis with others. Carry out budgetary advocacy on disability and gender within budget allocation on sexual and reproductive health, gender-based violence prevention and response programs and criminal justice programs.

### Acknowledging and supporting the engagement and leadership of women with disabilities

**Issues:** Initiatives led by women with disabilities or carried out in consultation with them are more successful and lead to better outcomes that are more relevant and responsive to their needs than programs that do not include women in leadership positions. According to the CRPD, actions carried out to address the rights of women and girls with disabilities should be done with women and girls with disabilities in line with the principle: "nothing about us without us". As the CRPD states in its Preamble: "*(...) persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them*".

**Recommendations:** Partner with organizations of women with disabilities to design, plan and implement initiatives. Support organizations of women with disabilities to lead initiatives on the elimination of violence against women and girls with disabilities and support capacity-building initiatives to support them in leading change.

### Ensuring decision-making rights of women and girls with disabilities

**Issues:** Decision-making is fundamental to autonomy and self-determination. The widespread denial of the right to decision-making contributes to the extreme forms of discrimination women and girls with disabilities face. In regard to violence prevention and response, decision-making, or supported-decision making, are central to ensuring women and girls have control over their own bodies and can make independent choices rather than being coerced. In response to and prevention of violence, families, communities, police, violence response actors and members of the judiciary often make decisions for women and girls with disabilities. In many cases, these decisions are made without their consent and are not always in their best interest. In fact, decisions made on their behalf can even be harmful or go against their rights to reproductive justice and bodily integrity. An example is the sterilization of Deafblind women and girls in Malawi without their consent, seen by medical professionals and family members as a response to the high number of rapes. For women and girls with intellectual disabilities, there is a widespread denial of the right to decision-making. This has helped institutionalize the systemic gender-based violence they face. Decisions are made for them by family-members, communities and service providers including: coerced or forced sterilization, coerced or forced abortion or forced marriage.

**Recommendations:** Families, communities, local decision-makers, police, violence response actors, and members of the judiciary need to ensure that women and girls with disabilities can make their own decisions and have the choices and services they need to carry out supported decision-making. In order to ensure self-determination, women and girls with disabilities must be supported to make their own decisions over their lives, their bodies and how they choose to seek justice. If a girl or a woman with disabilities needs support in order to make a decision, services should be in place to accommodate supported decision-making in line with CRPD Article 12 (Equal recognition before the law).





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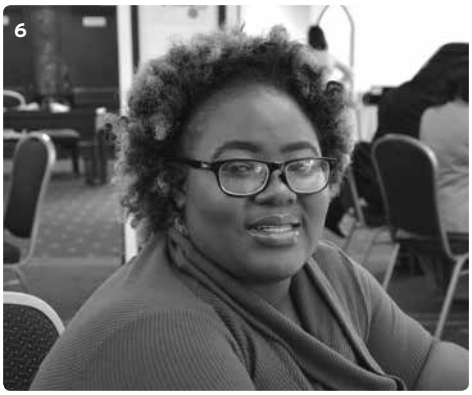



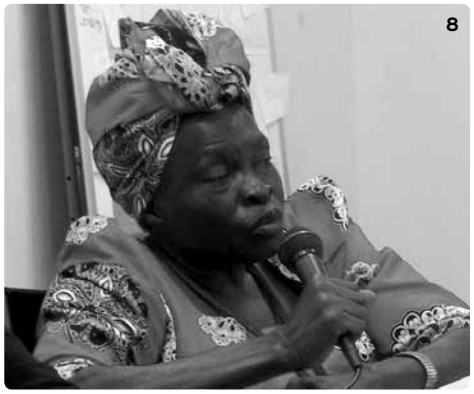


# Gender-Based Violence prevention through a grassroots initiative led by women with disabilities

**Implemented by *Umuryango Nyarwanda w'Abagore Bafite Ubumuga* (UNABU) – Rwandan Organization of Women with Disabilities, Rwanda**

### Background

In 2012, according to the National Institute of Statistics of Rwanda, there were 225,303 women with disabilities in Rwanda. Most of these women are at a high risk of Gender-Based Violence (GBV). UNABU is an organization led by women with disabilities which has formed groups of women with disabilities living in rural communities in four districts of the country. The groups were initially dedicated to discussing the legal rights of women with disabilities under Rwandan law, as well as the UN Convention on the Rights of Persons with Disabilities (CRPD).

The government of Rwanda has made a strong commitment to preventing GBV. A national law on the Prevention and Punishment of GBV was passed in 2008, after the country's ratification of the Convention on the Elimination of all forms of Discriminations Against Women (CEDAW). In 2011, the government launched a National Policy against GBV. The same year, a government office issued a report revealing that one in five women in Rwanda experience sexual violence. Although it is well known that disability can increase the risk of GBV, this report included risk factors such as poverty and lack of education, but not disability.[5]

Rwanda also has advanced policies on the protection of the rights of people with disabilities. For example, representatives of the National Council of Persons with Disabilities (NCPD) are included at all administrative levels. Nevertheless, these laws, policies and government plans seldom refer to the intersections between gender and disability. Women with disabilities are not specifically taken into account in the National Policy against GBV. Furthermore, there is no gender component in the 2007 law "Relating to Protection of Disabled Persons in General". In this context, the work of UNABU, the only Rwandan organization composed of women with all types of disabilities, and led by women with disabilities, is particularly important.

**"I learnt that I was undergoing violence that I was not even aware of".**

**Espérance,** member of UNABU

### What happened?

UNABU organized girls and women with disabilities into community self-advocacy groups. The discussions in these groups allowed UNABU to collect information on the issues faced by women with disabilities, including a high incidence of unintended pregnancies, often as the result of rape. Following these discussions, the women developed a determination to fight GBV together.

With the support of the Disability Rights Fund, in 2016 UNABU developed a community-based program to empower local women and girls with disabilities. The organization identified community mobilizers at district level in cooperation with the National Council of Persons with Disabilities (NCPD). UNABU's staff trained the mobilizers and women in the community with disabilities on women's rights issues, and GBV, using a method drawn up based on a guide edited by the Rwandan Ministry of Gender and Family Promotion (MIGEPROF), to which they added a disability component. The community

mobilizers are in charge of setting up additional groups of women with disabilities, as well as mothers of girls with disabilities. When necessary, they conduct home visits to address the women's social isolation. A total of 27 different groups have been formed, allowing more than 680 women to share their personal experiences and speak about the sexual, physical, economic and/or psychological violence they faced.

