

Malawi Violence Against Women and Girls Prevention and Response Programme

Lessons on Integrating Disability Inclusion into a VAWG Prevention and Response Programme

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Introduction

This Learning Brief provides an overview of the approach to disability inclusion adopted by the Malawi Violence Against Women and Girls (VAWG) Prevention and Response Programme also known as Tithetse Nkhanza (TN).

Women and girls with disabilities are at increased risk of violence,¹ and as such were prioritised as a group for inclusion within the TN programme. This brief presents the processes undertaken by the programme to incorporate disability inclusion, providing a reflection on what worked well, as well as an overview of key lessons learnt and recommendations for future programming. This brief was produced in line with TN's larger commitment to share learning with the wider sector. The experiences shared herein may be helpful to others who are seeking to reach women and girls with disabilities within their VAWG prevention and response programmes.

Who is this paper for?

This paper is for practitioners implementing violence against women and girls prevention and response programmes, who are interested in incorporating disability inclusion into their programme design and delivery. The focus is on Malawi and Southern Africa, though many dynamics and implications are relevant to a global audience.

Tithetse Nkhanza

The TN programme aimed to reduce the prevalence of violence against women and girls and support progress towards the full realisation of women and children's human rights in Malawi. The programme began in 2019 with funding from the UK Foreign, Commonwealth and Development Office (FCDO) and was delivered by a consortium of Tetra Tech International Development, Social Development Direct and Plan International. TN worked in the three districts of Lilongwe, Karonga and Mangochi, implementing a range of approaches focused on addressing intimate partner violence (IPV), violence within the household, harmful traditional practices such as early marriage, as well as improving response services for survivors. Regrettably, TN was closed early due to UK aid budget cuts in 2021.

TN's interventions were developed based on the programme's formative research, which aimed to understand the nature of VAWG and its drivers in TN intervention areas. Prevention interventions were designed to address the drivers of violent behaviour and had a key focus on shifting negative social norms, attitudes and behaviours, and fostering new, positive ones. Response interventions aimed to improve the delivery of services to VAWG survivors as well as help-seeking by survivors and were implemented across the delivery chain from the frontline, up to national ministerial level. At the frontline, these interventions targeted formal and informal service providers including police, healthcare workers, the Judiciary, social welfare officers, traditional leaders, village tribunals, community victim support units and women's rights organisations (WROs).

TN's VAWG prevention interventions included the following:

- Implementation of **SASA! Together**² in three Traditional Authorities (TAs) per district. SASA! Together was developed by Raising Voices and is a community mobilisation approach designed to address the imbalance of power between men and women, girls and boys as a key driver of VAWG. SASA! Together was adapted to the Malawian context.
- Implementation of **Champions of Change**³ (CoC) in an additional Traditional Authority per district. CoC was developed by Plan International and aims to advance gender equality through youth engagement. CoC was adapted specifically for TN to focus on VAWG.
- Implementation of **Moyo Olemekezeka (MO)**, a women's social and economic empowerment intervention, which was layered onto SASA! Together in one Traditional Authority per district. MO was developed specifically by the TN team drawing from proven models that had been implemented in Nepal and Tajikistan.

¹ Van Der Heijden, I. 2014. What works to prevent violence against women with disabilities. What Works to Prevent Violence.

² <https://raisingvoices.org/sasatogether/>

³ <https://plan-international.org/youth-activism/champions-change>

REFLECTIONS ON DISABILITY INCLUSION IN A VAWG PREVENTION AND RESPONSE PROGRAMME

TN's VAWG response interventions included the following:

