

**MULTI STAKEHOLDERS GUIDELINES FOR  
MAINSTREAMING WOMEN WITH DISABILITIES  
INTO GBV AND COVID INTERVENTIONS**

**PREPARED BY**

**FACICP DISABILITY PLUS**

**With Support from**

**MOBILITY INTERNATIONAL, USA (MIUSA)**

**FEBRUARY, 2021.**

## MULTI STAKEHOLDERS GUIDELINES FOR MAINSTREAMING WOMEN WITH DISABILITIES INTO GBV AND COVID INTERVENTIONS

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February, 2021

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This Multi-Stakeholders Guidelines was compiled for FACICP DISABILITY PLUS by Dr. Adebukola Adebayo (Disability Rights and Inclusive Development Consultant, Lagos Nigeria)

Research support was provided by Blessing Dorcas Oladunjoye (Founder and Publisher, BONews Service).

Overall supervision and approval for this Multi-Stakeholders Guidelines was provided by Ms. Ekaete Judith Umoh, (Executive Director, FACICP).

**February, 2021.**

## FOREWORD

The female gender, especially those with disabilities are known to be more vulnerable to violence and this was exacerbated during the COVID 19 pandemic

In addressing Gender Base violence- GBV; women with disabilities continued to be excluded in interventions that response to GBV even when they are worst most hit. They continue to experience structural barriers and social inequalities and are generally excluded in most gender and development programmes that targets Women's development.

Therefore, the Multi Stakeholders Guidelines for Mainstreaming Women with Disabilities into GBV and COVID Interventions is a comprehensive contribution from FACICP Disability Plus in collaboration with Mobility International USA (MIUSA) to address the current disability gaps that exists in the response to GBV in the COVID 19 Pandemic.

We strongly suggest that the various stakeholders highlighted in this guideline will carefully follow the recommendations provided to ensure the inclusion of Women with Disabilities in COVID and GBV interventions.

**Ekaete Judith Umoh**  
**Executive Director; FACICP Disability Plus**



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## INTRODUCTION

The intersection between disability and gender has led to increase in the vulnerability of women and girls with disabilities. According to international researches, the vulnerability of women with disabilities (WWDs) particularly in low and middle income countries (LMICs) is higher than in more developed climes. This situation has been worsened by the crises created by the prevailing COVID-19 global pandemic. Women and girls with disabilities have been found to be increasingly vulnerable to poverty due to several forms of discrimination manifesting through culturally rooted male preferences and universal devaluation of disabilities. In view of this, women with disabilities are more exposed to practices which qualify as torture or inhuman or degrading treatment; they are more susceptible to violence and abuse; thereby placing their lives at risk.

While there is limited data available on the impact of COVID-19 on women with disabilities, available global evidence show that Domestic and gender-based violence (GBV) mostly perpetrated against women (including WWDs) stands out as one of the major social consequences of the COVID-19 pandemic. This has mostly arisen out of psychosocial and economic frustrations imposed by rapidly shrinking household resources, prolonged overdependence, limited access to services and pre-covid-19 existing negative culture-based gender beliefs and practices.

Unfortunately, the paucity of credible evidence with regards to the GBV experiences of women and girls with disabilities especially in less developed countries like Nigeria, as well as the absence of other relevant data could be a great barrier to the effective inclusion of WWDs in major GBV interventions particularly in an emergency situation created by the COVID-19 pandemic. Although the UN and its Agencies (including UN Women), as well as other international disability organizations have issued Position Papers to provide some guidance to national and subnational governments, There has been very low capacity within national and subnational governments to adapt This documents to meet local contexts. This is also responsible for the absence of appropriate frameworks such as simple guidelines that could be used by all levels of government, civil society and disabled people's organizations and other critical stakeholders to facilitate inclusion of WWDs in GBV interventions

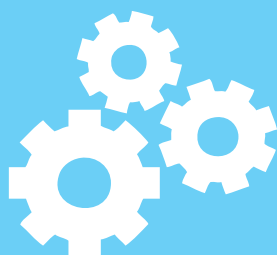
In view of the foregoing, FACICP Disability Plus, in collaboration with Mobility International USA (MIUSA) implemented a 6-month project on Mobilizing Leaders of Women with Disabilities (WWDs) for Inclusive Responses to Gender-Based Violence During the COVID-19 Pandemic. As part of the project, FACICP organized A one-day Roundtable Discussion with stakeholders to develop Guidelines for Inclusion of WWDs in GBV Interventions in the COVID. Accordingly, the key outcome of the Roundtable Discussion is this guideline document which is designed to support key stakeholders in providing frameworks and procedures for the mainstreaming of WWDs in GBV and COVID responses.

