Uganda

"As If We Weren't Human"

Discrimination and Violence against Women with Disabilities in Northern Uganda

HUMAN RIGHTS WATCH

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"As if We Weren't Human"

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Summary and Key Recommendations

Women with disabilities in northern Uganda face serious abuse and discrimination by strangers, neighbors, and family members. Women interviewed for the report were denied basic needs such as food, clothing, and shelter in the camps and in their communities.

At a community meeting, they didn't allow me to talk. It happens to all persons with disabilities. It is as if we weren't human … On occasions when food is being given, sometimes persons with disabilities are given what others leave behind on their plates.

Jennifer, woman with physical disability, Gulu district

"AS IF WE WEREN'T HUMAN"

Photographs by Martina Bacigalupo

A camp for internally displaced persons on the road to Village Labongo A. The Office of the United Nations High Commissioner for Refugees reports that as of May 2010, there are 3,098 persons with disabilities remaining in camps – the majority of them female.

Edna, a 29-year old woman who fled her rural village for Lira town in 2004, recounted to Human Rights Watch[1]:

"There were 12 people in the house on the day it was burned down [by the Lord's Resistance Army]. Those of us closer to the door survived. I lay on my stomach and protected my heart. My head got burned, and I lost my sight. I don't hear well. I have lost my senses and sometimes don't understand what people are saying."

Soldiers found Edna and she was hospitalized for six months. She then moved to a camp in Lira district. She filled out the forms to register as a person with a disability, but did not receive any special assistance. She supports her family by begging.

Edna's two daughters have different fathers. The father of her first child, now six years old, was killed by the Lord's Resistance Army. The second child's father, ashamed of being associated with a blind woman, would "just come at night, have sex, and leave in the morning." After she became pregnant, he abandoned her. Edna went to police to file a complaint of child neglect, but since she did not know the man's whereabouts, the police said they could do nothing.

When she went to a clinic for prenatal care for her second child, Edna learned that she was HIV-positive. Her six-year-old daughter now regularly leads her to the hospital to collect her antiretroviral drugs.

Angela is a 20-year old woman who was born with a physical disability that leaves her unable to walk. During the war, she had to be carried to a camp for internally displaced people because she could not run. She still lives in that camp in Amuru district.

"My husband beat me seriously. He beat me intentionally many times, when he came home drunk. He beat me because of my disability. He said to others that I was useless, could not make love or cook."

Angela went to a local government official who advised her to stay with her husband. Four months passed and she was repeatedly beaten. Finally, she left.

In the week prior to our interview, Angela was raped three times when a man broke into her house, where the door lock was broken. The man came at night, so she was unable to recognize him. Until our interview, she had not told anyone, including her mother, about the incidents. Angela feared future attacks.[2] She said,

"I was thinking of bringing a panga [machete] to bed with me in case he comes again. I fear that if I report, then I will need to know my HIV status. I want to check my HIV status at a health center but I do not have transport to town. The hospital is far and my [hand-crank] bicycle is broken. Others in the community will say that it's my fault and that I run around with men."

Erica, a deaf woman who fled from her rural village to Lira town, could not communicate with her nurses effectively while trying to give birth. She was not aware that she was having twins and stopped pushing after the birth of the first child.

"[The nurse] was very rude to me, and she didn't know sign language. She couldn't even tell me to push. She wasn't guiding me. One of my children died."

Erica too was a victim of domestic violence, beaten regularly by her husband, but he has since stopped. Her neighbors steal things from her, do not return money that they have borrowed, and call her derogatory names.

"The neighbors beat my children. When they played with the children of neighbors, they were told to go away. They said, 'You'll spread deafness to my family.'"

---

[1] The names of the women interviewed for the report have been changed to protect their security and respect confidentiality. They have been assigned a pseudonym consisting of a randomly chosen first name.

[2] With Angela's permission, Human Rights Watch researchers contacted nongovernmental organizations working in the camp and on HIV in her district to request improved security, outreach, and voluntary counseling and testing.

After 20 years of displacement and war, the people of northern Uganda are leaving camps set up for internally displaced people and building new lives. The challenges are daunting for all displaced people trying to return to their original homes, settle more permanently in the camps, or relocate to new villages and towns and start fresh. Yet during this period of upheaval, government plans are failing to take into account the needs of women who acquired their disabilities due to the war or who already had disabilities before the war and may have disproportionately suffered the impact of conflict.

According to available data, approximately 20 percent of Ugandans have disabilities.[3] In northern Uganda, where the rebels of the Lord's Resistance Army have waged war on the government for over two decades, the numbers are difficult to tally but very likely even higher. There is a lack of data on the number of women with disabilities across the country.

During the fighting, many women lost the use of limbs due to landmines or gunshot wounds, were mutilated by rebels, sustained injuries in fires, or were never vaccinated for disabling illnesses such as polio. Now, women with disabilities—physical, sensory, mental and intellectual—face an even more complex and grueling process of return and relocation than their neighbors.[4] They are often subject to social stigma and sexual violence and denied access to justice. They have specific needs for reproductive and maternal health care that are rarely met.[5] The conflict and the movement of people have eroded the community networks that might have bolstered them in the past. Frequently abandoned, women with disabilities now face isolation and abuse as the country begins to move forward without them.

Women with disabilities who wish to leave the camps and go home are often not physically able. Many lost family members or were abandoned by them during the conflict, and cannot undertake a move alone. Others know that they would not be able to build themselves a house without help. In many return destinations, there are no sources of clean water and no services like police or health clinics, which is especially punishing for women with disabilities. Cultural expectations that persons with disabilities, especially women, cannot live independently make it especially challenging for them to leave the camps and access social services on their own.

Discriminatory attitudes remain a major barrier to the full inclusion of women with disabilities in efforts to rebuild a functioning society, and the government has done virtually nothing to combat these attitudes. Many nongovernmental organizations (NGOs) working in northern Uganda point out that prior to the war, relatives and community members customarily supported persons with disabilities. However, the protracted displacement has eroded these community support networks. Now, women with disabilities are too often excluded from community meetings and rarely take any part in decision-making on important issues such as the return process or public health. Under the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of Discrimination Against Women (CEDAW), and the African Charter on Human and Peoples' Rights, three treaties that Uganda has ratified, the government has an

Filda, a landmine survivor, has HIV and has to travel a far distance to get her anti-retroviral drugs. She contracted the virus from her brother-in-law, who had inherited her.

obligation to take all appropriate measures to eliminate discrimination by any party, including by private individuals.

Over one-third of the 64 women and girls with disabilities interviewed by Human Rights Watch reported that they had experienced some form of sexual and gender-based violence, including rape.[6] Women with disabilities are particularly vulnerable to sexual and gender-based violence because of social exclusion, limited mobility, lack of support structures, communication barriers, and social perceptions that they are weak, stupid, or asexual. Often, women with disabilities find themselves trapped in abusive relationships because they are financially and socially dependent on their partners and families for survival. Human Rights Watch knows of no government efforts to proactively protect women with disabilities from sexual and gender-based violence in northern Uganda, or to dispel perceptions about women with disabilities that increase their vulnerability.

(above) A woman with mobility impairments uses a hand-crank bicycle to move around her village. The reality, however, is that few women and girls with physical disabilities have functioning mobility devices that can assist them to access basic services such as health centers, police stations or schools.