- Development and rollout of a **Gender Transformative Curriculum (GTC)** across all implementation areas, aimed to shift attitudes and associated behaviours of service providers towards VAWG survivors.
- Development and rollout of **National VAWG Response Referral Pathway Guidelines** across all implementation areas, aimed to show services available for VAWG survivors and standards of case handling for response actors. The guidelines were translated into accessible communication materials, which community volunteers presented to community members before they were displayed in public places.
- Placement of a **Technical Legal Advisor (TLA)** within the Judiciary, whose role was to identify and respond to systemic barriers that prevent VAWG survivors from accessing justice. Whilst the TLA was based at the Judiciary Headquarters, their work was expected to trickle down to the courts operating within the target districts.
- Assessment, capacity building and support to **Community Victim Support Units (CVSUs)** operating in all implementation areas.
- Creation of a **Survivor Support Fund (SSF)** in all implementation areas. The SSF provided financial support to women who experienced violence to facilitate their access to essential VAWG services including justice and health services, temporary accommodation and psychosocial support as needed. The SSF was administered by local WROs operating at community level in the programme's three target districts.

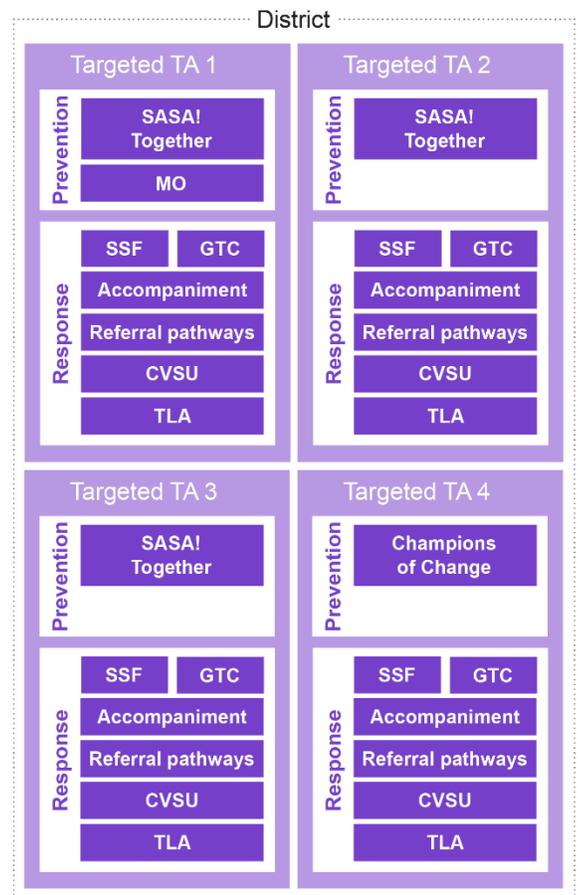


Figure 1: Geographic spread of TN interventions

- The establishment of formalised **Survivor Accompaniment** in all implementation areas, which aimed to improve service accessibility for VAWG survivors by training WRO members to act as 'accompaniers'. These individuals supported survivors to use services and monitor the progress of their cases.

Figure 1 demonstrates where the various initiatives were implemented within one district.

Why disability inclusion was prioritised

Globally, there is strong evidence that demonstrates that women and girls with disabilities are between two and four times more likely than those without disabilities to experience IPV.⁴ Data from studies in six countries⁵ funded under FCDO's flagship What Works to Prevent Violence Against Women and Girls ("What Works") programme also shows that women with disabilities are more likely to experience non-partner sexual violence (NPSV).⁶ The risk of VAWG increases with severity of disability.⁷

This global finding was paralleled in the TN programme's Independent Evaluation baseline survey.⁸ This baseline survey found that 'women and particularly adolescent girls with disabilities are at higher risk of experiencing IPV, particularly

⁴ Lee, H and Massah, B (2020) [Rapid Review on Disability-Inclusive VAWG Programming](#). London, UK: Malawi Violence Against Women and Girls Prevention and Response Programme.

⁵ The countries were South Africa, Afghanistan, Tajikistan, Bangladesh, Nepal and Ghana.

⁶ Dunkle, K., van der Heijden, I., Stern, E., and E. Chirwa (2018) *Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*, Pretoria: What Works.

