



HUMANITARIAN INNOVATION FUND
Exploring new collaborations to address Gender-based Violence
HIF GBV Seed Funding - Narrative template

Organisation Name	Manchester Metropolitan University
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Project Title	Supporting refugee-survivors of SGBV who have a communication disability – Rwanda. <i>‘Sexual and gender-based violence’ (SGBV) is used, in accordance with terminology of the main partner UNHCR, but we acknowledge that HIF’s preferred term is GBV.</i>
Partner(s)	MMU: Julie Marshall UNHCR, Rwanda (SGBV): Sidra Anwar and Nathalie Bussien Communicability Global, Rwanda: Helen Barrett Institute for Human Centered Design, Boston: Lise Capet
Problem addressed / Theme	Rwanda is host to over 145,000 refugees. Refugees with disabilities are at high risk of experiencing SGBV and vulnerability increases if they experience communication disability (CD) and cannot adequately report their experiences / access support. Up to 50% of people with disabilities may have a CD, but this is frequently unidentified. This is partly because CDs are often associated with other conditions (e.g. intellectual disability) and CDs are frequently invisible to the onlooker. In a humanitarian context, identification of, and support for, People with Communication Disabilities PWCD is limited. By their nature, CDs make the reporting of SGBV challenging or impossible. UNHCR and other humanitarian stakeholders in Rwanda have identified an urgent need to understand the challenges to providing SGBV services for PWCD.
Location	Kigali and Gicumbi, Rwanda
Start Date	1 st May 2016
End Date	31 st July 2016

Total Funding	HIF £10,000 ; In-kind partner contributions: MMU £3166; UNHCR Rwanda £1288. Total in-kind contributions £4454
Total Spent	£10,000

ACTIVITIES CARRIED OUT

1. Describe all the activities carried out. Please attach a workplan or log frame, if these were used.

Please see work plan (appendix 1), in which planned activities & time-frames were set out at start of the project. Activities were carried out as planned, with the exception of activities highlighted in yellow. The reasons for the unplanned changes are described below:

1. The project leads JM and HB (the two Speech and Language Therapist leads on the project), were unable to gain permission from the Rwandan Government, to enter a refugee camp, as had been planned, due to unforeseen restrictions. Front-line workers and carers of People with Communication Disabilities (PWCD) were therefore interviewed by the UNHCR partners in the camp, following a briefing from the project team.

2. Meetings with PWCD were not considered to be feasible in the short time frame. The ethics scrutineer of the project at the lead institution (MMU) raised concerns about interviews with PWCD, when conducted over a short time frame. It is vital to take time to build relationship with

PWCD and their carers/ family and to work with the front-line workers in people's own contexts. Thus, meetings were held only with carers of PWCD - in the camp by the UNHCR partner (see above) and in an urban setting (Kigali) where refugees are living in the community, by JM and HB.

2. If you have made changes or amendments to the planned activities and objectives that have not been detailed in an *Agreement Amendment Form*, please list them here.
None, other than the adjustments detailed above.

ACHIEVEMENTS

3. Has the project demonstrated the success of the idea? By 'success' we mean that the idea has proven effective.

- Completely successful
- Significantly successful
- Partially successful
- Completely unsuccessful

Please explain further:

Our individual and group interviews and workshop findings reflected and extended the challenges identified in the literature and highlighted the fact that PWCD are likely to be unable to engage in the stages of SGBV response and that adjustments are not made to SGBV prevention activities, in order to facilitate the successful inclusion of PWCD. These findings strongly suggest that the idea underlying this project was valid and is worthy of further investigation. Future work should include: identifying the views, experiences and needs of PWCD in relation to SGBV prevention and responses, the development of solutions and measurement of their impact.

4. Please describe how the project achieved the planned objectives, and describe all of the results achieved through the activities indicated in Question 1.

Objectives:

a. To conduct a literature-search to determine:

- i. Research on /services for:
 - o PW Disabilities in relation to SGBV in humanitarian contexts;
 - o PWCD in relation to SGBV in humanitarian contexts;
 - o PWCD in relation to SGBV in non-humanitarian (including High Income) contexts
- ii. Best-practice for disability-inclusive SGBV support services in humanitarian contexts.

