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ALIGHT BOTSWANA:

Addressing Violence against Women and Girls with Disabilities in Botswana

Global data shows that women and girls with disabilities in low- and middle-income countries are two to four times more likely to experience violence than their peers (1, 2). Data from Botswana on violence against people with disabilities is scarce and only beginning to emerge. The 2018 *Relationship Study* - a population based survey - estimated that 6.4% of people in Botswana have a disability (although this is likely to be an underestimate) and that women with disabilities experience higher levels of intimate partner violence (IPV) than men with disabilities (figure 1) (3). Women with disabilities in Botswana also report a wide range of violence, including emotional, physical, sexual, economic IPV and non-partner sexual violence (4).

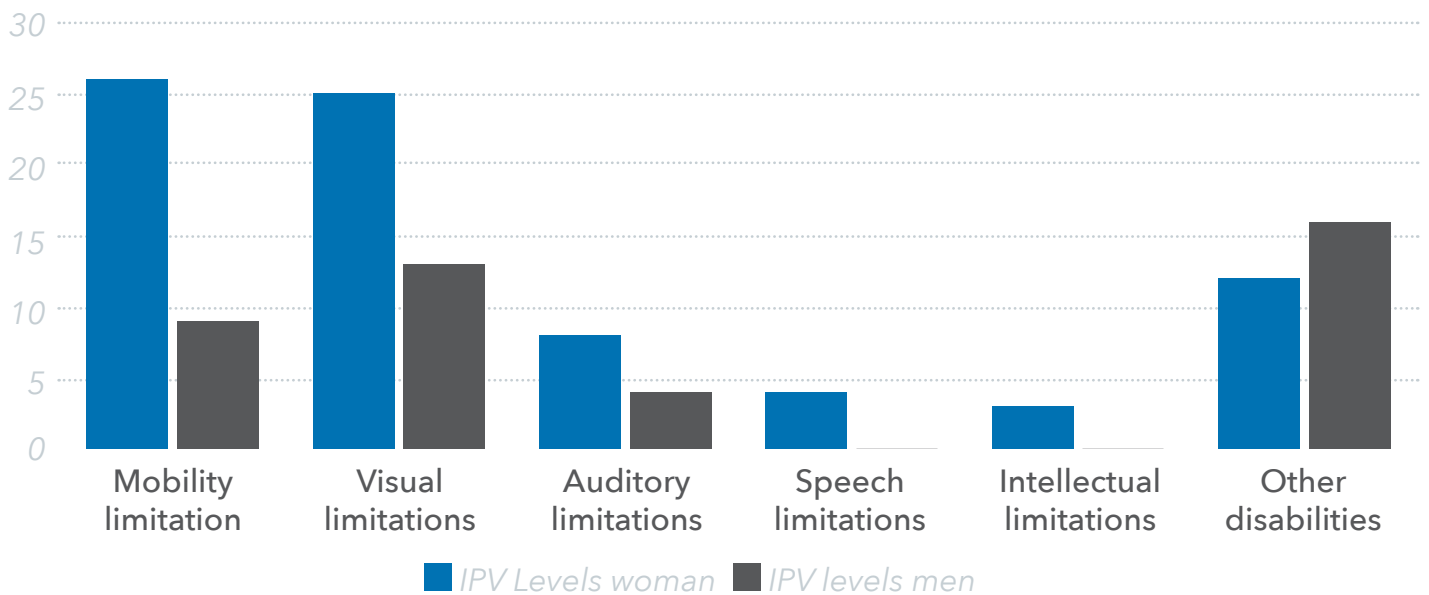
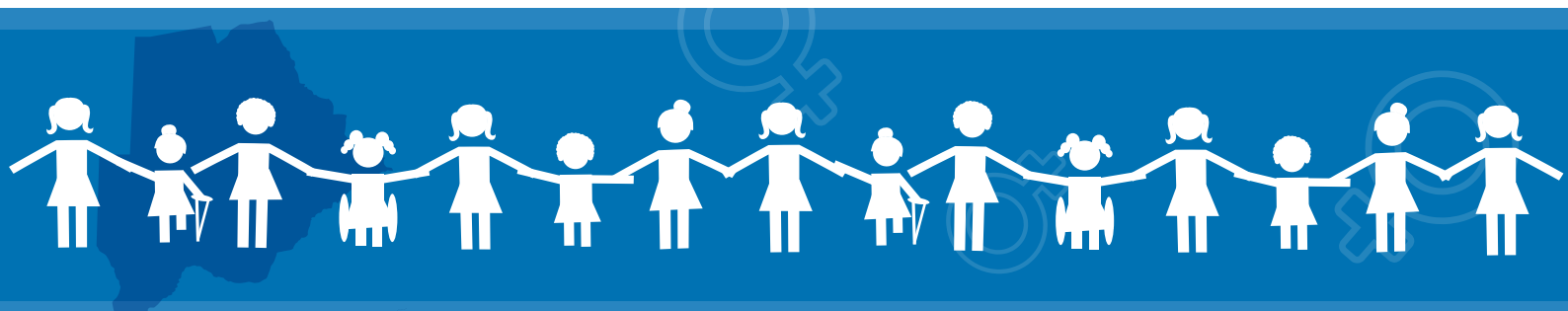