Each case of violence is handled through a multi-stakeholder process, starting with referral to the One Stop Centers offering medical care for survivors of sexual violence, involving the police in cases of physical violence, and providing legal support as required.

UNABU has also taken up the challenge of supporting women with disabilities to take legal action against the perpetrators of violence. Women have been supported in accessing legal assistance programs, such as the NCPD programs that provide pro-bono legal support in cooperation with the Rwanda Bar Association, or the Access to Justice Bureaus *(Maisons d'Accès à la Justice)* in each district.

In addition to supporting legal action against the perpetrators of violence, the women in the groups developed ideas to generate income with their meagre savings. For example, some groups opened a joint bank account to set up a micro-credit system to support their activities and help resolve their personal financial issues. Group members also train each other in running a range of economic activities.

UNABU's position as the only Disabled Persons' Organization (DPO) led by women with disabilities in Rwanda has raised awareness about the need for gender and disability advocacy. UNABU voices the concerns of women with disabilities at national level, in relevant forums including the National Women's Council. Furthermore, in 2016, UNABU collaborated with two organizations, Human Rights First Rwanda and Uwezo Youth Empowerment, to submit a joint submission to the CEDAW Committee addressing the discrimination faced by women with disabilities in Rwanda.



**What changed?**

As a result of UNABU's work, countless women with disabilities now feel more empowered and supported. They have greater self-esteem and have begun to recognize their own value as human beings. "*Some members of the group were not even registered [in the civil registers; they thought they had no value*" explains Marie-Antoinette, a community mobilizer.

The women with disabilities in the groups also were able to identify violence and realize that they had sometimes been victims of violence that they were unaware of. Some of the women have become more confident about confronting their abusers. Séraphine, a group member gave a striking testimony: "*Thanks to the group, I could tell my husband that I now knew he was being violent towards me. This scared him, and he changed his behavior.*" Indeed, many of the women with disabilities in the groups have been able to start defending themselves as they knew how to identify violence and how to report it.

In addition to the positive social and personal outcomes, the program has also shown results in terms of economic empowerment. Some women are also subjected to violence in the form of denial of income or inheritance. In Rwanda, economic violence is experienced by women who are excluded from the *ascending partition* ("an act accomplished by parents while they are still alive, by which they share their estate"[6]).The violation of this right is worse for women with disabilities who may have no other means of securing their right to family property. UNABU therefore decided to defend the rights of these women in the courts. Most of the cases brought by UNABU were successful, allowing the women to own parcels of land and earn income from them, for the very first time.

**What worked?**

The leadership of women with disabilities is the key to creating sustainable groups of women with disabilities in the local communities. These leaders are trusted and encourage others to join in. Opening up the groups exclusively to women with disabilities and the mothers of girls with disabilities

also allowed the members of the groups to freely voice their concerns and share in a way they had never previously experienced. Christine is one of these women: "*Joining the group, I felt free to talk about everything that happened to me in the past, including during the genocide. I had never felt this free before.*"

Moreover, the self-governance of the community groups was a key factor in ensuring their success and empowering their members. UNABU's staff left it to the women in the groups to decide which handicraft activities they wanted to develop, according to their potential and their abilities.

The work of UNABU has also shown the importance of national advocacy. UNABU took advantage of the positive momentum created around the 2008 GBV Law, which paved the way for further innovative actions and programs. This legal development created a favorable context for developing official partnerships with local authorities and informal cooperation with a range of health actors.

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# Protecting urban refugee women and girls with disabilities from abuse and discrimination in Kenya

**Implemented by Women Challenged to Challenge (WCC), Nairobi, Kenya**

### Background

In Nairobi, women with disabilities who are refugees are particularly vulnerable, both as refugees, and as women with disabilities. By the end of 2017, the registered urban refugee population in Nairobi was more than 65,100 people; 79% of the overall refugee population in the country are women and children.[7] Urban refugee women with disabilities in Nairobi are often survivors of sexual violence.

Research by the Women's Refugee Commission (WRC) in collaboration with Women Challenged to Challenge (WCC) and other partners, estimates that in the Kakuma camp which accommodates around 180,000 refugees[8], refugee women and girls with disabilities experience discrimination and exclusion in emergency response programs. WCC involvement with WRC and discussions within the Network of African Women With Disabilities (NAWWD) and with urban refugees, led the organization to engage specifically with urban refugee women with disabilities. They partnered with WRC, NAWWD, and HIAS – a UNHCR implementing partner for refugees – and worked together to address the issue of violence and discrimination against refugee women with disabilities. According to Pauline Nkatha a HIAS staff member, "*even in Kenya, [refugee women with disabilities] are vulnerable and face violence because they are seen as very low down in society.*"

### What happened?

In 2016 WCC started including refugee women and girls with disabilities as a priority group in all of their programs. The organization started assessing the situations of urban refugee women with disabilities through home visits, in order to better understand the challenges they face. WCC facilitated 20 urban refugee women with disabilities' participation in the 2016 Humanitarian Action Training for Women Leaders of Disabled Persons' Organizations (DPOs) organized by WRC. This training presented an opportunity for the women refugees to interact, and share their experiences, with key actors such as UN Women, HIAS, the International Rescue Committee (IRC) and DPOs. As a result of this training, refugee women with disabilities were able to strengthen their advocacy messages and learned from the experiences of those involved in Gender-Based Violence (GBV) programs. In addition, participants nominated by the NAWWD attended the World Humanitarian Summit 2016 in Istanbul, where they advocated for the Charter on Inclusion of Persons with Disabilities in Humanitarian Action to specifically mention the need to empower and protect women and girls with disabilities.

Following these activities, WCC developed a new training program for urban refugees with disabilities in Nairobi. This program was described as a "life-changing event" by all of the women attending. The women learned about economic empowerment, sexual and reproductive health, and legal rights. They also developed their self-esteem and discovered that they were not alone in their situation.

