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CAS WEBINARS  
IRISH CONSORTIUM ON GENDER BASED VIOLENCE  
ICDBV  
DISABILITY INCLUSION IN GBV PROGRAMMING: WEBINAR & PAPER  
LAUNCH  
DECEMBER 3, 2020  
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>> LOU: Good morning, everyone, and welcome.  
We're going to start in a couple of minutes. We're just going to  
wait for a few more people to arrive.

>> Good morning.

>> BRIANNA: Good morning.

>> Good morning.

>> BRIANNA: Hi, everyone. Good morning. Please  
keep your microphones on mute, and we'll begin in a few minutes.

>> LOU: Good morning, everyone. We're just  
waiting for our captioner to join us, so it should only be a  
couple of minutes, and then we'll get started.

Good morning, everyone. I believe our captioner is still  
on the way. She may be having some issues connecting, but in the  
meantime, I think what we'll do is we'll get started just with  
some quick introductions, and we'll try and also capture that in

the chat. I'll turn on my video so you can all see me.

Good morning, everyone. You are very welcome to this joint webinar between the Irish consortium on gender-based violence and CBM Ireland. We are delighted to have been able to have the webinar today because today is the international day of persons with disabilities, and we're -- I just got muted. We're also right in the middle of the 16 days of activism against gender-based violence.

So today is the perfect day to be launching our learning brief on disability inclusion and gender-based programming. Sorry. Gender-based violence programming. Gender-based violence is also known as GBV, so you'll hear that acronym a lot. Irish consortium on gender-based violence is also known as ICDBV. You'll hear that acronym too, I'm sure.

Let me see if our captioner has been able to join us. Not yet, I don't think. Hopefully we should hear from her soon.

I'm just going to share what I'm using in the chat. This is for anyone that needs captions.

You may all be aware that the Irish consortium on gender-based violence and CBM Ireland have teamed up to do a paper on this topic around the intersections between disability and GBV because we feel that it represents a real gap in the literature and in programming. Women and girls with disabilities are highly vulnerable to GBV and this has to be addressed. Within this paper that was just launched this morning on the ICDBV website, you will find an overview of the intersections of disability and GBV and the double discrimination that women and girls with disabilities face.

There's also a section on program, and there are case

studies. We really have focused on trying to make this paper as practical as possible because when we are working in projects and in programming, this kind of issue can be very hard to get to grips with and to feel like we can actually do something about, so this paper has -- even though it has some policies and recommendations and it's backed up by policy and human rights conventions, we really thought about the people who would be doing our projects while we were putting it together. So, the paper can be viewed, like I said, on the ICDBV website, and it will be up on the CBM website later.

I would ask you to all please be free to be tweeting and. Our hash tags are #inclusioncounts and please do tag CBM Ireland and ICDBV.

While we just wait for the captioner, I'll just kind of add that into the chat there. Oh, Brianna. I don't believe we have our captioner yet. Okay. I'm just going to -- I'm going to go into housekeeping, just while we're waiting.

Abia, if you could put that up on the screen. If we could ask everybody to mute while you come in, just to make sure that everyone can hear clearly.

(Background noise).

>> LOU: Okay. So today captioning will be shortly available, I'm sure, at the link which is being posted into the chat every few minutes, as people enter. I know we have a lot of chat going on, so if you want the captions and you can't see them, please do ask in the chat, and somebody will post the link again.

Please also keep your camera off. I know that often in these webinars we like to keep cameras on because we have a

great community of people, but we are thinking a lot about accessibility today and having too many cameras on can make it a lot more difficult, so we would ask you to keep your camera off unless you are sharing. Please do feel free to post questions you have for the speakers in the chat. After every speaker we'll be doing one or two questions immediately after their sharing, and then we will do further questions and answers at the end of the webinar, so don't feel like, you know, if your question hasn't been answered immediately, we may still be able to get to it. Please do share any thoughts that you might have in the chat, any reflections, and, of course, questions.

The recording of this webinar will be sent to all participants. We'll also be sharing the transcript as soon as we have that available, and we'll be sending the paper to all participants.

I just want to check to see -- I don't think our captioner has arrived yet. I'm concerned about getting started with our speakers without the captioner, but we may need to go ahead. I'm just going to give us 20 seconds. Please do introduce yourself in the chat just while we're waiting. Excuse me. While we're waiting, I will introduce our first speaker.

We're going to have Vicky share with us opening remarks. She's the gender equality and policy lead in the development cooperation and Africa division of the Department of Foreign Affairs in Ireland. We're also after Vicky going to hear from Miriam. We're going to hear from Sharon, Emma, and Abia. We still don't have our captioner. I think we're going to have to go ahead, and we do -- we will do our absolute best to get that captioning going.

Vicky, I would like to hand it over to you. If I could ask everyone, again, to mute. I think also turn off your camera if you're not presenting. We will let everyone know as soon as we have captions available.

Vicky, thanks very much for joining us, and over to you.

>> VICKY: Good morning and good afternoon to everyone. I'm delighted to have the opportunity to open this important panel, mark being the international day for persons with disabilities and also during the 16 days of action to end gender-based violence. I think many people have described the increasing of violence against women of COVID-19 as the shadow pandemic. This is shining a light on a phenomenon that was already a pandemic before COVID even hit. What's most shocking to consider is that before the crisis preponderance one in three women and girls experienced GBV in their lifetime or 243 million women and girls experienced GBV annually, and this is obviously, you know, significantly increasing since the COVID pandemic, but women and girls with disabilities are twice as likely to experience GBV as nondisabled women and four times more likely to experience controlling behaviors by their partners.

As this important paper points out, at the same time they face greater barriers to protection to accessing services, to reporting cases of GBV and barrier that is are even greater in the context of COVID. You know, I think this reality really highlights the importance of making urgent progress to insure that our GBV programming recognizes and responds to the increased risk that women and girls with disabilities face, and I think today's launch of the learning of disability inclusion

and gender based violence programming is a great contribution to our collective work in that area. It's a robust document that contains good examples and practical tools and resources that support the inclusion of the rights of persons with disabilities in our work to prevent and respond to GBV, and Irish aid is certainly a proud member of the consortium, and it's so great to work with aid partners in coming together to bring this to all of us.

