



TRANSFORMING AGENCY, ACCESS, AND POWER



TAAP Scenario: DISABILITY INCLUSION IN GENDER-BASED VIOLENCE PROGRAMMING IN HUMANITARIAN SETTINGS

A Supplemental Resource to the TAAP Toolkit and Guide for Inclusive Development

The TAAP Initiative is an evolving and collaborative learning initiative, launched in 2015, in support of promoting and integrating gender and social inclusion in international development projects at organizational and programmatic levels. The TAAP initiative includes the TAAP approach (analytical framework, five TAAP principles and integrating a universal and intersectional approach to inclusion throughout a project cycle), TAAP Toolkit and Guide for Inclusive Development, TAAP Tuesdays newsletter, partnerships, thought leadership and learning agenda.

TAAP Scenarios are a set of project planning guides, based on real projects, that show what TAAP looks like in different contexts. Each scenario provides a project description and overall strategy for integrating inclusion; a set of inclusive inquiry and analysis questions; guiding questions to ask across the project cycle; a set of inclusion sensitive strategies and actions to implement across the project cycle, and a summary of results.

TAAP Scenario: Disability Inclusion in Gender-Based Violence (GBV) Programming in Humanitarian Settings illustrates how the project “I See That It Is Possible”: Building Capacity on Disability Inclusion in GBV Programming in Humanitarian Settings, implemented by the Women’s Refugee Commission (WRC) and International Rescue Committee (IRC), promoted the participation, agency and inclusion of persons with disabilities throughout the project cycle. The project proactively fostered empowerment of women and girls with disabilities as active agents in GBV prevention and response programs in their own communities. “I See That It Is Possible” was implemented before the TAAP Initiative was conceived but is included here as it serves as a good model that embodies TAAP principles. WRC has been a valued contributor to the TAPP Initiative.

Note: Illustrative questions in Part 3 and illustrative strategies and actions in Part 4 of the scenario are a mix of *actual* questions and actions, and *desirable* questions and actions based on the TAAP Toolkit and Guide.

TAAP Scenario Part 1: Project Description and Overall Strategy for Integrating Inclusion

“I See That It Is Possible”, implemented by the Women’s Refugee Commission (WRC) and International Rescue Committee (IRC), sought to improve access and inclusion of persons with disabilities and caregivers in GBV prevention and response activities in humanitarian settings by:

- identifying the gaps and opportunities for disability inclusion in GBV programs in humanitarian settings;
- piloting and evaluating actions that promote the inclusion of persons with disabilities and their families in Women’s Protection and Empowerment programs in four countries – Ethiopia, Burundi, Jordan and Northern Caucasus in the Russian Federation; and
- documenting and sharing effective strategies, tools and resources for disability inclusion with the wider humanitarian community.

“I See That It Is Possible” was supported by the Australian Government Department of Foreign Affairs and Trade (DFAT) and Open Society Foundations. For more information about this project, please visit: <http://wrc.ms/i-see-that-it-is-possible>.

How has the project been guided by the five TAAP Principles?

1) Participatory Approaches: “I See That It Is Possible” was implemented through a participatory action research process promoting the engagement of persons with disabilities and caregivers in each phase of the project – from identifying the gaps and barriers to participation to the implementation of pilot actions, such as conducting “coffee discussions” about GBV-related topics in participant’s homes, and then in documenting what change mattered the most, through [Stories of Change](#), a modified version of the Most Significant Change technique.

“These are our ideas that we would like to see in the future....We would like to meet with some girls at a café or a place for just girls with and without disabilities – just girls, without adults. We will need some paper and markers ... a space to meet ... transportation.” – *Girls with and without disabilities presenting their ideas for programming to women’s organizations in the Northern Caucasus, Russian Federation.*

2) Context Sensitivity: “I See That It Is Possible” engaged the wider community, ranging from community leaders to GBV program staff to neighbors and peers throughout the project. As government officials, community leaders and caregivers often play a gate-keeper role to services and assistance in humanitarian contexts, the project worked simultaneously with these groups, as well as women, men, girls and boys with disabilities. This was critical to strengthening understanding about and building broader support for the rights of persons with disabilities in these communities. This approach also reduced the risk of stigma and /or misconceptions among community members regarding GBV and persons with disabilities.

