

LIVE  Q&A



# TRACK 1

## SEXUAL VIOLENCE & DISABILITIES

Chat with

**Nidhi Kapur**

"The Ubuntu Care project: Addressing age, gender and disability as dynamic factors of vulnerability in the prevention and response to sexual violence against children in Kenya, Rwanda and Burundi"

on 18 Sept 2017 at  
8 am NY | 1 pm London  
3 pm Nairobi | 7 pm Bangkok



We are now live with Nidhi. Please share your questions in the comment section.



**Proteknôn** ▶ **Global Online Conference on Sexual Violence against Children**

Published by Sara Lim Bertrand [?] · 1 hr · 🌐

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LIVE Q&A

-

Nidhi Kapur will be answering questions and responding to comments on this POST for 30 minutes at 8 am NY | 1 pm London | 3 pm Nairobi | 7 pm Bangkok.

In the comment section of the POST shared on [www.facebook.com/proteknon](https://www.facebook.com/proteknon), please post your questions and comments related to her presentation: <https://proteknon.wixsite.com/conference/track1-1>.



**Proteknôn** Nidhi, thank you so much for taking the time to answer some of our questions & reply to our comments that are based on your presentation at <https://proteknon.wixsite.com/conference/track1-1>.

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**Protekôn** To start out this Q&A, I would like to ask you a question - In your presentation, you challenged CP practitioners to look around to see if 10% of children of the children in our programmes are children with disabilities. Where does this 10% come from?

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**Nidhi Kapur** Hello! Its a pleasure to exchange further with fellow practitioners and thank you for this question. In some ways, we could argue that the 10% is an arbitrary number. And I probably should have said 'at least 10%' in my presentation because the reality will be so much more context-specific. In some countries, like Uganda, for example, national statistics will show us that roughly 10% of the population can be considered or classified as having a disability of some kind. In other contexts, or in specific localities, either due to natural disasters, man-made conflicts or infectious disease outbreaks, the rates of disabilities amongst the general population may in fact be much higher. So practitioners will need to adjust their programme targets accordingly. But the point remains - that children with varying forms of disabilities should be present in all of our interventions if we are truly offering inclusive programming.

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**Hannah Barbiche-Thompson** I really loved this suggestion. I assumed it was the old estimate that 10% of the population is living with disabilities. I checked and saw that now WHO estimate it to be 15% globally. we definitely need to do more

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**Proteknôn** Hannah, thanks so much for sharing that! 15%!

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**Nidhi Kapur** Hannah Barbiche-Thompson Yes - we absolutely need to raise the bar! What irks me the most is that in the majority of programming I have seen while I was working for 'mainstream' CP agencies (if I can call them that) is that the number was more like 0%. And that is where I worry that there is a fundamental disconnect in how we are designing our programming.

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**Hannah Barbiche-Thompson** Or one token child with a disability!

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How do we reply to colleagues who say that they are not qualified to work with children with disabilities?




**Proteknôn** Thank you for this key point: "But the point remains - that children with varying forms of disabilities should be present in all of our interventions if we are truly offering inclusive programming."

It is true that so many times, CP colleagues (and pr... [See More](#)  
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**Nidhi Kapur** I understand that for CP colleagues 'disability' can feel like a daunting issue which requires specialist knowledge. Sometimes this is true - for example, learning sign language. But in the vast majority of cases, it is more about better educating

ourselves on the specific needs of individual children, as well as thinking through the ways in which we can work to accommodate them. I always say - its not rocket science. It is something which we can all learn to do, if our heart is in the right place. There are a lot of tools out there in the CP realm which can help - See Me, Hear Me or Learning to Listen. Within the Ubuntu Care project we have also developed in-house tips on how to conduct training/workshops and consultations with children with disabilities. I am very happy to share these with anyone who would like to get in touch via email.

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**Proteknôn** Thank you! Nidhi's email is [coordo-ubuntu@hi-rwanda.org](mailto:coordo-ubuntu@hi-rwanda.org)

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**Sara Lim Bertrand** Here are the documents Nidhi mentioned in your reply above:

<http://www.savethechildren.org.uk/.../see-me-hear-me...>

### See Me, Hear Me: A guide to using the UN Convention on the Rights of Person with Disabilities to promote the rights of children

"an invaluable tool for practitioners committed to bringing an end to discrimination against children with disabilities"—  
Yanghee Lee, Chair of Committee on the Rights of the Child  
The UN Convention on the Rights of Persons with Disabilities represents the culmination of years of advocacy by the disab...

[SAVETHECHILDREN.ORG.UK](http://www.savethechildren.org.uk)

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**Sara Lim Bertrand** and

<http://www.savethechildren.org.uk/.../learning-listen...>

### Learning to Listen: Consulting children and young people with disabilities

Learning to Listen shows what can happen when local authority staff think creatively about how to consult disabled children and young people about the services they receive. It has practical ideas and strategies for how to go about the process, and includes copies of leaflets and guidance that can b...

