



Lessons learned

Gender and disability: Inspiring practices from women and girls with disabilities addressing discrimination and violence in Africa

Protection and Risk Reduction Division

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This report is dedicated to Rachel Kachaje, a pioneer in the fight for the rights of women with disabilities in Africa and beyond. Rachel was among the first to understand that women with disabilities had to organize themselves to be represented, in a world of patriarchy and ableism. She was a natural leader with courage to be the first woman in many positions – chairperson of SAFOD, founder of DIWA, chair of Disabled Peoples International, Minister of People with Disabilities and Elderly Persons, Secretary of the African Disability Forum, among others. Rachel was an inspiration to women in all our diversities, and her strong voice will be terribly missed.

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Foreword by Adelaïde NYIGINA

In most developing countries, endemic poverty disproportionately affects women and contributes to gender inequality. Several factors negatively impact the integration of gender into countries' socio-economic development policies. One key factor, deeply rooted in our societies, is the belief that men are superior to women, which explains why women are under-represented in decision-making bodies and insufficiently involved in the economy. The situation is even more complicated for women with disabilities. Women with disabilities encounter numerous material problems and difficulties in their daily lives, relating to the specific nature of their disability (deafness, mutism, blindness, intellectual or psychosocial disabilities, physical disabilities and complex disabilities). In both the private and public spheres they encounter barriers to accessing decent housing, health services, education, professional training and employment. They also face discrimination when applying for jobs, accessing training and obtaining credit and other income-generating resources. Finally, they are very rarely included in economic or political decision-making.

Despite the changes in the normative frameworks governing the basic rights of women and people with disabilities at international, African, sub-regional and national levels, the impact of the combined effects of gender and disability have not been given sufficient attention. Discrimination, marginalisation and violence in all its forms against women with disabilities are facts of life which have mostly been ignored for far too long.

There are numerous prejudices surrounding women with disabilities who are the victims of violence and harassment both in the workplace and in their homes due to their physical weakness and the fact that it is difficult for them to call for help or report incidents to the police. Furthermore, access to basic social services is very limited. The lack of accessibility of health, sexual and reproductive rights services for women with disabilities only increases their vulnerability to sexual abuse, sexually-transmitted diseases, undiagnosed and untreated conditions, as well as unwanted pregnancies. As well as being excluded from essential health services, in some countries women and girls with disabilities are forced to undergo coercive medical procedures and practices such as forced sterilisations, abortions or contraception, practices which violate their human rights.

Myths and prejudices constitute major barriers to girls and women with disabilities participating in the life of society. They are still discriminated against and left out of development policies and programmes, despite our governments signing up to the Sustainable Development Goals which aim to **leave no one behind**.

The African Disability Forum (ADF) has made this theme one of its four strategic objectives. It is committed to “providing African women and girls with disabilities with the means to promote the upholding, protection and realisation of their rights and inclusion, and to guarantee equality between men and women within the African movement for the rights of people with disabilities.”

Consequently, the ADF, in partnership with its member organisations and their partners mobilises funds to implement actions to achieve designated goals and calls on national disabled people’s organisations to take ownership of these objectives.

Promoting gender equality and women’s empowerment is essential if the Sustainable Development Goals adopted at international level are to be met. The professional inclusion of women with disabilities and their financial autonomy are pre-requisites to protecting them from violence, exploitation and other forms of abuse.

As the representative of women with disabilities in Africa, I am calling on all disabled people’s organisations in all African countries to think about actions to empower women and girls with disabilities to improve their standing in the community.

Governments, donors, UN agencies and other development actors must develop mechanisms to monitor investments to ensure they also benefit women with disabilities.

The principle of equal opportunity and non-discrimination must prevail to facilitate the exercising of the rights of women with disabilities on an equal basis with others.

Adelaïde NYIGINA

President of UPHB (Union of People with Disabilities in Burundi) and Member Representing Women with Disabilities on the Executive Committee of the ADF (African Disability Forum)

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

→ By **Sally Nduta**, Program Manager at United Disabled Persons of Kenya (UDPK), Kenya

Sexual and gender-based violence (SGBV) against women and girls with disabilities has been rampant in Kenya in the recent years. In Kakamega County, 30% of women with disabilities have experienced sexual violence yet 40% of these cases have never been reported to the police. This illustrates just how grim the picture is in the country. Recently, the media have reported numerous cases of women and girls with disabilities facing sexual and gender-based violence.

The main challenges facing women and girls with disabilities survivors of GBV are:

- 1. Stigma and discrimination:** women and girls with disabilities are subjected to multiple layers of discrimination based on their gender and disability and then face “double discrimination”. They are therefore unlikely to report cases of SGBV. Also, the attitudes of many medical service providers need to improve. These factors contribute to deterring women and girls with disabilities from reporting the crimes committed against them.
- 2. Information on SGBV prevention, treatment and support is often limited and not inclusive:** many women with disabilities do not know their rights, the procedures for reporting SGBV, or where to seek assistance (medical and psychosocial support) regarding this issue. Also, these services are inaccessible to certain women due to their diversity. For instance, if a deaf woman is abused and seeks treatment and support services, she is more likely to find staff who are ill-equipped to treat her due to the communication difficulties.
- 3. Misconceptions about disability and negative attitudes:** for instance, questions like ‘should you really be here?’ being asked when a woman with a disability solicits a service. These discourage women with disabilities from seeking out medical services.
- 4. Attitudes of law enforcement officers:** police officers often do not take SGBV issues seriously; they are dismissive of the issue and ask women to sort out these ‘domestic issues’ at home.
- 5. Inadequate referral and follow-up systems for cases involving women and girls with disabilities:** the referral systems and follow-up of cases of SGBV are poor in general but for women and girls with disabilities the situation is even worse.

→ By **Miriam Nandwa**, Regional Coordinator at Women and Realities of Disability Society (WARD), Kenya

Women and girls with disabilities often experience violence at home, in cities, in rural areas, in public transport, at schools, and in hospitals. They suffer from certain forms of gender-based violence:

- Early marriage - exposing girls to HIV infection and early pregnancy
- Female genital mutilation - affecting their physical and psychological health due to excessive bleeding and serious infection caused by the objects used for cutting
- Withholding of education - as disability is often perceived as a bad omen. It is also believed that women with disabilities cannot succeed in life and that giving them an education is a waste of money.

→ By **Tata Touré**, Program Officer at Organisation pour un Développement Intégré au Sahel (ODI Sahel), Mali

“I am a woman with a physical disability since I lost the use of my legs in early childhood due to polio. I survived a rape at the age of 12. The perpetrator was my cousin who had come to visit us in the village. One day, my parents and my younger brother left the house to go to the village fair. As usual, I had to keep the house until they returned. When my cousin started making advances, I refused, because at that time I was afraid of men and with my disability I saw myself as very weak. My cousin took advantage of me, of my disability and of the situation since I was alone and helpless. He knocked me on the head and I lost consciousness. He then threw me to the floor, brutalized and raped me. It was the excruciating pain in my lower abdomen and heavy bleeding that woke me up. My cousin then left the village and fled. When my parents came home, they found me in a terrible state, crying. After reporting the attack to them, they told me to keep quiet and to never tell anyone about it because it was a family matter; "the bonds of blood and milk" are sacred and must be preserved at all costs. That is why they covered up this despicable act, because according to them it was a family humiliation that risked damaging our family ties and dishonoring us, so we had to remain silent to save the family's honor. I lived through the ordeal and suffered in silence. My mother did not take me to the health center; she healed me with concoctions and herbal teas. After 21 years, I am still living with the aftermath of this rape. What hurts me most today is that, in addition to the psychological suffering I have been carrying for years, I have not received any care my cousin has not been condemned in any way because of the socio-cultural considerations, mores and customs of my region.” A story shared by Tata Touré.

→ By **Agnes Aserait**, Program Officer at National Union of Women with Disabilities of Uganda (NUWODU), Uganda

Gender-based violence along with disability-based violence is often targeted at women and girls with intellectual challenges in Koboko and Pader. A GBV survivor once shared that she was defiled and the family did not bother to take action against the perpetrator. The lack of access to justice can be down to the families because it is rare that families encourage the survivor to report the cases to authorities. NUWODU's male engagement approach which involves training local male advocates from village health teams, local councilors, cultural and religious leaders, has created positive change in the communities.

Introduction

It is estimated that persons with disabilities make up about 15% of the world's population, i.e. around 1.1 billion people. Statistics show that 19% of the female population is living with a disability, and 80% of persons with disabilities live in developing countries where most essential social services are inadequate.¹

In order to improve the living conditions of women, men, and non-binary people with disabilities and promote fair access to social services, it is necessary to support actions that promote the rights of all persons with disabilities. These actions must offer protection against violence, social and economic integration, fight against discrimination and exclusion, consider accessibility to transport, education, health and employment and encourage education for children with disabilities.

In early 2019, the Technical Advisory Committee members chose eight women-led organizations from five African countries (Burundi, Kenya, Mali, Rwanda and Uganda) which were implementing good practices to become Making It Work (MIW) country partners. The eight good practices were selected by the MIW Technical Advisory Committee members from submissions to the African call for good practices on the elimination and response to violence, abuse and the exploitation of women and girls with disabilities.