⁷ Ibid.

⁸ Tetra Tech International Development (2020) *Independent Evaluation of the Violence Against Women and Girls (VAWG) Prevention and Response Programme: Baseline Report*. London, UK.

sexual IPV'.⁹ While the finding was not statistically significant due to the small number of respondents with disabilities, it is interesting to note that the baseline survey found suggested differences in gender-equitable views held by individuals with disabilities compared to those without disabilities, the former holding less gender-equitable views. This finding warrants further research to determine the extent to which this is representative, and would have been important for TN's strategy, given that TN seeks to reduce the prevalence of VAWG by addressing social norms relating to gender equality and power.

Drawing on TN's Gender Equality and Social Inclusion (GESI) strategy,¹⁰ and bearing in mind budget constraints, the programme chose to focus on inclusion of women and girls with disability given their increased risk of VAWG.

Steps Taken to Integrate Disability Inclusion

Development of Gender Equality and Social Inclusion Strategy

Shortly following the programme's inception period, the team committed to developing a GESI Strategy. Though the team understood the importance of prioritising GESI early on, there was insufficient time within the three-month inception period to prioritise the strategy as an inception deliverable, which resulted in the development process coinciding with the commencement of delivery. The GESI Strategy was initially finalised in December 2019 and was reviewed on an annual basis. TN's disability inclusion aspirations sat within the wider GESI strategy, as the key focus of the social inclusion objective.

The GESI Strategy aimed for the programme to be 'recognised as a leading champion for delivering, learning about, adapting to, and achieving transformative change on gender equality, and sustainable strategic change on social inclusion, in particular disability inclusion, whilst fully adopting a 'do no harm' approach in all interventions and towards all groups' and included three broad objectives:

1. We will learn from and collaborate with others, and design, deliver and adapt our approaches and activities to achieve:¹¹

- a. **Gender equality** | Transformative change in gender equality

For our purposes, we define transformative change in gender equality as challenging and sustainably changing the structures, systems and social norms that withhold power from women and girls in relation to VAWG and access to justice at all levels (national, target district and community).

- b. **Social inclusion** | Strategic change in social inclusion

For our purposes, we define strategic change in social inclusion as including and sustainably empowering prioritised marginalised groups to make active, informed choices in relation to VAWG and access to justice within our target districts and communities.

2. **Working policies and practices** | We will be a gender equal and socially inclusive team, with equitable policies and procedures that enable all team members to effectively deliver their roles, attain work-life balance and enhance the realisation of our gender equality and social inclusion aspirations.
3. **Sharing learning** | We will reflect, document and share lessons learnt at all levels (local, national and international) on what works, and what does not work, to realise transformative change in gender equality and strategic change in social inclusion within VAWG programming.

⁹ These findings were not statistically significant due to the low number of women with disability respondents in the study.

¹⁰ Tithetse Nkhanza Programme (2020) [Gender Equality and Social Inclusion Strategy](#) Updated. London, UK: Malawi VAWG Prevention and Response Programme.

¹¹ The programme outlined different levels of ambition regarding gender equality and social inclusion in recognition of the different 'starting points' from which we approached these issues, as well as the need to bring about transformative change in gender equality if we were to sustainably reduce the prevalence of VAWG. This did not, however, detract from our understanding of the intersectionality between gender and social inclusion, and our acknowledgement that multiple layers of discrimination operate against marginalised groups in whose name the programme operated.

REFLECTIONS ON DISABILITY INCLUSION IN A VAWG PREVENTION AND RESPONSE PROGRAMME

In December 2020, a GESI Markers Matrix¹² was developed with the team to support the operationalisation of the GESI Strategy and to assess progress towards achieving the objectives under each strategic area. The markers described what the GESI Responsiveness Continuum looked like in each aspect of the programme's activities and deliverables, providing the team, management and partners with a reference point for designing and delivering activities, and also an accountability tool for measuring achievement in this regard.