## OBJECTIVE



**The key objective of this Multi-Stakeholders Guidelines is to strengthen the capacity of critical stakeholders to facilitate the inclusion of WWDs into COVID and GBV interventions in Nigeria.**

## METHODOLOGY



The guideline was developed through a participatory process of a Stakeholders Roundtable Discussions, facilitated by Amina Salihu, (PhD) a foremost Feminist/Women's Rights Activist; Dr. Adebukola Adebayo, A disability and Inclusive Development Consultant, Blessing Oladunjoye, Publisher, BONews Service and Ekaete Judith Umoh, Founder and CEO; FACICP Disability Plus..

Dr. Adebayo presented key findings from a Rapid Baseline Survey on the GBV Experiences of WWDs in Nigeria During the COVID-19 Pandemic.

Dr. Salihu facilitated a technical session on Strategies for Developing Multi-Stakeholders Guidelines for the Inclusion of WWDs in GBV and COVID Interventions.

Ms. Umoh and Oladunjoye facilitated the Technical Group Sessions for the Stakeholders including groups of WWDs, Mainstream women groups, the media and relevant government Agencies.

These Multi-Stakeholders Guidelines is therefore a synthesis of recommendations shared during the technical Session and group presentations by Stakeholders during the Roundtable, as well as recommendations generated from the Rapid Survey.





## THE GUIDELINES

These guidelines are targeted at critical stakeholders whose roles are identified as very significant in ensuring the inclusion of WWDs in COVID and GBV interventions. These stakeholders whose roles have been acknowledged in several credible local and international studies include – the family, community, organizations of persons with disabilities and women with disabilities, Mainstream and Gender-Focused Civil Society Organizations, the media, national and subnational governments and international development organizations.

These Guidelines are presented in very simple and sequential format, and takes into cognizance the order in which various stakeholders interconnect as social groups; particularly the roles they need to play either as individual group or collectively in enhancing access and inclusion of WWDs to COVID and GBV interventions.

This document can be used by organizations of persons with disabilities and women with disabilities as a tool for advocacy, sensitization, and/or capacity strengthening of any or all of the targeted stakeholders.

## A) The Family



I) It is important that parents, siblings, spouses, and other relatives of WWDs seek and get necessary support from other stakeholders including governmental and non-governmental organizations on how to care for their female dependents with disabilities especially with regards to learning adaptive skills during major crises such as the COVID-19, and helping to prevent them from being victims of GBV, and how to seek help where such incidences occur.

II) Families must learn to take collective responsibility to identify, expose and punish any member(s) of the family who perpetrate any form of GBV against WWDs.

III) Families with female dependents with disabilities should collaborate with other stakeholders to seek and get sustainable means of socio-economic empowerment for WWDs in their care so as to reduce their level of dependency especially during major crises such as the COVID-19 pandemic.



## B) Community:



I) Leaders and members of the community should be sensitive to the existence and concerns of WWDs especially in the design, planning and implementation of specific activities which target other non-disabled women and girls.

II) Community leaders, CBOs, FBOs, schools and other community groups should identify, work with and support families with female dependents with disabilities; ensuring their safety and protection from GBV, and taking appropriate actions against all perpetrators of GBV against WWDs.

III) CBOs and other groups in the communities should make concerted efforts to conduct regular sensitization on the rights and inclusion of WWDs, and to campaign against all negative stereotypes and discriminatory attitudes.

## C) Organizations of persons with Disabilities and Women with Disabilities:



(I) The organizations of Persons with Disabilities (OPDs) and those led by Women with Disabilities must champion continuous advocacies for development and implementation of disability-inclusive GBV laws, policies and programs in Nigeria, as well as collaborate with the government at all levels and other critical stakeholders to facilitate and monitor implementation.

(II) OPDs and leaders of WWDs in Nigeria should play major roles in campaigning against GBV and play key roles in identifying and prosecuting perpetrators of GBV against WWDs.

(III) Organizations of WWDs should collaborate with other stakeholders to support strategic and sustainable empowerment for WWDs in order to reduce their dependency and lessen their socio-economic vulnerability and their exposure to GBV.

(IV) In view of the COVID-19 pandemic and other similar humanitarian emergencies in Nigeria, organizations of WWDs should collaborate with government and other stakeholders to develop innovative strategies and platforms that will prioritize and enhance access of WWDs to basic services and empowerment opportunities.