The experts on the 2019 Technical Advisory Committee were: Silvia Quan (International Disability Alliance), Jorge Manhique (Disability Rights Fund), Sadiq Syed (UN Women East and Southern Africa), Prof. Arlene S. Kanter (Syracuse University, College of Law), Audrey Lee (International Women's Rights Action Watch-Asia Pacific), Lisa Adams, Yetnebersh Nigussie, Stephanie Ortoleva, Mijoo Kim, and Fatma Wangare (African Disability Forum).

¹ [“We Decide initiative for young persons with disabilities”](#), 2016

The good practices are:

PRACTICE	ORGANIZATION	COUNTRY
Using sports and art to discuss gender-based violence with children and youth with disabilities	KEFEADO (Kenya Female Advisory Organization)	Kenya
Improving access to social protection services and the realization of rights for women with hearing impairments	RNADW (Rwanda National Association of Deaf Women)	Rwanda
Strengthening public structures and access to services for women with disabilities	NUWODU (National Union of Women with Disabilities of Uganda)	Uganda
Providing access to services and promoting the empowerment of women and girls with disabilities	MUDIWA (Mubende Women with Disabilities Association)	Uganda
Promoting the sexual and reproductive health rights of women and girls with disabilities	ODI Sahel (Organisation pour un Développement Intégré au Sahel)	Mali
Promoting women with disabilities' inclusion and social change among communities	WARD (Women and Realities of Disability Society)	Kenya
Amplifying the voices of women with disabilities in Kenya	UDPK (United Disabled Persons of Kenya)	Kenya
Developing women with disabilities' empowerment through income generating activities	UPHB (Union des Personnes Handicapées du Burundi)	Burundi

After selecting its new country partners, MIW held a forum in Nairobi focusing on inclusive gender-based violence (GBV) prevention and response programming, male engagement, and the Disability, Gender, and Age marker, developed by Humanity & Inclusion (HI), a new tool which disaggregates multiple intersecting identities.

The Making It Work 2020 report provides an overview of the violence and discrimination faced by women and girls in Africa. It also discusses gender-based violence prevention and response initiatives, inclusive of women and girls with disabilities. Finally, it explores in detail the good practices presented by our women-led partner organizations in African countries.

A. Background to Gender based violence against Women and Girls with Disabilities

Gender based violence (GBV) is violence directed against a person because of their gender. Some women, however, are more at risk of GBV than others. Women with disabilities are twice as likely to experience domestic violence and other forms of sexual and gender-based violence as women without disabilities.^{2,3} It is estimated that 83% of women with disabilities will be sexually abused in their lifetime.⁴

Women and girls with disabilities are both disproportionately affected by violence and subject to unique forms of violence owing to discrimination and stigma resulting from their gender and their disability.⁵ For example, sexual abuse by a caregiver, overmedication, denial of necessities, control of sensory devices, and financial control all constitute forms of GBV. Additionally, women and girls with disabilities are disproportionately impacted by GBV because of their lack of education, limited opportunities, and the absence of an enabling environment to promote empowerment and income-generating activities. While GBV can affect all genders with and without disabilities, women and girls with disabilities have fewer opportunities to access GBV response services, so the consequences and risk of GBV are automatically much higher.

Service providers must take into account the needs of women with disabilities who have survived GBV in order to adapt and develop programs that effectively serve women and girls with disabilities. GBV prevention and response initiatives must be inclusive of women with disabilities and the organizations led by women with disabilities such as the MIW partners presented in this report play a key role in achieving this aim.

² And people with intellectual disabilities are 10 times more at risk, in "Prevalence and risk of violence against adults with disabilities [...]", Karen Hughes et al., 28 February 2012, *The Lancet*

³ *Forgotten Sisters — a Report on Violence against Women and Disabilities*, S. Ortoleva and H. Lewis, Northeastern University School of Law Research Paper No. 104-2012 (2012).

⁴ *Violence Against Women with Disabilities*, D.Rajan, The Roeher Institute, Canada, 2004

⁵ *Situation of women and girls with disabilities and the Status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto*, Report of the Secretary-General, 72nd Session, 28 July 2017

B. Background to Male Engagement

Male engagement unpacks the roles and identities of men and boys. It also challenges male power and promotes positive masculinities. Holding discussion groups with men and boys on GBV, sexual and reproductive health rights, and women’s empowerment is a good way of making an impact at local level. The concept of male engagement is also linked to the gender synchronization approach. Gender synchronization is the intentional engagement of gender transformative efforts reaching men and boys and women and girls of all sexual orientations and gender identities. All members of society must be involved to obtain change because both men and women perpetuate gender norms in society.




C. The Disability, Gender and Age Marker

The Disability, Gender and Age Marker (DGA marker) is a tool developed to operationalize HI’s Disability, Gender and Age Policy, which is a 2018 policy that aims to “leave no one behind” on the basis of disability, gender and age. The DGA marker aims to:

- Label whether a project is:
 - Disability/Gender/Age Aware
 - Disability/Gender/Age Responsive
 - Disability/Gender/Age Transformative.
- Identify gaps in disability, gender, and age inclusion.
- Trigger corrective actions to move projects towards being disability/gender/age transformative.

MIW has been using the marker to help assess our partners practices, including how they challenge gender inequality, prevent and respond to GBV, and promote women’s rights. Out of eight practices, four were rated as gender responsive and three as gender transformative.

MARKER

- Gender aware 
- Gender responsive 
- Gender transformative 

Step 1: Gender Aware

- Considers gender norms, roles and relations
- Indicates gender awareness, although often no remedial action is developed
- Does not address gender inequality generated by unequal norms, roles or relations

Step 2: Gender Responsive

- Considers gender norms, roles and relations for women and men and how these affect their access to and control of resources
- Considers women's and men's **specific needs**
- **Intentionally targets and benefits** a specific group of women or men to achieve certain policy or program goals or meet certain needs

Step 3: Gender Transformative

- Considers **gender norms, roles and relations** for women and men and how these affect their access to and control of resources
- Considers women's and men's **specific needs**
- **Addresses the causes of** gender-based inequities
- Includes ways to transform harmful gender norms, roles and relations
- Actively promotes gender equality
- Encourages progressive changes in power relationships between women and men

D. Focus on scaling: Increasing the impact

Scaling a project is a process aimed at expanding the impact of a successful project.

Although initially two types of scaling were commonly identified (scaling up and expanding a practice), recent research has defined four scaling directions: up, down, in and out.⁶

Scaling up refers to influencing social structures, such as laws, policies, institutions and norms, to ensure good practices are adopted more extensively.

⁶ Sánchez Rodríguez AM, MacLachlan M, Brus A. [The coordinates of scaling: Facilitating inclusive innovation. Syst Res Behav Sci. 2020;1–18.](#)

Scaling out (also referred to as horizontal scaling or replication) can be described as repeating an organization model or approach across organizations working at similar levels within the systems.

Scaling in (or organizational scaling) refers to the organization investing in its own capacity development. It consists of adjusting the structure, functions or skills within an organization to allow it to take on the particular work required to implement the good practices it is trying to promote; recognizing that change ‘outside’ often requires change ‘inside’ the organization too.

Scaling down is devolving resources to community-based organizations. It ensures that changes in laws, policies or norms have the necessary means to implement the proposed good practices ‘on the ground’.

Different types of scaling require different strategies. When scaling up organizations advocate for change focusing on the desired institutional change. When scaling out organizations form partnerships with other similar organizations and/or networks in order to expand geographically.

MIW partners have been supported in scaling their practices in more than one direction. The inserts located throughout the report provide information on the scaling strategy chosen by each partner.

<p>SCALING UP (institutionalization)</p> <p>Producing changes in laws, policies, institutions or norms</p>	<p>SCALING OUT (EXPANSION or replication)</p> <p>Geographically replicating or broadening the range or scope of good practices to serve a larger number of people</p>
<p>SCALING IN (capacity development)</p> <p>An organization investing in its own capacity development to strengthen its capacities to deliver impactful projects</p>	<p>Scaling DOWN (resource allocation)</p> <p>Sponsoring ground-level implementation at community level, including allowing for adaptations to local contexts and conditions</p>

Gender based violence prevention and response

Although GBV prevention and response mechanisms are the same for women and girls with and without disabilities, it is essential to implement specific activities that are ensuring that women and girls with disabilities have access to prevention and response services. This section focuses on the background to both GBV prevention and response, explains the inclusive strategies used, and then details the disability-inclusive activities implemented by MIW partners.

A. Preventing Gender based violence

Preventing GBV is achieved by:

- Raising awareness;
- Addressing root causes and contributing risk factors;
- Empowering women and girls.

A.1 Raising awareness

Raising awareness of GBV and the rights of people at risk of GBV is an important step towards preventing it. Informing people who were previously unaware of the prominence of GBV and its negative effects helps create societal change, which in turn leads to the implementation of positive actions. Furthermore, raising women with disabilities' awareness of their rights helps them to become advocates in their communities.

Awareness-raising strategies can involve:

- Discussing with community leaders to highlight specific issues.
- Using communication campaigns to reach a large proportion of the community.
- Engaging women and girls with disabilities in group discussions to promote women's participation and leadership.
- Engaging men and boys in training courses and workshops that encourage them to raise awareness among their peers, and change their mindset on power dynamics.

