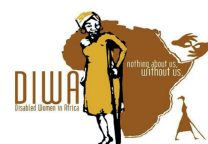
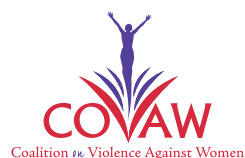




ASSESSING PARTICIPATION OF WOMEN AND GIRLS WITH DISABILITIES IN ENDING VIOLENCE AGAINST WOMEN AND GIRLS (EVAWG) MOVEMENTS IN EAST AND SOUTHERN AFRICA



Funded by
the European Union



ASSESSING PARTICIPATION OF WOMEN AND GIRLS WITH DISABILITIES IN ENDING VIOLENCE AGAINST WOMEN AND GIRLS (EVAWG) MOVEMENTS IN EAST AND SOUTHERN AFRICA

for
Coalition on Violence Against Women (COVAW)
and
Disabled Women in Africa (DIWA)

MAY, 2026



Funded by
the European Union



TABLE OF CONTENTS

LIST OF TABLES	IV
LIST OF FIGURES	IV
ACKNOWLEDGEMENT	V
ACRONYMS AND ABBREVIATIONS	VI
OPERATIONAL DEFINITION OF TERMS	VII
EXECUTIVE SUMMARY	IX

CHAPTER ONE

INTRODUCTION	1
1. KENYA COUNTRY CONTEXT	2
1.1 Background and Rationale for the Study	3
1.2 Statement of the Problem	7
1.3 Objectives of the Study	9
1.4 Research Questions	9
1.5 Assumptions of the Study	10
1.6 Justification	10
1.7 Scope and delimitation of the study	11

CHAPTER TWO

LITERATURE REVIEW	12
2.1 Context Review	13
2.2 The barriers to participation of women and girls with disabilities leadership in EVAWG movements.	16
2.3 Theoretical and Conceptual Framework	19

CHAPTER THREE

METHODOLOGY	24
3.1 Study design	25
3.2 Study Sites and Scope	25
3.3 Target Population	25
3.4 Sampling Procedure and Sample Size determination	27
3.5 Data sources and analytical framework	31
3.6 Data Analysis	32
3.7 Ethical considerations	33
3.8 Reliability and Validity	34
3.9 Study Risks and Limitations.	34

CHAPTER FOUR	
FINDINGS	36
4.1 Mapping of EVAWG Movement and Networks in East and Southern Africa	37
4.2 Prevalent Forms of SGBV Faced by Women and Girls with Disabilities	40
4.3 Inclusion and Participation of WGWDs in EVAWG Movements	48
4.4 Barriers Hindering the Participation of WGWDs in EVAWG Movements	60
4.5 Structural Barriers	61
4.6 Best Practices and Opportunities to Strengthen Participation	72
4.7 Summary of Key Findings by Research Question	78
CHAPTER FIVE	
CONCLUSIONS AND RECOMMENDATIONS	81
5.1 Conclusions	82
5.2 Recommendations	87
5.3 Summary of Recommendations	88
REFERENCES	98

LIST OF TABLES

Table 3.1:	Target Population	27
Table 3.2:	Sample Size Determination	28
Table 3.3:	Sampling framework	30
Graph 4.1:	Prevalence of SGBV among surveyed WGWD in Kenya, Malawi, and Rwanda	43
Graph 4.2:	Context-Specific SGBV Risks among survey WGWD in Kenya, Malawi, and Rwanda	46
Graph 4.3:	Intersectional vulnerability in Kenya, Malawi, and Rwanda	48
Table 4.4:	Inclusion and participation of WAGWD in the EWA WG movements	52
Table 4.5:	Engagement by Organizations of Persons with Disabilities (OPDs)	55
Table 4.6:	Areas of engagement into measurable indicators	56
Graph 4.7:	Inclusion in decision-making, advocacy, campaigns, and policy processes	58
Table 4.8:	M&E indicator table for decision-making, advocacy, campaigns, and policy processes	58
Graph 4.9:	Structural barriers (policies, systems, legal frameworks) surveyed	63
Table 4.10:	Cross-Variable Comparison of Structural Barriers	65
Table 4.11:	Environmental barriers (inaccessible venues, information barriers)	66
Table 4.12:	Attitudinal barriers (discrimination, stereotypes, and stigma)	68
Table 4.13:	Economic barriers (limited resources, exclusion from funding opportunities)	70
Table 4.14:	Institutional barriers within EWA WG movements	72
Table 5.1:	Summary of Recommendations	88
Table 6.1:	Thematic Area of Disability Inclusion/Focus on disability and EWA WG Movement	100

LIST OF FIGURES

Figure 1.1:	Map of East and Southern Africa.	6
Figure 2.4:	Diagram depicting the Conceptual Framework	21

ACKNOWLEDGEMENT

COVAW and DIWA are deeply grateful to everyone whose dedication, expertise, and collaboration made this study possible. We extend our heartfelt appreciation to our partners for their unwavering commitment to promoting the rights, protection, and inclusion of Women and Girls with Disabilities (WGWDs) in Kenya, Malawi, and Rwanda.

We especially acknowledge our implementing partners in Rwanda and Malawi; Umuryango Nyarwanda'Abagore BafiteUbunmuga (UNABU) and Network for Girls and Women with Disabilities in Malawi (NEGWDM), whose local knowledge and commitment have been invaluable throughout this process.

We also extend our sincere appreciation to our funding partner the United Nations Trust Fund to End Violence Against Women and Girls (UN Trust Fund) whose support enabled the Inclusive and Empowered Feminist Movements in Africa project under which this research was successfully completed.

We are grateful to Edrak Consulting for their professionalism, expertise, and collaborative spirit in carrying out the study. Their rigorous field-

work and thoughtful analysis have ensured that our findings are evidence-based and actionable.

Our sincere thanks go to all respondents, including Women and Girls with Disabilities from across the three countries, community facilitators, representatives of Organizations of Persons with Disabilities (OPDs), EVAWG actors, representatives of relevant government ministries, departments and agencies (MDAs) and other key informants who generously shared their experiences and insights. Your voices are at the heart of this research, helping us to illuminate systemic barriers and highlight pathways for meaningful participation and inclusion.

We also acknowledge all individuals and organizations who, though unnamed, contributed to the success of this study through technical input, logistical support, and encouragement.

The spirit of partnership and collaboration between COVAW, our partners, and Edrak Consulting has been instrumental to this work. We are honoured by the trust placed in us and remain committed to advancing inclusion and empowerment for Women and Girls with Disabilities across East and Southern Africa.

ACRONYMS AND ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVAW	Coalition on Violence Against Women
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
DIWA	Disabled Women in Africa
DILICE	Disability Independent Living Centre
EVAWG	Ending Violence Against Women and Girls
FGD	Focus Group Discussions
GBV	Gender-Based Violence
HRC	Human Rights Commission
IDI	In-Depth Interview
KII	Key Informant Interview
NGO	Non-Governmental Organization
ODK	Open Data Kit
OPD	Organizations of Persons with Disabilities
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SSQ	Semi-Structured Questionnaire
UN	United Nations
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations International Children's Education Fund
UNTF	United Nations Trust Fund to End Violence against Women
WGWDs	Women and Girls with Disabilities
WWD	Women with Disabilities

OPERATIONAL DEFINITION OF TERMS

Disability:

Any physical, sensory, mental, psychological, or other impairment, including any visual, hearing, learning, or physical incapacity (GoK workplace policy report, 2021). In this study, disability is seen as any interaction with various barriers that may hinder full and effective participation in society on an equal basis with others (NGEC, 2016:38).

Marginalized groups:

Refers to a group of people who have been disadvantaged by discrimination or excluded from power and access to resources (UN Report, 2024).

Participation:

In this study, participation refers to a process in which both men and women have input into leadership, share control over development initiatives and resources, and make decisions regarding their matters. It enables people to enhance their

well-being in terms of income, security, self-esteem, among others (Nussbaum, 2013) and Ajewumi, 2025)

Gender:

Refers to the socially constructed characteristics, roles, behaviours, and expectations associated with being female or male, as well as with girls and boys. It encompasses the roles and responsibilities, rights and entitlements, characteristics, obligations, and power dynamics attributed to different sexes (Global Labor Program–GESI, 2023).

Social inclusion:

In this study, this is the social identity of those who have been disadvantaged based on gender and status to enable them take desired change as (*Mkutumula et al, 2024*) and GLP–GESI, 2023) alludes to it as matters pertaining to access and control of family resources and leadership.

Equity:

In this study, equity involves recognizing and addressing disability-related, gender-based, economic, communication and structural barriers through reasonable accommodation and targeted support to ensure comparable participation outcomes with other women in EVAWG spaces

Equality:

An equal basis with others, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions for all, including protection from harassment, and the re-

dress of grievances. In this study, it means society values all members equally for their similarities and the diverse roles they play. It signifies the outcomes that result from gender equity strategies and processes (Ajiwumi, 2025) and (GLP -GESI, 2023)

Movement:

In this study it is the state of changing something's position or changing an idea to something else. According to Petterson (2000) it is a state of recognition of oppression of women moving to empowerment, relating to change or "move" from one position to another.

Discrimination in this study is based on disability, which means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human and people's rights in the political, economic, social, cultural, civil or any other field. It also includes denial of reasonable accommodation (African Union 2018).

EXECUTIVE SUMMARY

This report examines the participation of Women and Girls with Disabilities (WGWD) in Ending Violence Against Women and Girls (EVAWG) movements across East and Southern Africa, with a particular focus on Kenya, Malawi and Rwanda. It was commissioned by the Coalition on Violence Against Women (COVAW) in partnership with Disabled Women in Africa (DIWA), with support from the United Nations Trust Fund to End Violence Against Women and Girls (UN Trust Fund).

The report aims to generate evidence and actionable insights to strengthen disability-inclusive EVAW/G programming, improve collaboration between EVAW/G actors and Organizations of Persons with Disabilities (OPDs), and promote inclusive leadership, advocacy and policy engagement. While the primary data collection focused in Kenya, Malawi and Rwanda, the report draws on regional perspectives through desk reviews, stakeholder consultations, and mapping of EVAWG actors and networks. The findings are therefore relevant not only to the three study countries, but also to wider movement-building, advocacy and policy efforts across East and

Southern Africa. The research findings in this report can inform the development and strengthening of regional or cross-country policy frameworks by highlighting shared barriers, needs, and best practices for the inclusion of women and girls with disabilities. By identifying common challenges and opportunities, the report supports harmonized action among policymakers in East and Southern Africa, encouraging alignment of strategies and standards to enhance the participation and protection of WGWDs across the region.

The study employed a cross-sectional design, using a participatory social feminist and intersectional approach. It combined quantitative survey data from 287 WGWD respondents with qualitative data from focus group discussions, in-depth interviews, and key informant interviews with WGWDs, EVAWG movement leaders, service providers, OPD representatives, representatives of relevant government ministries, departments and agencies (MDAs). The methodology foregrounded the voices and lived experiences of WGWD, positioning them as primary respondents and contributors, ensuring their perspectives illuminate the barriers they face and inform the development of recommendations.

KEY FINDINGS

The central finding is that WGWD are not absent from EVAWG movements; yet they are too often present without meaningful influence. While EVAWG movements across the region are active and diverse, WGWD participation remains constrained by limited leadership opportunities, inaccessible systems, weak institutional commitment, inadequate resourcing, and persistent stigma. Meaningful inclusion requires moving from visibility and consultation to power, resources, accessibility, and decision-making authority.

1. **EVAWG movements are active, but WGWD leadership remains poorly integrated**

- EVAWG movements across East and Southern Africa include women's rights organisations, CSOs, youth-led groups, survivor-centred initiatives, regional coalitions, and OPDs. However, WGWD leadership remains concentrated mainly in OPDs rather than mainstream EVAWG spaces. The issue is not the absence among EVAWG actors, but the limited integration of WGWD leadership within them.

2. **WGWD experience multiple and intersecting forms of violence**

- WGWD reported high levels of emotional, physical, sexual, economic, and institutional violence. Emotional and psychological violence was the most commonly reported form, affecting 46–62% of respondents across the three countries. These forms of violence are shaped by gender inequality, disability discrimination, stigma,

poverty, caregiver dependence, inaccessible services, and weak justice systems.

3. **WGWD are often included in EVAWG spaces, but not in ways that give them real influence**

- Participation in EVAWG committees and working groups was reported at around 62–64%, but was frequently described as symbolic, consultative, or lacking decision-making power. Meaningful participation in formal policy processes was much lower, at only 18–22%.

4. **Accessibility barriers continue to exclude WGWD from programmes, services, and decision-making**

- Programme inclusion and accessibility barriers were reported by 68–71% of respondents. Inaccessible information formats and inaccessible GBV venues including rescue centres, police stations, and courts remain major barriers to justice, survivor support, advocacy, consultation, and leadership.

5. Barriers to participation are systemic and mutually reinforcing

- WGWD face structural, economic, attitudinal, environmental, and institutional barriers that compound one another. Limited personal income or poverty was reported by 75–85% of respondents, while lack of disability-inclusive policies within EVAWG organisations was reported by 75–81%. These barriers are further shaped by disability type, age, rural location, socio-economic status, and caregiver dependence.

6. Collaboration between EVAWG actors and OPDs remains too limited

- EVAWG actors and OPDs often work in parallel rather than through formal, sustained partnerships. This limits disability-inclusive programme

design, referral pathways, advocacy, accessibility planning, and accountability. Where collaboration does exist, it improves accessibility, participation, and service use by WGWD.

7. Promising practices exist and should be scaled

- Promising approaches include formal EVAWG–OPD partnerships, joint planning, accessible service delivery, WGWD-led advocacy, peer education, mentorship, leadership training, community-led approaches, accessible communication, and survivor-centred programming. Technology also offers opportunities, provided digital tools are designed with WGWD in mind and tested for accessibility, safety, confidentiality, and usability.

Overall Conclusions

The study concludes that WGWD inclusion is not optional or secondary to EVAWG work. It is central to building effective, accountable, intersectional, and transformative movements to end violence against all women and girls. The study also concludes that violence against WGWD is not only interpersonal, but also structural and institutional. General EVAWG approaches are insufficient unless they address the ways gender, disability, poverty, stigma, caregiver dependence, inaccessible services, and weak justice systems interact.

Meaningful inclusion cannot be achieved through visibility, consultation, or representation alone. It requires structural change within EVAWG movements, stronger collaboration with OPDs, accessible justice and support systems, disability-responsive

budgets, leadership development, accountability mechanisms, and sustained investment in WGWD leadership. WGWD are not merely recipients of rights-based interventions. They are leaders, advocates, knowledge holders, and agents of social and political change. Their leadership is essential to building EAWG movements that are genuinely inclusive, effective, and accountable.

Recommendations

The report calls for a shift from symbolic engagement to transformative, disability-responsive approaches that recognise WGWD as leaders, advocates, and key contributors to violence prevention and response. The recommendations support commitments under the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the African Union Protocol on the Rights of Persons with Disabilities in Africa (the African Disability Protocol), Agenda 2063 and the Sustainable Development Goals.

- 1. EAWG movements and women's rights organisations should institutionalise WGWD leadership and decision-making, working closely with OPDs.** This includes ensuring WGWD have real influence in governance, agenda-setting, programme design, budgeting, advocacy, monitoring, and evaluation, with representation of women with diverse disabilities.
- 2. EAWG actors, implementing partners, and donors should fund accessibility and reasonable accommodation as core EAWG costs.** Accessibility should be planned, budgeted, implemented, and monitored across meetings, services, consultations, campaigns, information materials, and policy processes.
- 3. Governments, justice institutions, health services, and social service providers should make justice, protection, and survivor support systems disability-responsive.** Police stations, courts, shelters, health facilities, GBV recovery centres, and referral systems should be accessible and responsive to women and girls with diverse disabilities.

4. **EVAWG actors and OPDs should formalise collaboration, with convening support from COVAW, DIWA, governments, and development partners.** This should include formal partnerships, joint workplans, shared advocacy strategies, referral pathways, accessibility planning, and accountability mechanisms.
5. **OPDs, COVAW, DIWA, EVAWG movements, and development partners should build WGWD leadership, mentorship, and movement-building capacity.** This includes investing in leadership development, mentorship, peer learning, advocacy training, disability rights, GESI, accessible communication, survivor-centred approaches, and feminist movement-building.
6. **Governments, national statistics institutions, EVAWG actors, OPDs, and donors should strengthen disability-disaggregated data, accountability, and resourcing.** This means improving data systems, monitoring meaningful participation, requiring disability-responsive budgets, and tracking whether WGWD influence decisions, policies, budgets, and programme design.
7. **Governments, development partners, OPDs, EVAWG actors, private sector actors, and technology developers should invest in economic empowerment, community-led approaches, and accessible technology.** This includes accessible livelihoods, social protection, community-led prevention, peer education, mobile reporting tools, accessible e-learning, and safe digital participation.
8. **COVAW, DIWA, OPDs, EVAWG actors, academic institutions, governments, and development partners should expand research, learning, and evidence generation.** Further research should focus on WGWD leadership, EVAWG-OPD partnerships, accessible justice systems, digital participation, and disability-disaggregated data.

The evidence is clear:

Achieving disability-inclusive EVAWG movements requires more than representation. It requires structural change, sustained resourcing and shared accountability to ensure that WGWD can participate as decision-makers, leaders, advocates and rights holders and not just as beneficiaries. This is essential to ensuring that EVAWG efforts across East and Southern Africa leave no woman or girl behind.

CHAPTER ONE

—

INTRODUCTION



1. KENYA COUNTRY CONTEXT

This research report, *“Participation of Women and Girls with Disabilities in Ending Violence Against Women and Girls (EVAWG) Movements in East and Southern Africa,”* was prepared for the Coalition on Violence against Women (COVAW) and Disabled Women in Africa (DIWA).

These organizations are implementing the UN Trust Fund-supported project *“Inclusive and Empowered Feminist Movements in Africa”* in Kenya, Malawi, and Rwanda. This project provided the research context, while the project is implemented in these countries, the research took a regional focus to inform and support advocacy for EVAWG movements across East and Southern Africa, highlighting the transnational nature of feminist EVAWG movement networks and coalitions.

Siemonsen and Carozza (2023) show that women with disabilities who lead movements are often excluded from mainstream and feminist efforts, which limits their advocacy to disability issues. This exclusion keeps the perspectives and leadership of women and girls with disabilities (WGWD) out of EVAWG programming and limited collaboration to address the violence they face. UN Women (2023) notes that EVAWG movements rarely focus on WGWD’s participa-

tion, leadership, and representation.

The primary objective of the study was to assess WGWD’s participation in EVAWG movements in East and Southern Africa, with a particular focus on project contexts in Kenya, Malawi, and Rwanda. This addressed a gap, as Feminist and EVAWG movements increasingly prioritize intersectional approaches that reflect the diversity of WGWD lived experiences.

The research aimed not only to generate evidence but also to be programmatically utilized. It was intended to directly inform the implementation and strategic direction of the Inclusive and Empowered Feminist Movements in Africa project. The findings are meant to guide the design and refinement of project activities in Kenya, Malawi, and Rwanda. They identify opportunities to strengthen the participation and leadership of women and girls with disabilities within EVAWG movements. The evidence also informs advocacy and coalition-building efforts by highlighting gaps in inclusion within national and regional EVAWG networks. It identifies areas for stronger collaboration between feminist organizations and movements led by women with disabilities. The study also provides a baseline understanding of current participation and representation of WGWD within EVAWG

movement structures. This will support ongoing monitoring, learning, and evaluation. The project's efforts aim to advance more inclusive feminist movements in Africa and beyond.

1.1 Background and Rationale for the Study

Globally, women and girls with disabilities (WGWD) continue to face persistent exclusion from mainstream gender equality and feminist movements, despite global commitments to inclusive development and human rights (UN Women, 2023). The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 2023) notes that inaccessible and unwelcoming social, institutional, and political environments limit their participation in decision-making spaces, thereby constraining progress toward Sustainable Development Goals (SDG) 3, SDG 5, and SDG 10, which are central to the 2030 Agenda's vision of "*leaving no one behind*." Similarly, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and CEDAW General Recommendation No. 18 recognize that women and girls with disabilities experience intersecting forms of discrimination based on both gender and disability. However, feminist and disability rights scholarship increasingly emphasizes that women with disabilities are not merely beneficiaries of rights-based interventions, but crit-

ical agents of social and political transformation.

The disability rights movement has long advanced the principle of "Nothing About Us, Without Us," asserting that persons with disabilities must be directly involved in the decisions, policies, and movements that affect their lives. Further within the feminist movement and theory, meaningful participation and leadership are similarly understood as central to transformative change. Feminist movements are most effective when they are shaped by the voices, lived experiences, and leadership of those most affected by inequality and violence. In this regard, WGWD hold unique forms of knowledge and expertise derived from navigating intersecting systems of exclusion, positioning them as essential actors in shaping inclusive strategies to end violence against women and girls (EVAWG).

Despite this recognition, evidence indicates that WGWD remain significantly underrepresented in leadership and decision-making spaces globally. United Nations data (2018) show that in developing countries, 19.2% of persons with disabilities are women and girls aged 18 years and above, compared to 12% among males, highlighting gendered disparities within disability populations. Yet leadership representation within this demographic remains extremely low.



UN Women (2023) reports that only 2.3% of women with disabilities hold positions such as legislators, senior officials, or managers across 19 assessed countries. Disability is also closely associated with multidimensional poverty, which restricts access to education, healthcare, employment, safety, and socio-political participation, thereby further constraining opportunities for leadership and movement participation.

Violence against women and girls also remains widespread globally. According to the World Health Organization (WHO, 2021), nearly 30% of women worldwide experience physical or sexual violence, with Sub-Saharan Africa reporting prevalence rates of approximately 33%. In Kenya, 45% of women report experiences of gender-based violence, and 25% of young women aged 15–24 report recent intimate

partner violence. Femicide has also been rising, with more than 500 women and girls killed between 2016 and 2024 (Amnesty International Kenya, 2025). However, violence specifically affecting WGWD remains significantly under-documented. The study only managed to access specific disability survey conducted by COVAW in 2012 which showed that 60% of women with intellectual disabilities had gone through SGBV. The absence of disability-disaggregated data contributes to the invisibility of their experiences and limits the ability of institutions and movements to develop responsive interventions.

Beyond gaps in data, WGWD often remain underrepresented within EVAWG movements themselves, where leadership, agenda-setting, and advocacy spaces are frequently shaped without their meaningful participation. Research shows that

although many countries have adopted affirmative action policies and gender equality frameworks, implementation remains inconsistent, under-resourced, and at times symbolic rather than transformative (Awori, 2020; UN Women, 2023; Ajewumi, 2025). For WGWD, exclusion is intensified by the intersection of gender discrimination and disability-related barriers, which limits their visibility and influence within public policy dialogues, feminist organizing spaces, and social justice movements.

A further structural barrier is the limited availability of disability-disaggregated data. The United Nations Disability and Development Report (2024) highlights how this data gap undermines evidence-based policymaking and constrains the design of targeted, accountable interventions. As a result, WGWD often remain marginalized in efforts to address gender-based violence, despite facing heightened risks of harassment, stigma, sexual violence, exploitation, and abuse (Mkutumula et al., 2024).

Addressing these challenges requires moving beyond approaches that position WGWD solely as vulnerable populations and instead recognizing and strengthening their leadership within feminist and EAWG movements. Inclusive feminist organizing depends on the active participation of diverse

constituencies, particularly those whose lived experiences provide critical insight into intersecting forms of discrimination and violence. Strengthening the representation, leadership, and participation of WGWD within EAWG movements is therefore essential for building more responsive, intersectional, and transformative strategies to end violence against women and girls.

1.1.1 Geographic scope: East and Southern Africa.

This study draws on frameworks such as the African Union Protocol on the Rights of Persons with Disabilities in Africa and the 2030 Agenda for Sustainable Development, both of which emphasize inclusion and the principle of leaving no one behind. The study found that in East and Southern Africa, WGWD are still underrepresented in women's rights groups and feminist movements. Their advocacy is often seen only as disability-focused, not as part of wider work for gender equality and social justice.

This limits their access to resources, group platforms, and policy influence within the Ending Violence against Women and Girls (EAWG) movement, which restricts transformative change according to the UN Women report (2023). These barriers show the need for VAWG efforts that consistently include disability across the whole contin-

uum of prevention, response and mitigation including the referral pathways.

1.1.2 Country Context: Kenya

Kenya is a signatory to major international instruments on gender equality and disability rights. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Kenya has developed supporting national policies and legal frameworks addressing gender-based violence (GBV) and disability inclusion. The Constitution of Kenya (2010) guarantees equality and protection from discrimination under Articles 27, 28, and 29. Key supporting legislation includes the Sexual Offences Act (2006), the Protection Against

Domestic Violence Act (2015), the Prohibition of Female Genital Mutilation Act (2011), the Counter-Trafficking in Persons Act (2010), and the Computer Misuse and Cybercrimes Act (2018). While policy frameworks are robust, including the recent Persons with Disabilities Act 2025, challenges persist with implementation, enforcement, and resourcing. These issues limit the realization of WGWD's rights.

1.1.3 Country Context: Malawi

Malawi has adopted both global and regional legal frameworks such as CEDAW, the UNCRPD and Africa Union Protocol on the Rights of Persons with Disabilities in Africa and consequently developed supporting national laws and policies such as the Constitution (Sections 13 and 20), the Persons with Disabilities Act (2024), the National



Figure 1.1: Map of East and Southern Africa.

