DPOD

Review Report

Mid-term review of NUWODUs ”Sexual and Reproductive Health Rights program” 2013-2015 supported by DPOD

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Content

Abbreviations and Acronyms

DPOs	Disabled Peoples Organizations
DPOD	Disabled Peoples Organization Denmark
GWwD	Girls and Women with Disabilities
IGA	Income Generating Activities
KAP	Knowledge, Attitude and Practice
NUWODU	National Union of Women with Disabilities of Uganda
PA	Program Assistant
PWDs	People with Disabilities
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Rights
STD	Sexual Transmitted Diseases
VCT	Voluntary Counseling and Testing
VHT	Village Health Teams
WwD	Women with Disabilities

Midt-term Review Report

1. The context of the mid-term review

This report presents the findings of the mid-term review of NUWODUs **Sexual and Reproductive Health Rights** (SRHR) program component; a component under the **Rights of Persons with Disabilities in Uganda** program (2013 - 2015) supported by Disabled Peoples Organisations - Denmark (DPOD).

The aim of the mid-term review has been to assess the progress of the SRHR component and to identify best practices, promising results and key challenges, which can contribute to organizational learning and to improving the continued program implementation and technical guidance.

The SRHR component is implemented by the National Union of Women with Disabilities of Uganda (NUWODU).

The field-review was carried out 17th - 26th January 2015 in four selected program districts, by a review-team made up of Dorthe Skovgaard Mortensen (lead), Nadége Riche (assistant) and Florence Nakaayi (local language translator).

2. Review methods and limitations

The design of the mid-term review is based on a ToR prepared by DPOD. The methods applied include a desk analysis of relevant program documents, interviews with NUWODU at district and national level, focus-group interviews with beneficiaries (rights'-holders) and key stakeholders (formal and moral duty-bearers), and interviews with strategic partners at district and national level (for a program for the field trip please refer to Annex 1[1]).

Information collected during individual and focus group interviews have been transcribed and triangulated in order to confirm the validity of the information.

Data has been collected in **Gomba** and **Buyende** district. Both are new program districts in which SRHR implementation has begun by mid-2013.

The review team is aware that the implementation of the SRHR component was delayed from the very beginning of the program, and that implementation has been influenced by a delay in disbursement of

[1] Details in regard the individual participants are captured by DPOD.

funds from DPOD[2]. It is consequently not 2 years of implementation that is being assessed by the review but rather 1 ½ years.

Considering the limited time available in the field the review managed to consult an acceptable sample of beneficiaries and key stakeholders involved in the program. Reservations must be taken in relation possible errors and shortcomings caused by the rapid review approach.

The immediate findings were presented at a debriefing session in Kampala on the 26. January 2015. At this session representatives from NUWODU had the opportunity to respond to and elaborate on the initial findings and recommendations.

The following chapters (chapter 3-4) contain an assessment of the progress of the program followed by a number of recommendations for the remaining program implementation in 2015.

3. Assessment of the SRHR component

The SRHR program component is implemented in 3 districts[3] aims to improve access to SRHR services among GWwDs. The means to achieving the goal is to increase the service demand by GWwDs, make health facilities, services and service providers more disability friendly, and establish partnerships with national ad local "mainstream" organizations. It ultimately addresses the stigma related to disability and sexuality.

Furthermore, the SRHR component aims to also strengthen the rights of GWwDs to control their own bodies and make informed choices in relation to marriage, child bearing and reporting of violence and abuse. The SRHR approach has a comprehensive and resource intensive training[4] and community approach.

The following sub sections will provide an assessment of:

1) The quality and relevance of training conducted among GWwDs and different types of duty bearers.
2) Training output and outcome; the extent to which the training has contributed to a change in the knowledge, attitude and practice of girls and women with disabilities, and among different categories of duty bearers.
3) The effectiveness of the general SRHR approach; the extent to which the objectives have been met and change been achieved among rights holders and duty bearers, and role of the training vis-à-vis other intervention strategies.
4) Cost efficiency of the SRHR approach.
5) The extent to which experience from thematic district based interventions are used to mainstream disability issues – through advocacy and engagement in strategic partnerships.