A review of team members' views on TN implementation was conducted following the closure of the programme. This review found that the GESI Strategy was widely recognised by staff as an embedded component of the programme, which had already had a substantial impact on how the team worked internally. Several staff members commented that the GESI Strategy influenced their ways of thinking around disability inclusion in VAWG programming – the Strategy was recognised as something new and innovative in VAWG programming. Staff members noted that *"I can't go back to not having this as part of my work, it is part of me now. We could have done more in terms of implementation, but we had it in awareness, the foundation had been laid, it's a gradual thing."*

Disability inclusion goals

As outlined in the programme's GESI Strategy,¹³ TN committed to contribute toward *strategic change* in social inclusion, with a focus on disability inclusion. This ambition related to the GESI Responsiveness Continuum,¹⁴ which defines strategic change as 'empower[ing] individuals by building their assets, capabilities, opportunities, and motivations. The aim is to increase their access and control, as well as their individual agency and decision-making. This type of programming should empower marginalised groups and individuals to address and meet their strategic needs and priorities'.¹⁵

TN's specific goals for Disability Inclusion were:

- TN will include women's rights organisations and organisations for disabled people within the partner portfolio at national and district level by March 2021.
- Partners demonstrate that they have reached women, girls and people with disabilities and achieved set targets which can be tracked over time during the first phase of the programme. Targets include:
 - Of the women and girls accessing funding from the Survivor Support Fund, at least 5% are women and girls with disabilities.
- At least 50% of TN delivered activities will meet minimum accessibility requirements by December 2021.
- All TN staff include an objective to meet GESI targets within their annual performance agreement by January 2020.
- By May 2021, at least 50% of learning products developed by the programme include relevant GESI lessons. This target will increase each year of the programme.

Disability Technical Advisory support

It quickly became apparent that the TN team would benefit from the provision of Disability Inclusion Advisory support. The team paired national and global advisors to combine context specific expertise with global standards. The Disability Inclusion Technical Advisors (DITAs) provided the team with introductory training (see below) and intervention-specific advice, which aimed to increase knowledge, and shift attitudes and values regarding disability inclusion. This technical support was fundamental to TN's approach and achievements regarding disability inclusion.

¹² Included in the programme resource pack on the [Tetra Tech International Development](#) and [Social Development Direct](#) websites.

¹³ Tithetse Nkhanza Programme (2020) [Gender Equality and Social Inclusion Strategy](#) Updated. London, UK: Malawi VAWG Prevention and Response Programme.

¹⁴ Adapted from Caroline Moser.

¹⁵ Tithetse Nkhanza Programme (2020) [Gender Equality and Social Inclusion Strategy](#) Updated. London, UK: Malawi VAWG Prevention and Response Programme.

Disability inclusion training for team and partners

As noted above, the TN team underwent disability inclusion training, provided by the DITAs. The training workshop focused on:

- **Defining disability** | The team reviewed the medical, charity and social models of disability and committed to adhering to the social model.
- **Disability and terminology** | A review of language that is considered appropriate and seeks to avoid disempowering people with disabilities.
- **Disability and VAWG** | A review of the importance of disability inclusion in VAWG programming, and the actors aligned with this focus.
- **Disability in Malawi** | Background into the legal frameworks and context in Malawi.
- **Inclusive Programming** | Guidance on the '4 As of inclusive programming'; availability, acceptability, accessibility, and adaptability. Guidance on presence, participation and achievement, all three aspects are necessary for inclusive programming. Undertaking of an exercise to identify barriers facing persons with disabilities (PWDs) within the TN programme.
- **Counting disability** | Introduction to the Washington Group Questions and overview of appropriate methodologies for measuring disability prevalence in programme monitoring processes.

The training materials are available on consortium members' websites.¹⁶ In the programme implementation review, TN team members noted the training was successful in raising awareness and laying a strong foundation for disability inclusion in the programme.

