Rapid Review of the inclusion of People with Disabilities and Older People in Gender-Based Violence (GBV) Humanitarian Interventions

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AMPLIFYING WOMEN AND GIRLS IN CRISES
VOICE

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Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. An established actor in the humanitarian community, Elrha works in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

Elrha equips humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most, and has supported more than 200 world-class research studies and innovation projects, championing new ideas and different approaches to find what works in humanitarian response.

Elrha's globally-recognised programme, the Humanitarian Innovation Fund (the HIF) aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. Established in 2011, it was the first of its kind: an independent, grant-making programme open to the entire humanitarian community. It's portfolio of funded projects informs a more detailed understanding of what successful innovation looks like, and what it can achieve, and is leading the global conversation on innovation in humanitarian response.

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ABOUT VOICE

VOICE is a new global organisation confronting one of the world's oldest and most widespread human rights abuses: violence against women and girls. VOICE challenges traditional, ineffectual methods of addressing this violence with a proven but chronically underused resource: women and girls themselves.

VOICE is working towards a world where girls and women are respected leaders in the designing and implementing solutions to eradicate violence—both in their communities and within the halls of power. VOICE works in conflict and disaster settings to promote equality and leadership opportunities, creating a world where women and girls no longer face discrimination and violence, and where they are respected leaders of humanitarian responses.

VOICE amplifies the voices of local women- and girl-led organisations and networks, promoting women-led solutions to VAWG in humanitarian crisis. VOICE shows up and shapes humanitarian action by deploying a diverse, seasoned rapid response team with in-depth contextual knowledge to ensure that responses are safe and inclusive of women's and girls' participation.

VOICE grows resources and partnerships to address the barriers that prevent direct donor funding of local women's organisations through strategies to increase investments in systems led by women and girls.

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ACKNOWLEDGEMENTS

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ACRONYMS AND ABBREVIATIONS

ADCAP	Age and Disability Capacity Programme
DOAI	Disability and Older Age Inclusion
GBV	Gender-Based Violence
GBVAOR	Gender-Based Violence Area of Responsibility
GBVIMS	Gender-Based Violence Information Management System
HI	Humanity & Inclusion (formerly Handicap International)
HIS	Humanitarian Inclusion Standards
HNO	Humanitarian Needs Overview
IAFM	Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings
INGOs	International Non-Government Organisations
IRC	International Rescue Committee
KII	Key Informant Interview
LASA	Lebanese Association for Self-Advocacy
MIW	Making It Work
NUWODU	National Union of Women with Disabilities of Uganda
OP	Older Person
OPAs	Older Persons Associations
OPDs	Organisations of Persons with Disabilities
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
UNFPA	United Nations Population Fund
VSLA	Village Savings and Loans Associations
WCC	Women Challenged to Challenge
WOS	Whole of Syria
WRC	Women's Refugee Commission

EXECUTIVE SUMMARY

Purpose of this document

Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Elrha identified a knowledge gap in good practices and innovation for how people with disabilities and older people are included in gender-based violence (GBV) interventions in humanitarian contexts. To support a new area of focus under their Humanitarian Innovation Fund (the HIF) on Disability and Older Age Inclusion (DOAI), Elrha commissioned an independent rapid review to review the inclusion of people with disabilities and older people in humanitarian GBV interventions.

Background

Although there is a growing body of evidence to demonstrate that people with disabilities and older people experience increased risks of gender-based violence (GBV)[1,2,3,] their access to and utilisation of lifesaving GBV services is limited, and evidence on disability and older age inclusion (DOAI) interventions in humanitarian settings is lacking. VOICE has partnered with Elrha to conduct a rapid review to: 1. Improve understanding of how people with disabilities and older people are included in GBV interventions; 2. Assess how strategies for DOAI are aligned with the recently published Humanitarian Inclusion Standards (HIS) for Older People and People with Disabilities;[4] 3. Identify and document positive practice examples of inclusion of people with disabilities and older people in GBV interventions. The VOICE review team collected qualitative and quantitative data through a range of methodologies, including a desk review of formal and grey literature such as programme documentation, and key informant interviews with key stakeholders.

Of the 26 projects / interventions included in the review, 23 were assessed against the HIS Protection Key Actions. The DOAI strategies used in reviewed projects largely focused on identification of protection concerns (HIS Protection Standard 1) and addressing these concerns as well as barriers to accessing GBV services (HIS Protection Standard 2). Reviewed DOAI initiatives were less likely to focus on participation in GBV programme decision-making and inclusion in prevention and empowerment initiatives (Protection Standard 3).

[1]This report uses the definition of GBV from the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015) – GBV is "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private." (IASC, 2015, p. 5) This definition recognises that women and girls are disproportionately affected by GBV due to the systemic inequality between males and females globally. However, the term GBV may also be used to describe gendered violence against men and boys, as well as individuals from sexual and gender minority groups.

[2]American Association for the Advancement of Science (2017) Age is No Protection: Prevalence of Gender-Based Violence Among Men and Women Over 49 Years of Age in Five Situations of Protracted Displacement. https://www.aaas.org/sites/default/files/s3fs-public/reports/AgeIsNoProtection.pdf

[3]Women's Refugee Commission & International Rescue Committee (2015) "I see That It is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings. https://www.womensrefugeecommission.org/resources/document/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview

[4]Age and Disability Capacity Programme (2018) Humanitarian Inclusion Standards for Older People and People with Disabilities. https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_inclusion_standards_for_older_people_and_people_with_disabi....pdf

Promising Practices

Reviewed programmes focused on those most at risk: The most common sub-group for inclusion in reviewed GBV projects and interventions is women and girls with disabilities. A third of the reviewed projects were assessments which included documentation of particular GBV risks and barriers to accessing services for women and girls with disabilities.

Strengthening protective peer networks: Women and girls with disabilities are often excluded from age- and gender-appropriate peer networks, adding to their isolation and reducing access to information and support relating to GBV. As such, it is very promising that three projects included in the rapid review focus on strengthening the protective peer networks of women and girls with disabilities. One initiative focused on building peer support between people with intellectual disabilities and their care-givers from refugee and host populations.

Increased integration of disability concerns in GBV: Disability is now referenced in an increasing number of global GBV guidelines, tools and resources. Furthermore, there are examples of tools and training materials on disability inclusion being integrated into national GBV standard operating procedures (SOPs), supporting systems strengthening for both refugees and host populations.

Leadership by organisations of persons with disabilities: There were three examples of organisations of persons with disabilities (OPDs) leading projects on disability and GBV. These projects were led by women's OPDs and an organisation of persons with intellectual disabilities. All three of these projects focused on breaking down isolation and strengthening protective peer networks.

Gaps and Challenges

Key sectoral and contextual gaps: No suitable health programmes or projects were identified suggesting possible gaps in addressing DOAI in health sector responses to GBV. The limited number of GBV projects and programmes focused on older age inclusion suggests that further work is needed in this area. Of the projects and interventions included in the review, only one project focused on or highlighted the importance of disability inclusion in natural disaster preparedness and response.

Lack of acknowledgement of diversity: DOAI is not yet implemented as a coherent approach to programming. Instead programme implementers select specific groups, such as women and girls with disabilities or older people, with little reflection on diversity within these groups, the factors that may add to risk, and barriers they may face at different points in their life cycle.

There were only two examples targeting more marginalised groups of people with disabilities identified in this review – those with intellectual disabilities and people with communication disabilities – and very few projects or interventions targeting older women with disabilities.

Assessments are heavily focused on risk and vulnerability with little analysis of the skills and capacities of these groups.

Lack of information about outcomes: There is little evidence that any recommendations arising from assessments were actually implemented in GBV programmes or that adaptations were made to address identified barriers to access. Where DOAI strategies are implemented in GBV programmes, there is still a significant gap in measuring outcomes of these strategies – both for inclusion into programmes and activities, but also relating to GBV risk and resilience for those who have been successfully included. Some of the barriers reported include lack of time and funding, as many DOAI initiatives are still conducted as short-term pilot projects in GBV programmes.

Opportunities

Piloting and evaluating DOAI strategies: Learning on DOAI should expand beyond assessments to prioritise piloting and evaluation of strategies over longer periods of time, in different phases of response, and in different contexts. There is an opportunity to expand learning on DOAI inclusion in GBV programming for natural disaster preparedness and response, as well as in health-sector responses to GBV.

Intersectional analysis: Research and learning which explores the factors that contribute to marginalisation and applies an intersectional lens to analysis of barriers, would in turn support the identification of effective strategies for many of the sub-populations not addressed by projects in this review, including women and girls with intellectual and psychosocial disabilities, female caregivers of people with disabilities and older people. Such research and learning must also extend to skills and capacities, looking creatively at the contributions women and girls in all their diversity can make to GBV programmes.

Global capacity building: A global capacity building initiative on DOAI is required to advance the commitments made in global GBV standards and guidelines. The GBV sector already has models for advancing such initiatives, as seen with the roll out of the IASC GBV Guidelines and Caring for Child Survivors Guidelines. A mapping of capacity development models and approaches, as well as key stakeholders would assist in defining and detailing a way forward.