3) Emphasis on Dignity and Agency: “I See That It Is Possible” established guiding principles early in the project, including focusing on the multiple identities of an individual (not just their disability); avoiding assumptions about capacity; working with persons with disabilities to make their own decisions and inform our work, and identifying and utilizing skills and capacities of individuals in project activities. These guiding principles promoted an understanding among project staff and stakeholders that persons with disabilities should not been seen as victims or passive recipients to project activities, but rather as partners to be at the center of decisions.

4) Address Power Imbalances: “I See That It Is Possible” addressed power imbalances by proactively engaging women and girls with disabilities in multiple layers of interventions, from initial assessments of gaps and opportunities to strengthening programs, to developing pilot actions, and evaluating the effectiveness of these actions. Recognizing power dynamics between individuals with disabilities and their caregivers, the project also gave caregivers, most often women and girls in a household, their own space to learn about the project, ask questions and to discuss their own GBV-related needs and concerns. This in turn opened doors for greater participation and autonomy from a wider range of persons with disabilities, including adolescents and youth with intellectual disabilities, who had previously not been involved in such projects.

5) Think Big/Think the Impossible: “I See That It Is Possible” envisioned a future where women and girls with disabilities would not only have more balanced power dynamics in their personal relationships but also be brought into existing power structures in the community, challenging ingrained societal norms relating to both gender and disability. The project sought to support an enabling environment where women and girls with disabilities would have the space, skills and confidence to contribute to collective actions that promote community well-being, and advocate for the full participation of women and girls in all fields and decision-making. This vision was achieved with girls with disabilities participating in program decision-making, women with disabilities assuming roles as community mobilizers, and community members and humanitarian actors describing changes in their attitudes and assumptions about persons with disabilities.

“We never had persons with disabilities on our team before – this is a big change and a really important one. My friends who have disabilities are doing the same job that I am. There are things they are really good at, and there are things that they are teaching others. It is important for the community to see this.” Social Worker, My’Ayni Refugee Camp, Ethiopia.

How has the project taken a universal/cross-identities approach?

While universal approaches may be necessary to promote equality (e.g. to empower all girls and women and to ensure universal access to rights and services for all), there is a critical need to target particularly disadvantaged or marginalized groups, especially those facing multiple marginalization.¹ Universal principles for humanitarian action are put into practice through four essential and inter-related approaches – the human rights-based approach, the survivor-centered approach, the community-based approach, and a systems approach.² “I See That It Is Possible” applied all four approaches across project activities, developing tools and resources for GBV practitioners to operationalize global GBV standards when working with persons with disabilities.³

How has the project taken an intersectional approach?

¹ Amanda Lenhardt and Emma Samman In Quest of Inclusive Progress, Exploring Intersecting Inequalities in Human Development, Overseas Development Institute, Development Progress, Research Report 04 (2015).

² Inter-Agency Standing Committee (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

³ A Toolkit for GBV Practitioners was subsequently developed over the course of the project. For more information, please visit:

https://www.womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

“I See That It Is Possible” documented the multiple and intersecting forms of oppression and marginalization that displaced women, men, girls and boys with disabilities face in humanitarian contexts, and how this increases their risk of violence, including risk of gender-based violence. This was achieved by ensuring an age, gender and diversity approach in early consultations, with participatory data collection methods (e.g. sorting and ranking) used to engage people with different types of disabilities, as well as home visits and individual interviews with those who may prefer more individualized methods of communication.⁴ Most participants with disabilities had physical and intellectual disabilities. An intersectional approach was also taken in the participatory evaluation, documenting “Stories of Change” which reflected different identities – mothers, fathers, older women, adolescent girls, caregivers and siblings – as well as changes in power and status for women and girls with disabilities in their relationships, households and communities.⁵

How has the project taken a transformative approach?

“I See That It Is Possible” focused not only on women and girls with disabilities having more balanced power dynamics in their personal relationships, but also on challenging ingrained societal norms relating to both gender and disability. Early signs of transformative change included women with disabilities assuming roles as community mobilizers and leaders, and community members and humanitarian actors describing changes in their attitudes and assumptions about persons with disabilities.

⁴ Over 330 people participated across the four countries participated in this phase of the project: 221 persons with disabilities (126 female, 95 male) and 113 caregivers (76 female, 37 male); a quarter were under the age of 24 years.