Ireland's policy for international development a better world has committed to an overarching focus on the furtherance behind first while gender equality is one of four central policy priorities. At the core of this is a recognition that women and girls and people living with disabilities, religious and ethnic minorities and members of the LGBTQI-plus community consider multiple intersection forms of discrimination and marginalization. An important part of us delivering on the commitment is to ensure that women deliver social services. We do so in a way that recognizes the rights and specific needs of these women and girls, People living with disabilities and other marginalized groups, and ensuring their voice and participation and also recognizing the intersectionality of different vulnerabilities. I think it's essential as this paper makes very clear that we insure that the prospective and experiences with people with disabilities are at the center of our work to deliver on inclusion, and we also need to insure that the global norms of any legal frameworks in the U.N. convention which provides the basis for a rights-based approach for delivery is also underpinned by increased funding, increased technical support, and robust operational and conceptual tools to support

our work.

I think increased data, better available data, is going to be key as well as ongoing capacity-building across all of our organizations. And I think it's important as a priority for us while we put in place the immediate life-saving measures that are needed, it's also really important to talk about the policies and Paradine nicks that results with people with disabilities being excluded, including access to education, health, justice, and economic empowerment.

I'm really looking forward to the discussion today. I'm really looking forward to hearing from all the speakers and to the wide dissemination of this learning brief across all of our networks. Certainly, we'll be disseminating it widely within our own gender network and across all of our organizations. It's a really useful tool and accessible tool, and I think it comes at a really critical time when so many of us are focusing on responding and adapting and believe back better in response to COVID. I think it will be a really important resource to ensure that our GBV programming is designed with the experiences of women and girls with disabilities at the center. So, thank you very much, and really look forward to discussion.

>> LOU: Thank you so much, Vicky. We really appreciate your comments. Especially the point about addressing the para dynamic that affects girls and women with disabilities. It can be a real issue that they're not able to speak out when they're at risk.

Next, we have our very first speaker. Sharon is the program manager with Musasa in Uganda. It might not be Uganda, but I don't have it in my notes. Sharon, you can clarify. She's



a dedicated women's rights defender. She's been with Musasa for eight years and it is centers around direct service programs and watches on GBV. She is also responsible for the coordination of the OXFAM SRP project which has been doing work in responding to GBV and challenging retro-aggressive norms and values that condone violence against women. Sharon was part of the disability inclusion training and was appointed the disability inclusion focal president for Musasa. Please do post questions in the chat as we go. Also, a note that our captioner has not yet arrived, and we do apologize. We're going to try and capture key points in the chat. We do let us know in the chat if you need access to captions. We will do our best to try and capture things in the chat.

I would ask people to stop introducing themselves in the chat just to make sure that we only capture questions and key points because we're lacking captions.

Sharon, I'm going to hand over to you. Now, Sharon doesn't have -- may have her video, but I don't think she's going to be able to because she has quite poor network, but we will be hearing from Sharon. Thanks very much. Over to you.

>> SHARON: Thank you so much, Brianna, and good morning to everyone. My name is Sharon. I'm a program officer with Musasa project in Zimbabwe. I'm sorry I won't be able to put on my video. One of our centers, and so my network is a bit -- my band width is very low. I'll go straight to the point, but if we start talking about who we are, we are women's rights organization working across the country to end gender-based violence. Our particular focus is on response, prevention, and advocacy, so we have 13 shelters across the country, four

one-stop centers, and we have presence in every province within the country. Our partnership here with OXFAM has increased our technical expertise, particularly on disability and inclusion. This is an organization that is able to adapt and leave no one behind approaching times of service and even in our campaign of prevention, one of our targets is towards disability inclusion.

What we've been able to do is in terms of disability inclusion was to ensure that all staff members were trained in disseminating inclusion. Apart from OXFAM we partnered with disability and HIV trust so that it trained the whole staff on disability inclusion, disability sensitive language, how we could improve our structures, our processes, and systems, and we took this training seriously and then put it in place to insure that they're committed and it's one of their main delivery goals in terms of their work. It's not assumed it's a cross-cutting issue, but then later on our attention is given to it. For that program office, I know that it's a delivery. I think the partnering disability HIV trust increased the staff skills in handling cases of disability and also just to have increased knowledge. We also then went a step further to partner with other disability organizations, like the Zimbabwe trust, learned -- and many other organizations that we have strong partnership with in terms of knowledge exchange and referral.

After receiving this training, we realized that there was significant need to employ our basic sign language counselor, a full-time sign language counselor and paralegal at our one-stop centers and able to move around for mobile GBV services so as to insure that service is given to survivors who can only communicate using sign language. This is increased our

reach and also made our all-inclusive approach very effective. Especially because they have both counseling background and -- they can give support to a survivor.

We also went a step further to then increase our -- it was initially a call center, a toll-free call center where survivors can call for free, but then we realized after the training that what if someone is not able to communicate effectively if they have speech impairment. They text into an audio platform or another platform that is self-service so they can get assistance whether they are able to talk or not. This is one thing we did that was all-inclusive and quite comprehensive. It is a texted platform and audio platform. It also has a self-service platform for those with multiple challenges. As a result, this has increased participation during the lockdown. We had a lot of cases where we have reported and realized that we also have multiple audio messages from those who had -- (Voice stopped).

>> LOU: Sharon, I think we've lost you there. Are you still with us? I think Sharon is having connection problems. Sharon, can't hear you well.

While we're waiting for Sharon to join, perhaps if anyone has any thoughts, please feel free to put them in the chat. We're just give Sharon a couple of seconds to get connected again.

>> SHARON: Hello, Brianna. I'm back. I think I'm having network challenges.

>> LOU: Sharon, we can hear you again.