Disability Policy (2025), the Gender Equality Act (2013), and the National Disability Mainstreaming Strategy (2018–2023). While these instruments provide a strong legal foundation for the protection of WGWD), significant barriers persist in practice. Closing these gaps is essential to transforming paper protections into real, lasting change.

1.1.4 Country Context: Rwanda

Rwanda has signed key agreements addressing violence against women and girls (VAWG) and the rights of persons with disabilities, including CEDAW, the African Union Protocol on the Rights of Persons with Disabilities in Africa (2018), and the UNCRPD. These agreements require a disability-inclusive approach to gender-based violence (GBV) prevention and response, and direct the state to prevent violence, protect survivors, and ensure WGWD have equal access to justice and services.

The Constitution (2003, revised 2015) guarantees legal equality and bans discrimination based on sex and disability (Articles 15 and 16). These rights are strengthened by laws such as Law No. 59/2008 on GBV, the revised Penal Code, and laws promoting social protection for persons with disabilities. Together, these frameworks make provisions for the prevention of GBV, survivor-centred protection,

and reasonable accommodations for persons with disabilities (PWD) in justice, health, and social services.

Complementary policy instruments, such as the National Gender Policy and disability-inclusive social protection and health strategies support integrated GBV programming. These policies address harmful gender norms, structural inequalities, and intersectional vulnerabilities. Yet, despite this enabling environment, implementation, coordination, and resourcing gaps persist. These gaps are most pronounced at decentralized levels, causing uneven access to survivor-centred, accessible, and disability-responsive GBV services.

1.2 Statement of the Problem

Gender inequality in leadership persists globally, with policy implementation gaps inhibiting progress, as Awori (2020) highlights in many African countries. UN Women (2023) and Ajewumi (2025) confirm this pattern, noting that women's underrepresentation worldwide is due to poorly implemented policies. This disparity is more pronounced for women and girls with disabilities (WGWD), who face further marginalization within leadership roles of the Ending Violence Against Women and Girls (EVAWG) movement. Elevating WGWD leadership is not only vital for address-

ing historical exclusion but also critically enhances the movement's effectiveness through their unique experience and insight.

Despite their value as rights holders and advocates, WGWD remain significantly underrepresented compared to women without disabilities (UN, 2024), underlining the urgent need for focused action to increase their inclusion in EVAWG leadership. The study assessed the participation of Women and Girls with Disabilities in Ending Violence Against Women and Girls (EVAWG) Movements in East and Southern Africa.

Notably, there is a lack of reliable, disaggregated data on WGWD's participation and representation in leadership within EVAWG movements. This absence of robust data creates a critical gap in understanding both the extent of their exclusion and the specific barriers they face. As a result, existing interventions lack the evidence base needed to effectively address the needs and realities of WGWD in leadership roles within EVAWG and Feminist movements. By directly addressing this research gap, this study aims to provide new insight into the representation of WGWD in EVAWG leadership, contributing important empirical evidence to support more inclusive policy and programmatic responses. A lack of data on WGWD globally signals

their absence from decision-making and reinforces exclusion from planning. UN Women (2023) reports that WGWD face both underrepresentation as women and unique challenges due to disability, requiring distinct advocacy (Mkutumula et al, 2024). Stereotypes depict them as dependent and unsuited to leadership (UN Women, 2018; Moyo, 2020; Mkutumula et al., 2024), fuelling marginalization and systemic denial of power. This exposes WGWD to intersecting discrimination, limiting their visibility and influence. Addressing these intersectional barriers is essential for inclusive leadership.

While feminist movements strive to mobilize for policy and behavioural change around various aspects of gender equality, the EVAWG movement's core advocacy centres on ensuring all women including WGWD live free from violence and discrimination. Consequently, meaningful participation by WGWD is essential for achieving effective prevention and elimination of violence. For the movement to be truly representative and effective, its leadership must reflect and prioritize the lived experiences of all women, including WGWD, foregrounding the principle that nothing is practical for them without them.

1.3 Objectives of the Study

1.3.1 Broad Objective

To assess the Participation of Women and Girls with Disabilities in the Ending Violence against Women and Girls (EVAWG) Movements in East and Southern Africa.

1.3.2 Specific Objectives

The following are the specific objectives of the study:

1. To map EVAWG Movements/ Networks in East and Southern Africa.
2. To identify prevalent forms of sexual and gender-based violence faced by women and girls with disabilities in East and Southern Africa.
3. To assess the level of inclusion and participation of WGWD in EVAWG movements in Kenya, Malawi and Rwanda. We are seeking to understand the level of representation and engagement of women with disabilities within existing EVAWG movements.
4. To investigate and analyse the barriers that hinder the participation of women and girls with disabilities in EVAWG movements.
5. To collect and document best practices for strengthening the participation of women and girls with diverse forms of disabilities in EVAWG movements.

1.4 Research Questions

The following are the research questions:

1. What are the EVAWG Movements/Networks in East and Southern Africa?
2. What are the prevalent forms of sexual and gender-based violence faced by women and girls with disabilities in East and Southern Africa?
3. What is the level of inclusion and participation of WAGWD in EVAWG movements in East and Southern Africa?
4. What are the barriers that hinder the participation of women and girls with disabilities in EVAWG movements?
5. What are the best practices for strengthening the participation of women and girls with diverse forms of disabilities in EVAWG movements?

1.5 Assumptions of the Study

The study assumed that women and girls with disabilities (WGWD) were not participating in the Ending Violence Against Women and Girls (EVAWG) movement's leadership due to intersecting social, cultural, and institutional barriers. Evidence shows stigma, inaccessible spaces, and weak enforcement of policies often restrict their participation (UN, 2024; UN Women, 2023). The study confirmed that WGWD are underrepresented in leadership across many EVAWG movement structures, highlighting their growing role as advocates, knowledge holders, and agents of change within the movement.

1.6 Justification

Existing studies on gender and leadership in Kenya have largely focused on the political and public administration sectors (Awori, 2020; Mbao, 2020), with minimal empirical attention to WGWD within EVAWG movements. Furthermore, while national policies such as the Persons with Disabilities (PWD) Act (2025) and the two-thirds gender rule aim to promote inclusivity, their enforcement is minimal. This neglect has led to the continued marginalization of WWD, both as members of EVAWG movements or in society at large. The study proposed to examine WGWD representation in EVAWG movements in East and South Africa, driven by the

SDG 2030 agenda to leave no one behind. It commits to ending violence and poverty in all their forms for all people and raises concerns through SDG 5 and SDG 10 regarding gender, disability, and leadership representation.

Several African countries have adopted constitutions and affirmative action policies on the two-thirds gender rule, but unfortunately, these policies have not been impactful or effectively implemented. In particular, the study sought to identify gaps, disparities, social and cultural factors, and discrimination, among others, that affect WGWD participation in EVAWG movement leadership. This is viewed as an advocacy platform aimed to influence policy change, reforms, and behavioural changes that contribute to the prevention and elimination of sexual and gender-based violence against women and girls with disabilities.

This study is significant because it addresses a critical gap in understanding the representation of WWD in the feminist and EVAWG movements, an area that has received minimal empirical attention in Kenya, Malawi and Rwanda. Academically, it contributes new insights into the intersection of policy, gender, and disability by expanding the discourse on inclusive leadership within EVAWG movements. Institutionally, the research pro-

vides evidence-based recommendations that can guide government institutions, religious organizations, policymakers, and advocacy groups in implementing the Gender Equality and Social Inclusion (GESI) framework in line with the Constitution of Kenya (2010), the Disability Act (2025), and global commitments such as the SDGs 5 and 10. Socially, the study empowers WWD by amplifying their voices, promoting equitable participation in decision-making, and enhancing their socio-economic wellbeing. Overall, the findings will be valuable to scholars, development organizations and policymakers seeking to strengthen inclusive governance and realize both constitutional and principles of equality and dignity for all women.

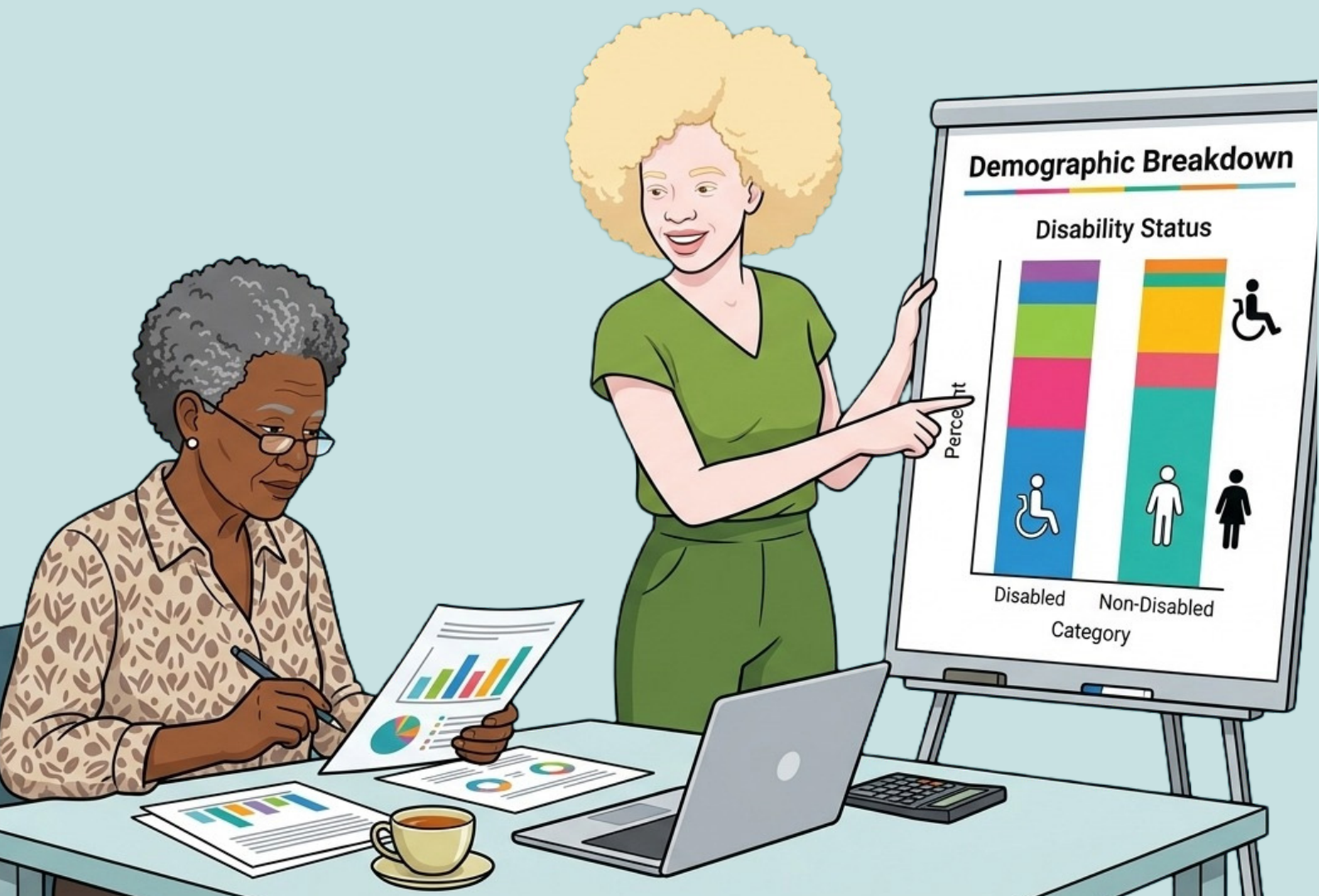
1.7 Scope and delimitation of the study

This study examined the representation of women and girls with disabilities (WGWD) in the EVAWG movements in Kenya, Malawi and Rwanda. For the purposes of this study, WGWD were defined as women with physical, sensory, intellectual, or psychosocial disabilities. The study included participants aged 18 years and above who were able to provide informed consent, as well as those under 18 years with consent provided by a parent or guardian. Women aged 18 and above were considered capable to participate in EVAWG leadership and to represent WGWD within EVAWG movements and OPDs.

CHAPTER TWO

—

LITERATURE REVIEW



A comprehensive review of literature on women and girls with disabilities (WGWD) was conducted including their representation and participation in leadership and decision-making processes from secondary data. The review is grounded in global, regional, and national debates on gender equality, disability inclusion, and advocacy within social justice movements. It draws from peer-reviewed journals, policy documents, and institutional reports to establish a strong conceptual foundation (Mugenda & Mugenda, 2012).

2.1 Context Review

2.1.1 The EAWG Movements/ Networks in East and Southern Africa.

Many bodies are in existence to inform the Heads of State and Government on various matters concerning violence against women and girls at the regional level, for example during the African Union Summit (African Union 2018). Particularly, the African Union Convention on the Elimination of Violence Against Women and Girls (AU CEV-
AWG) was adopted by the Heads of State and Government in February 2025 by the member states of the African Union as a framework for addressing VAWG in the continent. There are also international and national civil society organizations advocating for the elimination of violence against women, includ-

ing organizations of persons with disabilities (OPDs) such as Sight Savers, Leonard Cheshire disability, Christian blind mission, Light Savers, Handicap International, Action on Disability, among others. The study sought to examine their regional coverage, especially in Kenya, Rwanda, and Malawi, and to examine the position of women with disabilities in leadership within the Elimination of Violence against Women (EAWG) movements in East and Southern Africa.

The formation of the EAWG movements was purposed to eliminate all forms of violence faced by women and girls. Various frameworks including international treaties like the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979), as well as scholarly texts, journals, and national policy frameworks reviewed, all speak to elimination of any forms of violence against women. These documents provided a contextual foundation for analysing WGWD's positioning within EAWG institutional frameworks. The study examined the position of persons with disabilities (PWD) and women and girls with disabilities (WGWD) in leadership because it was about gaining minority representation in leadership and decision-making and achieving inclusion and social justice.

ments within individual countries with promulgation or review of the constitutions in most African countries including Kenya, Rwanda and Malawi, Stichter (2019). The participation by women and men in many activities in East and Southern Africa and many African countries is skewed against women, mainly due to socio-cultural reasons Ajewumi, (2025).

The research confirmed that there was still a big disparity in representation of WGWD in both national and local level governance structures, including the EAWG movements, and determined whether institutional structures have created gender relationships that have led to the subordination of women in various social spheres, leading to not only gender inequalities, but also underrepresentation by WWD. This led to having in-depth discussions with WGWD to understand the prevalent forms of sexual and gender-based violence (SGBV) they experience, and also their participation in all the leadership roles just like other women without disabilities and the males with disabilities.

2.1.3 The level of inclusion of WGWD in EAWG movements in East and Southern Africa.

According to the UN Women Report (2023), many countries have adopted the two thirds gender rule as

part of affirmative action policies. However, its effective implementation remains limited as noted by Awori (2023). Many African countries are signatories to international policy frameworks on gender and disability such as the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) which is implemented through regulations, Acts of Parliament and various countries' constitutions. The study analyses the views of the report seeing GESI as an enabler. "Gender equality is the great enabler, making possible the attainment of all other development goals". In relation to leadership as defined by Robert Keating and quoted by Cole (1995) it is seen as a service in the sense that it seeks to meet the needs of another or groups by performing needed functions. The study understood that leadership is a powerful tool that influences decisions for a desired goal and therefore the position of WGWD making certain decisions as leaders was crucial. The study sought to understand the criteria of conducting various levels of leadership appointments either by elections or nominations within the EAWG movements.

This research sought to establish if the social transformation advocated by EAWG movement recognized the voice and ability of WGWD. The study examined the role of the EAWG leadership in executing the gender inequality and dis-

The study mapped several organisations, their core agenda and leadership position by gender. This was meant to determine the participation of women with Disabilities' leadership within such organisations in East and Southern Africa. These led to examining several EAWG regional movement organizations such as the African Women Development and Communication Network (FEMNET), The Solidarity for African Women's Rights (SOAWR) Coalition domiciled at Equality Now, Sexual Violence Research Initiative (SVRI), Gender is my Agenda (GIMAC), Girls not Brides, Africa Regional Sexual & Gender-Based Violence (SGBV) Network (led by SVRI / Population Council), Men Engage Africa Alliance, Southern Africa Federation of the Disabled (SAFOD), International Community of Women Living with HIV in Eastern Africa (ICWEA), Pan African Network of People with Psychosocial Disabilities (PANPPD), Gender Links and Disable Women in Africa (DIWA) among others in Kenya, Rwanda and Malawi respectively.

The review also included Organisations of persons with disabilities (OPDs), such as United Disabled Persons of Kenya (UDPK), which influenced advocacy for disability rights (AFUB et al., 2007). UDPK collaborated with the government in policy review and assessment, raised awareness, and promoted

self-advocacy among PWDs. National Organization of Users and Survivors of Psychiatry in Rwanda (NOUSPR) and Federation of Disability Organizations in Malawi (FEDOMA) have also been key partners on disability inclusion in Rwanda and Malawi. The detailed mapping for Kenya, Rwanda and Malawi is attached as an annex.

The study emphasised that the human rights approach highlights the inherent rights of WGWD and advocates for their recognition and entitlement to fundamental rights and socio-economic empowerment (Degener, 2014). The study believed that EAWG and feminist movements could help strengthen the analytical focus on WGWD's participation in leadership as a position of influence to voice their concerns as they represent their constituencies around rights at the intersection of gender and disability.

2.1.2 The Prevalent Forms of Sexual and Gender-Based Violence faced by Women and Girls with Disabilities in East and Southern Africa.

Gender inequality is still prevalent globally despite United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) having been ratified by 189 state parties making it one of the most widely ratified human rights treaties. Additionally, the legal and policy framework has witnessed great improve-



ability policies implementation and enforcement in accordance with two third gender rules and GESI as well as Disability policy. The inclusion of WWD in leadership in leadership is crucial for the purposes of socio-economic empowerment as confirmed by Awori, (2020) and Warinda et al (2020) viewed as a matter that was urgent towards the realization of SDGs 5 and SDG10 towards the realization of SDG 2030 talks of gender equality, inclusion, equity and as well as holistic socio-economic empowerment and leaving no one behind.

The review of literature found that the EVAWG movement's efforts at social transformation have been mixed in recognizing the voices and abilities of WGWD. The study identified that EVAWG leadership played a critical role in policy implementation, particularly regarding the two-thirds gender rule, GESI,

and the Disability policy. Findings showed the inclusion of WGWD in leadership is crucial for socio-economic empowerment. Awori (2020) and Warinda et al. (2020) confirmed the urgency of this inclusion for achieving SDGs 5 and 10. The research concluded that reaching SDG 2030 goals of gender equality, inclusion, equity, and socio-economic empowerment requires prioritizing the leadership of WWD.

2.2 The barriers to participation of women and girls with disabilities leadership in EVAWG movements.

The existing literature shows that women with disabilities (WWD) experience heightened risks of sexual and gender-based violence due to structural inequalities, dependency on caregivers, and inaccessible justice systems (Groce et al., 2011;

WHO, 2021). Research also highlights the limited representation of WGWD in governance structures due to discriminatory norms, lack of accessibility, and weak institutional mechanisms for inclusion (Dhunjana, 2006; Lord and Stein, 2013).

A systematic desk review was conducted to consolidate evidence on gender, disability, and SGBV, with specific attention to WGWD's participation in EVAWG movements and enablers. This process revealed gaps in representation, limited collaboration between EVAWG networks and OPDs, and weak disability mainstreaming in program design, budget allocation, and advocacy (Chataika et al., 2019). It also revealed underrepresentation and conflict within the WAGWD's leadership.

The study, therefore, sought to establish the unique challenges faced by specific WAGWD that affect their participation in leadership within EVAWG movements. The issue of overrepresentation and underrepresentation by some disabilities was raised, which fuelled the interest to investigate the specific subgroups, including women with hearing, vision, albinism, intellectual disabilities and physical disabilities, among others. This raised the issues of inclusion, representation, power, attitude, and decision-making. Through Intersectionality theory, which ad-

vances an understanding of discrimination and oppression across planning, budgeting, participation, access, ownership, and control. The study therefore investigated which WGWD subgroup, by disability type or intersectional status, was most under-represented in EVAWG leadership and the underlying reasons.

2.2.1 Best practices for strengthening the participation of women and girls with diverse forms of disabilities in EVAWG movements

African countries such as Rwanda, South Africa, Uganda, and Kenya have established legal frameworks and gender policies promoting women's leadership. However, significant challenges persist, especially in policy implementation, as highlighted by the UN Women (2024) report. For example, Uganda's constitution provides for equality through Articles 21, 33, and 78, emphasising affirmative action.

Likewise, Malawi's 1994 constitution and 2013 National Gender Policy guarantee women's rights and protection, but, according to the Africa Development Bank (AfDB) 2020 report, women's presence in leadership remains limited. Rwanda leads in women's leadership, though data on WAGWD is lacking, motivating this study's focus on examining WGWD in EVAWG movement leadership to inform planning

and budgeting. In Kenya, constitutional and policy provisions, including the GESI and the Disability Act, support gender and disability inclusion, which is reinforced by the two-thirds gender rule. Despite 18 women nominated in the August 2022 election, only one woman with a disability is representing WAGWD, highlighting ongoing underrepresentation. The study found that, amid these legal and policy advances, WGWD faced unique challenges, particularly SGBV and exclusion from leadership, resulting from societal discrimination, inaccessible environments, limited resources, and exclusion from gender quotas (Mkutumula et al., 2024). Thus, effective advocacy by WGWD in leadership remains essential to address these specific barriers.

The review also examined Kenya's policy and legislative context, focusing on the Persons with Disabilities Act (2003/2025 revision), Victim Protection Act (2014), HIV & AIDS Prevention and Control Act (2006), the National Policy on Prevention and Response to Gender-Based Violence (2014), and the National Policy for the Eradication of Female Genital Mutilation (2019). Key findings reveal that the gap between policy commitments and actual implementation persists. These implementation gaps hinder WGWD's meaningful participation in EVAWG initiatives (KNCHR, 2020; Leonard Cheshire, 2018).

Malawi's gender and disability inclusion efforts also aligned with international commitments reviewed. However, the literature highlighted gaps in translating these commitments into meaningful participation, access to services, and leadership opportunities for WGWD, as stated by the Malawi Human Rights Commission (2025). To address these concerns, Malawi adopted legal frameworks such as the Constitution (Sections 13 and 20), the Persons with Disabilities Act (2024), the National Disability Policy (2025), the Gender Equality Act (2013), and the National Disability Mainstreaming Strategy (2018–2023). Despite these efforts, all these frameworks offer protection for women with disabilities (WWD), but only on paper.

In Rwanda, the study reviewed the National Council of Persons with Disabilities (NCPD), established in 2011 and composed of government representatives responsible for disability mainstreaming. This includes work at both local and central levels across all ministries, the National Parliament, and the East African Legislative Assembly, all of which focus on PWDs. The UNPRPD-MTFP (2022) and the 2022 Situation Analysis report highlighted coordination and implementation challenges. They noted a low level of knowledge and awareness about disability mainstreaming and inclusive policy and programming. This points to the weak implementation

of disability inclusion provisions in national laws and policies.

2.2.2 Knowledge Gap

The study acknowledged that East and Southern Africa have many relevant policies and laws on gender, disability, and inclusion, but their implementation is limited. While many studies examine gender inequality and women's leadership in political and public sectors, few provide empirical evidence about the representation of women with disabilities (WWD) in EAWG movements. The existing scholarship (Mbao, 2020; Awori, 2020; Ajewumi, 2025) broadly focuses on women's empowerment but overlooks the intersectional challenges WWD face in EAWG, which aims to include and protect all women from sexual and gender-based violence. UN Women (2023) reports also note that EAWG movements lack full integration of gender equality and disability inclusion policies, leading to a data gap on WWD participation in leadership.

This evidence gap limits understanding of how socio-cultural norms, institutions, and frameworks affect WWD's leadership opportunities in these movements. This study addresses the gap by generating data on participation, barriers, enabling institutional responses, and policy practices shaping WWD inclusion in EAWG leadership in East and Southern Africa.

The study examined the barriers, such as structural, attitudinal, environmental, economic, and institutional, while also investigating discrimination and violence levels, including physical, emotional, and sexual abuse, that EAWG movements often overlook. It identified a need for advocacy strategies and reallocation of financial resources to address gender inequalities and WGWD challenges. The study reviewed women-led organizations and Organizations of Persons with Disabilities (OPDs) to assess advocacy against violence toward WGWD and participation in EAWG leadership.

2.3 Theoretical and Conceptual Framework

The study was grounded in three theories: social feminist theory, intersectionality, and disability justice. Social feminist theory (SFT) focuses on structural exclusion and representation. Intersectionality theory, according to Crenshaw (1989) and Weldon (2008), addresses multiple, overlapping oppressions based on gender, disability, and other factors. Disability rights and justice frameworks ensure WGWD's experiences and barriers are considered from a rights-based perspective. These frameworks were selected after a literature review revealed persistent gaps in recognizing and including women and girls with diverse disabilities (WGWD) in EAWG movements.

The literature review shaped the conceptual framework. It identified legal, social, and structural barriers to WGWD's leadership in the EAWG movements and advocacy. Key studies led to the adoption of intersectionality and disability justice. These frameworks identified multi-layered discrimination, which defined the independent, intervening, and dependent variables in the model.

These frameworks guided the research design, including the formulation of questions on WGWD's recognition, policy implementation, and barriers to leadership. Data collection tools, such as interviews and focus groups, were developed to explore experiences through intersectional and rights-based perspectives, specifically probing double discrimination and gendered and disability-specific barriers. In particular, the SFT provided a framework for understanding the impact of female underrepresentation in EAWG movements and raised issues of human rights, representation, power, attitude and decision making. Whereas the intersectionality theory advanced the forms of discrimination and oppression in various forms of oppression such as economic, emotional, physical, harmful practices and barriers. It reflected on actual participation in regards to planning, budgeting, access, ownership and control.