Resourcing DOAI in GBV humanitarian interventions: Multi-year funding is needed to demonstrate the link between DOAI and outcomes in GBV programming. In line with global commitments to localisation, donors and funders should also set targets and monitor funding to women's OPDs – who are oftentimes the frontline support to GBV survivors with disabilities – ensuring that both operational and activity costs are considered.

1. INTRODUCTION

People with disabilities and older people are frequently excluded from humanitarian assistance and protection even though they are among the most at risk, vulnerable, and marginalised during and after humanitarian crises. Their knowledge, agency, and capacities are rarely considered in humanitarian responses. Their access to and participation in humanitarian responses is limited by cultural, attitudinal, physical, communication, and legal/policy barriers. Women and girls are disproportionately affected by humanitarian crises which can often exacerbate gender inequalities. During conflict, natural disasters, and displacement, their risks of experiencing violence, exploitation and abuse is heightened. Women and girls with disabilities are even more likely to face physical and sexual violence, abuse and exploitation and are less likely to be able to access services due to a variety of physical, societal, and communication barriers,[5] and studies demonstrate that older people living in protracted displacement settings have experienced some form of gender-based violence (GBV).[6]

Definition of Gender-Based Violence (GBV)

This report uses the definition of GBV from the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015) – GBV is "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private." (IASC, 2015, p. 5) This definition recognises that women and girls are disproportionately affected by GBV due to the systemic inequality between males and females globally. However, the term GBV may also be used to describe gendered violence against men and boys, and individuals from sexual and gender minority groups.

The Humanitarian Inclusion Standards (HIS) for Older People and People with Disabilities were developed as part of the Age and Disability Capacity Programme (ADCAP) in 2018 to provide guidance across all stages of emergency response to ensure older people and people with disabilities are not excluded. The HIS set out clear actions that can be taken to protect, support, and engage older people and people with disabilities and offer guidance to identify and overcome barriers to inclusion[7]

Recognising the systematic lack of inclusion of older people and people with disabilities within the humanitarian system, and building on Elrha's strategic commitment to the inclusion of marginalised and excluded population groups within humanitarian action, Elrha has recently developed an area of work on Disability and Older Age Inclusion (DOAI). This new focus area will address barriers to and support opportunities for the inclusion of older people and people with disabilities in humanitarian assistance, through innovation and innovative approaches. Building on the themes of its existing focus areas, Elrha will launch an Innovation Challenge on WASH and GBV with a DOAI component in May 2019. Although there is a growing body of evidence to demonstrate that people with disabilities and older people experience increased risks of GBV, [8,9] their access to and utilisation of lifesaving GBV services is limited and evidence on DOAI interventions in humanitarian settings is lacking. VOICE has partnered with Elrha to assess the current state of the evidence on DOAI in GBV-related humanitarian interventions. The findings will inform Elrha's work in this area.

This report illustrates the data and information collected during this partnered rapid review. "DOAI Snapshots" throughout this report provide brief descriptions of the different approaches and practices being used at this point in time. Complementary case studies have also been developed to provide more detailed information about selected initiatives.

[5]UNFPA (2018) Young Persons with Disabilities Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights. https://www.unfpa.org/sites/default/files/pub-pdf/Final_Global_Study_English_3_Oct.pdf

[6]American Association for the Advancement of Science (2017) Age is No Protection: Prevalence of Gender-Based Violence Among Men and Women Over 49 Years of Age in Five Situations of Protracted Displacement. https://www.aaas.org/sites/default/files/s3fs-public/reports/AgeIsNoProtection.pdf

[7]Age and Disability Capacity Programme (2018) Humanitarian Inclusion Standards for Older People and People with Disabilities. https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_inclusion_standards_for_older_people_and_people_with_disabi....pdf

[8]American Association for the Advancement of Science (2017) Age is No Protection: Prevalence of Gender-Based Violence Among Men and Women Over 49 Years of Age in Five Situations of Protracted Displacement. https://www.aaas.org/sites/default/files/s3fs-public/reports/AgeIsNoProtection.pdf

[9]Women's Refugee Commission & International Rescue Committee (2015) "I see That It is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings. https://www.womensrefugeecommission.org/resources/document/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview

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2. PURPOSE AND OBJECTIVES OF RAPID REVIEW

The rapid review explored the inclusion of people with disabilities and older people in existing GBV interventions in humanitarian contexts. Specific objectives included:

- To improve understanding of how people with disabilities and older people are included in GBV interventions;
- To assess how strategies for DOAI are aligned with the HIS, specifically, sector-specific standards set out for protection;
- To identify and document good or best practice examples of inclusion of people with disabilities and older people in GBV interventions; and,
- To provide a synthesis of the key trends relating to DOAI with a narrative on outcomes.

3. METHODOLOGY

VOICE undertook the rapid review from March to May 2019. The VOICE review team collected qualitative and quantitative data through a range of methodologies, including a desk review of formal and grey literature such as programme documentation, and key informant interviews (KII) with key stakeholders. The review team led the collection and analysis of data with feedback on the approach from Elrha staff and members of Elrha's DOAI Technical Working Group Chair (from CBM) and a DOAI TWG member from Women's Refugee Commission. The project consisted of three components which are detailed below.

Component 1: Data Collection and Analysis

The first component consisted of a review of documents relating to inclusion of people with disabilities and older people in GBV interventions. Available information, mainly working documents, such as project/programme proposals, reports, assessments, reviews, evaluations, relevant training materials, strategies and operational research, relating to DOAI in GBV programmes in humanitarian settings were solicited. An open call for these materials was made through key humanitarian coordination bodies and networks pertaining to people with disabilities or older people (see Annex 1: Call for Documents and Annex 2: Dissemination List for Call for Documents). The review team also conducted searches through academic and practitioner databases and organisational websites and outreach to colleagues working on GBV, disability and older age inclusion to identify additional publications for inclusion in the document review.

Please see Box 1: Review Inclusion & Exclusion Criteria which were applied when selecting the projects or interventions for review.

Box 1: Review Inclusion & Exclusion Criteria

Types of documents included in the review:

- Project/programme reports, assessments, reviews, evaluations, and other technical outputs relating to GBV in humanitarian contexts.
- Monitoring tools, systems and data or case studies from GBV programmes in humanitarian contexts.
- GBV in emergencies training materials, policies, procedures and strategies.
- Operational research conducted with GBV partners in humanitarian settings.

Documents were excluded if they:

- referenced inclusion of people with disabilities and older people with no detail regarding strategies, approaches or complementary data;
- were over 10 years old, as they may not reflect current practice; and / or,
- in languages other than English, due to language capacity of the review team.

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[10]Although not used as a framework for analysis in this rapid review, the HIS also includes Key Inclusion Standards on identification, safe and equitable access, resilience, knowledge and participation, feedback and complaints, coordination, learning, human resources, and resources management, which are aligned with the nine commitments in the Core Humanitarian Standards (CHS).

[11]Elrha (2019) Rapid Review of Disability and Older Age Inclusion in WASH and GBV Humanitarian Interventions.

The following research questions guided the analysis of projects and interventions under the rapid review:

- What are the barriers, gaps and opportunities to strengthen inclusion of people with disabilities and older people in GBV programming in humanitarian settings?

- What interventions or strategies are being used to ensure inclusion of people with disabilities and older people in GBV programming in humanitarian settings?

- How are these interventions / strategies aligned with the HIS? Which HIS standards are and are not being implemented in GBV programming in humanitarian settings?

- What are the outcomes of these interventions / strategies for inclusion of people with disabilities and older people in GBV programming in humanitarian settings? What are the outcomes of inclusion in GBV programmes for people with disabilities and older people?

Documents that described strategies for DOAI were also analysed against the HIS Protection Standards using a Key Actions Checklist. Please see Box 2: Humanitarian Inclusion Standards for the Protection Sector. Steps were also taken to analyse projects and programmes against the HIS Health Standards, however no suitable programmes or projects were identified in our searches (see Section 5: Gaps and Opportunities to Strengthen DOAI in GBV Humanitarian Interventions).

Box 2: Humanitarian Inclusion Standards for the Protection Sector

Protection Inclusion Standard 1: Identification of protection concerns – Older people and people with disabilities have their protection concerns and capacities identified and monitored.

Key Actions

1.1: Adapt protection assessment and monitoring tools to collect information on the protection concerns and capacities of older people and people with disabilities.

1.2: Include older people and people with disabilities in age- and gender-appropriate protection assessments

Protection Inclusion Standard 2: Addressing concerns and barriers – Older people and people with disabilities with protection concerns have access to protection services and are protected from risks of physicals and psychological harm.

Key Actions

2.1: Build awareness among staff, partners, and communities of the increased risks faced by older people and people with disabilities

2.2: Strengthen case management and referral mechanisms to ensure that older people and people with disabilities at risk of protection concerns are identified and referred.

2.3: Provide appropriate services and support to older people and people with disabilities at risk of protection concerns.

2.4: Address and monitor barriers to accessing protection response services.