WCC continued their efforts to make the voices of refugee women with disabilities heard on the international stage by participating in a side event at the 2016 Conference of State Parties (COSP) to the Convention on the Rights of Persons with Disabilities in New York. WCC spoke about their experience of working with refugee women with disabilities, highlighting the lack of access to sexual and reproductive health services as well as general health services, and the exclusion, discrimination and communication barriers faced by refugee women with disabilities. WCC also managed

to meet with the Head of the Kenyan government delegation to the COSP, to discuss the importance of the government's commitment to protecting the rights of refugee women with disabilities in Kenya.

**"We now know we are just like anyone else with potential. We have a right to live free from violence".**

**Chantari,** member of WCC

**What changed?**

WCC has had a significant impact on the plight of urban refugee women and girls with disabilities they worked with; they also played a role internationally by raising awareness of the situation of refugee women with disabilities. Following her participation in one of the training courses, Chantari a WCC member, stated: "*Yes, our perception has changed. We now know we are just like anyone else with potential. We have a right to live free from violence*". The women who participated in the WCC training programs now speak up more both for themselves and their children, and also know where to get the help they need. They declare that their self-esteem has also improved by gaining knowledge and by sharing with, and supporting, other women who are living the same situation.

In addition to the training courses, WCC also has begun to address other issues affecting the lives of refugee women with disabilities. Firstly, WCC has worked on facilitating the issuing of refugee identification cards. Secondly, they have referred refugee women with disabilities to the Association for the Physically Disabled of Kenya (APDK), which provides supplies and assistive devices, allowing some women with physical disabilities to obtain the equipment they require.

WCC has also succeeded in raising awareness among partner organizations, including DPOs, of the need to include refugee women and girls in their work. As a result, WCC is now identified by humanitarian actors as an organization with expertise on the needs and rights of refugee women with disabilities.

**What worked?**

The leadership of women with disabilities in WCC has been the key to the success of their activities. Their leadership has empowered the refugee women with whom they work to feel more comfortable and more inclined to participate. In addition, the creation of partnerships with key stakeholders nationally and internationally has raised awareness about the plight of refugee women with disabilities within Kenya and at the UN, in particular those who are working on the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. All the partners of Women Challenged to Challenge are convinced they need to continue their collaboration in order to further improve the conditions for refugee women with disabilities. WCC's expertise has contributed to bringing about change in other organizations' work, and some of them are now fundraising to develop humanitarian actions for urban refugee women with disabilities. As Boram Lee, WRC's Disability Advisor, puts it, "*WCC is a small project with minimal cost but a big impact as it has demonstrated at global, regional and national level a model that works.*"

**For more information,** please visit: http://www.wcc.or.ke/ or contact: womenchallenged@gmail.com

# Advancing the access of deafblind women and girls to Sexual and Reproductive Health

**Implemented by the Visual Hearing Impairment Membership Association (VIHEMA), Malawi**

### Background

The first census to ever collect information on disability in Malawi in 2008 stated that there were 498,122 persons with disabilities.[9] VIHEMA Deafblind Malawi was created 17 years ago to fill the gap in Disabled Person's Organizations in the country promoting the rights of deafblind people. The association brings together deafblind persons with all levels of impairments, from minor to acute, and adapts to the different means of communication used by the participants.

After repeatedly witnessing cases of unintended pregnancies among deafblind women, VIHEMA developed their Sexual and Reproductive Health and Rights (SRHR) practices including family planning. In most of the cases the pregnancies were the result of rape. One particular case was a trigger: a young deafblind woman in Kasungu district was referred to the organization by their focal point, having become pregnant following sexual abuse. The organization went on to seek funding to develop actions to address Gender-Based Violence (GBV) faced by deafblind women. The Malawi Demographic and Health Survey of 2015-2016 showed that 34% of women had experienced physical violence since the age of 15 – a number that is on the increase - and 21% have experienced sexual violence[10].

### What happened?

VIHEMA developed a set of activities to address GBV and access to sexual and reproductive health using the twin- track approach. Firstly, they delivered training for their deafblind members on their rights under the Convention on the Rights of Persons with Disabilities (CRPD). Training courses were also held for the relatives of deafblind women, giving advice on general care, as well as highlighting the importance of supporting their sexual and reproductive health choices and promoting family planning. Secondly, they trained health practitioners on how to communicate with deafblind women, and how to handle reports of physical or sexual abuse. VIHEMA also decided to tackle the issue of the forced sterilization of women with disabilities: they included content in their activities to debunk the myth that systematic sterilization protects women with disabilities. They also dispensed training for service providers, and awareness-raising sessions targeting family members, community members, and leaders.

The organization awareness-raising activities were covered by the national newspapers, including the *Malawi Times*, publicizing both their work and the challenges faced by deafblind women. The group's staff members organized roundtables which were broadcast on national radio. These programs were led by deafblind women and key stakeholders, who discussed access to sexual and reproductive health and deafblind women's rights in general.

Lastly, VIHEMA helped improve the livelihoods of deafblind women by purchasing goats and fertilizer, providing vital support for their families' agricultural work and ensuring some level of financial independence.

**"Before, the community thought I was useless, but now, they are much more inclusive. Disability is not inability".**

**Katayeni Nkhoma,** member of VIHEMA Deafblind Malawi

**What changed?**

Deafblind women and their families had a better understanding of family planning methods and access to sexual and reproductive health services. A positive change in people's mindsets was observed, which has improved deafblind women's inclusion in their communities. The fact that the community chief took part in these training courses is proof of this change.

VIHEMA also encouraged peer-learning: some of the deafblind women trained took the initiative to train other women in neighboring communities, therefore multiplying the impact of the organization's work. It had consequences which were felt beyond the initial target groups, since women both with and without disabilities were equally interested in learning about family planning, leading to spontaneous discussions on the subject. It also helped improve the inclusion of deafblind women in their communities. There were also lasting effects in the medical sector since health practitioners took the initiative to train their successors. Health service providers are now far more aware of the rights of women with disabilities, as well as the ways of communicating with deafblind women.

Although the project ended in October 2016, VIHEMA is still actively monitoring its effects through monthly visits and frequent reports and referrals from their on-site focal points.

**What worked?**

VIHEMA has deafblind men and women in leadership positions, despite the challenges owing to problems of communication. Twice a month, Catherine Uteka, a deafblind woman and board member, visits other deafblind women and advises them on SRHR or human rights. She expressed how this work represents an excellent opportunity for her, "*VIHEMA makes me feel part of the disability family; it makes me want to do things with my life, to not give up*". VIHEMA based all their actions on the practical needs expressed directly by the deafblind women themselves and involved them as much as possible; informing past, present and future actions. VIHEMA closely followed the "nothing about us without us" principle when implementing their actions.