The literature review found evidence that people with disabilities are at significantly higher risk of SGBV than the general population. This is particularly the case for women and girls with hearing and / or intellectual impairments - conditions that often include communication disability. Evidence that PWCD are at increased risk of SGBV amongst the population of People with Disabilities (PWDs) was also apparent, as was evidence that refugee women and children with disabilities are some of the most vulnerable to SGBV – particularly those with limited communication who are unable to report incidents or receive support. There is some emerging evidence that humanitarian organisations are beginning to recognise CD as a barrier to accessing services for SGBV (including prevention, support and legal redress), but little evidence of good practice in supporting PWCD to report SGBV and access support. Technical support and specialist expertise have been identified as urgent needs to support inclusion of refugee-survivors of SGBV with CD (WRC, 2015; UNHCR Rwanda, 2015) in service delivery. Literature review summary & full review are in Appendices 2 & 3.

b. To conduct field visits and a workshop/ with key stakeholders, to understand and describe the nature/size of the challenge of supporting SGBV-survivors with CD in refugee contexts in Rwanda, focussing on challenges to disclosing instances of SGBV; empowering PWCD to access legal redress, safety plans and medical/ psychosocial support.

Ethical approval for the project was obtained from MMU. Seven focus group interviews took place, with 33 participants, all of whom gave written consent. One workshop took place with 9 organisations represented by 20 participants (slides in appendices 8-13). In summary we found

that understanding of CD is very limited at all levels (from community to service providers and strategic actors). Barriers occur to accessing services at every stage of SGBV for PWCD: prevention, reporting and medical, psychological and legal support/ redress. PWCD are excluded from sexual and reproductive health (SRH) education and intervention planning. There are anecdotal reports of perpetrators targeting PWCD and bribing them. Endemic stigmatisation and discrediting of PWCDs by community and service providers was reported. Service providers do not have knowledge about the range and impact of CDs or skills to support PWCD and there is a widespread misunderstanding that sign language will provide a solution. Appendices contain more detailed analysis of challenges to service provision (4), ideas about needs/solutions (5) and workshop participants' action plan (6).

c. To produce a report covering the current situation and future recommendations.

This report to HIF and its appendices (including a briefing paper produced for partners: Appx 7).

d. Engage a team of experts capable of designing, seeking funding for, and implementing a project to support refugee survivors of SGBV with communication disability, to exercise their right to equal access to services, in Rwanda and beyond.

Meeting with managers of INGOs and the stakeholder workshop led to the formation of a wider group of expert representatives who are aware of, and motivated to, address the challenges to providing appropriate services to refugee-survivors of SGBV who have CD. An action plan (appx 6) was devised with stakeholders, who stated that implementation of longer-term plans would require further funding. The larger consortium established during the workshop, including legal experts, DPOs and a specialist psychologist in SGBV, will be able to advise on future work-planning and programme implementation.

MULTI-DISCIPLINARY CONSORTIUM

5. Describe the impact of the cross-sector collaboration on the project in general and in which ways the fresh skillset has allowed to address the problem differently.

This problem has not been the focus of any programme or research as far as we could determine from the literature review. Some consortium members have recognised the difficulties faced by PWCD in the SGBV system, although little research has been carried out, except UNHCR's scoping study (2015), which identified the problem for refugee survivors of SGBV with CD in Rwanda. Staff do not have the knowledge or skills to address the challenges faced by PWCD or the resources to obtain specialist staff to provide services and/ or training, but now recognise that this is necessary. The process of addressing the widespread misunderstandings surrounding CD and sign language began in this project. Through this project, the communication disability experts (i.e. the 2 speech and language therapists: JM (project lead) and HB) are building their knowledge and understanding of SGBV and the processes and services to support and prevent it. A new skill-set and multi professional collaboration has been created within the consortium that can facilitate the building of expertise and appropriate processes, across sectors, to respond to the specific needs of refugee-survivors of SGBV with a CD in humanitarian contexts. The main collaboration has been with UNHCR and, for future projects, they will continue to be a key stakeholder and also the gateway to further (re)engagement of other stakeholders.