Protection Inclusion Standard 3: Participation and empowerment – Older people and people with disabilities are included in prevention of violence, exploitation and abuse, and in empowerment activities.

Key Actions

3.1: Use a range of communication channels and methods to ensure that older people and people with disabilities have access to information about prevention and empowerment activities

3.2: Include older people and people with disabilities in community-based protection activities.

Component 2: Identification of Promising Practices

The second component focused on developing case studies of promising practices for DOAI in GBV programming and outcomes achieved. After analysing data and documentation collected during the first component, relevant GBV programmes and activities that had potential to demonstrate implementation of one or more of the selected standards and key actions were selected for follow up and more detailed documentation.

A total of seven KIIs were carried out with selected individuals and organisations to identify context specific successes and challenges for DOAI and provide recommendations for gaps in knowledge and tools. A KII guide was developed to focus on how the GBV intervention meaningfully included people with disabilities and older people, coverage, adherence to the HIS, achievements, outcomes and impacts, challenges, and good practices identified. The review team requested that partners provide case stories and reflections from beneficiaries to triangulate data and demonstrate outcomes in the case studies.

Two GBV interventions were selected for documentation into case studies. The selection criteria considered type of GBV programming/activities, age, gender, and type of disability, prioritising diversity across the example interventions (e.g. women with disabilities, adolescent girls with disabilities, people with intellectual disabilities, households headed by older women, older people with disabilities, people who are Deaf, etc.), and evidence of outcome. The review team also prioritised these two projects as the lessons learned from them had not yet been fully documented. Links to case studies on other DOAI initiatives are included in Table 1.

The narratives for the case studies included:

- The extent to which the HIS have been implemented or to what extent the intervention aligns with the HIS;
- What has been achieved (at an outcome level);
- What the approach was, i.e. how inclusion was addressed;
- The quality of the evidence for outcomes;
- Specific examples of best practice, particularly innovative approaches

Component 3: Dissemination of findings

In addition to this report, a one-page positive practice summary was created for dissemination at operational levels. This document is a "quick read" resource with greater potential for uptake among GBV practitioners in the humanitarian sector. The summary was also produced in Easy-To-Read format, making it accessible to people with a range of different types of disabilities.

Elrha and VOICE will disseminate this report and summary through the networks engaged in the call to solicit documents, providing a critical feedback loop to stakeholders engaged throughout. Finally, as time allows, the VOICE team will give a briefing to key organisations of persons with disabilities (OPD) and older persons' association (OPA) networks, especially those that focus on at-risk groups.

Limitations of Review

1. **Accessing documents:** Efforts were made to ensure the widest possible reach for the Call for Documents, including re-sending the call several times during the two-week call period. However, given the short time frame and competing priorities across the humanitarian sector, there may be some unpublished documents that were not submitted in the call.

2. **Availability of key stakeholders for interviews:** The short time frame also presented limitations to snowball sampling, as some key informants were out-of-the-office or on leave during this period. In these situations, alternative informants were sought for a given project or initiative. These individuals may not have the same level of knowledge and information on DOAI as those originally contacted for their expertise.

3. **English language restrictions:** The call was circulated in English, with all documents received also being in English. Similarly, KII could only be conducted in English due to the language capabilities of the review team. As such, the reviewers recognise that DOAI initiatives may have been missed due to language constraints.

4. **Role in interventions under review:** Some members of the review team have played a role in the DOAI interventions under review. Where possible, team members who were not involved in the project conducted the initial review. However, they did use the connected colleagues to gather more information about these initiatives, possibly introducing some bias in interpretation of the information.

5. **Connections and linkages between documents:** It is important to note that there are also connections between the projects and documents reviewed. For example, Project / Document 2: "I See It Is Possible": Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings has been integrated into many of the guidance, tools and training resources also included in the review. The review team has tried to recognise these connections in the analysis and documentation of findings.

6. **Reporting bias:** All information presented in this report has been solicited from programmers and implementers. There was no direct consultation with beneficiaries who may have different perspective of what is and is not a successful practice. The review team asked organisations to share final reports and evaluations with evidence of the outcomes from the perspective of beneficiaries. Not all organisations were able or willing to share additional information. As such, the findings are positively biased, and outcomes may not reflect the experience of all community members engaged in the project or intervention.

4. RAPID REVIEW FINDINGS

A total of 26 projects or interventions were included in the review. Table 1: Projects and Interventions Included in the Rapid Review provides a summary of those meeting inclusion criteria, noting that for some projects, several documents were reviewed.

	PROJECT TITLE	PARTNERS INVOLVED	LOCATION / CONTEXT	DOCUMENTS REVIEWED	SPECIFIC GROUPS	BRIEF DESCRIPTION
1.	Age is no protection: Prevalence of gender-based violence among men and women over 49 years of age in five situations of protracted displacement (2017)	American Association for the Advancement of Science (AAS) in partnership with HelpAge USA.	Refugees in Uganda; Internally displaced people in Iraq; Refugees in Pakistan; and displaced Colombian and Cubans in Panama.	Research report	Older women and men	Two-year research project which included a prevalence survey, literature review, findings and recommendations. https://www.aaas.org/sites/default/files/s3fs-public/reports/AgeIsNoProtection.pdf
2.	"I See That It Is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings (2013 – 2015)	Women's Refugee Commission (WRC) & International Rescue Committee (IRC)	Refugees in Burundi (camp & urban), Jordan (camp & urban) and Ethiopia (camp); Post-conflict reconstruction in Northern Caucasus in the Russian Federation (urban)	Project report Stories of Change Toolkit for GBV Practitioners	Women, men, girls and boys with disabilities	Two-year participatory action research project designed to strengthen capacity and contribute to the evidence base on effective strategies for disability inclusion. https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview
3.	Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors (2016)	ChildFund International & Women's Refugee Commission	Piloted in Ethiopia	Toolkit for Child Protection Actors	Adolescents and youth with disabilities	Toolkit on children and youth with disabilities to address capacity development needs of staff on disability inclusion; identify GBV needs of children and youth with disabilities; and foster their participation in both planning and implementation of activities to prevent and reduce the risks of violence. https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1289-youth-disabilities-toolkit

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4.	Guidance on Disability Inclusion for GBV Partners in Lebanon (2018)	Women's Refugee Commission & UNICEF – Also worked with a network of local OPDs in Lebanon.	Refugee and host communities in Lebanon (non-camp)	Two guidance documents with accompanying tools for: 1. Case Management of Survivors & At-risk Women, Children and Youth with Disabilities; and 2. Outreach, Safe Identification, and Referral of Women, Children and Youth with Disabilities	Women, children and youth with disabilities	Two guidance documents with practical tools to support frontline workers in safe identification and referral, and to improve GBV case management to women, girls, children and youth with disabilities. It outlines how to adapt case management systems to include at risk groups of women, girls, and boys with disabilities as identified through a national level needs assessment. https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1620-disability-inclusion-in-child-protection-and-gender-based-violence-programs
5.	Human rights of refugee-survivors of sexual and gender-based violence with communication disability (2016)	Manchester Metropolitan University, Communicability Global & UNHCR	Urban and camp refugees in Rwanda	Literature review report Project report Professional paper Academic paper	People with communication disabilities	Research project exploring the scale and nature of the challenges facing refugees with communication disabilities and care-givers in relation to access to GBV services. https://www.elrha.org/project/supporting-refugee-survivors-gbv-communication-disability/
6.	Adolescent Girls with Disabilities in Humanitarian Settings: "I Am Not 'Worthless'— I Am a Girl with a Lot to Share and Offer" (2016)	Women's Refugee Commission	Draws on field research in South Sudan, Ethiopia, Burundi, Tanzania, Uganda, Jordan, Turkey, Egypt, Iraq, and Northern Caucasus in the Russian Federation	Academic paper	Adolescent girls with disabilities	The paper outlines principles for including girls with disabilities in adolescent girls' programming, promoting safe access to humanitarian assistance, and mitigating the risk of violence, abuse, and exploitation. https://www.berghahnjournals.com/view/journals/girlhood-studies/9/1/ghs090109.xml?pdfVersion=true
7.	Working with Refugees with Disabilities: Building peer networks among refugees & host community persons with disabilities: Strengthening GBV Prevention & Response in Urban Contexts (2017)	Lebanese Association for Self-Advocacy (LASA – a OPD representing people with intellectual disabilities) & Women's Refugee Commission	Urban refugees, Lebanon	Case study	People with intellectual disabilities	Case study summarises the key outcomes and lessons learned from this pilot project aimed at strengthening protective peer networks for refugees with disabilities living in Beirut. https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1486-beirut-i-strengthening-peer-networks-for-refugees-with-disabilities

