

Malawi Violence Against Women and Girls Prevention and Response Programme

Rapid Review on Disability-Inclusive VAWG Programming

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Table of Contents

Acronyms	iii
Summary	iv
1. Background	1
2. VAWG with disabilities	2
3. Disability-inclusive VAWG programming in LMICs	4
4. Disability-inclusive VAWG interventions in emergencies	6
5. Disability, VAWG and COVID in Malawi: early insights	7
6. What works in disability-inclusive VAWG programming? Promising practices	9
Annexes	12
<i>Annex 1: Mapping of disability-inclusive VAWG programmes in LMICs</i>	<i>12</i>
<i>Annex 2: Tools and resources</i>	<i>18</i>

Acronyms

APAM	Association of Persons with Albinism in Malawi
DFAT	Australian Department of Foreign Affairs and Trade
DIWA	Disabled Women in Africa
DIWODE	Disabled Women in Development
DPO	Disabled Persons Organisation
FCDO	UK Government Foreign, Commonwealth and Development Office
FEDOMA	Federation of Disability Organisations in Malawi
GBV	Gender-based violence
GESI	Gender Equality and Social Inclusion
HI	Humanity & Inclusion
IPV	Intimate Partner Violence
LMIC	Low- and Middle-Income Countries
M&E	Monitoring and Evaluation
MACOHA	Malawi Council for the Handicapped
MANAD	Malawi National Association of the Deaf
MANEPO	Malawi Network of Older Person' Organisations
MENA	Middle East and North Africa
MHRWGD	Malawi Human Rights for Women and Girls with Disabilities
MUB	Malawi Union of the Blind
NGO	Non-governmental organisation
NPSV	Non-partner sexual violence
OHCHR	Office of the High Commissioner for Human Rights
PPE	Personal Protective Equipment
SVRI	Sexual Violence Research Initiative
TN	Tithetse Nkhanza!
UN	United Nations
USAID	United States Agency for International Development
UNTF	United Nations Trust Fund to End Violence Against Women
VAWG	Violence Against Women and Girls
VSLA	Village Savings and Loans Associations

Summary

This is a rapid review of disability-inclusive Violence Against Women and Girls (VAWG) programming in low- and middle-income countries (LMICs). The review was produced under Tithetse Nkhanza! (TN), a UK government Foreign, Commonwealth and Development Office (FCDO)¹-funded VAWG Prevention and Response programme in Malawi, which has chosen to prioritise disability inclusion in its Gender Equality and Social Inclusion (GESI) Strategy. The **purpose of this review** is to assess the programming landscape on disability-inclusive VAWG programming to identify any promising practice and to locate the Tithetse Nkhanza! programme within this context. The review also examines evidence on disability inclusion in VAWG interventions during crises which may be applicable to the current COVID-19 pandemic. **It will be followed by a short summary and recommendations paper for the TN programme**, based on this literature review and discussions with Disabled Persons Organisations (DPOs) in the context of the COVID-19 crisis in Malawi.

There is strong evidence from multiple LMICs showing women and girls with disabilities are more likely to experience VAWG than their non-disabled counterparts. This includes intimate partner violence (IPV) and non-partner sexual violence. In addition, women and girls with disabilities face a number of specific types of violence such as withdrawal of medication and assistive devices, over- or under-medication and forced sterilisation. In Malawi, findings from the TN baseline report show women with disabilities were more likely to experience IPV, particularly sexual violence.² Older women, including those with disabilities, are more likely to be accused of witchcraft and murdered or mutilated as a result.

Since the onset of the COVID-19 pandemic, it has become clear that women and girls with disabilities are likely to face a double impact, due to attitudes, stigma and discrimination related to their gender and their disability. Women and girls with disabilities facing violence at home are more likely to be reliant on their intimate partner or family member, have weak support networks and may be less able to leave the house. They may be falling through the cracks between disability-focused and VAWG-focused interventions in this context. It is important to highlight that data and evidence on COVID-19 and VAWG with disabilities is anecdotal and VAWG with disabilities has largely been overlooked in previous epidemics, suggesting a significant opportunity to gather evidence and learning and ensure that women and girls with disabilities are not left behind in the COVID-19 response and recovery and when the next crisis hits.

These findings at the global level are reflected in Malawi, where recent evidence shows women with disabilities are more likely to experience VAWG and people with disabilities are being left out of the COVID-19 response. People with disabilities and their representative organisations are facing several barriers and challenges, including lack of accessible communication by government on COVID-19, lack of consultation and reduced funding. Despite this, DPOs are playing a crucial role in responding to the pandemic, including providing information in accessible formats, distributing personal protective equipment (PPE), and handling cases of VAWG.

Despite the growing evidence base, disability-inclusive VAWG interventions in LMICs are still relatively limited. A mapping conducted as part of this review found 37 projects, the vast majority of them relatively small-scale (though budget information was generally lacking) and targeted interventions rather than mainstreamed. Small-scale VAWG projects targeting women with disabilities tend to be run by DPOs and disability-focused NGOs, however five mainstream VAWG interventions were identified which seek to be disability-inclusive, working in partnership with DPOs and others with disability expertise. The mapped interventions include a range of prevention and response strategies, including providing support to survivors to access services, training service providers, ensuring services are accessible and inclusive, policy and advocacy work, raising awareness, working with women and girls with disabilities as leaders and participants in small-scale empowerment initiatives, and community-based work including adapting the SASA! methodology.³ Most employ multiple strategies though very few are holistic and comprehensive. Many of these interventions are currently being implemented and very few evaluations are available (the only experimental or quasi-experimental evaluations identified were conducted under the FCDO-funded What Works to Prevent Violence Against Women and Girls (“What Works”) programme). Key donors include the UN Trust Fund to Eliminate Violence Against

¹ In September 2020 the former UK Foreign and Commonwealth Office (FCO) merged with the former Department for International Development (DFID) to form the Foreign, Commonwealth and Development Office (FCDO).

² Please note these results were not statistically significant due to the small sample of women with disabilities.

³ SASA! Together is one of the prevention methodologies that the Tithetse Nkhanza programme is piloting in the first phase of the programme. At its core, SASA! Together is a community mobilisation approach, which encourages the whole community to question and change what is considered normal or acceptable. With a focus on intimate partner violence, it helps us consider how balanced power between women and men can make us all safer, happier and healthier.

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

Women which funds 21 targeted projects across Africa, Middle East and North Africa (MENA), Asia and Latin America and the Caribbean focusing on a range of prevention and response strategies. The Trust Fund also seeks to integrate disability inclusion in the remainder of its 144 grants, although analysis has not been conducted to draw out successes and learning points. Other donors include the Disability Rights Fund, which provides grants to DPOs, the Ford Foundation, which facilitates global coordination and investments around VAWG and gender, racial and ethnic justice, FCDO and the Australian Department of Foreign Affairs and Trade (DFAT). It is important to note that information in the public sphere is limited and there may be other disability-inclusive VAWG interventions which have not shared details, evidence and learning publicly. There are a number of small-scale projects focusing on VAWG with disabilities and COVID-19 on both prevention and response including awareness raising, advocacy and lobbying, provision of toll-free hotlines and support to survivor support units.

The global evidence base on what works to prevent and respond to VAWG with disabilities is limited but growing, with the FCDO-funded What Works programme making a vital contribution. More data, evidence and learning are needed from mainstream VAWG interventions seeking to be disability inclusive, including both quantitative and qualitative data to understand how women with disabilities experience interventions. Particular gaps in the knowledge and evidence base include:

- Understanding what works to prevent VAWG with disabilities;
- What works in adapting VAWG interventions during pandemics;
- Reaching women and girls with impairments likely to be overlooked including those with intellectual or psychosocial disabilities;
- VAWG evaluations disaggregating data by impairment type to assess the extent to which women with different impairment types and severity of disability are included and benefit from the intervention.

Evidence and learning from recent interventions addressing VAWG with disabilities suggests the following promising practices. These are split between several intervention-wide practices, suggesting disability inclusion needs to be mainstreamed in interventions for VAWG programmes to be inclusive and accessible, with some specific considerations for prevention and response.