6. Describe how the methodology used was or was not appropriate to carry out the planned activities or achieve the planned objectives.

• **Literature review**

The literature review was conducted using keyword / phrase searches in the MMU online library system and using Google's search engine. Identified literature was recorded in a spreadsheet, duplicates removed and abstracts reviewed for appropriateness for inclusion in the review. This method worked well to identify key literature on the combinations of two or more of the topics of: disability, SGBV, refugees and communication disability. Both peer-reviewed and grey literature (including guidelines, procedures and briefing notes) were identified in this way. A small number of articles were unavailable in full text but, upon review of their abstracts, this did not seem to detract from the overall messages identified elsewhere.

- **Focus groups and individual interviews**

These generally worked well, although the organisation was out of the hands of the project leads. Some groups were too big (10 people) and we did not have access to dedicated translators; meetings were sometimes using 3-4 languages (English, Kiswahili, Kinyarwanda and French). This meant that more time was needed and people would be better grouped according to their preferred language. Providing ample time to read participant information sheets, to provide simplified versions and to obtain consent, are necessary. The definition / description of communication disabilities that was used will be made more comprehensive in future, in the light of lessons learned.

- **Camp observations and meetings**

The UNHCR partners had to carry out camp meetings, as the project leads were unable to obtain permission to enter the refugee camp. There is little that can be done to alter the wider political situation that led to this decision, apart from making fieldwork periods longer, with a longer lead-in time and collecting data in more than one country. Using partner staff to collect data mitigated the negatives of this situation, although new interviewers need more time to be familiarised with the purpose of the interviews, topic guide and interview techniques.

- **Workshop**

Gathering key stakeholders together to discuss the issues around SGBV survivors with communication disability was successful. Participants all identified similar constraints to the inclusion of PWCDs in SGBV response. Having an opportunity to increase awareness, and dispel myths about CD, and for experts in SGBV and child protection to apply this knowledge, in order to work out challenges to support PWCD in SGBV response, was a positive method. The use of personas (case studies) that followed a SGBV response timeline helped to contextualise the discussions and to focus participants on 'real life' scenarios and challenges. Attendance was poorer than expected, but again this was out of the hands of the leads and required invitations being sent with more notice by the organisers.

MAJOR OBSTACLES

7. Please list the three most significant obstacles faced during the implementation of the project and describe how they affected the planned activities and results.

Obstacle	Impact of Obstacle
1. Project staff (JM and HB) were unable to gain access to refugee camps	Limited data collection and their understanding of life contexts of PWCD in camps
2. Attendance of senior stakeholders at the workshop	Reduced stakeholder involvement in the problem and in generating solutions.
3. For workshop participants to set realistic goals for next steps	Goals were set that were not realistic

8. Please indicate what steps were taken to address these obstacles and whether the solutions were effective.

Solution	Effective?
1. Briefing UNHCR and partner staff to carry out interviews with community mobilisers and carers of PWCD in Gihembe camp.	Yes
Meeting with Urban staff, mobilisers and Carers of PWCD	Yes
2. Request to send most appropriate member of staff to replace manager at workshop.	Somewhat
Pre-workshop meeting for managers to brief them on the project	Yes
Phone calls to confirm attendance	Somewhat
3. Guidance provided during the Workshop from JM, HB and UNHCR	Somewhat

OPTIONAL: BENEFICIARIES/HUMANITARIAN INTERVENTIONS IMPACTED

If your project was intended to impact upon beneficiaries, please answer question 9.

9. Indicate the affected population as well as the humanitarian interventions that have benefited from the project.

This project did not intend to impact beneficiaries directly (refugee-survivors of SGBV with CD and their families) or indirectly (frontline staff). However, as we worked with stakeholder staff we raised awareness of the additional challenges facing SGBV survivors who have CD. During focus groups, interviews and in the workshop, we had the opportunity to talk to participants about CD and provided guidance on maximising the success of interaction when a person has a CD.