The Malawian association also built strong relationships with community leaders, including them in the training and thereby facilitating community members' commitment by encouraging them to act as role models. The knowledge shared in the training courses proved to be empowering at individual level, as well as at community level, by overcoming deafblind women's isolation.

**For more information,** please contact:
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# Enhancing access to justice for Gender-Based Violence survivors with intellectual challenges through integrated legal and psychosocial support service provision



**Implemented by the Coalition On Violence Against Women (COVAW), Nairobi and Kiambu counties, Kenya**

### Background

The Coalition On Violence Against Women (COVAW) is a mainstream women's rights organization. They specialized in women with disabilities' issues after receiving testimony from women and girls with intellectual and psychosocial disabilities who have experienced sexual abuse, mostly in the counties of Nairobi and Kiambu. Given their expertise in navigating the justice system, COVAW partnered with the Kenya Association of the Intellectually Handicapped (KAIH) to firstly conduct a baseline survey, and subsequently implement the project.

According to the 2011 WHO world report on disability, 15% of the Kenyan population has a disability[11] and the data show that 39% of Kenyan women experience intimate partner violence at least once in their lifetime.[12] In response to these appalling statistics, the Kenyan Government has developed a set of laws and policies to end Gender-Based Violence (GBV) such as the Sexual Offences Act (2006), and the Protection against Domestic Violence Act (2015). However, access to justice and social services for survivors is still difficult despite this legislation. In collaboration with KAIH, COVAW developed a two-year plan on how to improve access to justice for girls and women with intellectual disabilities, who face higher risks and additional barriers.

### What happened?

In June 2013, COVAW conducted a baseline survey to analyze the prevalence of GBV among women and girls with intellectual disabilities in the counties of Nairobi and Kiambu.[13] 57% of the women and girls reported having been sexually abused, with rape being the most prevalent form of abuse, representing 15% of the total cases. The study also documented the general feeling of a lack of support for girls and women with intellectual disabilities. These findings led COVAW and its partners to customize their actions in order to respond to these specific issues experienced in the field.

KAIH's role in this project was to mobilize the communities and identify girls and women with intellectual disabilities who were victims of violence. This was done by providing legal aid, and engaging with the community and local leaders. COVAW was responsible for providing survivors with legal and psychosocial support and counseling. They partnered with the GBV Recovery Centre at the Kenyatta National Hospital and a network of pro bono lawyers. They also partnered with psychologists and psychiatrists who helped survivors process the violence they had been through.

COVAW also found that the women and girls with intellectual disabilities who come forward as survivors of rape or other abuse require protection. In one case of GBV, COVAW had to apply to the Urgent Action Fund Africa and was able to relocate a survivor of violence to another community in order to protect her.

COVAW has also worked at national level, building the justice system's capacities by training lawyers, prosecutors, and police officers. Family members and social workers identified by KAIH were also trained by a partner association with the participation of COVAW to become intermediaries; their role being to assist survivors or witnesses of violence with intellectual disabilities with

giving evidence to the authorities. COVAW also took part in the review of judicial procedural obligations in Kenya. The two organizations submitted proposals regarding reasonable accommodations for persons with intellectual disabilities in the bench book for criminal proceedings, drafted by the Judicial Committee. COVAW notably focused on the necessity of providing sign language interpreters, physical guide assistance, and intermediaries if required. The proposals were incorporated into the draft bench book which has since been validated. The final draft is out and awaiting official launch.

At international level, their advocacy efforts reached the Convention on the Elimination of all forms of Discriminations Against Women (CEDAW) Committee, as the organization made a submission for the alternative report to the implementation of the Convention in Kenya about the challenges women and girls with disabilities face in accessing justice. The 2017 concluding observations of the CEDAW Committee reflected COVAW's report by highlighting acts of violence against women and girls with disabilities as areas of concern, calling on the Kenyan government to "Protect women and girls with disabilities from all forms of violence and ensure that the perpetrators are prosecuted and adequately punished."[14]

**"This project makes us believe that even if you are poor there is justice for you".**

**Alice,** COVAW beneficiary

### What changed?

COVAW's work has led to the successful prosecution of two sexual violence cases involving girls with intellectual disabilities aged 13 and 14 years old. After they reported their situations to COVAW, the organization provided support, which resulted in the perpetrators in both cases being sentenced to 20 years in prison. The organization is currently engaged in a civil litigation to hold the school and government to account for failing to protect the girl in one of these two cases. Other legal actions are still in progress, including one case of sexual abuse in an institution. In addition to the support given to the survivors, the judicial work was the key to removing the perpetrators' feeling of impunity. These successful cases set precedents for any future cases brought to court.

Thanks to awareness-raising activities, leaders and members of the communities have become more supportive to survivors and are now referring new cases to COVAW and its partners.

The justice system itself has shown a genuine change in attitude. Although generally conservative, judicial officials, police officers, magistrates, and prosecutors are now more aware of the need to provide support and reasonable accommodations to women and girls with intellectual disabilities who are victims of crime; this being translated into practice with the revision of the bench book for criminal proceedings.

### What worked?

COVAW adopted a holistic approach by working at community level with survivors, family members, and their communities, engaging with the police and justice on a case-by-case basis, and contributing to systemic change in the criminal justice system. The different level of interventions and broad range of actions undertaken make their practice both unique and successful.

The cases brought to court have established legal precedents, for the very first time, which can now be cited in proceedings seeking to protect women and girls with disabilities. In order to further improve the justice system, COVAW have also contributed to changing practices and procedures for prosecuting GBV cases.

The successes enjoyed by COVAW have been made possible thanks to various strategic partnerships, especially with KAIH. This is a crucial example showing that sustainable positive change can be achieved when women's organizations and DPOs work together.