The analytical approaches were informed by these frameworks. Data coding was conducted with sensitivity to intersectional identities and disability justice. Thematic analysis identified patterns of exclusion and empowerment. A comparative analysis across Rwanda, Kenya, and Malawi highlighted unique SGBV forms, leadership exclusion, and gaps between policy and practice.

The frameworks also shaped advocacy recommendations. Disability rights and justice frameworks were operationalized by evaluating how policies and statutes impact WGWD's leadership participation and rights. The study identified policy gaps and recommended advocacy, planning, resource allocation, and inclusive leadership strategies to ensure the unique barriers and rights of WGWD in EAWG movements are addressed.

With this background the study sought to identify the level of inclusion and participation WGWD in the EAWG movements leadership. The gap in the theory exposed the various barriers and enablers such as structural, attitudinal, environmental, economic and institutional and proposed possible strategies for inclusion of WGWD in EAWG movements' leadership.

2.4 Conceptual Framework

The conceptual framework, as shown below, presents independent, intervening, and dependent variables. The study looked at WGWD representation in EVAWG movements and the causes for their underrepresentation against the unique forms of Sexual Gender Based Violence (SGBV).

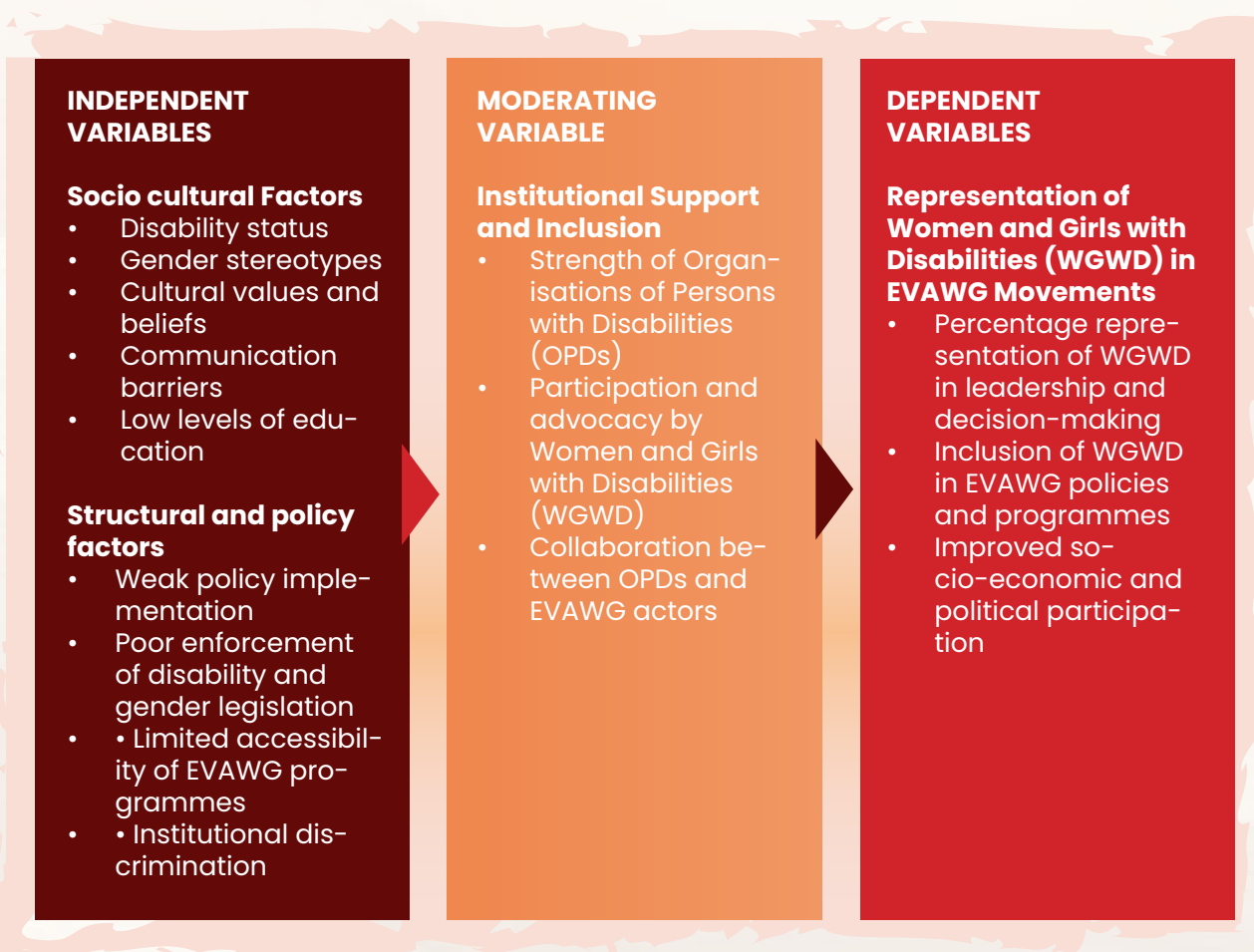


Figure 2.4: Diagram depicting the Conceptual Framework

2.4.1 Conceptual Framework and Potential implications of the study findings

The conceptual framework in Figure 1 covers independent, intervening, and dependent variables. The study explored WGWD representation and participation in the EVAWG movement, finding that WGWD are largely invisible in women's and

disability rights groups, especially in advocacy spaces. They face "double discrimination" as mentioned by (UN Women, 2018) and multiple human rights violations, worsened by their status as both women and as women with disabilities. This causes increased social isolation and dependence (Human Rights Watch, 2001). The study

examined perceptions, attitudes, and policies that portray WGWD as unfit for EVAWG leadership or as unproductive members of society. It also assessed how policy influences strategies for participation and stakeholder engagement in EVAWG, particularly in relation to national SGBV elimination policies.

The study found that East and southern Africa have clear policies that are not implemented or enforced. In particular, firstly, it sought to clarify key recommendations focusing on increasing leadership opportunities for women and girls with disabilities (WGWD) within the EVAWG movement through supporting their socio-economic empowerment and addressing their unique challenges through amplifying their voices. Secondly, build stakeholder capacity in funding, training, advocacy, leadership, and GESI within EVAWG movements.

Thirdly, streamline leadership strategies at both national and international levels through stakeholder engagement. Leverage WGWD's role that advance inclusive advocacy for socio-economic outcomes. Lastly, share evidence-based best practices to facilitate learning and replication among women and girls with disabilities (WGWD) in East and southern Africa.

2.4.2 The Literature Review, theoretical and conceptual framework summary

Although numerous studies have examined gender inequality and women's leadership in the political and public sectors, there is limited empirical evidence on WWD's participation in leadership within EVAWG movements. Existing scholars, such as Moyo (2020) and Ajewumi (2025), emphasize women's empowerment broadly. However, they overlook the intersectional challenges faced by WGWD within EVAWG movements. Reports by UN Women (2023) acknowledge that disability inclusion policies leave a gap in data on the extent and nature of WWD participation in EVAWG movements. This lack of empirical evidence constrains understanding of how socio-cultural norms, institutional structures, and interpretations influence WWD's leadership opportunities and disability. This study bridges that gap. It generates contextual information on the barriers, institutional responses, and policy practices that shape the inclusion of WWD in leadership within the EVAWG movements in East and Southern Africa.

The study was guided by two theories. Social feminist theory (SFT) provided a framework for understanding how social and cultural attitudes, exploitation, and institutional structures shape the underrepresentation of women in EVAWG

movements. It raised issues such as inclusion, representation, power, attitudes, and decision-making. Intersectionality theory highlighted various forms of discrimination and oppression, emphasizing their impact on planning, budgeting, participation, access, ownership, and control. It examined which subgroup of WGWD, by disability type or intersectional status, was most under-represented in EVAWG leadership.

The knowledge gap raised by the theories exposed barriers and enablers to WGWD inclusion and representation in leadership within the EVAWG movement, which could be perceived as hindrances to their participation in EVAWG leadership. It enabled the identification of po-

tential suggestions to shape the inclusion of WGWD in EVAWG movements in East and Southern Africa.

The conceptual framework, which included independent, intervening, and dependent variables, enabled the study to explore WGWD inclusion and participation in the EVAWG movement in East and Southern Africa. It found that WGWD have been invisible in the EVAWG movements, causing them to face “double discrimination,” as noted by UN Women (2018). Further, the study examined perceptions, attitudes, and policies that view WGWD as unfit for leadership roles in EVAWG movements or as productive members of society. Provide evidence of best practices for learning and replication among WGWD in East and southern Africa.

CHAPTER THREE

—

METHODOLOGY



3.1 Study design

This study employed a mixed-methods research design with a quantitative focus complemented by qualitative exploration to examine the participation of women and girls with disabilities (WAGWD) in EAWG movements across East and Southern Africa. The quantitative component captured measurable patterns in participation, representation, and access to resources, providing a broad overview across contexts. The qualitative component complemented this by enabling in-depth exploration of participants' lived experiences, institutional contexts, and structural barriers shaping their engagement (Creswell & Poth, 2018), thereby enriching the interpretation and validity of the findings.

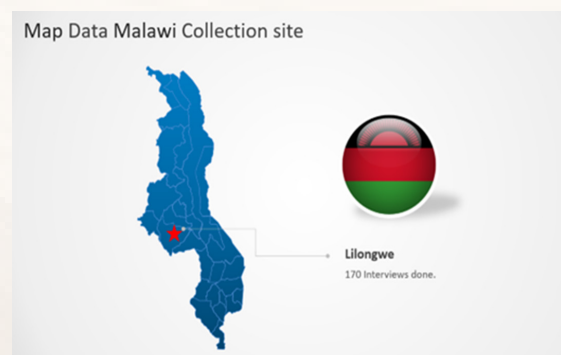
3.2 Study Sites and Scope

The research focused on selected countries in East and Southern Africa where EAWG movements and disability rights networks are active. While the broader regional context was considered, the primary data collection was conducted in Kenya, Rwanda, and Malawi. These three countries were purposively chosen to reflect a range of policy environments, legal frameworks, and socio-cultural contexts regarding the inclusion of women and girls with disabilities in EAWG movements. The selection also enables comparison across different levels of progress in disability rights and

gender equality initiatives within the region. Although other countries such as Uganda, Tanzania, Zambia, and South Africa were reviewed in the literature, the findings presented in this study specifically relate to Kenya, Rwanda, and Malawi, offering insights that may inform broader regional understanding and practice.

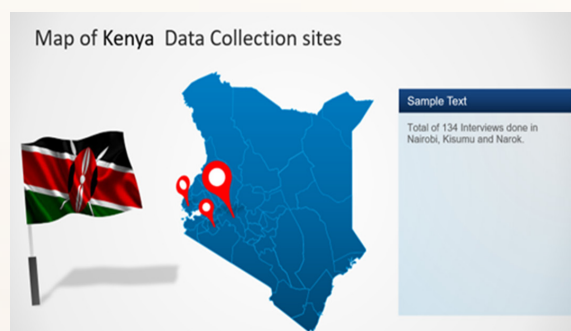
3.3 Target Population

Access to justice and protection against violence for women and girls with disabilities remains a significant concern across Malawi, Kenya, and Rwanda, reflecting broader challenges of equity and human rights.



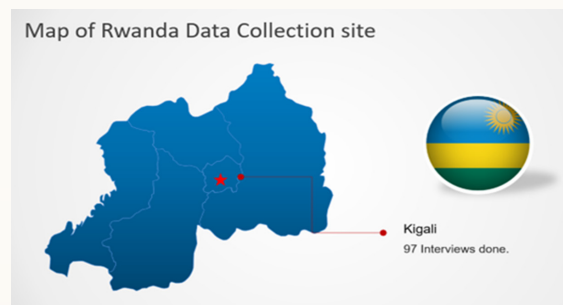
In Malawi, despite legal frameworks such as the Disability Act of 2012 and constitutional guarantees, women and girls with disabilities face persistent barriers including inaccessible courtrooms, lack of sign language interpreters, and societal stigma. According to the 2018 Population and Housing Census, Malawi's population was 17,563,749, with 1,556,670 persons with disabilities. Globally, an estimated 1.3 billion people, or 16% of the world's

population, experience significant disability, a number that continues to grow due to increasing non-communicable diseases and longer life expectancy.



In Kenya, gender mainstreaming is embedded in the constitution and national policy, mandating equal opportunities for women and men across all sectors. The Kenya National Bureau of Statistics (2019) reports that 2.5% of women have disabilities, equating to 600,368 individuals out of a total female population of 24,014,716. Despite progress, gender-based violence remains prevalent, with 16% of women experiencing physical violence and 6.42% experiencing sexual violence (Kenya Demographic and Health Survey, 2022). Women and girls with disabilities are particularly vulnerable, facing heightened risks due to societal stigma, inaccessible services, and gaps in legal and support structures.

Rwanda's 2022 Population and Housing Census recorded a total population of 13,246,394, with 216,826 females aged five and above with disabilities. Despite



institutional progress in gender equality and legal frameworks, violence against women and girls persists, especially among marginalized groups such as women and girls with disabilities. These groups often lack representation in national data and gender-based violence programming. Advocacy and capacity-building initiatives, like those led by Disabled Women in Africa (DIWA), aim to strengthen inclusion and leadership for disabled women in violence prevention and response efforts, supporting broader integration of disability inclusion in Rwanda's gender policies.

Across the three countries, WGWD face compounded challenges of marginalization, stigma, and exclusion from education and employment, as well as heightened vulnerability to violence. Structural inequalities entrenched social norms, and limited access to justice and survivor-cantered services underscore the urgent need for inclusive strategies that address intersectional barriers and provide disability-sensitive protection measures.

County	Population (N) as per the census	Sample (n)	Adjusted sample (Adj. n*)
Kenya	918,270 (KNBS, (2019)	101	101
Malawi	937,536	115	115
Rwanda	391,775	71	71
Total	2,247,581	287	287

Table 3.1: Target Population

3.4 Sampling Procedure and Sample Size determination

3.4.1 Sample and Sampling Technique

A multi-stage cluster sampling method adopted for the study with the clusters defined as geographical areas within which Girls and women with disability were. Specifically, the study applied stratified purposive or judgmental sampling in selecting the sample based on knowledge of a population, for its elements, and the purpose of the study.

This enabled the use of a case study that required information for the objectives of the study and getting in-depth information, especially on unique forms of SGBV faced by WGWD, as well as the barriers to WGWD participation and inclusion with the EVAWG movements. Purposive and snowball sampling were used to identify key informants with extensive involvement in EVAWG and disability ad-

vocacy. These sampling methods enabled the strategic selection of respondents with in-depth contextual knowledge (Etikan, 2016).

3.4.2 Sample Size Determination

The sample size for the quantitative component calculated using Cochran's (1977) formula for finite populations and (Mugenda, 2012). However, given the nature of the study population and logistical considerations, a proportionate approach adopted to ensure both representativeness and feasibility during fieldwork.

3.4.3 Sampling Method

The following sample size determination method was used since a complete list of households with Disability did not exist.

Therefore, Sample size $n > \text{DEFT } Z^2 (P) (1-P) / D^2$

Where: n = minimum sample size required

Z = Z-score corresponding to the level of confidence with which it is desired to be sure that the true population lies within $\pm D$ percentage points of the sample estimate [95% confidence level]

P = expected population proportion

(default = 50% = 0.5 yields highest sample size.

This is conservative.

DEFT = Design Effect = 3 for cluster sampling

D = maximum tolerable error = 10%

$n > 2 (1.96 \times 0.5 \times 0.5) / (0.05)^2 = 261 = 287$
(including 10% non-response rate).

This was adopted as a cluster-based design applied to 3 countries (Kenya, Malawi, and Rwanda.). Based on demographic data. The adjusted sample size per country is depicted on the table below.

Target Group	Target Population in		
	Malawi	Rwanda	Kenya
Women and girls with various disabilities;	135	71	115
Leaders and members of EAWG movements;	15	09	11
Representatives of Organisation of Persons with Disability (OPD)	10	07	08
Government officials in gender and disability focal institutions;	5	5	5
Development partners working on SGBV and disability inclusion.	5	5	5
Total	170	97	134

Table 3.2: Sample Size Determination

Source: Researcher, 2025

3.4.4 Sampling Procedure

The study participants were purposively selected through partner organizations, disability networks, and actors working in the field of EVAWG. This approach was important to ensure the inclusion of individuals and stakeholders with direct experience, technical knowledge, and active engagements, thereby enhancing the relevance, credibility, and contextual depth of the research finding.

a) Case Study and Documentary Guide

The desk review for the secondary data conducted, which included case studies and documentaries, which entailed the chronological capturing of obstacles, success stories, and lessons learned from the WGWD and EVAWG movement organisations backgrounds. Developed case study guidelines/scripts adopted throughout the documentation process. The guidelines consisted of a list of target interviewees, locations, and day-to-day activities. This included women and girls with disabilities, and the organizations of persons with disability (OPD). A list of people engaged in the documentary, whose testimonies/views about their perspective and participation in leadership and decision making, particularly in the EVAWG movement, captured. The target groups included WGWD and EVAWG movement leaders of various organizations of OPDs.

b) Key Informant Interviews and In-depth Interviews Guides

These guides used to collect information on project issues that required follow-up after the analysis of quantitative data. They were used to collect data from the WGWD, the EVAWG leaders who may not be comfortable with information sharing and confidentiality. The other purpose enabled capturing of unique forms of SGBV and barriers for the WGWD representation and participation in the EVAWG movement at all stages including at grassroots in relation to documentation of best practices for strengthening the EVAWG movement.

c) Focus Group Discussion Guides

The study applied Focus Group Discussions (FGD) Guides for WGWD and EVAWG movement leaders to collect information. Participation of WGWD in the FGDs was facilitated through several measures to ensure inclusivity and accessibility, including (i) conducting interviews and discussions in physically accessible venues to accommodate mobility needs. (ii) Provided sign language interpreters and accessible reading materials (e.g., braille or large print) to support participants with sensory disabilities. (iii) Offered options for both in-person and virtual participation to suit individual comfort and accessibility.

ty requirements. (iv) Used trained facilitators experienced in disability-inclusive approaches to create a safe, respectful, and empowering environment for all participants.

Qualitative studies required a minimum sample size of at least 12 respondents per category to reach data saturation (Clarke & Braun, (2013); and Fugard & Potts, (2014); Guest, Bunce, & Johnson, (2006). The study applied a purposive sampling technique to reach the following samples for this study. A census of all key partners and stakeholders in the project. Qualitative data collected using notebooks and recorders entered into a Microsoft Excel data entry template, grouped, and analysed thematically using quasi-statistics. The findings from qualitative data triangulated with

the quantitative data for the conclusions of evaluation findings. The findings disaggregated by sex, age, and location as appropriate.

Quantitative data captured using an Open Data Kit (ODK) on hand-held devices verified and uploaded daily into data loggers for secure storage. At the end of the exercise, the data was exported to a pre-designed SPSS interface for analysis. Data quality control mechanisms were put in place during training, collection, and analysis. The training, mock pre-test, and field-testing used to confirm the skip patterns and quality checks. Upon this confirmation, any proposed changes communicated to the designers for the rectification and finalization of the interface. During data collection, before data was uploaded,

Interview Type	Selected Respondent	Total
FGDs	- Women and girls with disabilities, 3 groups in each country - (9 FGDs) - EVAWG Movements/Networks Representatives - 5-10 organizations	12 FGDs
KIIs and IDIs	- OPDs - (5-10 organizations in each country) KII-30 - EVAWG Movement Leaders. (5 org 2 in each country x 2) = 10 - KII - WGWD (5 in each country) from at least 5 organizations x 3 = 15 -IDIs - CSO Regional Network- (5 in each country) 15 KII - Governmental Representatives (3-5 in each country x 3) - 15 KI	KII - 56 IDIs - 105
Semi-structured Questionnaire	Women and girls with disabilities Rwanda 71, Kenya 115 and Malawi 101	287

Table 3.3: Sampling framework

the Research Assistants (RAs) were required to check on the quality of the data under the supervisor's direction daily. Skip patterns and other entry quality checks are built into the data capture interface.

3.5 Data sources and analytical framework

The research framework is provided through a table showing a detailed breakdown of the research objectives, indicators, research questions, and the corresponding qualitative tools for the study. The study employed the tools and focused on the outlined questions; the study generated a comprehensive understanding of the study and expected outcome. The assessment adhered to internationally recognized ethical standards, including the United Nations Evaluation Group (UNEG) principles and Feminist Research Ethics Guidelines. The study prioritized the protection of WGWD throughout the process.

The four UNEG guiding principles: Integrity, Accountability, Respect, and Beneficence, observed. Participants were informed the study purpose, data use, and voluntary participation. Anonymity and confidentiality maintained, with data securely coded and stored with restricted access. Informed and trauma-informed consent obtained from all participants. Interviews were audio-recorded only with participant permission. Care taken to avoid

raising expectations of financial or material benefits. The study was conducted with cultural awareness and respect. Engagement with country laws and regulations through local leaders guided context-appropriate approaches. Participants were provided with clear study information before participation. Consent obtained from adults, and assent from minors alongside guardian consent.

3.5.1 Data Collection Methods

A mixed method qualitative design was employed to gather comprehensive insights from diverse stakeholders. Key Informant Interviews (KIIs) were conducted with leaders of EVAWG coalitions, representatives of Organisations of Persons with disabilities (OPDs), policymakers, and gender specialists. These interviews provided expert perspectives on current policies, institutional practices, and the extent of disability inclusion within EVAWG initiatives.

Additionally, Focus Group Discussions (FGDs) were conducted with women and girls with disabilities to capture their lived experiences, perceived barriers, and perspectives on participation in EVAWG processes. To ensure inclusive and meaningful participation, the research team implemented several accessibility measures, including selecting physically accessible venues, providing sign language

interpretation and other appropriate communication support where required, and adapting facilitation techniques to accommodate participants with diverse disabilities. Facilitators were also trained to use inclusive and participatory approaches that encouraged equal participation, created a safe and respectful environment, and ensured that all voices were heard within the group discussion. A document and desk review complemented the primary data by examining relevant policy documents, international treaties, EVAWG strategies, disability reports, and scholarly literature. This combination of methods ensured a robust and triangulated understanding of disability inclusion within EVAWG programming.

3.6 Data Analysis

Qualitative data were analysed thematically using Braun and Clarke's (2006) idea of a six-step framework, applying both inductive and deductive coding aligned with the study's conceptual framework. Patterns and relationships among key variables such as barriers, participation, and representation were examined across stakeholder groups. Quantitatively, descriptive statistics were generated from survey or structured data components to identify trends, frequencies, and comparative differences across locations or demographic groups. The integration of thematic

findings with quantitative insights allowed for triangulation, strengthening the validity and depth of the overall analysis.

Quantitative data were coded, cleaned, and analysed using Statistical Package for the Social Sciences (SPSS) version 23.0. Descriptive statistics frequencies, percentages, means, and standard deviations computed to summarize data, while cross-tabulations used to explore relationships between key variables such as gender, disability, and leadership representation. Data presented in tables, charts, and graphs to aid interpretation. The reliability of the quantitative instruments assessed using Cronbach's Alpha coefficient. A reliability score (α) of 0.7 and above is considered acceptable for internal consistency (Tavakol and Dennick, 2011). Items with low alpha values revised or removed to enhance reliability.

Qualitative data analysed thematically using Braun and Clarke's (2006) six-step framework: familiarization, coding, theme identification, review, definition, and reporting. Transcripts from interviews and FGDs were coded manually and grouped into thematic categories reflecting recurring ideas and patterns. Trustworthiness was ensured through triangulation, peer debriefing, and member validation. Verbatim quotes were used to illus-



trate key findings and maintain the authenticity of respondents' voices and a data analysis framework was developed.

3.7 Ethical considerations

The study conducted in strict adherence to established ethical standards to ensure the safety, dignity, and rights of all participants, particularly persons with disabilities. Informed consent obtained from every participant using formats that were accessible and appropriate for their specific needs, consistent with UNICEF's (2015) ethical guidance on research involving children and persons with disabilities. Participation was voluntary, and participants were informed of their right to withdraw at any stage without consequences.

3.7.1 Anonymity

Anonymity of respondents was central to ethical research practice

in social research. The study ensured that the data they provided could not be traced back to them in reports including the presentations and other forms of dissemination.

3.7.2 Confidentiality

Confidentiality and data protection measures upheld throughout the research process, with all personal identifiers removed during transcription and analysis. The study incorporated safeguarding protocols to prevent harm, ensure participant comfort, and provide referral pathways for any individual disclosing experiences of violence or distress. Additionally, accessibility considerations, including physical access, sign language interpretation, simplified language, and assistive communication tools, were integrated to ensure inclusive participation throughout the research.

3.7.3 Protection and Dignity

The research prioritized the protection and dignity of WGWD by ensuring that all research processes respected their rights, autonomy, and well-being. Particular care was taken to avoid any form of stigma, discrimination, or exploitative representation, and participants were engaged in a respectful and empowering manner that recognized their experiences and agency.

3.7.4 Informed and Accessible Consent

Informed consent was obtained directly from all participants through clear and accessible communication. Researchers ensured that women and girls with disabilities fully understood the purpose of the study, the nature of their participation, and any potential risks or benefits. Consent processes were adapted where necessary to accommodate different communication and accessibility needs.

3.7.5 Inclusivity and Accessibility

The study adopted disability-inclusive research practices by adapting data collection tools, communication approaches, and facilitation methods to accommodate participants with diverse disabilities. This ensured that all participants were able to meaningfully engage in the research process and that their perspectives and experiences were accurately represented.