PARTNERSHIPS AND COLLABORATION

10. Did the consortium composition change during the course of the project and why?

The original consortium comprised representatives from the following organisations: UNICEF; Ministry of Disaster Management & Refugee Affairs (MIDIMAR); National Union of Disabilities' Organisations of Rwanda; Legal Aid Forum; Initiative for Refugees living with Disability; Handicap International; Plan International; Save the Children; Clinical Psychologist, Rwanda, as well key partners: MMU (Lead) Communicability Global, IHCD & UNHCR, Rwanda. During the field visit, some individuals were replaced and some organisations sent additional representatives to interviews/ workshop. MIDIMAR was consulted about the project but was unable to avail any staff to participate in the managers' meeting or workshop, due to prior commitments. However, a representative of MIDIMAR commented on the innovative and essential nature of the work.

11. Are there plans to continue your partnership, either while continuing this project or working on other ones?

- Yes, with this innovation, if funding can be secured
- Yes, with another project
- Maybe
- No

Please describe further:

This project did not intend to produce an innovative solution to the problem, but to investigate the current processes and skills used to support refugee-survivors of SGBV in Rwanda. It has highlighted the challenges in providing appropriate support for both preventing and responding to SGBV for PWCD. The motivation of consortium members, to pursue solutions, was evident at the end of the workshop and so will be continued (see q.13 below).

DISSEMINATION

12. Please describe any steps taken to disseminate the outcomes of the project. *Please include all completed and forthcoming, as well as all planned and unplanned products (for example, research and policy reports, journal articles, video blogs, evaluations).*

- A blog has been set up and 4 posts uploaded: <http://www.elrha.org/project/mmu/>
 - Literature review summary has been shared with all partners invited to the workshop (appx 2).
 - 'Communication top tips' shared with workshop participants (appx 10).
 - Briefing paper for protection partners, summarising the project, findings and plans (appx 7).
 - A peer-reviewed journal article and/or professional journal article, to be submitted for publication. covering the literature review and the findings from fieldwork.
 - @communiglobal and @jmarshall13 have tweeted about the project.
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NEXT STEPS

13. Will the project be replicated, carried forward or scaled up?

- Yes, **if funding is secured**
- No

Maybe

Please describe further.

The literature review, the developing understanding of the situation on the ground in Rwanda, the commitment of stakeholders (including commitment by UNHCR Rwanda to incorporate CD training into existing SGBV training), the experience and ideas of project participants (appx 5) and the project leads' expertise in CD, strongly suggest that further work in this area is both needed and possible. Our recommendations from this project, future funding permitting, are as follows:

1. Project leads to work with key stakeholders, to engage with refugee-survivors of SGBV with CD and their families, to better understand their needs and challenges and to involve them in future developments in this area.
2. Work with consortium members to design, implement and evaluate changes in *processes* and *services*, designed to increase the inclusion of PWCD in SRH education and to access appropriate responses to SGBV.
3. *Critically* analyse the already-reviewed literature reviewed and publish in a peer-reviewed (preferably open access) journal, in order to increase awareness of this topic.

14. If the project could be carried forward, replicated or scaled up, please list the three most important issues or actions that will need to be considered (*where 1 = most important and 3 = least important*)

Suggestion/issue

1. Work with key stakeholders to engage with refugee-survivors of SGBV with CD and their families,
2. Using statistics already available, estimate the size of refugee population with different types of communication needs, who could benefit from inclusive SRH education, and number of possible refugee survivors of SGBV.
3. Work with all organisations and service providers who are involved in supporting refugee-survivors of SGBV and in sexual and reproductive health (SRH) education, in order to gain their *support* to implement adaptations in *processes* and *services* (i.e. increased knowledge, skills and attitudes), to better include PWCD.

Appendices

1. Workplan, with highlights
2. Summary of literature review
3. Full literature review
4. Challenges to providing inclusive services
5. Needs and solutions identified in solution
6. Workshop participants' action plan
7. Briefing paper for partners
8. Workshop Slides and timetable
9. Sample persona from 2 6 16 workshop
10. Sample 'timeline' from 2 6 16 workshop
11. Workshop: Top tips for good communication
12. Workshop participant template
13. Workshop experiences of CD template