(right) Lord's Resistance Army rebels cut off this woman's nose, ear and upper lip. As a result, she has difficulties farming and cannot hear well.

Several women with disabilities interviewed for this report said that they had tried to seek justice for sexual and gender-based violence but failed. Sometimes local councilors discouraged them from reporting incidents to police and instead pressed for informal mediation, which did not result in changes in behavior and allowed the violence to continue. A number of well-documented factors have made it virtually impossible to successfully prosecute rape for all women. These include police corruption, the lack of necessary police forms to file cases, the requirement for medical examination, and the reluctance of some medical examiners to testify during trials.[7] The judicial system's barriers to effective prosecution are compounded for women with disabilities, who may be unable to communicate to others that they were raped, or to travel to police posts. Recognizing the specific vulnerabilities of persons with disabilities, the CRPD obligates the state to take all appropriate measures to protect them from exploitation, violence, and abuse, within and outside the home. Furthermore, the government should take steps to enable persons with disabilities to participate fully and equally in the judicial process.

Abandonment and rape are particular problems for women with disabilities, which frequently leaves them caring for children without material support. A majority of the women with disabilities interviewed for this report had several children, often from multiple partners, and some from rape. The Ugandan penal code criminalizes the abandonment of children, but child and family protection units at police stations often lack the resources—such as transportation or sign language interpretation—to follow up on cases, particularly in rural areas. In turn, access to child-support enforcement mechanisms is even more difficult for women with disabilities who may need mobility or communication aids to reach police stations. The Ugandan government should address problems of child neglect generally—for example, by requiring proof of child support payments before parents can access other government services, such as pensions and business, professional, or drivers' licenses or permits. The government should also consider creating support mechanisms for vulnerable single mothers, including women with disabilities.

Health care in the war-ravaged north is insufficient to reach many persons with disabilities. There are few health centers, forcing people to travel long distances to reach them, and many women with disabilities must rely for transportation on family members who may not always help. As a result, some

women, including the elderly, have undiagnosed chronic conditions or treatable illnesses, and some are not able to access rehabilitation services. A number of international human rights treaties enshrine the right to the highest attainable standard of health. The CRPD reinforces the right to health free of discrimination and requires that the government provide health services near where people live, including in rural areas.

Hospital and clinic staff are sometimes hostile toward women with disabilities. While some women with disabilities interviewed for this report said that they have been treated well by hospital staff, others experienced discrimination. Nurses made derogatory remarks, including questioning why a woman with disability would ever engage in sex or have a child. Health care personnel discouraged them from seeking reproductive health and family planning services.

Women with disabilities are particularly vulnerable to HIV infection, and especially unlikely to have access to antiretroviral drugs. All of the risk factors associated with HIV, already numerous in the post-conflict north, are compounded for women with disabilities: poverty, inability to negotiate safe sex, and increased risk of violence and rape. Women with disabilities are repeatedly abandoned by their partners, and each new partner brings a heightened risk of HIV infection. Two women with disabilities who were raped said that they did not undergo HIV testing afterward because they were unable to reach a health clinic. In another case, hospital staff were uncooperative and told the rape victim to go to police instead. Under the CRPD, the government has an obligation to provide persons with disabilities with the same quality of health care and programs as others, including in the areas of sexual and reproductive health.

Throughout the conflict, international NGOs were the main service providers in the north, but the Ugandan government has begun to take such service provision over. The government's Peace, Recovery, and Development Plan (PRDP), which is budgeted at $607 million over three years, has the lofty goals of coordinating nationally and internationally funded activities, consolidating state authority, spurring economic activity, and building new public facilities, such as schools and health centers. But the plan has largely ignored vulnerable groups who need protection, including women with disabilities. As a result, many women with disabilities are deciding that they are better off remaining in displaced persons camps, where services are provided, rather than returning home or relocating elsewhere. Government at every level must take into account the special needs of the people most impacted by the conflict if the north is to repair its damaged social fabric.

The CRPD recognizes the multiple kinds of discrimination facing women with disabilities, and as a state party, Uganda

is obligated to take measures to ensure "the full and equal enjoyment by them of all human rights and fundamental freedoms." Uganda is also a state party to the African Union's Convention for the Protection and Assistance of Internally Displaced Persons, which obligates states to provide "special protection for and assistance to internally displaced persons with special needs, including … persons with disabilities." Uganda has signed and ratified the protocol on women's rights to the African Charter, which contains a specific article on women with disabilities.

Filda, who lost her leg in landmine explosion, sits with three children. She faces discrimination in her community and has not benefitted from government livelihood assistance programs. "As women with disabilities in the village, it's like we're not known. Sometimes I weed people's gardens and I am paid, or I send my children to work in people's gardens. We women with disabilities should be looked at as people. We may have a disability, but our minds work."

Uganda's domestic law guarantees fundamental rights to persons with disabilities. The constitution states that, "Persons with disabilities have a right to respect and human dignity, and the State and society shall take appropriate measures to ensure that they realize their full mental and physical potential." Uganda also has several domestic statutes in place that prohibit discrimination and codify the rights of persons with disabilities.

Despite the strong level of participation by persons with disabilities in national and local government, including in parliament, persons with disabilities cannot fully access government services and programs. Major barriers to the realization of the rights enshrined in the law include disagreements between disabled persons' organizations and various government agencies over the enforceability of the Persons with Disabilities Act and the ineffective monitoring and complaints mechanisms of the National Council for Disability.

As relative peace returns to the north and humanitarian organizations scale back their involvement there, local district governments, weakened during the past two decades and currently struggling to regain their authority, are failing to take responsibility for providing services. This gap has a significant negative impact on women with disabilities during the return, settlement, and relocation process. The CRPD requires the government to ensure the meaningful participation and security of women with disabilities in the community and support their access to essential government services. The Ugandan government, supported by development partners, must do far more to guarantee that women with disabilities are protected from harm and empowered to live with dignity.

(above) Caroline at her house in Gulu town. Caroline advocates for the rights of women with disabilities as a board member of the Gulu Disabled Persons' Union.

(right) Two sisters with disabilities, at their village in Gulu district. One sister is deaf, and the other has a physical disability. Women with disabilities—physical, sensory, mental and intellectual—face an even more complex and grueling process of return and relocation than their neighbors.

(above) Lord's Resistance Army rebels attacked this woman for being unable to reveal the locations of neighbors. They pressed in her eyes, and she became totally blind.

(right) Women with disabilities report that they are more vulnerable to theft and other crimes due to their disabilities. One woman told Human Rights Watch, "People come and take things from my farm, and they expect me to stay quiet."

3 Uganda Bureau of Statistics (UBOS) and Macro International Inc., "2006 Demographic and Health Survey," August 2007, http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda%20DHS%202006%20Final%20%20Report.pdf(accessed June 20, 2010), p. 22. The figures are from a random selection of the population and are not disaggregated by gender. Women comprise about 52 percent of the Ugandan population. Id. p. 11. The population of Uganda is 31,656,865. World Bank, World Development Indicators, http://data.worldbank.org/country/uganda (accessed on August 11, 2010).