Activities

ODI Sahel's activities:

- Holding awareness-raising training courses within the community to discuss and share information on the sexual and reproductive health and rights of women and girls with disabilities.
- Using GBV response mechanisms such as reporting cases to the police.
- Presenting family planning methods.
- Debates and group discussions to raise awareness about the negative consequences of certain types of GBV (female genital mutilation, early marriage and forced sterilization) amongst the authorities, community members and religious leaders.
- Using shocking images to provoke a reaction from the audience.
- Partnering with a local theater company to show examples of GBV.

MUDIWA's activities:

- Holding awareness-raising sessions for cultural leaders, local councils, courts and local governments on the rights of women with disabilities and GBV prevention and response programs.
- Using the male engagement initiative: engaging cultural and religious leaders, health workers.
- Advocating for the need to improve the accessibility of public and private buildings and hospitals.

UDPK's activities:

- Using the male engagement initiative: identifying male champions amongst the local administration, members of the community, and parents of children with disabilities.

NUWODU's activities:

- Training paralegals, local advocates and women and girls with disabilities.
- Engaging in community dialogue with the police and local leaders.

A.2 Addressing root causes and contributing/risk factors

Addressing the root causes and contributing factors means changing the norms, attitudes, and behaviors that allow GBV to exist.

The root causes of GBV include gender inequality, abuses of power, social norms which support violence and a disregard of human rights.

Contributing factors and risk factors of GBV, such as poverty, lack of education, conflict, substance abuse, lack of police protection, impunity, and practices which are sexually, physically, emotionally and economically harmful, all increase the likelihood of GBV. Both the root causes and the contributing factors of GBV may vary according to the local context.

Addressing the root causes and contributing factors can include strategies such as:

- Hosting interventions within families and/or couples to encourage critical thinking about gender norms, roles and stereotypes, promoting the role of women and addressing the power balance between both genders.
- Creating programs specifically targeting men and boys that transform gender norms, roles and stereotypes about women and men in a society. This strategy can include presenting ideas about positive masculinities and non-violent parenting to men and boys to change the community's mindset.

Activities

MUDIWA's activities:

- Using the male engagement initiative: training men to use the place and power they hold in society to disrupt the power norms and gender inequality.

ODI Sahel's activities:

- Training health professionals to treat women and girls with disabilities, survivors of GBV.

A.3 Empowering women and girls

Empowering women and girls involves promoting their autonomy and self-determination. It enables them to represent their own interests and act on their own authority. Educational opportunities and group activities can help women understand that they can be powerful actors in their communities and are entitled to all of their human rights. Empowering women should ideally challenge gender inequality by ensuring they enjoy the same rights as men.

Activities

UPHB's activities:

- Training on entrepreneurship, credit and savings systems.
- Creating income-generating activities for women and girls with disabilities.

ODI Sahel's activities:

- Holding awareness-raising sessions on the rights of women and girls with disabilities.

MUDIWA's activities:

- Creating income-generating activities: forming groups of women with disabilities (animal rearing, tailoring, and handicrafts).

UDPK's activities:

- Holding training courses on loans, saving schemes, government funding and grants.
- Holding training courses on participating in local committees and school boards.

UPHB's activities:

- Creating income-generating activities for women and girls with disabilities (ICT and manual activities, mobile phone maintenance, sewing).

NUWODU's activities:

- Creating groups of women with disabilities to develop their legitimacy to claim their rights and feel empowered.

B. Responding to Gender based violence

In addition to the prevention of GBV for women and girls with disabilities, it is essential to have disability-inclusive responses to GBV. Providing access to quality services such as health, justice and education helps reduce, protect and prevent further harmful consequences of GBV. The survivors of violence must have access to immediate protection and high-quality support provided in a coordinated and integrated manner, including medical treatment and police interventions, social, psychological and legal assistance, and safe accommodation. The relevant professionals (police, lawyers, social and health workers) must be trained in inclusive practices. Service providers should be systematically trained to ensure compliance with quality standards and protocols.

Activities

RNADW's activities:

- Holding training sessions on disability rights, access to health insurance, state benefits and family planning services for women and girls with disabilities.

MUDIWA's activities:

- Training paralegals on the rights of women and girls with disabilities and referral mechanisms to follow-up on GBV cases brought to court.

ODI Sahel's activities:

- Training of health professionals to provide them with guidance and tools on how to treat women and girls with disabilities who have survived GBV.

UDPK's activities:

- Holding dialogue forums: involving health and judicial personnel to advocate for better access to justice and healthcare for women and girls with disabilities.

NUWODU's activities:

- Training health workers on how to treat women and girls with disabilities, survivors of GBV.
- Working with paralegals to develop access to justice and GBV case reporting.
- Holding awareness-raising meetings: information by local advocates on sexual and reproductive health rights and GBV prevention and response mechanisms.

What happened?

NUWODU's good practice, which began in 2016, focuses on capacity building and awareness-raising at all levels of the community.

Level 1: Paralegals

The first and most important level corresponds to women with disabilities acting as paralegals. After being trained by NUWODU, they are equipped to:

- Share information with the community on the rights of persons with disabilities, sexual and reproductive health rights and referral pathways.
- Volunteer as activists in their communities, encouraging GBV survivors and/or their caregivers to report cases to the police and to follow the cases through in court.
- Act as role models for other women and girls with disabilities, encouraging them to attend school, raise awareness among the community, and to speak up for themselves when their rights are violated.

Level 2: Local Advocates

The second level of the practice involves key community members, both women and men, acting as local advocates. These are community leaders without disabilities, including religious, cultural, opinion, and village leaders. Local advocates receive training on the rights of persons with disabilities, conflict management and mediation. The training:

- Informs their decisions as community leaders and
- Enables them to advocate for women and girls with disabilities to their respective audiences.

Level 3: Duty-Bearers

The third and final level engages duty-bearers involved in GBV prevention and response. This layer includes multiple professional groups:

- Local government members attend awareness-raising sessions to strengthen their response to GBV cases involving women and girls with disabilities and improve the inclusion of persons with disabilities in general.
- Police officers are trained to provide inclusive GBV services and involved in community-based dialogue to raise awareness of the rights of women and girls with disabilities.
- Health workers work with NUWODU to improve their knowledge and practices regarding women and girls with disabilities. This training covers sexual and reproductive rights, consent, and accessibility.

In addition to this multi-layered approach, NUWODU also helps with specific support that vulnerable women might not have access to, such as transportation to attend court hearings or receive medical treatment after experiencing GBV. This ad hoc support, combined with the multi-level activities, demonstrates the participation of all stakeholders and the meaningful contribution made by women and girls with disabilities.

What changed?

There has been a radical change in people's mindsets and perceptions of persons with disabilities at all levels. Before NUWODU started this work, persons with disabilities were insulted, neglected, locked up in houses, and had difficulties accessing education and services. Women and girls with disabilities were often excluded from communities and perceived as having no voice. Few were aware of their rights or even what constitutes violence and were therefore not equipped to report violence.

Women and girls with disabilities are now more aware of their rights and how to exercise them. They have organized themselves into women's groups that advocate for better GBV prevention and response, and educate their members on these issues while creating safe spaces to harness their collective power.

EXPANDING IMPACT: SCALING NUWODU

- Training: children with disabilities, girls with disabilities on SHR, GBV and rights
- Training: service providers, paralegals, local advocates, deaf women and girls on sign language

Female paralegals with disabilities have played a major role in furthering action and inclusion at all levels. The existence of paralegals heightens vigilance in communities to better detect and support GBV survivors and contributes to an active community protection system. Female paralegals with disabilities, along with those involved on other levels, now form a permanent structure that represents persons with disabilities at the grassroots level.

The multi-layered and individual-based perspective of the practice drives its long-term sustainability. The funding eventually stopped, but the activities have kept going, illustrating the depth of the changes brought about by NUWODU's work.

Notable Successes

1. Created engagement at all levels with GBV response and the rights of women and girls with disabilities
2. Created meaningful participation and leadership of women with disabilities.
3. Reinforced and empowered women with disabilities in their capacity to effect change.
4. A woman with a hearing impairment held the role of project manager and women with disabilities are working as paralegals.
5. The number of GBV cases reported has significantly increased and the percentage of cases which go to court has also significantly increased, showing both an improvement in referral mechanisms and judicial effectiveness for women and girls with disabilities.
6. Police officers take into account and specify the disability status of the survivor when recording GBV cases and healthcare professionals have become more inclusive and responsive, notably on the issue of consent for women and girls with disabilities.
7. Healthcare processes have become more inclusive and responsive on the issue of consent for women and girls with disabilities.
8. Local governments, including the senior probation officer, recognized that the activities have had a positive impact on their work which is hindered due to their limited resources.

Key Success Factors

1. **Working with different actors at all levels** has been instrumental in making a positive impact. Interaction between all the different levels of GBV response is part of the holistic change instilled and focuses on the rights of women and girls with disabilities.
2. **Having women with disabilities as leaders** increases the opportunities for empowerment and reassures all women with disabilities of their capacity to effect change.