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8.	Inclusion of Women and Girls with Disabilities in Gender Based Violence services in Bidibidi Refugee settlement (2019)	National Union of Women with Disabilities in Uganda & Restoration and Hope for Refugees	Camp refugees, Uganda	Project report / Case study	Women and girls with disabilities	This pilot project conducted a consultative meeting with both women and girls with disabilities and GBV service providers to identify GBV-related protection concerns, barriers to accessing GBV services and potential strategies to make GBV activities more accessible.
9.	Guidelines for including ageing and older people in development and humanitarian policy & practice (2014)	AgeAction	Global	Guidance document	Older people	Outlines a policy framework for engaging with older people in development and humanitarian action, including internal organisational systems, external programming, and the role of advocacy. https://www.ageaction.ie/sites/default/files/attachments/guidelines_for_including_older_people_in_development_and_humanitarian_policy_and_practice_2.pdf
10.	Piloting SGBV protection services for Persons with Disabilities in Jordan (2019)	Alianza Por la Solidaridad, Movement for Peace, Disarmament and Liberty & I Am Human	Urban refugees, Jordan	Project report / Case study Success story	People with disabilities	Conducted a needs assessment with people with disabilities and care-givers, identifying the SGBV risks and barriers to accessing both prevention and response activities. Developed internal SOPs and a Handbook for GBV staff on GBV against people with disabilities and provided training on safe identification and referral for disability partners.
11.	IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015)	Inter-Agency Standing Committee	Global	Guidelines	People with disabilities & older women	Global guidelines on prevention and mitigation of GBV in humanitarian contexts – References people with disabilities and older women as at-risk groups. https://gbvguidelines.org/en/

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12.	Interagency Gender-Based Violence Case Management Guidelines (2017)	GBV Information Management System (GBVIMS) Steering Committee	Global	Guidelines	People with disabilities	These guidelines set the standards for quality care for GBV survivors in humanitarian settings, with a chapter on case management for survivors with disabilities. https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf
13.	Humanity & Inclusion (formerly Handicap International) – Dadaab Refugee Camp (2011 – 2013)	Humanity & Inclusion (HI)	Camp refugees, Kenya	Action plan (2011) Survey report (2013) Fact sheet (2013)	People with disabilities	These documents describe HI's work with a range of GBV partners, including UNHCR, Danish Refugee Council, Kenya Red Cross Society, CARE International, Terre des Hommes, BPRM, and Swiss Solidarity (CdB), as well as local committees of people with disabilities.
14.	Children with Disabilities in Somaliland: A knowledge, attitudes and practices household survey (2013)	HI & CESVI	Conflict-affected communities	Assessment report (2013)	Children with disabilities	Assessment included a household survey and then focus group discussions with children with disabilities, community members who live with at least one child with disabilities, and community leaders.
15.	Initiative for empowered action among people with disabilities against GBV (2019)	Family Planning Association of Sri Lanka & Disability Organizations Joint Front	Disaster preparedness & response, Sri Lanka	Project report / Case study	People with disabilities	Project included community and national level consultations, the development of a training package on disability inclusion in GBV in humanitarian crisis, training for people with disabilities and care-givers, and a district level joint response planning workshop.

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16.	Age-Inclusive Humanitarian Response (2017)	HelpAge International	Camp refugees, Bangladesh	Rapid Needs Assessment report Mid-term evaluation	Older people	This project supports age-friendly spaces for older Rphingya men and women, which in turn serves as a hub for protection services and assistance, including safe identification and referral of GBV survivors.
17.	GBV Blended Curriculum (2019)	International Rescue Committee	Global	Training curriculum	People with disabilities	Comprehensive GBV training for including a module on survivors with disabilities covering key considerations, communication and improving accessibility. https://gbvresponders.org/gbv-blended-curriculum/
18.	Expert Group Meeting on "Older Persons in Emergency Crises: Policy Perspectives" (2019)	UNDESA	Global	Meeting Concept Note & Agenda	Older people	This Expert Meeting planned for May 2019 will bring together international experts to discuss policy options aimed at fully mainstreaming older people in national and international emergency systems. Draft agenda proposes to explore gender and vulnerability. Conclusions and recommendations will inform: (a) the implementation of the 2030 Agenda for Sustainable Development; and (b) the General Assembly's Open-ended Working Group on Ageing.
19.	Making It Work (MIW): Gender & Disability (2015–2018)	Humanity & Inclusion	Africa	Project report 2015	Women with disabilities	This project seeks to increase the visibility of women and girls with disabilities within international development, human rights, gender and humanitarian action by documenting good practices. Two humanitarian practices have been documented to date – IRC/WRC Project in Burundi (Project #2) & Women Challenged to Challenge Project in Kenya (Project #22). https://www.makingitwork-crpd.org/gender-and-disability-project

20.	Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights (2018)	UNFPA & Women Enabled International	Global	Project report 2018 Guidelines	Women and youth with disabilities	he recommendations in these Guidelines are aimed at all types of service delivery settings, including low-, middle-, and high-resource settings and humanitarian emergency settings. Reflects sub-populations such as refugees, migrants and displaced people with disabilities (with a focus on women, youth and adolescents). https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities
21.	Whole of Syria Response (2017 – 2018)	GBV Area of Responsibility	Internal displacement, conflict	Humanitarian Needs Overview (HNO) assessment report	Women and girls with disabilities & older people	Women and girls with disabilities and older people are included in assessment questions and findings. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices_from_syria_2019_0.pdf
22.	Protecting urban refugee women and girls with disabilities from abuse and discrimination in Kenya (2018)	Women Challenged to Challenge	Urban refugees	Adolescent girls strategy Good practice / case study	Women and girls with disabilities	This case study was included in the MIW Gender & Disability Project of HI (Project #19). A OPD led project which targeted refugee women and girls with disabilities for home visits, involving them in humanitarian training and action planning initiatives, and strengthening protective peer networks. https://www.makingitwork-crpd.org/index.php/our-work/good-practices/protecting-urban-refugee-women-and-girls-disabilities-abuse-and
23.	Case study: UNFPA's experience with Disability and Older Age Inclusion (DOAI) in Humanitarian Assistance (Roraima/ Brazil) (2019)	UNFPA	Mixed migration / asylum seekers	Project summary / Case study	People with disabilities & older people	In response to the recent influx of Venezuelans into Brazil, UNFPA has worked with partners to establish protection desks which analyse specific needs from concrete data; and the "Reference Centre on Psychosocial Care for Women, Youth, LGBTI, Persons with Disabilities and Elderly" and "Friendly Rooms" which provide entry points for GBV information dissemination, as well as safe identification and referral.

24.	Draft GBV Minimum Standards (2019)	GBV Area of Responsibility (GBVAOR)	Global	Guidelines (DRAFT)	Women and girls with disabilities & older women	his resource presents Minimum Standards for prevention and response to GBV in emergencies, providing practical guidance for first responders on identifying risks from the outset of a crisis and considering the discrimination and barriers facing diverse women and girls, such as those with disabilities or older women to accessing services and assistance.
25.	Safe at Home (2019)	International Rescue Committee	Global – with field testing in Myanmar and DRC	Project brief Research brief	Girls and boys with disabilities	Project seeks to develop and test a programme model to better understand shared risk factors and build the global evidence-base on the co-occurrence of intimate partner violence and violence against children. It explores the different risks of girls and boys with disabilities, with potential lessons for GBV programming.
26.	Ensuring access to GBV services for older survivors in Jordan (2019)	HelpAge International	Urban & camp refugees, Jordan	Presentation	Older people	Presentation to the SGBV Task Force in Jordan on the GBV risks faced by older women (including analysis of GBVIMS data) and recommendations for programming.

Overview of DOAI Projects and Interventions in GBV Programmes in Humanitarian Settings

Over a third of the DOAI projects and interventions included in the review were led by humanitarian organisations with a focus on GBV prevention and response – all of which focused on inclusion of people with disabilities. Among these organisations, the Women's Refugee Commission (WRC) has contributed to a range of initiatives either through direct implementation of projects with operational partners (Project #2, #3, #4, #6, #7) or funding pilot projects to test the GBV sections of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (Project # 8, #10, #15). Similarly the IRC has demonstrated ongoing commitments to disability inclusion in its GBV programming with early participatory research and piloting (Project #2), followed by adaptation of key resources and guidance for GBV staff (Project #17), and finally in expanding learning to their wider violence prevention and response work in humanitarian contexts (Project #25). UNFPA have also played a central role in the development of global guidelines and standards specifically focused on the GBV-related needs of women and youth with disabilities (Project #20), but also in the integration of disability into global GBV guidelines (Project #11, #24). Furthermore, there is some evidence that UNFPA field offices are taking steps to operationalise these guidelines and standards (Project #23). Humanity & Inclusion (HI) have previously documented GBV risks and barriers of women and girls with disabilities in Dadaab refugee camp, raising awareness with GBV actors through activities spanning several years (Project #13). Finally, only five GBV projects and initiatives included in the review had a focus on older people. Among these, three were field-level initiatives, all of which were led by or had linkages with HelpAge International (Project #1, #16, #26).

There were three examples of OPDs leading projects on disability and GBV initiatives (Project #7, #8, #22, see also Case Study 2). These projects were led by women's OPDs and an organisation of people with intellectual disabilities. All projects focused on breaking down isolation and strengthening protective peer networks. A range of other projects were led by GBV organisations but included some sort of partnership with OPDs. The type of partnership between OPDs and GBV organisations varies. They may be consulted or engaged as a stakeholder at field levels, providing feedback on project findings and next steps (Project #5). Alternatively, they may have a role conducting specific activities in a GBV project.