Intervention-wide practices

- Disability expertise is crucial to the success of VAWG interventions for women and girls with disabilities. Partnerships across the women's rights and disability sectors can work well, in particular DPO/INGO partnerships with the DPOs leading from a technical and local knowledge perspective whilst the INGO can provide support on financial management, Monitoring and Evaluation (M&E), donor relations, ethics and safety.
- Invest in capacity development of VAWG practitioners, including through staff training on disability rights and disability inclusion. This should be supported by the integration of disability inclusion guidelines, tools and resources.
- Working with women and girls with disabilities and their representative organisations at all stages and in decision making.
- Supporting the leadership of women with disabilities and their representative organisations.
- Ensuring accessibility, including of information, meetings, referral mechanisms and economic accessibility.
- Data should be disaggregated by disability status, interventions should conduct analysis of VAWG risks and vulnerabilities and aim to target those most at risk, and evidence and learning plans should include participation of people with disabilities.
- Attention to intersectionality: seeking to understand and respond to the intersections between gender, disability and other factors which may relate to VAWG risk, help-seeking behaviour and participation in VAWG interventions over the life course.
- Planning to be disability inclusive from the outset is important, particularly budgeting for inclusion, as retrofitting can be challenging.

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

- Type and severity of disability needs to be taken into account – often those with the most severe impairments or particular types of impairment are left out of interventions.

VAWG prevention

- Raising awareness amongst women and girls with disabilities, families, communities and service providers, including on VAWG with disabilities and disability rights.
- Small-scale empowerment projects are powerful and necessary in communities, as women and girls with disabilities are often isolated and have substantial unmet needs. Providing social and economic empowerment activities for women and girls with disabilities, including through peer support groups, Village Savings and Loans Associations (VSLAs) have been found to have a number of benefits related to VAWG risk factors, such as relationship building, knowledge and skills, self-esteem. These interventions can also lead to reduced stigma and discrimination amongst community members through increased exposure to women with disabilities.

VAWG response

- Ensuring VAWG reporting and referral mechanisms are disability inclusive.
- Working with service providers to ensure services are accessible and inclusive.
- Attention to ethical considerations, for example women with disabilities' reliance on intimate partners, family or friends to communicate or to be mobile, including people who may be perpetrating violence against them.
- In the context of COVID-19:
 - Share information on VAWG risk mitigation and prevention in accessible formats (e.g. oral, print, sign language, and easy-to-read/plan language), and in collaboration with DPOs.
 - Adopt adapted and remote service delivery approaches by working with disabled women's organisations.
 - Strengthen capacity around disability inclusion through partnerships with DPOs, particularly disabled women's organisations, and caregiver groups.

1. Background

This is a rapid review of disability-inclusive Violence Against Women and Girls (VAWG) programming in low- and middle-income countries (LMICs). The review was produced under Tithetse Nkhanza! (TN), a FCDO⁴-funded VAWG Prevention and Response programme in Malawi.⁵ The Tithetse Nkhanza programme is a flagship VAWG prevention and response programme, aiming to reduce the prevalence of VAWG and improve the justice system for women and girls living with violence in Malawi. The three main expected outcomes of the programme are:

- 1) formal and informal justice services and local institutions are accessible, responsive and accountable to women and children's needs;
- 2) people in target areas are less tolerant of violence and are more supportive of survivors;
- 3) individuals use non-violent means to settle disputes and avoid harmful practices, and seek support if they experience violence.

The programme has six key Intervention Areas. They are: (1) National and district level engagement; (2) Formal and informal justice interventions; (3) Interventions with duty bearers and service providers; (4) Referral mechanisms and support services; (5) VAWG prevention related interventions; (6) Monitoring, evaluation, research and learning. The programme will scale up effective approaches in its second phase. The programme started implementation in 2019 and has recently pivoted to respond to the COVID-19 crisis, scaling down or placing certain interventions on hold due to restrictions, while adapting other interventions and forging new strategic links with other partners.

The programme has chosen to prioritise disability inclusion in its Gender Equality and Social Inclusion (GESI) strategy. It has rolled out training to the core team and partners on disability inclusion, is partnering with a disabled women's organisation (Malawi Human Rights for Women and Girls with Disabilities - MHRWGD) in its economic empowerment component,⁶ planning to collect data on disability and is looking to implement further measure to strengthen disability inclusion within the programme.

Box 1: Violence against women and girls with disabilities in Malawi

Recent data from the TN baseline report found that women with disabilities are more likely to experience intimate partner violence (IPV) and sexual violence than their non-disabled counterparts (Tetra Tech, 2020). In addition, older women, including those with disabilities, are more likely to be accused of witchcraft and experience ensuing violence and abuse than men and younger women. There have been numerous cases of attempted abduction, mutilation and killing of people with albinism in recent years in Malawi, including women and girls.

Several governmental and non-governmental actors are or have recently been working to address violence against people with disabilities or disabled women's rights in Malawi, including (adapted from Schauerhammer & Kerr-Wilson, 2019, TN Rapid Evidence Review on VAWG interventions and actors in Malawi):

- In March 2015, the Ministry of Gender, Children, Disability and Social Welfare set up a multi-sectoral National Steering Committee on Attacks on Persons with Albinism (comprised of government ministries and departments, human rights institutions, judiciary, law enforcement agencies, UN agencies and disability organisations) and published a national response plan. The National Action Plan has a focus on protection of women with albinism from any violence and promoting economic empowerment.
- Association of Persons with Albinism in Malawi (APAM) is an association focusing on advancing the rights of people with albinism in Malawi - but is dependent on volunteers. APAM, together with the Federation of Disability Organisations in Malawi (FEDOMA), has led civil society responses to violence against people with albinism (such as abductions, mutilations and killings). The organisation has been supporting victims of violence and conducting civic education on ritual killings and security.

⁴ In September 2020 the former UK Foreign and Commonwealth Office (FCO) merged with the former Department for International Development (DFID) to form the Foreign, Commonwealth and Development Office (FCDO).

⁵ Please note some of the research was conducted for a FCDO (formerly DFID) VAWG Helpdesk review on reaching women and girls most at risk of VAWG (Lee & Ahlenback, 2020).

⁶ MHRWGD has expertise in both disability inclusion and women's economic empowerment. The programme plans for MHRWGD to be the implementation partner in Lilongwe District working with women with disabilities and those without.

- Malawi Human Rights Commission – The commission has been working with various partners such as Save the Children International and TN in the protection and promotion of human rights for girls and women. The Commission, as a constitutional body, is mandated to oversee the implementation of the Gender Equality Act. The Commission has been conducting public inquiries on gender-based violence (GBV), and receives and handles individual complains of violence against women and girls.
- The Malawi Network of Older Persons' Organisations (MANEPO), in collaboration with HelpAge International, is running a programme on Accountability and Fulfilment for Older People in order to raise their Dignity.
- Disabled Women in Development (DIWODE) – is a membership Disabled Person Organisation for women and girls with all types of disabilities in Malawi. Since its establishment in 1996 and subsequent registration with Malawi Government under the Trustees Incorporation Act in November 1999, the organisation has aimed to advocate and lobby for the attainment of inclusive society, provide services that are demanded by disabled women and girls in their bid to equally enjoy their rights, economic empowerment, sexual reproductive health rights, human rights gender issues, inclusive education for disabled girls and capacity building.
- Disabled Women in Africa (DIWA), a local NGO working with women with disabilities, have raised awareness on COVID-19 through radios, posters and bill boards, distributed Personal Protective Equipment (PPE), reported VAWG cases, registered cases of abuse and discrimination faced by women with disabilities who have tested positive from COVID-19, and supported village saving programmes and businesses.
- Malawi Human Rights of Women and Girls with Disabilities (MHRWGD), a local NGO, work on the promotion and protection of human rights for women and girls with disabilities, and have received reports of sexual violence perpetrated against women during the pandemic.
- Standing Voice, an international NGO, works to support people with albinism and has integrated a focus on VAWG in its COVID-19 response interventions.