**For more information,** please visit: http://covaw.or.ke/ or contact: info@covaw.or.ke

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

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



### Background

There are an estimated 10.5% of persons with disabilities in the North-West Region of Cameroon, with a slightly higher prevalence amongst women.[15] Although there have been many initiatives focusing on gender in this area, it was noted that women with disabilities were left out and their empowerment was not addressed. There was no community of practice or forums for program workers and professionals to come together and share knowledge on the intersection between gender and disability. The Gender and Disability Inclusive Development (Gender and DID) group was created together with other "Groups for Rehabilitation and Inclusive Development" (GRID), which tackle issues linked to disability and development. The Gender and DID group addresses the Gender-Based Violence (GBV) experienced by women and girls with disabilities in this region. This initiative was part of the Socio-Economic Empowerment of People with Disabilities program run by the Cameroon Baptist Convention Health Services.

### What happened?

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

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

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

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

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

**"I now know [that] I am not alone, most importantly I know I can stand up, forget the past, look up to the future and still be very successful".**

**Armelle Nogning,** member of the Gender and DID group

**What changed?**

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

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

**What worked?**

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

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

**For more information,** please visit:
www.cbchealthservices.org
or contact: spd@cbchealthservices.org

# Promoting a safer, Gender-Based Violence free environment for women and girls with disabilities in Lilongwe, Malawi

**Implemented by Disabled Women in Africa (DIWA), Malawi**

### Background

DIWA was initially founded in Tanzania to promote the inclusion of the gender perspective in the disability rights movements. In 2014, the organization received funding to reinforce their involvement in Gender-Based Violence (GBV). They sought to address this violence at different levels in society to ensure no one is left behind. A baseline survey conducted by DIWA showed that 64% of the women with disabilities surveyed had experienced abuse and only 17% of them had actually reported it[16]. It drew out the causes of the silence surrounding abuse which is a key part of the work against GBV. Consequently, DIWA has implemented a social practice based on the Convention on the Rights of Persons with Disabilities (CRPD), aiming for women and girls with disabilities' full participation in the process. DIWA also seeks to cooperate with mainstream organizations and partners with the Rights Advice Center (RAC) and with Passion with Women and Children (PAWOC) which has helped to extend the geographic scope of their work across three districts of Malawi.



### What happened?

DIWA's actions to tackle GBV were developed at community level and in collaboration with the official and traditional authorities. Their program involve a multi-level (from community to national) and multi-stakeholder approach (women with disabilities, police, judiciary, policy-makers, leaders).

DIWA set up groups of women with disabilities at the Traditional Authorities[17] level, which play a key role in addressing the communities' concerns. Women from the groups were trained by DIWA on GBV and on the different types of violence. Women with disabilities devised stories through poetry and theatre writing based on their life experiences and shared these with the community to raise awareness and use their experience as an advocacy tool.

As a result of these performances, the women with disabilities pushed for the creation of new "by-laws" which are parallel rules created and accepted within the community. By-laws were drafted collectively after discussions between the groups of women with disabilities, the Traditional Authorities, community policing counsellors, and the Village Development Committees. These by-laws are promoted by DIWA because they create compensation systems in addition to the existing legal penalties issued by the Court and are a way for a community as a whole to take responsibility for the protection of women with disabilities.

DIWA has also implemented activities to improve the way cases of GBV against women and girls with disabilities are handled by the police and by the legal system. To this end, a Memorandum of Understanding (MoU) was signed between DIWA and the Malawi police, Central Region. The organization made a commitment to report cases of violence and train the police. Under this MoU, the police committed to more rapid responses to cases of GBV involving women and girls with disabilities. *"Before being trained by DIWA, we were not comfortable with disability issues: we only knew about physical disabilities and did not know how to handle anyone with a mental and/or invisible disability"* testified Jane

Mkangala, an inspector in the Community Policing and Victim Support Unit. DIWA also decided to train magistrates, prosecutors and clerks on the topic of inclusion and on sign language, in collaboration with the Malawi National Association for the Deaf. In addition, DIWA is involved in the case management of survivors of GBV, to ensure that cases are properly investigated and not simply dismissed.

**"Protection starts in the community, because that is where the abuse happens".**

**Ruth Mkutumula,** Director of DIWA Malawi

**What changed?**

The groups of women with disabilities constitute a safe space to help build their confidence to face the world and report their issues. They provide better support for women and girls with disabilities, thus shattering the silence surrounding GBV. For instance, a young woman with intellectual disabilities who was sexually abused turned to the Traditional Authorities after her parents failed to take her allegations seriously. The woman got effective support from the group to press charges against her abuser whereas her parents wanted her to marry him. "*The group is a space where I can discuss my problems and find collective support to overcome them,*" testified Cecilia another DIWA group member.

The police units trained by DIWA improved their coordination with the organization and their preparedness to receive women with disabilities. In order to ensure relevant and sustainable access to the police services for women with disabilities, the Victim Support Unit contacts DIWA every time a case involving a woman or girl with disabilities is identified. Also, the Malawi police force in the Central Region is committed to collecting and sharing data on cases of GBV involving women and girls with disabilities.

**What worked?**

The key strength of DIWA is that they work at all levels of society and with different stakeholders. The activities cut across the Malawian society as a whole by targeting official and traditional structures. In DIWA's grassroots practice, communities are put into contact with the police units, the Traditional Authorities, and all community actors, including community policing.

DIWA also aims to effect systemic change as illustrated by the MoU with the Malawi police in the Central Region, and in addition to this practice with thorough assessments of the accessibility of the justice system.

Finally, DIWA successfully adapted their awareness-raising work to the context in which they intervened. Interactive drama and poetry have proven to be a well-accepted way of communicating important, emotional messages. Women and girls with disabilities were therefore empowered to raise awareness and become self-advocates.



**For more information,** please visit:
www.diwaafrica.org
or contact: info@diwaafrica.org

# Restoring the dignity of women and girls with disabilities in the Plateau State of Nigeria

**Implemented by the Inclusive Friends Association (IFA), Plateau State, Nigeria**

### Background

Inclusive Friends Association (IFA) is an organization led by women with disabilities operating in the Plateau State, a region of Nigeria prone to conflict. With more than 60 ethnic groups and complex religious tensions, violent conflicts often break out. In this context, women with disabilities are at particular risk of violence, compounded by the fact that it is more difficult for them to flee and seek help. Although several Gender-Based Violence (GBV) components are included in the second National Action Plan for the Implementation of UN Security Council resolution 1325 on "Women Peace and Security",[18] women with disabilities are not specifically mentioned.