These activities are most commonly awareness raising and sensitisation on disability in communities and among GBV staff (Project #10, #15), with some isolated examples of OPDs leading innovative training on consent and participation directly with GBV staff (Project #4, see also Case Study 1). There were no examples of how OPAs have been engaged in GBV prevention and response efforts in humanitarian settings. However, there are examples of organisations supporting older refugees to form groups and committees that can provide feedback on services and assistance being delivered (Project #16).

Among the DOAI initiatives reviewed, the vast majority focus on or target a specific group within the wider population of people with disabilities and older people. Recognising that women and girls are disproportionately affected by GBV, it is no surprise that the most common sub-group for inclusion in GBV projects and interventions is women and girls with disabilities. There is a growing number of projects and interventions exploring the risk of violence, including sexual abuse, faced by girls and boys with disabilities of different ages (Project #3, #6, #14, #25).

It is important to recognise the diversity among women and children with disabilities. There are a range factors that add to the vulnerability of individuals to GBV, with global studies demonstrating a higher prevalence of sexual violence against adolescents with disabilities, people with intellectual disabilities and those with intimate partners.[12] However, only two examples targeting more marginalised groups of people with disabilities were identified in this review – those with intellectual disabilities (Project #7) and people with communication disabilities (Project #5). As mentioned above, there are far fewer projects or interventions targeting older women with disabilities, although there are some upcoming activities which may lead to greater attention at a policy level (Project #18). Of the projects and interventions included in the review, almost half had a focus on refugee populations (in urban and camp settings), followed by internally displaced populations in conflict-affected countries. Only one project focused on or highlighted the importance of disability inclusion in natural disaster preparedness and response (Project #15). This gap is notable given the evidence of increased risk of sexual harassment, child marriage and sexual abuse, domestic violence and trafficking in natural disasters.[13]

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[12]World Health Organization & World Bank (2011) World Report on Disability. https://www.who.int/disabilities/world_report/2011/report/en/

[13] International Federation of the Red Cross and Red Crescent Societies (2018) The Responsibility to Prevent and Respond to Sexual and Gender-Based Violence in Disasters and Crises: Research Results of Sexual and Gender-Based Violence (SGBV) Prevention and Response Before, During and After Disasters in Indonesia, Lao PDR and the Philippines. https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/07/17072018-SGBV-Report_Final.pdf.pdf

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DOAI Strategies in GBV Programmes in Humanitarian Settings

Assessing GBV-related needs of people with disabilities and older people

Of the 26 projects and interventions included in this rapid review, eight (30%) included assessments on the GBV-related needs of people with disabilities and / or older people, identifying barriers to accessing GBV services and activities. This is most commonly through separate and targeted assessments, oftentimes in partnership with organisations with specific programmatic focus on these populations. There are only limited examples of people with disabilities and older people being integrated into wider protection and GBV assessments, by including them in age- and gender-appropriate focus groups discussions with peers and / or integrating questions on disability and older age in wider focus group discussion guides (e.g. Project #21, #25). Of particular note, these assessments rarely identify the skills and capacities among people with disabilities and older people which could provide insight into protective factors and / or contributions that they may make to community programming. Furthermore, there is little to no evidence of how these assessments have influenced or informed future programming. Most of these assessment activities ended at the point of recommendations for GBV programmes and / or action plans being developed with stakeholders to address the gaps identified. There is rarely any follow-up of assessments or evaluations to determine if these actions and recommendations were or were not implemented.

DOAI Snapshot

Disaggregating qualitative needs assessments & service mapping (Project #21)

'Voices from Syria: Assessment Findings of the Humanitarian Needs Overview' (commonly referred to as Voices) is part of the Whole of Syria (WoS) GBV sub-cluster needs assessment tools to collect qualitative data on GBV. It was first published in 2015 and is produced annually. Findings from Voices consistently report that women and girls, in particular adolescent girls, married, widowed, divorced and older single women, female-headed households, people with disabilities, and elderly people are at high risk of violence. Voices includes detailed information on the needs, risks and vulnerabilities of women and girls with disabilities and older women in assessment questions and findings.

Voices is used to inform programming and advocacy efforts and is an evolving tool. The 2018 report highlighted the need to differentiate between types of disability, age or sex, and how the effects of the disability on the person can change over time. In 2019, the assessment focused more on care-givers and women and girls with disabilities. Additional questions were added within the assessment tools to better target women and girls with disabilities and their care-givers, get their feedback on services to see how accessible, relevant and appropriate they are. To complement this and build a better understanding about the availability of GBV services for women and girls with disabilities, the operational mapping for WoS GBV sub-cluster (4W: Who, What, Where, When) is being revised to include a question on disability to assess the extent to which GBV partners are providing GBV response services to women and girls with disabilities.

Guidance, tools and training on DOAI

An equally common DOAI strategy is the development of guidance, tools and training for GBV practitioners. A wide range of tools and resources are now available on disability inclusion for GBV practitioners, including for frontline workers engaged in safe identification and referrals and for case managers providing direct support to survivors with disabilities. There are also tools to support the participation of children, adolescents and youth in community-based GBV prevention efforts. Most of the guidance, tools and training available on disability inclusion in GBV programming draw on or reference tools developed by WRC & IRC (Project #2), with materials being integrated into global guidance (Project #12) and organisational resources (Project #17), and adapted for specific groups or contexts (Project #3, #4, #10).

Identifying and addressing barriers

Given that many DOAI initiatives have focused on assessments, it is not surprising that physical, attitudinal and communication barriers are well documented. These barriers are most commonly identified through consultations and focus group discussions with community members. Common examples of the reported barriers are safe spaces having stairs and or lack of transport to facilities, negative attitudes or misconceptions among GBV staff who may not invite people with disabilities and older people to GBV activities, reliance on mobile phone "hotlines" to access GBV services, and / or sharing information on GBV in only one format. Policy barriers were poorly articulated across the DOAI projects and initiatives reviewed, with generic references to GBV Standard Operating Procedures (SOPs) being "not adapted" to these groups – the details of what does and does not work in the SOPs was unclear. Common strategies used to address these barriers include establishing Age Friendly Spaces (Project #16) which serve a hub for information dissemination, safe identification and referral, combined with community outreach to those who may be confined in their homes. Expanding on the safe space model, there are a collection of projects which implemented strategies relating to representation and peer networking of older people (Project #16), women and girls with disabilities (Project #2, #6, #22) and people with intellectual disabilities (Project #7).

Adapting Standard Operating Procedures (SOPs)

Adapting GBV SOPs can strengthen case management and referral mechanisms to ensure that older people and people with disabilities at risk of protection concerns are identified and adequately supported, as referenced in the HIS. Some projects included in the rapid review were focused on adapting and / or developing annexes to GBV SOPs. For example, in Lebanon, UNICEF and Women's Refugee Commission developed complementary guidelines on safe identification and referral including a "Do's and Don'ts List" in line with the SOPs, and an informed consent flow chart with sign posts for when to trial different communication methods and involve supervisors, as well as tips on when to refer to disability service providers (Project #4, see also Case Study 1). In Jordan, a coalition of GBV and disability actors developed internal SOPs to establish a common understanding of rights-based and survivor-centred approaches and referral indicators between the partners (Project #10). These examples, as well as UNFPA's experience in Brazil (Project #23), highlight the importance of strengthening local capacities and national systems for inclusive GBV prevention and response, both during the crisis and beyond for affected and host populations.

DOAI Snapshot

Disability and Older Age Inclusion in Humanitarian Assistance for Displaced Venezuelans in Brazil (Project #23)

UNFPA expanded its programming in 2017 for humanitarian response due to the increased numbers of Venezuelans entering Brazil. UNFPA decided to have a dedicated focus on DOAI in their GBV and SRH programming, after identifying gaps in services and assistance for this group, as no other agency was supporting them. UNFPA has three interventions related to DOAI in their humanitarian GBV programming:

Protection Desk: UNFPA established a protection desk for women and children to identify the needs and capacities of affected populations, including vulnerable groups such as female-headed households, older people and people with disabilities to facilitate access to services. The protection desk (Mesa de Proteção) was set up to analyse specific needs, strengthen protection networks and to monitor the work of resettlement.

"Friendly Room" at reception centres: UNFPA supported the creation of a "Friendly Room" in the two screening and reception centres for new arrivals (located in Boa Vista and Pacaraima). The "Friendly Room" offers information on how and where to access care services for GBV and SRH services. Since these spaces were established in June 2018, they have assisted 8,363 beneficiaries (up to 28 March 2019), of which been 2.7% have been people with disabilities and 1.8% have been women over 60 years old.

Psychosocial Support (PSS) services: Finally, UNFPA is supporting safe identification and referral through the "Reference Centre on Psychosocial Care for Women, Youth, LGBTI, Persons with Disabilities and Elderly", established in cooperation with the Salvation Army in December 2018. This referral center supports survivors of violence to access essential services, of which 10% are women and girls with disabilities.