B. Using sports and art to discuss gender-based violence with children and young people with disabilities – Kenya

Organization: KEFEADO (Kenya Female Advisory Organization)



Easter Okech, Executive Director

Background

According to the 2009 Kenyan Housing and Population Census, 10% (4.44 million people) of the Kenyan population are persons with disabilities, and half of that population is female.⁷ Data from the UN Women database on violence against women indicate that:

- 39% of women aged 15-49 years old experience physical and/or sexual domestic violence at least once in their lifetime
- 23% of women aged 20-24 years old were married before the age of 18
- 21% of women aged 15-49 years old were victims of Female Genital Mutilation (FGM)⁸

KEFEADO was created in 1994 as a national organization championing gender and women's rights with a focus on girls. The organization's goal is to obtain a violence-free society where all individuals are respected regardless of their gender, disability or any other discrimination factors. Positioning itself at the intersection of gender and disability in particular, KEFEADO worked with women's organizations and started developing its expertise through cooperation with DPOs such as AbleD Differently⁹ and KADDNET,¹⁰ as well as with individual women and girls with disabilities. KEFEADO is also part of the Feminist Forum, which is a local network based in Kisumu that addresses intersectional issues and brings together women, LGBTQIA+ organizations and persons with disabilities. The Feminist Forum acts as a platform to advocate for policy and legal reform, as well as to stimulate knowledge sharing between groups working on different rights.

⁷ [Kenya National Bureau of Statistics](#)

⁸ The UN women's, [global database on violence against women: Kenya page](#)

⁹ Organization of women with disabilities based in Kisumu, Kenya

¹⁰ Kisumu Action Disability Development Network, organization of young people with disabilities based in Kisumu, Kenya

What happened?

During the 2014 United Nations “16 Days of Activist against GBV,” on “Orange Day,” a day dedicated to raising awareness and the prevention of violence against women and girls, KEFEADO founded the good practice of using sports and art to discuss GBV with children and young people with and without disabilities. The practice is for girls and boys between 10-24 years old. It also focuses on children and young people who are attending school, not attending school, or in boarding schools, where children are particularly at risk of GBV. Individuals with visual and physical impairments are involved as well as people living with albinism and hearing impairments, although the latter are under-represented. The practice includes sports, discussion sessions, and art.

Sports are used as a tool to counterbalance gender inequality, which is one of the root causes of gender-based violence (GBV) and disability-related stigma. By allowing both genders to play traditionally female and male sports, KEFEADO helps build a strong foundation for girls and boys to foster a sustainable, daily mindset that is not influenced by negative gender norms and roles. KEFEADO also uses sports to fight GBV by helping girls develop the physical skills and strength they may need to improve their self-protection.

Discussion sessions, held in safe spaces in schools, take place at least once a month. This activity targets schools with integrated learning (with designated classrooms for children with disabilities), schools without integrated learning (for children without disabilities), and schools specifically for children with disabilities. Some of these discussions target both girls and boys, and focus on sexual development and sexuality-related issues such as sexual harassment, reproductive and health rights, and sexually transmitted infections and diseases. Additionally, boys are taught about gender equality, gender roles, and male engagement.

Art is also used as a way of communicating messages about gender roles, sexuality, and violence to young adults. Drama and painting activities are used to engage girls and boys on GBV and sexuality issues.

What changed?

The organization's members point to positive outcomes such the impact of the practice at local level.

Be gender responsive with KEFEADO

NO GENDER DISCRIMINATION

Include everyone in sport and art activities:

- Promoting gender equality and inclusion
- Challenging gender norms, roles and stereotypes
- Creating safe spaces and open discussion

EXPANDING IMPACT: SCALING KEFEADO

- Advocacy towards organizations/ ministries
- Networking: Identifying organizations

Notable Successes

1. The approval of the 2014 Kisumu Disability Act entitled “The Kisumu County Persons Living with Disabilities bill.”¹¹ Caroline Adwanda, a political leader who has worked with KEFEADO at the policy level since 2013, was instrumental in drafting the act, which provides content on the rights and rehabilitation of persons with disabilities and equal opportunities.
2. Both girls and boys also indicated that they developed increased awareness following the activities and open discussions which allowed them to discuss previously taboo subjects such as sexuality, LGBTQIA+ identity, and reproductive health.
3. Created a unique space where people of the same ages can engage with each other through sports, discussions, and art.

¹¹ [Kisumu Country Gazette Supplement No.26 \(Bills No.21\), 2014](#)

4. Young persons trained as mentors by members of KEFEADO to facilitate conversations with young girls and boys with disabilities. This creates intergenerational and intersectional mentorship.
5. Developed a global and local network with several organizations to create policy change at county and national levels.

Key Success Factors

1. **Connecting individuals** of the same age group, regardless of other characteristics, and using sports, art and fun activities to communicate messages of inclusion, equality and empowerment.
2. **Developing young persons with disabilities into mentors** thus creating intergenerational and intersectional mentorship.
3. **Having a local and global network** shows willingness to build partnerships to adapt activities and become a true ally for women and girls with disabilities. The large number of activities in the county and the large number of individuals targeted contributes to creating an enabling environment for policy change at both county and national levels.

C. Developing women with disabilities' empowerment through income-generating activities – Burundi

Organization: UPHB (Union des Personnes Handicapées du Burundi)



Background

According to the 2008 census in Burundi:

- There are 287,046 persons with disabilities in Burundi
- 52.5% of persons with disabilities in Burundi are women
- The vast majority (93.5%) of these people come from rural areas
- The majority of services are located in urban areas and are therefore not accessible to most persons with disabilities¹².

According to the Demographic Health Survey from 2016:

- 36% of women aged 15-49 years have experienced physical violence
- 23% have suffered sexual violence.

There are no data available on women and girls with disabilities.¹³

Originally a non-profit established in 1989, UPHB morphed into a collective of 38 DPOs from provinces across the country in 2012. Its mission is to protect and promote the rights of persons with disabilities in Burundi by raising awareness in communities about their situations and capabilities. UPHB works in partnership with international non-governmental organizations, public administrations and local organizations. The organization is a pioneer in the promotion and defense of the rights of persons with disabilities in Burundi. It also has advocated for the UN Convention on the Rights of Persons with Disabilities (CRPD).

¹² Recensement général de la population et de l'habitat du Burundi 2008, vol.3 :[13 Situation socio-économique des personnes vivant avec handicaps au Burundi](#)

¹³ [Burundi Demographic Health Survey 2016-2017](#)

What happened?

The practice's objectives are to eliminate the violence, exploitation and abuse faced by women and girls with disabilities while also empowering them to counterbalance their exposure to vulnerability. This project, implemented in the municipalities of Bujumbura City, Gitega province, Ngozi, and the Muramvya province, has been active since 2013.

The activities focus on promoting the economic, social, cultural, sexual and reproductive health rights of women and girls with disabilities. Training sessions are held on several important issues:

- **Employment and economic opportunities:** includes training on entrepreneurship (including management and development), methods for accessing credit and saving systems (including microfinance options), income-generating activities for women with disabilities, and training in innovative sectors in the ICT fields including the maintenance of mobile phones and household appliances, as well as in hairdressing, cleaning and sewing.
- **Sexual and reproductive health:** includes training for women, girls and young people in general about related risks (HIV, AIDS, and STIs), preventing GBV and contributing to empowerment through knowledge.
- **Conflict management and human rights:** includes the promotion of rights by presenting the legal frameworks governing the rights of persons with disabilities internationally and in Burundi. In collaboration with DPOs, UPHB identifies practice participants and includes them in the training.

The income-generating activities targeted a total of 37 women and girls. UPHB also provides training in innovative sectors in the ICT fields including the maintenance of mobile phones and household appliances, as well as in hairdressing, cleaning and sewing. As such, UPHB promotes the leadership and economic independence of women and girls with disabilities. These activities contribute to preventing GBV since poverty is one of the contributing and risk factors leading to GBV.

There are 20 instructors who host the different training sessions, two moderators and several organization members have been trained to support their peers. The instructors are women with disabilities, who were trained during the activities. There is knowledge sharing between the women with disabilities and other individuals in the community and the information is passed on efficiently which makes the practice sustainable.

What changed?

Employment and economic opportunities and the related income-generating activities targeted 37 women and girls. These activities contribute to preventing GBV since poverty is one of the contributing and risk factors leading to GBV.

The income-generating activities resulted in various positive outcomes for women and girls with disabilities including:

- Developing their economic empowerment.
- Shifting their personal and societal relationships: Husbands of women with disabilities react positively to the increase in household income, which can decrease the risk of GBV.
- Enabling them to purchase mobility equipment, which can make it easier to engage in economic and social activities.
- Helping them participate in local markets as vendors.

The practice contributes to fighting economic and social vulnerability, which are contributing factors to the sexual and gender-based violence (SGBV) experienced by women and girls with disabilities. Reducing their economic dependence increases their agency and power in their households, potentially allowing them to distance themselves from the perpetrators of SGBV. The activities also respond to women with disabilities' urgent need for autonomy and freedom.

Notable Successes

1. Offered 124 women and girls access to training on microfinance institutions.
2. Provided resources to support 227 women with disabilities who started their own activity.
3. Women with disabilities have improved self-esteem, which they explained was because they felt more valuable and more entitled to a place in the community.
4. Women with disabilities are more aware of their rights and have more resources to defend themselves against stigma and discrimination.
5. Women with disabilities were able to develop a network and support system with other women with disabilities and mothers of children with disabilities. For the mothers of children with disabilities, participating in these activities significantly reduces their exposure to discrimination by association, which is when an individual (typically a parent or a caretaker) is discriminated against because of their connection to a person with a disability.
6. There was more awareness of discrimination and stigma toward women with disabilities thanks to the training sessions on legislative frameworks. The training sessions on

legislative frameworks raised awareness and led to changes in behavior towards women with disabilities and persons with disabilities in general among the community.