>> SHARON: I'm sorry. I think I'm having network challenges, so let me try to be brief and straight to

the point.

What we also did was to improve our structures so that survivors using wheel chairs, using crutches, and other forms are able to access services where we improved our facilities, our rooms in the shelters, all the other rooms so that they can have access. It has made it very convenient for survivors to utilize our shelters and to utilize our one-stop centers and all our counselors and paralegals. We then trained in basic sign language so that they can immediately then offer a service before getting a specialist to give further support. This has made our services very friendly to survivors. Not taking away the affect that we continue waking with other critical disability organizations for specialized care in instances where organizers are incapacitated or not able to offer a safe package to the survivors. What we also additionally did -- can you hear me? I need to constantly check.

You can click in the chat for anyone that wants to follow along.

>> SHARON: Before this intense training with low intake survivors with disability office of disability accessing the community meetings, so we had to come up with a new strategy of -- and we realized that coordinators and there's so much influence at one level, with the local level, to mobilize persons with disabilities. When we started using this approach because they do house to house visits, and they know -- we also make sure that our meetings are accessible to beneficiaries with disabilities to offer prevention and our response was they're influenced by the thinking of disability inclusion, and then all-inclusive approach behind a approach

which make it easier. Of course, there's room for us to continue improving in the overnight process, but we basically have made our services quite convenient.

Yes, we do have challenges, like in our organizations, which is trying to mainstream, or to do disability. Also, we continue to be in partnership with this organization that can increase our expertise to influence our structures, systems, and processes. I think one of the challenges is that disability inclusion requires a dedicated budget. It is important. We've tried during our fundraising to ensure that we also have disability inclusion, and also, the quality of structures all the time to operate, taking advantage of the systems that are changing.

I think this is what I can share for now, Brianna. I don't know if you have any questions for me.

>> LOU: We have a question that's just come in. Sharon, the question is, since Musasa has taken all these great steps to include people with disabilities, what proportion of your gender-based service users are people with disabilities?

>> Thank you for that question. When we were doing that, we realized that it's still a bit more, but 10% for us now. 10% to 15%. We can say it's actually very high compared to the previous statistics. During the lockdown it was up to 25% because we had cases of -- because we increased our percent, our services to also include disabilities and there was a spike in the numbers.

>> LOU: Thank you so much, Sharon. I want to note that it's fantastic that you were able to so easily give a number on that question because a lot of programs struggle to

have that data on the types of beneficiaries that they have. Particularly people with disabilities. Just well done to Musasa for being able to state so clearly that number. From Trina, she asks, do you also deal with people with mental health disability?

>> SHARON: Thank you. I think one of our individuals require -- one of our indicators now is an organization. I think our strategy plan and our commitments is to make sure we take cases of people with disabilities in our center, so the information is inaccessible within our database because we know it's one of my deliverables to insure that we have that indicator. Then to go to the question asking if we have the facilities to give service to survivors with mental health challenges. I think we work close with mental health organizations. Maybe we can say they are a bit slow in terms of processing that they're able to take care of themselves, but all the other cases are being held at the mental health institution. What we do is come and offer service, but if the beneficiary is in a specialized mental health institute so they have specialized care with a mental health institute, if there's need for counsel or our team members to go and offer service, we are free to do that.

>> LOU: Thank you so much, Sharon, for recognizing the specialist organizations. I'm now going to move on. I realize people are putting more questions in the chat, but we will try to get to them at the end of the session.

So, we're now going to be joined by Miriam. She's the mental health and coordinator for world vision international. She is a licensed clinical psychologist, and she's certified

master trainer on mental health and psychosocial support and protection topics. Mental health and psychosocial support is also -- has the acronym MHPSS. You might hear her use that term. She has more than 13 years of experience in humanitarian settings with a focus on mental health, child protection, gender-based violence, and protection. She joined World Vision in 2018 and also worked in relation to the Syrian crisis. Please note that there is a case study on some of World Vision's work in the paper that we invite you to look at. Again, please do share any questions in the chat or any reflections while Miriam is talking. Miriam, I'll leave it to you now. Thank you very much.

>> MIRIAM: Good morning, and good afternoon, everyone. I would like to introduce to you our E-learning platform that we have done earlier last year, and it was prepared on disaster relief platform. The idea came when we started this course, actually -- it was started in 2011, and the changes have been in the life of beneficiaries. The conflict of Syria increased the number of persons with disabilities in the whole country, and according to this work, 50% of people living in Northwestern Syria having disabilities from the war, and woman in cares with disabilities were facing a lot of difficulties to reach our safe spaces and community. Accordingly, we had this idea to create the course. Actually, we had a discussion with the GBV and the protection cluster of Northwest of Syria, and according to the discussion at that time, we noticed that there is a huge need -- a lot of difficulties to do so. We had at that time discussion with the woman and also with men and boys and how we can provide services

in better ways. Accordingly, we find that women and girls with disabilities, they are both at higher risk of facing gender violence and experiencing access barriers for case management, psycho-social support, and to be part of opportunities that World Vision is funding in northwest of Syria and funding our partners to do so, to attend the centers as well as our girls, and in addition to woman and girls have disabilities. It was really higher risk for women with disabilities to reach out the services before prairie (Voice cutting out).

There is no transport for women and girls to reach out at the community center. Accordingly, and based on these findings, actually, we had the idea of giving training to our partners to be able to reach out the mood of women and girls and have them reach our centers. Accordingly, and after this capacity, we thought to have an -- we can reach more people. Can reach this course, and on the other hand, reach information and they can adapt the centers and safe spaces to be more accessible for women and girls with disabilities. The course called making our safe spaces more inclusive for women and girls. The course is in Arabic because people in this area are Arabic speakers, and the course is 90-minute course. It was launched on November 2019, and it was designed for social workers and program managers who are responsible for creating women and girls safe spaces.