4 The Convention on the Rights of Persons with Disabilities (CRPD) does not define disability, but instead describes persons with disabilities to "include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This reflects the understanding that disability and what may constitute a disability are evolving concepts, in keeping with section (e) of the Preamble of the CRPD. Section (e) also reflects the social model of disability: "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others." Convention on the Rights of Persons with Disabilities (CRPD), adopted December 13, 2006, G.A. Res. 61/106, Annex I, U.N.GAOR Supp. (No. 49) at 65, U.N. Doc. A/61/49 (2006), entered into force May 3, 2008, ratified by Uganda on September 25, 2008, art. 16. In line with these principles, this report uses the term "person with a disability," which puts the focus on the person, not the disability.

5 Men with disabilities may also experience discrimination and human rights violations of similar gravity. However, this report focuses on the particular experiences of women with disabilities who face multiple forms of discrimination.

6 The Declaration on the Elimination of Violence against Women (DEVAW), adopted in 1993, defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." United Nations Declaration on the Elimination of Violence against Women, December 20, 1993, G.A. res.48/104, 48 U.N. GAOR Supp. (No. 49) at 217, U.N. Doc. A/48/49 (1993), art. 1.

7 Government of Uganda, Combined Fourth, Fifth, Sixth and Seventh Periodic Report to the Committee on the Convention on the Elimination of Discrimination against Women, CEDAW/C/UGA/7, May 25, 2009, http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW-C-UGA-7.pdf (accessed on June 23, 2010), para. 173; Amnesty International, "'I Can't Afford Justice': Violence Against Women in Uganda Continues Unchecked and Unpunished," AI Index: AFR 59/001/2010, April 7, 2010, http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-850bcbf5a152/afr590012010en.pdf (accessed August 12, 2010).

DISTRICTS VISITED
BY HUMAN RIGHTS WATCH RESEARCHERS
SUDAN
LAMWO
KITGUM
GULU
AMURU
LIRA*
DEMOCRATIC
REPUBLIC OF
THE CONGO
UGANDA
KENYA
Kampala
RWANDA
UNITED REPUBLIC
OF TANZANIA
BURUNDI
* The northern section of Lira district became Otuke district in 2010.

KEY RECOMMENDATIONS

TO THE GOVERNMENT OF UGANDA

- **Ensure that national and local government plans for return, settlement, or relocation and rebuilding northern Uganda adequately address the needs of persons with disabilities, in particular women with disabilities, including access to health care and support for their education and livelihoods.**
- **Undertake targeted efforts to inform women with disabilities about mainstream government programs and services and encourage their participation. This may include arranging appropriate transportation and providing sign language interpretation.**
- **Promote access for women with disabilities to mainstream initiatives addressing sexual and gender-based violence, access to justice, reproductive health, and HIV/AIDS.**
- **Amend the Persons with Disabilities Act 2006 and other relevant laws to fully align with the Convention on the Rights of Persons with Disabilities. Provide regulations for the implementation and enforcement of the Act in line with the CRPD.**
- **Collect data on the number of women with disabilities benefitting from government programs and services and use this data to develop more inclusive programs for women with disabilities.**
- **Allocate sufficient funds to gender and disability programs, including for services for women with disabilities who experience sexual and gender-based violence.**
- **Strengthen the role of government officials at all levels representing persons with disabilities and district disabled persons' unions or other disabled persons' organizations in planning meetings, thematic working groups and decision-making processes to ensure that the perspectives of persons with disabilities, particularly women with disabilities, are included in all aspects of programs.**
- **Take measures to fight stigma and discrimination, for example through media and public education programs about the rights of persons with disabilities, particularly women with disabilities.**
- **Make public institutions such as police stations and hospitals more accessible for persons with disabilities, particularly women and girls with disabilities. Ensure that police stations and hospitals have ramps, accessible facilities and toilets, Braille signage, and sign language interpreters.**
- **Monitor programs more closely to ensure that women with disabilities are actually benefitting from livelihood support initiatives and other government programs and services. This should include developing indicators to track outreach to women with disabilities.**

Detailed recommendations are given at the end of this report.

I. Methodology

This report is based on research by Human Rights Watch carried out in northern Uganda in April and May 2010, conducted over two trips, each approximately ten days long. Additional research was conducted in Kampala from March through July 2010. Two Human Rights Watch researchers and a consultant participated in the research, altogether conducting 162 interviews throughout the country. We also consulted international experts on disability rights at various stages of the research and writing.

Researchers visited six districts in northern Uganda – Gulu, Amuru, Kitgum, Lamwo, Lira, and Otuke – where they interviewed 63 women with disabilities, 1 girl with a disability (aged 16), and 7 family members of women or girls with disabilities. Of the 64 women and girls with disabilities, 36 had physical disabilities, 12 were deaf, 8 visually impaired, 1 was hard of hearing, and 7 had multiple disabilities. Of the 64 women and girls, 12 had disabilities as a result of war, either through assault, gunshot wounds, mutilations, fires, or landmines. Researchers also conducted 90 interviews with representatives of international, national and local NGOs (including disabled persons' organizations), United Nations (UN) agencies, and government officials. Officials from the Ministry of Gender, Labor and Social Development and Ministry of Health had the opportunity to respond to the report's findings.

Interviewees were identified predominantly through two methods: either by introduction through the local disabled persons' union or through a nongovernmental organization providing services in a camp or area where people were returning. Interviews were conducted in English, Luo, and sign language, with the assistance of interpreters. No compensation or any form of remuneration was offered or provided to any person interviewed for this report. The names of the women interviewed for this report have been changed to protect their security and respect confidentiality. They have been assigned a pseudonym consisting of a randomly chosen first name.

Human Rights Watch interviewed individuals in both urban and rural settings, and throughout the various stages of the return, settlement, or relocation process, in internally displaced persons (IDP) camps, in transit camps, or after having returned to ancestral or marital homes. In each area, Human Rights Watch attempted to interview a mix of individuals who had disabilities as a result of war as well as those who were born with disabilities or acquired them in other ways.

In Gulu district, Human Rights Watch visited Awach camp and Patiko-Ajulu camp and surrounding return areas, as well as Bobi sub-county; in Amuru district, Pabbo camp and Amuru camp and surrounding return areas; in Kitgum, Kitgum Matidi camp; in Lamwo, Padibe East and West camp and surrounding return areas; in Otuke, Okwang sub-county. IDP camps were selected through consultations with the local disabled persons' union, NGOs providing services, and the UN Office for the Coordination of Humanitarian Affairs. Efforts were made to visit a variety of camp contexts, including those that are still open and those that have been closed, as well as camps with varying populations, both small and large.

The community of persons with disabilities encompasses physical, mental/psychosocial, intellectual, and sensory disabilities. The challenges persons with disabilities face vis-à-vis the return, settlement, or relocation process in northern Uganda varied depending on the type of disability. While we wished to interview individuals with diverse disabilities from diverse districts, our focus was necessarily constrained by time and availability of interviewees.