7. UPHB itself has also shown signs of improvement in terms of the leadership of women and girls with disabilities. Since 2016, the organization has been run by a woman with disabilities while 40% of the executive committee are women with disabilities. Female leadership increased because of the practice and some women with disabilities have been elected to savings and credit systems management committees at local level.

Key Success Factors

1. **The involvement of a range of actors** from UPHB, local organizations and other DPOs in the country is one of the success factors because of each organization's influence. Disseminating information to numerous different types of actors is an effective way of targeting large numbers of individuals, to achieve long-term change.
2. **Focusing on women and girls with disabilities** in the activities was another important reason for the success of the activities. This helped to effect changes in the way they are perceived by the communities. It ultimately helped to counteract their exclusion from the community. It also led to more leadership opportunities for women with disabilities.
3. **The active participation** of women with disabilities demonstrates that they believed in UPHB's objective and trusted in the effectiveness of the activities proposed.

D. Promoting women with disabilities' inclusion and social change in communities – Kenya

Organization: WARD (Women and Realities of Disability Society)



Background

Founded in 2011 in Kenya, WARD's main objective is to advocate for issues concerning women and girls with disabilities, including psychosocial health and well-being, empowerment, access to education, employment, access to education on sexual and reproductive health rights, and the promotion of positive attitudes.

What happened?

According to WARD's founders, women with disabilities in Kenya are invisible within both the disability and women's rights' movements. One of the consequences of this is that the sexual and gender-based violence (SGBV) they face is often disregarded, access to services is difficult, and they face specific issues regarding sexual and reproductive health rights.

The practice, started in 2015, fights against the exclusion of women with disabilities, the violence they experience, and the barriers they experience when accessing services. It promotes social change and social inclusion by creating awareness and demystifying myths around the sexual and reproductive health of women and girls with disabilities through inclusive community dialogue.

WARD's activities involve women with and without disabilities from urban and suburban areas. Women with physical and visual impairments represent the largest proportion of beneficiaries.

The inclusive community dialogues physically take place once a month in Nairobi, Mombasa, Kisumu, Kiambu and Kilifi counties and are broadcasted online through social media networks to extend the reach. They include:

- Discussions with women with disabilities, as well as service providers, policy makers, community leaders and faith-based organizations.
- A space where individuals can share their stories and experiences, which raises awareness and deconstructs stereotypes and misconceptions about the sexuality of women with disabilities.
- Information on sexual and reproductive health by presenting family planning and contraception measures.
- Information on how to contact health service providers and human rights lawyers is provided to help the survivors of GBV.
- A range of themes such as maternal health, sexuality, economic empowerment, education, hygiene and the political representation of women with disabilities.

Additionally, WARD hosts a gala dinner to raise awareness about women and girls with disabilities' sexual and reproductive health rights to develop community support. This platform provided an opportunity for women with disabilities to share their experiences of discrimination and violence which increased their legitimacy to make their voices heard. The event was jointly organized by Hope for African Women and Ability Africa Magazine to commemorate the 16 Days of Activism against GBV 2017.

WARD also participated in a Civil Society report submitted to the CEDAW¹⁴ Committee in 2017¹⁵ within the Kenyan Network Advocating for the Rights of Women and Girls with Disabilities.

What changed?

Overall, the members of the communities who attended the inclusive community dialogues, including men, are now more aware of the discrimination and violence faced by women and girls with disabilities. Men and boys with and without disabilities were targeted through the discussions and social media. Women with disabilities spoke out with increased confidence. Spaces for participating in the feminist movement and society in general were more easily accessed by women with disabilities, including the National Council on Disabilities' structures.

The activities also impacted women without disabilities. They indicated that they were now more aware of the living conditions of women with disabilities and declared their willingness to involve women with disabilities in their discussions.

¹⁴ Convention on the Elimination of all forms of Discrimination Against Women

¹⁵ [NGOs submission on Kenya to the CEDAW Committee for the 68th Session](#)

Notable Successes

1. Over 50 women, girls, men and various stakeholders clearly indicated their increased interest in and understanding of GBV, rights and legal access to justice for women and girls with disabilities.
2. Indirectly, at least 8,000 persons were reached through the use of social networks and hashtags used to raise awareness.

Key Success Factors

1. **Women with disabilities' direct participation** in the practice's activities contributes to its positive impact. They are encouraged to promote the implementation of the practice. They make decisions regarding the activities and the choice of subjects discussed and promoted during the dialogues.
2. **WARD used an existing network** which has proven to be very popular among the targeted communities. They use social media to disseminate information and increase the visibility of the organization, the activities, and of women with disabilities in general. This has been fundamental in advocating for policy change at various levels.

E. Promoting the sexual and reproductive health rights of women and girls with disabilities – Mali

Organization: ODI Sahel (Organisation pour un Développement Intégré au Sahel)



Tata Toure, Program officer

Background

In Mali, persons with disabilities are often excluded from society and experience discrimination and violence. They lack access to health care, social services and employment. Only a small percentage of children with disabilities are educated, as inclusive schools are rare.¹⁶ Persons with disabilities constitute a large proportion of the population (2.7 million out of 18 million) according to the World Health Organization statistics for 2016.

Statistics show that 91% of women aged 15-49 years and 69% of girls aged 0-14 years in Mali have undergone female genital mutilation (FGM),¹⁷ and early marriage continues to be a popular practice. Women and girls with disabilities are particularly at risk of FGM and early marriage and the severe consequences on their health and ultimately lives because of the increased discrimination they experience linked to both their gender and their disability.

ODI Sahel, which was created in 2001, originally worked to build women's capacities through a variety of programs including the 2009 partnership with the American program "Trickle UP". That program aimed to eradicate poverty by connecting vulnerable populations to savings groups, grant and credit schemes and by working with governments, global institutions, and local organizations. Now, ODI Sahel's objectives focus on the empowerment of women and girls with specific attention paid to women with disabilities and the realization of their rights, specifically sexual and reproductive health rights, due to the discrimination, violence, and lack of access to services women with disabilities face. Activities informing beneficiaries of their rights are implemented to empower them and help them gain independence. The founders of ODI Sahel

¹⁶ [Identifier les enfants handicapés pour les scolariser, Handicap International, February 2019](#)

¹⁷ [Enquête Démographique et de Santé au Mali 2012-2013, Cellule de Planification et de Statistique \(CPS/SSDSPF\), Institut National de la Statistique \(INSTAT/MPATP\), INFO-STAT et ICF International, 2014](#)

believe that, to achieve the aforementioned objectives, all members of society must be included in awareness-raising and development activities.

Since 2015, ODI Sahel has been receiving funding from the “Dutch Development Cooperation” to develop their activities on the sexual and reproductive rights of women with disabilities. The Dutch Development Cooperation agreed to support the Malian government in its efforts to implement its development policies and ODI Sahel was chosen to take part in the project.

What happened?

ODI Sahel organize awareness-raising training on the sexual and reproductive health rights of women and girls with disabilities, as well as information sessions on GBV. These activities take place in 16 villages in the Douentza circle. The sessions, targeting local populations, are organized once or twice a week in each village and take the form of debates and discussions led by the peer educators, who are women with disabilities, contributing to their meaningful participation in the activities.

Different themes include:

- **Identifying GBV** by presenting seven types: sexual assault, rape, physical assault, psychosocial assault, early marriage, FGM and withholding of resources and opportunities.
 - It is still common for the parents of women with an intellectual disability or a severe physical disability to resort to forced sterilization. The awareness-raising sessions provide an opportunity to speak to families about their daughters’ freedoms and the importance of choosing their own methods of family planning, to prevent them from resorting to this solution.
- **Increasing the reporting of GBV** by informing women and girls with disabilities of different reporting mechanisms including peer educators who can take them to the police to report GBV.
- **Increasing access to family planning methods** by having peer educators explain that family planning can be free of charge, and that contraception and birth spacing are important.

Sessions can take the form of debates, discussions and plays. They aim to raise the awareness of the local authorities, community members and religious leaders by presenting disturbing images of the practice and emphasizing the need to sign the Convention on the Abandonment of Excision and Child Marriage. ODI Sahel also uses local radio to broadcast advocacy messages and communicate on events, every two days. These messages denounce early marriage, GBV and

insist on their negative effects on women and girls with disabilities. Lastly, ODI Sahel works with FGM perpetrators, using income-generating activities to help them compensate for the loss of income they experience when they stop engaging in these harmful practices.

What changed?

Almost all women and girls with disabilities benefited from awareness-raising during the sessions held in the 16 villages. The training provided by peer educators at least every two months helped them develop a better understanding of their bodies and gain in confidence and self-esteem. They are now better integrated in society and participate more often in decision making at community level.

Violence also decreased. “I observed a significant reduction in the problems of physical and psychological violence against women and girls with disabilities,” testified a woman who was working in the community health center. “There has also been a significant increase in women and girls with disabilities’ participation in village meetings. The heads of households also contribute more to addressing some of the needs of women and girls with disabilities.”