However, the extent of such intervention on women and girls with disabilities has not been well documented. There is still a need for increased collaboration with organisations of women with disabilities and strengthen systems of documenting cases of violence. Programme interventions should focus on giving meaning in ending violence and changing lives of women and girls with disabilities.

The **purpose of this review** is to assess the programming landscape on disability-inclusive VAWG programming to identify any promising practice and to locate the Tithetse Nkhanza! programme within this context. The review also examines evidence on disability inclusion in VAWG interventions during crises which may be applicable to the current COVID-19 pandemic.

2. VAWG with disabilities

Globally, there is strong evidence showing women and girls with disabilities are at greater risk of VAWG than women and girls without disabilities. Data from studies in six countries⁷ funded under FCDO's flagship What Works to Prevent Violence Against Women and Girls ("What Works") programme shows that women with disabilities are between two and four times as likely as those without disabilities to experience IPV and that women and girls with disabilities are also more likely to experience non-partner sexual violence (NPSV) (Dunkle et al., 2018). The risk of VAWG increases with severity of disability (ibid;). This also appears to be the case in Malawi as findings from the TN baseline report (Tetra Tech, 2020) show women with disabilities were more likely to experience IPV, particularly sexual violence, although the results were not statistically significant due to the small sample of women with disabilities. Women with disabilities are also subject to specific forms of VAWG such as forced sterilisation, removal of assistive devices, over- and under-medication and neglect (VAWG Helpdesk, 2020; Human Rights Watch, 2011; ActionAid, 2009; Lee, 2019; Van Der Heijden, 2014, in Lee & Ahlenback, forthcoming).

⁷ The countries were South Africa, Afghanistan, Tajikistan, Bangladesh, Nepal and Ghana.

The evidence base on VAWG with disabilities is growing, however studies still do not tend to disaggregate VAWG prevalence data by disability status.⁸ Disability-focused studies often focus on one impairment type and other studies rarely go beyond this to disaggregate by impairment type. Although it is not possible to say whether women with some impairment types are more likely to experience violence, some studies show that women with intellectual disabilities, mental health conditions and psychosocial disabilities have very high rates of experience of violence, whilst anecdotal evidence suggests women and girls with communication, visual and hearing impairments may be at high risk (Lee & Ahlenback, forthcoming; Coalition on Violence Against Women, 2013; Ryan et al., 2020; Fraser et al., 2019).

Risk factors for women and girls with disabilities are multiple and compounding, for example, through a combination of gender inequality and stigma and discrimination against people with disabilities. Risk factors for women and girls with disabilities operate at all levels of the ecological framework, for example at the individual level including internalised stigma and shame, at the interpersonal level including reliance on carers, at the community level such as negative attitudes, and at societal level including stereotyping and lack of protective policies and laws (Lee & Ahlenback, forthcoming).

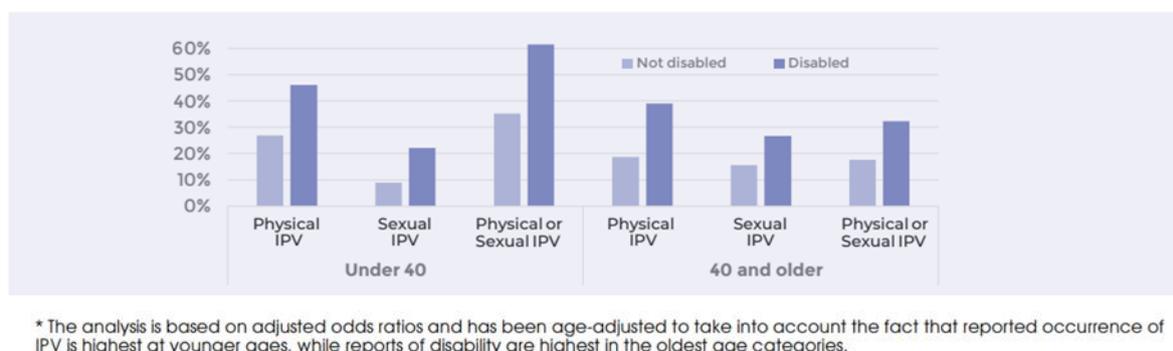


Figure 1: Prevalence of IPV in the past 12 months amongst women with and without disabilities across six What Works to Prevent VAWG studies (Dunkle et al., 2018)

Whilst there is no data available on VAWG with disabilities during the COVID-19 crisis, it is highly likely that it is increasing across multiple settings. There is strong evidence that VAWG is increasing as a result of the pandemic, however VAWG against women and girls with disabilities is a key evidence gap in relation to the pandemic (Fraser, 2020). It is likely that women and girls with disabilities may face additional risks during a pandemic because of reliance on intimate partners and family members as caregivers, particularly in contexts where social care is suspended or inadequate, and it is also clear that they are less likely than non-disabled women and girls to have access to a mobile phone or technology through which to report VAWG and access services (Meaney-Davis et al., 2020; Fraser et al., 2018; GSMA, 2020). Anecdotal evidence⁹ suggests there are new barriers in accessing VAWG services for women and girls with disabilities during the crisis, including disruption to the services themselves or transport, and women and girls with disabilities may not be able to access a crucial caregiver to support them to access services. In addition, adapted VAWG services (e.g. those delivered remotely) may be inaccessible for women and girls with disabilities (Pearce, 2020).

Learning from previous epidemics on disability is extremely limited, with even less information on VAWG with disabilities (Meaney-Davis et al., 2020). However, there is strong evidence showing that VAWG increases during crises, and it is likely that risks will increase for women and girls with disabilities (Murphy et al., 2019). In Sierra Leone during the West Africa Ebola outbreak 2014-2016, INGO Humanity & Inclusion (HI) partnered with Plan International to deliver an adapted girls' education project. After emergency measures were lifted and schools opened, the project found that many girls, including several girls with disabilities, were not able to return to school as they had fallen pregnant during the crisis (at the time government policy was to prevent pregnant girls from returning to school). It has been well-established that sexual abuse of girls increased during the Ebola crisis, though there do not appear to be any disability-disaggregated statistics (Meaney-Davis et al., 2020). Likewise, a recent gender analysis of the response

⁸ A 2012 global systematic review was not able to disaggregate pooled prevalence rates by sex because of lack of sex-disaggregated data in the available studies (Hughes et al.,)

⁹ Aleema Shivji, Executive Director of Humanity & Inclusion, recently published a blog on the VAWG risks women and girls with disabilities face during the crisis: <https://humanity-inclusion.org.uk/en/news/blog-women-with-disabilities-at-higher-risk-of-domestic-and-sexual-violence-with-covid-19>

to Ebola in DRC found disability to be a “major blind spot” (CARE, 2020). This suggests it is critical to include a disability lens when designing and implementing approaches to monitoring, evaluation and learning during COVID-19, both in response and recovery.

There is evidence that people with disabilities have been disproportionately impacted by COVID-19. Some people with disabilities are more likely to get COVID-19 and experience serious complications, and experience worse social and economic impacts, including increasing food insecurity and lack of access to social protection. This includes reports from multiple countries of rising stigma and discrimination against people with disabilities. COVID-19 is also exacerbating pre-existing mental health conditions and psychosocial disabilities, as well as creating new mental health problems (Meaney-Davis et al., 2020). Given the strong evidence on the links between VAWG and mental health (Ryan et al., 2020), it is important to recognise the serious risks faced by women and girls with psychosocial disabilities during this time.

3. Disability-inclusive VAWG programming in LMICs

Although there is now data from multiple contexts showing the disproportionate risk of VAWG that women and girls with disabilities face alongside several calls to include them in programmes, **disability-inclusive VAWG programming is limited.** VAWG interventions reaching women and girls with disabilities tend to be small-scale targeted initiatives run by Disabled Persons Organisations (DPOs) and/or disability-focused organisations rather than mainstream programmes targeting the general population of women and girls.¹⁰ However, over the last 10 years, mainstream actors and donors are beginning to recognise the links between VAWG and disability and to integrate disability inclusion into VAWG programming (these include the UN Trust Fund, FCDO, the Australian Department of Foreign Affairs and Trade (DFAT) and the World Bank).^{11,12} The UN Trust Fund to End Violence Against Women (UNTF) currently funds 21 projects targeting women and girls with disabilities through a dedicated funding window, in addition to mainstreaming disability inclusion to varying degrees in the remainder of their 144 grants (see more information in box 2). In addition to increasing VAWG programmes targeting women and girls with disabilities, guidelines exist on response services (UNFPA, 2018a), as well as in the humanitarian sector, however there is more limited information on how to reach women and girls with disabilities in prevention programming.