IFA became aware that the organizations implementing actions against GBV at times of conflicts or peace are rarely inclusive of women and girls with disabilities. Yet, these women and girls are more exposed to violence and its impact on them is aggravated by the lack of access to humanitarian, medical and legal services.

### What happened?

IFA launched a study in three Local Government Authorities (LGAs), in the Plateau State, experiencing recurrent conflict. The organization conducted qualitative research which involved collecting testimony, focus group discussions and a questionnaire which was widely distributed. The approach used was intended to be emancipatory to ensure "*reciprocity, shared disclosure between researcher and researched, and empowerment or emancipation of people with disabilities.*"[19] The study "*What Violence Means to Us: Women with Disabilities Speak,*"[20] was mainly conducted by women with disabilities, and focused on women with physical and sensory disabilities over the age of 17 years, in times of relative peace as well as during conflict.

It provided an unprecedented opportunity to reach out to survivors and collect specific data. It was also a starting point for survivors taking action. IFA facilitated survivors' access to relevant services. In addition, IFA, in partnership with Christian Women for Excellence and Empowerment in Nigerian Society (CWEENS) provided trauma counselling sessions and helped with the prosecution of perpetrators. The report documented the experiences of women and girls with disabilities before, during and after conflict. For example, it demonstrated that the mechanisms used by the authorities or communities to raise the alarm and tell the population to flee do not reach women with disabilities, especially women with hearing impairments. It highlighted high rates of sexual abuse, notably from persons involved in the conflicts. It also showed that women with disabilities are not included in the community peace forums after the conflict.

Once the report was published in 2015, IFA held a conference to disseminate the findings to key stakeholders: security agencies, the Ministry of Justice, Human Rights activists, Civil Society Organizations (CSOs), Disabled Persons' Organizations (DPOs), traditional and religious leaders. IFA made recommendations and focused on the importance of involving women with disabilities in governance.

**"IFA have fought for my rights, and I will fight for the rights of other women with disabilities too. In the very near future, I hope to see a world where there is equity, equality, and justice for the community of persons with disabilities".**

**Esther Danjuma,** member of IFA

**What changed?**

IFA provided evidence-based recommendations that opened up new perspectives for protecting and empowering women with disabilities and formed the basis for advocacy work. As a result, two of the women with disabilities working with IFA were appointed by the Plateau State government to the Disability Rights Commission, thereby introducing leadership from women with disabilities into the Commission's decision-making body.

The study and its approach improved women with disabilities' self-esteem and provided a unique opportunity to share on the severe violence they had faced. In many cases, the perpetrators were care givers or family members and the victims were afraid they would be abandoned if they were to speak out. The practice brought survivors to the point where they were able to report their ordeals and seek help. Several cases of sexual and economic violence were successfully addressed by women with disabilities through collaborations between IFA and their partners.

After the consultations for the study, IFA members witnessed that the participants were empowered to advocate for their rights. Some specifically engaged in peace building forums and their contributions were valued. The consultations organized in the communities created an enabling environment and helped raise awareness: it led to a new acceptance of women and girls with disabilities among local authorities and community members.

**What worked?**

This research was conducted at a key time, when there was a significant increase in the number of reported cases of GBV against women and girls with disabilities. In this respect, it addressed an increasingly important issue in the State and provided explanations about what happened before, during and after the conflicts.

The fact that women with disabilities were involved in conducting this research using an emancipatory approach was essential to the quality of the study and brought about change for the women who took part as researchers or participants. Beyond the research process, survivors who shared their stories were also offered counselling, referral and new opportunities. IFA used this study as a way of forging groups and a sense of ownership. An effective multi-stakeholder approach was used, which saw IFA partnering with organizations like CWEENS to refer survivors of violence and target law enforcement authorities, policy makers, CSOs and DPOs, with evidence-based advocacy.

**For more information,** please visit: *https://www.inclusivefriends.org* or contact: *info@inclusivefriends.org*

# Forging a district community where women and girls with disabilities live dignified and empowered lives

**Implemented by the Lira District Disabled Women Association (LIDDWA), Northern Region, Uganda**

### Background

According to the National Census of Uganda the prevalence of disabilities among women is significantly higher than among men (15% vs 10%) and there are more persons with disabilities in rural areas than urban areas.[21] Other data show that 60% of Ugandan women experience emotional, physical, or sexual violence perpetrated by their partner in their lifetime.[22] Although no data are available on Gender-Based Violence (GBV) faced by women and girls with disabilities, actors report specific forms of discrimination and violence against them. In particular there are harmful cultural practices affecting them, and by association their families, the birth of a child with disabilities being seen as a curse on the mother. This situation has been observed in Lira, a district located in the Northern Region of Uganda.

Lira District Disabled Women Association (LIDDWA) is a grassroots organization of women with disabilities created in 2001. The founders of the association joined forces to take actions to uphold their rights and the rights of other women and girls with disabilities. The board members are women with a wide range of disabilities including women with physical, sensory, and intellectual disabilities.

### What happened?

LIDDWA's practice started with board members visiting women and girls with disabilities at home and explaining that they are valuable human beings. LIDDWA's strategic approach was to engage with women with disabilities by building their capacities though training for them and their families.

Awareness-raising amongst health practitioners was also required as they would assume that women with disabilities do not have a sex life and cannot have children. The organization also took the lead in making service providers accountable for the lack of reasonable accommodation, thus preventing access to sexual and reproductive health services. The accessibility is crucial for women with disabilities as giving birth at home puts the mother and child in danger, putting the newborn at greater risk of developing a disease or disability. The first step for LIDDWA was to train health practitioners and advocate in the health centers. In order to go further and increase pressure the organization partnered with local journalists: if no measures were taken after a first request to the health centers to provide reasonable accommodation, the journalists would publicly denounce their inaction.

The organization is also ensuring that girls with disabilities are aware of their sexual and reproductive health and rights, and of the various forms of GBV. To this end they hold monthly awareness-raising sessions in schools. The same kind of sessions have been held for women with disabilities, and included their husbands to ensure shared knowledge and responsibility on the matter.

LIDDWA brought on board community actors from the district through awareness-raising forums including husbands of women with disabilities, community members, law enforcement officers, cultural and religious leaders, and national and local government representatives. These forums help everyone to acquire knowledge and responsibility to ensure the rights of women with disabilities to access sexual health services, education, employment and property are fully upheld.