⁵ “I See That It Is Possible”: Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings – Stories of Change. <https://www.womensrefugeecommission.org/resources/document/1110-disabilities-stories-of-change>

TAAP Scenario Part 2: Inclusive Inquiry and Analysis

The Where, Who, Why, What, How and When framework used below is adapted from the conflict assessment framework at the core of Conflict Assessment & Peacebuilding Planning: Toward a Participatory Approach to Human Security, Lisa Schirch, 2013.

WHERE is the inclusion, marginalization or exclusion taking place, in what context?

Gender-based violence (GBV) is a widely recognized human rights and public health concern, affecting at least one in three women globally.⁶ GBV may become even more pervasive in crisis situations, where society, community and institutional protection mechanisms are weakened or destroyed. Men and boys are also vulnerable to GBV, particularly sexual violence, during conflict and displacement, though to a lesser extent than women and girls. Persons with disabilities are recognized as an “at-risk group” for GBV, as they hold less power in society, may be dependent on others to access services and assistance, are less visible to humanitarian workers and are marginalized within the community.⁷ Caregivers of persons with disabilities, most of whom are women and girls, may also be at increased risk of GBV, as their caregiving responsibilities may preclude them from accessing social and economic opportunities, contributing to their isolation and dependence. Despite this, persons with disabilities in humanitarian settings are often excluded from programs and services designed to prevent and respond to GBV, due to the multiple and intersecting forms of discrimination they experience on the basis of both gender and disability.^{8,9}

WHAT are the driving factors behind the inclusion, marginalization and/or exclusion, and what can be done to affect these factors?

Women, men, girls and boys with disabilities and their caregivers who have been displaced experience multiple, intersecting and sometimes mutually reinforcing forms of discrimination and oppression. They experience structural inequalities on the basis of gender, age and disability, as well as ethnicity, race and refugee status (among other factors). This project found that discrimination and negative attitudes were driving factors in exclusion in GBV prevention and response programs and activities. In particular, there were (mis)perceptions relating to the capacity of persons with disabilities to participate in activities, reinforcing a vicious cycle of exclusion and reduced status and power. This includes decisionmaking not only at household and community levels, but also at the most personal level (e.g. having the power to make decisions about accessing services following an incident of GBV).

WHO is driving the inclusion, marginalization and/or exclusion, and who is supporting inclusion?

Family, community members and GBV service providers carried assumptions about the capacity of persons with disabilities, which in turn drove their exclusion from GBV prevention and response activities.

⁶ World Health Organization, *Global and regional estimates of violence against women: prevalence and health effects on intimate partner violence and non-partner sexual violence* (2013).

<http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>

⁷ Inter-Agency Standing Committee (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

⁸ Human Rights Watch, “As if we weren’t human”: *Discrimination and violence against women with disabilities in Northern Uganda* (2010). <http://www.hrw.org/de/reports/2010/08/24/if-we-weren-t-human>

⁹ Women’s Refugee Commission, *Gender-based violence among displaced women and girls: Findings from field visits 2011 — 2012*. http://wrc.ms/GBV_disab_field_visits

GBV practitioners became increasingly aware that exclusion was happening, and called for support to address it. In some pilot countries it was noted that Disability Associations in refugee communities were largely male dominated and some actively discriminated against people with intellectual and psychosocial disabilities.

***HOW** are key actors using power to drive the marginalization and exclusion?*

Key actors did not recognize the agency of persons with disabilities, often adopting a medical or charitable model of disability. This resulted in their making decisions for persons with disabilities, which is often perceived as “for their own good”. Many GBV practitioners reported a fear of “doing harm” when including persons with disabilities in activities and decisions. GBV practitioners were, however, very aware of, and skilled in, right-based approaches to working with survivors of violence.

***WHY** are the key actors motivated to drive the inclusion?*

As a core message of the project, project staff recognized that disability also affects family members, particularly women and girls who may assume caregiving roles, and wider community members. This framing helped to motivate community leaders and caregivers to participate in the project, identifying and creating space for individuals with disabilities to be directly engaged. GBV practitioners had persons with disabilities reporting to services with incidents of GBV, but they felt ill-equipped to support these survivors and faced challenges in maintaining core humanitarian standards while working with these individuals. They wanted additional tools and resources to operationalize global GBV standards when working with persons with disabilities.¹⁰

***WHEN** is the inclusion most likely to open to further expansion and when is the marginalization or exclusion most likely to be open to change for better or worse?*

“I See That It Is Possible” was implemented at a time when there was significant data emerging globally about the protection concerns of persons with disabilities, including their risk of violence, abuse and exploitation in humanitarian contexts. The World Report on Disability had documented that rates of violence were 4-10 times greater among persons with disabilities than non-disabled persons,¹¹ and the WRC had documented the GBV risks and exclusion of persons with disabilities from services and assistance in six different humanitarian contexts.¹² This provided a strong evidence base for the need to address inclusion of persons with disabilities in GBV programs in humanitarian settings globally.