3.8 Reliability and Validity

3.8.1 Validity

Instrument validity was ensured through expert review and pilot testing to refine question clarity and eliminate ambiguity. Construct validity was achieved through alignment of research instruments with the study's conceptual and theoretical framework.

3.8.2 Reliability

Reliability testing conducted using Cronbach's Alpha to determine internal consistency. Instruments with alpha values equal to or greater than 0.7 are deemed reliable. The use of multiple data sources questionnaires, interviews, FGDs, and observations further enhanced the reliability of findings.

3.9 Study Risks and Limitations.

The two key limitations encountered in this study were:

1. **Social Desirability Bias:** Given the sensitive nature of participation in EVAWG movements, some participants may have provided responses they perceived as socially acceptable or aligned with advocacy expectations rather than fully reflecting their personal experiences. To address this, the consultant team emphasized confidentiality and creat-

ed a safe, non-judgmental environment during data collection. Facilitators used neutral and probing questions, and participants were reassured that their responses would remain anonymous and would not affect their relationships with partner organizations.

2. **Accessibility and Communication Barriers:** Engaging participants with diverse disabilities presented communication challenges, particularly for individuals with hearing or visual impairments. The research team addressed this by adopting disability-inclusive research practices, including the use of sign language interpreters where necessary, adapting facilitation techniques, and ensuring that

discussion venues and materials were accessible. These measures helped ensure that women and girls with different types of disabilities were able to participate meaningfully. Overall, identified risks were effectively managed, and no major disruptions affected the completion of the study.

3. The process of securing the research permit, especially in Rwanda, was protracted, which in turn postponed data collection and impacted the overall project completion schedule.

CHAPTER FOUR

—

FINDINGS



4.1 Mapping of EAWG Movement and Networks in East and Southern Africa

This section addresses the study objective of mapping EAWG movements and networks in East and Southern Africa, with a specific focus on the extent to which women and girls with disabilities (WGWD) are represented and engaged within these structures. It exam-

ines the composition, geographic distribution, and roles of key actors across the EAWG ecosystem, and assesses how far disability inclusion is embedded in organisational leadership, partnerships, and programming. This analysis provides a foundation for understanding the structural opportunities and gaps shaping WGWD participation in EAWG movements across the region.

Key Findings

- EAWG movements across the region are diverse and well-established, comprising women's rights organisations, CSOs, youth-led groups, and regional coalitions.
- WGWD remain underrepresented in leadership, with only 3 out of 15 organizations reached in Kenya, 3 out of 13 organisations reached in Malawi, and 6 out of 10 organizations reached in Rwanda including women with disabilities in leadership. The leadership roles were largely concentrated within OPDs.
- Disability inclusion is inconsistent and often treated as an add-on rather than embedded in core programming and decision-making processes.
- Collaboration between EAWG movements and Organisations of Persons with Disabilities (OPDs) remains limited, constraining inclusive leadership and programming.
- EAWG actors are heavily concentrated in urban centres, contributing to significant service gaps in rural and underserved areas e.g. humanitarian settings. Where partnerships between EAWG actors and OPDs exist, they are associated with improved accessibility and increased utilisation of services by WGWD.

4.1.1 Mapping of EVAWG Movements and Networks.

The study across Kenya, Malawi, and Rwanda found that EVAWG movements are active, diverse, and central to prevention, survivor support and advocacy. These movements encompass a wide range of actors including women's rights groups, youth-led collectives, Civil Society Organizations (CSOs), community-based organisations, national gender machinery, and regional coalitions. Notably, while there is a vibrant array of feminist networks such as the African Women Development and Communication Network (FEMNET), Solidarity for African Women's Rights (SOAWR) Coalition, Gender is my Agenda Campaign (GIMAC), ACT Civil Society Regional Network, Girls Not Brides, Sexual Violence Research Initiative (SVRI), International Community of Women Living with HIV East Africa (ICWEA), Orchid Project, MenEngage Africa Alliance among others, many remain less known at both national and grassroots levels. Despite the breadth and energy of these actors, disability inclusion is inconsistent and largely superficial. Engagement with women and girls with disabilities (WGWD) is often limited by a lack of structured mechanisms and formal partnerships with Organisations of Persons with Disabilities (OPDs). Disability inclusion tends to be treated as an additional consideration rather than an integrated core priority.

For example, in Kenya, the movement is extensive but fragmented, with minimal disability integration in programme design, monitoring, and leadership. Malawi's networks are active but operate in silos, showing little awareness of disability-led organisations outside urban centres. Despite Rwanda's robust government-led gender infrastructure, disability issues remain at the periphery, with OPDs exerting only modest influence on national EVAWG priorities. As a result, WGWD are insufficiently recognised and largely excluded from mainstream platforms.

Annexed Table 4.1 provides a comprehensive overview of EVAWG movement networks and organisations across East and Southern Africa, listing key organisations, their locations, and notable findings. Examples include the African Women Development and Communication Network (FEMNET), Solidarity for African Women's Rights (SOAWR) Coalition, Sexual Violence Research Initiative (SVRI), Gender is my Agenda Campaign (GIMAC), Girls Not Brides, Africa Regional SGBV Network, Men Engage Africa Alliance, Southern Africa Federation of the Disabled (SAFOD), International Community of Women Living with HIV East Africa (ICWEA), Pan-African Network for Persons with Psychosocial Disabilities (PANPPD), Gender Links, and Disabled Women in Africa (DIWA).

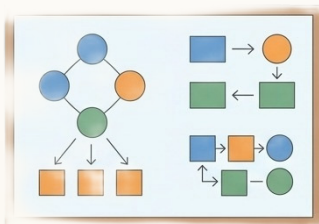
The EVAWG ecosystem consists of several categories of actors contributing differently to prevention and response efforts: civil society organisations (CSOs) providing direct services; women's rights and feminist groups advocating for accountability; OPDs driving inclusive services; regional coalitions supporting coordination; and youth-led groups advancing digital advocacy and community mobilisation. Although OPDs and women's rights groups often operate in parallel, structured collaboration leads to more effective and inclusive programming. For instance, in Kenya, out of 21 EVAWG movement organisations examined, women led six, but only three out of fifteen leaders were women with disabilities, indicating low leadership participation. In Malawi, among 13 CSOs, OPDs and EVAWG movements reached, only 3 had women with disabilities in leadership positions, whereas in Rwanda, among 10 OPDs, EVAWG and CSOs examined 6 had women with disabilities in leadership positions. This shows that WWD have greater leadership representation only in OPDs than in EVAWG movements addressing VAWG more broadly, and that there is still a need to increase WWD participation in EVAWG movements' leadership.

The attached Table 4.2 details CSOs, women-led groups, and OPDs in Kenya, with similar analysis required for Rwanda and Malawi.

In summary, while EVAWG movements are dynamic and broad-based, meaningful disability inclusion and leadership remain limited, particularly outside urban centres. Geographically, EVAWG actors are mainly based in urban centres like Nairobi, Kigali, and Lilongwe, with services clustered around hospitals, legal-aid offices, schools, and CSOs, a matter also raised by (UNFPA, 2022). Their work covers prevention, response, and systems strengthening, including community sensitisation and capacity building. However, services especially those by OPDs often lack sustainability, abruptly ending without lasting arrangements for WGWD, particularly in Rwanda.

4.1.2 Levels of engagement with disability rights

Engagement with disability rights varies widely across organizations. While many EVAWG actors demonstrated awareness of disability inclusion, they often lack the structural capacity to effectively implement inclusive practices. This gap is also highlighted by the United Disabled Persons of Kenya (2021) and was further confirmed through FGDs conducted with EVAWG Movements leaders during the study. They expressed frustration of limited budget to enable sign language interpreters and additional care givers during the meetings at various events. For instance, while some organizations provide sign-language



interpretation, accessible spaces, or simplified materials, these services remain limited and inconsistently funded (Mwende & Kariuki, 2022). OPDs advocate for more meaningful participation in planning and budgeting, noting that their involvement is often an add-on rather than being embedded in the programme design.

Evidence shows that programs designed through joint planning between EVAWG actors and OPDs report improved accessibility and increased utilization of services among women and girls with disabilities (Wanjiru, 2023). For instance, one EVAWG leader expressed frustration that some women with disabilities are often dismissed due to slower communication such as stammering, compared to non-stammerers. Yet, their participation could be enhanced through reasonable accommodations such as allowing written

responses or providing additional time although such measures are sometimes constrained by limited and inadequate provision for inclusive logistics.

4.2 Prevalent Forms of SGBV Faced by Women and Girls with Disabilities

This section addresses the study objective of identifying the unique forms of sexual and gender-based violence (SGBV) experienced by women and girls with disabilities (WGWD) in East and Southern Africa. It examines the prevalence and nature of different forms of violence, as well as the structural, social, and institutional factors that shape WGWD's exposure to violence and access to protection and justice. The analysis highlights how intersecting inequalities related to gender, disability, age, and socio-economic status intensify vulnerability across contexts.

Key Findings

- WGWD experience high and intersecting forms of violence, with emotional/psychological violence most prevalent (Kenya 62%, Malawi 49%, Rwanda 46%), followed by physical violence (48%, 38%, 37%) and sexual violence (27%, 23%, 23%).
- Economic (54%) and institutional violence (31%) are particularly pronounced in Kenya, reflecting deeper structural and service-related vulnerabilities.
- Caregiver dependence is a major risk factor, with 30–39% reporting abuse or neglect linked to reliance on others for basic needs, mobility, or communication.
- Harmful cultural norms and stigma are widespread, affecting over half of respondents across all countries (Kenya 58%, Malawi 61%, Rwanda 57%), reinforcing discrimination and normalising abuse.
- Justice and protection systems remain largely inaccessible, with 42–47% reporting barriers such as lack of sign language interpretation, inaccessible facilities, and discriminatory attitudes.
- Intersectional factors including type of disability, age, poverty, and rural location significantly increase vulnerability, with higher exposure to exclusion and violence among younger women, those in low-income households, and those living in rural areas.
- Across all contexts, violence is reinforced by structural and institutional barriers, limiting WGWD's ability to report abuse, access services, and seek justice.

4.2.1 Physical, emotional, sexual, economic, and institutional violence

Across Kenya, Malawi, and Rwanda, women and girls with disabilities (WGWD) engaged reported experiencing high levels of violence, with emotional/psychological violence being the most prevalent form (Kenya 62%, Malawi 49%, Rwanda 46%). Survivors across all three contexts described emotional abuse as persistent humiliation, threats, and controlling behaviours that often accompany physical harm. Phys-

ical violence remains widespread (Kenya 48%, Malawi 38%, Rwanda 37%). *One respondent from Kenya, who is hearing impaired, described how she was assaulted by her husband, who is also hearing impaired. After initially reporting the assault to the area chief, their issues could not be discussed due to the absence of a sign language interpreter. Subsequently, she reported the matter to the police and was taken to court, yet the same lack of sign language interpretation persisted at each stage. Despite making*

several reports, no action was taken. Following her husband's arrest and subsequent release, the situation deteriorated further, resulting in increased physical abuse. Consequently, she decided to leave the abusive relationship and is now working as a casual labourer on farms to feed her children. While this case is deeply concerning, it reflects a broader systemic challenge in Kenya, where a lack of access to sign language interpretation and inadequate legal support for people with hearing impairments are common barriers when seeking justice for gender-based violence. Such obstacles have been identified in multiple cases, underscoring the need for systemic reform. Sexual violence also revealed similar prevalence across countries (Kenya 27%, Malawi 23%, Rwanda 23%). Qualitative accounts highlight fear of stigma and disbelief as key barriers to disclosure, with one participant who is a GBV survivor noting, *"When I talk about what happened, people deny and ask who would want me, instead of asking who hurt me."*

Kenya records substantially higher levels of economic violence (54%) and institutional violence (31%), reflecting deeper structural vulnerabilities (from survey data, 2025). Qualitative findings indicate that caregiver dependence heightens exposure to abuse, with 39% reporting violence or neglect

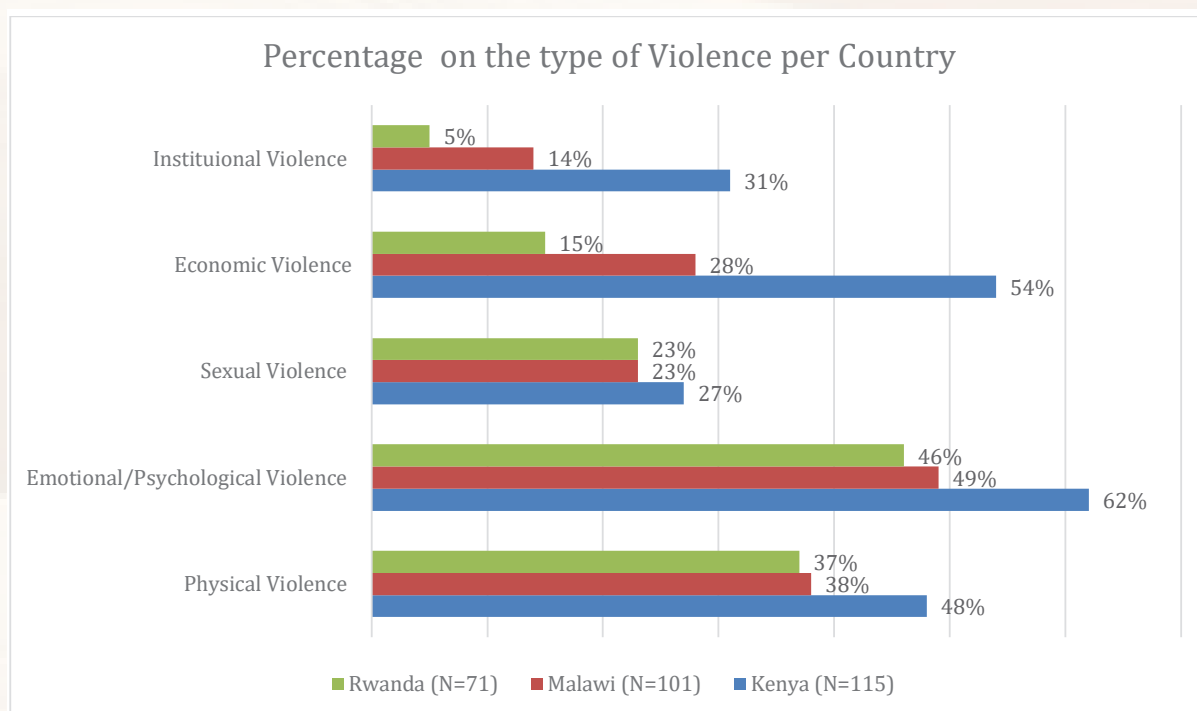
by caregivers who control access to food, mobility, medication, or assistive devices. Survivors explained that this dependency limits their ability to report abuse or leave harmful environments. As one woman shared, *"My caregiver controls everything. If I speak out, I lose the person who helps me eat and move."* Harmful cultural norms were also prominent, with 58% reporting stigma and demeaning beliefs that normalize exploitation. Barriers within the justice system, including inaccessible facilities and a lack of sign-language interpretation were reported by 44% of the respondents. One survivor explained, *"At the police station, they thought I was ignoring them because I could not hear. In the end, they told me to go home."*

The in-depth interviews revealed stories of exploitation and abuse by intimate partners from Malawi and Kenya. *Two respondents with different disabilities described their experiences. For instance, the first, who was visually-impaired, narrated how her spouse exploits her by taking all her salary and spending it on a mistress. Similarly, another respondent living with albinism shared that her mother-in-law reminds her that marrying her was a favour, so she must give all her money to her husband. She gives him the money but must beg for it, even though she is the one working.*

In Malawi and Rwanda, although reported levels of economic violence (28% and 15%) and institutional violence (14% and 5%) are lower than in Kenya, qualitative evidence suggests these figures may conceal underreporting linked to social pressure and limited disability-responsive services. In Malawi, women described silence driven by economic dependence and family pressure to resolve abuse informally. In Rwanda, survivors emphasized communication barriers and reduced agency when seeking

services. As one participant shared, *“They listen to my family more than me. They think I do not understand what happened.”*

Across all three countries, these narratives illustrate how intersecting gender and disability norms undermine credibility, restrict access to justice, and perpetuate violence, underscoring the need for disability-inclusive, survivor centred VAWG programming that addresses both structural and normative barriers.



Graph 4.1 Prevalence of SGBV among surveyed WGWD in Kenya, Malawi, and Rwanda
Source: Research Data, 2026

4.2.2 Context-Specific Risks WGWD Face

The analysis reveals that context-specific risk factors, such as caregiver dependence, harmful cultural norms, and inaccessible

justice systems, significantly shape the lived experiences of women and girls with disabilities (WGWD) across Kenya, Malawi, and Rwanda, influencing their safety, autonomy, and access to services. Caregiver

dependence-related abuse was reported by 39% of respondents from Kenya, 32% from Malawi, and 30% from Rwanda (Survey data 2026), highlighting how reliance on others for mobility, daily care, or communication increases vulnerability. Survivors consistently describe how this dependence limits their ability to resist violence or seek help. As one respondent explained, *"Sometimes they tell me the service is not for people who cannot talk fast,"*. Evidence from key informants in Kenya corroborates these findings, with a county officer noting, *"Many of the cases we see involve abuse by caregivers, because the survivor depends on them and cannot easily report or escape"* (KII, 2025).

Harmful cultural norms and stigma also emerged as pervasive risk factors across all three countries (Kenya: 58%; Malawi: 61%; Rwanda: 57%). In Kenya, 58% of respondents surveyed reported stigma, demeaning beliefs, and community myths that normalized their exploitation, with one participant stating, *"People think because I cannot walk, talk, or see therefore I should accept whatever a man wants. They do not see us as women."* In Malawi, WGWD face similar risks due to entrenched cultural norms and systemic barriers. In Dowa District, women with disabilities reported being deprioritized in water queues and excluded from local water committees, increasing exposure to harassment and exploitation. Despite Mala-

wi's policy framework supporting disability inclusion, gaps in implementation and public awareness limit practical impact as reflected in (UNFPA, 2022; MHRC, 2021).

Across all contexts, age, socioeconomic status, and rural residence intersect with stigma to deepen vulnerability. A young participant from Kenya noted, *"As a young woman, they think I should not go anywhere alone because of my disability,"* while a rural participant shared, *"In my village, people still believe disability is a curse. Services are far and not accessible."* Economic deprivation further compounds risk, as one Malawian participant observed, *"If you have no money and you have a disability, it is like you are invisible"* reinforcing the argument by Odhiambo & M'bure (2021) on the economic disempowerment of persons with disabilities. The study similarly reflected sentiments shared by women respondents who noted that men with disabilities are often supported by their families to find spouses while women with disabilities rarely receive similar support.

Barriers within justice and protection systems was reported by 44% of respondents in Kenya, 47% in Malawi, and 42% in Rwanda, reflecting widespread institutional exclusion. One key informant expressed concerns that lack of access to information leads to wrong judgment.

This was further reinforced by a respondent who had been arrested for assault, yet she was on self-defence as she was in essence the one who had been wronged. However, due to poor sign language interpretation, she was charged with assault and received a six months jail term. Eventually, an officer from an organization of persons with disabilities (OPDs) intervened and provided the right interpretation which saw her being released after serving two months in prison. Similarly, a representative of an OPD interviewed in Kenya reported how they discovered later that a deaf woman had been imprisoned due to wrong interpretation by the sign language interpreter. By the time they were intervening, the judgment had passed leaving only lessons for the judiciary system on the need to be patient with cases involving persons with disabilities and seek the right sign language interpreters.

It further emerged that WGWD who are survivors of gender-based violence frequently encounter discrimination and dismissive attitudes, particularly in reporting sexual and gender-based violence. One deaf respondent from Rwanda explained, *"At the police station, they thought I was ignoring them because I could not hear. In the end, they told me to go home,"* while another noted, *"They listen to my family more than me. They think*

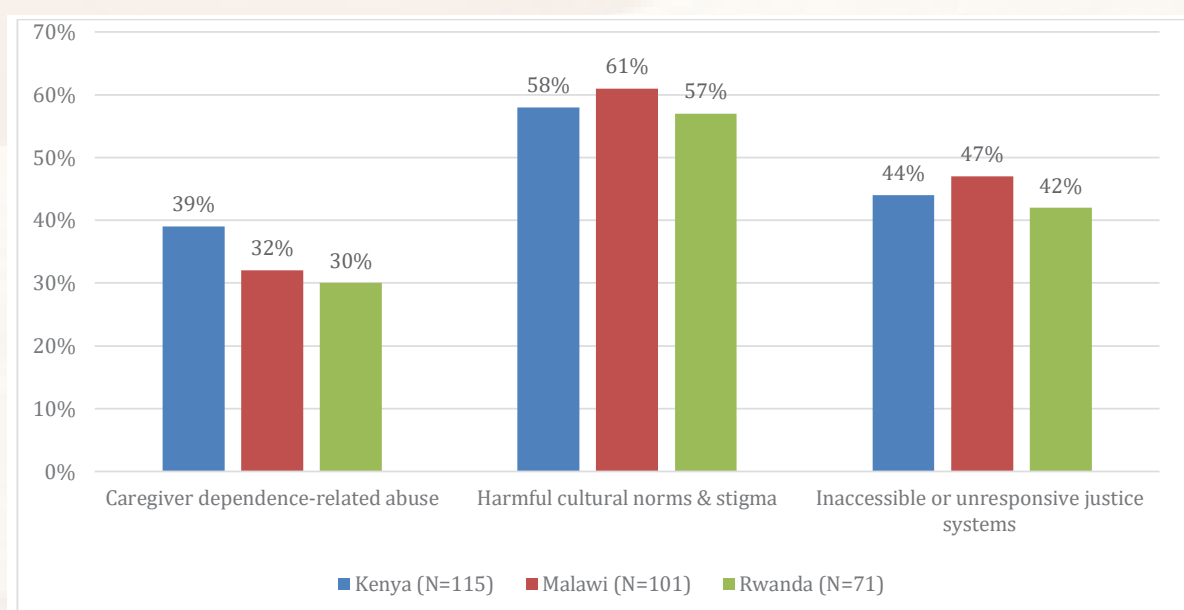
I do not understand what happened." This highlights a big barrier in having communication and interpretation personnel within the relevant government institutions. Respondents from Rwanda further emphasized communication barriers and limited disability-sensitive adaptations within GBV services, with families often speaking on behalf of women with sensory or intellectual impairments. Barriers to access to SRHR services an obstetric violence was also reported. A respondent from Malawi described being denied adequate maternal health care due to the absence of sign-language interpretation, disability-friendly communication tools, and trained staff. Another respondent from Kenya shared, *"I was once yelled at by a healthcare provider on how I got pregnant, yet I am disabled. Discrimination in employment and leadership opportunities were also reported despite legal protections confirming arguments by MHRC (2021).*

Across all three countries, these structural and normative barriers intersect with dependency, poverty, and harmful gender and disability norms to heighten exposure to violence and limit access to justice and protection services. Collectively, these findings highlight that women and girls with disabilities (WGWD) experience violence through multiple, intersecting risk factors that vary in degree but

demonstrate consistent patterns across Kenya, Malawi, and Rwanda. These patterns reinforce existing research indicating that disability, gender inequality, and social exclusion interact to heighten vulnerability to violence. At the same time, the cross-country evidence generated through this study adds to the current body of knowledge by illustrating how these intersecting risks manifest within different socio-cultural and institutional contexts in Eastern and Southern Africa. By documenting both the similarities and contextual variations across the three countries, the findings contribute to a deeper understanding of the structural

and social dynamics that shape violence against WGWD and underscore the need for integrated, context-sensitive prevention and response strategies.

The combination of caregiver dependence, harmful cultural norms, and inaccessible justice systems underscores the urgent need for disability-inclusive, survivor centred VAWG programming that addresses structural, economic, social, and institutional vulnerabilities and strengthens accountability mechanisms as corroborated by UN Women (2021), NGECC (2019) and Odhiambo & M'bure (2021).



Graph 4.2: Context-Specific SGBV Risks among surveyed WGWD in Kenya, Malawi, and Rwanda
Source: Research data, 2026

4.2.3 Intersectional Vulnerabilities and Underrepresentation

The analysis of intersectional factors demonstrates that women and girls with disabilities (WGWD) across Kenya, Malawi, and Rwanda face layered vulnerabilities shaped by disability type, age, socioeconomic status, and place of residence. Type of disability remains a consistent driver of exclusion in all three countries. In Kenya, 46% of women with physical and visual disabilities reported higher exposure to exclusion from services compared to other groups, while in Malawi this figure is higher (52%), and in Rwanda slightly lower (44%). Across contexts, qualitative insights reveal that women with physical or sensory impairments are disproportionately affected in accessing healthcare, social protection, and community support services, particularly in rural or under-resourced areas (UNFPA, 2022; NGEC, 2019). These findings underscore that disability type is a critical determinant of access and participation. It also shows that there is underrepresentation among the WGWD due to their type of disabilities.