[2] The delay was due to the transition to become a Danida framework organization.
[3] Gomba District, Buyende District and Nebbi District.
[4] The training is based on a Knowledge, Attitude, Practice (KAP) change logic.

3.1. Quality and relevance of the training approach

NUWODU is conducting a number of different community based trainings targeting; women with disabilities, girls (in and out of school) with disabilities, paralegals (selected women with disabilities), local advocates (selected men in the community), community leaders (LC1 and LC3 leaders, LC1 Court member), and service providers (health personnel and police).

The compiled training material made available to the review demonstrates that the different training modules are tailored to the diverse target groups. All trainings include essential information on the different disability categories and their sexual reproductive health needs as well as the sexual and reproductive health rights of girls and women with disability (including the requirement of non-discrimination). Any additional training content depends on whether it is training of rights-holders or of the duty-bearers. The most comprehensive training is provided to the paralegals and the GWwDs who are trained over several days. The training of paralegals (6 in each district) includes a thorough review of the national and international legal framework for SRHR (and domestic violence), visit to the police station, introduction to counseling and SRH care, and documentation of cases, while GWwDs are trained on anatomy and physiology, family planning, birth control, safe motherhood and prevention against sexual transmitted infections/diseases (including HIV/AIDS).

The trainings of male local advocates (24 in each district) focus on reproductive health issues, legal guidance on sexual offences, and advocacy and community engagement, while community leaders are trained about the effects of sexual offences especially to GWwDs, the procedure of handling sexual offences, and the mandate of local council one court members.

The different trainings are conducted by NUWODU-staff with technical input from local and national Disabled People's Organizations (DPOs), reproductive health specialists, police officers, lawyers, the AIDS Support Organization TASO, Straight Talk Foundation and Naguru Teenage Center (the latter two are strategic partners to NUWODU).

The various target groups of rights-holders and duty-bearers in Gomba and Buyende confirm being trained on SRHR by NUWODU. They are all able to reflect on content of the training and express a high level of satisfaction in regard to the content and relevance of the different training modules.

For example, the review team met with a total of 23 women with disabilities who explained that they had recently been introduced to NUWODU by the paralegals who mobilized them to join the local trainings. The trainings had provided the women with useful knowledge on reproductive health rights, protection against unwanted sex (sex without consent), family planning, in particular birth control and antenatal care, and prevention against STD including HIV/AIDS. Furthermore, some have been trained on how to save and form savings groups. According to a number of the women in Gomba the content of trainings was so relevant that they wish that they had obtained the knowledge much earlier in their lives.

The trainings are clearly being valued by the participants for providing new and appropriate knowledge on an issue (SRHR) that is perceived relevant. A trained paralegal from Gomba district explained that *"It makes me feel good when I invite the local chairperson for training and he is coming. Afterwards, the chairperson fundraised among community members to invite the police (who conducted the training) to come back to the community to provide more information*".

The quality and relevance of training approach is generally assessed to be highly satisfactory. The persons trained have received *new* insights which they regard as relevant and which can be applied in their personal or professional life. The trainings of GWwDs have been more comprehensive than the trainings of service providers and local leaders, but the review finds clear indication that the general SRHR training provided to the various target groups have been of sufficient quality to help create new attention to GWwDs's sexual and reproductive needs and rights, and as substantiated in section 3.2. to initiate changes in individual and professional attitudes and practice.

3.2. Training output and outcome in regard to Knowledge, Attitude and Practice

The review finds clear evidence of an increased level of knowledge on SRHR of GWwDs among different categories of rights-holders and duty-bearers trained by NUWODU, and the focus-group interviews revealed numerous of tangible examples of how the new knowledge has contributed to significant change in attitude and practice among the different groups of rights-holders and duty-bearers (Annex 3).

GWwDs are focusing mainly on how they have previously been mistreated by their husbands/boyfriends and health personnel when seeking services; how the trainings have helped them to understand issues in regard to family planning, protection against STD and the right to decide over their own bodies; how they have gained self-confidence; how they have started seeking primarily health services, and how they experience to be well treated by health personnel.