II. Background

> If I go back to my original home, I'll be like a child, waiting to be fed.
> —Mary, woman with physical disability living in a camp, Amuru district

A Post-Conflict Setting

The Lord's Resistance Army (LRA), an armed rebel group led by Joseph Kony, has been fighting the Ugandan government since 1987.[8] Originally based in northern Uganda, the LRA has moved to the Democratic Republic of Congo, parts of southern Sudan, and the Central African Republic.[9] As a result, since late 2006, relative peace has returned to northern Uganda, and there has been a dramatic improvement in security overall.[10]

Addressing the aftermath of war's devastation and displacement remains a significant challenge. The Ugandan government enforced a policy of encampment for the general population in northern Uganda starting in 1996.[11] By 2006, over one million people had been moved to IDP camps, where they had no means of livelihood and had to stand in line for hours to accomplish basic tasks like fetching water.[12] Alcoholism and post-traumatic stress disorder were present, and persist, at high rates.[13]

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[8] The LRA has and continues to commit numerous atrocities, including massacre, summary executions, torture, rape, pillaging, and forced labor. The LRA targets children for use as soldiers, porters, and "wives" to soldiers. For a history of abuses during the conflict see Human Rights Watch, *Uganda – Stolen Children: Abduction and Recruitment in Northern Uganda*, vol.15, no. 7(A), March 2003, http://www.hrw.org/en/reports/2003/03/28/stolen-children-0; Human Rights Watch, *Uganda - Abducted and Abused: Renewed Conflict in Northern Uganda*, vol. 15, no. 12(A), July 2003, http://www.hrw.org/en/node/12306/; Human Rights Watch, *Uganda – Uprooted and Forgotten: Impunity and Human Rights Violations in Northern Uganda*, vol. 17, no. 12(A) September 2005, http://www.hrw.org/en/reports/2005/09/19/uprooted-and-forgotten.

[9] See generally, Human Rights Watch, *Democratic Republic of Congo – Trail of Death: LRA Atrocities in Northeastern Congo*, ISBN: 1-56432-614-4, March 2010, http://www.hrw.org/node/89324.

[10] The last sighting of the LRA in northern Uganda was over two years ago. UN Office for the Coordination of Humanitarian Affairs, "Uganda Humanitarian Update, 1 August – 31 October 2009," October 2009, http://www.reliefweb.int/rw/rwb.nsf/db900sid/EDIS-7Y5N3Q?OpenDocument (accessed June 20, 2010).

[11] See Human Rights Watch, *Uganda - Abducted and Abused: Renewed Conflict in Northern Uganda*, vol. 15, no. 12(A), July 2003, http://www.hrw.org/en/node/12306/.

[12] The extreme squalor of the IDP camps was documented in *Uprooted and Forgotten* in 2005. Most camps lacked sanitation, and outbreaks of cholera and other water-borne diseases were common. Human Rights Watch, *Uganda – Uprooted and Forgotten: Impunity and Human Rights Violations in Northern Uganda*, vol. 17, no. 12(A) September 2005, http://www.hrw.org/en/reports/2005/09/19/uprooted-and-forgotten. See also Human Rights Watch, *Uganda - Abducted and Abused: Renewed Conflict in Northern Uganda*, vol. 15, no. 12(A), July 2003, http://www.hrw.org/en/node/12306/.

[13] The Journal of the American Medical Association and researchers from Berkeley and Tulane reported high rates of post traumatic stress disorder and depression among residents of northern Uganda. "Researcher Report northern Uganda PTSD, Preference for Violence Findings," University of California, Berkeley press release, July 27, 2007, http://berkeley.edu/news/media/releases/2007/07/27_uganda.shtml (accessed June 20, 2010). *The New Vision* reported in 2008 that PTSD rates are higher in northern Uganda than anywhere else in the world; and that of 1,200 adults surveyed, 54

The vast majority of IDPs, estimated at more than 80 percent of the camps' 2005 populations, have now returned home, though almost none received assistance from the government to do so.[14] Of 74 camps in the northern districts of Gulu, Amuru, and Kitgum, roughly half have been closed.[15] All of Lira's 61 camps were closed by 2008.[16] Meanwhile, some of the United Nations High Commissioner for Refugees (UNHCR) implementing partners have shifted their work to demolishing empty huts, filling in unused latrines, and plowing over unused land for return to the original landowners.[17]

Yet some people still remain in the camps.[18] They stay for better access to health centers and schools, among other reasons. Some run businesses inside the camps, and many of the camps now serve as busy trading centers. Under government policy, displaced people are entitled to stay in camps if they wish, though this prerogative is often informally subject to negotiations with the original landowner.[19]

UNHCR reports that as of May 2010, there are 3,098 persons with disabilities remaining in camps – the majority of them female.[20] That number has gone up since the previous tabulation, in August 2009, when it was 2,334.[21] The true number of persons with disabilities is likely much higher because of the way people are classified for these surveys. For example, one of UNHCR's implementing partners noted that a person with a disability is not counted if

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percent suffered from PTSD. Conan Businge, "Mental Illness – Northern Uganda tops Worldwide," *The New Vision*, August 31, 2008, http://www.newvision.co.ug/D/9/34/647347 (accessed August 12, 2010).

[14] UN High Commissioner for Refugees, Situation in Acholiland IDP Camps, August 2009 (on file with Human Rights Watch). 84 percent of the total IDP population of 2005 have left the camps in Kitgum as of 2009. In Gulu, this rate is 93 percent. In Amuru, 80 percent. Lira's camp population is unknown. The Ugandan government agency responsible for assistance and protection of IDPs is the Office of the Prime Minister/Department of Disaster Preparedness and Refugees.

[15] In Gulu district, 16 of 31 camps have been closed. In Amuru, 14 of 34 camps have been closed. Human Rights Watch email correspondence with Dennis Okello, UN Office for the Coordination of Humanitarian Affairs, March 24, 2010. In Kitgum District, 6 of the district's 11 camps have been closed. In Lamwo, only one of the 14 camps has been closed. Human Rights Watch interview with UN High Commissioner for Refugees official, Kitgum, April 20, 2010.

[16] Human Rights Watch email correspondence with Dennis Okello, UN Office for the Coordination of Humanitarian Affairs, March 24, 2010.

[17] Human Rights Watch interview with humanitarian aid NGO, Gulu, April 13, 2010.

[18] UN High Commissioner for Refugees, Situation in Acholiland IDP Camps, August 2009 (on file with Human Rights Watch). In each of the northern districts, 7 to 20 percent of the IDP population as measured in 2005 are still living in the camps.

[19] The Ugandan government has set out three durable solutions for IDPs: voluntary return, settlement in the IDP camps, or relocation to another part of the country. Office of the Prime Minister, Camp Phase Out Guidelines for All Districts that Have IDP Camps, May 2008, http://www.internal-displacement.org/8025708F004CE90B/(httpDocuments)/E28205F21F6D40E2C125744E0035D9AF/$file/OPM_Camp_Closure_Guidelines.pdf (accessed June 24, 2010).

[20] UN High Commissioner for Refugees, "EVI Statistics," September 2009 (on file with Human Rights Watch). UN High Commissioner for Refugees, "EVI/PSN Profiling Report," May 2010 (on file with Human Rights Watch). UN High Commissioner for Refugees data from September 2009 sets the total camp population at 184,199. UN High Commissioner for Refugees, Situation in Acholiland IDP Camps, August 2009 (on file with Human Rights Watch).

[21] UN High Commissioner for Refugees, "EVI Statistics," September 2009 (on file with Human Rights Watch).

he or she is supported by a family member because the surveys are geared toward identifying people in need of intervention.[22] The increase of persons with disabilities in camps between 2009 and 2010 may indicate more abandonment of persons with disabilities by family members as they return to their home villages or the return of persons with disabilities from other areas back to the camps.