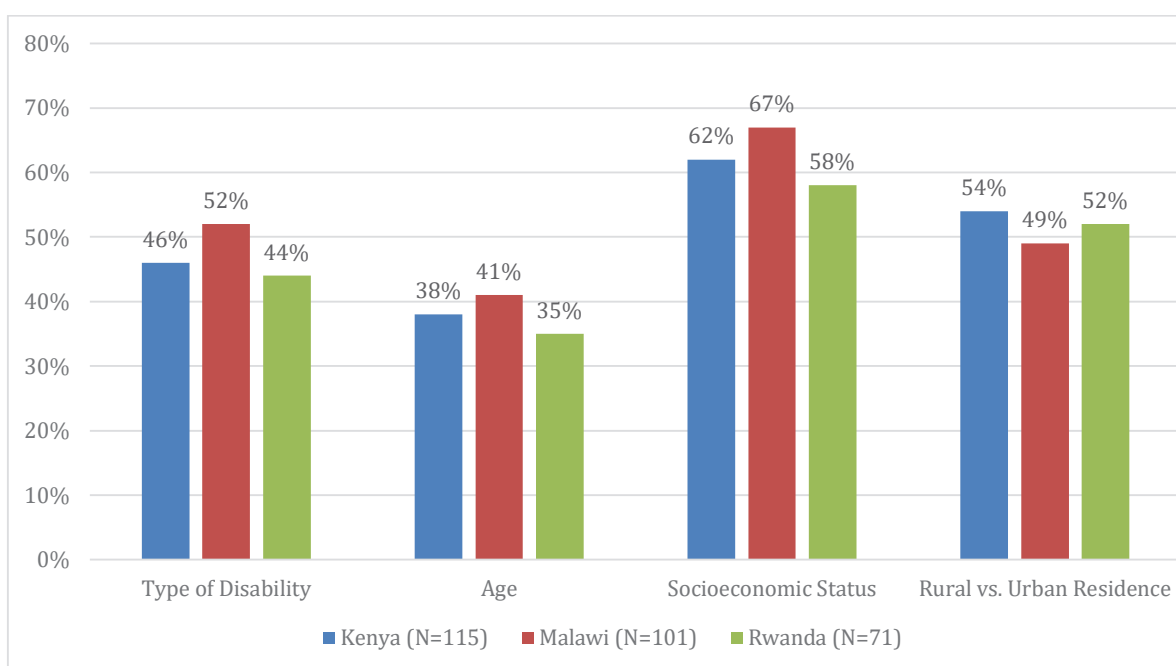
Age emerges as another important dimension of vulnerability. Younger women with disabilities (18–29 years) consistently face greater restrictions than older women do. In Kenya, 38% of younger respondents reported restrictions on mo-

bility, safety, and decision-making, with Malawi slightly higher at 41%, and Rwanda at 35% (Surveyed data, 2026). Qualitative evidence highlights that younger WGWD are often subject to protective restrictions or social norms that limit autonomy, including access to sexual and reproductive health services, participation in community decision-making, and freedom of movement. One respondent stated, *“Girls with disabilities often face overprotection by families and communities, which can restrict their mobility, limit their participation in community life, and hinder their access to sexual and reproductive health information and services”* These limitations not only constrain agency but also heighten susceptibility to abuse, exploitation, and neglect (UN Women, 2021).

Socioeconomic status and rural versus urban residence further exacerbate inequalities among women and girls with disabilities. Women from low-income households face compounded barriers in healthcare, education, and livelihood opportunities, with prevalence highest in Malawi (67%), followed by Kenya (62%) and Rwanda (58%). Rural participants similarly experience elevated vulnerability due to stigma, limited availability of assistive devices, and reduced access to disability-inclusive infrastructure (Kenya 54%, Malawi 49%, Rwanda 52%). Qualitative accounts

reinforce these trends: respondents from rural areas reported exclusion from services, social isolation, and reliance on informal support networks factors which increases exposure to abuse and reduces opportunities for empowerment as further supported by Odhiambo & M'bure (2021) and UNFPA (2022).

Overall, these intersectional vulnerabilities highlight the importance of tailored, context-specific, disability-inclusive programming that addresses structural, social, and economic barriers to ensure equitable access and protection for WGWD across East Africa and Southern Africa.



Graph 4.3: Intersectional Vulnerability in Kenya, Malawi, and Rwanda
Source: Research data, 2026

4.3 Inclusion and Participation of WGWDs in EAWG Movements

This section responds to the study objective of assessing the level of inclusion and participation of women and girls with disabilities (WGWD) in EAWG movements. It examines the extent to which WGWD are represented, engaged, and able to in-

fluence decision-making across movement structures, including leadership, programming, advocacy, and policy processes. The analysis also considers the role of Organisations of Persons with Disabilities (OPDs) and the structural, institutional, and resource-related factors that shape meaningful participation.

Key Findings

- WGWD participation in EVAWG movements is largely present but not meaningful, with 58–64% reporting involvement in committees and platforms, but engagement is often tokenistic rather than influential.
- Leadership representation remains consistently low across countries (Kenya 52%, Malawi 47%, Rwanda 49%), limiting WGWD influence over programme design, budgeting, and strategic decision-making.
- Accessibility is a major barrier, with 66–71% reporting that programmes, meetings, and materials are not disability-inclusive (e.g. lack of sign language interpretation, accessible formats, or adaptive communication tools).
- Consultation processes are inconsistent and often donor-driven, with only 42–48% reporting engagement in policy or programme development, and limited institutionalisation of inclusive practices.
- Resource allocation for disability inclusion is insufficient, with only 53–56% indicating that disability components are budgeted for, often as an afterthought rather than a core requirement.
- Engagement of OPDs is moderate but uneven, with stronger involvement in community awareness and service delivery, but limited influence in programme design, planning, and policy processes.
- Across all contexts, WGWD are frequently “present but without power”, with participation concentrated in visibility roles (e.g. campaigns, consultations) rather than leadership or decision-making.
- Participation in policy processes remains particularly weak (18–22%), reflecting structural barriers such as inaccessible formats, lack of transport, and exclusionary consultation mechanisms.

4.3.1 Inclusion and Participation Patterns Overall

In Kenya, a significant proportion of respondents (64%) reported that participation is often tokenistic, with women with disabilities invited to meetings but rarely engaged in decision-making processes. As one county officer noted, *“They are invited, yes, but rarely included in actual decision-making”* (KII – County Officer, 2025). Leadership inclusion

is also low, with only 52% of informants reporting the presence of women with disabilities in influential roles within EVAWG committees or program management. This was echoed by an NGO manager: *“Out of all our committees, only one woman with a disability has a leadership role”* (KII-NGO Manager, 2025). Accessibility within programming remains a significant barrier, with 71% of respondents

highlighting the need for more disability-friendly materials, sign language interpretation, and adaptive communication tools. One participant explained, *“Most EVAWG meetings do not even consider accessibility; they forget us completely”* (KII–Woman with Disability, 2025). Consultation processes are inconsistent, with 48% stating that engagement of disability groups is often donor-driven rather than institutionalized. As Mbao, 2020 relates to it saying that in Tanzania the PWDs are mostly neglected and only remembered on international days for publicity and fundraising. This is also confirmed by a government stakeholder who added, *“We only consult them when donors insist; it’s not yet a routine practice”* (KII–Government Stakeholder, 2025). Resource allocation is also inadequate, with 56% indicating that disability components are rarely budgeted for, and one CSO lead noting, *“Budgets rarely include disability components; it is always an afterthought”* (KII–CSO Program Lead, 2025).

Representation of women with disabilities in Malawi’s EVAWG structures also remains uneven. Participation in committees stands at 58%, suggesting that while space exists, meaningful engagement is limited. Leadership roles are low at 47%, indicating that women with disabilities rarely influence budgeting, strategy, or resource allocation.

Program inclusion and accessibility show the strongest gap at 66%, reflecting persistent barriers in communication materials, outreach methods, and service design. Consultation in policy development reported at 42%, highlighting inconsistent engagement with disability groups, often donor driven. Resource allocation for disability-inclusive EVAWG interventions is modest at 53%, indicating that financial support for inclusion is insufficient. One advocate emphasized, *“They invite us to the table, but most times we are only there to listen, not to shape what happens”*, demonstrating that participation is often symbolic rather than substantive.

Similar patterns emerged in Rwanda, where WAGWD experience systemic exclusion within EVAWG structures. Participation in committees is slightly higher than Malawi at 62%, yet qualitative evidence indicates that involvement is largely consultative rather than influential. Leadership roles remain limited at 49%, with women with disabilities rarely able to shape programming, budgets, or policy decisions. Program inclusion and accessibility continue to be a major challenge, reported by 68% of respondents, with gaps in disability-friendly materials, sign language interpretation, and adaptive communication tools. A participant highlighted, *“Even when we are invited, meet-*

ings are not adapted for us; we cannot fully contribute”, illustrating the ongoing accessibility barriers. Consultation in policy development occurs sporadically (45%) and often lacks formal institutionalization, while resource allocation for disability-inclusive EVAWG programming is limited (53%), constraining the implementation of inclusive strategies.

Across Kenya, Malawi, and Rwanda, the data reveal systemic gaps in representation, leadership, accessibility, consultation, and resource allocation for WAGWD in EVAWG efforts. Participation percentages range from 58–64%, indicating that while women are present in structures, their engagement is often symbolic. Leadership remains consistently low (47–52%), limiting influence over decision-making

and programming. Program accessibility challenges (66–71%) highlight the need for disability-friendly materials, communication support, and adaptive tools to ensure meaningful inclusion. Consultation practices are inconsistent (42–48%), with engagement often triggered by donor requirements rather than embedded institutional processes. Finally, resource allocation remains insufficient (53–56%), demonstrating that disability-inclusive EVAWG interventions are underfunded. Qualitative evidence across all three countries confirms that, despite policy frameworks and nominal representation, structural, cultural, and financial barriers significantly constrain WAGWD’s ability to participate fully, lead initiatives, and shape policies, underscoring the need for targeted, disability-inclusive EVAWG programming.

	Kenya (N=115)		Malawi (N=101)		Rwanda (N=71)	
Area of Representation	%	Key Finding	%	Key Finding	%	Key Finding
Participation in EAWG Committees & Working Groups	64%	Representation of women with disabilities remains low and often symbolic.	64%	Representation of women with disabilities remains low and often symbolic.	62%	Representation of women with disabilities remains limited and often symbolic, with few active decision-making roles at district or community levels.
Leadership Roles in EAWG Programs	52%	Very few women with disabilities hold leadership positions in program design, budgeting, or oversight.	52%	Very few women with disabilities hold leadership positions in program design, budgeting, or oversight.	49%	Very few women with disabilities occupy leadership positions in program design, budgeting, or oversight, limiting their influence on interventions
Program Inclusion & Accessibility	71%	Programs often lack disability-friendly materials, sign language interpretation, or adaptive communication tools.	71%	Programs often lack disability-friendly materials, sign language interpretation, or adaptive communication tools.	68%	Programs frequently lack disability-friendly materials, sign language interpretation, or adaptive communication tools, constraining meaningful participation.
Consultation in Policy Development	48%	Consultation occurs occasionally but is not institutionalized, resulting in inconsistent involvement.	48%	Consultation occurs occasionally but is not institutionalized, resulting in inconsistent involvement.	45%	Consultation occurs sporadically, without formal mechanisms, resulting in inconsistent inclusion of women with disabilities in policy processes.

Table 4.4: Inclusion and participation of WAGWD in the EAWG movements
Source: Research data, 2026

4.3.2 Extent of engagement by Organizations of Persons with Disabilities (OPDs)

The findings on the engagement of Organizations of Persons with Disabilities (OPDs) and women and girls with disabilities (WAGWD) within the EVAWG ecosystem in Kenya is moderate but inconsistent, with substantial gaps across most areas of involvement. Participation in EVAWG coordination platforms scored a mean of 2.8, with only 36% rating engagement positively. As one county stakeholder emphasized, *“DPOs attend some meetings, but they are not consistently represented”* (KII-County Stakeholder, 2025). Engagement in program design and planning was even lower ($M = 2.4$), reflecting limited inclusion. An NGO manager explained, *“We rarely bring DPOs into planning unless the project specifically focuses on disability”* (KII-NGO Manager, 2025). While OPDs contribute to community awareness and capacity building ($M = 3.1$), their potential remains underutilized, with one CSO representative noting, *“DPOs help with sensitization, but they are not fully utilized”* (KII-CSO Representative, 2025). Consultation in policy development remains ad hoc ($M = 2.6$), and resource allocation is lowest ($M = 2.2$), with one OPD leader stating, *“There is no dedicated funding for OPDs, so their work in EVAWG is minimal”* (KII-OPD Leader, 2025). Collaboration in case manage-

ment and referrals scored moderately ($M = 3.0$), though still informal, as a service provider highlighted: *“We work with OPDs in referrals, but the system is not formalized”* (KII-Service Provider, 2024). Overall, these findings underscore the need for structured, well-funded, and meaningful engagement of OPDs to strengthen disability-inclusive EVAWG programming in Kenya.

Engagement of WAGWD and OPDs in Malawi is similarly inconsistent, though participation is relatively stronger in community awareness and case management, scoring 47% and 49% respectively. Strategic influence in program design and planning remains low (25%), and funding support for OPD engagement is minimal (18%), reflecting weak institutional commitment to disability-inclusive approaches. Coordination platform involvement (42%) and policy consultation (35%) are partial, with OPDs invited to spaces but rarely granted decision-making authority. One DPO representative shared, *“We are invited to activities, but not to the spaces where real decisions and budgets are made”*. Case studies also indicate that, despite formal engagement avenues, WAGWD often rely on individual advocacy rather than institutionalized leadership pathways, limiting sustained participation in national EVAWG initiatives. While OPDs like FEDOMA and MACODA have organizational

structures that allow some evaluation of leadership participation, representation of women and girls with disabilities in these spaces is often unclear, and engagement tends to remain at advisory or lower-level positions rather than in decision-making roles.

In Rwanda, engagement of OPDs and WAGWD in EAWG structures follows a similar pattern of partial inclusion. Participation in coordination platforms is moderate (35–38%), but representation is largely consultative rather than influential. Leadership roles are limited (49%), with few women with disability able to shape program design, budgets, or strategic decisions. Program inclusion and accessibility remain the most significant gap, reported by 68% of respondents, with persistent challenges in disability-friendly materials, sign language interpretation, and adaptive communication tools. Consultation in policy development occurs sporadically (45%) and is often driven by donor requirements rather than institutionalized processes. Half of respondents indicated that Resource allocation for OPD and WAGWD engagement is insufficient, limiting the scale and consistency of disability-inclusive programming. Qualitative evidence confirms that, while OPDs are present in EAWG initiatives, women with disabilities frequently occupy advisory or tokenistic roles (persons with disabilities are included in committees,

boards, or activities in name only, without meaningful participation, decision-making power, or influence), with limited capacity to influence decision-making. One participant noted, “Even when we are invited, meetings are not adapted for us; we cannot fully contribute”, illustrating systemic accessibility and engagement challenges.

Across Kenya, Malawi, and Rwanda, the findings highlight a consistent pattern of moderate but uneven engagement of OPDs and WAGWD in EAWG processes. Participation in coordination platforms is generally higher than leadership involvement, yet influence over program design, planning, and policy remains limited. Program accessibility and inclusion consistently emerge as major gaps, reflecting structural, financial, and technical barriers. Consultation is ad hoc and often donor-driven, and resource allocation is inadequate across all three contexts. Qualitative evidence underscores that, while OPDs and WAGWD are present in meetings and community-level activities, their roles are frequently symbolic or advisory, with limited decision-making power. These findings emphasize the need for institutionalized, well-resourced, and disability-inclusive mechanisms to ensure that OPDs and women with disabilities can meaningfully participate, lead, and shape EAWG strategies across the region.

	Kenya (N=115)			Malawi (N=101)			Rwanda (N=71)		
Area of Engagement	Mean Score (1-5)	% Rating	Rating	Mean Score (1-5)	% Rating	Rating	Mean Score (1-5)	% Rating	Rating
Participation in EAWG Coordination Platforms	2.8	36%	Medium	3	42%	Medium	2.7	35%	Medium
Involvement in Program Design & Planning	2.4	28%	Low	2.3	25%	Low	2.3	30%	Low
Role in Capacity Building & Community Awareness	3.1	40%	High	3.3	47%	High	3	38%	High
Consultation in Policy Development	2.6	32%	Medium	2.7	35%	Medium	2.5	33%	Medium
Resource Allocation & Funding Support for DPO Engagement	2.2	20%	Low	2.1	18%	Low	2.1	22%	Low
Collaboration in Case Management & Referrals	3	44%	High	3.2	49%	High	2.9	42%	High

Table 4.5: Engagement by Organizations of Persons with Disabilities (OPDs)
Source: Research data, 2026

Area of Engagement	Indicator	Type / Unit	Data Source
Participation in EAWG Coordination Platforms	Number and proportion of DPO representatives attending national or county EAWG coordination meetings	Quantitative (% of invited DPO reps attending)	Meeting attendance records, sign-in sheets
Involvement in Program Design & Planning	Number of programs/projects where DPOs contributed to design and planning	Quantitative (count, % of total programs)	Program design documents, planning meeting minutes
Role in Capacity Building & Community Awareness	Number of training sessions or awareness campaigns facilitated or co-facilitated by DPOs	Quantitative (count, % of total sessions)	Training reports, campaign records, participant feedback forms
Consultation in Policy Development	Number of policy consultations or drafts in which DPOs were consulted or provided input	Quantitative (count) / Qualitative (level of influence in policy content)	Policy consultation records, minutes of meetings, policy draft versions
Resource Allocation & Funding Support for DPO Engagement	Amount of budget allocated or spent to support DPO participation in programs	Quantitative (amount in local currency, % of program budget)	Financial reports, donor/organization funding records

Table 4.6: Areas of engagement into measurable indicators
Source: Research data, 2026

4.3.3 Inclusion in Decision Making, Advocacy, Campaigns, and Policy Processes

Findings in Kenya reveal that women and girls with disabilities (WAGWD) in Kenya continue to experience significant exclusion from decision-making, advocacy, and policy platforms. Despite awareness of disability rights, 72% of respondents reported that participation in community decision-making forums is superficial, often with minimal ability to influence agendas or outcomes. Qualitative evidence reinforces this pattern, with one participant describing their

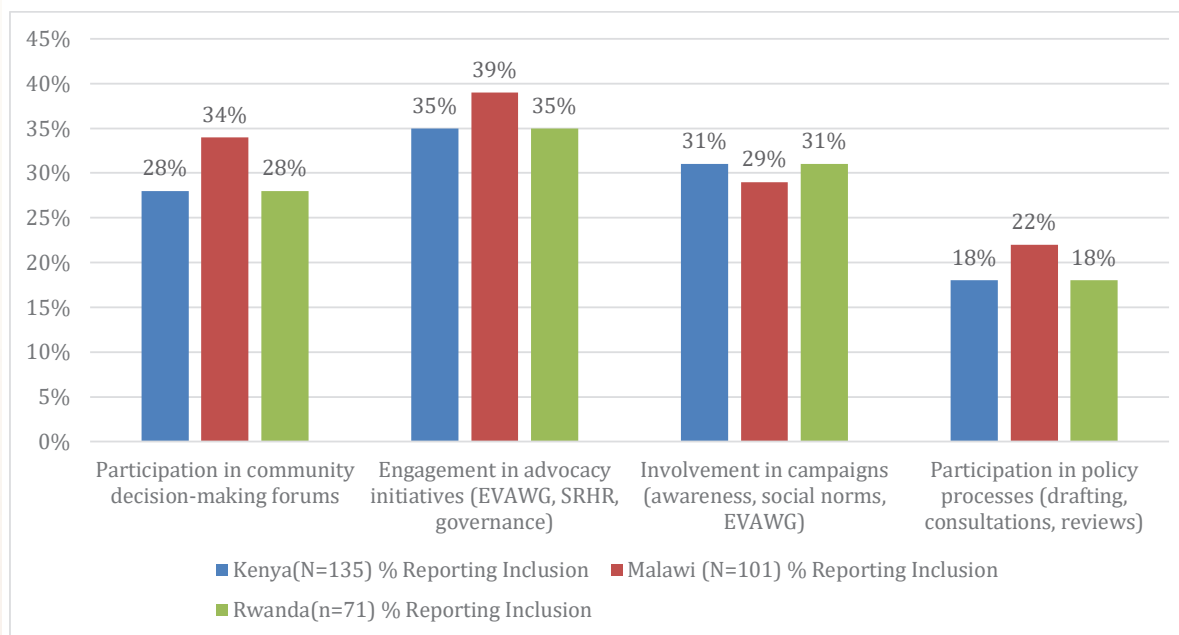
role as “*participation without power*” (FGD participant, Nairobi, 2025). Engagement in advocacy initiatives, including EAWG, SRHR, and governance spaces, is comparatively higher (35%), particularly where OPDs intentionally advocate for inclusive platforms. However, accessibility gaps, such as lack of sign language interpretation, inaccessible venues, and absence of reasonable accommodations, continue to restrict meaningful participation. As one OPD leader noted, “*Advocacy platforms may be open, but they are not designed with us in mind*” (KII, 2025). Involvement in campaigns (31%) remains largely visibility-focused rather than

participatory or co-creative, with women reporting being portrayed as “beneficiaries” rather than partners in shaping messaging. Participation in formal policy processes is weakest (18%), constrained by inaccessible documents, lack of transport support, and non-inclusive consultation formats. A policy advocate stated, “*Consultations are planned as if persons with disabilities do not exist*” (KII with SRHR advocate, 2025).

Malawi data indicate that WAGWD in Malawi face similar barriers, though some progress is noted in advocacy engagement (39%), reflecting growing participation in EVAWG, SRHR, and governance initiatives. Participation in community decision-making forums is modest (34%) and involvement in public campaigns is limited (29%), highlighting persistent social barriers and insufficiently accessible engagement platforms. Policy processes remain the largest gap, with only 22% reporting meaningful inclusion. One respondent emphasized, “We are visible in meetings, but our voices still struggle to reach where decisions are actually made”. Structural ambiguities, such as whether engagement should occur at the movement secretariat, member organizations, or broader civil society, further weaken opportunities for WAGWD influence. Case studies such as the Pamodzi Kuthetsa Nkhanza (PKN) Consor-

tium and DIWA Malawi demonstrate that, while some WAGWD engage in grassroots advocacy and police or local authority interventions, formal leadership inclusion and participation in national decision-making remain limited.

In Rwanda, WAGWD faces comparable challenges in inclusion across decision-making, advocacy, campaigns, and policy processes. Participation in community decision-making forums is low (28%), with qualitative reports indicating that engagement is mostly consultative rather than influential. Advocacy engagement is slightly higher (35%), yet women report limited influence on agenda-setting and campaign strategy. Involvement in awareness campaigns is 31%, with WAGWD often included as participants but rarely involved in design, messaging, or leadership. Policy participation is weakest (18%), constrained by inaccessible documents, lack of transport support, and meetings that fail to accommodate disability-specific needs. One participant highlighted, “Even when invited, we cannot participate fully because materials and venues are not adapted for us”. These barriers underscore the need for Rwanda-specific mechanisms to institutionalize inclusion, particularly within national and district-level EVAWG movements, ensuring that WAGWD are not only visible but also able to exercise influence.



Graph 4.7: Inclusion in Decision Making, Advocacy, Campaigns, and Policy Processes
Source: Research data, 2026

Area of Inclusion	Indicator	Type / Unit	Data Source
Participation in community decision-making forums	Number and proportion of women and girls with disabilities (WGWD) attending community decision-making forums	Quantitative (% of invited WGWD attending)	Attendance registers, community meeting minutes
Engagement in advocacy initiatives (EVAWG, SRHR, governance)	Number of advocacy initiatives where WGWD actively participated	Quantitative (count, % of total initiatives) / Qualitative (level of contribution)	Advocacy activity reports, participant logs, meeting notes
Involvement in campaigns (awareness, social norms, EVAWG)	Number of campaigns co-led or actively contributed to by WGWD	Quantitative (count, % of total campaigns)	Campaign documentation, outreach reports, feedback forms
Participation in policy processes (drafting, consultations, reviews)	Number of policy drafts, consultations, or review processes in which WGWD participated	Quantitative (count, % of relevant policy processes) / Qualitative (degree of influence)	Policy consultation records, minutes, policy drafts, stakeholder feedback

Table 4.8: M&E indicator table for Decision Making, Advocacy, Campaigns, and Policy processes
Source: Research data, 2026

4.3.4 Gaps in Meaningful Participation

Meaningful participation of women and girls with disabilities (WAGWDs) in Ending Violence Against Women and Girls (EVAWG) movements in Kenya remains limited despite strong policy frameworks. While the Constitution of Kenya (2010), the Persons with Disabilities Act (2003), and the National Policy on Gender and Development guarantee rights to participation, implementation has been inconsistent (Government of Kenya, 2019). Scholars note that disability inclusion is often treated as an “*add-on*” rather than a core focus (Mwangi & Kimani, 2021). Structural barriers, including inaccessible venues, a lack of sign language interpretation, and the absence of accessible materials, prevent WAGWDs from fully engaging in consultations, campaigns, and policy processes (KNCHR, 2021; UNFPA, 2023). One participant noted, “*Policy consultations come with documents we cannot read, no Braille, no simplified formats like big prints, and so even when we attend, we are not fully engaged*” (KII, Disability Rights Researcher, 2025).

In Malawi, WAGWD faces similar exclusion from EVAWG movements. Participation in leadership, steering committees, and governance bodies is limited, and structural gaps hinder influence in decision-making (FEMNET; SOAWR reports, 2022).

Resource constraints exacerbate the problem, with limited funding preventing attendance at meetings, workshops, and policy forums. Accessibility barriers persist: most forums lack sign language interpretation, Braille materials, or disability-friendly meeting spaces, further marginalizing WAGWD. Fragmented accountability mechanisms mean that inclusion remains largely symbolic, with no systematic monitoring of participation or leadership engagement. In rural areas such as Zdereka in Dowa, WAGWD are excluded from leadership roles even in community structures like water committees, impacting both their decision-making agency and physical well-being as they struggle to participate in everyday activities.