Figure 1: Percentage of people experiencing IPV in Botswana (Relationship Study 2018)



Generally, Botswana has high levels of GBV and IPV, which are driven by inequitable gender norms, poverty, and experiences of abuse and childhood traumas (3). Violence specifically affects women and girls in Botswana (3). The vulnerability of women and girls with disabilities is even greater, as they experience discrimination based on their gender and disability (1, 4), higher levels of poverty and limited access to education all of which are risk factors for IPV.

Nevertheless, very little is known about the experience of violence among women and girls with disabilities in Botswana, including what factors drive this group's vulnerability to violence and what actions can prevent violence against women and girls with disabilities. In response, the ALIGHT Botswana project was undertaken between 2017 and 2019. The project aimed at increasing participation of women and girls with disabilities in programmes and initiatives that address violence in the country. To achieve this the project undertook three tasks: 1) in-depth qualitative study on the factors driving violence against women and girls with disabilities, 2) an assessment of organisations' readiness to drive inclusion of people with disabilities in existing programmes that address violence and 3) a policy audit of national GBV and related policies and strategic plans. The project used this information to develop an evidence informed framework and training for government, NGOs, and Disabled Peoples Organisations (DPOs) in Botswana.



"For me, as a disabled person, the challenge is especially emotional abuse, because people will just mock you, not knowing that it is abuse, they will try to define you by your disability instead of saying your name..."

(women with disability)



What actions can be taken to address violence against people with disabilities in Botswana?

In the ALIGHT study 189 people participated from Gaborone, Maun and Francistown. Participants revealed that women and girls with disabilities experienced emotional, physical, psychological, and sexual violence in their homes, in the community, and at work or school (4). The study assessed risk factors for violence using the ALIV[H]E framework and change matrix (figure 2) (4, 5). Using this framework, the study systematically assessed how individual attitudes, norms, and values (Q1); access and control over private and public resources (Q2); social-cultural norms and beliefs (Q3); and laws, policies, and resource allocations (Q4) may drive vulnerability to violence, and how these factors can be used to initiate change.



"Men use women with disabilities sexually. They can easily rape blind women because they know that she can't see nor identify them. Whenever that happens a blind girl will be asked who the perpetrator is but will fail to tell as she would not have identified his voice."

(woman with disability)



Firstly (Q1), participants explained that people with disabilities, in particular women and girls with disabilities, may have low self-confidence, depend on others, and have low knowledge about their sexual and reproductive health and rights (SRHR), which increases their risk of experiencing violence. In addition, they explained that perpetrators may hold negative attitudes and beliefs about disability and see people with disabilities as less worthy or as easy targets. Participants explained that educational and awareness raising efforts are needed to address individual attitudes and practices. This includes accessibility of comprehensive sexuality and life skills education, support and training of caregivers of people with disabilities, and inclusion of women with disabilities in community events and the traditional Kgotla meetings.



