GENDER-BASED VIOLENCE AND DISABILITY INCLUSION ASSESSMENT TOOL

Introduction

In line with the *Essential Services Package for Women and Girls Subject to Violence*, gender-based violence (GBV) services must respond appropriately to women and girls who face multiple forms of discrimination, such as women and girls with disabilities. Furthermore, the Convention on the Rights of Persons with Disabilities requires provision of gender- and age-sensitive assistance and support for persons with disabilities who have experienced violence, and their families and caregivers.[1] Yet women and girls with disabilities face a range of attitudinal, communication and environmental barriers when accessing essential health, justice and policing, or social support services. They may also be excluded from community consultation and engagement mechanisms, including from women's rights organizations and other civil society organizations. Essential services coordination mechanisms may fail to take into account the diversity of experiences and needs of women and girls who experience violence in the design and monitoring of responses.

This GBV and disability inclusion assessment tool is designed for GBV essential service providers to use to collect information about how their service is meeting standards on access and inclusion of women and girls with disabilities. It can be used to inform future service development and track improvements over time. It is structured according to the common characteristics of all essential services, and thus is relevant for all sectors engaged in GBV service provision and response, including health, mental health and psychosocial support, justice and policing, and social service providers (which covers those delivering safe shelter and financial support to GBV survivors).

How to use this tool: who to involve and how to conduct consultations

Table 1 provides a list of questions for service providers on the accessibility and inclusiveness of their services. The questions are aligned with the common characteristics of high-quality essential health services outlined in the *Essential Services Package for Women and Girls Subject to Violence.*

There are 25 standards in total, each of which corresponds to one of the 25 questions. Service providers should answer "yes" or "no" to each standard/question. All standards/questions will be relevant to most service providers. Only if the service provider believes that a standard/question is "not appropriate", "not applicable" or "not relevant" should they mark "N/A"; they should then provide information about why this is the case in the "Comments" section of the form. At the end of the form, notes with additional information about some standards/questions are provided.

The table also includes guidance on how to answer each of the questions. For example, it may suggest involving women and girls with disabilities in age- and gender-appropriate community group discussions and adding questions relating to disability to community consultations; conducting an accessibility audit (the table provides links to appropriate materials and tools); or collating and reviewing service provider policies and procedures.

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[1]   United Nations General Assembly, Convention on the Rights of Persons with Disabilities, Resolution A/RES/61/106.

Service providers should engage organizations of persons with disabilities in the assessment process, as these organizations can provide perspectives on the accessibility and inclusiveness of the service, as well as recommendations of ways to improve the service for women and girls with disabilities. For more information on consulting with persons with disabilities, please see the checklists for different types of consultations in United Nations, "Section 3: Consultation in practice" in *Consulting with Persons with Disabilities: Indicator 5*, UNDIS guideline (New York, 2021).

It is recommended that service providers integrate this assessment into regular service monitoring, development and planning processes, allowing them to collect relevant information. They can then complete the form in consultation with senior staff and partners. For example, the questions below can be contextualized and added as an additional standard on disability inclusion to the *Gender-based Violence: Quality Assurance Tool for health facilities*, or selected questions can be integrated as verification criteria under each of the standards (*see Table 3*).

Service providers are encouraged to reflect on and share their lessons learned with each other and with UNFPA offices, documenting positive practices and improvements in access and inclusion over time. Please contact your UNFPA focal point if you have any questions about this tool or require additional advice to complete the process.