Strengthening protective peer networks

Women and girls with disabilities are often excluded from age- and gender-appropriate peer networks, adding to their isolation and reducing access to information and support relating to GBV. As such, it is very promising that a collection of projects included in the rapid review focus on strengthening the protective peer networks of women and girls with disabilities (Project #2, #6, #8) with one initiative focused on building peer support between people with intellectual disabilities and their care-givers from refugee and host populations (Project # 22). In one project, adolescent girls reported developing both human and social assets, such as education, self-esteem, friendship networks and roles in the community, through their inclusion in group activities with girls without disabilities (Project #2). This not only increases their support from other girls, but also raised awareness with girls and wider community members on aspects of their identity beyond their disability.

Communicating with people with disabilities

While references are made to producing information in "multiple formats" in guidelines and recommendations, it is not clear whether this is operationalised and whether this then translates into positive outcomes relating to inclusion. These recommendations include a range of different communication methods, such as Braille, sign language and Easy-to-Read versions. There was only one project that explored the specific needs of people with communication difficulties (Project #5), highlighting the gaps in alternative or augmentative communication (AAC) systems in refugee contexts.

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DOAI Snapshot

Invisible disabilities – People with communication difficulties (Project #5)

GBV actors often report challenges in supporting people with communication disabilities and may incorrectly perceive that sign language is the most appropriate form of communication with these individuals. A project by Metropolitan University, Communicability Global and UNHCR with refugees in Rwanda highlighted these misunderstandings among GBV service providers, which reduces access to quality, rights-based support for survivors with communication disabilities. The project documented anecdotal reports of perpetrators targeting and sexually exploiting these individuals in camp settings, and that service providers and the community alike may discredit individuals when they attempt to communicate on this topic. Finally, this project documented that people with communication disabilities are not only excluded from GBV services, but also from prevention efforts, such as sexual and reproductive health education.

Partnerships

Coalitions are often established to implement DOAI in GBV programmes, with some projects involving a partnership between a GBV-focused organisation, a disability service provider, and an OPD. OPAs are less commonly engaged, with a small number of organisations instead focusing on strengthening and engaging community leadership structures within affected populations and supporting the establishment of older persons committees (Project#16). The gender balance and diversity of OPD and older person committees are critical, with some coalitions facing challenges in ensuring the most at-risk groups within these populations are reached. GBV actors also highlighted that umbrella body OPDs may have an under-representation of women in leadership structures.

"The project was based on a strong assumption that persons with disabilities are members of the OPD and the OPDs are represented by [the umbrella OPD]. However, during the pilot testing it was learnt that the complexity of the demographics of persons with disabilities would be difficult to be captured only through [one organisation]. The pilot testing team would have taken more efforts to ensure the inclusion of persons with disabilities and OPDs who are not members of [the umbrella OPD]." (De-identified)

Of particular note, the roles and responsibilities of the different partners in GBV prevention and response is wide and varied, from OPDs largely leading activities with financial support and advice from GBV actors (Project #7, #8, #22); raising awareness on disability with GBV partners (Project #10); to being trained as trainers on GBV for community members with disabilities (Project #15). There are also several examples where OPDs and age and disability-focused organisations have conducted GBV assessments without a specialised GBV partner at field levels (Project #8, #13, #16). While these assessments provide valuable information about the GBV-related needs of affected communities, the gap in formalised partnerships with a GBV service provider may explain the lack of follow-up or outcome from these initiatives. As described by one key informant: "It has to be service user and service deliverer led".

Alignment with Humanitarian Inclusion Standards

Of the 26 projects / interventions include in the review, 23 were assessed against the HIS Protection Key Actions, documenting whether there was evidence that the Key Action was implemented, the types of strategies used, and any outcomes noted. The DOAI strategies used in these projects are largely focused on identification of protection concerns (HIS Protection Standard 1) and addressing these concerns as well as barriers to accessing GBV services (HIS Protection Standard 2). Projects were less likely to focus on the participation of people with disabilities and older people in GBV programme decision-making, with very little inclusion, among documents reviewed, in prevention and empowerment initiatives (Protection Standard 3). As mentioned above, steps were also taken to analyse projects and programmes against the HIS Health Standards, however no suitable programmes or projects were identified in our searches. As such, it appears that strategies for DOAI in GBV programming in humanitarian settings are more focused on the protection sector, with possible gaps in addressing DOAI in health sector responses to GBV.

Table 2: Evidence on Implementation of HIS Among Projects Reviewed

Protection inclusion standard 1: Identification of protection concerns – Older people and people with disabilities have their protection concerns and capacities identified and monitored.		
KEY ACTION	**STRATEGIES**	**OUTCOMES**
1.1: Adapt protection assessment and monitoring tools to collect information on the protection concerns and capacities of older people and people with disabilities.	Guidance on data disaggregation, and then assessments focused on people with disabilities and older people. WoS was the only example of DOAI in GBV sub-sector assessment and monitoring processes.	No information on how information is being used to adapt GBV programming.
1.2: Include older people and people with disabilities in age- and gender-appropriate protection assessments.	Mostly separate and specific GBV assessments for these groups. One example of setting criteria for inclusion of representatives of households with people with disabilities in age- and gender- appropriate FGDs, and another example of using disability stories or "vignettes" to explore potential violence within the home.	One example of pilot actions being implemented and evaluated based on initial assessment – but it was a separate and specific GBV assessment.

Protection inclusion standard 1: Identification of protection concerns – Older people and people with disabilities have their protection concerns and capacities identified and monitored.

KEY ACTION	STRATEGIES	OUTCOMES
2.1: Build awareness among staff, partners and communities of the increased risks faced by older people and people with disabilities.	Wide range of guidelines, tools and resources targeting different levels of the humanitarian system – From inter-agency coordination through guidelines and standards, to consultative meetings and training with GBV staff, and finally direct awareness raising with communities of people with disabilities, family members and community. Far fewer tools and resources relating to older people at GBV for community awareness raising.	Four projects demonstrated change in attitudes of GBV staff and family members / care-givers, with appropriate evidence through quotes and testimonials from individuals.
2.2: Strengthen case management and referral mechanisms to ensure that older people and people with disabilities at risk of protection concerns are identified and referred.	Most common strategy documented is guidelines, tools and resources for GBV practitioners, mostly focused on women with disabilities. Some tools provide detailed guidance on consent processes and working with care-givers, with applicability to supporting survivors with intellectual disabilities and / or multiple complex disabilities. One example of Age-Friendly Spaces being set-up where older people could access information on GBV and referral to appropriate GBV service providers.	One project presents disaggregated quantitative data about the number of women with disabilities and older women accessing case management through centres, but no analysis of trends on how service usage might be changing or the outcomes for the women accessing it.

Another project documented, that staff are more aware of the identification process for SGBV cases involving people with disabilities and the "protocols for dealing with such cases (regarding consent, confidentiality, referral, and home visits)".

One project demonstrated a higher-level outcome (possibly impact level) relating to case management with guidelines and tools being integrated into the national SOPs for GBV and child protection (see Case Study 1). |
| 2.3: Provide appropriate services and support to older people and people with disabilities at risk of protection concerns. | IRC is working with male and female caregivers on parenting and positive discipline and piloting a module that explicitly addresses parenting of children with disabilities. Age-Friendly Spaces in Bangladesh also serve as entry points for older people to access protection services, including referral to GBV service providers. Other organisations have established internal SOPs for safe identification and referral and supporting those at risk of GBV. Finally, a Women Challenged to Challenge in Kenya has implemented this Key Action by training women and girls with disabilities on their rights and available services. | Very few outcomes are documented. Women Challenged to Challenge report that the women with disabilities who participated in the training programmes now speak up more, both for themselves and their children, and also know where to get the help they need. These women report that their self-esteem has also improved by gaining knowledge and by sharing with, and supporting, other women who are living the same situation. |
| 2.4: Address and monitor barriers to accessing protection response services. | Most organisations implementing this Key Action report consulting with people with disabilities on a regular basis to identify and address barriers. However, there is little information about how these barriers are addressed or the outcome for inclusion.

In addition to the AFS, home-based care is provided in Bangladesh by reaching out to older people in their homes, particularly those who have mobility issues. There is also a device that staff and volunteers use to carry older people who are unable to walk to help the person reach a facility. | Despite this being the second most commonly implemented Key Action described in projects, there was very little evidence of outcome. One project demonstrated the role that participatory approaches play in identifying effective strategies for inclusion and documenting change among beneficiaries. These approaches place affected people at the centre of identifying barriers, but also what strategies work best in a given context to address these barriers to GBV services and activities |

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Protection inclusion standard 3: Participation and empowerment – Older people and people with disabilities are included in prevention of violence, exploitation and abuse, and in empowerment activities.