Box 2: UNTF's work on disability inclusion

The UNTF funds a dedicated disabilities window as well as mainstreaming disability inclusion to varying degrees in the remainder of their 144 grant projects. The **disabilities window** funds 21 projects including six small grants of up to \$150,000 and larger grants available for larger organisations. Organisations funded include INGOs, DPOs, human rights organisations and others. The window funds projects in Africa, Asia, Middle East and North Africa (MENA), and Latin America. Projects mostly focus on:

- Violence in the home and community, with two projects focusing specifically on violence in institutions such as forced sterilisation, forced abortion and violence perpetrated by staff.
- Projects target women with all disabilities except one project in Serbia which focuses specifically on women with psychosocial disabilities.
- A range of VAWG prevention and response strategies, including ensuring services are accessible and inclusive, prevention approaches such as SASA!, empowerment interventions including rights training and

¹⁰ It is important to highlight that the findings from this review are based largely on information available online. Discussions with disability-focused organisations including ADD International, Sightsavers and CBM, as well as with the UN Trust Fund, complemented the findings from the online review. It is probable, however, that more attempts are being made to mainstream disability in VAWG programming with a lack of learning or evaluations in the public sphere.

¹¹ In 2019, the World Bank published a [resource pack on VAWG against women and girls with disabilities](#). The World Bank has also published a Disability Inclusion and Accountability Framework, and [a series of commitments on disability inclusion](#), including one on women and girls with disabilities.

¹² There are other signals that the mainstream VAWG sector is beginning to recognise these links. For example, one of the keynote speakers at the 2019 Sexual Violence Research Initiative (SVRI) conference in South Africa was a woman with disability and that a session focused on women and girls with disabilities organised by VSO and Womankind.

loans groups, local and national advocacy, training women and girls with disabilities, budgeting for VAWG prevention and ensuring meaningful participation of DPOs. Most projects use a combination of strategies.

Key learning from the UNTF on disability so far includes:

- Disability expertise is crucial to the success of VAWG interventions for women and girls with disabilities.
- Partnerships across the women's rights and disability sectors have worked very well. In particular, UNTF has found that DPO/INGO partnerships can work very well, with the DPOs leading from a technical and local knowledge perspective whilst the INGO can provide support on financial management, Monitoring and Evaluation (M&E), donor relations, ethics and safety.
- Ensuring VAWG interventions are disability-inclusive is a journey with many organisations starting out on this journey.
- Planning to be disability-inclusive from the outset is important, particularly budgeting for inclusion, as retrofitting can be challenging.
- Lack of data continues to be a key challenge, however there have recently been more partnerships between DPOs/NGOs working on VAWG with disabilities and academic institutions.
- Type and severity of disability needs to be taken into account.
- Small-scale empowerment projects are powerful and necessary in communities, as women and girls with disabilities are often isolated and have substantial unmet needs.

The rapid review identified 37 current and recent initiatives focusing on VAWG in LMICs and seeking to work with women and girls with disabilities through an online search and discussions with disability-focused organisations and DPOs (see annex 1).^{13,14,15} Only five of these projects and programmes are mainstream initiatives working to integrate disability inclusion; the remainder are initiatives targeted specifically at women and girls with disabilities. It may be that more mainstream inclusive VAWG interventions exist but that these interventions are in their early stages and/or have not published data and learning on disability inclusion. It should be noted that evaluations for the UNTF's disability funding window will be available in 2021 and the UNTF plans to conduct analysis around these. The only interventions identified which have been evaluated using an experimental or quasi-experimental approach are those under What Works. The vast majority of the programmes mapped are implemented by DPOs, particularly but not exclusively disabled women's organisations, and disability-focused NGOs, including ADD International, CBM and HelpAge International. The UN Trust Fund is the biggest donor in terms of numbers of projects funded, with a dedicated disability window, whilst FCDO, DFAT and the United States Agency for International Development (USAID) have also funded projects and programmes. The Spotlight Initiative has indicated that it will find projects that seek to reach the most marginalised, however further information was not available at the time of this review.

Reasons for the lack of attention to disability inclusion in VAWG programming include

- Lack of data and evidence, including disability-disaggregated data on effectiveness of VAWG interventions, exacerbated by historic underinvestment in disability-inclusive development by governments and donors.
- The nature of the global disability and women's rights movements have meant that gender issues have somewhat been overlooked in the disability movement and that disability rights have been overlooked in the women's rights movement.
- Lack of funding for disabled women's organisations (expert input from Alice Kerr-Wilson).
- Although consultation with people with disabilities and their representative organisations has increased in recent years, barriers to participation for people with disabilities in development fora more broadly (not only related to

¹³ Annex 1 provides information on disability-inclusive VAWG initiatives identified for this review, with a focus on Africa.

¹⁴ Details could not be found on the 21 projects funded under the UNTF's disability funding window. Details on the total budgets for projects were not available for most of the projects.

¹⁵ It is important to highlight that there are likely to be many broader programmes which work on gender equality and women's and girls' empowerment and disability, sexual and reproductive health and rights, to build links between the women's rights and disability movements, or on the COVID-19 response with people with disabilities which may include VAWG components. For example the DFAT-funded W-DARE programme in the Philippines focused on SRH but included work on VAWG and released [a policy brief on addressing VAWG against women and girls with disabilities](#). The table in the annex only includes interventions focused on VAWG rather than these broader interventions.

VAWG interventions) remain, including inaccessible physical environments, inaccessible information and communications, and lack of budget for reasonable adjustments.¹⁶ Some groups in particular are excluded from development interventions, including VAWG interventions, particularly people with intellectual and psychosocial disabilities. These may well be the groups who are more likely to experience VAWG in the first place. This has played out in recent initiatives with a focus on VAWG against women with disabilities. For example, What Works researchers have suggested that women with the most severe impairments are likely to have been excluded from the studies.¹⁷ ADD International, a disability-focused organisation who run a VAWG project in Cambodia with women with disabilities, found that those with intellectual and psychosocial disabilities were not included in the programme (ADD International, undated).

Recent evidence suggests that where people with disabilities are included in VAWG interventions, programmes can prevent IPV, promote wellbeing and economic empowerment and challenge stigma and discrimination around disability (Stern et al., 2020). The **implications of overlooking disability in VAWG programming** are likely to include:

- Risk factors being exacerbated for women and girls with disabilities contributing to greater risk of violence with all the well-evidenced consequences of VAWG, including poor mental and physical health, poor economic outcomes and intergenerational cycles of violence (Guedes et al., 2016; García-Moreno & Pallitto, 2013).
- If VAWG programmes don't consider the barriers to help-seeking and participation in VAWG prevention programmes, it is likely that programmes will exacerbate inequalities and the effectiveness of programmes will be affected.

4. Disability-inclusive VAWG interventions in emergencies

The humanitarian sector appears to be further ahead than the development sector in terms of mainstreaming disability, although interventions focus on risk mitigation and protection rather than VAWG prevention. A number of frameworks, guidelines and tools exist to support humanitarian actors to integrate disability inclusion in their work.¹⁸ In practice however, VAWG interventions in humanitarian and emergency settings do not tend to be accessible or inclusive. Humanity & Inclusion's survey of 769 people with disabilities in humanitarian settings globally found that 87% respondents with disabilities reported that GBV services were not accessible to them, and 66% in contexts of natural disasters (HI, 2015). In addition, DPOs are much less likely to be involved in delivering GBV services in humanitarian settings than other areas of work. The HI study assessed 14 services, and DPOs were only less likely to be involved in shelter provision and cash transfers (ibid).