Table 1: GBV and disability inclusion assessment tool

Accessibility

"Accessibility requires services to be accessible to all women and girls without discrimination. They must be physically accessible (services are within safe physical reach for all women and girls), economically accessible (affordability) and linguistically accessible (information is provided in various formats)."[a]

Physical accessibility

Standard/question[b]	N/A	Yes	No	How to answer this question
1. Has an accessibility audit been conducted of service facilities?				Ask facility managers and supervisors. For more information, *see Note 1*.
2. Does the service provider have an accessibility action plan to address gaps identified in the accessibility audit?				Cross-check service provider's work plans and action plans against the accessibility audit.
3. Does the service provide transport options to support persons with disabilities to reach the service (e.g. organize a pick-up and drop-off service, or an established client				Review service provider's policies and procedures.
Comments:				

Communication (linguistic) accessibility

Standard/question[b]	N/A	Yes	No	How to answer this question
4. Is information about the service available in multiple formats (e.g. large print, Braille, sign-language interpretations, simplified for persons with intellectual disability)?				Review a random sample of service provider's information, education and communication materials.
5. Are persons with communication difficulties requiring assistance able to access support and/or interpreters?				Review service provider's policies and procedures.
6. Do information, education and communication materials feature positive representations of persons with disabilities as part of the general community?				Review a random sample of service provider's information, education and communication materials. For more information, *see Note 2*.

Comments:

Economic accessibility

Standard/question[b]	N/A	Yes	No	How to answer this question
7. Has the service consulted with women and girls with disabilities and their families about any additional costs in accessing the service (e.g. cost of transportation, accessible shelter, loss of income when supporting survivor to access services)?				Involve women and girls with disabilities and their family members in age- and gender-appropriate community group discussions. Add this question to community group discussions.
8. Are persons with disabilities entitled to a concession/discount/rebate due to their disability?				Review government policies and entitlements for persons with disabilities and/or consult with organizations of persons with disabilities. For more information, *see Note 3*.
9. If so, are service providers aware of this, and is it being promoted?				Integrate this question into staff group discussions and interviews.

Comments:

Availability

"Essential health care, social services, justice, and policing services must be available in sufficient quantity and quality to all victims and survivors of violence regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities or any other characteristic not considered."[a]

Standard/question		N/A	Yes	No	How to answer this question
10.	Does the budget for the service include adaptations or adjustments for women and girls with disabilities and other disability-inclusive actions (e.g. training staff, producing information in alternative communication formats, providing transportation and assistance costs)?				Review service provider budgets and reports. For more information, *see Note 4*.
11.	Are actions to ensure access and inclusion for women and girls with disabilities integrated into the service provider's development plans?				Review service provider's budgets and reports.
Comments:					

Adaptability

"Essential services must recognize the differential impacts of violence on different groups of women and communities. They must respond to the needs of victims and survivors in ways that integrate human rights and culturally sensitive principles."[a]

Standard/question		N/A	Yes	No	How to answer this question
12.	Are organizations of persons with disabilities actively involved in raising awareness of disability among service provider staff?				Review staff awareness-raising and training activities.
13.	Have staff at the service (including health-care workers and other staff, such as security and administrative staff) undergone training on disability and disability inclusion, and are they aware of the rights of persons with disabilities and their GBV needs?				Review staff awareness-raising and training activities.
Comments:					

Appropriateness

"Appropriate essential services for women and girls are those which are delivered in a way that is agreeable to her: respects her dignity; guarantees her confidentiality; is sensitive to her needs and perspectives; and minimizes secondary victimization."[a]

	Standard/question	N/A	Yes	No	How to answer this question
14.	Do women and girls with disabilities report the same levels of service satisfaction as those without disabilities?				Add the *Washington Group Short Set on Functioning* to **existing** service user satisfaction questionnaires, and then disaggregate data analysis. It does not need to be a separate form. For more information, *see Note 5*.
15.	Do women and girls with disabilities know how to provide feedback and/or make a complaint to service providers?				Add this question to community focus group discussions. It does not need to be a separate group discussion. For more information, *see Note 5*.
16.	Are these feedback and complaints mechanisms accessible to women and girls with disabilities?				Add this question to community focus group discussions. It does not need to be a separate group discussion. For more information, *see Note 5*.