The first to provide for person with disabilities, and the second unit is basic concepts on disability and the third one is focused on independences of persons with disabilities. These units aim to improve participants with a comprehensive



overview of disabilities in disability inclusion principles as well as to look at the obstacles faced by women with disabilities and how their independence can be maximized through family and social support. Actually, during the beginning of 2020, we were thinking of expanding this course, and world vision is working on the second page of the online course. It will include another three units, focusing on insuring the accessibility goes beyond physical accessibility, and the difference is between integration of services and creating special services for women and girls with disabilities as well, and the third unit will be focusing on gender and people with disabilities in crisis and on conflict with focus on how women and girls face the rest of GBV.

These units aim to focus on the education process on the challenges facing girls and women with disabilities and provide solutions on the practical ways to make problems more sensitive to their needs.

We had, like, 1,000 social workers attend this course, and we had, like, feedback survey, and from their feedback survey where some of the people adapted their safe spaces to be more accessible to women and girls safe spaces, and, actually, I think for now we need more attendees for this training, and, actually, we notice that a lot of people from out of Syria, they are attending this course. Like some people from Yemen, from Iraq, from Jordan, Palestine. They are benefitting from this course. Not only Syria. As we publish it and people attend this kind of courses, and I would like to thank you for your listening, and I'm happy to answer any questions.

>> LOU: Thank you for sharing that. The course

sounds incredible. I'm hearing you had 1,000 course workers attending the course, and it's not just focused on people with disabilities themselves. I really do applaud the work of the course. It sounds like that would be something that would be valuable beyond Arabic speakers.

We have a couple of questions coming in. Firstly, a question from Bernadette Crawford. She asks, the training sounds great. It is such a critical starting point. Is it possible to access the curriculum of the training course? Would you mind sharing it?

>> MIRIAM: Yes, we can access it, but --  
(Screen frozen).

If you want to have more information about the Arabic version, yes, happy to share it with you.

>> LOU: Thank you so much, Miriam. We don't have any questions coming in yet, but if anyone has any last-minute questions, please do put them in the chat, and don't forget, we can -- we are doing a final Q & A at the -- here, I'll put my video on -- we are doing a final Q & A at the end of the session. We have another question coming in from Brid Kennedy. How are you able to assess the application of the learning from the course? You mentioned that people had been sharing that they were starting to apply the course. How could you assess that learning?

>> MIRIAM: Actually in disaster events already survey, so we are giving us their feedback, and there is a space for comments, and we receive a lot of comments from our partners because we ask them to take this course and apply it, and then we had, like, a discussion with them to get their feedback, and

some of them, they apply this, and they give us their feedback that they will be their spaces will be good for many type of disabilities. Not only the physical disabilities. We are going to have another survey as well after having the new course. Actually, the new course is almost ready. We are communicating disaster relief to have their comments on the design, and it will be published, like, in maybe two weeks. You will be having the second part of this. It will be six units to make our safe spaces more accessible for our inclusive for women and girls.

>> LOU: That sounds absolutely fantastic. Thank you so much, Miriam. It's now time to move on to our next speaker, but just another reminder that we will be doing Q and A at the end again. We'll also be putting the link to the captions in the chat again. Our next speaker is Abia Akram. She is CEO of the national forum of women with disabilities in Pakistan. Having her own personal experience with physical disabilities --

>> ABIA: Thank you so much.

(Voices in background).

>> LOU: If people could mute just while we're sharing. Where was I? Sorry. She has -- so Abia has lobbied parliamentarians for the rights of persons with disabilities and including development more broadly. She leads in coordinating efforts to include persons with disabilities in the implementation of the 2030 agenda. She's a recipient of many awards, including the human rights presidential award. We are delighted have Abia with her today. I will hand it over to you whenever you're ready. Just a note that the link for the captions is in the chat again. Do we have Abia online, or has she been disconnected?

>> ABIA: Yeah, can you hear me?

>> LOU: Yes, we can.

>> ABIA: Thank you so much for having me to be a part of this amazing. Thank you for organizing it because we see like this is critical time. Especially during the COVID response, the pandemic where everyone is not prepared, and when we talk about in the context of women and girls with disabilities, especially in the gender-based context, we find it quite challenging. From the global south many of the women right after the COVID response have negotiations and we have done some consultations with them, and they were saying we were not even getting the personal assistance support of education, health, the basic, basic rights even they were not getting.

In addition to that, when we talk about the psycho-social problems for women and girls with disability, that's, again, very complicated. Then we talk with them and we started negotiations with key stakeholders how we can address that. We have established supporting women with disabilities. Those women who begin disabled in the earthquake and different disasters, between them, it was the technology that was another challenge for us. The services were not available, and people were not engaged in that, so we provided that space how you can connect with each other, and they can share good practices and what are the challenges so we can move forward.

We also established a kind of mobile application where we provide some information to the safety of women with disabilities in a complicated situation. They can get that space where they can go, and they can talk to the people. You can also talk about the asset guidelines and inclusive response. We have

some consultation in the region, and we find out how important how we can get engaged with women with disabilities. Hello?

>> LOU: We hear you. Is everything okay, Abia? I think we have lost Abia there.

>> ABIA: Sorry.

>> LOU: Abia, are you able to put on your video, or is your connection not great? Oh, I think we've lost Abia completely now. The joys of trying to do an intercontinental webinar. Okay. While we're waiting, just some thoughts on what Abia was sharing. I think she just made it very critical point about the impact of the COVID pandemic on women with disabilities. Particularly about access to personal care. When we're talking about distancing, there are many women with support who have very particular needs, and that has been a real issue when people are thinking so much about social distancing.

Abia, I hope you are able to rejoin, but what we may do is move on to the next speaker and perhaps you could share your final thoughts after the next one.

In the meantime, everyone, please do shower any questions for Abia, and if she's not able to join before the end of the webinar, we may be able to forward them on to her, and she can share them. In fact, I am going to turn on my video because then you can see me.