¹⁰ A Toolkit for GBV Practitioners was subsequently developed over the course of the project. For more information, please visit: <http://wrc.ms/iseethatitispossible-gbv-toolkit>

¹¹ World Health Organization & World Bank (2011) World Report on Disability.

¹² Women’s Refugee Commission, *Gender-based violence among displaced women and girls: Findings from field visits 2011 — 2012*. http://wrc.ms/GBV_disab_field_visits

TAAP Scenario Part 3: Guiding Questions Across the Project Life Cycle

Guiding questions can support project teams across the project cycle to explore who is included and excluded in pilot humanitarian contexts; how and why the marginalization and exclusion impacts the identity groups' agency, access and power; how the project might address exclusion and integrate inclusion, and how the project can support stakeholders to integrate inclusion in GBV prevention and response initiatives beyond the life of the project.

TAAP Phase I: Inclusive Inquiry and Reflection / Illustrative Questions:

- What do we know and *not* know or understand about the power and status of women, men, girls and boys with disabilities at various social levels (e.g. individual, household and community level; organizational level; societal and social normative level) in a range of humanitarian contexts (e.g. new displacement, protracted displacement, post-conflict reconstruction)?
- What are the knowledge, attitudes and practices of field staff relating to persons with disabilities and their inclusion in our programs and activities? Are there biases that may impact individual and/or team efforts to be an inclusive?
- How might the social identities and experiences of field staff shape their approach to inclusion of persons with disabilities in GBV programs and activities? Are there any persons with disabilities recruited as staff or volunteers in the program?
- What data is available about beneficiaries? Who is included in programs and activities? Who is not included in programs and activities?
- What programming approaches are field staff most familiar with and confident in using in their work in the community? How can we use these approaches to promote rights-based strategies to include persons with disabilities?
- What do we need to learn about disability inclusion practices in GBV programs? Where do we already have positive examples that we can highlight and share? Where do we have gaps on disability inclusion?
- How do the various aspects of the donors' identities (DFAT and OSF) and the implementing partners' identities (IRC and WRC) shape the commitment to inclusion in the GBV sector?
- What can we tell (e.g. in TAAP's Phase 1, Step B, Activity 2) about the enabling environment for inclusion at headquarters and field levels of GBV partners, and at global levels in systems and processes?

TAAP Phase II: Social Inclusion Analysis / Illustrative Questions:

- Scope of Social Inclusion Analysis: In promoting access and inclusion for persons with disabilities in GBV programs in humanitarian contexts, what age, gender and diversity groups need to be represented in the social inclusion analysis? What are the parameters for studying marginalized and excluded identity groups within this theme?
- Stakeholder Analysis: What GBV, disability, and community stakeholders should be engaged in the social inclusion analysis? What roles should each of these groups play? Are there any organizations of persons with disabilities (DPOs) in this community? Who do they include? Who do they not include?
- Purpose of Social Inclusion Analysis: Is the purpose of the social inclusion analysis to increase knowledge and awareness about who is marginalized and excluded with regard to GBV programming and activities? Is the purpose to recommend inclusion-sensitive strategies for GBV programs and projects (e.g. in how we recruit and select participants)? Is the purpose to

determine effective ways to support marginalized and excluded groups to access and/or be included in GBV programs?