In Rwanda, WAGWD also experiences significant exclusion despite supportive disability and gender policies, including the Law on the Protection and Promotion of the Rights of Persons with Disabilities (2013) and national gender equality frameworks. Formal participation pathways exist in principle, but WAGWD are rarely represented in leadership or decision-making positions within EVAWG structures. Policies promoting inclusion are often implemented unevenly at the district and community levels, leading to tokenistic engagement where WAGWD are invited to meetings or consultations but lack meaning-

ful influence. One participant explained, *“Even when we are in the room, decisions are made without our input”* (FGD, Kigali, 2025).

Accessibility gaps further limit participation. Many forums, training sessions, and campaigns are held in venues without ramps or accessible facilities, with limited provision for sign language interpreters or adapted materials for people with visual impairments. Funding for disability-specific participation is minimal, making it difficult for WAGWD to attend regional workshops or participate in national-level policy dialogues. Qualitative evidence shows that women with disabilities are often relegated to *“visible but powerless”* roles, participating in awareness campaigns or advocacy events without shaping agendas or strategy. As one participant noted, *“We are shown in photos and reports, but we are not part of the planning or decision-making”* (KII, Disability Rights Advocate, 2025). WAGWD in rural Rwanda faces compounded barriers due to geographic isolation, socioeconomic disadvantage, and persistent stigma. Younger women and those with physical or sensory disabilities are disproportionately excluded from community decision-making, advocacy platforms, and policy

consultations. Cultural norms often reinforce marginalization, with local leaders prioritizing men or non-disabled participants in leadership roles. One rural participant shared, *“In my village, even when there are meetings about women’s rights, they do not consider women like me. We wait outside, and our views are never heard”* (FGD, 2025). These intersectional vulnerabilities mirror patterns in Kenya, Malawi underscoring the need for structured, adequately resourced, and intentional inclusion strategies that ensures WAGWD can meaningfully participate in EAWG movements, and its governance at all levels.

4.4 Barriers Hindering the Participation of WGWDs in EAWG Movements

This section responds to the study objective of identifying and analysing the barriers that hinder the participation of women and girls with disabilities (WGWD) in EAWG movements. It examines the structural, institutional, environmental, attitudinal, and economic factors that constrain meaningful engagement across advocacy, service delivery, leadership, and policy processes. The analysis highlights how these barriers intersect and reinforce one another, creating systemic exclusion across different contexts and disability types.

Key Findings

- WGWD face multiple, intersecting barriers that collectively limit their participation, leadership, and access to EVAWG systems across all three countries.
- Structural barriers are among the most significant, with 72–78% reporting inaccessible policies and 82–85% weak institutional systems that fail to operationalise inclusion.
- Environmental barriers are widespread, with 74–78% reporting inaccessible GBV service points and 84–88% lack of accessible information formats (e.g. Braille, sign language, simplified materials).
- Attitudinal barriers remain deeply entrenched, with 77–82% reporting negative stereotypes about disability and 71–76% experiencing stigma or blame when reporting violence.
- Economic constraints significantly restrict participation, with 75–85% reporting poverty and limited income as a major barrier, compounded by high costs of participation and exclusion from funding opportunities.
- Institutional barriers within EVAWG movements persist, including lack of disability-inclusive policies (75–81%), limited leadership representation (71–76%), weak collaboration with OPDs, and tokenistic participation.
- Barriers vary by type of disability, with women with intellectual, psychosocial, and hearing disabilities facing the most severe exclusion due to stigma, communication barriers, and lack of appropriate support systems.
- Across all contexts, these barriers are reinforcing and cumulative, limiting WGWD's ability to access services, participate in advocacy, and influence decision-making.

4.5 Structural Barriers

Structural barriers in Malawi hinder the protection and inclusion of WAGWDs. Weak institutional systems are the most pressing challenge (85%), including inaccessible reporting pathways, inadequate accommodation, and a lack of disability-responsive procedures in frontline services. Inaccessible policies follow at 72%, highlighting

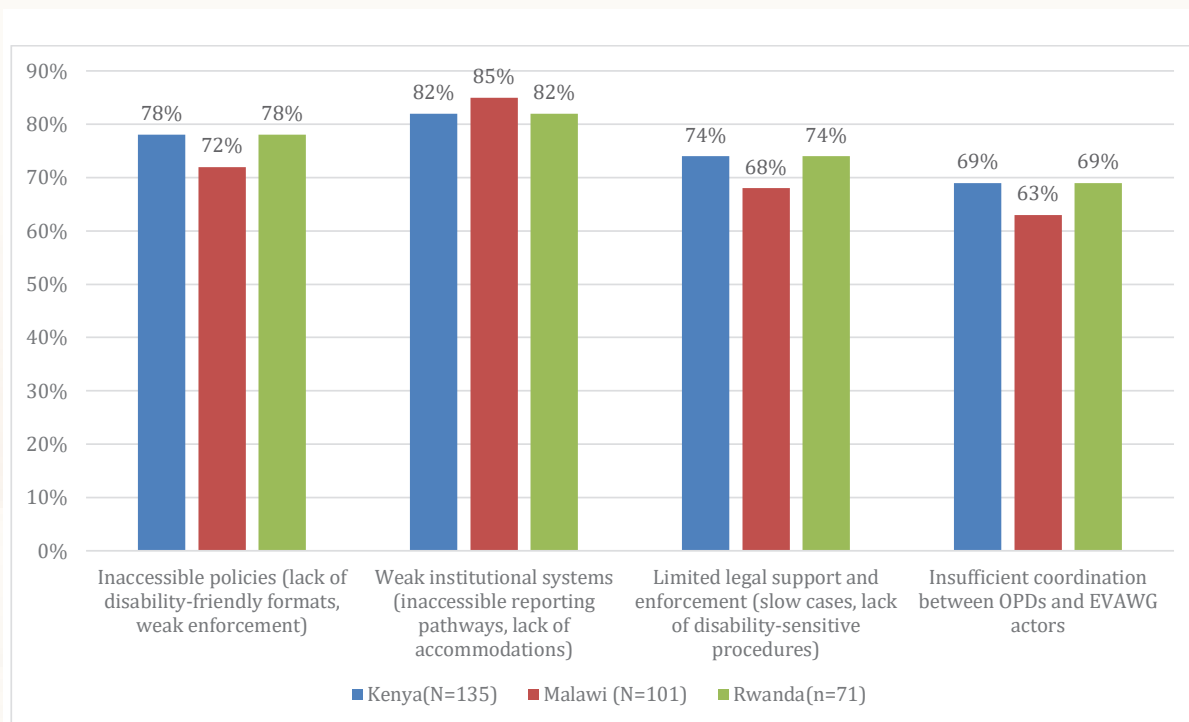
gaps in disability-friendly formats, mainstreaming of inclusive standards, and enforcement. Limited legal support (68%) reflects ongoing delays, lack of disability-sensitive case handling, and restricted access to legal aid, while coordination challenges between DPOs and EVAWG actors remain substantial (63%), illustrating fragmentation across systems intended to support survivors. A DPO member not-

ed, *“The systems are there on paper, but for women with disabilities, the doors to those systems are still mostly closed.”* Malawi’s Constitution, the Persons with Disabilities Act (2024), the National Disability Policy (2025), and the Gender Equality Act (2013) provide formal protection, but implementation gaps, weak enforcement, and limited monitoring prevent meaningful inclusion in governance, advocacy, and service delivery.

In Rwanda, structural barriers similarly constrain the participation and protection of WAGWDs in EVAWG systems. National policies, including the Law on the Protection and Promotion of the Rights of Persons with Disabilities (2013) and the National Gender Policy, exist but are often inaccessible or poorly enforced (78%). Weak institutional systems (82%) impede access to reporting mechanisms, frontline services, and reasonable accommodations, while limited legal support (74%) results in slow

case processing and inadequate disability-sensitive procedures. Coordination gaps between OPDs and EVAWG actors (69%) further limit systematic engagement and advocacy. As one disability rights advocate explained, *“Even when we know the law, the systems are difficult to navigate, and our participation in decision-making and protection forums is minimal”* (KII, Kigali, 2025).

Across all three countries, structural barriers, including policy inaccessibility, weak institutional systems, limited legal support, and insufficient coordination, consistently impede WAGWD participation in EVAWG systems. While legal frameworks exist on paper, implementation gaps, accessibility constraints, and a lack of monitoring mechanisms prevent meaningful inclusion. Rural, low-income, and younger WAGWD disproportionately affected, reflecting intersectional vulnerabilities that compound systemic exclusion.



Graph 4.9: Structural barriers (policies, systems, legal frameworks) surveyed
Source: Research data, 2026

4.5.1 Cross-Variable Comparison of Structural Barriers

Cross-variable analysis reveals significant disparities in how structural barriers manifest across disability types within the EAWG landscape in Kenya, Malawi, and Rwanda. In all three contexts, women with intellectual or psychosocial disabilities experience the highest levels of systemic exclusion, driven by entrenched stigma, limited legal capacity, and discriminatory guardianship or supervisory practices. These barriers intersect with gendered power imbalances, making it extremely difficult for these women to access justice, health, or protection services or to participate meaningfully in EAWG programming. In Malawi, for example, women with psychosocial disabilities

face compounded exclusion due to limited recognition of mental health needs within frontline GBV services, while in Rwanda, social stigma and inadequate accommodations in rural areas further restrict access to support and advocacy platforms.

Women with hearing disabilities face acute communication barriers across all three countries. Chronic shortages of certified sign language interpreters in police stations, hospitals, courts, and local governance structures severely limit reporting, follow-up, and participation in decision-making. In Kenya, inaccessible procedural systems contribute to underreporting of SGBV cases, while in Malawi, women with hearing impairments reported that they routinely ignored during interviews

for employment, leadership, or policy consultations. In Rwanda, similar gaps exacerbated by limited institutional capacity and weak coordination between OPDs and EAWG actors, leaving women reliant on ad hoc interpreter arrangements or personal advocates.

Women with visual and physical disabilities also encounter substantial structural barriers. These include inaccessible infrastructure, non-inclusive information formats, and staff untrained in disability-sensitive GBV response. In Kenya, inaccessible venues and a lack of adaptive communication tools restrict participation in campaigns and policy consultations, while in Malawi; rural women with visual impairments are often excluded from, advocacy meetings, and leadership opportunities. In Rwanda, physical barriers in both urban and rural service points, combined with limited adaptive materials, create persistent gaps in service delivery and policy engagement.

These disparities underscore that disability is not a monolithic category; each type interacts differently with systemic weaknesses, resulting in differentiated exclusion patterns. Across Kenya, Malawi, and Rwanda, while legal and policy frameworks exist, operationalization is uneven, enforcement is weak, and accessibility considerations largely overlooked. Consequently, WAGWD experience a continuum of exclusion from reporting and accessing services to participation in advocacy, leadership, and policymaking shaped by the interplay of disability type, location, and institutional capacity.

Women with visual and physical disabilities also encounter significant structural barriers, particularly where EAWG services depend heavily on inaccessible infrastructure, non-inclusive information formats, and staff who are not trained in disability-sensitive GBV response. These disparities show that disability is not a monolithic category; each disability type interacts differently with systemic weaknesses, resulting in differentiated exclusion patterns.

Disability Type	Policy Exclusion	Accessibility Gaps	Service Delivery Barriers	Participation Barriers
Physical Disabilities	High	Medium	High	High
Visual Disabilities	High	High	Very High	High
Hearing Disabilities	Very High	High	High	Very High
Intellectual & Psychosocial Disabilities	Extremely High	Very High	Extremely High	Extremely High

Table 4.10: Cross-Variable Comparison of Structural Barriers
Source: Research data, 2026

4.5.2 Environmental Barriers

Environmental barriers significantly constrain the safety, participation, and access to justice for WGWDs across Rwanda's EVAWG ecosystem, mirroring patterns observed in Kenya and Malawi. Physical inaccessibility is pervasive, particularly in police stations, courts, health facilities, and community spaces. Many facilities lack ramps, accessible toilets, adjustable examination beds, or tactile signage, limiting mobility for survivors using wheelchairs, crutches, or with visual impairments. In rural districts such as Gicumbi and Kayonza, respondents reported that inaccessible GBV service points force women to rely on family members or neighbours for assistance, often delaying critical care or exposing them to additional risks. One participant noted, *"Even if I know where the police station is, I cannot go alone. The paths are uneven, and no one helps me get inside"* (FGD, Rwanda, 2025).

Information accessibility remains a critical barrier. Most EVAWG campaigns, referral procedures, and reporting forms are produced in standard text formats, with minimal consideration for Braille, large-print, audio, or sign language interpretation. Women with hearing impairments, visual impairments, or intellectual disabilities often report self-exclusion because navigating inaccessible information is overwhelming or impossible. As one participant explained, *"Materials are everywhere, but none are for people like me. If I cannot read or hear, how am I supposed to report?"* (KII, Disability Rights Advocate, Kigali, 2025). These gaps hinder meaningful participation in advocacy, awareness campaigns, and policy consultations, reproducing patterns of invisibility documented in Kenya and Malawi.

Transportation and community access further limit engagement. Many women live far from EVAWG

service points or community forums, and there are few accessible transport options. Poor road infrastructure, limited mobility assistance, and unsafe public spaces exacerbate risks for WGWDs traveling alone. In addition, poorly lit and unmonitored areas increase vulnerability to harassment or assault. Respondents emphasized that even when services are available, envi-

ronmental barriers, combined with systemic, institutional, and attitudinal obstacles, effectively prevent WGWDs from exercising their rights or fully benefiting from protection and advocacy mechanisms. One participant highlighted, *“Even when a meeting is announced, I cannot attend because no one helps me reach there safely”* (FGD, Huye, 2025).

Environmental Barrier	Kenya WGWDs Reporting Barrier (%) (N=135)	Malawi WGWDs Reporting Barrier (%) (N=101)	Rwanda WGWDs Reporting Barrier (%) (N=71)
Inaccessible GBV venues (rescue centres, police stations, courts)	78%	74%	78%
Inaccessible information formats (no braille, no sign language, complex text)	84%	88%	84%
Lack of disability-friendly transport to services	67%	61%	67%
Inaccessible community forums & EVAWG meetings	72%	69%	72%
Poor safety and lighting in public spaces	63%	58%	63%

Table 4.11: Environmental barriers (inaccessible venues, information barriers)
Source: Research data, 2026

4.5.3 Attitudinal Barriers

Attitudinal barriers remain deeply entrenched across Kenya’s EVAWG landscape, limiting the meaningful participation and leadership of Women and Girls with Disabilities (WGWDs). Societal stereotypes frame WGWDs as dependent, incapable, or passive, often resulting in their exclusion from decision-making, program design, and advocacy spaces. Participants noted that

even when invited to forums, their contributions are often overlooked or dismissed. As one respondent explained, *“Most forums request our presence for inclusion purposes, but when it comes to shaping the agenda, our voices are missing”* (KII, APDK, Nairobi, 2025). These barriers are reinforced by harmful cultural and gender norms, creating compounded disadvantages, particularly for rural WGWDs who

face additional isolation due to limited exposure to advocacy initiatives and community engagement programs.

In Malawi, stigma and victim-blaming are significant obstacles to reporting violence and participating meaningfully in EVAWG activities. Police, health providers, and community leaders often question the credibility of WGWD survivors, while overprotective family members limit mobility and autonomy, restricting access to community forums and advocacy campaigns. Misconceptions that WGWDs are asexual or inherently “safe” from sexual violence further exclude them from programs addressing sexual and gender-based violence (SGBV) and sexual and reproductive health initiatives. As one advocate noted, *“They invite us to the table, but most times we are only there to listen, not to shape what happens”* (FGD, Malawi, 2025). These intersecting attitudes reduce opportunities for WGWDs to influence decision-making or take on leadership roles within EVAWG movements.

Economic barriers further compound attitudinal challenges in Rwanda, limiting the independence, agency, and leadership potential of WGWDs. 75% of respondents reported insufficient income as a key constraint on their ability to travel, access services, and par-

ticipate in EVAWG activities. High costs for transport, assistive devices, or communication support affect 70% of respondents, while exclusion from grants or livelihood programs impacts 65%. Dependence on family members or NGOs for financial support remains high at 60%, and limited access to vocational or livelihood initiatives persists for 55% (FGD, 2026). One participant explained, *“Without money for transport or support, I cannot attend any meetings, even if I am invited,”* illustrating how economic limitations prevent meaningful engagement.

Across Kenya, Malawi, and Rwanda, resource and programmatic constraints exacerbate attitudinal and economic barriers, collectively limiting WGWD participation in EVAWG initiatives. Many programs lack funding for disability-friendly accommodation such as sign language interpreters, Braille materials, ramps, or capacity-building programs, while discrimination in employment and limited vocational opportunities further restrict economic autonomy. These structural gaps intersect with stigma, overprotection, and negative societal attitudes, reducing visibility, mobility, and influence. Addressing these barriers requires coordinated interventions that target societal perceptions, strengthen economic empowerment, ensure accessible infrastructure, and provide ade-

quate funding to guarantee WGWDs can meaningfully participate in advocacy, leadership, and policy spaces.

Attitudinal Barrier	Kenya WGWDs Reporting Barrier (%) (N=135)	Malawi WGWDs Reporting Barrier (%) (N=101)	Rwanda WGWDs Reporting Barrier (%) (N=71)
Negative stereotypes about disability (perceived as “incapable”)	82%	77%	79%
Stigma and blame when reporting GBV	76%	71%	74%
Discriminatory attitudes by service providers	69%	64%	68%
Social overprotection limiting autonomy	63%	59%	61%
Perception that WGWDs are asexual or not at risk of violence	58%	53%	55%

Table 4.12: Attitudinal barriers (discrimination, stereotypes, and stigma)
Source: Research data, 2026

4.5.4 Economic Barriers

Economic barriers are a significant constraint limiting the meaningful participation, agency, and protection of Women and Girls with Disabilities (WGWDs) across the three countries. In Kenya, 85% of respondents reported that limited personal income and high poverty levels prevent WGWDs from participating in community forums, training, or advocacy spaces. Dependence on family members or NGOs for transport, assistive devices, or communication support reduces autonomy and limits their ability to advocate for themselves. As one respondent explained, *“I cannot attend meetings because I cannot afford transport or the attendant who helps me move around. Economic barriers keep me silent”* (KII, Woman with

Physical Disability, Nairobi, 2025). Exclusion from funding opportunities was highlighted by 72%, with WGWD-led initiatives rarely accessing grants directly, reinforcing dependency and limiting the capacity to implement EVAWG interventions. High participation costs, including transport and assistive devices, affected 78% of respondents, highlighting compounded disadvantages, especially for those in rural or marginalized areas.

In Malawi, economic barriers similarly restrict independence and agency. Limited income and poverty were reported by 79% of respondents as the most widespread constraint. High participation costs, such as transport, assistive devices, and communication, remain

prohibitive for 73%, while exclusion from grants and funding opportunities affects 68%, reflecting systemic inequities. Dependence on family or NGOs for financial support was noted by 62%, and limited access to livelihood initiatives persisted for 57%, restricting both participation and leadership. One participant noted, *“Without money or support, even the opportunities that exist feel out of reach for us.”* Resource constraints in EVAWG programs, including a lack of funding for accessibility upgrades, interpreters, Braille materials, and capacity-building, prevent full participation. Discrimination in employment and limited vocational training opportunities further reduce economic autonomy, limiting WGWDs’ ability to sustain leadership roles independently.

In Rwanda, economic barriers similarly impede meaningful engagement and leadership among WGWDs. About 75% of respondents reported limited personal income or poverty as a key constraint, affecting travel to meetings, participation in training, and access to EVAWG activities. High costs for transport, assistive devices, and communication supports affect 70%, while exclusion from grants, stipends, and livelihood programs

impacts 65%. Dependence on family members or NGOs remains significant at 60%, and limited access to vocational programs persists for 55%. A participant from Huye explained, *“Without money for transport or support, I cannot attend any meetings, even if I am invited”* (FGD, Huye, 2025). These economic barriers intersect with other structural and attitudinal challenges, further limiting agency, autonomy, and leadership potential.

Across Kenya, Malawi, and Rwanda, economic barriers interact with structural, environmental, and attitudinal obstacles to significantly constrain the participation, visibility, and leadership of WGWDs. The lack of financial independence, combined with high participation costs, exclusion from funding opportunities, and dependence on family or NGOs, restricts WGWDs’ ability to access advocacy platforms, policy processes, and EVAWG interventions. Addressing these barriers requires targeted economic empowerment initiatives, inclusive funding mechanisms, and structured financial support for participation, training, and leadership development to enable WGWDs to exercise agency and effectively influence EVAWG programming.

Economic Barrier	Kenya WGWDs Reporting Barrier (%) (N=135)	Malawi WGWDs Reporting Barrier (%) (N=101)	Rwanda WGWDs Reporting Barrier (%) (N=71)
Limited personal income/poverty	85%	79%	75%
Exclusion from funding opportunities/grants	72%	68%	65%
High cost of participation (transport, assistive devices, communication aids)	78%	73%	70%
Dependency on family or NGOs for financial support	69%	62%	60%
Limited access to livelihood programs	65%	57%	55%

Table 4.13: Economic barriers (limited resources, exclusion from funding opportunities)
Source: Research data, 2026

4.5.5 Institutional Barriers within EAWG Movements

Institutional barriers within EAWG movements continue to constrain the meaningful engagement of Women and Girls with Disabilities (WGWDs) across Kenya, Malawi, and Rwanda. In Kenya, a large majority (81%) of respondents reported that EAWG organizations rarely integrate a disability lens into their policies or protocols. Leadership and decision-making roles remain dominated by able-bodied individuals, leaving WGWDs with limited influence on program priorities. Collaboration with Organizations of Persons with Disabilities (OPDs) is largely reactive (69%), with consultations occurring after program design or not at all. Additionally, 74% of staff lack training in disability-inclusive approaches, and 65% of respondents reported tokenistic participation, where WGWDs are

included primarily for appearance rather than substantive contributions. These institutional shortcomings intersect with structural, attitudinal, economic, and environmental barriers to produce systemic exclusion of WGWDs.

In Malawi, similar patterns persist, with 75% of respondents highlighting the absence of disability-inclusive policies within EAWG organizations as the most pressing challenge. Minimal representation of WGWDs in leadership (71%) restricts their access to strategic decision-making spaces. Weak staff capacity (69%) and limited collaboration with OPDs (63%) reveal a lack of mainstreaming disability considerations across programs. Tokenistic inclusion is reported by 58%, demonstrating that engagement often stops at symbolic visibility. Structural deficits, inaccessible

facilities, and weak accountability mechanisms further compound these institutional gaps. As one advocate noted, *“They call us to the room, but they rarely give us the space to shape what is happening in that room.”*

In Rwanda, institutional barriers are also entrenched, though slightly less pronounced than in Kenya or Malawi. WGWDs report that 77% of EVAWG organizations lack disability-inclusive policies, 71% indicate minimal representation in leadership, and 68% describe weak collaboration with ODPs. Limited staff capacity (70%) and tokenistic participation (62%) further restrict meaningful engagement. Testimonies highlight that even when WGWDs are invited to participate, decision-making authority is rarely delegated to them, and their recommendations are often overlooked. Physical inaccessibility of offices and meeting spaces, along with insufficient monitoring of inclusion practices, exacerbates these challenges. One participant from Kigali explained, *“We are asked to join meetings, but our ideas rarely shape the final decisions”* (FGD, Kigali, 2025).

Across the three countries, institutional barriers intersect with economic, attitudinal, structural, and environmental challenges to create compounded exclusion. Systemic gaps such as the lack of disability-inclusive policies, weak representation of leadership, limited staff capacity, and tokenistic participation prevent WGWDs from influencing EVAWG priorities, accessing leadership roles, and engaging meaningfully in program design. Addressing these institutional barriers requires proactive reforms, including embedding disability considerations into organizational policies, strengthening staff capacity on inclusive approaches, formalizing collaboration with ODPs, and establishing monitoring and accountability mechanisms to ensure substantive participation of WGWDs.

Institutional Barrier	Kenya WGWDs Reporting Barrier (%) (N=135)	Malawi WGWDs Reporting Barrier (%) (N=101)	Rwanda WGWDs Reporting Barrier (%) (N=71)
Lack of disability-inclusive policies within EVAWG organizations	81%	75%	77%
Minimal representation of WGWDs in leadership or decision-making roles	76%	71%	71%
Weak collaboration with OPD	69%	63%	68%
Limited staff capacity on disability-inclusive approaches	74%	69%	70%
Tokenistic participation (invited only for appearance)	65%	58%	62%

Table 4.14: Institutional barriers within EVAWG movements
Source: Research data, 2026

4.6 Best Practices and Opportunities to Strengthen Participation

This section responds to the study objective of identifying and documenting best practices for strengthening the participation of women and girls with disabilities (WGWD) in EVAWG movements. It highlights effective approaches, partnerships, and innovations emerging across Kenya, Malawi, and Rwanda that demonstrate how barriers to inclusion can be addressed in practice. The analysis focuses on models that move beyond symbolic participation towards meaningful engagement, leadership, and influence within EVAWG systems.

Key Findings

- Formal partnerships between EVAWG actors and Organizations of Persons with Disabilities (OPDs) are critical to strengthening inclusion, enabling joint planning, accessible service delivery, and more meaningful participation of WGWD in decision-making.
- Structured leadership pathways and capacity-building initiatives — including mentorship, advocacy training, and peer networks — support WGWD to move from participation to leadership and influence within EVAWG movements.