Paralegals have gained knowledge mainly on GWwDs's right not to be mistreated, the legal procedures if a person is abused or violated, the right to SRH services by trained personnel, the responsibility of parents to children with disabilities, and the facts about family planning and protection against STD. With this new knowledge the paralegals have gained respect in the community and power to guide and council other (mainly GWwDs) on marital issues, family planning, etc., and they themselves have changed the way the interact with their husbands, the way they handles their children and daily chores. They explain about effects they see in the community in the form of fewer cases of rape and defilement, much more positive attention by police, health personnel, local leaders and teachers to the SRHR of GWwDs, and less family problems.

Male local advocates emphasize the new knowledge in regard to the different disability categories, the SRH rights of GWwDs's, the legal procedures in case of violence or abuse, and family planning. According to the local advocates the trainings have reduced their discriminatory attitude towards GWwDs, and taught them work and build relationships with GWwDs (and people with disabilities (PwDs) in general) and to

stand up for their rights in the community. They have started providing advice to GWwDs and their relatives on SRH issues; they intervene and assist in cases of violence and abuse by reporting cases to the local chair-persons and assisting the GWwDs who want to file a case with the police; they conduct community sensitization meetings on disability and SRHR; and they work with NUWODU to collect data about people with disabilities. They also report changes in their attitudes and practices towards GWwDs and PWDs at large. Furthermore, the trainings have changed their attitude and practice towards planning their own families.

Health personnel explain that the work of NUWODU and the paralegals has resulted in a visible but moderate increase in number of GWwDs seeking SRH services at the health clinics. The training provided to the health personnel have increased their knowledge about the different disability categories and their SRH needs and rights (including the right to accessible services), and changed their attitude towards GWwDs. According to the health personnel they have started to keep record of the GWwDs who access health services and are now paying special attention to these girls and women when they come for services. A similar report is given by the police and local leaders (chairpersons, LC 1 and LC3) who have been trained to understand the SRHR of GWwDs and the legal procedures in that regard. According to the police and the local leaders the training has changed their attitude towards GWwDs whom they consider to have the power to seek justice and the right to get married and form a family. The police and local leaders are consequently paying more attention to disability issues, accepting that women with disabilities can be married and get children, and making use of their public position to sensitize the public about the rights of GWwDs. Furthermore, persons with disabilities have been included in the local budget in Buyende. The PwDs's Local Counselors have been informed about the allocation and asked to form groups who can be provided with funds for IGA.

A triangulation of the various statements from GWwDs, paralegals, local leaders, health workers, etc. confirms that the comprehensive training approach has led to a significant increase in knowledge which has transformed into changed attitude towards SRH rights and needs of GWwDs as well as new accommodating practices among rights-holders as well as duty-bearers.

Social change in the form of change in attitudes and practices in regard to SRHR is considered to be an immediate outcome of the training. An outcome which is powered by the trained individual's:

- **Motivation**; thirst for knowledge in regard to SRHR, curiosity to learn and recognition of the need for change
- **Capacity**; acquired new knowledge and skills on SRHR, and in particular confidence and awareness of the responsibility to transform this new knowledge/skills into new practice
- **Readiness**; courage and positive attitude towards change in regard to SRHR
- **Resources**; relationships (between rights-holders and duty-bearers) and power needed to create change

However, the significant change in attitude and practice is surprising in view of the short implementation period in Gomba and Buyende, but substantiated by the following three accommodating factors:

- A sufficient critical mass of people: GWwDs and duty-bearers have been trained concurrently, whereby a natural checks-and-balance is created between the *claim* of the rights-holders and the *obligation* of the duty-bearers; i.e. GWwDss claim for SRH services and justice for rights violations is balanced by a deliberate and explicit focus on moral and formal duty-bearers obligation to respond to the SRH needs and rights of GWwDs.
- The proximity between NUWODUs new intervention districts (Gomba and Buyende) and the previous project districts (Mpigi and Kamuli) contributes to a natural transfer of knowledge and human resources between the former "Sex by Choice and not by chance" project and the new SRHR component.
- The districts of Gomba and Buyende are recently formed districts, which are still in the process of building their formal administrative and service structures, and besides NUWODU there are no other civil society organizations with a continued and active presence. The initiatives by NUWODU have consequently been given a large and undivided interest by duty-bearers and community members. Furthermore, the sub-counties of operations are also relatively well clustered reinforcing the focus of NUWODU interventions.