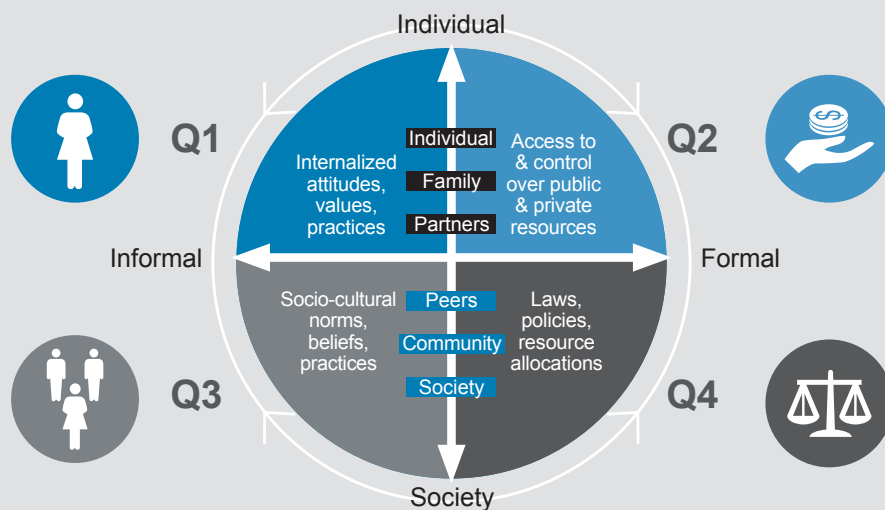


Figure 2: ALIV[H]E Framework Change Matrix

Secondly (Q2), participants explained that people with disabilities have limited access to and control over public and private resources, and thus struggle to access services and income generating/job opportunities. Hence people with disabilities lack access to education, health and justice, while having less opportunities to generate income to make a living and funds to access services. Negative attitudes, lack of universal design and disability accommodation drive exclusion from services and community life. Inaccessibility and exclusion increase dependency on others, enabling abuse and violence. In order to address the disability related barriers and increase access to resources, the ALIGHT team developed an organisational and healthcare service disability audit, which can be used to identify barriers and opportunities to reduce these barriers.

Thirdly (Q3), participants described negative socio-cultural norms, beliefs, and practices related to gender and disability framing women with disabilities as helpless, not capable, or less important. These norms and beliefs facilitate their exclusion and marginalisation and contribute to gender-based and disability-based violence and abuse (4). Participants emphasised the importance of supporting awareness campaigns, leadership of women with disabilities, and inclusion of women with disabilities in existing programmes that address violence, HIV or SRHR.

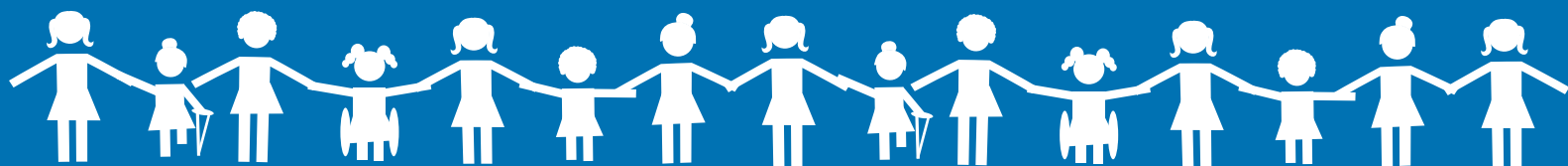


"I grew up under the care of a step father who was very inconsiderate ... Sometimes if I needed to see the doctor it would not bother him as head of the family to assist with transport to a point where even my mum failed to be there for me." (woman with disability)

"Our infrastructures, our police stations don't cater for people with disabilities... it is a form of discrimination to carry someone to a service when we know that the infrastructure doesn't cater for them." (staff member of NGO)