○ Social Inclusion Analysis Questions:

- What types of human rights violations do persons with disabilities experience in the community?
- What factors contribute to exclusion of persons with disabilities in the community (e.g. type of disability, ethnicity, gender identity and sexual orientation)?
- How are women, men, girls and boys with different types of disability participating in GBV programs and activities?
- What are the barriers and boosters to participation in these programs and activities? How do these barriers and boosters differ between people of different ages, and with different types of disabilities?
- What are the identity-specific boosters and opportunities for addressing the barriers to access, agency and power?
- What is the level of importance of each of the six domains of analysis to the purpose of the study: laws and policies; access to and control over assets and resources; knowledge, beliefs and perceptions; power and decision-making; roles, responsibilities and time use; human dignity, safety and wellness? Sample domain-focused questions include: What are the laws with regard to mandatory reporting of violence against adults with intellectual disabilities? What are the knowledge, beliefs and perceptions of different stakeholders regarding GBV against persons with disabilities?
- From whom and with whom will we collect data for selected domains? Who else might we need to talk with about this topic? For example, who should we speak with among family members, brothers and sisters; community committees; service providers; people that are isolated in their home or have multiple disabilities?
- How can we identify individuals and groups of individuals whose intersecting identities compound identifies them as the most excluded across most or all of the domains? How are GBV prevention and response programs available and able to reach – or not available and not able to reach – the most excluded groups of persons with disabilities, including those excluded based on compounded intersectional identities?
- What transformative interventions will be possible within the scope of the project to recruit participants from included, marginalized and excluded identity groups of persons with disabilities?
- What transformative interventions can address the causes of exclusion and how will meaningful change happen?
- What actions can the “I See That It Is Possible” project take to sustain collaboration of included and excluded groups after close-out?
- What are potential different impacts of the project on included and excluded populations, including unintended or negative consequences?

TAAP Phase III: Inclusive Design / Illustrative Questions:

- How can creating a local snapshot – summarizing the situation, relevant boosters, barriers to and opportunities of inclusion of the disadvantaged groups determined in the analysis – support the understanding of the project team and stakeholders?
- What were the most notable barriers to agency, access and power highlighted in the analysis report and how can the project promote agency, access and power for persons with disabilities in GBV programming?

- How are decisions being made about the programs and activities? How can the project team determine the priority, timing and cost of the recommendations made in the Inclusion Analysis report? What role do persons with disabilities play in these decisions (e.g. consultation, partnership, leadership)? Which persons with disabilities are playing a role in these decisions (e.g. men and women, adults and adolescents, persons with different types of disabilities, caregivers)?
- How can the project team include the stakeholders that emerged from the Inclusion Analysis, and explore the motivations, influence and power of these stakeholders to promote or resist positive social change?
- How can we ensure that disadvantaged groups of persons with disabilities feel safe, empowered and enabled to participate in the project? How can our program vision / design signal to them that they are welcome?
- What recommendations do persons with disabilities have to improve the access and inclusion in our GBV programs and activities? Do the actions designed reflect the recommendations and priorities of persons with disabilities?
- What skills and capacities do persons with disabilities have? How can this contribute to our GBV programs and activities? What adaptations might be needed to provide opportunity for different types of participation throughout the program and activity?
- What actions and approaches can the project take to ensure that the five TAAP principles are integrated throughout the project cycle? How can we engage stakeholders to guide us as we undertake these strategies and actions?
- How can our outreach and recruitment processes reach those most marginalized persons with disabilities? How can we get outside the typical circle to engage “hard-to-reach” groups such as adolescent girls with disabilities, those who are isolated in their homes, and persons with intellectual and psychosocial disabilities?
- Have we budgeted for inclusion, e.g. reasonable accommodations for persons with disabilities, sign language interpreters, travel for rural participants, etc.?
- What indicators can be developed to track and measure our inclusion goals? How will we hold ourselves accountable to our inclusion aims?
- How can the project team and stakeholders identify the change that is possible because of the inclusion sensitivity and responsiveness in the project (i.e. changes in agency, access, and power of marginalized and excluded people)?
- How can the project team validate the project design with key stakeholders?

TAAP Phase IV: Inclusive Implementation / Illustrative Questions:

- Have we created a range of opportunities for different types of participation from persons with disabilities (e.g. as beneficiaries, as advisors, as community volunteers and mobilizers, as mentors for others, and as leaders in the community)?
- Are participants in the project representative of persons with disabilities of different ages, genders and types of disabilities?
- How are the diverse skills and capacities of persons with disabilities being profiled throughout implementation?
- What is our process for identifying new or unexpected barriers to participation of different groups?
- Have we set targets with our own staff and partners to include persons with disabilities in programs and activities (e.g. as staff, volunteers and beneficiaries)?