3.3. Effectiveness of the SRHR approach

The SRHR approach applied by NUWODU covers four strategic intervention areas: 1) training, 2) community awareness-raising, 3) advocacy and 4) strategic partnerships. There is found to be a fine interaction between the areas of training, community awareness-raising and strategic partnership, but the comprehensive training approach involving rights-holders and duty-bearers is by comparison assessed to be the main driver of social change; a social change which to some extent is reflected in the immediate objectives (outcome in the Logframe) and the outcome indicators.

The review has established that:

- The trained paralegals and GWwDs are role models and a driving force embodying the benefits of change in regard to SRH to other rights-holders and duty bearers; i.e. GWwDs have begun making choices for their SRH by practicing family planning, attending antenatal care, etc. (c.f. outcome 1.2)

- The trained local advocates are motivated to safeguard the SRHR of GWwDs. The fact that they are men with legitimacy to approach other men (and to some extend women) is widening the attention to the particular needs and rights of GWwDs in the community and supporting the GWwDs who opt to report a case of violence, abuse or mistreatment.

- The trained formal duty-bearers (local leaders and service providers) are converting new knowledge into not only changed attitude but also changed practice towards GWwDs; i.e. GWwDs are not asked to line up for services, low beds have been introduced, reports of violence and abuse are recorded by police and local chair-persons, etc. (c.f. outcome 1.1)

The immediate outcome; i.e. a critical mass of people who have knowledge, positive attitude and determination to change practice, is seen as a direct result of the comprehensive training approach, the relevant and appropriate training content, and the accommodating learning environment. However, the review team acknowledges that awareness-raising activities, particularly the local radio programs on SRHR and the ongoing sensitization by paralegals, local advocates, police and community leaders are contributing drivers which supports and disseminate the effect of the SRHR component.

Strategic advocacy, strategic partnership and livelihood-related activities (in the form of savings groups and IGA[5]) are considered additional contributing drivers which *can* and *should* be further developed in the remaining implementation period, for the purpose of further increasing the effectiveness of the SRHR component.

3.4. Cost efficiency of the SRHR approach

The SRHR component is found to be relatively cost extensive due to the comprehensive training approach and the efforts to provide reasonable accommodation to ensure equal participation/opportunity of GWwDs (transport, etc.). However, comparing the **budget** with the indicated **number** of people reached (approximately 1.800[6]) and the **results** achieved by the 3th quarter of 2014, the review suggests that the cost-efficiency is satisfactory.

In terms of general efficiency, the review finds that the NUWODU staff (PA/PO/management) is committed and generally competent; the geographical intervention area relatively focused and the thematic intervention is concentrated simply on SRHR; which is all key factors contributing to operational efficiency.

The review team finds that a more strategic approach to advocacy and partnership could improve the overall effectiveness and efficiency of the SRHR component.

The review finds *no* indication that similar results could be achieved with a less intensive approach.

[5] Livelihood-related activities are not mentioned as a strategic intervention area in the NUWODU documents, but the interviews in Gomba and Buyende indicate some activity within this area.

[6] According to NUWODU narrative report for Q3/2014 (approved by DPOD) 1,422 GWwDs, 72 male local advocates and 306 duty bearers (in total 1,800) have been reached by end of September 2014.

3.5. District based interventions feeding in to advocacy and strategic partnerships

The review finds no substantial evidence that NUWODU uses experience from the district based SRHR interventions in national advocacy or as input to strategic partnerships. However, it is acknowledged that NUWODU has trained paralegals and local advocates on data collection, and that a number of district based health centres have begun registering data on GWwDs seeking health services.

Data registered at the health centres is supposedly forwarded from the districts to Ministry of Health, but it is unclear whereas NUWODU is monitoring the transfer of data, and there is no indication that NUWODU itself is aggregating the data and using it for strategic advocacy or information purposes.

The review has been provided some examples of individual case stories, but there is no indication of systematic data collection by paralegals and local advocates and there is no indication that the occasional collected stories are being used for strategic advocacy or information purposes.

NUWODU has developed a Data Collection Tool for Knowledge, Attitude and Use of Rights for Girls and Women with Disabilities in Sexual and Reproductive Health in Uganda. A rapid assessment of the 9-page long form suggest that it is too complex to complete, and *if* completed, the collected data is probably too complex to process in a form that can be used for advocacy or information purposes.