Our next speaker is Emma pierce. Emma is a specialist in inclusive humanitarian action with over 13 years' experience working with populations affected by crisis and conflict. Emma has worked in partnership with organizes of persons with disabilities from around the world to ensure that gender and inclusion is reflected in humanitarian priorities at global,

regional, and country levels. In her formal role as associate director at the women's refugee commission, Emma led the organization's global research and advocacy on disability inclusion across the humanitarian sector. She now works as a gender and inclusion consultant providing technical support and advice to a range of organizations.

Emma will be lighting some tools from the women's refugee commission, which you can also read more about in the paper. So, Emma, I'm going to hand it over to you now, and we're looking forward to hearing what you have to share. Thanks very much.

>> EMMA: Thank you. I'll just double-check that you can still hear me okay?

>> LOU: Yes, all good.

>> EMMA: Thank you for that kind introduction and for everyone involved in this very important publication. I especially want to thank Sharon and Miriam for sharing their experiences and really congratulate them on the progress they're making relating to disability inclusion, and, of course, although we only heard briefly from Abia, you know, her reminder to us about the realities that women with disabilities face in many context, particularly relating to connectivity and digital access is really important for us. For those that are unaware, the women's refugee commission works to improve the lives and protect the lives of women and children and youth displaced by crisis and conflict. We research their needs, identify solutions, and advocate for changes to policies and programs that drive change in humanitarian practice. We don't deliver any direct services to affected populations. Instead, we work with

partners who are running programs in these contexts. Now, our capacity development initiatives on disability inclusion largely follow up with participatory action research approach. We will work with partner organizations and affected communities which, of course, includes persons with disabilities and their families to identify the gaps and opportunities to strengthen inclusion. We then develop tailored training, guidance, and tools to support implementation.

In the GBV space, we have had three major projects which focused on capacity-building of GBV actors on disability inclusion. The first one was with the international rescue committee, which was very much a foundational piece of work for us and resulted in the tool kit for GBV practitioners, which is actually referenced in the learning brief that's being launched today. We have also partnered with child funding with international to develop a participatory process to engage children and families with more community-based risk assessments. That's a really interesting piece of work that you might want to look at later down the track.

Then, in 2018 we had a partnership with Unicef Lebanon where we undertook a comprehensive needs assessment and developed a whole range of tools very much tailored to GBV and child protection -- the GBV and child protection sector in Lebanon. This tool kit is actually quite interesting because I think it provides a much more comprehensive set of guidance on how to do disability inclusion in safe identification and referral, so how should we adapt our community outreach activities and our messaging so that we really do reach people with disabilities and make them aware that these programs are

also for them.

What I wanted to do today is I thought I might just share some broader reflections on the things that I guess I've learned, we've learned during these capacity development activities with our GBV partners. I thought that this might be useful for those of you that are embarking on a capacity development process with your own staff. I want to say these are more frank reflections about what I tried, what worked, what didn't work, and really what I have learned through that process. Thank you for giving me some time to just sort of reflect on that with you all.

I guess my first reflection is a really obvious one and one we talk about all the time, and it is that every person is different, and I know this sounds so obvious, but it really means quite a lot when it comes to capacity development. What it means is that there is no single training guideline or checklist, which is going to tick all the boxes, which is going to answer all the questions that our colleagues have when working with someone with a disability. I often get asked by GBV colleagues to train them how to communicate with people with different types of impairments. I can provide some general guidance when trying to communicate with someone with an intellectual community or who might be deaf, but all of this needs to be adapted based on the individual, based on their skills, their capacities, but also just their preferences. How they prefer to do things.

To give a very practical example, not all deaf people in a country or even a community will use the same type of sign language. This is particularly true when we start to work with



displaced and refugee populations who have moved around. There will be many people that we engage with in our GBV work who maybe never even learned formal sign language. Instead they developed their own way of communicating with family members and friends, so we really have to encourage and support staff to try out different things. See what works and doesn't work when it comes to communicating with individuals.

I guess this brings me to my second reflection, which is that GBV activities don't need to be disability experts to include support persons with disabilities.

Perhaps to share an example from my own technical support, years ago I developed a very detailed assessment tool with lots of information about different types of impairment and when I shared it with my GBV colleagues, they said, you know, we're going to have to hire a disability expert for this assessment. It's so complicated. So I went back to the drawing board, and I actually cut out a lot of that technical information relating to impairments, and I, instead, posed a series of questions which were really designed for them to just get to know someone with a disability.

They weren't questions about violence. They were more questions about the individual and their preferences. Simple questions that could be asked to the individual or their family. For example, what does Maria like or dislike? How does she tell people if she's happy or sad? I gave that to my GBV colleagues, and they went out, and they got to know some women and girls with disabilities who were in their community. There was no pressure for them to come up with decisions on including them. Just to get to know them. That was all we were sort of posing to

them to do at that point. They came back with a wealth of information, information about communication preferences, barriers, skills, capacities that the individual had, and most importantly, they had started to build trust with the individual and their family, and they had confidence in their own communication skills as a result of having this tool that was just pitched at just the right level.

To share a quote from one of our colleagues that was involved in that particular project, this GBV colleague said, and I am reading this so that I get it right, at first I thought I couldn't be helpful to certain people 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 the 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 realized that I already knew how to support this person. So my next reflection follows on, again, from that quote, which is that while there might be some things that are different for women and girls with disabilities, there are also many things that are the same as other women and girls, and this is a really great place to start when we are building the capacity of GBV staff. Highlighting and profiling the thing that women and girls in all their diversity have in common. Women and girls with disability need information on sex, relationships, and GBV. They need connected peer networks for other women and children their age. This is very important with displacement where the networks have been broken down because everybody has been moved around or disconnected from their families and their communities. They also need economic

opportunities.

This is a great place to start. And if my final reflection, we do have to tackle attitudes and assumptions. Sometimes we focus more on the disability related needs of an individual, and what this looks like in practice is GBV actors might refer persons with disabilities to disability service -- sorry. GBV might refer people to disabilities with disability service providers, and, actually, failed to invite them to their own GBV activity with other women and girls.