(V) Organizations of WWDs and other OPDs should collaborate with other stakeholders to support continuous capacity-building programs for WWDs on GBV prevention, protection and advocacy knowledge and skills. Such capacity-building programs should also expose WWDs to basic ICT and other essential life and daily living skills.

#### D) Mainstream and Gender-Focused Civil Society Organizations:



(I) Mainstream and gender-focused CSOs should strengthen their human and institutional capacities to professionally engage on issues of disability-inclusion, especially those that affect WWDs. One of the ways to do this is through permanent or temporary employment of WWDs with expertise on disability-inclusion; develop operational and programmatic tools and strategies such as checklists to guide disability-inclusion; etc.

(II) CSOs should identify and collaborate with organizations of WWDs to promote disability-inclusion in GBV and other related laws, policies and programs in order to reduce the vulnerability of WWDs to GBV.

(III) CSOs with significant experience on GBV advocacy and other related issues may support organizations of WWDs with human and institutional capacity-building, as well as provide continuous technical support and mentoring in that regard.

(IV) CSOs should collaborate with organizations of WWDs to identify and prosecute perpetrators of GBV against WWDs.

(V) CSOs should support socio-economic empowerment of poor WWDs in order to reduce their vulnerability to GBV.



#### E) The Media:

(I) The media should strengthen capacity to mainstream disability-inclusion in all its activities including those which focus on women, GBV and other related activities. Such capacity strengthening strategies should also encourage use of disability-inclusion appropriate languages; projection of WWDs in positive lights; etc.

(II) The media should establish strategic partnership with organizations of WWDs with a view to projecting their voice and views especially with regards to GBV issues.

#### F) National and subnational Governments:

(I) Government has the responsibility to make relevant laws and policies to deal with crises of GBV. As such, governments at all levels should ensure that all GBV laws, policies and programs, including those implemented to address the COVID-19 and other humanitarian emergencies in Nigeria are sensitive to the concerns of WWDs.

(II) The technical, human and institutional capacities of all GBV-relevant MDAs of government at all levels should be strengthened such that they are able to respond to issues and concerns of WWDs, as well as ensure that all GBV and COVID-19 interventions are accessible to WWDs.

(III) GBV-relevant MDAs of government at all levels should identify and collaborate with organizations of WWDs; providing them with necessary technical and material support to enable them mobilize their members for advocacy, public awareness, capacity strengthening, and legal action against perpetrators of GBV.

(IV) Special attention should be given to WWDs in the implementation of socioeconomic empowerment programs by national and subnational governments especially at the times of humanitarian emergencies such as the COVID-19 crises.



## G) International Development Organizations:



(I) Donor organizations should ensure that disability-inclusion is adequately mainstreamed into guidelines provided for recipients of their GBV prevention, advocacy and empowerment funds. Such guidelines should set disability-inclusion thresholds for recipients of such funds especially for inclusion of W/WDs in line with CRPD standards.

(II) Donor organizations should also establish special grants targeted at organizations of WWDs to support their capacity strengthening and promote their visibility in engaging with other critical stakeholders.

(III) Development funding should be directed at supporting special initiatives by organizations of WWDs especially those which promote access to services such as safe spaces; tools/manuals for negotiating relationships and conducting advocacies for disability rights, accessibility and inclusion; digitized forum/networks for knowledge sharing and reporting of GBV and other related incidences; etc.

(IV) Donor organizations should use their relationships and positive influences on national and subnational governments to push for appropriate disability-inclusive policy and programmatic actions by governments at all levels.



## CONCLUSION



These Guidelines are by no means exhaustive. Rather, they provide a very clear and easy starting-point for all critical stakeholders to prompt their consciousness to being sensitive to the concerns of WWDs when designing, planning, implementing, monitoring and evaluating COVID and GBV interventions. Organizations of PWD and WWDs are advised to properly evaluate situations of the targeted stakeholders in order that they are able to identify advocacy, awareness and capacity gaps, as well as propose the most appropriate guidelines to adopt.

In addition, we acknowledge that we have focused more on the major macro stakeholders as listed in these guidelines. However, users are advised to take cognizance of other micro stakeholders whose roles are equally very important in ensuring inclusion of WWDs in the COVID and GBV interventions. Such stakeholders could include prominent or influential individuals or personalities functioning within the identified There are also other organizations which function within some of the listed stakeholders such as the various Ministries, Departments and Agencies (MDAs) of government at national and subnational levels.