Adaptation of activity planning processes

The disability inclusion training session also led to adaptation of the programme's 'Activity Concept Note' template (a document used for the process of releasing funds for activities to take place), whereby team members were required to state how the '4 As' of inclusion had been considered for every activity funded under TN.

Rapid Review of disability inclusion in other community engagement programmes

As the team sought to better embed disability inclusion within the programme, a rapid review of other programmes, particularly those focused on VAWG and delivered through community engagement methodologies, was undertaken. The Rapid Review is available on consortium members' websites.¹⁷ The key findings noted that, despite the growing evidence base that women and girls with disabilities are at greater risk of VAWG, public information relating to disability-inclusive VAWG programming is still relatively limited. The review primarily found small-scale disability focused VAWG prevention and response programmes predominantly delivered by Organisations of People with Disabilities (OPDs) or disability-focused NGOs. A small number of large-scale programmes were identified that had integrated disability inclusion within the mainstream interventions, but whilst programmes were considered to employ multiple strategies, few were considered to be holistic and comprehensive. While the review concluded that the global evidence base on what works to prevent and respond to VAWG with disabilities is limited, a number of promising practices were gleaned, including the below.

¹⁶ Included in the programme resource pack on the [Tetra Tech International Development](#) and [Social Development Direct](#) websites.

¹⁷ Tithetse Nkhanza Programme (2020), [Rapid Review of on Disability-Inclusive VAWG Programming](#). London, UK: Malawi VAWG Prevention and Response Programme.

Intervention-wide practices

- Disability expertise is crucial to the success of VAWG interventions for women and girls with disabilities. There should be investment 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.
- Partnerships across the women's rights and disability sectors can work well, in particular OPD/INGO partnerships with the OPDs leading from a technical and local knowledge perspective, whilst the INGO provides support on financial management, Monitoring and Evaluation (M&E), donor relations, ethics and safety.
- 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 is crucial. 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 lifespan.
- Planning to be disability inclusive from the outset is important, particularly budgeting for inclusion, as retrofitting can be challenging.

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, and self-esteem. These interventions can also lead to reduced stigma and discrimination amongst community members through increased exposure to women with disabilities.

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.

The Rapid Review was circulated amongst the team prior to 'intervention deep dives', to inform thinking on integrating disability inclusion within the programme's technical portfolios.

Deep dives with Global and National Disability Inclusion Technical Advisers

'Deep dive' discussions were held between the team's Intervention Leads and the global and national DITAs. These discussions focused on specific intervention areas and activities, providing the DITAs with a more detailed understanding of approaches and methodologies, enabling them to give more tailored advice on integrating disability inclusion within designs and delivery plans. These discussions led to a number of key adaptations outlined below.

Prevention

SASA/ Together | The SASA/ Together adaptation process was completed before the deep dives with the DITAs took place. Nevertheless, the materials were considered to have incorporated disability inclusion at a basic level from the outset. Emphasis was made on representing persons with disabilities (PWDs) and providing information relating to disability and VAWG within communication materials. Community Activists participated in disability inclusion training, facilitated by the VAWG Lead, using training materials provided by the DITAs. They were sign-posted to reflect upon intersectional VAWG risk factors by considering and responding to the needs of different groups they were engaging with. Community Activists were also trained by the TN Research Officer in disability inclusion monitoring tools (see below).

Champions of Change | Again, the majority of the CoC adaptation process was completed before the deep dives with the DITAs took place. However, the CoC manuals underwent a rapid review by the DITAs, resulting in further adaptations including the incorporation of pictures that represented PWDs and information relating to disability as a risk-factor for VAWG.