There is no publicly available data and evidence on disability-inclusive VAWG interventions during previous pandemics. However, it is promising that several guidance notes, including from UN agencies, have highlighted the specific VAWG risks faced by women and girls with disabilities in the contexts of COVID-19 and pushed for disability inclusion in the response. These include guidelines from the [Office of the High Commissioner for Human Rights \(OHCHR\)](#), and the [UN's Policy Brief on a Disability-Inclusive Response to COVID-19](#).

There are some small-scale initiatives which are working with the disability sector and movement to prevent and respond to VAWG against women and girls with disabilities in the context of COVID. As with the non-COVID related interventions, these are led by disability-focused organisations. There is no available

¹⁶ These findings are from an as yet unpublished International Disability Alliance global survey of DPOs and their involvement in development processes.

¹⁷ Data from slides presented by Kristin Dunkle at the 2019 London School of Hygiene and Tropical Medicine conference on disability inclusive development: <https://www.lshtm.ac.uk/sites/default/files/2019-11/Dunkle%20ICED%202019%20FINAL%20for%20sharing.pdf>

¹⁸ These include:

- Inter-Agency Standing Committee (IASC) published their [Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action](#) in 2019. The guidelines place people with disabilities at the centre of humanitarian action and includes a focus on GBV, including in assessment and planning, implementation and monitoring and evaluation.
- In 2018, [Humanitarian inclusion standards for older people and people with disabilities](#) were published by CBM with support from USAID and the former DFID, which integrates a focus on GBV.
- In 2015, a [Strategic Framework on Disability Inclusion](#) was adopted by the International Red Cross and Red Crescent Movement. The framework includes measures to address violence against people with disabilities.

information on integrating disability inclusion into mainstream VAWG interventions. Disability is often cited as relating to increased VAWG risk in the context of COVID-19, however there is no available information on how mainstream VAWG interventions are integrating disability inclusion in COVID-19. This points to a significant gap in global knowledge which TN could contribute to. COVID-19 VAWG interventions working with women and girls with disabilities include:

- Humanity & Inclusion's Making It Work¹⁹ Gender and Disability Project is supporting seven DPOs in Burundi, Kenya, Cameroon and Uganda to support women with disabilities, including prevention and response to VAWG.²⁰ Activities include toll-free helplines using call and SMS, supporting survivors to access health centres and report their cases, supporting women's shelters to ensure they are accessible for women with disabilities, emergency protection and talking about VAWG against women and girls with disabilities on radio and TV. Case management and advocacy with government have also been implemented.
- The UN Trust Fund is supporting CBM and partner Bedari in Pakistan working with communities to ensure VAWG is included in the response plans, providing health and psychological advice and support over the phone and online, lobbying local authorities and working with other NGOs to ensure the voices of women with disabilities are heard.²¹
- UNFPA is upgrading the Women Safety Smart App, in Punjab Province in Pakistan, to ensure it is accessible for women and girls with disabilities.²²
- In Zimbabwe, Leonard Cheshire is raising awareness of COVID-19 and VAWG response services amongst women and girls with disabilities.²³
- Humanity & Inclusion and partners are also working to ensure that health centres providing support to survivors have access to personal protective equipment, training health workers, providing psychological support to survivors and caregivers, disseminating inclusive and accessible violence prevention messages and mental health messages by text, radio and different media, providing cash transfers to survivors and distributing phone credit to isolated disabled women.²⁴

5. Disability, VAWG and COVID in Malawi: early insights

As part of this rapid review, a light-touch assessment of VAWG against women and girls with disabilities in the context of COVID-19 in Malawi was conducted. This involved a desk review and interviews with a number of DPOs.

The assessment identified the following **challenges and barriers for DPOs and people with disabilities during COVID-19:**

- People with disabilities report barriers to implementing COVID prevention measures such as additional costs for assistance (e.g. paying for additional water and for a carer to collect water); fear of catching COVID-19 through carers who do not have access to PPE and have to travel to provide care; pressure on businesses owned by people with disabilities and the additional risks faced in continuing to run businesses, and discrimination in the health sector.
- There was no close consultation with persons with disabilities and their representative organisations at all levels in designing and implementing the government's COVID-19 response plans.

¹⁹ Making It Work is a collaborative initiative managed by Humanity & Inclusion. Through a participatory and empowering approach, it builds concrete hands-on evidence on inclusive practices, which can be used to advance the rights of persons with disabilities in line with the CRPD principles and contribute to the SDGs.

²⁰ <https://www.makingitwork-crpd.org/news/women-disabilities-engaged-responding-covid-19-miw-supporting-them>

²¹ <https://untf.unwomen.org/en/news-and-events/stories/2020/07/multiple-threats-to-women-and-girls-living-with-disabilities-during-covid-19-in-pakistan>

²² <https://www.unfpa.org/news/pandemic-heightens-vulnerabilities-persons-disabilities>

²³ <https://www.unv.org/Success-stories/Towards-gender-and-disability-inclusive-COVID-19-response>

²⁴ <https://humanity-inclusion.org.uk/en/news/blog-women-with-disabilities-at-higher-risk-of-domestic-and-sexual-violence-with-covid-19>

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

- Government information on COVID-19 has not been disseminated in accessible ways for people with disabilities.
- DPOs are struggling financially during this period with traditional donors reducing their funding. Some DPOs feel that donors have used the pandemic as an excuse to reduce/withhold funding, and that DPOs are seen as high-risk as they are run by people with disabilities who may be at greater risk from the pandemic.
- DPOs also noted they have seen a reduction in partnerships with NGOs as few NGOs are implementing disability-inclusive COVID response interventions.
- DPOs highlighted that people with disabilities are not benefitting from COVID response interventions which has severe negative consequences.

Despite these significant challenges for DPOs in Malawi, **DPOs and disability-focused NGOs are playing a critical role in responding to the pandemic:**

- DIWA, a local NGO working with women with disabilities, have raised awareness on COVID-19 through radios, posters and bill boards, distributed PPE, reporting VAWG cases, registering cases of abuse and discrimination faced by women with disabilities who have tested positive from COVID-19, and supporting village saving programmes and businesses.
- MHRWGD, a local NGO work in promotion and protection of human rights for women and girls with disabilities, has also raised awareness of COVID through radio, television and WhatsApp, personalised SMS to women with hearing impairments, provided PPE and received reports of sexual violence perpetrated against women during the pandemic.
- APAM has been raising awareness and distributing PPE in four selected districts across Malawi targeting persons with albinism.
- Standing Voice, an International NGO working in Malawi and Tanzania, is distributing a four-month care package to persons with albinism in their three program districts, raising awareness about COVID-19, education on skin cancer prevention and distribution of sun lotion. The care package programme has a specific target of women and girls with albinism where they talk about risks of violence and self-hygiene during the pandemic. The programme has also included sanitary pads in its care package targeting women and girls to reduce the economic pressure during the pandemic.
- Malawi Union of the Blind (MUB), Malawi National Association of the Deaf (MANAD) and Malawi Council for the Handicapped (MACOHA) are jointly implementing a COVID-19 program in eight districts across Malawi with support from CBM (formerly the Christian Blind Mission, they are now known as CBM the overseas disability charity). This includes food relief and raising awareness through a video sharing prevention messages which includes a sign language interpreter.

It is important to highlight that, even prior to the COVID-19 pandemic, **work to prevent and respond to VAWG against women and girls with disabilities in Malawi is likely limited to initiatives by disabled women's organisations.** Reporting and referrals appear to be ad hoc. **Safeguarding is also an issue.** Several cases of sexual harassment have arisen that have not been responded to because the perpetrator has a disability or has a leadership role within a DPO. DPOs do not have robust safeguarding policies and this is therefore a continued risk during COVID-19. There is an opportunity to strengthen links between the TN programme and these organisations to ensure that women and girls with disabilities access VAWG response services.