Notable Successes

1. The activities reached around 300 women and girls with disabilities, which led to an increased awareness of, and a change in attitudes to, sexual and reproductive health rights, GBV and access to education for women and girls with disabilities. The discussions centered around the sexual and reproductive health rights’ awareness-raising sessions.
2. Additionally, regarding the policy and legal framework, the Convention on the Abandonment of Excision and Child Marriage was signed by all the villages in 2017 and as a result, ten FGM practitioners have abandoned their activity.

Key Success Factors

1. ODI Sahel **developed a participatory and inclusive activity that involved all members of the community** to ensure a broad reach for its advocacy work. The organization collaborates with gatekeepers (village chiefs, religious leaders) and FGM practitioners which helps disseminate the information amongst the community, ensuring lasting changes to the collective mindset. The organization also works with the Ministry of Health, which is involved in the care of GBV survivors.

2. **The meaningful participation of women with disabilities** helps empower women and girls and ensures the smooth implementation of the activity. Awareness-raising sessions are run by women – peer educators – with disabilities. The awareness-raising actions consist of debates and discussion groups, which are held twice a week and proposed to the Douentza Association of Women with Disabilities, composed of 250 women. The strategy involves using a range of different means of communication: plays, radios, discussions.
3. The practice **centers around training women and girls with disabilities to pass information on to others**. The long-term objective is that they will no longer need the organization’s input and will be able to ensure their advocacy messages are heard at national level.

Be gender responsive with ODI Sahel

GENDER-BASED VIOLENCE PREVENTION

- **Organizing group discussions in the community**
- **Awareness-raising**
- **Female genital mutilation practitioners change their activity**
- **Women participate more in meetings**

F. Providing access to services and promoting the empowerment of women and girls with disabilities – Uganda

Organization: MUDIWA (Mubende Women with Disabilities Association)



**Winfred Namukwaya,
Executive Director**

Background

According to the 2014 National Census of Uganda:

- The prevalence of disabilities among women is significantly higher than among men (15% vs 10%).
- The disability prevalence rate was higher among those living in the rural areas compared to those in the urban areas.¹⁸

According to the 2016 Demographic Health Survey:

- 50% of women aged 15-49 years have experienced intimate partner physical and/or sexual violence at least once in their lives – these statistics are not available for women with disabilities.¹⁹

MUDIWA is a community-based organization founded in 2004 by women with different types of disabilities. Most of MUDIWA's members are individuals with disabilities and the executive committee comprises nine women with disabilities and parents of girls with disabilities.

The organization's objectives are to reduce the number of incidents of gender-based violence (GBV) against women and girls with disabilities, and to enhance their full participation in society.

¹⁸ Prevalence rate for the population aged 5 years and above. [Uganda Bureau of Statistics. The National Population and Housing Census 2014 – Main Report \(2016\), Kampala, Uganda, page 23](#)

¹⁹ [Uganda Demographic and Health Survey, 2016](#)

What happened?

MUDIWA's practice aims at preventing and responding to gender-based violence experienced by women and girls with disabilities. It works towards their increased inclusion in the communities. It combines four types of activities:

- Raising awareness about preventing and responding to GBV against women and girls with disabilities
- Referral and follow-up of GBV cases
- Improving access to services and information for women with disabilities
- Including women with disabilities in income generating activities (IGA) groups

The activities involve stakeholders at all levels, from local government to the community and includes pivotal actors, such as the police, health workers, and religious and cultural leaders. This broad scope allows the practice to engage with all spheres of society.

Awareness-raising sessions on the rights of women and girls with disabilities target cultural leaders, local councils, courts and governments. Community dialogues are conducted at sub-county level with all stakeholders involved in GBV response and prevention programs, including police services and the district probation office.

MUDIWA also implements **male engagement activities** by selecting “male champions” based on their integrity and position in the community. Male role models are trained on violence against women and referral mechanisms, then share their knowledge in their circles of influence and in recreational men's groups to raise awareness in communities.

MUDIWA cooperates with the district probation office on GBV cases involving women and girls with disabilities through **case management and follow-up through to court**. Since 2017, 215 cases have been managed. Ten paralegals (men and women, with and without disabilities) have been trained on the rights of women and girls with disabilities; they also conduct the awareness-raising work in communities.

MUDIWA seeks to **improve access to services and information** by addressing physical, communication and behavioral barriers to health, education and social welfare services. The organization successfully advocated at district level for mandatory accessibility standards to be applied to all newly-built public and private buildings open to the public. MUDIWA uses education to leverage change, by visiting schools and improving accessibility.

Finally, MUDIWA is involved in the **economic empowerment** of women with disabilities and the re-integration of survivors of GBV in particular. They help create groups implementing income-

generating activities (animal rearing, tailoring or handicrafts), each composed of between 5 to 10 women or girls, benefitting from national micro credit programs.

What changed?

The practice brought about positive outcomes: women and girls with disabilities are more aware of their rights and communities at large have been made aware of GBV and the living conditions of women and girls with disabilities. Male community members and traditional leaders have shared their newly-acquired knowledge. The accessibility of some services has increased as a consequence of awareness-

raising, advocacy and practical activities. Some structural changes have been observed as well, thanks to the cooperation with local government structures, such as the implementation of mandatory accessibility standards for new constructions. Stigma has been reduced.

GBV prevention and response stakeholders such as police officers, health workers, and local government members have acquired knowledge about the rights of women and girls with disabilities and the role they have to play. A shift in the attitudes of medical personnel when dealing with women and girls with disabilities was observed in the health facilities targeted. Women have an increased understanding of their rights and are more aware of the referral mechanisms for cases of GBV. They know they can find support through the MUDIWA. Income-generating activities further empower women and girls by reducing poverty and increasing their autonomy. They are better included in their communities and it changes how they are perceived by members of the community. The MUDIWA's advocacy and ad-hoc activities helped increase access to services such as education, health and livelihood programs.

EXPANDING IMPACT: SCALING MUDIWA

Empowerment: enhance financial management skills of GBV survivors/village savings groups

Empowerment: training for GBV survivors on income-generating activities

Notable Successes

1. MUDIWA had 40 accessible maternity beds provided to the referral hospital.
2. Health workers were trained on reproductive rights and how to care for women with disabilities.

3. Extensive interactions with cultural leaders who act as gatekeepers and have become the allies of women and girls with disabilities in the Mubende district.

Key Success Factors

1. **MUDIWA was founded and is led by women with disabilities** which strengthens the credibility and ownership of the practice. The organization's members know how to tailor their activities to the needs of women and girls with disabilities; they were the first to benefit from increased self-esteem and empowerment when they joined the organization, and now act as role models for other women and girls with disabilities.
2. **The male engagement training** that men receive increases their knowledge of GBV response and referral mechanisms, allowing men to raise the awareness of their peers. Men's groups in the community also share their experience about their change in mind-set. Men themselves speak positively about their involvement in the practice, highlighting their increased knowledge, their respected status in the group, and their enjoyment of the social interactions.

G. Amplifying the voices of women with disabilities – Kenya

Organization: UDPK (United Disabled Persons of Kenya)



Background

Kenya's total population is 49.7 million; the prevalence of disability in Kenya is 4.6%.²⁰ According to the 2009 Kenya population census:²¹

- Women represent 52% of the total population of persons with disabilities.
- 26% of women aged 15-49 years have suffered from intimate partner physical and/or sexual violence.²²

There is, however, no specific data regarding violence against women with disabilities.

UDPK is the federation of Organizations of Persons with Disabilities in Kenya whose mandate is to advocate for the rights of persons with disabilities in all aspects of life, especially in the socio-economic and political spheres. The organization is committed to ensuring that persons with disabilities share an equal platform and that their rights are upheld across all sectors of development. Their goal is to obtain a barrier-free society that fully recognizes the rights of persons with disabilities.

What happened?

The practice entitled “Amplifying the Voices of Women with Disabilities in Kenya” is a shared project between three organizations: UDPK (the lead organization), the Federation of Women Lawyers (FIDA)-Kenya (which provides its experience of gender mainstreaming and women's rights), and Light for the World (LFTW)-Netherlands (which provides its disability mainstreaming expertise). It started in 2017 and is a three-year project. The activities target organizations of

²⁰ [Kenya National Survey for Persons with Disabilities, 2007, National Coordinating Agency for Population and Development](#)

²¹ [2009 Kenyan Housing and Population Census](#)

²² [UN Women Global Database on Violence against Women, Kenya page](#)

women with disabilities to amplify their voices when advocating for their rights, to improve gender equity and inclusion and develop capacity-building on how to mainstream the needs of women with disabilities in their advocacy activities.

UDPK's work targets six counties - Laikipia, Kakamega, Taita Taveta, Meru, Homabay and Mombasa - selected based on the regional prevalence of disability (between 5% and 6% of the total population).

The practice's objectives are:

- To increase the visibility and capacities of women-led DPOs and women's rights' organizations to effectively represent and advocate for their rights at national and local government levels;
- To work with authorities at all levels to ensure the rights of women and girls with disabilities are included in policy framework development and implementation;
- To establish links with the women's rights movement for the inclusion of women with disabilities in the organizations which make up the Kenyan movement.