- Community-led and survivor-centred approaches are highly effective, positioning WGWD as peer educators, facilitators, and agents of change, and ensuring programmes reflect lived realities.
- Accessibility-focused programme design — including sign language interpretation, adaptive communication tools, and inclusive formats — significantly improves participation and service uptake.
- Technology and innovation (e.g. mobile reporting tools, accessible e-learning, SMS/WhatsApp platforms, and audio-visual materials) help overcome barriers related to mobility, communication, and information access, enabling remote and real-time engagement.
- Supportive legal and policy frameworks provide an important foundation for inclusion, but are most effective when actively used by NGOs, OPDs, and coalitions to advocate for accessible programming, inclusive budgets, and accountability.
- Across all contexts, successful approaches share common features: intentional inclusion, resourcing for accessibility, collaboration with OPDs, and recognition of WGWD as leaders rather than beneficiaries.

4.6.1 Inclusion models and successful partnerships between EVAWG actors and ODPs

The research gathered that formal partnerships between EVAWG actors and OPD significantly enhance the participation of Women and Girls with Disabilities (WGWDs). Collaborations between the National Council for Persons with Disabilities (NCPD) and EVAWG coalitions in Nairobi and Kisumu have enabled joint program planning, monitoring, and community outreach, ensuring accessibility in service delivery and decision-making one respondent in Kisumu *“We currently doing meetings together with NCPD and many times they attend our activities as we also attend their activities”*.

These partnerships not only provide technical expertise in disability inclusion but also create platforms for WGWDs to voice their priorities, advocate for systemic change, and influence organizational strategies. In Malawi, inclusion efforts are exemplified by initiatives led by Federation of Disability Organisations in Malawi (FEDOMA) and Malawi Council of Disability Affairs (MACODA), which collaborate with EVAWG movements such as DIWA, FEMNET and SOAWR. These collaborations focus on integrating WGWDs into advocacy campaigns, community sensitization programs, and local governance platforms. Best

practices include structured mentoring for WGWDs in leadership roles, co-designing community outreach activities, and using accessible communication formats such as sign language, braille, and simplified text. One example is the Pamodzi Kuthetsa Nkhanza (PKN) Consortium, a coalition of WGWD-led organizations and partners like WOLREC and GENET, which successfully involves WGWDs in community-level campaigns addressing gender-based violence, ensuring their voices shape both program design and implementation.

In Rwanda, successful partnerships between DPOs and EAWG actors have strengthened participation through collaborative planning and capacity-building initiatives. For instance, the Rwanda Women's Network for Disability Inclusion (RWN-DI) works closely with local EAWG coalitions to mainstream accessibility in service delivery, advocacy campaigns, and policy consultations. Key practices include co-facilitation of training programs for local authorities, creation of WGWD-led advocacy committees, and the provision of accessible meeting venues with sign language interpretation and mobility accommodations. These measures have enabled WGWDs to participate meaningfully in decision-making processes at both community and district levels.

Across these three countries, suc-

cessful inclusion models share common elements: formalized partnerships between EAWG actors and ODPs, structured pathways for WGWD leadership, accessibility-focused program design, and systematic capacity-building for both service providers and WGWDs. These approaches demonstrate that when organizations actively invest in inclusive frameworks, WGWDs can move from symbolic participation to genuine influence, shaping policy, advocacy, and programmatic priorities within EAWG movements.

4.6.2 Community-led and survivor-centred approaches

Community-led and survivor-centred approaches place WGWDs at the centre of program design and implementation, recognizing their lived experiences as critical to effective interventions. In Kenya, initiatives by APDK and community-based EAWG networks in rural counties such as Kilifi and Laikipia have trained local women with disabilities as peer educators and facilitators, enabling them to identify, respond to, and prevent SGBV within their communities. This approach fosters trust, empowers survivors, and ensures that interventions reflect local realities rather than top-down assumptions. "Being trained as a peer educator allowed me to support other women with disabilities in my community. We can now

identify and respond to violence ourselves, and our voices are included in how programs are run, not just decisions made for us.” Respondent, Narok County, Kenya

4.6.3 Capacity-building strategies and empowerment initiatives

Capacity-building and empowerment initiatives play a critical role in enhancing the skills, confidence, and leadership of Women and Girls with Disabilities (WGWDs) in EVAWG movements. In Kenya, programs led by KEWOPA through FEMNET, GIMAC, and APDK provide training in leadership, advocacy, and negotiation skills, alongside mentorship schemes, peer networks, and entrepreneurship programs. These initiatives enable WGWDs to engage meaningfully in policy dialogues, community committees, and advocacy campaigns, while also addressing economic and social barriers that limit participation. In Malawi, Federation of Disability Organisations in Malawi (FEDOMA) and Malawi Council for Disability Affairs (MACODA) implement similar strategies, including advocacy training, mentorship, and small grants through initiatives like the PKN Consortium, equipping WGWDs to influence policy, program design, and community leadership. In Rwanda, the Rwanda Women’s Network for Disability Inclusion (RWN-DI) collaborates with EVAWG coalitions to deliver leadership and

advocacy training, mentorship, and vocational skills programs, enabling WGWDs to actively participate in district-level policy consultations and community workshops.

Across all three countries, these interventions combine technical skills, mentorship, peer support, and economic empowerment, creating pathways for WGWDs to move from tokenistic presence to meaningful engagement and leadership within EVAWG initiatives.

In Rwanda through the National Union of Disabilities organisations in Rwanda (NUDOR) and in partnership with international and national organizations, work jointly to advocate for the rights of persons with Disabilities to enable them to participate fully in all aspects of engagement. Although not so much has been achieved on WGWD the strategy through NUDOR is on course with need for strengthening through monitoring and enforcement.

4.6.4 Technology and Innovation for Accessibility

Technology and innovation provide practical solutions to reduce barriers to participation for Women and Girls with Disabilities (WGWDs) in EVAWG initiatives. In Kenya, mobile-based reporting tools for SGBV cases and accessible e-learning modules developed by APDK and local NGOs allow WGWDs with vi-

sual, hearing, and mobility impairments to engage remotely, submit reports, and access information in formats such as braille, audio, or sign language videos. These innovations reduce reliance on travel, increase access to critical information, and enable real-time participation in decision-making and advocacy efforts.

In Rwanda and Malawi, similar approaches being adopted to enhance inclusion. In Rwanda, digital platforms such as SMS and WhatsApp-based reporting systems, audio and video awareness campaigns, and district-level online policy consultation portals allow WGWDs to participate in advocacy, training, and policy dialogue without physical attendance. Organizations like RWN-DI and district EAWG coalitions use these tools to provide disability-accessible training and feedback mechanisms.

In Malawi, initiatives by MACODA, DIWA, and the PKN Consortium leverage mobile reporting tools, online campaigns, and community radio programs with sign-language interpretation or audio summaries to reach WGWDs in rural and urban areas. These innovations reduce reliance on inaccessible transport, enable remote engagement in advocacy and leadership programs, and facilitate participation in community forums, ensuring that WGWDs can influence EAWG

programming and policy despite systemic, environmental, and economic barriers.

4.6.5 Policy and Advocacy Practices Promoting Disability Inclusion

Strong policy frameworks and advocacy practices have created opportunities to institutionalize disability inclusion in Kenya's EAWG sector. The Persons with Disabilities Act (2025) and the National Policy on Gender-Based Violence provide a legal foundation mandating accessibility and inclusive participation in programs and services. NGOs and OPDs, including APDK and FEMNET, have leveraged these policies to advocate for disability-responsive EAWG programming, ensuring that budgets, reporting mechanisms, and program designs systematically accommodate the needs of Women and Girls with Disabilities (WGWDs). This has helped set a precedent for inclusive governance and strengthened accountability mechanisms at both the county and national levels.

In Rwanda, the Persons with Disabilities Law (2011), the National Policy for Gender-Based Violence Prevention and Response, and the National Strategy for the Protection and Promotion of PWD provide a strong legal framework for inclusive EAWG programming. Organizations such as RWN-DI, district EAWG committees, and local OPDs have used

these policies to advocate for accessible reporting mechanisms, inclusive consultations, and representation of WGWDs in leadership roles. Similarly, in Malawi, the Persons with Disabilities Act (2024), the National Disability Policy (2025), and the Gender Equality Act (2013) offer a foundation for promoting WGWD participation in EAWG initiatives. Coalitions like DIWA, MACODA, and the PKN Consortium have employed these frameworks to push for accessible spaces, disability-inclusive budgets, and systematic monitoring of inclusion efforts, enabling WGWDs to engage more effectively in advocacy, policy dialogue, and decision-making at both community and national levels.

Successful inclusion of Women and Girls with Disabilities (WGWDs) in EAWG initiatives across Kenya, Malawi, and Rwanda demonstrates the value of formalized partnerships between EAWG actors and Organizations of Persons with Disabilities (OPDs). These collaborations, exemplified by NCPD and EAWG coalitions in Kenya, FEDOMA and MACODA with DIWA and FEMNET in Malawi, and RWN-DI with district EAWG committees in Rwanda, facilitate co-design of programs, accessible service delivery, and meaningful participation in decision-making processes. Structured pathways for leadership, mentorship programs, and WGWD-

led advocacy committees provide mechanisms to shift from tokenistic representation to substantive influence. Community-led and survivor-centred approaches further reinforce inclusion by positioning WGWDs as peer educators, facilitators, and active agents of change, ensuring interventions reflect local realities while fostering trust, empowerment, and survivor agency. As one respondent in Narok County, Kenya, noted: *“Being trained as a peer educator allowed me to support other women with disabilities in my community. We can now identify and respond to violence ourselves, and our voices are included in how programs are run, not just decisions made for us.”*

Capacity-building initiatives, including leadership, advocacy, and negotiation training, alongside mentorship, peer networks, and small grants, equip WGWDs to engage effectively in policy dialogue, community committees, and advocacy campaigns. Innovative technologies, such as mobile reporting tools, accessible e-learning modules, SMS and WhatsApp-based reporting systems, and audio-visual awareness campaigns, reduce barriers related to mobility, communication, and information access, enabling remote participation and real-time engagement. Complementing these efforts, strong legal and policy frameworks, such as Kenya’s Persons with Disabilities

Act (2025), Rwanda's Persons with Disabilities Law (2011), and Malawi's Persons with Disabilities Act (2024), provide a foundation for disability-inclusive EAWG programming. Organizations leverage these policies to advocate for accessible spaces, inclusive budgets, and systematic monitoring, institutionalizing WGWD participation and promoting accountability. Across the three countries, these best practices illustrate that meaningful inclusion, underpinned by structured partnerships, community-centred approaches, capacity-building, technology, and supportive policy frameworks, is critical to strengthening the voice, leadership, and protection of WGWDs in EAWG initiatives.

4.7 Summary of Key Findings by Research Question

This section synthesises the key findings in relation to the study objectives. It draws together the evidence presented across Sections 4.1 to 4.5 and highlights the main patterns emerging across Kenya, Malawi, and Rwanda.

Objective 1:

To map EAWG movements and networks in East and Southern Africa

The study found that EAWG movements and networks across East and Southern Africa are active, diverse, and multi-layered. They in-

clude women's rights organisations, feminist movements, civil society organisations, youth-led groups, survivor-centred initiatives, regional coalitions, and Organisations of Persons with Disabilities (OPDs). These actors play important roles in prevention, response, advocacy, service delivery, and policy influence.

However, the mapping also shows that disability inclusion within these movements remains limited and uneven. WGWD are more visible in OPDs than in mainstream EAWG movements, and collaboration between EAWG actors and OPDs is often informal, inconsistent, or donor-driven. Leadership opportunities for WGWD remain limited in mainstream EAWG organisations, demonstrating a continued separation between disability rights work and broader feminist and violence prevention movements.

Objective 2:

To identify unique forms of sexual and gender-based violence faced by women and girls with disabilities in East and Southern Africa

The study found that WGWD experience multiple and intersecting forms of violence, including emotional and psychological violence, physical violence, sexual violence, economic violence, and institutional violence. Emotional and psychological violence emerged as the most commonly reported form

across the three countries, while economic and institutional violence were also significant, particularly where women depended on others for care, mobility, communication, or access to services.

The findings show that violence against WGWD is shaped by both gender inequality and disability-related discrimination. Caregiver dependence, harmful cultural norms, stigma, inaccessible justice systems, poverty, rural isolation, and communication barriers increase exposure to violence and reduce access to support. The study therefore confirms that WGWD face distinct forms and patterns of violence that are not adequately addressed through general EAWG approaches.

Objective 3:
To assess the level of inclusion and participation of WGWD in EAWG movements

The study found that WGWD participation in EAWG movements is often present but not meaningful. WGWD are invited into meetings, committees, consultations, campaigns, and community activities, but their influence over decision-making, agenda-setting, policy processes, budgeting, and programme design remains limited.

Across Kenya, Malawi, and Rwanda, participation is frequently consultative or symbolic rather than substantive. Leadership representation remains low, and WGWD are rarely positioned as decision-makers within mainstream EAWG structures. Accessibility barriers including lack of sign language interpretation, inaccessible venues, inaccessible information formats, limited transport support, and lack of adaptive communication tools further constrain meaningful engagement. The study therefore identifies a clear gap between visibility and influence.

Objective 4:
To investigate and analyse the barriers that hinder the participation of women and girls with disabilities in EAWG movements

The study found that barriers to WGWD participation are systemic, multidimensional, and mutually reinforcing. Structural barriers include inaccessible policies, weak implementation of legal frameworks, inadequate legal support, and poor coordination between EAWG actors and OPDs. Environmental barriers include inaccessible venues, transport, information, and public spaces. Attitudinal barriers include stigma, negative stereotypes, victim-blaming, social overprotection, and assumptions that WGWD are

incapable or not at risk of violence. Economic barriers, including poverty, transport costs, dependence on family members or NGOs, and exclusion from funding opportunities, further restrict participation and leadership. Institutional barriers within EAWG movements including lack of disability-inclusive policies, weak staff capacity, limited OPD collaboration, and tokenistic inclusion prevent WGWD from shaping programmes and advocacy agendas. These barriers are compounded by disability type, age, rural location, and socioeconomic status.

Objective 5:

To collect and document best practices for strengthening the participation of women and girls with diverse forms of disabilities in EAWG movements

The study identified several promising practices for strengthening WGWD participation. These include formal partnerships between EAWG actors and OPDs, joint planning and programme design, accessible service delivery, WGWD-led advocacy committees, peer education models, mentorship, leadership training, and accessible communication formats.

Community-led and survivor-centred approaches were found to be particularly important because they position WGWD as knowledge holders, facilitators, and agents of change. Technology and innovation, including mobile reporting tools, WhatsApp/SMS platforms, accessible e-learning, and audio-visual materials, also offer opportunities to reduce mobility and communication barriers. The findings show that meaningful participation is achievable when inclusion is intentional, resourced, and institutionalised.

OVERALL FINDING

Overall, the findings show that WGWD are not absent from EAWG movements, but their participation remains constrained by unequal power, limited accessibility, weak institutional commitment, and insufficient resourcing. The central challenge is therefore not only representation, but meaningful influence. Moving from symbolic inclusion to transformative participation requires structural change within EAWG movements, stronger collaboration with OPDs, accessible systems, disability-responsive budgets, and sustained investment in WGWD leadership.

CHAPTER FIVE

—

CONCLUSIONS AND RECOMMENDATIONS



5.1 Conclusions

CONCLUSION 1:

WGWD inclusion is not optional; it is central to effective EVAWG movement-building

The study assessed the “Participation of Women and Girls with Disabilities in Ending Violence Against Women and Girls (EVAWG) Movements in East and Southern Africa.” It employed a cross-sectional design, using a participatory social-feminist and intersectional approach. It examined how women and girls with disabilities (WGWD) participate in, are represented within, and lead in EVAWG movements in East and Southern Africa. The research used a mixed-methods approach, combining a desk review of relevant literature and international frameworks with primary data gathered through surveys and stakeholder consultations.

The study concludes that elevating WGWD inclusion, leadership, and meaningful participation in EVAWG movements is not only vital for addressing historical exclusion, but also critically enhances the movement’s effectiveness through their unique experiences and insights. While many organisations shape the EVAWG landscape, most still marginalise or tokenize disability inclusion, preventing meaningful engagement of WGWD as leaders, advocates, and decision-makers.

International frameworks such as CEDAW, CRPD, the African Union Protocol, and the 2030 Agenda provide a strong basis for inclusion. However, these commitments are not yet fully reflected in mainstream feminist and EVAWG initiatives. As a result, advocacy for WGWD is too often seen as only disability-related, rather than as integral to wider women’s rights and feminist agendas. This exclusion from leadership blocks participation in decision-making and slows progress toward Sustainable Development Goals 3, 5, and 10, which are central to the 2030 Agenda’s vision of “leaving no one behind.” The study therefore confirms that WGWD are not merely recipients of rights-based interventions, but critical agents of social and political change towards the elimination of gender-based violence.

CONCLUSION 2:

The issue is not the absence of EVAWG movements, but the limited integration of WGWD leadership within them

The study mapped EVAWG movements and networks in East and Southern Africa, including regional and national actors such as FEMNET, SOAWR, GIMAC, Girls Not Brides, SVRI, ICWEA, OPDs, women’s rights organisations, CSOs, youth networks, and regional coalitions. The mapping confirms that the region has an active and diverse EVAWG ecosystem.

However, the study concludes that the key issue is not the absence of EAWG actors, but the limited integration of WGWD leadership within mainstream EAWG movements. Most feminist and women-led organisations lack clear strategies, plans, and budgets to include WGWD as leaders and key actors. As a result, women with disabilities were found holding leadership roles mainly in OPDs, rather than in mainstream EAWG movements. This shows that disability rights advocacy and broader EAWG movement-building continue to operate too separately, limiting the movement's ability to address violence against all women and girls.

The implication is clear: WGWD participation cannot be strengthened through visibility alone. EAWG movements need to intentionally embed WGWD leadership into governance, planning, budgeting, advocacy, and accountability structures.

CONCLUSION 3:
Violence against WGWD requires disability-inclusive, survivor-centred, and intersectional EAWG responses

The study examined the unique forms of sexual and gender-based violence faced by WGWD in East and Southern Africa. Survey data and stakeholder consultations re-

vealed that WGWD experience disproportionately high levels of violence, including emotional abuse, economic violence, physical violence, sexual violence, and institutional violence. Many WGWD reported experiencing multiple forms of violence simultaneously, creating complex layers of vulnerability. The study concludes that violence against WGWD is not only interpersonal, but also structural and institutional. Emotional and psychological abuse emerged as the most frequently reported form of violence, often linked to stigma, discrimination, and social exclusion within families and communities. Institutional violence is also significant, particularly where reporting systems, justice mechanisms, health services, shelters, and EAWG programmes are not accessible or responsive to women and girls with diverse disabilities.

This means that general EAWG approaches are insufficient unless they address the specific ways that gender, disability, poverty, caregiver dependence, stigma, communication barriers, and institutional exclusion interact. EAWG responses must therefore be disability-inclusive, survivor-centred, and intersectional, rather than assuming that one general model of prevention, response, or advocacy will reach all women and girls equally.

CONCLUSION 4:
WGWD participation remains too often symbolic rather than influential

The study investigated the level of inclusion and participation of WGWD in EAWG movements. It concludes that, despite active EAWG actors in the region, disability inclusion is often inconsistent and superficial. Engagement with WGWD frequently lacks structure and formal partnership with OPDs, making inclusion an afterthought rather than a core part of feminist and EAWG programming.

The central issue is therefore not simply whether WGWD are present, but whether they have influence. Most current efforts focus on representation, but this often appears tokenistic rather than reflecting real, effective participation of WGWD in leadership. While WGWD may be invited to meetings, committees, consultations, and campaigns, they are too often not centred as empowered decision-makers and leaders.

Explicit inclusion policies and targets for WGWD representation in leadership and decision-making bodies are important, but they are not sufficient on their own. Meaningful participation requires dedicated funding lines, accessible participation processes, leadership development, mentorship, accessible language and formats, accessible venues, regular monitoring

and evaluation, and WGWD feedback directly shaping organisational practices. Dedicated WGWD seats on committees and boards can strengthen participation, but only if they carry real influence and decision-making authority.

CONCLUSION 5:
Barriers to participation are systemic and cannot be solved through access adjustments alone

The study identified barriers to the participation of women and girls with disabilities in EAWG movements. It found that structural, cultural, environmental, economic, and institutional barriers increase WGWD vulnerability to violence and restrict their participation in leadership, advocacy, services, and decision-making.

The study concludes that these barriers are not isolated or merely logistical. They are systemic, intersecting, and mutually reinforcing. Weak policy enforcement, inaccessible environments, stigma, poverty, unemployment, financial dependence, limited representation in governance, and lack of reasonable accommodation all combine to exclude WGWD from meaningful participation. Age, rural location, socioeconomic status, disability type, and caregiver dependence further shape both risk and exclusion.



Justice and support systems remain out of reach for many WGWD. Police, courts, shelters, medical services, and EAWG activities are frequently not equipped to respond to the needs of women and girls with diverse disabilities. This discourages reporting and fosters impunity. Where caregivers control mobility, communication, food, medication, or access to services, WGWD may face additional risks, especially if the caregiver is also the abuser. Harmful beliefs and stigma, including stereotypes that link disability with inferiority, dependence, or asexuality, further normalise discrimination and exclusion.

The implication is that small adjustments alone will not be enough. Addressing these barriers requires institutional reform, accessible systems, disability-responsive budgets, accountability mechanisms, and changes in social norms.

CONCLUSION 6:
Meaningful inclusion is achievable, but only when it is re-sourced, institutionalised, and accountable

The study analysed best practices for strengthening the participation of women and girls with diverse forms of disabilities in EAWG movements. It concludes that relevant laws and policies are necessary, but weak enforcement, low awareness, insufficient funding, and limited accountability continue to prevent real protection and meaningful inclusion.

At the same time, the study shows that meaningful participation is achievable. Strong partnerships and formal collaboration between OPDs and EAWG groups can improve information-sharing, advocacy, accessibility, referrals, and

inclusive programme design. OPDs offer expertise on accessibility, rights, and inclusive practice, while EVAWG movements bring platforms for advocacy, policy influence, and social norm change. Joint training, policy dialogues, community initiatives, and the integration of disability perspectives offer promising entry points for more inclusive EVAWG work.

The study also found that building the capacity of both EVAWG actors and disability groups can improve inclusion. Training on disability rights, accessible communication, survivor-centred approaches, feminist movement-building, and inclusive programme design can make organisations more responsive and accountable. Technology has also created new opportunities for participation, especially for women with mobility or communication challenges, although these tools need to be accessible, safe, and inclusive.

Across the study objectives, the central conclusion is that WGWD are not absent from EVAWG movements; rather, they are too often present without meaningful influence. Addressing this requires a shift from symbolic representation

to resourced, accountable, and transformative participation.

Research Gaps and Future Learning
The research also identified key areas for further study. Future research could examine the long-term impact of leadership development programmes for WGWD, assess the effectiveness of intersectional approaches across different cultural contexts, and explore strategies to improve accessibility in justice systems. There is also scope to investigate how digital technologies can enhance advocacy and participation for WGWD, especially in rural areas.

Further studies that gather the perspectives of caregivers, service providers, and policymakers may help reveal barriers and solutions that are not yet fully understood. There is also a continued need for more comprehensive disability-disaggregated data, clearly specifying disability types, age, location, and participation status. By addressing these gaps, future work can contribute to a more holistic understanding of the challenges and opportunities for advancing the rights, safety, leadership, and participation of women and girls with disabilities in EVAWG movements.

5.2 Recommendations

The findings of this study demonstrate that although EAWG movements across East and Southern Africa play a critical role in addressing gender-based violence, the meaningful inclusion and participation of WGWD remains limited. Addressing these challenges requires deliberate, coordinated action by multiple stakeholders, including EAWG movements, Organisations of Persons with Disabilities (OPDs), governments, development partners, and implementing organisations.

Collectively, these recommendations aim to support a transition from symbolic engagement to transformative, disability-responsive approaches that recognise WGWD not only as beneficiaries of EAWG initiatives, but also as leaders, advocates, and key contributors to violence prevention and response efforts across the region.

These recommendations also support commitments under CEDAW, the Convention on the Rights of Persons with Disabilities (CRPD), the African Union Protocol on the Rights of Persons with Disabilities in Africa, Agenda 2063, and the Sustainable Development Goals, particularly SDGs 1, 3, 5, 8, 10, 11, 16 and 17.

The recommendations are organised around eight priority areas. They combine immediate priorities, institutional reforms, and longer-term systems change. Each recommendation identifies practical actions for key stakeholder groups.



5.3 Summary of Recommendations

No.	Recommendation	Main Actors	Priority Level
1	Institutionalise WGWD leadership and decision-making in EVAWG movements	EVAWG movements, women's rights organisations, OPDs, COVAW, DIWA, development partners	Immediate and institutional priority
2	Resource accessibility and reasonable accommodation across EVAWG programming	EVAWG actors, governments, donors, implementing partners, OPDs	Immediate and institutional priority
3	Make justice, protection, and survivor support systems disability-responsive	Governments, justice institutions, health actors, social services, EVAWG actors, OPDs, development partners	Institutional and systems-change priority
4	Formalise collaboration between EVAWG actors and OPDs	EVAWG actors, OPDs, COVAW, DIWA, governments, development partners	Immediate and institutional priority
5	Build WGWD leadership, mentorship, and movement-building capacity	OPDs, EVAWG actors, COVAW, DIWA, development partners	Institutional priority
6	Strengthen disability-disaggregated data, accountability, and resourcing	Governments, national statistics institutions, EVAWG actors, OPDs, donors	Institutional and systems-change priority
7	Invest in economic empowerment, community-led approaches, and accessible technology	Governments, EVAWG actors, OPDs, COVAW, DIWA, development partners, private sector	Longer-term systems-change priority
8	Expand research, learning, and evidence generation on WGWD participation and leadership	COVAW, DIWA, OPDs, EVAWG actors, governments, academic institutions, development partners	Institutional and longer-term learning priority

Table 5.1: Summary of Recommendations

RECOMMENDATION 1:
Institutionalise WGWD leadership
and decision-making in EVAWG
movements

The study shows that WGWD are often present in EVAWG spaces but lack meaningful influence over decisions, budgets, agendas, programme design, and advocacy priorities. EVAWG movements should prioritise the meaningful inclusion of WGWD across leadership, governance, programming, advocacy, and service delivery. This means moving beyond symbolic or attendance-based participation towards real decision-making authority.