It can be concluded based on evidence from our assessment that **persons with disabilities, in particular women and girls with disabilities, are being affected by the COVID-19 pandemic and excluded in emergency measures being taken by the Malawian government including various stakeholders.** As various stakeholders continue to respond and implement COVID-19 prevention measures it is more critical that measures taken are fully inclusive of specific needs of women and girls with disabilities and prevent further human rights violations.

6. What works in disability-inclusive VAWG programming? Promising practices

Limited information is available from the mapped initiatives on their targeting, effectiveness or key learning around disability inclusion, although a number of projects have included research studies which examine the issue of VAWG against women and girls with disabilities. A key exception here is What Works, FCDO's flagship global programme on VAWG prevention, which made a significant contribution to the global evidence base by disaggregating impact evaluation data by disability status (see box 3 for details).

Box 3: Findings from the FCDO flagship What Works to Prevent VAWG? Programme

Data from evaluations of 15 VAWG prevention interventions in 13 LMICs in Africa and Asia funded by FCDO's flagship What Works to Prevent VAWG programme found a disability prevalence rate²⁵ of 17% amongst women respondents, ranging from 5% in Nepal to 32% in Rwanda. Four What Works interventions were assessed on their effectiveness for women and girls with disabilities compared to those without; this shows a mixed picture deserving of further exploration.²⁶ For example, CETA Zambia, a counselling intervention for families with a history of alcohol abuse and/or violence, was more effective in reducing IPV for women with disabilities than those without. The *Indashyikirwa* project, providing couples training and community-based work in Rwanda was effective in reducing IPV and there was no difference between women with and without disabilities in the study. Stepping Stones Creating Futures working with youth in informal settlements in South Africa found depressive symptoms were more significantly reduced for women with disabilities than those without, whilst alcohol consumption increased for women with disabilities whilst it reduced for those without. In this case there was no statistically significant reduction in IPV across the sample.

The mapping conducted for this review implied that VAWG and gender technical capacity may be limited amongst disability-focused NGOs and DPOs, possibly as a result of the lack of integration of disability considerations in the women's rights movement and of gender issues in the disability movement. Similarly, the VAWG sector lacks disability expertise given there are so few mainstream VAWG interventions which seek to be disability-inclusive. This suggests that partnerships between DPOs and WROs, between gender/VAWG and disability technical experts is likely to yield significant progress in this area.

There is no available evidence from previous epidemics on what works to prevent and respond to VAWG against women and girls with disabilities, despite the available literature suggesting the situation for women and girls with disabilities during epidemics is worse due to their heightened vulnerability, including the current COVID-19 pandemic. This suggests there is a significant opportunity to gather evidence and learning on what works to integrate disability inclusion in a mainstream VAWG programme during a pandemic which would make significant contributions to the global evidence base.

The available data and evidence, although limited, suggests there may be some effective strategies to integrate a focus on disability inclusion in VAWG interventions and effectively prevent and respond to VAWG against women and girls with disabilities. Existing guidance and qualitative data from recent programmes suggest the following promising practices. These are split between several intervention-wide practices, suggesting disability inclusion needs to be mainstreamed in interventions for VAWG programmes to be inclusive and accessible, with some specific considerations for prevention and response.

Intervention-wide practices

- Invest in capacity development of VAWG practitioners, including through staff training on disability rights and disability inclusion.²⁷ Evidence from the What Works programme found that training staff on disability inclusion

²⁵ What Works to Prevent Violence Against Women and Girls (2020) *Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme* [PowerPoint presentation]. Data from slides presented by Kristin Dunkle at the 2019 London School of Hygiene and Tropical Medicine conference on disability inclusive development: <https://www.lshtm.ac.uk/sites/default/files/2019-11/Dunkle%20ICED%202019%20FINAL%20for%20sharing.pdf>

²⁶ Ibid.

²⁷ <https://evidenceaid.org/including-people-with-disabilities-and-older-people-in-gender-based-violence-programming-how-do-we-move-towards-action-and-outcomes-in-humanitarian-response/>

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

was an enabler of the inclusion of people with disabilities in mainstream VAWG interventions (Stern et al., 2020).

- Working with women and girls with disabilities and their representative organisations (UNFPA, 2018; Stern et al., 2020). Women and girls with disabilities should be involved at all stages and in decision making fora. There are a number of ways in which working with DPOs can strengthen VAWG interventions, including participant recruitment, to ensure that information and communications about VAWG and VAWG services are accessible and inclusive, to monitor programme implementation and to build capacity amongst DPOs to prevent and respond to VAWG against people with disabilities (Stern et al., 2020; Lee & Ahlenback, forthcoming).
- Supporting the leadership of women with disabilities and their representative organisations is crucial in disability-inclusive VAWG programming as women with disabilities are uniquely able to identify barriers to participation (Dunkle et al., 2018; ELRHA, 2019).
- Accessibility should be at the forefront of disability considerations, including the delivery of information in accessible formats and meetings held in accessible environments both for those with physical and sensory impairments; economic accessibility should also be considered given that women and girls with disabilities are more likely to be poor and that disability often equates to an increased cost of living (ADD International, undated; UNFPA, 2018a). Accessibility can be broken down into four components: *availability* (the activity/service should be fully available to women and girls with disabilities – do they know about the activity/service and have they been encouraged to participate/benefit?); *acceptability* (the activity/service should be acceptable to women and girls with disabilities – have women and girls with disabilities stated that they find the activity/service acceptable?); *accessibility* (the activity/service should be fully accessible to women and girls with disabilities – do they full access the activity/service?); and *adaptability* (the activity/service should be fully adapted to the needs and wishes of women and girls with disabilities - how have you adapted the activity/service?) (expert input from Bonface Massah).
- Integration of disability inclusion lens in trainings, guidelines, tools and resources (ELRHA, 2019).
- Data, analysis, evidence and learning: Data should be disaggregated by disability status,²⁸ interventions should conduct analysis of VAWG risks and vulnerabilities and aim to target those most at risk (ELRHA, 2019).
- Intersectionality: seek to understand and respond to the intersections between gender and disability and VAWG risk over the life course.²⁹

VAWG prevention

- Raising awareness amongst women and girls with disabilities, families, communities and service providers: including on VAWG against women and girls with disabilities and disability rights. As mentioned above, disability stigma and discrimination combine with gender inequality and patriarchal norms and attitudes to mean that VAWG against women and girls with disabilities is often little known or addressed. For example, the pervasive stereotyping of women with disabilities as asexual means it may be assumed by families, communities and service providers that they are not at high risk of IPV (Van Der Heijden, 2014; UN Women, 2020). Conversely, women with disabilities are also often labelled as “hyper-sexual” and unable to control their sexual impulses, implying that they are responsible for sexual harassment (UN Women, 2020). Raising awareness is therefore a fundamental part of preventing and responding to VAWG against women and girls with disabilities. Awareness raising should be conducted with people with disabilities but also with service providers, families and communities to develop skills to claim rights, ensure access and inclusion in programming and ensure access to justice (UNFPA, 2018). Service providers are often not aware of the risks faced by women and girls with disabilities and disability rights (W-DARE, 2018).
- Providing social and economic empowerment activities for women and girls with disabilities. For example, strengthening protective peer networks, which often women and girls with disabilities do not have access to (ELRHA, 2019; Women’s Refugee Commission, 2015). This can include adolescent girls peer support groups

²⁸ From a message from Ana Pelaez Narvaez, Vice-President of the European Disability Forum, a regional DPO: <http://www.edf-feph.org/newsroom/news/message-ana-pelaez-narvaez-women-disabilities-and-covid-19>

²⁹ <https://evidenceaid.org/including-people-with-disabilities-and-older-people-in-gender-based-violence-programming-how-do-we-move-towards-action-and-outcomes-in-humanitarian-response/>

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

and Village Savings and Loans Associations (VSLAs) which can lead to trust and relationship building, information acquisition and skill development, improved self-esteem and address stigma and discrimination against women and girls with disabilities through interaction between disabled and non-disabled counterparts in the community (Women's Refugee Commission, 2015). Membership of VSLAs can also increase independence, decision-making, respect and status for women with disabilities. These types of activities have also reportedly contributed to breaking down stigma and discrimination against women with disabilities (ibid).