Domestic and international funds have been pouring into northern Uganda to support closing the camps and to facilitate the return, settlement, or relocation of displaced people. The government policy for rebuilding northern Uganda, the Peace, Recovery and Development Plan (PRDP), is being implemented between July 2008 and June 2011 and has a planned budget of US$607 million.[23] The PRDP has four major objectives: to consolidate state authority, to rebuild and empower communities (including through return, settlement, or relocation of IDPs), to revitalize the northern economy, and to build peace. A common criticism of the PRDP is that it provides for infrastructure, but not for training and services.[24] For example, the 2009-2010 PRDP for Gulu district includes the construction of schools, teachers' housing, and health facilities, road renovations, and the purchase of desks and ambulances, but does not provide for social services or training and salaries for staff to work in the new schools and health centers.[25]

As the PRDP has advanced, international agencies have ceded some of their role in relief efforts to the Ugandan government. Now local government is taking over responsibility for addressing the significant gaps in the provision of services. One NGO staff member told Human Rights Watch, "We are focusing on handover to the government and saying, 'International NGOs have done their bit. Now it's up to you to manage it.'"[26]

The total number of persons with disabilities in the post-conflict districts of northern Uganda is not clear, though a recent national survey found that roughly 20 percent of all Ugandans have disabilities, and the war likely raised the rates even higher in the north.[27] UNHCR,

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[22] Human Right Watch interview with humanitarian aid NGO protection officer, Kitgum, May 20, 2010.

[23] Government of Uganda, "Peace, Recovery and Development Plan for Northern Uganda," September 2007, p. ix.

[24] Human Rights Watch interviews with two separate humanitarian aid NGOs, Gulu, April 16, 2010, and with another humanitarian aid NGO, Kitgum, April 20, 2010.

[25] Peace, Reconstruction and Development Plan Workplan for Gulu District, 2009-2010 (on file with Human Rights Watch).

[26] Human Rights Watch interview with humanitarian aid NGO, Kitgum, April 20, 2010. However, local councilors, particularly at the lower levels – village, parish, and sub-county – have in some instances resettled in their homes, leaving behind their constituents in the camp. The ability of local government to address the needs of people remaining in the camps has suffered due to the movement of local leaders.

[27] Uganda Bureau of Statistics, Demographic and Health Survey, August 2007, http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda%20DHS%202006%20Final%20%20Report.pdf

through its implementing partners, has provided some services to persons with disabilities, the elderly, single parents, unaccompanied minors and people with serious medical conditions. This program has provided 2,280 persons with specific needs with shelters, latrines, and a combination of non-food items and livelihoods in the return villages to aid in the relocation and return process.[28] The PRDP includes some references to persons with disabilities, but does not clearly articulate the government's specific obligations.

(accessed June 20, 2010). The survey asked respondents questions based on a tool developed by the UN Washington Group on Disability Statistics. The Washington Group is one of several City Groups formed under the UN Statistical Commission. The questions focus on functional ability rather than physical characteristics. Questions were, "Do you have difficulty seeing, even if wearing glasses?" Those who answered *with some difficulty, with a lot of difficulty, or cannot do it at all* were categorized as having a disability. Other Ugandan statistics vary widely. For example, the 2002 Population and Housing Census estimates that four percent of the population has a disability. The 2005-2006 Uganda National Household Survey estimates that 7.1 percent of the total population has a disability. However, northern Uganda is believed to have higher disability rates because the war caused injuries and prevented some from accessing treatment or vaccinations for illnesses. Raymond Land and Ambrose Murangira, Disability Scoping Study for DFID Uganda, February 2009, http://www.dfid.gov.uk/Documents/publications/Disability/uganda-disability-study.pdf (accessed June 19, 2010).

[28] UN High Commissioner for Refugees, "EVI/PSN Profiling Report," May 2010 (on file with Human Rights Watch).

III. Findings

The war took a particularly devastating toll on persons with disabilities. Rebel attacks forced people to flee and those who could not often faced violence. Without health infrastructure inside the camps of internally displaced people, especially early in the conflict, outbreaks of contagious disabling diseases such as polio proliferated. The conflict also caused injuries such as blindness and the loss of limbs from landmines and mutilations. International donors have worked to address the needs of many vulnerable groups, but serious challenges remain. Enduring land conflicts, the lack of a social safety net, and entrenched poverty severely affect women with disabilities in northern Uganda, requiring them to rely on others for survival at a time when their communities are struggling to recover from the conflict.

Stigma and Discrimination

> In the camp, people told me: 'You are useless. You are a waste of food.'
> People told me I should just die so others can eat the food.
> —Charity, woman with physical disability, Amuru district

Women with disabilities in northern Uganda face discrimination on the basis of gender, disability, and poverty. This discrimination, as well as a more general social stigma, prevents women with disabilities from realizing rights to accessible information, and access to health care and other government services, and participating fully in the community.

Stigma and negative attitudes in the community

An overwhelming majority of women with disabilities told Human Rights Watch that they face frequent abuse from strangers, neighbors and even family members. As a result, they are denied even basic rights such as food, clothing and shelter.

According to some of the women interviewed for this report, people questioned the right of women with disabilities to participate in the community, to marry, and to have children.[29] One woman's family called her "useless" because she had difficulties farming and gathering

[29] Human Rights Watch interview with Lucy, woman with physical disability, Gulu district, April 15, 2010; with Victoria, deaf woman, Lira district, May 24, 2010; with Evelyn, landmine survivor, Gulu district, May 15, 2010; with Pamela, woman with physical disability, Gulu district, May 15, 2010; with Ethel, woman with physical disability, Kitgum district, May 19, 2010; with Dorian, woman with physical disability, Lamwo district, May 20, 2010; with Rebecca, woman with physical disability, Lira district, April 17, 2010.

firewood.[30] Another woman stated that her parents doubted whether she would have a future.[31] Another said that she felt her husband would treat her better if she did not have a disability.[32] Several women with disabilities reported that their husband's other wives verbally abused them and did not want to associate with them.[33] A mother of a child with a neurological disability said that the child's grandparents refused to hold her and "don't want me to use their utensils to feed her, only the broken cups and plates."[34]

Human Rights Watch documented cases where women with disabilities were denied water at the borehole or food at community events because the able-bodied people went first or blocked the way for persons with disabilities.[35] Women with disabilities reported that people in the community refused to sell to them in the market because of the perception that they did not have money or because of other negative attitudes toward them.[36]

The social stigma and discrimination sometimes extend to family members of women with disabilities. Neighbors can target husbands and siblings of women with disabilities for abuse. Sometimes, children of women with disabilities suffer discrimination from parents of other children who fear that the children will spread their mother's disability.[37]

Women with disabilities living with HIV/AIDS suffer further discrimination due to their HIV-positive status. Community members forbade Candace, a landmine survivor living with HIV, from bathing in the communal bath for fear that she would spread her HIV.[38] Discrimination related to HIV/AIDS is discussed in more detail in Section III.

The treatment of women with disabilities varies according to the type of disability. For example, while community members often perceive deaf women as unintelligent merely

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[30] Human Rights Watch interview with Pamela, woman with physical disability, Gulu district, May 15, 2010.