Moyo Olemekezeka | The MO design process commenced in parallel with the processes designed to embed disability inclusion within TN, meaning that guidance from the DITAs was considered in the development process from the outset. The MO intervention therefore included numerous aspects of disability inclusion, comprising of selection criteria for prioritising women with disabilities as participants, substantial guidance throughout the curricula relating to catering to the needs and wishes of PWDs, and the involvement of a women-led OPD implementing partner, which was also involved in the intervention design process. The MO Facilitator training manual included 'Disability Inclusion Consideration' points and facilitator guidance notes for each module.

Response

Survivor Support Fund | OPDs were identified within the implementation districts and introduced to partner WROs, who themselves were provided disability inclusion training by the TN team. As noted above, TN set preliminary targets for the SSF, that of the survivors offered support, 5% would be women and girls with disabilities, a target which was consistently met on a quarterly basis. TN would have sought to increase this target in line with disability prevalence rates in the target districts had implementation continued. WROs reported to have undertaken outreach to locate women and girls with disabilities who had experienced VAWG.

Community Victim Support Units | Disability inclusion training was integrated into a wider package of support for the CVSUs. In efforts to support the leadership and representation of PWDs, the programme engaged the national DITA, himself a person with albinism, to directly provide training to this group. One team member noted the positive 'ripple effect' this training provision had instigated, stating that *"The district officials were trying to see how they can tap on that knowledge [gained in disability training] and cascade it to other programmes – this was an unexpected positive impact, not intended to spread to other programmes but it did"*.

Judiciary case return/statistics form | The TLA successfully attained buy-in from the Judiciary on the need to review and consolidate the case return/statistics form to include key VAWG and social inclusion categories. The case return/statistics form is a paper-based system, used by the Judiciary to manually record the number of cases received and disposed of in a given period across all the district courts. The form now captures the number of PWDs accessing judicial services under the bio-data section, meaning that decision-makers can track and respond to the issues relating to disability inclusion within justice services.

Referral Pathways | The Referral Pathway guidelines were adapted for use within the general public. By creating posters that presented the pathways pictorially,¹⁸ the information was more accessible to low-literate audiences. Pictures of survivors with disabilities were included, to demonstrate that women and girls with disabilities experience VAWG. Facilitators' guidance notes¹⁹ were produced to support community volunteers to present the posters to groups local to the area. The posters were then displayed in public places.

¹⁸ Tithetse Nkhanza Programme (2021), [Low Literacy and Disability Friendly Referral Pathways Posters](#). London, UK: Malawi VAWG Prevention and Response Programme.

¹⁹ Tithetse Nkhanza Programme (2021), [Violence Against Women and Girls Services Referral Pathway Posters Discussion: Facilitators Notes](#). London, UK: Malawi VAWG Prevention and Response Programme.

Monitoring, Evaluation, Research and Learning

Measuring attendance of PWDs in community level activities | TN piloted an approach to counting the number of PWDs in attendance at activities taking place in communities. This data formed part of TN's internal monitoring system to track intervention fidelity, which would have fed into programme learning and adaptation process had the programme continued. For SASA! Together, the data collection was particularly challenging as activities are delivered with a different group of people each time, compared to CoC whereby activities are delivered with a set group of people who are engaged regularly. This meant that the methodology could not be overly time-consuming for the facilitator or participants, and rigorous ethical processes needed to be in place. The process used adapted Washington Group Question Short Set and was aligned with data collection processes adopted by the National Statistics Office for the Malawi Housing and Population Census 2018, to enable comparison. More information on the approach is available in the *Technical Briefing Note: Measuring the Attendance of People with Disabilities in Community Engagement Activities for a VAWG Programme*.²⁰

Gender, Inclusion, Power and Politics reviews | The programme undertook regular Gender, Inclusion, Power and Politics (GIPP)²¹ reviews, which aimed to analyse the political economic context in which the programme was implemented, with particular reference to social inclusion, gender equality and power. Issues relating to disability were incorporated throughout these reviews, as demonstrated in the June to September 2020 review,²² which fed into programme learning and adaptation processes.