Finally, LIDDWA contracted a legal officer in partnership with the National Union of

Disabled Persons of Uganda (NUDIPU), to provide legal support for pursuing GBV cases. The legal officer is primarily responsible for ensuring that sexual violence cases are followed through, as perpetrators often avoid prosecution through bribery.

**"The project made me who I am today, I was a lesser person no-one believed in. Look at me now I am a teacher I have plans to pursue my diploma in education next year and am supporting my parents and siblings from my teaching income".**

**Akulo,** LIDDWA member

**What changed?**

Meeting other women and girls with disabilities and having a safe space to talk about the discrimination they face, has empowered LIDDWA members to make their own voices heard. The improved awareness amongst local leaders has led to some women with disabilities obtaining redress after being denied access to land. Access to education for girls with disabilities has also improved. The police have become more aware of, and respond better to issues faced by women and girls with disabilities thanks to the organization's legal actions and awareness-raising. A change in attitudes amongst officers has been observed, and they are now better at assisting survivors. Similar positive outcomes have been seen at medical level, with the district hospital purchasing equipment to make their services accessible, as well as HIV/AIDS services being offered to women with disabilities. The health practitioners, who are key to ensuring the sexual and reproductive health rights of women with disabilities, have acknowledged that they require access to these services as much as women and girls without disabilities.

**What worked?**

The leadership and solidarity of women with disabilities in the organization encouraged others to join in, share ideas, identify how to address their issues, and receive support to address them concretely. Meeting women and girls with disabilities directly in their homes has proven to be decisive as it breaks their isolation and further empowers them. The women leaders of LIDDWA have been role models in this sense. The cornerstone of LIDDWA's actions is "to bring everyone on board" as emphasized by Florence Adong-Ewoo, Chairperson of the organization. LIDDWA aims to include everyone, from the district government to the religious leaders, to make sure their actions are rooted in the socio-cultural context and exert an influence across all sectors, to bring about lasting positive changes for women with disabilities.

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# EMERGING PRACTICE – Fostering peace and respect by bringing women and girls with disabilities concerns into a Women's Organization

**Implemented by Rural Women Peace Link (RWPL), Bungoma, Kenya**



### Background

Rural Women Peace Link (RWPL) is a grassroots women-led organization working in rural areas in the west of Kenya to promote local women's involvement in peace building, governance and development. In 2015 Coffey International conducted a study on Gender-Based Violence (GBV) in Bungoma County. The results showed that the area is affected by rape, child sexual abuse, sexual assault, forced marriage, female genital mutilation and domestic violence. Some respondents reported the existence of harmful beliefs such as the myth that having sex with a girl under the age of five can cure HIV/AIDS,[23] leading to cases of child sexual abuse. RWPL members saw for themselves that this violence against women and girls had been normalized by the communities: most cases went unreported and the rare cases that were reported were withdrawn and settled out of court. The *Jamii Thabiti* ("Strong Communities") program aims at fostering peace and respect for women and girls. It acted as an eye opener as to the specific situation of women and girls, including those with disabilities. RWPL is a prime example of a mainstream women's organization engaging strategically to include women and girls with disabilities in their programs.

### What happened?

RWPL's practice started with an assessment of GBV prevention and response mechanisms in Bungoma County, composed of interviews with officials and focus group discussions with women, including women with disabilities. This assessment revealed interference by the police, chiefs, village elders and/or parents in the few cases that were actually reported. In some cases, the girls who survived sexual abuse were relocated by the family to live with relatives elsewhere.

RWPL targeted strategic areas in terms of GBV mitigation: schools, relations with the police, and other points of daily social interactions, such as local motorcycle taxi drivers. Firstly, the schools management board and teachers were trained on the existing laws and procedures on Gender-Based Violence. School clubs were set up to provide children with safe spaces to learn about and share on GBV. Secondly, RWPL set itself the goal of improving relations between the police and the community, through innovative projects such as the "adopt a cop" scheme in schools. Local police officers trained on GBV regularly give talks in schools to start a dialogue and relieve fears about reporting violence to a police officer. Thirdly, the organization engaged with local motorcycle taxi drivers (*boda boda riders*)[24] who were identified by the community as perpetrators of sexual assaults and abuse. RWPL facilitated awareness-raising and discussion forums, focusing on existing laws, and the drivers established behavioural rules for all *boda boda riders* in the area. RWPL also understood that reporting between and against drivers did not happen because of poor relations with the police. The organization therefore set up discussion forums. Finally, awareness-raising sessions were held for local journalists to make them aware of their role in combatting GBV by publicizing cases and exerting pressure on the justice system and the perpetrators. As a result, an online professional platform was created in the western region of Kenya for journalists to share information and improve their monitoring of cases.

**Why more inclusion?**

The practice was a real eye opener as it became clear to RWPL that the girls with disabilities were unable even to properly communicate with the school counsellor teachers trained to help the child survivors of violence. RWPL put article 27 of the Constitution on Kenya, which states that no one should be discriminated against on the basis of their gender or disability, at the forefront of their actions. Rural Women Peace Link leaders realized that further actions were needed to address the intersectionality of gender and disability so that women and girls with disabilities could fully enjoy their rights. The organization committed to include specific actions targeting women and girls with disabilities whilst addressing discrimination and violence. RWPL has been working closer with community leaders to encourage persons with disabilities to engage in peace building activities.

**What's next?**

RWPL developed a series of actions to drastically improve the inclusion of women and girls with disabilities in their activities and strengthen their operational partnerships with Disabled Persons' Organizations, in particular United Disabled Persons of Kenya (UDPK). They plan to promote the availability of interpreters as intermediaries for GBV initiatives in the schools or communities. In order to provide the best support for schoolgirls with disabilities, RWPL aims to train the interpreters on the law, procedures and GBV issues. The organization is also including disability awareness-raising in their sessions with the police, in order to build their capacities with regard to the specific violence girls with disabilities experience and the barriers they face when reporting it. They have also chosen to develop accessible Information, Education and Communication (IEC) materials on the Persons with Disabilities Act and the Sexual Offences Act. Ultimately, RWPL's advocacy work resulted in the inclusion of training for women on women's rights and on GBV, with specific training provision for persons with disabilities, in the Bungoma County Integrated Development Plan (CIDP), a five-year plan to be adopted in 2018.