The review team acknowledges NUWODUs intention of documenting data and change stories at district level, and considers strategic advocacy as a potential area for further development.

3.6. Recommendations for the further implementation of the SRHR program component

1. The current Logframe does not sufficiently capture the change in attitude and practice which is created as an immediate outcome of the comprehensive training approach and should *ideally* be revised to better reflect the training component (at output and outcome level, with clear indicators).

2. On a very practical note; it is recommended that NUWODU provides the paralegals with additional training on counseling and legal issues, and ensures that all paralegals have a T-shirt and a badge (or any other ID form that would be considered adequate by NWUODU) which signify that she is a paralegal. Furthermore, it is recommended that all trainees are provided with documentation that they have been trained, in the form of certificates.

3. There is a potential for further strengthening effectiveness of the SRHR component if the comprehensive training approach is supplemented by a more strategic approach to advocacy and partnership. It is consequently recommended that NUWODU reinforce its advocacy and partnership strategies by:

a. Further building the professional capacity on evidence based advocacy at national and district level;
b. Developing a new and less complicated tool for data collection on Knowledge, Attitude and Practice in regard to SRHR;
c. Making strategic use of own data (including case stories) and the SRH data on GWwDs established by the district health centres to advance evidence based advocacy.
d. Strengthening the efforts to develop and utilize the strategic partnerships at national and district level;

Furthermore, additional efforts with respect to livelihood-related activities are considered to provide GWwDs with an economic power, which enables them to make sound choices for their SRH, and increases their ability to seek health services and remain healthy.

4. NUWODU is currently acting as an efficient "whip" and "watchdog", introducing new knowledge and monitoring the change in attitude and practice at community level. To ensure sustainability of results it is recommended that the program intervention is amply consolidated and that there is a clear retention strategy for the volunteer position of the paralegals and local advocates before moving on to new intervention areas (geographically and thematically).

5. The comprehensive training approach may appear costly, but it is recommended that DPOD acknowledges the need for an intensive approach to social change with in the disability sector, and prioritizes efficiency over cost.

   Furthermore, it is recommended that DPOD allocates funds from the information budget to finance that a journalist (with thorough international program experience) follows the daily work of the paralegals and local advocates, with the aim of documenting their work and describing how knowledge on SRHR is leading to social change in the communities.

4. Program effectiveness, efficiency, and lessons to be drawn

The SRHR constitutes an essential component of the DPOD supported program **Rights of Persons with Disabilities in Uganda** (2013 - 2015).

The effectiveness and efficiency of entire program appears to be impacted by the recent transition from a project to a program approach, which has restricted the integration and cooperation between the program components[7].

That said, it is clear that the SRHR component has yield significant and tangible results at output and outcome level in the form of social change; probably as a consequence of the underlying change logic which strategically considers the casual links between knowledge/attitude/practice, and the intensive/comprehensive trainings approach which has created a **critical mass** of people with appropriate knowledge and a positive attitude towards SRHR of GWwDs and a determination to change practices; and a critical mass that counter-balance each other as rights-holders and duty-bearers. The fact that the SRHR component is implemented in a limited geographical area, with a proximity between new intervention areas (Gomba and Buyende which are in the process of building their formal administrative and service structures) and former project areas (Mpigi and Kamuli) is adding to the efficiency of the component.

A more strategic integration between the SRHR component and the other components – in particular the HIV/AIDS component and the economic empowerment component – constitutes a development potential.

Lesson learned

A comprehensive training approach requires proper planning, methodologies and training material to deliver results.

By applying a KAP-training approach NUWODU the underlying change logic (theory of change) enables the organization to plan and capture social change, and thereby work strategically towards achieving the development objective of the SRHR component.

NUWODU is implementing its SRHR component in newly established districts with relatively weak administrative/service structures and no “competing” NGOs/CBOs. These factors are assumingly contributing to a significant interest and compliance on the side of local duty-bearers (local leaders and service providers).

Economic empowerment and livelihood activities are instrumental in empowering GWwD; i.e. building self-esteem and economical means to exercise their rights.

[7] The program components have been implemented partly by NUWODU, partly by NUDIPU.