Cohort studies | As part of the programme's internal monitoring processes, several cohort studies were designed and commenced to track change over time. The Washington Group Questions Short Set were incorporated into these research processes, such that findings could be disaggregated by disability status. An example is available in the *Moyo Olemekhezeka Cohort Study Baseline Assessment report*.²³

Independent Evaluation | TN was also working alongside an independent team, which was undertaking a programme evaluation for the first phase of the programme. The baseline survey for this evaluation was undertaken in early 2020, and included the Washington Group Questions Short Set within the quantitative survey tool such that findings could be disaggregated by disability status. Some key finding from this were incorporated into a Policy Brief on *What will it take to end Violence Against Women and Girls in Malawi?*²⁴

Funding for Organisations of People with Disabilities

TN provided a grant to the Federation of Disability Organisations in Malawi (FEDOMA), an umbrella OPD representing its members across the country. With this grant, FEDOMA aimed to improve access of VAWG response services for women and girls with disabilities, by undertaking an Infrastructure Accessibility Audit of essential VAWG response service points in TN's target districts, and a survey of women and girls with disabilities to ascertain their experiences of using services within their locale. At the time of TN closure, one centred had installed a ramp at their entry point in response to FEDOMA's findings, and efforts to influence other service points were ongoing.

²⁰ Tithetse Nkhanza Programme (2020), [Technical Briefing Note: Measuring the Attendance of People with Disabilities in Community Engagement Activities for a VAWG Programme](#). London, UK: Malawi VAWG Prevention and Response Programme.

²¹ The reviews drew from the GIPP Analysis Toolkit, developed by Social Development Direct and Christian Aid under the Evidence and Collaboration for Inclusive Development (EICD) programme, available at <https://evidenceforinclusion.org/gipp-toolkit/>

²² Tithetse Nkhanza Programme (2020), [GIPP Research Report](#). London, UK: Malawi VAWG Prevention and Response Programme.

²³ Tithetse Nkhanza Programme (2021), [Moyo Olemekhezeka Cohort Study Baseline: Key Findings Summary](#). London, UK: Malawi VAWG Prevention and Response Programme.

²⁴ Tithetse Nkhanza Programme (2020), [What will it take to end Violence Against Women and Girls in Malawi?](#). London, UK: Malawi VAWG Prevention and Response Programme.

Lessons and Recommendations

Set the ambition at inception phase

The greatest challenge faced by the TN programme in incorporating disability inclusion across all deliverables was the delay in setting this ambition. As noted above, the GESI Strategy was not an inception deliverable and, as such, was developed in parallel with the commencement of programme implementation. This meant that disability inclusion processes were not established from the outset. One team member commented that disability inclusion felt like an ‘after-thought’, and it was certainly felt that opportunities were missed in the early stages of the programme. The team and DITA reflected that had the GESI Strategy been developed earlier, the programme would likely have included more OPDs in its partnership portfolio, more budget would have been allocated to disability inclusion, and more processes for assessing disability inclusion within activities would have been established.

Recommendation | Disability inclusion, along with other aspects of inclusion that may be relevant in specific contexts, should be considered in the design phase of programming, before implementation budgets are set. Ambition on social inclusion needs to recognise that improving the accessibility of programming for specific groups within a broader programme requires additional budget and time. Practitioners implementing VAWG prevention and response programmes that do not include resources for research and design on inclusion of those most at risk should raise this discussion with their funding partner, to negotiate timelines that allow inclusion strategies to be developed in the programme design phase when budgets are set.

Ensure disability inclusion does not become a tick-box exercise

Despite the efforts made to embed disability inclusion within the values of individual team members, as outlined above, the reality of fast-paced, high pressure programme delivery did lead to disability inclusion becoming somewhat of a tick-box exercise at times. For example, the Activity Concept Note form, discussed above, would often be completed with a few nominal lines of how the ‘4 As’ of inclusion would be considered. Quite often, the activity request would be submitted only days before an activity was due to begin, limiting the opportunity for management to consult with the team on how disability inclusion could be better facilitated.