When I talk to GBV colleagues, they report many reasons for not inviting women and girls with disabilities to activities. Some examples might be that the stairs at the front of the building will be a problem or that other participants might tease them or even that they might just feel bad because they can't participate like everyone else. This is what my colleagues tell me when I'm consulting with them in the field. These are actually assumptions or fears that the GBV actor has, and oftentimes when I ask them, have they talked to the individual, it turns out that they haven't really explored it yet with the individual. They haven't even invited them, and they haven't discussed the potential strategies to overcome some of the barriers.

In my experience more often than not women and girls with disabilities require a minimal adaptation to participate in our activities, and they can advise us on what works best for them. It all starts with an invitation. The assumption that someone can and should participate in these activities. I would really encourage you to have some Frank discussions with your colleagues, your GBV colleagues about their assumptions relating

to inclusion of persons with disabilities. Just in the same way that we have discussions about attitudes relating to sex, relationships, domestic violence. These are all things that we have to explore with our staff so that we can implement our programs. I would really recommend that you add a disability layer to some of those attitude natural pieces that you do in your supervision and support to GBV colleagues.

Of course, I hope we can get a chance to discuss all these sorts of complex topics in more detail, but for now I'll just leave you with a quote from a girl with a disability named Bolia who was involved in I think the IRC project. She was 16 years old living in a refugee camp in Burundi, and she says, sometimes we are just not included in activities or discussions, but there are things that are really important to us as a group. For example, we want to learn things. We want to go to school. We want to make friends. We want to be productive. Someday some and of us want to be wives and mothers, but people forget about girls with disabilities. They forget we have goals and dreams. I'll leave with you that quote, and happy to have any discussions.

>> LOU: Thank you so much for sharing, Emma. It's really inspiring to hear. Well, I say inspiring, but, in fact, it's just a very practical point that women with disabilities are women, and we need to think of them as that first rather than focusing so much on their disabilities.

We've got a lot of comments coming in about thank you so much for sharing, and people really appreciate the points that you are making. We don't have any direct questions for Emma yet, but if anyone has any, please do post them in the chat as soon

as you can. Otherwise, we'll be opening up to general questions for any of the speakers.

I've just been told there is a question for Emma. We have a question from Tina. She asks, how do you engage men and boys as agents of change in this regard?

>> EMMA: So, within it is work that we've done at the women's refugee -- I mean, women's refugee commission, we have a whole range of activities that relate to engagement of men and boys. Similar approaches that a lot of our GBV colleagues in the core would be using, but just becoming specific to disability, one of the things that I have learned a lot about over the years is also how male caregivers are really important to involve in group discussions. Often we'll run group discussion with caregivers before we talk to persons with disabilities, and the reason for this is number one, we have to build trust with caregivers before we can access persons with disabilities, and by doing that, by having a discussion with them, we open doors for people with disabilities to participate independently and have their own space, which sometimes we won't get if we try to just go straight to people with disabilities.

We often will run group discussions with caregivers first before we move on to discussions with persons with disabilities. In that setting we have always run discussions with female caregivers and male caregivers separately. First of all, a lot of male caregivers turn up to these discussions. They're actually really interested and want to be more involved in their -- they have a lot of opinions and want to be more involved in activities that relate to their family member with a disability, and there are some very -- a very small number of

men that actually are the primary caregiver sometime for someone with a disability. I'm just thinking back to a young man that I met who says was the primary caregiver of his mother with a severe disability, and he had absolutely no support. The only programming that was out there for someone like him -- well, there was no programming out there for male caregivers who are the primary support person for someone with a disability. I think there's a real big gap that we should address, which is looking at these positive role models where men are stepping outside of their normal gender roles or the gender norms, I should say, in the community, and how do we create an environment where we're giving them the support that they need so that -- so that role is accepted and they continue to fulfill it well -- continue to fulfill it rather than dropping out of it and leaving someone, in a worse situation than before.

That's how we've mostly been involved with male caregivers through and engaging men and boys through the disability side of things.

We also always do group discussions with men and boys with disabilities and unpack a lot of gendered experiences that they have relating to violence, and if you would like to learn more about that, you can see the -- there's a whole section on gender violence against men and boys with disabilities that we have documented over the years. That is definitely a factor and something that needs to be addressed as well.

I guess the last comment I would like to make it is just to remind people -- I know it's not about men and boys, but remind them that female caregivers so, that could be mothers, it could be grandmothers, it could be sisters, they also experience

their own -- have their own risk relating to gender-based violence, and sometimes we can be so focused on the individual with the disability that we forget about female caregivers and how they might be affected as well. I really appreciate that the learning brief drew attention to that. Thank you.

>> LOU: Thank you so much, Emma, for that in depth response to that question. We have a couple of questions coming up in the chat just asking about links to resources. So what we will do whether we're sending out the follow-up email is we're trying to include links to any resources that our presenters have shared with us, and if our presenters could share any useful resources in the chat as well, just links, I think that would be incredibly helpful.

So, we have one -- a question here from Brid Kennedy for Emma. She asks -- she says, I fully agree that sex education is essential in all contexts, but especially in humanitarian contexts. In COVID context, have you done any remote sessions on GBV, and if so, what were the challenges that you overcame?

>> EMMA: So the women's refugee -- we've actually just finished running a whole series of webinars on the IAC disability guidelines with gender and GBV actors, which were meant to be conducted in country, in person, and we were looking to bring networks of women with disabilities to those trainings so that they could collaborate and we could do some cross-movement building between our women's rights groups, our GBV groups and women with disabilities. With COVID-19 we had to shift that all remotely, and there have been some very big challenges in relation to that. I think as Abia highlighted quite clearly in her presentation. You know, when it comes to

involving networks of women with disabilities in remote activities we're very much limited by the digital access that they have, and, in a lot of these countries and contexts, that is very limited. There are some countries and contexts where women with disabilities don't even have enough credit to go and, you know, buy data for their phone, so we were looking at lots of strategies of ways to try and get that kind of -- get those kind of resources to women and girls with disabilities in different contexts so they could participate meaningfully in some of the remote sessions, and to be honest, you know, we -- it's very complicated. It's very difficult trying to transfer small amounts of money to lots of different locations around the world, but we have written up a lessons learned paper in relation to that will be released shortly. It's been done in partnership with the South Asia disability board and the network of women with disabilities that work with us on those remote sessions. It's not quite published yet, but we'll make sure it's circulated through this network when it is. Thank you.