[SAVETHECHILDREN.ORG.UK](http://www.savethechildren.org.uk)

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**Hannah Barbiche-Thompson** Hi Nidhi - great presentation. 2-3 points I have already integrated into the UNHCR SGBV guidelines I am currently drafting.

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**Sara Lim Bertrand** Hannah, would you be able to share with us one example?

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**Nidhi Kapur** That's great. I was at the annual CPHA Alliance meeting in Kampala last week, and it was clear that we need to think through inclusion more thoroughly in a lot of our guidelines and toolkits across the sector (e.g. child labour toolkit, GBV guidelines, Supervision/coaching guidelines for case management etc). And I think it needs to be done with an eye on being practical and accessible - not to 'scare away' practitioners but rather to offer feasible steps towards more inclusive interventions.

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**Sara Lim Bertrand** Minja & Susan, I just wanted to tag you into this conversation as normative frameworks/guidelines was raised.

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**Hannah Barbiche-Thompson** that point about asking yourself why 10% of your beneficiaries aren't people with disabilities. We have a section in our Framework for Action on age, gender, and diversity. and I have listed this as a suggested question to ask yourself at all stages in the programme cycle - (I have said 15% - I figured better to aim high and base on the WHO report :-)) Are 15% of those involved in assessment process individuals with disabilities, are 15% of those in M&E those with disabilities, etc etc. I have also said age, gender, and other diversity factors should similarly be a percentage representative of overall population

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**Hannah Barbiche-Thompson** I have added the point about nuanced analysis of types and forms of disability. I feel often colleagues think only of the more "classic" visible disability... and the solutions that accompany those - so wheelchair-bound, deaf, blind... I liked the way Nidhi explained that

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**Nidhi Kapur** Hannah Barbiche-Thompson that's a great way to take this forward. I also think its important to open our minds to the various forms of disability, some of which may be quite invisible in many ways. At Handicap International, we take a broad definition of disability as I alluded to in my presentation. This relates also to our data collection practices - I have seen many questionnaires where the data is not sufficiently dis-aggregated (i.e. tick for disability) but does not capture the complexities around intellectual, sensory, motor impairments, or mental health concerns, or debilitating diseases, for example. All of which are dynamic factors and interact with the prevailing environmental or attitudinal barriers to produce varying manifestations of vulnerability.



**Proteknôn** Nidhi, this raises the challenge you raised about improving our M&E systems

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**Hannah Barbiche-Thompson** Thank you - copying and pasting that straight in now too!

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**Hannah Barbiche-Thompson** We were talking about the use of the Washington Group short set of questions on disability (1. Do you have difficulty seeing, even if wearing glasses? 2. Do you have difficulty hearing, even if using a hearing aid? 3. Do you have difficulty walking or ... [See More](#)

## Washington Group - Short Set of Questions on Disability

CDC.GOV

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**Nidhi Kapur** I think a lot of this is breaking down the conventional thinking that disability is one homogeneous category of vulnerability. I would argue that we need to have more disaggregated data (from across all the agencies, not just Handicap International!) so that we can better understand the needs and target our interventions accordingly. As I said in my presentation, it was found that children with sensory or intellectual impairments were actually more at risk of sexual violence than other forms of disability. We also need to understand better why this is the case. So that we can re-orient our efforts more effectively.

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**Proteknôn** In your recommendations, you also challenged us to be conflict sensitive. Would you be able to give us another practical example for those of us who are not familiar with this approach?

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**Nidhi Kapur** Conflict sensitivity is about taking our routine CP interventions to the next level, trying to maximise the positive knock on benefits that any single action can have (while also reducing or eliminating harm). Within the Ubuntu Care project, we talk about an 'inclusive child protection safety net' model. The idea is sort of like a fishing net which when deployed correctly can ensure that children do not fall through the holes. Within the project framework, this means working with actors across sectors - health, judicial, psycho-social, education, social affairs - many of whom do not have any specialist experience in child protection or child safeguarding. So the project team is there to help up-skill these actors to reduce any potential for harm, but by bringing them together, we reinforce the safety net for children, with and without disabilities, in the target area. Children with disabilities or child survivors can access support and care at a multitude of entry points from teachers, to health centre workers, to community focal points, to police officers, to magistrates - all of whom have been brought together to maximise the positive impact they can bring on behalf of children.

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**Proteknôn** Thank you for this fruitful discussion on today's LIVE Q&A. I hope we all come out inspired to ensure that our current/next projects are truly more inclusive of children with disabilities, especially children with intellectual disabilities or sensory processing disorders who are 3-7x more at risk of sexual violence, depending on the location. If anyone has any further questions, comments, Nidhi has graciously offered to share her email with us ([coordo-ubuntu@hi-rwanda.org](mailto:coordo-ubuntu@hi-rwanda.org)).

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