- Does training for GBV practitioners and other stakeholders reflect the principles of inclusion and diversity? Does our public outreach (including communications and publications) articulate values of inclusion and diversity?
- Are project stakeholders demonstrating, through their efforts beyond the project, that they understand inclusion and can apply (at least basic) inclusion practices?

TAAP Cross-Cutting Inclusive MEL / Illustrative Questions:

- Are we reaching persons with disabilities with our GBV programs and activities? What proportion of beneficiaries, community volunteers and staff are persons with disabilities? What is the age and gender balance of those included? Who are we missing? What are some of the barriers hindering participation?
- What have been the changes in attitudes and practices of our own field staff on disability inclusion? What have been the changes in attitudes and practices of caregivers? What have been the changes in attitudes and practices of community leaders?
- What change matters the most to persons with disabilities who are participating in programs and activities? What are the strategies that led to this change? How do these changes relate to promoting, protecting and ensuring human rights?
- What do persons with disabilities recommend for improving GBV programs and activities? How do persons with disabilities want to contribute to decisions about our programs and activities, and in the community? What messages do they want to share and how can we support them?

TAAP Cross-Cutting Inclusive Impact and Sustainability (IIS) 5/ Illustrative Questions:

- How do changes in access and inclusion in GBV programs link to long-term transformative social change? How might a systems mapping activity support the development of a long-term vision and leveraging of boosters in the system?
- Are persons with disabilities represented in community groups, such as women's and youth committees?
- How are persons with disabilities organizing themselves in the community? Who are they including? Who are they not including? What networks have they established (e.g. with other organizations of persons with disabilities, and human rights groups)?
- What changes have happened to community governance structures? Are persons with disabilities represented in these structures? And how are these individuals consulting with and engaging the wider constituency that they represent?

TAAP Scenario Part 4: Inclusion Sensitive Strategies and Actions

Inclusive Inquiry and Reflection / Illustrative Action: Providing support needed to ensure that staff are eager and ready to take part in inclusive design, implementation and learning.

Building staff and partner capacity: “I See That It Is Possible” worked with IRC Women’s Protection and Empowerment programs and their local partners in the four pilot countries who already had valuable experience with GBV prevention and response. The approach of IRC’s partners also included social and economic empowerment of women and girls affected by crisis and conflict. While field staff and local partners worked with local women’s networks and women’s associations (in refugee contexts), women and girls with disabilities were rarely included in these groups and they had little contact with disability stakeholders who might be able to share information about GBV activities directly with persons with disabilities. Furthermore, staff and partners had not yet consulted with individuals with disabilities about their needs, capacities and ideas to make GBV programs and activities more accessible and inclusive. Some GBV actors expressed a fear of “doing harm” by reaching out and talking to persons with disabilities about GBV, perceiving that this would need very specialized disability training. Lastly, there were very limited numbers of persons with disabilities working for GBV programs as staff or volunteers – and where this was happening, the staff and volunteers were only men with disabilities.

To address these gaps, the project conducted consultations with GBV program staff raising awareness about exclusion of persons with disabilities in their programs and activities. Guiding principles were established with field partners in the early phases of the project. Principles highlighted skills and capacities of persons with disabilities, as well as reflection on intersecting identities. Project staff reviewed GBV programming approaches, highlighting in training activities how these different approaches could be applied to foster inclusion of persons with disabilities in GBV programs. GBV actors then conducted a range of consultations, including formal group discussions, participatory activities and informal interviews, collecting information directly from persons with disabilities about their needs, capacities and recommendations for programming. This process built the confidence of program staff to talk with and engage persons with disabilities, and challenged assumptions that this group could not participate, and / or would be harmed by being included in such processes. A process of reflective practice was established, fostering sharing and learning on successes between the four pilot countries. Lastly, GBV partners developed new partnerships with local disability stakeholders in selected contexts.

Integrating beneficiaries and community members as decision makers: From the outset of the project, all partners agreed on the importance of persons with disabilities, caregivers and wider community members playing an active role in every stage. Community awareness raising and sensitization (using community leaders and disability associations) helped to identify women, men, girls and boys with disabilities and caregivers interested in participating in the project. The community awareness raising and sensitizations sought to reduce the risk of stigma and /or misconceptions among community members regarding GBV and persons with disabilities. The effort facilitated ongoing collaboration and strengthened accountability for implementation. Furthermore, persons with disabilities from different age groups, gender and disability identity groups were invited to select representatives to participate in stakeholder workshops where findings from initial consultations were validated, pilot actions were designed, and later positive practices, successes and ongoing gaps evaluated. This process highlighted the role that persons with

disabilities, including adolescent girls, can play in decision-making processes relating to GBV programming, fostering change in attitudes and contributing to longer-term social change.