The practice's participants are DPOs operating at grassroots level and women's rights organizations; they are mostly women-led organizations and the majority of their members are women and girls with disabilities. The overall national target reach is 60 DPOs comprising 6,000 women with disabilities with different types of impairments. The practice reaches women with hearing, psychosocial, or intellectual impairments and women living with albinism.

The practice was accomplished in seven parts:

1. A Memorandum of Understanding²³ (MOU) was drafted with UDPK's partners.
2. Members of the DPOs were trained on disability awareness and sexual and gender-based violence (SGBV) targeting women and girls with disabilities.
3. Trained members of DPOs passed on the information and messages to women with disabilities and community members
4. Women's organizations were put into contact with women with disabilities in order to include women with disabilities' rights in the women's organizations actions.
5. Women with disabilities participated in activities to develop their empowerment, were informed about loans and saving schemes, introduced to government initiatives to support enterprises owned by women, youth and persons with disabilities, and given access to training sessions on how to apply for and manage grants and find platforms for

²³ A memorandum of understanding is a type of agreement between two or more parties. It expresses a convergence of intention between the parties, indicating an intended joint line of action.

participation at county, government and school levels Six mobilization activities were implemented with women with disabilities to encourage them to join pre-existing groups.

6. Male engagement activities were implemented. They engaged men from the local administration, community members, parents and caregivers of children with disabilities as male champions to encourage other men and boys to take part as community gatekeepers and decision makers.
7. The organizations worked with the authorities at all levels to ensure the inclusion of women and girls in policy formulation and implementation. For example, women with disabilities held dialogue forums with service providers in the health and judicial sectors to improve service delivery.

What changed?

Women with disabilities have shown increased confidence in asserting their rights and becoming agents of change. Thanks to the awareness-raising and information on persons with disabilities' rights delivered to community members, a change in attitudes and preconceived ideas was observed. Women with disabilities are better accepted and play a greater role in the community. They have obtained more recognition since they can now seek out platforms for participating in government planning processes, committees at county and neighborhood levels, and school management boards.

Notable Successes

- Women with disabilities are asking for disability-friendly facilities in public offices, for more inclusion in decision-making positions, and are able to respond to SGBV incidents by going to the police and accessing judicial services.
- 36 persons were trained as peer advisors and 1,842 women with disabilities and their families were made aware of human rights, women's rights and SGBV responses.
- The mobilization activities allowed 579 isolated women with various forms of disabilities to join groups of women, such as DPOs and women's organizations.
- Grants were attributed to 20 women-led DPOs to implement advocacy and social activities to ensure that women with disabilities can access services. Several networks of organizations of women with disabilities were registered in Laikipia and Kakamega counties, which reinforced the visibility of the rights of women with disabilities.
- Two dialogue forums were organized to develop access to justice for women with disabilities. Health and judicial workers took part in these forums.

- Training was also provided for 41 elected representatives of persons with disabilities at the County Assemblies on using the Convention on the Rights of Persons with Disabilities (CRPD) as an advocacy tool at county level.

Key Success Factors

1. **The organization worked collaboratively with different partners.** Working with DPOs that have a significant local reach and understand local cultural dynamics is important to deliver messages effectively to women with disabilities and local community members. At national level, there are links with human rights and women’s rights movements such as the Kenya National Human Rights Commission (KNHCR), the National Gender and Equality Commission (NGEC), the Centre for Rights Education and Awareness (CREAW), the Coalition on Violence against Women (COVAW) and Women’s Empowerment Link (WEL). These partners are instrumental in providing technical expertise on human rights, gender rights and SGBV response. This means that the most precise information available is used when developing the practice’s activities which increases accuracy. Regionally, the project works with the East Africa Federation of the Disabled, the African Disability Forum (ADF), the Africa Disability Alliance and the International Disability Alliance (IDA) to obtain technical support on disability issues, as well as information on emerging trends in the sector. At regional and international levels, this cooperation contributes to increasing the visibility of persons with disabilities’ and women with disabilities’ rights and living conditions.
2. **Male engagement** is a clear strategy in the practice. The working sessions held with a number of male-led DPOs contribute to encouraging male participation in the activities. This also reduces suspicion and tensions among the community members in relation to aims of the practice.

Be gender transformative with UPRD

WOMEN’S LEADERSHIP

Empowering women through financial institutions and participation at local levels:

- **Obtaining a place in the community**
- **Gaining confidence**
- **Challenging gender inequalities**

This practice proves that collaborative work is an effective way of making progress to achieve specific goals. In this case, cooperating with organizations at the grassroots, local and regional levels is a good way of raising awareness of the rights of women with disabilities by leveraging each organization’s network of influence.

H. Improving access to social protection services and the realization of rights – Rwanda

Organization: RNADW (Rwanda National Association of Deaf Women)



Background

According to the National Institute of Statistics of Rwanda:

- There were 225,303 women with disabilities in the country in 2012²⁴
- 22.3% of women aged 15-49 years have experienced sexual violence.²⁵

Although there are no data on the specific situation of women and girls with disabilities in Rwanda with regards to violence, it is continuously reported that they face a higher risk of sexual violence and less access to services.

Rwandan women and girls with hearing impairments face specific challenges. The use of speakerphones to disseminate information prevents their access to information and they are therefore excluded from social mobilization. They have unequal access to education since families with limited resources prefer to send their sons to school rather than their daughters, leading to high rates of illiteracy and poor job prospects, which contributes to their exclusion from the community. Women and girls with hearing impairments and limited financial means are at higher risk of sexual exploitation and abuse due to their economic situation and social isolation. Regarding marriage, women with hearing impairments in Rwanda are rarely formally married to their partners and/or the fathers of their children. This means that these women do not benefit from the legal rights and protection accorded to wives under Rwandan law.

The Rwanda National Association of Deaf Women (RNADW) was founded in 2005 by a group of 27 women with hearing impairments. The first activities took place in the Kamonyi and Ruhango districts in 2017. The organization was created in response to a desire to raise societal

²⁴ [National Institute of Statistics of Rwanda, RPHC4 Thematic Report: Socio-economic Characteristics of Persons with Disabilities, 2012](#)

²⁵ [Demographic Health Survey Rwanda, 2014-2015](#)

awareness of the situation of women with hearing impairments, to reduce stigmatization and isolation, and to increase their understanding of their rights and access to services. It was also seen by the founders as a response to the lack of representation of women's issues and female leadership in the public sphere. RNADW chose to prioritize access to services such as education and welfare, to ensure the practical needs of women with hearing impairments at institutional levels are met and their empowerment is encouraged. The motivation for the activities was the cases of women with hearing impairments who had never received Rwandan national identification cards, or who were commonly called offensive names instead of their real names.

What happened?

The practice mobilizes women with hearing impairments and tasks them with delivering training on disability rights, access to health insurance, state benefits and family planning services. Awareness-raising and disability-sensitivity training sessions, implemented once a year, targeted 49 women and girls with hearing impairments in the Ruhango district and 52 in the Kamonyi district. The awareness-raising meetings and different training on rights and access to services focused attention on the need for women and girls with disabilities to have a national identification card. This national identification card is not only a legal obligation for every Rwandan citizen but also constitutes the entry point for accessing a number of services. For persons with disabilities, the national identity card is a form of legitimacy and recognition of their value and role within Rwandan society. The awareness-raising sessions cover a broad spectrum of subjects: disability rights, family planning, healthcare services and state benefits. This contributes to fully empowering the women and girls with disabilities attending the sessions.

Awareness about state programs and access to services can empower women with disabilities and allow them to access the benefits. Information about the national programs that target persons with disabilities available in Rwanda is shared during the awareness-raising meetings. Focus is put in the Vision 2020 Umurenge Programme, launched in 2008. This program aims to: develop public works; provide vulnerable people with direct support through cash transfers and financial services; provide mutualized health insurance funds for the poorest individuals which aim to provide persons in situations of economic vulnerability with affordable access to healthcare; and distribute disability cards to persons with disabilities, which are required to access services and state benefits.

What changed?

Women with hearing impairments living in rural areas who faced stigmatization and communication barriers perceived a significant reduction in their social isolation through the awareness-raising training. They developed their knowledge and felt empowered; they reported being able to better advocate for their needs.

A change in attitudes, behaviors and practices among the community was observed following the training. Less fear, discrimination and stigma and increased sensitivity to the needs of persons with auditory impairments were reported by the practice beneficiaries, as well as the local authorities and civil society organizations.

Notable Successes

- Six women with hearing impairments who did not have a Rwandan National Identification Card were identified and documented as Rwandan citizens as a direct result of the practice. Of these six cases, one woman was supported through the process to obtain a national identification card registration, enabling her to urgently access state-subsidized health insurance. This case was especially urgent as she was pregnant and therefore had an imminent need to access health care services.
- The local authorities at district level have agreed to implement changes to be more inclusive in their daily work. They are in constant communication with RNADW to share information and organize meetings. They have also agreed to provide sign language interpretation at a meeting with the district mayor for the first time in order to allow RNADW representatives to participate.