Comments:

Prioritize safety

"Women and girls face many risks to their immediate and ongoing safety. These risks will be specific to the individual circumstances of each woman and girl. Risk assessment and management can reduce the level of risk. Best practice risk assessment and management includes consistent and coordinated approaches within and between social, health and police and justice sectors."[a]

	Standard/question	N/A	Yes	No	How to answer this question
17.	Are disability considerations (e.g. access to medicines, mobility aids, interpreters and support persons) included in safety planning and risk management tools?				Review existing safety planning and risk management tools. For more information, *see Note 5*.
18.	Are women and girls with disabilities receiving a strength-based, individualized plan that includes strategies for risk management?				Review random selection of case management plans for survivors with disabilities.

Comments:

Informed consent and confidentiality

"All essential services must be delivered in a way that protects the woman or girl's privacy, guarantees her confidentiality, and discloses information only with her informed consent, to the extent possible. Information about the woman's experience of violence can be extremely sensitive. Sharing this information inappropriately can have serious and potentially life threatening consequences for the women or girls and for the people providing assistance to her."[a]

Standard/question		N/A	Yes	No	How to answer this question
19.	Does guidance on confidentiality explicitly reference only sharing information with trusted support persons and/or interpreters chosen by a survivor with disabilities?				Review service provider's policies and procedures. For more information, *see Note 5*.
20.	Are staff trained on informed consent/assent and strategies to support women and girlsv with disabilities to make their own decisions?				Review staff awareness-raising and training activities. For more information, *see Note 5*.

Comments:

Effective communication and participation by stakeholders in design, implementation, and assessment of services.

"Women and girls need to know that she is being listened to and that her needs are being understood and addressed. Information and the way it is communicated can empower her to seek essential services. All communication with women and girls must promote and be respectful of them."[a]

Standard/question		N/A	Yes	No	How to answer this question
21.	Are staff trained on strategies to communicate effectively with persons with different types of impairments?				Review staff awareness-raising and training activities. For more information, *see Note 5*.
22.	Are women and girls with disabilities included in community consultation and engagement in the design, implementation and assessment of services?				Review community consultation records – ideally 15 per cent of community members consulted will be persons with disabilities. For more information, *see Note 5*.

Comments:

Data collection and information management

"The consistent and accurate collection of data about the services provided to women and girls is important in supporting the continuous improvement of services. Services must have clear and documented processes for the accurate recording and confidential, secure storage of information about women and girls, and the services provided to them."[a]

Standard/question	N/A	Yes	No	How to answer this question
23. Has the Washington Group Short Set on Functioning been integrated into service user data collection and violence prevalence surveys, as appropriate? See Note 6.				Review service user, survey and other assessment tools.
24. Is data analysis disaggregated by sex, age and disability (where possible)?				Review service user monitoring, survey and other assessment reports.

Comments:

Linking with other sectors and agencies through coordinations.

"Linking with other sectors and agencies through coordination, such as referral pathways, assist women and girls receive timely and appropriate services. Referral processes must incorporate standards for informed consent. To ensure the smooth navigation of the different essential services for victims and survivors, protocols and agreements about the referral process with relevant social, health and justice services, including clear responsibilities of each service, need to be in place."

Standard/question	N/A	Yes	No	How to answer this question
25. Are the roles and responsibilities of different stakeholders supporting a survivor with disabilities – including disability service providers and organizations of persons with disabilities – defined in existing referral pathways?				Review service provider's policies and procedures. For more information, *see Note 5*.

Comments:

Subtotals				
Total number of relevant standards (maximum 25)				
Total number of standards met (maximum 25)				
Percentage of relevant standards met				

[a] UN Women and others, *Essential Services Package for Women and Girls Subject to Violence* (New York, 2015).
[b] Adapted from World Health Organization, Regional Office for the Western Pacific, *Disability-inclusive Health Services Toolkit: A Resource for Health Facilities in the Western Pacific Region* (Manila, 2020).