[31] Human Rights Watch interview with Victoria, deaf woman, Lira district, May 24, 2010.

[32] Human Rights Watch interview with Elizabeth, hard of hearing, Lira district, May 23, 2010.

[33] Human Rights Watch interview with Harriet, woman with polio, Gulu district, May 16, 2010; Human Rights Watch interview with Grace, deaf woman, Gulu district, May 16, 2010.

[34] Human Rights Watch interview with Mary, mother of Lisa, girl with a neurological disability, Gulu district, April 16, 2010.

[35] Human Rights Watch interview with Lily, landmine survivor, Otuke district. May 22, 2010. Human Rights Watch interview with Harriet, woman with physical disability, Gulu district, May 16, 2010.

[36] Human Rights Watch interview with Harriet, woman with polio, Gulu district, May 16, 2010; Human Rights Watch interview with Winifred, woman with physical disability, Gulu district, May 16, 2010.

[37] Human Rights Watch interview with Erica, deaf woman, Lira district, April 17, 2010.

[38] Human Rights Watch interview with Candace, landmine survivor, Amuru district, April 15, 2010.

because of communication barriers, deaf women are also perceived as able to contribute to the community through physical labor, cooking, and child rearing.[39]

Female landmine survivors reported that partners verbally abused them or abandoned them because of their injuries.[40] Some reported subsequent rejection by family members. A woman in Gulu district who lost her leg to a landmine was evicted from her marital home by her in-laws, who kept her children.[41]

Government efforts to combat stigma and raise awareness about disabilities have been minimal, primarily focused on one day per year, the International Day of Persons with Disabilities.[42] Honorable Nalule Safia Juuko, a member of parliament representing women with disabilities, said, "When I was a local councilor, the little money for disabilities only went to the International Day of Persons with Disabilities, to buy sodas, rent things, and sing a few songs. But then we would go back home, and it would not have changed anything."[43]

Lack of access to government services and programs

Some women with disabilities have preferred to remain in the IDP camps because there they are nearer to markets, health care centers, and neighbors. However, many have little choice but to stay in the camps, even if they wish to return to their original homes. Some are physically unable to travel back to their original homes or have no means of building housing for themselves. Self-construction of house walls was a pre-requisite for receiving iron sheets from one program launched by the president's office, effectively barring persons with disabilities who lacked relatives willing to assist.[44] The lack of accessible water sources is also a major barrier in many districts to which individuals are returning. Some NGOs partner with the local council structures to identify and select beneficiaries, but women with

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[39] Human Rights Watch interview with Monica, deaf woman, Lira district, May 17, 2010.

[40] Human Rights Watch interview with Evelyn, landmine survivor, Gulu district, May 15, 2010. Human Rights Watch interview with Diane, landmine survivor, Gulu district, May 16, 2010; Human Rights Watch interview with Alice, landmine survivor, Lira district, May 23, 2010. Human Rights Watch interview with Lily, landmine survivor, Otuke district, May 22, 2010.

[41] Human Rights Watch interview with Immaculate, landmine survivor, Gulu district, May 16, 2010.

[42] The United Nations has designated December 3 as the International Day of Persons with Disabilities, http://www.un.org/disabilities/default.asp?id=109 (accessed on July 6, 2010).

[43] Human Rights Watch interview with Honorable Nalule Safia Juuko, member of parliament representing women with disabilities, Kampala, July 1, 2010.

[44] Felix Osike, "Museveni Gives New Directive on IDP Iron Sheets," *The New Vision*, May 5, 2006. President Museveni stated that no iron sheets should be given to IDPs returning home until they make bricks and build walls.

disabilities reported to Human Rights Watch that local councilors were often unwilling to help them.[45]

Many NGOs point out that prior to the war, relatives and community members customarily supported persons with disabilities. However, the conflict – marked by thousands of rebel abductions and protracted displacement – has eroded these traditional community support networks. Persons with disabilities lost family members who fulfilled such support roles or were abandoned by community members who themselves suffered heavily in the conflict. Some NGOs are undertaking efforts to reintegrate persons with disabilities into their communities, such as through sensitization meetings.[46] Some humanitarian aid organizations who build houses for persons with disabilities have a prerequisite that community members must assist in the construction and purchase of materials for houses, in an effort to leverage existing social networks.[47] In Kitgum, a local government official said that they build homes, carry out family tracing, and sensitize families to reintegrate persons with disabilities.[48]

The PRDP includes some language on persons with disabilities, but lacks detail on the government's specific obligations or objectives. For example, the PRDP states that the "special needs of vulnerable groups such as people with disabilities and elderly will be catered for to enable them [to] move to the new locations," either back to their home villages or to transit areas.[49] The PRDP does promise "livelihoods support and social protection" to associations of vulnerable people of 20 to 30 people, but it is unclear from the text of the plan what this means in concrete terms.

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[45] Human Rights Watch interview with protection officer of humanitarian aid NGO, Kitgum, May 19, 2010. For example, women with disabilities did not receive help when they reported incidents perpetrated by individuals related to the local councilors, in one case a rape committed by the local councilor's relative, and in another, abandonment and child neglect by a local councilor's brother. Human Rights Watch interview with Sarah, blind woman, Kitgum, May 19, 2010; Human Rights Watch interview with Irene, woman with physical and communicative disability, Gulu, April 14, 2010.

[46] Human Rights Watch interview with local community-based organization, Lira, April 18, 2010.

[47] One UNHCR implementing partner said that each house construction requires a committee of eight people. After the committee is formed, it must get a land certificate document, in which the local councilor must testify about who is the rightful owner of the land, and then they sign a memorandum of understanding with the construction team and the construction committee. The chairperson of the construction committee must acquire materials such as grass and poles. Then they compile details on the materials that the NGO must pay for. On average, five out of 20 bundles of grass are from the community. The NGO pays for approximately 70 percent of material costs and does not pay for construction labor. This process is in place to encourage persons with disabilities and other persons with specific needs to leverage social networks to accomplish reintegration.

[48] Human Rights Watch interview with Lucy Otto, Community Development Officer, Gender Officer and Probation Officer, Kitgum, May 20, 2010.

[49] Government of Uganda, "Peace, Recovery and Development Plan for Northern Uganda," September 2007, 57. The PRDP defines vulnerable groups broadly as including "orphans, the widowed, the elderly, persons with disabilities, and the IDPs," and it states that among these groups, "IDPs form the core target group among the vulnerable categories."

One member of the committee monitoring PRDP implementation in Gulu district told Human Rights Watch that since the PRDP is focusing predominantly on infrastructure, the major priority for persons with disabilities is ensuring that all the buildings to be constructed with PRDP funding are accessible.[50] A member of parliament representing persons with disabilities from northern Uganda said that on a recent PRDP implementation monitoring trip to several northern districts, he found only one project targeting persons with disabilities, the construction of a school for children with disabilities in Dokolo district.[51]

Obstacles to full participation in the community

Access to government programs starts with accessible information. Because many women with disabilities in northern Uganda did not attend school, they do not know how to read or use formal sign language. Printed information materials alone are not effective in ensuring that women with disabilities have access to information on an equal basis with others. The limited access to sign language interpretation in public institutions such as hospitals and police stations, coupled with the lack of training of deaf people and their families in sign language in the more rural areas, results in barriers to government services and programs for deaf women. Announcing programs solely on the radio also excludes deaf women.