Key Success Factors

- **Leadership by women with hearing impairments** for and with women with hearing impairments is a key success factor because these women are viewed as role models and sources of inspiration by their peers. It also makes them legitimate actors to advocate for their needs and make their voices heard through different platforms; for instance, women with hearing impairments were responsible for electing RNADW board members.
- **The community-based approach** is very important to the success of this project; women with hearing impairments in rural areas often live in almost complete isolation - in both geographical and communication terms. RNADW's actions aim to mobilize almost all of

their target group through home visits, liaising with local authorities and networking through the community of peers. Their outreach efforts benefit women who may not be able to read or write, may not speak sign language, may have multiple disabilities, and may lack awareness of the services and opportunities available to them.

- **The organization's partnerships** have helped strengthen the political and legislative landscape in Rwanda around gender and disability through collaboration with the National Council of Persons with Disabilities (NCPD),²⁶ and through their membership in the National Union of Disability Organizations in Rwanda (NUDOR).²⁷ The awareness-raising sessions cover a broad spectrum of subjects: disability rights, family planning, healthcare services and state benefits. This contributes to fully empowering the women and girls with disabilities attending the sessions.

²⁶ National body working under the Ministry of Local Governance, that oversees and coordinates all national actions that contribute to social and economic development of persons with disabilities.

²⁷ Civil society organization established in 2010 by eight national organizations of persons with disabilities.

Appendix 1: The Making It Work Methodology

What is the MIW methodology?

The Making It Work (MIW) methodology is a participatory approach to generate change using well-documented evidence. It guides organizations through the process of identifying, documenting and analyzing good practices that advance the rights enshrined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and, depending on the project content, other international treaties such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Information is used to act for change. Actions for change include: advocacy, awareness-raising, sensitization, knowledge transfer, and scaling up of selected practices. MIW encourages collaboration between key actors in which people with disabilities and their representative organizations play a central and leading role.



The MIW methodology can be used across all development and humanitarian sectors to explore the most significant changes, as experienced by persons with disabilities. It has been developed over the years by Humanity & Inclusion (formerly Handicap International), its partners and collaborators in projects using MIW.

How did we use the MIW methodology in this project?

Step 1 – Establishing multi-stakeholder engagement: A Technical Advisory Committee was formed bringing together international experts in gender and disability. Following the first successful international phase, we launched two subsequent African call for good practices on the elimination, prevention of, and response to violence, abuse and exploitation of women and girls with disabilities.

Step 2 – Documenting and analyzing good practices: The practices submitted by applicant organizations were reviewed and those which met all our jointly-defined criteria were thoroughly documented. Ultimately in 2019, eight new good practices were selected from five African countries.

Step 3 – Actions for change: The implementing organizations have joined previously selected organizations, partners in the MIW project. They are therefore receiving training and technical support on topics such as advocacy, communication, and scaling, in order to amplify the change generated by their practices. Additionally, this present report is a precious advocacy tool for regional and international stakeholders.

What is a good practice in MIW?

MIW defines a good practice as a set of activities that facilitate the “full and effective participation in society for people with disabilities on an equal basis with others” (CRPD, Preamble) and actions that people with disabilities have confirmed as having a positive impact.

We propose standard criteria, providing a useful starting point which can then be adapted to each context:

- 1. Demonstrable Impact:** the impact must be validated by partners and beneficiaries, for instance through interviews and testimony;
- 2. Replicability:** a specific action, approach or technique that could feasibly be replicated, adapted, or scaled up in other contexts;
- 3. Sustainability:** potential for local actors to be able to develop or sustain this action, approach or technique in the future;
- 4. Efficiency:** a practice which is efficient in terms of time, finances, human resources;
- 5. Person centered:** practices which respect the concept of individual users being actively involved in any decisions that concern them;
- 6. Conforming to the general principles of the CRPD**, as stated in its article 3.

Appendix 2: Glossary of terms and acronyms

DPOs: Disabled People's Organizations are mostly advocacy organizations which work at regional, national and/or international levels to change policy and ensure equal rights and equal opportunities for persons with disabilities.

FGM: Female genital mutilation comprises all procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

GBV: Gender-based violence is any harmful act that is perpetrated against a person's will and is based on his or her gender. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty. GBV targets women, girls, men and boys, but also to homosexuals, gender non-conforming people (intersex, transgender, etc.).

Gender: The way society sees the differences between women and men through ideas about femininity and masculinity and the resulting power relations and dynamics.

IGA: Income-generating activities are carried out in order to generate revenue used to ensure the financial sustainability of individuals or an organization.

Male engagement: Unpacking the roles and identities of men and boys within the lives of women and girls. Male engagement examines and critiques the concept of the power men and boys hold. It is necessary to counterbalance gender inequality and violence against women and girls.

MIW: Making It Work.

Sex: All the biological characteristics that determine whether an individual is female, male, a man or a woman; this is the same in every culture.

SGBV: Sexual and gender-based violence.

Appendix 3: Marker at mid-term and end of the project²⁸



Take a step back and look at how the project is addressing barriers, enabling factors, partnerships and power relations: what is its actual and potential responsive / transformative impact?

Step 1 - Please assess the project's level of responsiveness

Answer the questions below **for each determinant**: for all the statements that apply tick “Yes” in the column, otherwise tick “No” or “N/A”.

Is the project responsive? (Equal access to the benefits of our actions)	Disability	Gender	Age	Explain the reasons for ticking Yes, No or Non-applicable in a category
1-Partnerships: Have partnerships been established with representatives of concerned groups?	Yes No N/A	Yes No N/A	Yes No N/A	
2-Adapted programming: Is/was the intervention adapted to separate needs, resources and capacities identified in the initial situation and needs assessment?	Yes No N/A	Yes No N/A	Yes No N/A	
3-Participation: 3-a) Does/did the action ensure meaningful participation by people with disabilities, and of various gender and age groups?	Yes No N/A	Yes No N/A	Yes No N/A	
	Yes	Yes	Yes	

²⁸ Source: How to deliver on inclusion to leave no one behind: An implementing guideline of the Humanity & Inclusion Policy on Disability, Gender and Age, HI, 2019

Is the project responsive? (Equal access to the benefits of our actions)	Disability	Gender	Age	Explain the reasons for ticking Yes, No or Non-applicable in a category
3-b) Does/did the action ensure information sharing, feedback mechanisms and complaint mechanisms accessible to all, irrespective of disability, gender or age?	No N/A	No N/A	No N/A	
4-Disaggregated data: Is/was data disaggregated per disability, sex and age?	Yes No N/A	Yes No N/A	Yes No N/A	

If you mark 5 Yes for a category, please fill in the table below for that category to assess whether your action is in fact transformative.

Is the project transformative? (Challenges root causes and systems)	Disability	Gender	Age	Explain the reasons for ticking Yes, No or non-applicable in a category
5-Partnerships: Have partnerships been established with representatives of concerned groups, service providers and authorities?	Yes No N/A	Yes No N/A	Yes No N/A	
6-Activities: Does/did the action strengthen the governance system with regard to service provision and the quality of services provided or does/did it advocate for legislation and policies that promote gender/age/ disability equality?	Yes No N/A	Yes No N/A	Yes No N/A	
7-Does/did the action challenge existing norms and power relations with regards to disability, gender and age?	Yes No N/A	Yes No N/A	Yes No N/A	

Is the project transformative? (Challenges root causes and systems)	Disability	Gender	Age	Explain the reasons for ticking Yes, No or non- applicable in a category
8-Participation: Do/did representatives of people with disabilities and of various gender and age groups participate to decision-making (such as on the project steering committee)?	Yes No N/A	Yes No N/A	Yes No N/A	
Add the total number of Yes				

Scoring guidance per category (disability, gender, age): 0 YES = Unaware / 1-4 YES = Aware / 5-7 YES = Responsive / 8-9 YES = Transformative

Step 2 - Please tick according to your score

Disability	<input type="checkbox"/> Unaware Score 0	<input type="checkbox"/> Aware Score 1-4	<input type="checkbox"/> Responsive Score 5-7	<input type="checkbox"/> Transformative Score 8-9	<input type="checkbox"/> Not applicable Score N
Gender	<input type="checkbox"/> Unaware Score 0	<input type="checkbox"/> Aware Score 1-4	<input type="checkbox"/> Responsive Score 5-7	<input type="checkbox"/> Transformative Score 8-9	<input type="checkbox"/> Not applicable Score N
Age	<input type="checkbox"/> Unaware Score 0	<input type="checkbox"/> Aware Score 1-4	<input type="checkbox"/> Responsive Score 5-7	<input type="checkbox"/> Transformative Score 8-9	<input type="checkbox"/> Not applicable Score N

Step 3 - Lessons learned and next steps

Lessons learned: What were the **three main lessons learned** (may be either positive or negative) with regards to including disability, gender and age issues into your project implementation / completion?

What we did you do well?

What needs improvement?

Next steps: If you are at the mid-term stage, what corrective actions do you intend to take to become responsive in categories where you are unaware or aware?

What impact has the project had on barriers, enabling factors, etc.? What evidences is there of this impact?



Gender and disability: Inspiring practices from women and girls with disabilities addressing discrimination and violence in Africa

This Making It Work 2020 report provides an overview of the violence and discrimination faced by women and girls in Africa.

It also discusses gender-based violence prevention and response initiatives, inclusive of women and girls with disabilities, as implemented by eight women-led organizations of persons with disabilities and feminist organizations.

Finally, it explores in detail the good practices presented by our women-led partner organizations from five African countries: Burundi, Kenya, Mali, Rwanda and Uganda.

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