Note 1: Accessibility audits

An accessibility audit involves moving through different sections of the facility that a survivor may need to access (e.g. from transport access points, to reception, consultation rooms and toilets) to identify physical barriers that need to be addressed. Ideally, an accessibility audit is undertaken with a member of the local organization of persons with disabilities and a member of the service provider leadership team. Where possible, persons with different types of impairments (for example, a person with a mobility impairment and a person with visual impairment) should also be involved. Some local organizations of persons with disabilities will have their own accessibility audit tool that has been developed and tested in the given context. If this does not already exist, the physical accessibility audit in the *Disability-inclusive Health Services Toolkit: A Resource for Health Facilities in the Western Pacific Region* (pages 47–49) can be used for all essential services – health, justice and policing, and social support services.

Note 2: Representing persons with disabilities in communication materials

Inclusive and accessible communications reduce bias and discrimination, and promote inclusion and participation. The *United Nations Disability-inclusive Communication Guidelines* provide practical information on how to make communications materials accessible and respectfully represent persons with disabilities in such communications. *Tool 7: Accessible Information, Education and Communication Materials* (from the Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners series) outlines five key questions to ask when developing materials to ensure they are disability-inclusive, and provides a practical example from a GBV programme in Ethiopia.

Note 3: Financial assistance

In many countries, persons with disabilities may be eligible to access additional financial assistance programmes established by the government. Accessing these programmes can support GBV survivors to have greater independence and autonomy, and improve their access to a range of support, including reaching facilities where essential services are delivered, and accessing safe shelter, food and other basic needs. Therefore, it is important for GBV essential service providers to be aware of the financial assistance available and to support survivors with disabilities to access this assistance. Local organizations of persons with disabilities and the ministry responsible for disability (usually the social welfare ministry) can provide more country-specific information.

Note 4: Disability-inclusive budgeting

All GBV service providers should allocate funds to addressing some of the barriers faced by survivors with disabilities when accessing their services. This funding could be used to train staff on disability inclusion, to produce information in alternative formats, or to cover the transportation and assistance costs incurred by GBV survivors when they access services. To meet the physical accessibility requirements of persons with disabilities (for example, when constructing buildings or facilities), it is estimated that between 0.5 per cent and 1 per cent should be added to budgets.[2] *Figure 1* provides some low-cost adaptations that can be made to existing facilities to remove physical barriers and improve accessibility.

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[2] Inter-Agency Standing Committee, Inclusion of Persons with Disabilities in Humanitarian Action (Geneva, 2019).

Figure 1: Examples of low-cost strategies to remove physical barriers

☐ Clear hallways and clinic rooms of obstructions and excess furniture

☐ Provide accessible toilets with a wide doorway, outwardopening door and appropriately positioned grab rails

☐ Make available an over-toilet frame/seat if only squat toilets are available

☐ Ensure reception desk height is low enough to be seen over if seated in a wheelchair

☐ Provide clear signage so that people know where to go

☐ Have a ramped entrance into the facility

☐ Ensure drinking-water and hand hygiene materials are placed at heights accessible to wheelchair users

☐ Designate accessible car parking spaces close to the facility entrance

☐ Consider alternative models of service delivery
• Home visits
• Telemedicine
• Mobile health clinics
• Outreach programmes.

☐ Have a foldable cot available in examination rooms, which can be set up quickly for patients who are unable to climb on to an examination table

☐ Ensure health education/ prevention activities are held on the ground floor of buildings or in community spaces that are accessible

Source: World Health Organization, Regional Office for the Western Pacific, *Disability-inclusive Health Services Toolkit: A Resource for Health Facilities in the Western Pacific Region* (Manila, 2020).

Note about "alternative models of service delivery": Home visits are often unsafe in situations of GBV. GBV service providers should use this option only if no others exist, and only with a safety protocol in place for the visit.

Note 5: Integrating disability into existing service process, tools and forms

Many of these standards/questions can be achieved/answered by adapting existing service processes, tools and forms. It is not appropriate to develop separate processes, tools and forms for persons with disabilities. Instead, the following can be done.