A second obstacle to community participation is physical accessibility. Lack of functional mobility, assistive devices, barriers to communication, and stigma in the community hinder the participation of women with disabilities in community meetings and programs. District governments and humanitarian actors carry out sensitization and outreach programs for the general population but fail to ensure that women with disabilities know about and can get to and from the meetings.

Women with disabilities reported to Human Rights Watch that they often are barred from community participation. One blind woman reported that a local councilor told her not to vote because she would "spoil the election."[52] Several women remarked that they felt they had nothing to contribute. A number of women with disabilities said that even when they were informed of and attended community meetings, they did not participate fully in the meetings.[53]

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[50] Human Rights Watch telephone interview with PRDP monitoring committee member, March 10, 2010.

[51] Human Rights Watch interview with Honorable William Nokrach, member of parliament representing persons with disabilities, northern region, Kampala, May 25, 2010.

[52] Human Rights Watch interview with Betty, blind woman, Amuru district, April 15, 2010.

[53] Human Rights Watch interview with Jennifer, woman with physical disability, Gulu district, May 16, 2010.

One woman explained:

> At a community meeting, they didn't allow me to talk. It happens to all persons with disabilities. It is as if we weren't human … On occasions when food is being given, sometimes persons with disabilities are given what others leave behind on their plates.[54]

A female local district councilor representing persons with disabilities told Human Rights Watch that local government officials have called meetings for women with disabilities but then the officials failed to show up. While government officials may abruptly cancel meetings that impact groups other than women with disabilities, this is particularly discouraging for women with disabilities, who trek the long distances or go to great lengths to find a means of transportation, and it may significantly deter their participation in future meetings.[55]

The attitudes of public servants are a fourth obstacle for women with disabilities in accessing government services or participating in the community. This discrimination manifests itself in two ways: inaccessibility and denial of care. One woman with a physical disability told Human Rights Watch, "Police asked why I didn't send an able-bodied person to visit my son in the jail. I had to crawl up the steps to get into the police station. Police didn't treat me with respect and asked for money."[56] Women with disabilities recounted similar experiences of discrimination in hospitals, such as being ignored or verbally abused by health center staff. Police stations and hospitals should not only be physically accessible to persons with disabilities and have means to address communication barriers, but staff should also be trained on how to interact with persons with disabilities, particularly women. (More information on access to health care can be found later in this section).

Access to education has been and remains a significant obstacle for women and girls with disabilities. Women with disabilities told Human Rights Watch that their parents had not sent them to school or that they had not attended school for as many years as their siblings. Sometimes this was because parents did not think girls with disabilities needed education. In some cases, schools were inaccessible to them due to their disabilities. Beatrice, a

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[54] Human Rights Watch interview with Jennifer, woman with physical disability, Gulu district, May 16, 2010.

[55] Local Councilors representing persons with disabilities at each of five local council levels are required by law in the 1997 Local Government Act (Cap 243). The five local council levels, from smallest to largest, are village, parish, sub-county, county, and district. The village and parish local councils must each have at least one Secretary for Disability Affairs who is also a person with disability. The sub-county, county, and district councils require two representatives of persons with disabilities, one male and one female.

[56] Human Rights Watch interview with Harriet, woman with polio, Gulu district, May 16, 2010.

woman with a physical disability that requires her to wear braces on her legs, explained, "I tried once to go to a regular school but there was no latrine that I could use and I couldn't crawl all the time, so I stayed home for six years."

In rural areas, girls with disabilities have to travel long distances to go to school; many have to be carried by family members or need mobility devices that are often not available. Some deaf girls, including 12-year-old Sharon in Lira, go to mainstream schools but do not receive any special instruction and are not taught sign language. Instead, as her mother said, Sharon would simply follow what the teacher wrote on the chalkboard and copy it down. It was unclear if Sharon could actually read.

Challenges to economic self-sufficiency

Without specific efforts on their behalf, women with disabilities are unlikely to benefit from government livelihood assistance programs that target wider categories of individuals. Two of the government's key programs in their recovery efforts in northern Uganda are the National Agricultural Advisory Services (NAADS) and the Northern Uganda Social Action Fund (NUSAF).[57] Despite the fact that the stated mandate of NAADS is to support poor subsistence farmers "with emphasis [on] women, youth and people with disabilities,"[58] only about half of the women with disabilities interviewed knew about the existence of NAADS or NUSAF, and only one had actually benefitted from these programs. Requirements for land ownership and skilled record keeping make this program inaccessible to many women since men own land and houses at rates three times higher than women in Uganda,[59] and women have lower rates of literacy than men (66 percent of women are literate compared to 82 percent of men

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[57] NAADS, a 25-year program of the Ugandan government, began in 2001 as part of the Poverty Eradication Action Plan (PEAP). The goal of the program "is to enhance rural livelihoods by increasing agricultural productivity and profitability in a sustainable manner." This includes support for the development of farmers' groups, technical assistance to local farmers and technology development. National Agricultural Advisory Services, http://www.naads.or.ug/naads.php (accessed June 17, 2010). NAADS has since been discontinued by President Museveni due to allegations of corruption and misuse of the funds. "President Halts NAADS Funds Over Abuse," State House News, July 6, 2010, http://www.statehouse.go.ug/news.php?catId=1&item=805 (accessed July 16, 2010).

NUSAF was launched in 2002 and "aims to empower communities in northern Uganda by enhancing their capacity to systematically identify, prioritize, and plan for their needs and implement sustainable development initiatives that improve socio-economic services and opportunities." Northern Uganda Social Action Fund, Projects and Operations, The World Bank, http://web.worldbank.org/external/projects/main?Type=Overview&menuPK=64282134&pagePK=64283627&piPK=64290415&theSitePK=40941&Projectid=P002952 (accessed June 17, 2010).

[58] National Agricultural Advisory Services, http://www.naads.or.ug/naads.php (accessed June 17, 2010).

[59] United Nations Economic Commission for Africa, "Women and Access to Land and Credit," June 2007, http://awro.uneca.org/downloads/Women%20and%20Access%20to%20Land%20and%20Credit.%20LD%20Edited%2006%2009.doc (accessed July 5, 2010).

nationally).[60] Women with disabilities are at an even greater disadvantage, given their lower levels of education and literacy, making them unlikely to benefit from these programs.[61]

In order to receive government support for livelihoods, members of the community are required to form groups of 15 to 25 people and apply for small grants for livelihoods projects. Women with disabilities reported that others in the community did not invite them to join their NAADS or NUSAF groups because of their disabilities.[62] Some were part of groups whose proposal was granted, but reported that once the group received the requested cows, goats, seeds, or other items, those with disabilities were expelled from the group because others believed that they could not actively participate in rearing the animals or harvesting the seeds.[63] The programs have no mechanisms to monitor whether the beneficiaries are discriminating against others within their own group. The ill treatment of women with disabilities by members of their own communities can have a significant policy impact if it impedes the women's access to political or economic activities that might benefit them.