VAWG response

- Accessibility of referral pathways should be considered, including whether women with disabilities are aware of the service and know they have the right to access it, they are able to leave the house and pay for accessible transport, the building is physically accessible, staff including guards, receptionists and frontline staff are trained on disability rights and inclusion, communications support is available, and workers are able to adapt safety planning for women with disabilities who may not be able to leave her house (W-DARE, 2018). The latter point may include provision of home visits and home-based activities (Women's Refugee Commission, 2015). It should be noted, however, that adaptations are not always required; some women with disabilities have reported that being invited to participate overcomes barriers around stigma and discrimination that they may have internalised (ibid).
- Ethical considerations: it is important to highlight the specific ethical considerations around working with women and girls with disabilities. For example, asking women and girls with disabilities about violence in front of an intimate partner or family member they may rely on to communicate with others is unethical. Communication with women with disabilities about VAWG should be when they are alone.
- In the context of COVID-19 (summarised from Pearce, 2020):
 - Share information on VAWG risk mitigation and prevention in accessible formats (e.g. oral, print, sign language, and easy-to-read/plan language), and in collaboration with DPOs who can advise on messaging and dissemination and ensure that information reaches women and girls with disabilities.
 - Adopt adapted and remote service delivery approaches by working with disabled women's organisations. Adapted approaches might include mobile phone case management, WhatsApp communication, a form of video conferencing, or use of panic alarms.
 - Strengthen capacity around disability inclusion through partnerships with DPOs, particularly disabled women's organisations, and caregiver groups. This capacity building is two-way, both strengthening disability inclusion expertise amongst VAWG practitioners and supporting DPOs to develop an understanding of VAWG risk analysis and mitigation plans and adapt protocols for safe identification and referral of survivors.

Annexes

Annex 1: Mapping of disability-inclusive VAWG programmes in LMICs

Name of project/ programme	Timeframe	Context	Implementer	Donor	Targeted or mainstream	Details
Unknown	Current	Cambodia	ADD International	UN Trust Fund	Targeted	Project works with DPOs to support women with disabilities to access support services, raises awareness, supports community activists, many of whom have disabilities, to raise awareness and support reporting and referrals. The project uses an adapted SASA! methodology.
Disability Window	Current	Global – Africa, Asia, MENA, Latin America	Various – INGOs, DPOs, human rights orgs, others	UN Trust Fund	Targeted	The UNTF Disability Window funds 21 projects targeting women with disabilities. It was not possible within the timeframe of this review to collate data on all 21 projects. For more details on the window, see box 2 above.
ACCESS	Current	Cambodia	ADD International	DFAT	Targeted	Project examines GBV and livelihoods for people with disabilities in Cambodia.
ALIGHT - Increasing Participation of Women and Girls with Disabilities in Gender-based Violence Prevention Programmes in Botswana	2017-2019	Botswana	Botswana Council for the Disabled (BCD), the South African Medical Research Council (SAMRC) and the Institute of Development Management (IDM).	USAID	Targeted (main aim is to increase participation of women with disabilities in mainstream programmes)	The project aimed to increase the participation and inclusion of women and girls with disabilities in GBV and HIV programmes. It had the following objectives: <ul style="list-style-type: none"> • Establish a GBV and disability inclusion commission • Identify risk factors and gaps in policy and practice • Adapt a disability-inclusive framework for Botswana • Build human capacity to respond to violence including GBV among girls and women with disabilities • Support implementation of learning into strategies for participation https://www.samrc.ac.za/sites/default/files/attachments/2018-11-09/ALIGHTSituationAnalysys.pdf
Amplifying Voices: Combatting		Zimbabwe	Deaf Women Included (DWI),			The project works with deaf women across Zimbabwe and has a focus on building the capacity of young women and service providers to prevent and respond to VAWG.

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

Violence Against Women with Disabilities in Zimbabwe			Womankind Worldwide			
Promoting a safer, Gender-Based Violence free environment for women and girls with disabilities in Lilongwe, DIWA	(three-year project)	Malawi	Disabled Women in Africa (DIWA)	Disability Rights Fund (DRF)	Targeted	The project took a multi-level (from community to national) and multi-stakeholder approach (women with disabilities, police, judiciary, policy-makers, leaders). Groups of women with disabilities were set up in communities and trained on GBV. These groups then shared stories on GBV through poetry and theatre, and worked with traditional authorities to create by-laws around GBV in the community. The project also worked with the police and justice providers to strengthen response to GBV cases, as well as working on case management.
Tithetse Nkhanza, VAWG Prevention and Response Programme	Current	Malawi	Tetra Tech International Development, Social Development Direct and Plan International	FCDO	Mainstream	The programme prioritises disability inclusion in its approach to gender equality and social inclusion. Team members and partners have received training in disability inclusion and the economic empowerment component of the programme involves a partnership with a disabled women's organisation. In addition, data from some components of the programme will be disaggregated by disability.
What Works to Prevent Violence Against Women	2013-2020 (follow up programme likely to start 2021)	Africa, Asia and the Middle East	South African Medical Research Council, LSHTM and SDDirect	FCDO	Mainstream	The programme (which ended in 2020) aimed to understand what works to prevent VAWG in LMICs. The programme funded projects in several countries and used the Washington Group Questions to assess the prevalence of disability amongst targeted populations and the effectiveness of the projects for those with and without disabilities. A follow-up programme is due to be tendered and includes a focus on the "most marginalised".
Enhancing access to justice for Gender-Based	2013-2015?	Kenya	Coalition On Violence Against Women (COVAW),	?	Targeted	Key baseline findings (2013) include: <ul style="list-style-type: none"> 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.

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

<p>Violence survivors with intellectual challenges through integrated legal and psychosocial support service provision</p>			<p>partnering with Kenya Association of the Intellectually Handicapped (KAIH), GBV Recovery Centre at the Kenyatta National Hospital and a network of pro bono lawyers.</p>			<ul style="list-style-type: none"> The study also documented the general feeling of a lack of support for girls and women with intellectual disabilities.
<p>Protecting urban refugee women and girls with disabilities from abuse and discrimination in Kenya</p>	<p>2016-?</p>	<p>Kenya</p>	<p>Women Challenged to Challenge (WCC), Women's Refugee Commission (WRC), Network of African Women With Disabilities (NAWWD), HIAS</p>		<p>Targeted</p>	
<p>Break the Cycle: new project to reduce violence against women and girls with disabilities</p>	<p>2020-current</p>	<p>Nigeria</p>	<p>CBM, Disability Rights Advocacy Service (DRAC)</p>	<p>UK Aid Direct Jo Cox Memorial Fund</p>	<p>Targeted</p>	<p>The project aims to reduce violence against women and girls with disabilities by helping them to become more economically independent and to build their confidence and leadership skills. It will support 700 women and girls with disabilities through:</p> <ul style="list-style-type: none"> Leadership training and mentoring Bridging the gap between the disability and women's rights movements in Nigeria Village Savings and Loans Associations (VSLAs) Education support through school accessibility audits and life skills training Peer support groups for carers of women and girls with disabilities, and male inclusion champions working with communities to change attitudes