Recommendation | Practitioners should ensure that their delivery plans are aligned with resources available to them, including in terms of team personnel, to avoid situations such as that described above. Regular discussions relating to the importance of disability inclusion should be held with the team, to ensure that the reasons for facilitating disability inclusion are well understood and owned by those delivering activities. Commitment to disability inclusion could also be built into performance agreements with team members, to increase extrinsic motivation toward effective delivery in this regard. The need for additional time to complete activities in line with principles of participation and inclusion should be discussed between donors and programme implementers.

Incorporate disability inclusion processes across the full partnership portfolio

While TN provided disability inclusion training to its partners, and engaged them on the journey outlined above, opportunities to hold them accountable for disability inclusion were missed. For example, while the TN team was required to outline how disability inclusion had been considered for activities before funds were released, the same process was not introduced for partners. Given that the majority of TN’s community-based work was delivered by its partners, this could have had a significant impact on disability inclusion for the programme.

Recommendation | Build disability inclusion into grant agreements with partners, and support partners to develop internal processes, such as those outlined above, to ensure their staff members commit to, and deliver, disability inclusion in their work. Partners should also be encouraged and supported to budget adequately for programme adaptations to make activities more accessible for people with disabilities.

Support women and girls with disabilities to be leaders, not only recipients

Disability inclusion was considered by the team to be much more integrated within the Moyo Olemkezeka intervention, compared to SASA! Together and CoC, in part because the development process commenced after the disability inclusion ambition had been established. A key difference between these models was the inclusion of a women-led OPD within the implementing partner portfolio for MO from the outset. Not only did this improve the design of MO by incorporating input directly from women and girls with disabilities, but it also promoted the concept of women and girls with disabilities as leaders, which in itself is likely to contribute toward fostering new positive norms, and challenging harmful norms, regarding the perception of women and girls with disabilities in society.

Recommendation | Programmes should subscribe to the adage 'Nothing about us, without us!', and should prioritise OPDs, particularly women-led OPDs, within their partner portfolio.

Build flexible budgeting processes that are well-understood by the team and partners

TN was a well-resourced programme, in which the team had relatively high autonomy over activity budget allocation due to the contractual set up with FCDO. This did offer the team the ability to increase allocation to certain activities to facilitate disability inclusion, within an agreed overall limit. However, TN set itself high ambitions for delivery before disability inclusion was considered, meaning that the overall budget was tight with limited flexibility. Moreover, whilst the TN team established monthly budget review processes, it was not sufficiently understood by the team that additional funds could be requested to support disability inclusion. Feedback from the team following programme closure noted that while staff and programme partners had raised their awareness on disability inclusion, they felt that this ambition was not matched by allocation of resources. Finally, the overall limit for the activity budget came under additional pressure during the COVID-19 response period, as funds were required for the procurement of PPE and other measures to enable activities to be delivered safely, whilst the overall allocation to activities did not increase.

Recommendation | Donors and programme leaders should ensure that a programme's overall ambition is aligned with its resource envelope, such that there is sufficient budget to allocate to effective disability inclusion practices. Programme leaders should ensure their team members fully understand that they may request additional funding for activities to facilitate disability inclusion and to make adjustments for PWDs.

Integrate disability inclusion in policy level work

The National DITA, following programme closure, noted that more could have been done under TN to address issues relating to VAWG and disabilities at the national policy level. As noted above, TN supported FEDOMA to undertake accessibility audits of VAWG response institutions, in order to influence their service delivery. However, the programme did not include disability related objectives within its National Advocacy Strategy. More could have been done to engage disability focused stakeholders at national and district level in this regard.

Recommendation | Programme leaders engaging in policy influencing strategies should review the extent to which disability inclusion is incorporated into these interventions, and allocate sufficient effort to addressing policies that have a particular impact on women and girls with disabilities and their experience of VAWG.