"When a man approaches you, he intends not to stay with you because you are blind, he just wants to use you and then leave you. In families the abuse happens when they see you as inadequate and useless ... and start treating you with disrespect." (woman with disability)



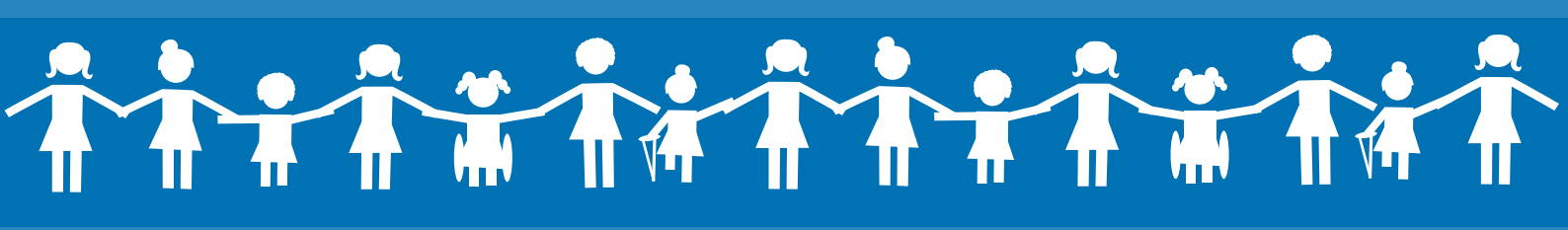
Lastly (Q4), the ALIGHT disability policy audit revealed that policies and strategic plans focusing on GBV, SRHR, or HIV in Botswana are limited with regards to the inclusion and protection of people with disabilities.

Table 1: Results of ALIGHT Policy Audit assessing Botswana's GBV, HIV and SRHR Policies and Strategic Plans or Frameworks (6)

Name of Botswana's GBV, SRHR or HIV Policy or Strategic Plan	Level of disability inclusion
Policy Guidelines and Service Standards: SRH 2001	None
National Policy on HIV and AIDS 2012	None
Policy Guidance to Male Involvement in SRH, HIV GBV 2008	Mentions disability
Handbook of the Botswana 2016 Integrated HIV Clinical Care guidelines	None
HIV Counselling and Testing Guidelines 2001	None
SRH and HIV/ AIDS Linkages Strategy and Implementation Plan (2012)	None
A Two-year Costed Scale up Plan for SRH 2015	Mentions disability
ASRH Implementations Strategy 2011	Identifies some services
NSF 3 2018/9- 2022/3	Identifies some services
National GBV Strategy 2015-2020	Mentions disability

Red - no or limited inclusion, orange - some inclusion, yellow - concerted effort at inclusion, green - plan/policy includes disability data, rights protection, and service delivery

Some of Botswana's GBV, SRHR, and HIV policies and strategic frameworks mention people with disabilities and some acknowledge their vulnerability, such as the National Strategic Plan on HIV 2018 and the Adolescent Sexual and Reproductive Health Implementation Strategy 2011 (table 1) (6). However, none of the reviewed policies and strategies included data and information on disability, measures to protect and promote the rights of people with disabilities, or guidance on how to provide accessible services to this population (6). Furthermore, the specific needs and vulnerabilities of women and girls with disabilities are not described. In addition, the policy audit revealed that these documents do not identify disability specific indicators for monitoring and evaluation nor budget allocations for disability needs (6). Disability data and inclusive monitoring and budgeting methods need to be developed in the country's response to GBV, SRHR, and HIV to ensure that programmes addressing violence include people and here in particular women and girls with disabilities.



How did Organisations utilise the ALIGHT Botswana project?