KEY ACTION	STRATEGIES	OUTCOMES
3.1: Use a range of communication channels and methods to ensure that older people and people with disabilities have access to information about prevention and empowerment activities	Recommendations made to produce GBV materials in a range of formats. Strategies described include outreach, targeted messaging, reviewing GBV awareness materials to depict people with disability. Case management guidance highlights the importance of building trust and getting to know someone, along with body language and listening skills, when communicating with people with more complex disabilities. WRC & IRC developed tools to support staff to identify and track communication skills of such individuals for more effective case management. Lebanese Association for Self-Advocacy used participatory activities to share information on rights and access to services with refugees with disabilities. Academic research has also been conducted on the GBV-related needs of people with communication disabilities – However, this research is yet to identify practical strategies for GBV practitioners to use when communicating with non-signing people with communication disabilities.	No information on how information is being used to adapt GBV programming.
3.2: Include older people and people with disabilities in community-based protection activities.	Most guidelines reference the importance of including people with disabilities and older people in community committees and leadership structures. However, practical examples of this in action are limited.

WRC & IRC engaged women and girls with disabilities in a range of community-based protection activities, including recruiting them as GBV volunteers for community mobilisation, village savings and loans associations, and in programme evaluation and review.

LASA is an organisation of people with intellectual disabilities who have designed and implemented workshops with refugees with disabilities on a range of issues including violence. LASA sessions supported refugees with disabilities living in Beirut to reflect on safety issues, including how these might be different for women, men, girls and boys with disabilities, as well as how these might relate to their nationality or country of origin. | One example of pilot actions being implemented and evaluated based on initial assessment – but it was a separate and specific GBV assessment. |

Outcomes of DOAI Strategies in GBV Programming in Humanitarian Settings

While DOAI strategies are being implemented in GBV programmes, there is still a significant gap in measuring outcomes of these strategies – both for inclusion into programmes and activities, but also relating to GBV risk and resilience for those who have been successfully included.

Change in knowledge, attitudes and practices of staff

While evidence of outcomes is far from systematic across the literature, change in awareness and knowledge was a commonly cited outcome in project documents and reports. Trainings that challenge attitudes, as well as build skills in providing services to people with disability are needed. For example, LASA conducted sessions on risks and safety with refugees with disabilities and their caregivers. The activities and materials used during the sessions were fully developed and implemented by the self-advocates (men and women with intellectual disabilities) with the assistance of support staff. Engaging parents throughout, the self-advocates supported family members to recognise the voice of individuals with disabilities, and how they have something to say about their situation (Project #7). Furthermore, self-advocates present a positive example to parents and family members, helping them better understand the skills and capacities of people with intellectual disabilities. [14]

"Elham's sister was never allowed her to go out of the house alone. After the work that was done with the group, it was reported that she is now going to the shop to buy something. Moreover she is visiting with neighbours independently." (LASA facilitator, relaying the experience of a refugee participant) Project #7

Since this project, LASA Self-Advocates have facilitated training sessions with GBV actors in Lebanon on informed consent processes, supporting the implementation of SOPs and challenging assumptions on the capacity of people with intellectual disabilities (Project #4, see also Case study 1).

There is further evidence that attitudinal barriers can be addressed by ensuring diversity in GBV teams, especially among community volunteers, and fostering experiential learning among GBV practitioners (Project #2). Having tools, standards and training packages are key, but require a capacity building plan that goes beyond trainings to include mentoring, monitoring and follow-up.

"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, to know that when we say we want to include persons with disabilities we really mean it. This is a good way to start to make a change in the way persons with disabilities are viewed." (Social Worker — My'Ayni Camp, Ethiopia) Project #2

Protective factors that reduce the risk of GBV

Strengthening peer networks of women and girls with disabilities, people with intellectual disabilities and caregivers through home-based and centre-based activities can increase access to information on GBV, as well as enhance social capital and influence status in the community. For example, the WRC & IRC project (Project #2) documented an example of working with refugee women with disabilities and female caregivers to conduct "coffee discussions" on GBV in their homes. Inviting women and girls from neighbouring shelters to join them in their home for this discussion, reduced the need for travel and highlighted their capacities to contribute to the community.

"We have hosted coffee discussions in our home, right here. This has brought people closer to us. When they come to the home we discuss many things, things that are really important, but they also have a chance to see that we are good parents even though we are a bit different. Now, people understand us better, they even come to say hello and see how we are. It makes me feel safer having neighbours that I know now." (Story of Change from mother with disabilities) Project #2

These projects highlight the importance of process, rather than checklist style responses to DOAI. This includes fostering reflective practice for GBV practitioners, as no single strategy will work for diverse groups.

[14]For more information, please see the video entitled Meaningful Programmes for Engaging Refugees with Disabilities in Lebanon. https://www.youtube.com/watch?v=TYGNk1RuZ-o

5. GAPS AND OPPORTUNITIES TO STRENGTHEN DOAI IN GBV HUMANITARIAN INTERVENTIONS

Data analysis and usage

GBV risks and barriers for women and girls with disabilities and older women are well documented through the assessments identified in this review. There are calls for more detailed disaggregation by impairment type in the GBVIMS. However, this level of disaggregation is unlikely to yield statistically significant findings, especially at field levels. Instead, disaggregation by disability within standard GBVIMS trend analysis should be done on a regular basis to support reflection on service usage, identifying situations where more qualitative information should be gathered on barriers and strategies from community members. Patterns and trends from this data can be shared in an agreed way and used more in Humanitarian Needs Overviews (HNOs) to demonstrate barriers and changes, complementing findings and information from qualitative assessments and informing priorities in the Humanitarian Response Plan (HRP). It is also critical to expand the secondary analysis and usage of existing data from education campaigns and health surveys to better identify and target at-risk groups for GBV prevention and response activities.

Opportunity: Support DOAI assessments that are integrated into the GBV sector response, including within GBVIMS trends analysis and HNO. Critical to this approach should be that these assessments have a GBV partner who will take responsibility for integrating findings into the GBV sector response, and that time and resources are allocated to adapting programmes and evaluating inclusion. Furthermore, stronger links need to be demonstrated between this data analysis and response planning.

Piloting and evaluating DOAI strategies

As mentioned previously, evidence of outcome and effective strategies for DOAI are far from systematic. Several projects reported that the length of implementation was too short to effectively address the barriers identified, follow-up on recommendations with GBV actors and evaluate outcomes (Project #4, #5, #8, #15). Projects which demonstrated outcomes were implemented over a longer period of time, providing opportunity for participatory approaches, learning and reflection.

Opportunity: Learning on DOAI should expand beyond assessments to prioritise piloting and evaluation of strategies over longer periods of time, in different phases of response, and in different contexts. There is an opportunity to expand learning on DOAI inclusion in GBV programming for natural disaster preparedness and response.

Including women and girls in all their diversity

The rapid review demonstrated that DOAI is not yet implemented as a coherent approach to programming. Instead programme implementers select and target specific groups, such as women and girls with disabilities or older people, with little reflection on diversity within these groups, the factors that may add to risk, and barriers they may face at different points in their life cycle. GBV programmes need to look at GBV risks beyond reproductive ages and strengthen usage of existing mapping tools to identify the individuals and groups that might be the most at risk. Furthermore, these groups are consistently selected because of their vulnerability to GBV, with very limited analysis of their strengths, skills and capacities. These groups are considered separately with siloed programme activities, which in turn fail to recognise intersecting identities of women and girls. DOAI approaches must also consider other categories, such as being an orphan, an unaccompanied and separated minor, being married, widowed or divorced, or having undocumented, stateless or returnee status. Finally, we must fully recognise the impact that disability may have for other (non-disabled) women and girls in a household and community, with examples of adolescent girls being removed from school to support family members with disabilities and mothers of children with disabilities being also excluded from GBV prevention and response activities.

Opportunity: Research and learning which explores the factors that contribute to marginalisation and applies an intersectional lens to analysis of barriers, would in turn support the identification of effective strategies for many of the sub-populations not addressed by projects in this review, including women and girls with intellectual and psychosocial disabilities, female caregivers of people with disabilities and older people. Such research and learning must also extend to skills and capacities, looking creatively at the strengths and contributions that women and girls in all their diversity can bring to GBV prevention and response efforts in the community.

Mawazo's Story

"My name, in my language, means both problems and ideas. I have a lot to talk about and a lot to share with others. I am a very open person; I think this is why the children like me so much. I am open to them, I smile with them, and I share stories. There is a lot that I can teach them, I have seen and learned many things in my life. I can teach them about their culture, I can teach them respect and I always teach them to share …. Even if I am very hungry, I know that this is a chance for me to teach something, to help someone, just like others are helping me."
(Project #2)

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Global capacity building

Guidance and tools for GBV practitioners on disability inclusion are being adapted and integrated into global guidelines and standards, which is fostering alignment and coherence across the sector – However, there is a gap in the roll-out, monitoring and capacity support (including mentoring) needed to ensure sustainable implementation at field levels. There is commitment among GBV partners to DOAI but more support is needed to realise it as a central component at field levels.

Opportunity: A global capacity building initiative on DOAI is required to advance the commitments made in global GBV standards and guidelines. The GBV sector already has models for advancing such initiatives, as seen with the roll out of the IASC GBV Guidelines and Caring for Child Survivors Guidelines. A mapping of capacity development models and approaches, as well as key stakeholders would assist in defining the way forward in detail.

