



Building capacity for disability inclusion in gender-based violence programming in humanitarian settings

My'Ani Refugee Camp, Ethiopia – October 2013

The International Rescue Committee (IRC) and Women's Refugee Commission (WRC) are currently conducting a two-year project to contribute to the evidence base on effective strategies for disability inclusion in gender-based violence (GBV) prevention and response activities in humanitarian contexts. This project is being implemented in IRC humanitarian programs in four countries – Ethiopia, Burundi, Jordan and North Caucasus. This paper describes the findings from the first phase of this project which is being piloted in Community Wellness Initiative (CWI) activities in My'Ani refugee camp in Ethiopia.

Methodology

In August / September 2013, a total of 94 refugees, including refugee leaders, community and social workers, persons with disabilities and their care-givers, were consulted through group discussions, home visits and individual interviews. Nineteen humanitarian actors were consulted, including IRC staff, UNHCR and other NGOs operational in the camp. An action planning workshop was also conducted with IRC staff and partners to raise awareness about the findings from group discussions and get their feedback and collaboration on proposed pilot actions to be implemented over the next 12 months.

Persons with disabilities and their families are more vulnerable to different forms of violence

Participants in group discussions and other stakeholders reported that persons with disabilities were more vulnerable to different forms of violence in the camp context, including:

- Emotional violence, on the basis of their disability, towards both men and women with disabilities;
- Sexual violence against women with mental disabilities, who may become pregnant as a result of rape;
- Exploitation in work, and when collecting rations and undertaking other daily activities that require assistance.

Participants also highlighted that persons with disabilities are less likely to access to education, and there is a lack of privacy and dignity for adolescent girls and women with disabilities requiring assistance with daily care.

What makes persons with disabilities and their families vulnerable to violence?

Group discussions and stakeholder interviews highlighted the following factors that make women and girls with disabilities and their families more vulnerable to GBV:

- Lack of knowledge about GBV and personal safety, which means that women with mental disabilities can be more easily targeted by perpetrators, and may experience repeated violence.

- Environmental barriers and a lack of transportation mean they must rely on other community members to access services and assistance, including food and non-food item distributions, increasing risk of exploitation and abuse. They can also not access the Women’s and Girl’s Center activities.
- Inadequate shelters, such that the privacy and dignity of women and girls requiring assistance with daily care inside the home are difficult to maintain.
- Lack of support and training for care-givers of adolescent girls with disabilities on personal hygiene and menstruation.
- Stigma and discrimination in the community, which means they do not attend the same social gatherings as other community members, reducing their participation in community mobilization activities (e.g. SASA! activities).

Positive findings and opportunities

Persons with disabilities consulted have good knowledge of where to get assistance and services should they experience GBV, with the vast majority having attended coffee discussions and received a house-to-house visit from CWI social and community workers.

“Social workers come to their home and then invite them personally to coffee discussions and it is held near their home. The issues raised there are very important to them.” (Participant in group discussion with women with disabilities)

While there are very few persons with disabilities represented through the Refugee Central Committee, Women’s and Youth Associations, there is also an active Disability Association which meets on a regular basis, providing an entry point for SASA! activities and greater engagement in CWI programs.

Pilot actions to strengthen disability inclusion in CWI programs in My’Ani refugee camp

Over the next 12 months, the IRC and WRC will seek to strengthen access and inclusion for persons with disabilities in CWI programs through the following actions:

- (i) Build capacity of CWI community workers and social workers on disability inclusion by conducting training on GBV and disability.
- (ii) Conduct targeted activities with vulnerable groups, including:
 - Training with care-givers of persons with severe disabilities on GBV (particularly during adolescent years) and daily care, as well as safety planning; and,
 - Joint home visits and coffee discussions with Jesuit Refugee Service (JRS) to educate persons with mental health illness on GBV, and undertake safety planning.
- (iii) Raise awareness on GBV and disability in CWI prevention activities by preparing information, education and communication (IEC) materials in different formats for persons who are deaf or have intellectual disabilities; organizing coffee discussions for care-givers of persons with severe disabilities near their homes; and running SASA! activities at the meetings of the Disability Association.
- (iv) Include more persons with disabilities as staff and partners in CWI activities.
- (v) Strengthen linkages between IRC units and partners on safe programming to prevent violence against persons with disabilities by raising issues in existing GBV monthly coordination meetings.

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