Promising best-practices from the SRHR component

- The concurrent and at times joint training of rights-holders and formal duty-bearers provides an opportunity for checks and balances at community level; i.e. GWwDs are provided with information on their SRH rights, meanwhile health workers are trained on their legal obligation to provide SHR service to GWwDs and the police and local leaders are trained on their obligation to open a legal case if incidents of violence, abuse or neglect of GWwDs is brought to them. The existence of such checks and balances can be interpreted as a "fear factor" (the fear of a legal case which has been mentioned at a number of occasions during the focus group interviews), but if the training targeting moral as well as formal duty-bearers provides them with sufficient information and capacity to fulfill their professional obligations towards GWwDs, the professional and moral incentives to change practice is considered to be stronger than the fear factor.

- The strategic inclusion of male advocates (moral duty-bearers) is complementing the work of the female paralegals and widening critical mass that possess knowledge and a positive attitude towards the SRHR of GWwDs and thus also widening the scope of the otherwise mainly female/disability-matter and the pressure to bring about change in practice.

  However, careful attention should be given to the selection and training of male advocates to avoid reproduction of gender and disability stereotypes, an issue NUWODU is well aware of though.

Annex 1: Program

Date and time	Programme
18th Jan. 13:00 - 15 30 pm	Travel to Gomba pick NUWODU PA in Mpigi
18th Jan. 15:30 to 16:30 pm	Meeting with 2-3 NUWODU District Association representatives from Gomba
18th Jan. 16:30 to 17:30	Meeting with NUWODU field staff
19th Jan. 8:30 - 17:00 pm	NUWODU SRHR focus group interviews with: - 8 – 10 Women with disabilities (trained on gender, SRHR and economic empowerment - 8 - 10 trained paralegals and local community advocates - 5 - 8 trained teachers responsible for sex education in schools - 5 - 8 trained key duty bearers (service providers) - Furthermore, **interview(s)** with 2 - 3 men trained as role models/goodwill ambassadors.
19th – 21st Jan.	NUDIPU review
21st Jan. 14:30 - 16.30 pm	Interview with 2 - 4 key NUWODU trainers (Straight Talk Foundation) employed to train rights-holders and duty-bearers respectively
21st Jan. 17:30 - 19:00 pm	Dinner meeting with NUWODU/Deputy director and Incoming Chair/Achayo
22nd – 23rd Jan.	NUDIPU review
24th Jan. 6:30 am	Departure to Buyende
24th Jan. 8:30 to 15:00 pm	NUWODU SRHR focus group interviews with: - 5 - 8 trained key duty bearers (law enforcement, cultural and political community leaders, service providers, etc.) - 8 - 10 women and girls trained on gender, SRHR and economic empowerment - 5 – 10 Women with disabilities - 5 - 10 trained paralegals and local advocates - 5 - 10 trained secondary level pupils - 5 - 10 trained key duty bearers (service providers) - 5 - 10 trained teachers
24th Jan. 15:30	Departure to Kampala
25th Jan	Preparation for debriefing
26th Jan	Debriefing

Annex 2: Selection of responses in regard to Knowledge, Attitude and Practice on SRHR

Girls and Women with Disabilities (GWwDs)	
K	*We need to attend VCT - preferably with our partner. If you get a positive result you need to go for medication (ART).* *I have learned how to space between children and where to get family planning service. In case of pregnancy and delivery I have to go to the health facility and hospitals.* *A man should not have sex with me without my consent. In case of abuse or rape I am supposed to report to police or the LC, if they don't attend I can come to NUWODU offices for help.* *I have the right to choose my partner and the right to have children.* *I have the right not to be sold or forced into marriage, and girls have a right not to go for early marriage* *A man who is interested in me should come during day time. We should not be involved with men with bad intentions.* *I have learnt how my body develops; I was taught some by my biology teacher, but I have gotten more straight information by the paralegals. The paralegals are good they talk in many places (church, school, etc.).* *If we have unprotected sex we risk getting STD and unwanted pregnancies. I have learned how HIV is transmitted and how I can protect my-self against HIV/AIDS.*
A	*The trainings have empowered me to stand up even in front of an abled bodied person.* *I can now assess who loves me and those who come only for sex.* *Neither relatives nor friends should decide a husband for me - I will decide for myself!*
P	*I have made a choice of the family planning method and now can decide to get a baby or not. Previously we heard many myths and misconceptions about family planning* *We are following the antenatal services.* *We don't fell discriminated any more, especially in health facilities; WwDs are served at the best and also get medicine.* *We keep a distance to boys, men, boda-boda drivers and teachers.* *Before men could easily rape a GwDs and say "I have helped you by raping you - because you are only a disabled girl". Now we know our rights and we will go and report.*