DOAI in health service responses to GBV

The rapid review identified a gap in tools and resources on DOAI in health service responses to GBV. It is likely that there is a gap in clinical management of rape, which tends to fall under sexual and reproductive health programming and coordination, for survivors with disabilities or older women.

Opportunity: As the recently revised Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings (2018) is rolled out globally, there are new opportunities to identify promising practices relating to DOAI in GBV prevention and response activities within the health sector. Additionally, mapping the capacity development needs of health service providers would inform training, tools and resources on DOAI to complement the IAFM.

Rapid Review of the inclusion of People with Disabilities and Older People in Gender-Based Violence (GBV) Humanitarian Interventions

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Funding DOAI in GBV programming

Finally, DOAI cannot be viewed in isolation of systemic challenges in GBV programming in humanitarian contexts. A recent global multi-stakeholder study[15] by VOICE and the International Rescue Committee (IRC) revealed extremely low funding requests for GBV, alongside severe gaps in personnel and funding management. According to the Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service (FTS), funding for Projects that focused on GBV accounted for less than 1% of all humanitarian funding in 2016-2018; much lower than emergencies require given the magnitude of the problem. Further, roughly two-thirds of these demonstrably inadequate requests have gone unfunded.

While it is impossible to ascertain the exact number of women and girls impacted by gaps in GBV services, individual country analysis of differences between projected target populations and beneficiaries served, reviewed alongside FTS-reported funding gaps, begins to paint a picture of how many are not receiving critical care. Even in the aftermath of the highly public Chibok schoolgirls kidnapping by Boko Haram in 2014, the 2016 Nigeria Humanitarian Response Plan (HRP) made a request of only 726,507 USD for GBV programming out of a total request of 484.2 million USD. In Central African Republic the 2016 HRP enumerated 27,908 sexual violence survivors but only targeted 6,995 for services. The total funding request was 1.09 million USD and they received 0 USD.

Furthermore, the operational capacity and costs of women's civil society organisations – the frontline for GBV response within the localisation agenda – remains under-recognised in response planning and budgeting. In fact, women's OPDs report lack of funding as one of their most significant challenges when engaging in humanitarian responses. Due to their size and capacity, they are often unable to access government donor funds and find response level funding mechanisms funding mechanisms difficult to navigate. As such, they often rely on a small number of non-government grant-makers.[16]

"We lack funding to engage in humanitarian action. We are trying to just make our small OPDs work and keep them open, [but] it is hard for us to find the funding to grow our programmes." – Women's OPD representative, Rwanda[17]

Recognising and effectively addressing the threats of GBV in humanitarian contexts requires specific expertise. Many agencies of all types (including donor/member states, UN agencies, and INGOs) lack sufficient, dedicated GBV staff, which hampers their ability to recognise and assess needs on the ground, and to prepare, submit, or review requests and implement programmes for GBV-specific funding.

Taken together these issues represent a major gap in humanitarian accountability to crisis-affected populations, especially those most at risk of GBV.

Opportunity: Truly innovative partnerships and research on DOAI must not only explore what works at field levels, but address some of the systemic challenges faced by the wider GBV sector. Multi-year funding is needed to demonstrate the link between DOAI and outcomes in GBV programming. There is a need for a variety of disaggregated data on funding to inform donor planning as well as programming in the field, which may require more detailed intersectional data. Making global commitments to localisation a reality will also require that donors and funders set targets and monitor funding to women's OPDs, ensuring that both operational core funds as well as specific activity costs are considered.

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[15]See forthcoming report: Where's the Money? How the Humanitarian System is Failing in its Commitments to End Violence Against Women and Girls. International Rescue Committee and VOICE, 2019.

[16]Women's Refugee Commission (2016) Working to Improve Our Own Futures": Inclusion of Women and Girls with Disabilities in Humanitarian Action. https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1342-networks-women-disabilities

[17]Women's Refugee Commission (2016) Working to Improve Our Own Futures": Inclusion of Women and Girls with Disabilities in Humanitarian Action. https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1342-networks-women-disabilities

ANNEX 1: CALL FOR DOCUMENTS

Rapid Review of Disability and Older Age Inclusion in Gender-Based Violence (GBV) Humanitarian Interventions

Call to solicit documents

What? Elrha[18] has commissioned **VOICE**[19] to conduct a rapid review of Disability and Older Age Inclusion (DOAI) in GBV humanitarian Interventions. The rapid review will be carried out in March and April 2019 and seeks to improve understanding on the inclusion of people with disabilities and older people in existing GBV interventions in humanitarian settings. The review will also provide promising practice examples of inclusion of people with disabilities and older people in GBV interventions.

Why? People with disabilities and older people are frequently excluded from humanitarian assistance and protection even though they are among the most at risk, vulnerable, and marginalised before, during and after humanitarian crises. Elrha's DOAI focus area supports innovative approaches to promote the uptake of the 2018 Humanitarian Inclusion Standards (HIS) for Older People and People with Disabilities. This rapid review will produce a synthesis of trends, good practice and gaps, informing Elrha's future work on DOAI.

What do we need? We are collecting documentation from humanitarian actors and disability and older person networks to better understand how people with disabilities and older people are being included in existing GBV interventions, and how these interventions are aligning to the HIS. Documentation can include (but not limited to) project/programme proposals, reports, assessments, reviews, evaluations, and other technical outputs; relevant training materials, policies, procedures and strategies; operational research with humanitarian partners; programme monitoring tools, systems and data or case studies.

Relevant interventions for the review can include:

- any programmes that target and / or reach at-risk groups of people with disabilities and older people as part of the GBV intervention (e.g. women with disabilities, adolescent girls with disabilities, people with intellectual disabilities, households headed by older women, older people with disabilities, people who are Deaf, etc.);

- humanitarian interventions with a GBV prevention, risk mitigation or response component including health, psychosocial support, child protection or protection, etc.;

- GBV programmes in humanitarian settings that are ongoing or completed.

How will the review work?

Document review: We will compile secondary data and documentation collected through this call into a database and review it against selected Humanitarian Inclusion Standards to build an evidence base on the extent of DOAI in existing GBV interventions.

Good practice case studies: Following the document review, GBV programmes / activities that demonstrate good practice will be selected for more detailed appraisal including interviews with programme staff. This will be used to develop case study narratives to showcase promising practice. Selection criteria for case studies will consider type of GBV programming / activities, as well as age, gender and type of disability, prioritising diversity across the examples documented.

Synthesis of trends, good practice and gaps: A final report will be shared in late April 2019 detailing the extent of inclusion of people with disabilities and older people in existing GBV interventions in humanitarian settings. This will provide a synthesis of the key trends observed from the review of interventions, good practices, and critical gaps in the implementation of DOAI in GBV interventions. One-page positive practice summaries will also be developed to accompany the report.

Next steps

If you know of existing GBV interventions that address the inclusion of people with disabilities and/or older people, please share relevant documents, links, data or any other materials with Emma Pearce (VOICE Consultant) at EmmaPearce2018@gmail.com by March 31st 2019.

- All documents and information shared will be treated confidentially and stored securely. Only data and documentation that is publicly available or shared by authorised personnel will be included in the rapid review.

- If you are sharing information about a project in which you or your organisation are directly involved, please also indicate whether you (or the relevant colleague) are willing to be contacted for an interview should this project / activity be selected for documentation into a promising practice case study.

- If you need any more information or have any questions, please contact Emma Pearce at EmmaPearce2018@gmail.com.

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[18] Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Elrha is an established actor in the humanitarian community, working in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

[19] VOICE is a for impact organisation working globally to amplify the voices of women and girls in crises. Our vision is a world where women and girls no longer face discrimination and violence, and where they are recognised and respected as the leaders that they are in humanitarian responses—both on the ground and within the halls of power.

ANNEX 2: DISTRIBUTION LIST FOR CALL FOR DOCUMENTS

The Call to Solicit Documents was circulated through the following organisations, networks and communities of practice:

- Global Protection Cluster (GPC)
- GBV Community of Practice
- GBV Area of Responsibility (GBVAOR)
- Coalition of Feminists for Social Change (COFEM)
- International Council of Voluntary Agencies (ICVA)
- InterAction
- Inter-Agency Working Group on Reproductive Health in Crises (IAWG) Sub-Working Group on GBV
- Call to Action on Protection from GBV in Emergencies
- Sexual Violence Research Initiative (SVRI)
- IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action
- NGO Committee on Aging- Vienna (CoNGO)
- Age and Disability Consortium
- nternational Disability Alliance (IDA)
- Global Alliance for the Rights of Older People
- Global Network of Women with Disabilities
- African Network of Women with Disabilities (NAWWD)
- South Asian Disability Forum (SADF)
- Women Enabled International (WEI)
- Making It Work (MIW) Gender & Disability Project
- Women's Refugee Commission (WRC)
- What Works
- Prevention Collaborative
- GBV Prevention Network
- Office of the Independent Expert on the enjoyment of all human rights by older persons in the Office of the High Commissioner for Human Rights
- World Bank
- World Health Organisation
- UNHCR