**For more information,** please visit: *http://ruralwomenpeacelink.org/* or contact: *admin@ruralwomenpeacelink.org*

# Annex: The Making It Work Methodology

### What is the MIW methodology?

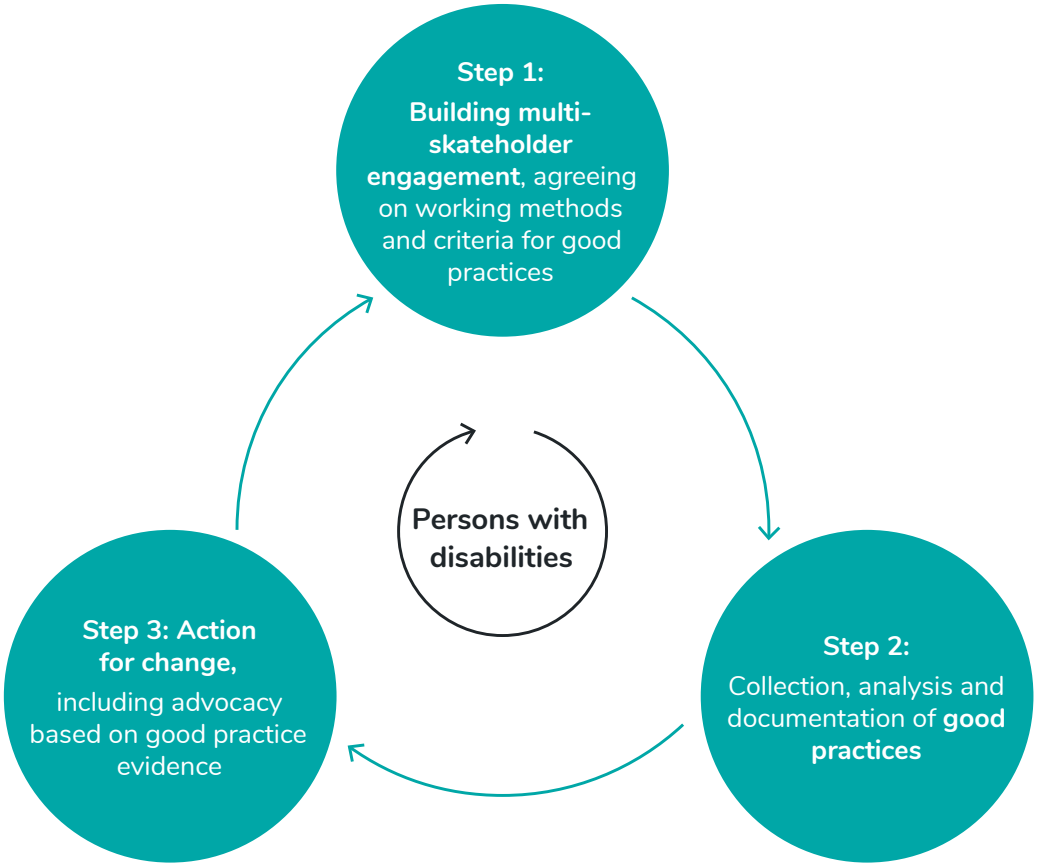
**The Making It Work (MIW) methodology is a participatory approach to generate change using well-documented evidence.**

It guides organizations through the process of identifying, documenting and analyzing good practices that advance the rights enshrined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and, depending on the projects topics, other international treaties such as the Convention on the Elimination of all Forms of Discrimination Against Women, and using this information to act for change. Actions to generate change include and are not limited to advocacy, awareness raising, sensitization and knowledge transfer.

MIW encourages collaboration between key actors in which people with disabilities and their representative organizations play a central and leading role.

It is a method usable across sectors in development and humanitarian action to explore most significant change as experienced by persons with disabilities. It was developed over the years by Humanity & Inclusion (formerly Handicap International), its partners and collaborators in projects using MIW.





## How did we use the MIW methodology in this project?

### Step 1 - Establishing multi-stakeholder engagement

A Technical Advisory Committee was formed gathering international experts on the topics of gender and disability. Following a first successful international phase, we launched an African call for good practices on the *elimination, prevention of and response to violence, abuse and exploitation of women and girls with disabilities*.

### Step 2 - Documenting and analyzing good practices

The practices of applying organizations were reviewed, and the ones that met all our jointly defined criteria were thoroughly documented. Eventually, 9 good practices were selected across 6 African countries.

### Step 3 - Actions for change

The implementing organizations have become partners of the MIW project, and are therefore receiving trainings and technical support on topics such as advocacy, communication, and scaling, in order to amplify the change generated by their practices. Additionally, this present report is a precious advocacy tool for regional and international stakeholders.

### What is a good practice in MIW?

When we talk about 'good practices', we mean practices that facilitate the "*full and effective participation in society for people with disabilities on an equal basis with others*" (CRPD, Preamble) and actions that people with disabilities have confirmed as having a positive impact. We propose standard criteria, providing a useful starting point to be adapted to each context:

**1. Demonstrable Impact:** the impact must be validated by partners and beneficiaries, for instance through interviews and testimonies;

**2. Replicability:** a specific action, approach or technique that could feasibly be replicated, adapted or scaled up in other contexts;

**3. Sustainability:** potential for local actors to be able to develop or sustain this action, approach or technique in the future;

**4. Efficiency:** a practice which is efficient in terms of time, finances, human resources;

**5. Person centered:** practices which respect the concept of individual users being actively involved in any decisions that concern them;

**6. Conforming to the general principles of the CRPD,** as stated in its article 3.

# Notes

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**24.** Boda boda riders are motorcycle drivers providing transportation in Kenya. They are commonly present in East Africa.

**Gender and disability intersectionality in practice: Women and girls with disabilities addressing discrimination and violence in Africa**

This new Making It Work report presents 9 good practices successfully addressing the prevention and response to violence and discrimination against women and girls with disabilities in Africa.
It is published at a time when the world is witnessing an unprecedented movement of women denouncing sexual harassment and abuse and claiming their rights.
More than ever, it is our duty to work alongside women and girls with disabilities who are raising their voices and taking action to confront discrimination and violence.
We, the Making It Work project, a diverse plethora of individuals and organizations working together, are proud to be part of this journey.

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