>> LOU: Thank you so much, Emma, for sharing that digital access really is critical. We're going to move into now a more general question and answer session, so I'm going to ask all of our speakers that are present -- I think that Abia was having connection issues, so we may lose her, but any of our speakers still present, please do turn on your video, if you have enough access. Sharon, I realize your connection isn't great, so perhaps it might just be Miriam and Emma who turn on your videos. I'm going to ask people to share questions in the chat, and we'll open them up to any of the speakers to answer, so thanks so much, Emma, and Miriam, are you still with us. Are



you able to turn on your video?

>> We have a couple of questions coming in. Firstly, a question a question from Abby right now for organizations just starting to make their services more disability inclusive where do you think is the key starting point. We have a related question following on from Abia, could you give an idea of sufficient budget increase. Is there anyone who would like to take a stab at answering that question. Oh, Emma, you're muted. If you were just saying something.

>> EMMA: I was going to invite Miriam to go first.

>> MIRIAM: This is really an important question, and sometimes we need a budget to make our spaces more inclusive for women and girls with disabilities, and whenever we did this accessible for women and boys as well. I think sometimes it's more if we were created, if we were, like doing provide the same information in multi ways, like to learn and how to utilize the information and then how to make it sensitive for some of the people who cannot, like, hear even or see. It is really difficult, but if you have and then from very simple things.

In the course we have done it's opened the eyes of participants to be creative and to facilitate and make the service to occupants even when you have no budget, per se. You need only the budget to make, like, there for the physical disabilities, but other than that, you can provide information in different ways to be more accessible for people who cannot receive it. Thank you.

>> LOU: Thank you, Miriam. I think we've lost

Sharon, just a note. Hopefully she can join us for the remainder of the questions, but Emma, I think you have something to add further.

>> EMMA: I guess I'll respond to where to start. If you are looking to strengthen disability inclusion, and I think I sort of allude to that in my speaking points. I think we should really start looking internally, looking at us, looking at our own attitudes and assumptions relating to disability inclusion and unpacking those a little bit, and I wanted to share that example the tool that I -- I learn a lot prosecute that. I learned that there's really the way to change and assumptions used to just start to interact with people with disabilities, right, and so take it out. You know, almost take it a little bit out of your GBV space, which is so you have so many important risks and issues to worry about when you are supporting a survivor. Take it a little bit away from that and start to get your staff to maybe just get to know a few different people with disabilities in their community. Not to discuss issues of violence at first, but, rather, to get to know more about this, what they like, what they don't like, how they communicate, and what some of their skills are, what they look at. Once they get to know people, so many more doors open up. It's not all barriers. There are things we can do now. Oh, we can -- they're really good at drawing. Oh, well, that's great. If Mia is really good at drawing, maybe I can include Mia in this activity with adolescent girls who are doing creative artwork. You know? I think it works with interacting with and appreciating the skills of other people.

>> ALLOW: Thank you so much for that. We have a

couple of other questions coming in. A reflection and a question. Can seek services or be supported to seek services. Perhaps I'll go to Miriam first.

>> MIRIAM: Yes, actually as I have mentioned we have done, like, providing units to reach out our beneficiaries on the community centers and to let them know our services, and sometimes we're doing our services to provide units so we can -- we can reach more people to connect with the capacity of our team who identify with GBV cases and even if they are disabilities or not.

The disability approach is kind of integrated in our intervention, so we do not -- even if you come to our database and we do not have the disability as a number if we needed it from our beneficiaries, they all -- our beneficiaries either they are, like, disabled or not so this makes it easier for them. It's for disabled ladies or disabled girls. No, it is not. All our activities, there is a space for disabled to be engaged and integrated in our intervention, and, actually, we can, like -- we after we had this question from donors, from curiosity, we started to put a note. This person with disabilities who we can count them, but we count them like -- we do not ask them, oh, this is disabled person or to make it a more on the spot. It's really sensitive, and we need to be with them as was mentioned as normal people. They are integrated in our activities.

This is one of the ways we are using to integrate them into our activities. I'm not sure whether there's another part of this question. I think this is the part I will answer.

>> LOU: Thank you. Would you have anything to

add to that, Emma?

>> EMMA: Just to maybe share a practical example that we documented being done by the international rescue committee in refugee camps in Ethiopia. Obviously, when we do GBV work, we do outreach work. We go into communities and talk about GBV. We talk about GBV and where the services are where you need assistance, and in the refugee camps in Ethiopia, the international rescue committee was running coffee discussion groups in people's homes where they were hosting a coffee discussion to talk about gender-based violence. Often it was a women's group and then a men's group, and they would talk about gender-based violence while having coffee, and they would be able to talk about where the services are and what do you know about the services and make sure that everyone is getting the same information. One of the strategies they used when we identified that people with disabilities, particularly people with quite sort of profound disabilities who are unable to speak and move were not being involved at all in any of this are awareness raising, and so, actually, the decision was made to actually host the coffee discussions in some of their houses. Right? They can't get out of their house to go to another house, so let's host it in their house. Actually, what we didn't expect but was really interesting is not only did that person get a chance to hear the information even if they're unable to speak and contribute to the conversation. You know, listening is participation, right? Listening is a form of participation. You don't know how much information people are absorbing and accessing, but you also feel their protected peer networks with people that live right next door to them. People that live in

the house next door that maybe have been a bit nervous about going in and knocking on the door and going in and saying hello. And a really interesting finding was that some of the families reported that their status had improved in the community because they were now hosting the coffee discussion, and we all know that status links also to GBV prevention, so, you know, this is a really -- there were a lot of, like, outcomes that we did not expect to happen from just hosting the coffee discussion in their homes. You might need to brief your staff on it and say, hey, we know there are some people that can't get to you are on meeting, so how can we adjust our meeting so we get to them.