EVAWG Movements and Women's Rights Organisations should:

- Establish formal WGWD representation in governance structures, boards, committees, working groups, campaign teams, and policy platforms.
- Ensure WGWD are involved in agenda-setting, programme design, budgeting, implementation, monitoring, evaluation, and learning.
- Create dedicated WGWD leadership roles that carry real influence, not only advisory or visibility functions.
- Involve WGWD as co-designers, co-implementers, advocates, peer educators, trainers, and decision-makers.
- Organizations of Persons with Disabilities (OPDs) should:

- Identify and support WGWD leaders who can participate in EVAWG platforms at local, national, and regional levels.
- Ensure that women with diverse disabilities are represented, including women with physical, visual, hearing, intellectual, psychosocial, and albinism-related disabilities.
- Advocate for WGWD leadership to be recognised as part of mainstream EVAWG work, not only as a disability rights issue.

COVAW, DIWA, and Implementing Partners should:

- Use existing project platforms to model meaningful WGWD participation in planning, delivery, monitoring, and advocacy.
- Support practical leadership pathways for WGWD within EVAWG initiatives.
- Promote WGWD as movement leaders and knowledge holders, not only as participants or beneficiaries.

Development Partners should:

- Require evidence of meaningful WGWD participation in funded EVAWG programmes.
- Assess whether WGWD have influenced programme decisions, budgets, advocacy priorities, and monitoring frameworks, rather than only counting attendance.

**RECOMMENDATION 2:
Resource Accessibility and
Reasonable Accommodation
across EVAWG Programming**

Disability inclusion cannot be meaningful unless accessibility and reasonable accommodation are planned, budgeted, implemented, and monitored. Disability must be mainstreamed into all aspects of EVAWG programming, from planning and budgeting to implementation, monitoring, reporting, and learning. Accessibility should not be treated as an optional add-on, but as a core condition for participation.

EVAWG Movements and Implementing Organisations should:

- Include dedicated budget lines for accessibility, transport, personal assistance, sign language interpretation, adaptive communication, leadership development, and participation costs.
- Ensure meetings, consultations, trainings, campaigns, and policy forums are held in accessible venues.
- Make information available in accessible formats, including Braille, audio, large print, easy-read, and sign language.
- Review existing tools, campaign materials, referral information, and consultation processes to ensure they are usable by women and girls with diverse disabilities.

Governments and public institutions should:

- Ensure public consultation processes, community forums, and local governance spaces are physically and informationally accessible.
- Require public services and state-supported EVAWG platforms to comply with accessibility standards.
- Provide reasonable accommodation for WGWD participation in public policy, planning, and decision-making processes.

Development partners and Donors should:

- Make accessibility and reasonable accommodation eligible, required, and adequately funded budget items in EVAWG grants.
- Avoid approving programme designs that do not include accessibility planning.
- Provide flexible resources to meet different accommodation needs across disability types, locations, and contexts.

Organizations of Persons with Disabilities (OPDs) should:

- Provide technical advice on accessibility standards, reasonable accommodation, and inclusive communication.
- Support EVAWG actors to understand the different accessibility needs of women and girls with diverse disabilities.

RECOMMENDATION 3: Make Justice, Protection, and Survivor Support Systems Disability-Responsive

The study shows that justice and support systems remain out of reach for many WGWD, discouraging reporting, limiting access to protection, and reinforcing impunity. Police stations, courts, shelters, GBV recovery centres, health services, social services, and referral systems must be made accessible and disability-responsive. This is essential to ensure that WGWD survivors can report violence, receive support, and access justice safely and with dignity.

Governments should:

- Strengthen enforcement of existing disability, gender equality, and GBV laws.
- Integrate disability responsiveness into GBV policy reforms, justice sector reforms, survivor protection systems, and national action plans.
- Ensure that courts, police stations, shelters, health centres, and GBV rescue centres comply with accessibility standards.
- Provide simplified reporting procedures, accessible complaints mechanisms, disability-sensitive case handling, and accessible referral pathways.

Justice and Law Enforcement Institutions should:

- Provide qualified sign language

interpreters and accessible communication support at all stages of reporting, investigation, court proceedings, and case follow-up.

- Train police, prosecutors, judicial officers, court staff, and local justice actors on disability rights and survivor-centred approaches.
- Develop practical protocols for working with survivors with hearing, visual, intellectual, psychosocial, physical, and other disabilities.
- Ensure that survivors are heard directly wherever possible, and that family members or caregivers do not automatically speak on their behalf.

Health and Social Service Providers should:

- Ensure health facilities, GBV recovery centres, psychosocial support services, and shelters are physically accessible.
- Provide disability-sensitive medical, psychosocial, referral, and case management support.
- Train health workers and social workers on the specific risks and barriers faced by WGWD survivors.

EVAWG Movements and OPDs should:

- Monitor barriers faced by WGWD in accessing justice, health, shelter, psychosocial, and protection services.
- Advocate jointly for accessible survivor services, disability-sensitive

referral pathways, and accountability for service failures.

- Support WGWD survivors to access information about rights, reporting options, and available services.

Development Partners should:

- Support capacity-building, infrastructure improvements, accessible referral systems, and survivor-centred service models for WGWD.
- Fund practical improvements that enable justice and protection services to respond to women and girls with diverse disabilities.

RECOMMENDATION 4:

Formalise collaboration between EVAWG actors and OPDs

Weak collaboration between EVAWG actors and OPDs limits programme effectiveness, creates duplication, and prevents disability inclusion from being embedded in mainstream EVAWG work. Formal collaboration can improve information-sharing, advocacy, accessibility, referrals, and disability-inclusive programme design. OPDs bring expertise on accessibility, rights, and inclusive practice, while EVAWG movements bring platforms for advocacy, policy influence, survivor support, and social norm change.

EVAWG Movements should:

- Develop formal agreements with OPDs, including memoranda of understanding, joint workplans, shared

advocacy strategies, and referral protocols.

- Involve OPDs from the design stage of EVAWG programmes and not only during implementation, consultation, or validation.
- Include OPDs in monitoring, evaluation, learning, and accountability processes.
- Ensure partnerships are not extractive or symbolic, but based on shared decision-making and mutual accountability.

Organizations of Persons with Disabilities (OPDs) should:

- Provide technical expertise on accessibility, disability rights, reasonable accommodation, and inclusive practice.
- Work with EVAWG actors to integrate disability perspectives into prevention, response, advocacy, and policy work.
- Support identification and engagement of WGWD leaders across different disability groups.

COVAW and DIWA should:

- Convene structured EVAWG–OPD collaboration platforms in Kenya, Malawi, Rwanda, and regionally where feasible.
- Support joint training, policy dialogues, peer learning, and community initiatives.
- Facilitate cross-country learning on what works in EVAWG–OPD collaboration.

Governments should:

- Include both EAWG actors and OPDs in national and local coordination mechanisms on GBV, disability inclusion, gender equality, justice, health, and social protection.
- Support institutionalised referral pathways between public services,

EAWG actors, and OPDs**Development Partners should:**

- Fund joint EAWG–OPD initiatives rather than parallel or fragmented programming.
- Encourage partnership models that include both women’s rights organisations and OPDs.
- Support collaboration costs, including coordination meetings, joint planning, accessibility, interpretation, documentation, and shared learning.

RECOMMENDATION 5:
Build WGWD Leadership,
Mentorship and Movement-Building
Capacity

Meaningful inclusion requires sustained leadership development for WGWD and stronger capacity among EAWG actors and OPDs to apply disability-inclusive, feminist, and survivor-centred approaches. Capacity-building should be practical, continuous, and linked to real opportunities for influence. It should not be limited to one-off training.

COVAW, DIWA, and Implementing Partners should:

- Organise training on leadership, Gender Equality and Social Inclusion (GESI), advocacy, disability rights, and mentorship for WGWD in OPDs and EAWG movements.
- Facilitate transfer of skills from trained women with disabilities to emerging leaders within peer support groups, OPDs, and EAWG movements.
- Support mentorship circles, peer learning groups, and cross-country exchanges.
- Document lessons from leadership and mentorship approaches to inform future programming.

EAWG Movements should:

- Integrate disability rights, accessible communication, survivor-centred approaches, and disability-sensitive GBV response into staff induction and professional development.
- Create opportunities for WGWD to lead campaigns, community dialogues, advocacy initiatives, research dissemination, and policy engagement.
- Support WGWD participation in strategic planning, organisational governance, coalition-building, and movement-building spaces.

Organizations of Persons with Disabilities (OPDs) should:

- Strengthen internal capacity on EVAWG, feminist movement-building, policy advocacy, and intersectionality.
- Support WGWD leaders with diverse disabilities to participate in EVAWG advocacy and decision-making.
- Develop mentorship programmes linking experienced women with disabilities to younger and emerging leaders.

Development Partners should:

- Fund long-term leadership development rather than one-off training.
- Support WGWD-led leadership programmes, cross-country exchanges, mentorship, peer learning, and regional advocacy.
- Include leadership development and movement-building as core components of disability-inclusive EVAWG funding.

**RECOMMENDATION 6:
Strengthen Disability-Disaggregated
Data, Accountability, and Resourcing**

Without reliable data, accountability and dedicated resources, disability inclusion risks remaining symbolic and difficult to monitor. The study highlights the need for stronger data systems, monitoring, accountability, and resourcing to track whether WGWD are meaningfully

included and whether EVAWG systems are responding to their needs.

Governments should:

- Mandate disability-disaggregated data collection across EVAWG, GBV, justice, health, education, and social protection systems.
- Ensure data is disaggregated by disability type, age, location, socio-economic status, and other relevant factors.
- Conduct periodic accessibility and inclusion assessments of EVAWG services and public institutions.
- Require public institutions to report on disability inclusion, accessibility, reasonable accommodation, and WGWD participation.

National Statistics Institutions and Relevant Ministries should:

- Work with OPDs, EVAWG actors, and women's rights organisations to design data tools that capture the experiences of WGWD.
- Strengthen national and local data systems to make WGWD visible in planning, budgeting, and policy review.
- Ensure data collection processes are ethical, accessible, and safe for survivors.

EVAWG Movements and OPDs should:

- Track not only the number of WGWD attending activities, but whether they influence decisions,

budgets, policies, and programme design.

- Use monitoring and evaluation systems to assess meaningful participation, accessibility, representation, leadership, and decision-making power.
- Document barriers, promising practices, and evidence of WGWD influence.

Development Partners should:

- Provide direct, disability-friendly support to WGWD-led initiatives, OPDs, and community-driven responses.
- Simplify grant applications and make funding processes accessible.
- Require disability-responsive budgets and accountability indicators in EVAWG funding.
- Fund joint EVAWG–OPD initiatives and long-term institutional change.

COVAW and DIWA should:

- Support further data collection on WGWD population, status, leadership, and participation in EVAWG movements.
- Use evidence from this study to develop practical indicators for monitoring meaningful inclusion.
- Share learning from Kenya, Malawi, and Rwanda to support wider regional advocacy.

RECOMMENDATION 7:

Invest in Economic Empowerment, Community-Led Approaches, and Accessible Technology

Economic barriers, mobility constraints, and communication barriers limit WGWD participation and increase vulnerability to violence. Economic empowerment, community-led models, and accessible technology should be integrated into EVAWG, disability rights, and development programming. These are not separate from violence prevention; they are essential to reducing vulnerability and strengthening agency.

Governments should:

- Embed WGWD economic empowerment within national development agendas.
- Include WGWD in skills development, livelihood programmes, employment initiatives, grants, social protection, and transport support.
- Ensure economic programmes are accessible to women with diverse disabilities, including women from rural settings and young women with disabilities.
- Link economic empowerment with protection, violence prevention, and access to services.

EVAWG Movements and OPDs should:

- Scale community-led and survivor-centred approaches that position WGWD as peer educators,

facilitators, trainers, advocates, and agents of change.

- Support WGWD to lead community dialogues, awareness campaigns, referral support, prevention initiatives, and local advocacy.
- Ensure community-level programmes reflect local realities and the specific needs of women with diverse disabilities.

COVAW, DIWA, and Implementing Partners should:

- Promote sustainability by attracting government, private sector, and development partners to support WGWD leadership, awareness creation, policy implementation, and accessibility.
- Pilot and document community-led models that can be replicated across countries.
- Link leadership development with economic empowerment and peer support.

Development Partners and Private Sector Actors should:

- Support accessible livelihood initiatives, digital inclusion, assistive technologies, and economic empowerment models for WGWD.
- Invest in accessible mobile reporting tools, WhatsApp/SMS platforms, e-learning, audio-visual materials, and remote participation mechanisms.

- Support practical models that reduce barriers linked to transport, cost, mobility, communication, and information access.

Technology Developers And Programme Implementers should:

- Design digital tools with WGWD, not only for them.
- Test tools for accessibility, safety, confidentiality, and usability.
- Ensure digital participation does not exclude women with limited literacy, limited internet access, or communication barriers categories where WGWD are disproportionately represented.
- Provide non-digital alternatives so that technology expands participation rather than creating new forms of exclusion.

**RECOMMENDATION 8:
Expand Research, Learning,
and Evidence Generation on WGWD
Participation and Leadership**

Further research and learning are needed to strengthen the evidence base on the participation, leadership, safety, and rights of WGWD in EVAWG movements. Research should be practical and action-oriented, informing policy, advocacy, programming, and accountability. It should also strengthen regional learning across East and Southern Africa.

COVAW, DIWA, OPDs, and EVAWG actors should:

- Conduct or support research on the long-term impact of WGWD leadership development programmes.
- Document effective models of EVAWG–OPD partnership and WGWD-led advocacy.
- Capture learning from community-led and survivor-centred approaches.
- Use research findings to shape advocacy, programme design, and coalition-building.

Governments and National Statistics Institutions should:

- Support comprehensive disability-disaggregated data collection on WGWD population, participation, leadership, exposure to violence, disability type, age, socioeconomic status, and location.
- Use this evidence to inform national EVAWG, disability, gender equality, justice, health, and social protection policies.
- Ensure national surveys and administrative data systems make WGWD visible.

Academic Institutions and Researchers should:

- Examine the effectiveness of intersectional approaches across different cultural and institutional contexts.

- Explore strategies to improve accessibility in justice, health, shelter, and referral systems.
- Include the perspectives of WGWD, caregivers, service providers, policymakers, EVAWG actors, and OPDs.
- Ensure research methods are accessible, ethical, trauma-informed, and participatory.

Development Partners should:

- Fund research on digital technologies, accessible justice systems, WGWD leadership, and disability-inclusive EVAWG programming.
- Support regional learning so that evidence from Kenya, Malawi, and Rwanda can inform wider movement-building and policy change.
- Invest in knowledge products that translate research findings into accessible advocacy, policy, and programming tools.

Implementing these recommendations requires sustained political commitment, adequate resourcing, and shared accountability. The priority is not simply to increase the visibility of WGWD within EVAWG movements, but to ensure that they have the power, resources, accessibility, and institutional support needed to shape decisions and lead change. This is essential to building EVAWG movements that are genuinely inclusive, effective, and accountable to all women and girls.

REFERENCES

Acker, J. (2021). Gendered organizations and intersectionality: Problems and possibilities. *Equality, Diversity and Inclusion: An International Journal*, 31(3), <https://doi.org/10.1108/02610151211209072>

Ajewumi, E. O. (2025). Impact of women in leadership on community development and economic growth. Online Business School, Washington University in Saint Louis. https://www.researchgate.net/publication/390037896_Impact_of_Women_in_Leadership_on_Community_Development_and_Economic_Growth (Accessed April 12, 2025)

Aldersey, H. (2012). Disability and work: The United Republic of Tanzania's workplace policies in the Persons with Disabilities Act of 2010. *Disability Studies Quarterly*, 32(3). <https://dsq-sds.org/article/view/1838>

Awuori, T. (2022). *Leadership in Africa redefined*. Taaka Awuori & Action Wealth Publishing.

Convention on the Elimination of All Forms of Discrimination Against Women. (2016). Report of the Committee on the Elimination of Discrimination against Women. United Nations.

Global Disability Alliance. (2022). Global Disability Summit report. https://www.internationaldisabilityalliance.org/sites/default/files/gds_report_2022_norad

Government of Kenya. (2021). *Persons with Disability Act*. Government Press.

Government of Kenya. (2023). *Public Participation Act*. Government Press.

Kenya National Bureau of Statistics. (2019). 2019 Kenya population and housing census. KNBS.

Malawi Government. (2025). *National Disability Policy*. Ministry of Gender, Children, Disability, and Social Welfare.

Mkutumula, R., Nthenge, M., Pecourt, S., & Rossignol, A. C. (2024). Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing. *Humanity & Inclusion*. [https://\[insert URL if available\]](https://[insert URL if available]) (Accessed April 13, 2025)

Rowland, W. (2004). *Nothing about us without us: Inside the disability rights movements of South Africa*. UNISA Press.

Rwanda Ministry of Gender and Family Promotion. (2024). National Gender Policy and Disability Inclusion Strategy. Kigali: MINIGEF.

UN Women. (2024). Mapping of discrimination against women and girls with disabilities in East & Southern Africa. UN Women.

UNESCO. (2021). Make persons with disabilities visible: Promote the rights of persons with disabilities. <https://www.unesco.org/en/articles/make-persons-disabilities-visible-promote-rights-persons-disabilities-2021>

United Nations Human Rights Council. (2024). The failure of states to respect their international obligations results in the protection gap of journalists in exile: Special Rapporteur report. United Nations.

United Nations Development Programme. (2023). Women watch: Information & resources on gender equity and the empowerment of women. UNDP.

United Nations. (2016). Convention on the Rights of Persons with Disabilities: General Assembly Resolution A/RES/61/106. United Nations.

United Nations. (2024). UN flagship report: Concept note, Room 5. https://www.un.org/sites/default/files/2021/11/2021-Room-documents_Room5.pdf

United Nations. (2024). UN Civil Society Conference.

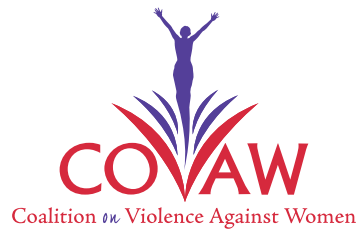
World Health Organization. (2023). Disability and health: Global report on inclusion and access to services. WHO Press.

NAME	LOCATION AND REGION	Thematic Area of Disability Inclusion/ Focus on disability and EAWG Movement	Remarks
The African Women Development and Communication (FEMNET)	Multiple countries in Africa	FEMNET is a membership network that is anchored on pan-African feminist principles and values. FEMNET has strategically positioned herself as a mobilizer, convener, organizer, and facilitator of critical dialogues around women's economic justice and rights; transformative women's leadership; sexual and reproductive health and rights (SRHR); ending violence against women and girls (VAWG) and harmful or discriminatory practice and climate justice and natural resource governance.	Advocates for women's rights in general and GBV but has no specific strategies for women and girls with disability in leadership at the EAWG movement in terms of planning, budgets and actual leadership.
The Solidarity for African Women's Rights (SOAWR) NETWORK	Global Pan Africa Multiple countries in Africa	The Solidarity for African Women's Rights (SOAWR) is a coalition of over 70 civil society organisations working across 33 countries in Africa. SOAWR works to ensure that rights of girls and women as articulated in the Protocol to the African Charter on the Rights of Women in Africa ("The Maputo Protocol") are prioritized by policymakers on the African continent. SOAWR hold African Union Member States accountable and enhance partnership to fulfil their obligations under the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; and encourage other stakeholders to actively apply the Protocol for the promotion and protection of the rights of women.	Regional/Pan-African Human Rights movement, but the participation of women with disabilities in leadership is minimal even at the Africa Union level and member organization's leadership. From the strategic plan not much is planned for women with disabilities and leadership participation.
Sexual Violence Research Initiative (SVRI)	Multiple countries in Africa	The Sexual Violence Research Initiative (SVRI) is a transdisciplinary research initiative that aims to investigate and prevent multiple forms of sexual violence, including intimate partner violence, domestic abuse or coercive control, stalking, sexual harassment, sexual assault, and sex trafficking.	Leading research organization in the gender equality strategies, but minimal efforts on participation of women with disabilities in leadership at the EAWG movements

Table 6.1: Thematic Area of Disability Inclusion/Focus on disability and EAWG Movement

Gender is my Agenda (GIMAC)	Global Africa Union Multiple countries in East & Southern Africa	It's a Network of 55 organisations aims to create a space for civil society to monitor the implementation of the Solemn Declaration on Gender Equality in Africa (SDGEA). The Civil Society meeting under the GIMAC meets ahead of each African Union Summit meeting to engage AU Member States on African women's rights, issues and concerns. The platform provides civil society the opportunity to engage and inspire grassroots efforts and advocacy needed to empower women and girls across the continent.	Advocates for women's right but not specific on matters of women with disabilities leadership and participation in the EVAWG movement (GBV issues in general)
Girls not Brides	Multiple countries in East & Southern Africa	Girls not Brides is membership organisations working across sectors in Africa in areas of health, education, human rights and humanitarian contexts. It ranges from small grassroots actors to large international organisations. Some are programme implementers and service providers, while others focus on research and advocacy, seeking to bring child marriage to national, regional and international attention. It is in over 100 countries across the World	Advocates for GBV for women and girls, but not specific on matters on strategies of women and girls with disabilities especially in leadership and participation in the advocacy and leadership
Africa Regional Sexual & Gender-Based Violence (SGBV) Network (led by SVRI / Population Council)	Multiple countries in East & Southern Africa	While not exclusively disability-focused, this network provides technical support for multi-sectoral SGBV responses, and its work can intersect with disability inclusion in survivor services (medical, psychosocial, legal) in low-resource settings.	Involved with women and disability matters, but engagement of WAGWD in leadership is not evident
Men Engage Africa Alliance	East & Southern Africa	A gender-transformative network engaging men and boys on gender equality and GBV prevention. In some national networks, there is growing work to engage men and persons with disabilities in GBV prevention. For instance, in Kenya, the NGEA has highlighted the need to include persons with disabilities in male engagement efforts.	The engagement of women with disability in leadership is minimal
Southern Africa Federation of the Disabled (SAFOD)	SADC region, based in Zimbabwe	A major regional disability organization. Its Flagship Program 6 explicitly addresses gender: it recognizes compounded marginalization of women with disabilities, including their risk of gender-based violence, and advocates for disability-gender mainstreaming in regional policies. safod.net	Advocacy on disability engagement is evident, but more effort on leadership of women with disability is needed

International Community of Women living with HIV in Eastern Africa (ICWEA)	East Africa	ICW Eastern Africa is an advocacy network run by and for HIV positive women. Their advocacy is based on evidence of their daily lived experiences to influence policies and programme. They use participatory processes to ensure their work addresses the priorities of women living with HIV, including young women, from the grassroots.	Advocates for GBV, sexual reproductive health and rights, access to prevention, care and treatment. However it is not very clear their role of involvement of WAGWD on meaningful participation in leadership
Pan African Network of People with Psychosocial Disabilities (PANPPD)	Multiple countries in East & Southern Africa	Focuses on psychosocial disability and advocates for the rights, inclusion, and protection of persons with psychosocial disabilities. Given the association between mental health, psychosocial conditions, and violence, PANPPD plays a key role in disability-sensitive EAWG work.	Disability sensitive programs, but not keen on ensuring the leadership of Women with disability in various departments and organisations
National Council for Persons with Disabilities (NCPWD)	Kenya, and Rwanda	Though primarily a disability rights institution, NCPWD has a GBV program that aims to make GBV services disability-inclusive (access to justice, shelters, sensitization of the criminal justice system).	Not a movement but more of government coordination of persons with disability rights. However not much on inclusion and leadership since even the director of NCWP is not living with any disability
Gender Links	South Africa	A gender-justice NGO with a strong EAWG mandate. While not exclusively a disability organization, Gender Links has conducted work on GBV prevention, policy, and empowerment; its intersection with disability is relevant in its broader gender-equality programming. (Note: specific disability-GBV programs may not be the primary focus, but their advocacy platform supports inclusive programming.)	Advocacy on GBV but not exclusively on inclusion of women with disabilities leadership participation
Disable Women in Africa (DIWA)	East and Southern Africa	Disabled Women in Africa (DIWA) is a feminist organisation instrumental in advancing the rights of women with disabilities in Africa. DIWA advances the human rights and justice of women at the intersection of gender and disability to challenge unjust systems and support the leadership and center the voices of women and girls with disabilities globally.	Rights based advocacy for women with disabilities at the center of WAGWD advocacy,



Njema Court, 1st Floor, M4, 12
Rhapta Road, Westlands, Nairobi.



info@covaw.or.ke



+254 733 594 794
+254 722 594 794

covaw.or.ke



SCAN TO ACCESS
COVAW WEBSITE