- The Washington Group questions can be included in the demographic information of service user's exit/satisfaction forms used with all survivors.
- The content of communication and consent should be integrated into GBV training packages – there is no need for separate training.
- Women and girls with disabilities can be included in the same groups discussions as other community members (with appropriate communication support and interpretation).
- Questions about access to medicines, mobility aids, interpreters and support persons can be included in safety planning tools used with all survivors (with the specification that disability-related questions should only be asked to survivors with disabilities).
- Existing referral mechanisms can be adapted to include stakeholders and adaptations required by persons with disabilities. It does not need to be a separate referral mechanism.

Note 6: Disability-disaggregated data collection

The Washington Group questions may not be appropriate in settings where other detailed information about the service user is not collected (e.g. in safe spaces in humanitarian settings). Furthermore, it is not necessary for all these questions be answered during the first appointment with a service user: this information can be collected at later points in users' engagement with the service.

Disability inclusion action plan

Service providers and partners should develop a plan to prioritize and address the gaps identified through the assessment. It is recommended that service providers continue to engage organizations of persons with disabilities in this step, as these organizations can provide feedback on priorities and recommendations of ways to improve the service for women and girls with disabilities. The matrix in *Table 2* can be used to develop a disability inclusion action plan. Please note that this can be adapted to align with specific service development plans or work plans.

Table 2: Action plan matrix

Our strengths: What areas are we doing well in? What factors contribute to these successes?					
Example	**Adaptability (standards 12 and 13)** Our staff are aware of disability rights and the importance of providing our services to women and girls with disabilities. This is because staff have received training from the local organization of persons with disabilities. We also have a system to ensure that new staff receive this training – it is not a "one-off", but rather a required part of the onboarding process.				
1.					
2.					
3.					

Our gaps: What areas do we need to improve in? List in order of importance to address. What factors do you think are contributing to these gaps?	Actions to address these gaps	Roles and responsibilities	Potential partners	Timeline
Example Effective communication and participation (standard 22) Community consultation records demonstrate lack of feedback from women and girls with disabilities when designing new awareness-raising materials. No information available about whether these materials are suitable for women and girls with disabilities or if they know how to access our service.	Revise community consultation protocols to require that one or two persons with disabilities are included in all age- and gender- appropriate group discussions.	Supervisor to review the community consultation protocols and share with community workers in their next in-service training/ supervision meeting.	The local organization of persons with disabilities can identify focal points for community workers to engage with during community consultations.	Over the next month.
	Conduct a targeted consultation with women and girls with disabilities in the community to get their feedback on the new awareness-raising materials.	Designer of the awareness-raising materials to conduct this consultation in partnership with the organization of persons with disabilities. Finance department to provide a budget for women and girls with disabilities who need transportation, an interpreter or assistant to attend the consultation. Logistics manager to identify an accessible venue for the consultation.	The local organization of persons with disabilities can identify a group of women and girls with disabilities for the consultation. Disability service providers may be able to advise on suitable options for venues, interpreters and transport.	Over the next three months
1.				
2.				
3.				

Table 3: Example of integrating disability inclusion assessment questions into the Gender-based Violence: Quality Assurance Tool

Quality assurance standards	Verification criteria	Means of verification	Yes	No	Comments
2. Facility has GBV information, education and communication materials	2.1 Does the facility have visible information materials for patients (e.g. posters and/or pamphlets on what to do in the case of GBV, GBV laws and rights, and available services) in high-traffic areas (lobby, waiting areas, consultation rooms, rest rooms, etc.)?	Direct observation Review documents	☐	☐	
	2.2 Does the facility have a list of referral services or an information pamphlet in the patient's language to take home (only if the patient thinks it is safe to do so)?	Direct observation Review documents	☐	☐	
	2.3 Does the facility have job aids to support appropriate GBV response (e.g. steps in first-line support, referral directory with contact details of services)?	Direct observation Review documents	☐	☐	
	2.4 Is information about services for GBV survivors at the facility available in multiple formats (e.g. large print, Braille, simplified for persons with intellectual disability)?	Direct observation Review documents	☐	☐	
Scoring **Standard 2**	**Number of criteria in standard** ☐	**Number of criteria met** ☐			**Standard achieved? (Y/N)** ☐

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