Given the lack knowledge about the factors driving violence against women and girls with disabilities in Botswana the ALIGHT project developed collaboratively a three-day training workshop for NGOs, and DPOs. The workshop focused on supporting the leadership of these organisations to reflect on how to integrate disability rights, and violence prevention programming into their own work, and how to build their capacity to increase participation of women with disabilities. In the initial training 36 organisations ranging from Maun, Francistown and Gaborone participated, focusing on identify risk factors of violence against men and women with disabilities in their communities, what actions can prevent violence against these groups, and how they can develop organisational strategies and approaches to include people with disabilities in their existing programmes. The organisations were then supported to develop implementation strategies (see good practice example).

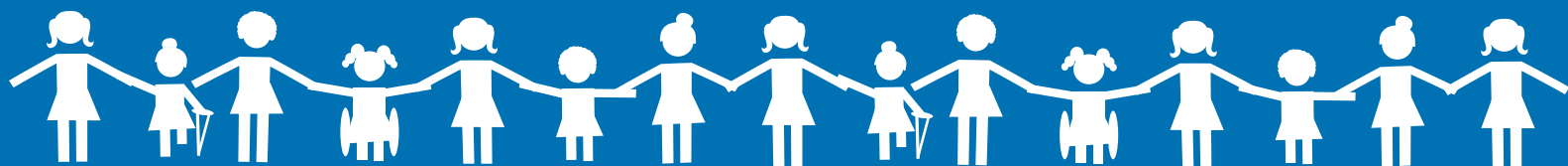


Good Practice Example 1: Enabling Leadership of Women with Disabilities

Malebogo Molefe is an advocate for women's rights, who is working to raise awareness about violence against women with disabilities. She is also a woman with disability, who has experienced violence. The ALIGHT project implemented the principle of self-representation through supporting women with disabilities leadership in the ALIGHT project. This included building Malebogo's capacity to lead her own GBV awareness raising initiative alongside the ALIGHT project.

Through this process Malebogo established an annual wheelchair basketball tournament, which reaches out to people with and without disabilities, showcasing the skills of people with disabilities while also raising awareness about GBV. This annual event is attended by 150 participants and has been covered on national television. Her work has become an inspiration, showing how women with disabilities can lead in Botswana.

"Through ALIGHT Botswana, I had the opportunity to lead research and develop a new initiative to raise awareness against GBV. I am proud to have given birth to Botswana's first wheelchair Basketball tournament, a tournament, which is dedicated to raise awareness against GBV and uplifting people with disabilities in sport. My work has been recognized with the Botswana Chairmen Award in 2019, which has only been possible through the support and capacity building from the ALIGHT project." (Malebogo Molefe)



Good Practice Example 2: Translating Knowledge into Organisational Approaches and Strategies

The Botswana Society for the Deaf (BSD) participated in the ALIGHT Botswana project. During the ALIGHT training workshops, the organisation developed a strategy to address violence against the Deaf, through integrating activities to address violence in their existing programmes. At the three months follow up visit, BSD had developed its full strategy and was reviewing calls for funding proposals.

“Through the training, we at BSD have realised that there are opportunities to include violence prevention in our programmes. Before the training we were oblivious to GBV and SRHR issues amongst deaf people, but now we have taken deliberate steps to address violence against our people, developed a strategy, conducted awareness raising events with NGOs, and started to develop materials to improve access to life-skills and sexuality education. We were also able to develop a proposal based on our strategy and can now seek further funding” (participant at 3-month follow up)

Recommendations for Botswana

Actions for Government

- Collect and analyse sex-/age-/disability-disaggregated data in population-based surveys understand the magnitude and drivers of violence against women and men with disabilities
- Increase the evidence base through funding disability specific research on the prevalence and causes of violence, and what works to prevent or stop violence against people with disabilities
- Ensure the participation of people with disabilities, particularly women; their advocates; and researchers in the development of GBV, HIV, health, education, and social protection policies and strategic programmes
- Integrate or mainstream disability across all GBV, SRHR, and HIV policies and strategic frameworks through using the UNFPA SRHR policy analysis tool (7)
- Promote the development and implementation of disability legislation, policies, and laws, including resource allocations on a national level