>> LOU: Thanks, Emma, and it's really interesting that you mentioned coffees in Ethiopia, because one of our main projects is in Ethiopia. We use coffee ceremonies in the way you could he subscribe, and I was actually privileged enough to visit the house of a woman with a child with disabilities who was hosting a coffee ceremony for this very thing. It wasn't a GBV related event, but it was a discussion around disability and the causes of disability, and, yeah, she shared that she had never had this many people in her house from her close community because her neighbors had been nervous to come and visit, and her neighbor shared that for them they hadn't known just how to talk to her or how to engage with her because they felt like there was how somehow this barrier. Because the event was held at her home, that behavior was overcome, and had he suddenly felt comfortable to address that. Sorry.

>> EMMA: Costs nothing. Costs absolutely nothing. It's a real simple strategy that costs absolutely nothing.

We can actually share, and I'll try to find it now, put it in the chat box, but we actually documented stories of change from that project, and the stories for change from the coffee discussion, and just from family members that have been really -- people with disabilities and family members that have been so isolated and all of these sort of -- all these other benefits of just some small changes that happened as a result of that project. I'll share that link with everybody.

>> LOU: That would be fantastic. Thank you, Emma.

>> MIRIAM: I would like to answer the question as well. We have done in one version a comic book. This comic book is to help the child who is having disability and not to hide them, but to let them engage with their community and to help them to be out of this, let's say. This can be, like, used in communities and it can be used as well in, like, conflict areas, such as the Syria crisis, and you had mentioned coffee time. In Syria we have teatime because it's much cheaper in Syria, the tea. It is the same idea to have women or men to discuss about GBV problems, and a nice way that we feel it is simple and they can accept it, and usually in the Syria crisis we have some difficulties as GBV sometimes is part of the social norms. They cannot easily change it, so we go, like, step by step and we can change their norm easily, but at least they can accept to listen to the discussion, and we have done, like, an early report earlier this year in Ajul to highlight the marriage and how it's affected the whole family, and not only the child. It's not related only to disabilities, in general.

>> LOU: Thank you so much, Miriam and Emma. We

had a question about inclusive awareness creation, but I think actually we have answered that with the really innovative ways of reducing stigma and raising awareness, like the house visits, coffee ceremonies, the comic book sounds brilliant.

I have to move on to another comment/question that we had. It's a very interesting one from Bernadette Crawford. She shared that I imagined that recruiting people with disabilities could be very powerful. As you say, Emma, for staff to get to know people with disabilities, but also working with them as peers and equals. Would you have anything to share about the importance of recruiting women with disabilities and also, how to overcome any barriers to being able to do that in an organization?

>> MIRIAM: I will share as World Vision, she has a physical disability, and she's one of the active members of our World Vision Jordan. She's moving to the field easily. She's active, motivated, and she's really a model for all our beneficiaries that this lady who has this challenge, she can do much, so others can do it easily. Yeah, we have them, and they are really doing amazing job, although they have this disability.

>> EMMA: Yeah, just to reinforce everything Miriam just said. I mean, we tend to find that women with disabilities are ready to be your volunteers. They're ready to contribute to their community. They're just often not invited to do so. You should feel -- you should outreach to people with disabilities, particularly women with disabilities and invite them and youth with disabilities to be volunteers, community mobilizers, staff. They will rarely ask you to make many

adaptations for them, right? They just never have been invited, and they want an opportunity to prove themselves to you and to their community. In that story -- in those stories of change, there says one from -- it's scheduled from caregivers as well, as well as a woman with disability is working with IRC staff. Maybe if you'll indulge me, I'll quote her. She says I'm very active. I'm a leader in our community. I'm part of the disability association, and I work as a social worker. I have valuable things to add that I can advocate for women and children with disabilities and their caregivers because I understand their needs well. Also, I think people live up to me. They see me working hard to do my job. Bottom line is people with disabilities have the same desires as the rest of us. They want people to see them do working hard at their job, just like us.

>> LOU: Exactly. Thank you so much, Emma and Miriam. I'm afraid we're out of time for questions. But please do continue this discussion in your networks, and you will all be sent a recording of this session, and I would like to note as well that if you click on the link to the captions, you'll be able to download a full transcript of the event. Obviously, it's direct transcript, so there's some things in there, but it's excellent for being able to reflect on what was shared and finding any quotes that you found interesting. Please have a look at the captions page.

I had also just like to thank all of our speakers. Thank you so much for taking the time. Miriam and Emma, we have you with us still. Unfortunately, we lost Abia and Sharon, but I just like to thank them in absentia for taking the time to share



with us, and Abia will be able to share the remainder of her speech with us, and we could add them into the transcript. We will be doing a zoom call. If you could just share your opinions on the event, that would be fantastic. Please do share the paper with your colleagues. It's available to be on the website, and we'll be sending it out. Do note towards the final page of the paper, there is a list of resources. Along with the paper itself being a great resource, there is plenty more links, and we'll be sharing any of the links shared in the chat that aren't in the paper, we will share with participants. Thank you so much, everyone. Please to vote on the poll just to let us know how you found it. Share any final thoughts in the chat. I think that's us finishing up for now. Thank you so much for your time. Thank you for joining us, and please do spread the word about the importance of the intersection of disability and GBV, and happy international day for people with disabilities as well. Thank you so much, everyone. I'm going to give about 20 seconds left for the call, and hopefully we'll finish up. Thank you so much, everyone. Have a fantastic rest of your day or evening if you are coming from the other side of the world. Bye now, everyone.

>> Thank you.

(Session concluded 4:31 a.m. CST.)