“I never thought that we could do something in a mixed group [girls with and without disabilities], and I now see that it is possible and acceptable, and people need this.” GBV practitioner, Northern Caucasus, Russian Federation.

Social Inclusion Analysis / Illustrative Action: Planning or conducting participatory consultations with a wide variety of stakeholders including leaders and change agents from civil society and government institutions.

Project planning and interventions were rooted in the understanding that women, men, girls and boys with disabilities experience multiple and intersecting forms of discrimination, which affects their power and status in relationships, households and communities, adding to their risk of GBV. Participatory consultations were conducted across the four pilot countries to understand the needs and capacities of persons with disabilities and their caregivers in relation to GBV; to identify potential barriers and boosters to access and inclusion in GBV activities; and, lastly, to gather ideas on how to address gaps in programs. An age, gender and diversity lens was applied when determining which groups to consult with in each community. Across the four sites this included women, men, girls and boys with physical, sensory, psychosocial and intellectual disabilities; adult male, adult female and adolescent girl caregivers; those living in urban and camp contexts; as well as those who are newly displaced, living in protected displacement and post-conflict settings. Caregivers of persons with disabilities were identified as a critical group to consult, recognizing that they have their own risks relating to GBV, but also often act as gatekeepers to information and opportunities for persons with disabilities. This opened doors for greater participation and autonomy from a wider range of persons with disabilities, including adolescents and youth. Participatory data collection methods (e.g. sorting and ranking) and home visits were tailored to the preferences of participants and used to engage people with different types of disabilities and communication skills. As mentioned above, community leaders and disability associations were engaged to expand the cohort of allies to advocate for disability inclusion in the longer-term.

Inclusive Design / Illustrative Action: Planning to validate prioritized recommendations with stakeholders.

Participatory consultations supported women, men, girls and boys with disabilities to develop their own recommendations for making GBV activities more accessible and inclusive in the community. These recommendations were presented to other stakeholders in action planning workshops. Persons with disabilities therefore played a role in decision-making about priority actions for piloting.

Inclusive Implementation / Illustrative Action: Planning to validate the inclusion-sensitive risk management plan with selected partners and other stakeholders.

Pilot actions were implemented across all four sites and reflected recommendations of persons with disabilities. Persons with disabilities, particularly women and girls with disabilities, were directly involved in the implementation of pilot actions, demonstrating their skills, capacities and contributions to GBV practitioners, caregivers, and community members. Many pilot actions were led by persons with disabilities. For example, holding “coffee discussions” with community members in their homes; and leading community awareness raising and sensitization on GBV. In some contexts, women with disabilities

were recruited as community volunteers, demonstrating leadership on GBV prevention and response in their communities, and changing attitudes and assumptions about the capacity of persons with disabilities. As a result of the inclusive design process, pilot actions also sought to address the needs of a variety of very marginalized groups. Some examples include, social events for girls who are deaf and hearing impaired to meet other girls their age; integrating messages about children with disabilities in a child protection campaigns; and providing training to caregivers of women and girls with more profound disabilities, including strategies to ensure dignity when assisting them with menstrual hygiene.

Inclusive MEL / Illustrative Action: Develop an inclusive plan to conduct data collection.

Persons with disabilities decided what change mattered the most. Project progress was measured through a participatory evaluation, built around “Stories of Change” collected and shared by persons with disabilities with GBV practitioners and the wider community. Stories reflected diverse groups including adolescent girls with disabilities; deaf girls who had formed their own group, including girls without disabilities; girls with intellectual disabilities, and their caregivers; and a family with a mother and a father with disabilities. Stories highlighted that persons with disabilities had developed assets that reduced the risk of GBV (e.g. protective peer networks, economic strengthening, and social status).

“I am better able to support my family and my husband. He respects me more now. Before I was not good about standing up for myself, but now things have changed. You can see, I even look better! I dress better, I like myself more, I respect myself more. I look like a woman who is proud.” Maipendo, 43-year-old woman with disabilities, Kinama Camp, Burundi.