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

<p>Respect, Not Abuse: Tackling Violence against Women and Girls with Disabilities in Nigeria</p>	<p>2016-?</p>	<p>Nigeria</p>	<p>CBM, Disability Rights Advocacy Service (DRAC)</p>	<p>?</p>	<p>Targeted</p>	<p>Project activities include:</p> <ul style="list-style-type: none"> Public awareness raising on the rights of women and girls with disabilities so those affected know where they can get help. Advocacy work to ensure that sufficient policies and laws exist to protect them. Working with health, justice and support services to ensure that women and girls with disabilities are able to receive help. <p>The project aims to bring about a lasting change in attitudes so that women and girls with disabilities can participate actively in Nigerian society, be treated with respect and live a life free from abuse.</p>
<p>Strengthening the capacity and visibility of women with disabilities</p>	<p>2017-2018</p>	<p>Nepal</p>	<p>Nepal Disabled Women Association (NDWA), Womankind Worldwide</p>	<p>?</p>	<p>Targeted</p>	<p>Project activities included a research and documentation activity on violence against women with disabilities in three rural districts in Nepal. The aim of the research was to identify the prevalence and types of violence against women with disabilities in these districts. The report is published on the Womankind website.</p>
<p>Protecting women's rights in Tanzania</p>	<p>1999-current</p>	<p>Tanzania</p>	<p>HelpAge International, Magu Poverty Focus on Older People Rehabilitation Centre (MAPERECE), Nasa Brotherhood Society for the Aged (NABROHO), Mwanza Rural Housing Programme (MRHP), Tanzania Association of</p>	<p>?</p>	<p>Targeted</p>	<p>HelpAge has worked through partners in 90 villages to address violence against older women. Their work aims to address witchcraft accusations, physical and economic violence against older women. Activities include:</p> <ul style="list-style-type: none"> Training village committee members on women's rights Using traditional drama, dance and song to reach community members In each village, community members have been trained as paralegal advisers to provide support, and advice on land, inheritance and marriage rights. Between 2004 and 2008, paralegal advisers dealt with almost 20,000 cases. Nearly half of these were disputes over inheritance and land rights, mostly brought by older women. Provision of housing and sanitation facilities to women survivors.

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

			Women Leaders in Agriculture and Environment (TAWLAE), Service, Health and Development for People living with HIV/AIDS (SHDEPHA), Nyanza Old Age Village (NOAV), Those in the fight against HIV/AIDS (WAMATA Sengerema)			
Ensuring Gender and Age Dimensions of Human Rights are realized in Moldova	2017-2020?	Moldova	HelpAge International	UN Trust Fund	Targeted	The project aims to increase elderly women's knowledge about their rights, encourage them to access support services, and work with civil society to mobilise eight communities in the south and centre of the country to get involved in preventing violence against elderly women.
COVID-19 interventions						
		Burundi, Kenya, Cameroon, Uganda	Humanity & Inclusion supporting seven DPOs			Activities include toll-free helplines using call and SMS, supporting survivors to access health centres and report their cases, supporting women's shelters to ensure they are accessible for women with disabilities, emergency protection and talking about VAWG against women and girls with disabilities on radio and TV. Case management and advocacy with government have also been implemented.
?	2020-?	Pakistan	Bedari, CBM	UN Trust Fund	Targeted	The project is working with communities to ensure VAWG is included in the response plans, providing health and psychological advice and support over the phone and online, lobbying local authorities and working with other NGOs to ensure the voices of women with disabilities are heard.

RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

?	?	Pakistan	Punjab Safe Cities Authority (PSCA) and Women's Safety Smart App	UNFPA	Mainstream	<p>The Women Safety app is equipped with essential features to help women in emergency situations to seek help and receive an immediate response. Women using the app can alert the police on the emergency helpline 15 or send an auto text via WhatsApp to the PSCA. As soon as the message, with the location coordinates, is received designated teams are mobilised for an immediate response, heading to the caller's precise location.</p> <p>The project is upgrading the Women Safety Smart App, in Punjab Province in Pakistan, to ensure it is accessible for women and girls with disabilities</p>
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Annex 2: Tools and resources

1. Data and evidence on disability and development

1.1. Key reports and data sources

World Report on Disability, 2011 (WHO): https://www.who.int/disabilities/world_report/2011/report.pdf

Disability Data Portal (<https://www.disabilitydataportal.com/>). A new data portal developed to coincide with the first Global Disability Summit. It has validated quantitative data related to SDG and CRPD indicators on a country basis. Good starting point for country-based analysis.

1.2. DPO/international disability networks

International Disability Alliance (<http://www.internationaldisabilityalliance.org>). Global alliance of organisations of disabled people. Very good reports/papers linked to implementation of CRPD and other rights frameworks. Their membership page provides information on all of the main DPOs working on development issues.

International Disability and Development Consortium (<https://www.iddconsortium.net>). Network of organisations working on disability inclusive development. Good resource section with reports and other material.

BOND Disability and Development Group (<https://www.bond.org.uk/groups/disability-and-development>). UK network of NGOs that have an interest in working with disabled people, including both disability specific and mainstream organisations. They have been highly effective at lobbying FCDO. Good for contacts and connections.

1.3. Key bodies/programmes

UN Partnership to Promote the Rights of Persons with Disabilities (UNPRPD) http://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/inclusive_development/disability-rights--he-un-partnership-to-promote-the-rights-of-pe.html. Some interesting programmes but the information available is limited.

Disability Rights Fund / Disability Rights Advocacy Fund (<http://disabilityrightsfund.org>). Key grant-making facility for DPOs which FCDO funds. Also have a resource page but it is not as comprehensive as Source, for example.

International Labour Organisation (<http://www.ilo.org/global/topics/disability-and-work/lang--en/index.htm>). Has some experience around disability and work/employment. They have produced some good research papers.

UNICEF (<https://www.unicef.org/disabilities/>). Have some programmes linked to disability, especially around education and early childhood development. They are also involved in developing data collection methods.

Unenable (<https://www.un.org/development/desa/disabilities/>). Good website for information linked to the UN system, reports, plans etc.

Women Enabled International (<https://www.womenenabled.org/>) works to advance the rights of women and girls with disabilities through advocacy and education, including around VAWG.

World Bank (<http://www.worldbank.org/en/topic/disability>). Limited experience but there are some.

1.4. Disability journals, research centres and initiatives

The main sources for academic discussion:

- Journal Disability & Society.
- Asia Pacific Disability Rehabilitation Journal
- Journal of International Development (less so but there are some discussions)

Sources of papers / reports:

- Source (www.asksource.info). Good for a range of papers, many of which are based around practical programming experience. It is updated frequently. However, they are not peer-reviewed, and some are quite dated.
- Leonard Cheshire Disability and Inclusive Development Centre (<http://www.ucl.ac.uk/leonard-cheshire-research>). Good for both peer reviewed and grey literature. Good on international development discussions.
- International Centre for Evidence in Disability (<http://disabilitycentre.lshtm.ac.uk>). Good range of both peer reviewed and grey literature. Less information on development programming specifically but good for impact discussions.
- The Impact Initiative (<http://www.theimpactinitiative.net/>). This is a research portal which brings together evidence from the Joint Fund for Poverty Alleviation Research and the Raising Learning Outcomes in Education Systems Research Programme. Some of the analysis is linked to disability, especially in relation to education.
- Sightsavers (<https://www.sightsavers.org/disability/research/>). Relatively new but with a growing body of quite practical based reports and reviews linked to disability and development.

1.5. Reports on VAWG and disability in Malawi

Southern Africa Litigation Centre (2017) Prosecuting Sexual Violence against Women and Girls with Disabilities in Malawi A preliminary analysis of the attrition of sexual offence cases in the criminal justice system. <https://www.southernafricalitigationcentre.org/wp-content/uploads/2017/08/Sexual-violence-against-women-with-disabilities-in-Malawi.pdf>

1.6. Key reports on VAWG and disability in LMICs

What Works to Prevent VAWG evidence reviews and peer-reviewed journal articles are [available on their website](#).

DID4All: DFAT's disability inclusion helpdesk (run by CBM) website includes a [page hosting resources on gender, disability and VAWG](#).

1.7. Guidelines and tools

UNFPA (2018) Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>

Over 200 pages of guidelines on providing services for women and young people with disabilities.

Women's Refugee Commission (2015) **Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings A Toolkit for GBV Practitioners.** <https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf>

Pacific Disability Forum (2014) Toolkit on Eliminating VAWG against women and girls with disabilities in Fiji. <http://www.pacificdisability.org/getattachment/Resources/PDF-Resources/Toolkit-on-Eliminating-Violence-Against-Women-And-Girls-With-Disabilities-In-Fiji1.pdf.aspx>

With support from UN Women and DFAT, the Pacific Disability Forum (a regional DPO) developed this practical toolkit including a disability inclusive practice checklist and advice on safety planning.

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RAPID REVIEW ON DISABILITY-INCLUSIVE VAWG PROGRAMMING

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