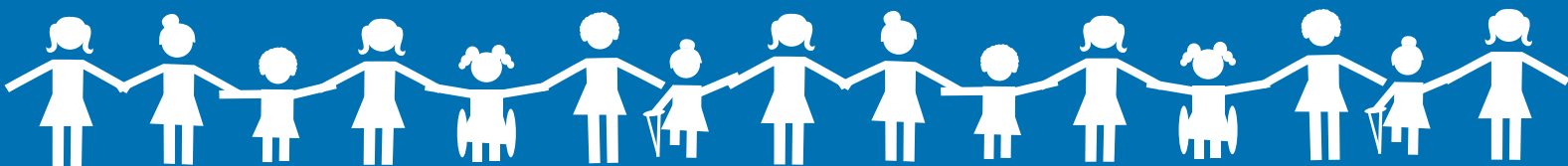
Actions for Service Providers

- Ensure accessibility to health, education, police and justice service, sensitise and train staff on disability accommodation and needs and test accessibility through a disability audit
- Introduce a disability focal person in each service centre
- Provide work placements for women with disabilities and caregivers of people with disabilities to decrease dependence on possible perpetrators of GBV
- Develop and provide life-skills and comprehensive sexuality education lessons in accessible formats in schools and peer-support groups for early GBV prevention
- Provide SHRH, HIV, and GBV information in accessible formats and ensure communication support for people who are deaf (sign language) or those who have intellectual disabilities (simplified formats)



“At least every institution should have someone who has the skill to assist them [people with disabilities]. This person should have the skill when someone comes s/he should be able to teach those that s/he is working with people with disabilities.”

(woman with disability)



Actions for Civil Society

- Educate, empower and employ women with disabilities in the organisation
- Conduct an organisational disability audit identifying opportunities to increase participation of people with all types of disabilities
- Train members and staff on the intersection of disability, gender, HIV, and violence using the ALIGHT training approach and tools
- Train DPO members on how to develop disability inclusive policies and budgeting processes
- Conduct disability sensitisation and advocacy events to address misconceptions about and discrimination based on disability, gender, and sexuality in communities and services
- Provide training and support to caregivers of people with disabilities
- Conduct disability audits of key service such as clinics, police stations and schools in the organisation's catchment area and disseminate outcomes to local authorities

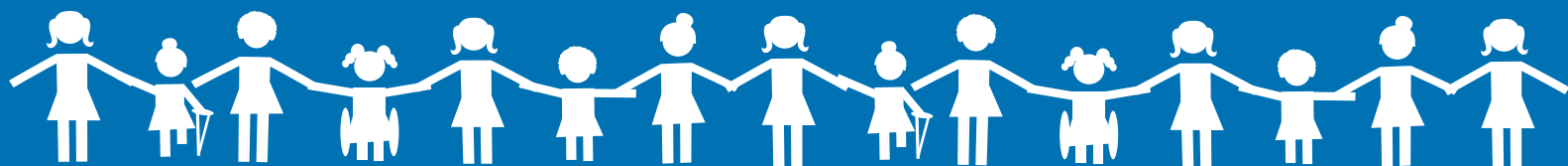
"To increase participation in programmes of gender based violence, ... it would be very important to us to have activities that are tailor made exactly for them and then hire one of them to be an employee to be one of the people to carry out activities... And then the issue of infrastructure ... make sure that we have ramps..." (staff member of NGO)

Actions for Funding Agencies

- Develop regional and country specific strategies to enhance the participation of persons with disabilities in key priority areas, including the necessary funding
- Make disability inclusion mandatory in projects funded through the agencies and fund inclusive and disability specific projects
- Adopt a 3-track approach combining: including disability in existing programmes and services addressing violence, developing specific initiatives for women with disabilities, and integrating disability into national policies and strategic plans
- Provide capacity building to Disabled Peoples Organisation, particularly for women with disabilities, to enable them to advocate for the rights of people with disabilities and to write successful funding proposals

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For more information on ALIGHT visit:

<http://www.mrc.ac.za/intramural-research-units/alight-botswana>

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