The evaluation also brought together persons with disabilities, community members and operational organizations in a stakeholder workshop to reflect on project progress, generate lessons learned and plan future priorities for disability inclusion in their relevant programs.

Inclusive Impact and Sustainability / Illustrative Action: Planning to make an inclusive impact and sustainability plan.

While follow-up after the project completed was not possible, the participatory evaluation did demonstrate changes in the knowledge, attitudes and practices of GBV practitioners, caregivers and community leaders. Statements from these groups suggested a shift from the medical or charitable models, to more rights-based approaches to working with persons with disabilities, and increased recognition of the skills, capacities and contributions to the community.

“At first, I thought that I couldn’t be helpful to certain persons with disabilities because I am not a doctor, I couldn’t make their condition better, I couldn’t heal them. But then, once I took time to start to listen more, they were not asking for that type of help, they wanted to talk, they wanted assistance to support themselves, to be safer ... I should have listened more before, but now I do, I really listen first, before I try to make plans and try to fix things.” Community Mobilizer, Muyinga camp, Burundi.

A reflective exercise with GBV program staff identified that there were still some groups of persons with disabilities being marginalized and excluded from GBV activities (e.g. girls with intellectual disabilities in Northern Caucasus; women with psychosocial disabilities in Ethiopia). These groups were prioritized for future outreach and initiatives.

TAAP Scenario Part 5: Inclusion Outcomes

Analysis of the outputs from stakeholder workshops and the Stories of Change identified the following transformative practices to promote disability inclusion in GBV programs in humanitarian settings. ***Providing social and economic empowerment activities for women and girls with disabilities and their caregivers to establish peer networks and greater financial independence:*** The most important outcome cited by women and girls with disabilities and female caregivers was the development of more robust peer networks through various social empowerment activities, including discussion groups, asset-based programming for adolescent girls and Village Savings and Loan Associations (VSLAs). These activities fostered relationship building and trust among women and girls with disabilities, as well as with others in the community. They also led to information exchange and skills building, improved self-esteem and opportunities for women and girls with disabilities to be recognized not for their impairment, but for their roles as leaders, friends and neighbors making positive contributions to their communities — all of which can serve as protective factors against GBV. Women with disabilities and caregivers in the VSLAs also reported ***increased independence and decision-making and greater respect and status within the family and community*** as a result of their newfound access to income-earning opportunities, which can also serve to reduce vulnerability to GBV. Project participants noted that ***building programs around the skills and capacities of persons with disabilities was an important enabler for inclusion***, but also reported that for many persons with disabilities, existing programs did not always require adaptations — simply being invited to join was sufficient to lift the barriers to participation and successfully promote social inclusion. Promoting the ***representation and leadership of women with disabilities and caregivers in community institutions and activities*** led not only to better attention to the concerns of these groups in organizations and programs, but also to greater appreciation by other community members of the skills and capacities of persons with disabilities.

“Now, I am a leader in our community. I am part of the disability association and I work as a social worker... I have valuable things to add and I can advocate for women and children with disabilities and their caregivers.” Mieraf, Social Worker – My’Ayni Camp, Ethiopia

TAAP Scenario Part 6: Lessons Learned and Recommendations

Based on lessons learned from the “I See That It Is Possible” project, the following recommendations are presented for practitioners and policymakers on inclusion of persons with disabilities in GBV programs in humanitarian settings.

1. Provide training and reflective learning on the intersections between gender and disability for GBV program managers and service providers and establish a common understanding of and commitment to the rights-based and survivor-centered approaches when working with this group.
2. Recruit women and girls with disabilities as staff and volunteers in gender-based violence programs, and advocate for their inclusion in community associations.
3. Prioritize the inclusion of persons with disabilities and caregivers in activities that strengthen social capital and peer networks. This is particularly important for prevention of violence against those at highest risk: adolescent girls with disabilities; women with physical disabilities who are

isolated in their homes; female caregivers; and women, girls, boys and men with intellectual disabilities.

4. Set targets for the inclusion of women with disabilities and female caregivers in economic empowerment programming. Identify and seek to mitigate any potential negative consequences of their participation in these activities, including the impact on other women and girls in the household.
5. Foster networking between refugees and displaced persons and organizations of persons with disabilities (DPOs), and between women with disabilities and the women's rights movement in crisis-affected countries and regions.