Paralegals	
K	*Before we knew wrong things about family planning, e.g. that you can't ever have a child if you go for family planning. We have learned that family planning is more than giving birth to children; it is also how to take care of the family and plan for the future of your children.* *It's not good for a WwDs to have many children, only the ones she can take care of.* *When we go to the hospital we must be tested for HIV/AIDS, if we are positive we should get medicine, we cannot be treated in the community.* *If you are raped, you should not shower, but go to the doctor.*
A	*Our position has changed; before we were disrespected today we are respected.* *I feel as being an example in community.* *I feel able to advice others.*
P	*I am available for people who seek my advice.* *We are respectful towards our husbands, not being bosses just because we have been trained. We don't threaten our men by saying that we will go to the police. We discuss and reach common understanding.* *I have started taking my children to school.* *Before I swept my compound but I didn't take the rubbish far, today I take it far - otherwise I cannot ask others to sweep their compound.*

	Our men are trained and have started respecting us. *Before the local chair-person said he would take a case (e.g. on marital problems), but he didn't, today he takes the case and look at us as abled.* *Before we gave birth on the floor.* *I used to fear going to the police, but now I know that there is someone at the police who understand me.* *Today the police, health personnel and teachers are treating us well.*

Local advocates	
K	*Learned not to discriminate WWDs. GWwDs have rights as any other girl and women: they have the right to get pregnant and cannot have their children taken away from them and they have the right to choose their partners, to get married by law, not to be forced in early marriage, to access family planning, etc.* *In case of defilement and rape, GWwDs can seek justice* *Learned about family planning, how to space between children and take care of the child and the WwDs* *There exist different disability categories: epilepsy is a "new" disability* *NUWODU is a key actor and, in case police does not attend to these cases, NUWODu can support GWwDs* *The caregivers to PwDs need to pay attention to hygiene because GWwDs can then look good and get a partner*
A	*Be firm and stand for GWwDs rights* *WwDs are able like anyone else so we need to change our attitudes as men* *We can now work with GWwDs* *I now consider that a WwDs can be my wife; and not only one that I see at night* *I have knowledge to fight laughs from other community members* *I am empowered to sensitize local leaders on PwDs' rights and support cases of PwDs* *Even ourselves are sensitized not to get children that we cannot care for*
P	*I intervene very quickly in cases of abuse. When the chairperson does not handle sexual abuse of GWwDs, I follow-up the cases with the authorities* *We report sexual abuse of WwDs and assist the women who want to go to police* *As a VHT I refer PwDs in case of sickness and follow up to check that they have had accessed the services* *Train GWwDSs and care takers to understand the importance of family planning*

Service providers and local leaders	
K	*Fight for the rights of PwDs, for accessibility and against discrimination* *To understand and attend to e.g. epilepsy* *GWwDs has the right to SRHR* *Men should come out if they love a WwDs,* *Police has been trained to understand cases on rape and defilement.*
A	*After being trained as health workers we have changed our attitude towards WwDs* *It is now accepted that WwDs can get children - no more abortions and no more situations where WwDs are rejected children and given dolls instead.* *PwDs have their community groups, we have as local leaders have to attend to their issues.* *I have started changing attitude towards PwDs and I always mention the issue when I make speeches in community.*
P	*We now pay special attention to WwDs when they come for services.* *GWwDs used to ignore health services, but now they come for antenatal, deliveries etc. After the training of health workers we have started recording when people with disability are accessing our services.* *I didn't know the rights of WwDs, but is now spreading the knowledge to my colleagues in the police.* *PwDs used to be excluded from development programs, now they are included even in the budget. We inform the PwDs counselors about the budget and ask them to make groups for IGA.*