Economic self-sufficiency for women with disabilities—particularly those supporting multiple children on their own—is essential to their community participation, social independence, ability to access services such as health care and education for their children, and to increasing their self-confidence. The Mid-Term Review of NAADS, carried out in 2005, does not make a single mention of the beneficiaries of the first phase of the program, nor whether the target groups, namely women, youth and persons with disabilities, received assistance.[64] The government should more closely monitor the second phase of NUSAF to make certain that women with disabilities are actually benefitting from these initiatives.[65] This should include developing indicators to track outreach to women with disabilities.

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[60] United Nations Development Programme (UNDP), *Uganda Human Development Report 2009*, (New York: United Nations Development Programme, 2009), http://hdrstats.undp.org/en/countries/data_sheets/cty_ds_UGA.html (accessed July 5, 2010).

[61] Human Rights Watch interview with Uganda Human Rights Commission, Kampala, May 27, 2010 and with Honorable Sulaiman Madada, State Minister for Disabilities, Kampala, June 24, 2010.

[62] Human Rights Watch interview with Immaculate, landmine survivor, Gulu district, April 16, 2010. Human Rights Watch interview with Constance, blind woman, Kitgum district, May 19, 2010. Human Rights Watch interview with Ethel, woman with physical disability, Kitgum district, May 19, 2010. Human Rights Watch interview with Melody, woman with physical disability, Lamwo district, May 20, 2010. Human Rights Watch interview with Sunday, woman with visual impairment, Lira district, April 17, 2010. Human Rights Watch interview with Victoria, Lira district, May 24, 2010.

[63] Human Rights Watch interview with Christine, woman with physical disability, Gulu district, April 14, 2010. Human Rights Watch interview with Nancy, woman with physical disability, Gulu district, April 14, 2010. Human Rights Watch interview with Charity, landmine survivor, Amuru district, April 15, 2010.

[64] Report of the Proceedings of the Mid-term Review, National Agricultural Advisory Services, http://www.naads.or.ug/reportsDetails.php?category=Monitoring,%20Evaluation%20and%20Review%20Reports (accessed June 17, 2010).

[65] NUSAF II was launched in February 2010, with a budget of 200 billion Ugandan shillings. It is financed by the Government through an investment loan from the World Bank. At least 3.3 billion Ugandan shillings of funds from the first phase of NUSAF

Abuses against Women and Girls with Disabilities

> I never thought of producing a child until that man forced me to have sex with him. He pressed me into the stones and made me have sex with him. Those stones hurt my back and my legs. That is the only time I have had sex and I conceived the child then. After he raped me, I went to the hospital and I got some treatment for my back injuries … I wanted to report the rape to the local councilor but the man ran away and I knew no one would find him so there was no point. His brother said that if I responded badly to what happened, the man would take my child away from me, so I never brought the case to the authorities.
>
> —Charity, a woman with a physical disability who cannot walk, Amuru district

In northern Uganda, during the war, Lord's Resistance Army (LRA) rebels abducted girls to become "wives" to commanders. Other actors, including Uganda People's Defense Force (UPDF) soldiers, also committed rape and other sexual violence.[66] A 2005 study found that rape was the most common form of violence in one camp in Gulu district.[67]

Women with disabilities who were unable to flee during LRA attacks said that rebels sometimes inflicted violence on them that they perceived to be a kind of punishment for their disabilities. In one incident, rebels pushed in the eyes of a partially blind woman because she could not identify the whereabouts of neighbors. As a result, she became

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have been unaccounted for, of which 2.5 billion shillings had been given to community initiatives. New Vision Uganda, "Second phase of NUSAF launched", 8 February 2010, http://www.newvision.co.ug/D/8/12/709506 (accessed August 12, 2010). Observer (Kampala), "Uganda: Nusaf II Needs All the Support", 10 February 2010. http://allafrica.com/stories/201002120145.html (accessed August 12, 2010). "Permanent Secretary of the Office of the Prime Minister, Pious Bigirimana has told journalists at the office of the Prime Minister that that the key objective of the second phase of the NUSAF is to improve access of the beneficiary households to income earning opportunities and basic socio-economic services. Bigirimana says NUSAF 2 will target the poorest households and communities in Northern Uganda." Ultimate Media, "Uganda gets loan worth 200 billion to implement NUSAF 2", 28 June 2010, http://www.weinformers.net/2010/06/28/uganda-gets-loan-worth-200-billion-to-implement-nusaf-2/ (accessed August 12, 2010).

[66] UNICEF, "Suffering in Silence: A Study of Sexual and Gender Based Violence (SGBV) in Pabbo Camp, Gulu District, Northern Uganda," Gulu, Uganda, June 15, 2005, http://www.reliefweb.int/library/documents/2005/unicef-uga-15jun.pdf (accessed August 11, 2010), p. 7 and 9.

[67] A UNICEF report concluded that rape is the most common form of violence in the sprawling Pabbo internally displaced persons camp, Gulu district. This camp was the site of some of Human Rights Watch's interviews for this report. UNICEF, "Suffering in Silence: A Study of Sexual and Gender Based Violence (SGBV) in Pabbo Camp, Gulu District, Northern Uganda," Gulu, Uganda, June 15, 2005, http://www.reliefweb.int/library/documents/2005/unicef-uga-15jun.pdf. See also Human Rights Watch, *Uganda – Uprooted and Forgotten: Impunity and Human Rights Violations in Northern Uganda*, vol. 17, no. 12(A) September 2005, http://www.hrw.org/en/reports/2005/09/19/uprooted-and-forgotten.

completely blind.[68] A deaf woman told Human Rights Watch that rebels beat her badly because she could not respond to their questions.[69]

According to the 2006 Uganda Demographic and Health Survey (DHS), seven out of ten Ugandan women experience physical or sexual violence.[70] However, this data may under-represent the true numbers, given the social stigma surrounding this issue, which may have deterred some women from giving full answers to those conducting the survey. Moreover, few cases are reported to the police or government authorities. In all of Uganda, with a population of 30 to 40 million, only 1,500 cases of rape were reported in 2008, indicating massive underreporting given what is known through the DHS survey.[71] The few women who do report rape are unlikely to see justice because of problems in the criminal justice system.[72] According to Amnesty International, other obstacles to reporting gender-based violence include the likelihood that the victims will know the health workers or that the medical professionals will be unhelpful.[73]

A fundamental concern is the lack of reliable data on the number of women and girls with disabilities who experience sexual and gender-based violence in Uganda. It is unknown whether women and girls with disabilities experience violence at greater or lower rates than other women and girls. This data is crucial in order for the Ugandan government and UN agencies such as the United Nations Population Fund (UNFPA) to develop appropriate programs and services for this marginalized and vulnerable population.

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[68] Human Rights Watch interview with Florence, woman with physical disability and blindness, Amuru district, May 17, 2010.

[69] Human Rights Watch interview with Claudia, deaf woman, Kitgum district, May 20, 2010.

[70] Seven out of every ten women in Uganda have experienced either physical or sexual violence since the age of 15. Nearly four in ten women (39 percent) have experienced sexual violence. The prevalence of sexual violence in northern Uganda was slightly lower (27 percent). Uganda Bureau of Statistics, Demographic and Health Survey, August 2007, http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda%20DHS%202006%20Final%20%20Report.pdf (accessed June 20, 2010), 291.

[71] Uganda Police, *Crime Report,* 2008, http://www.upf.go.ug/crime%20statistics.php (accessed July 5, 2010).

[72] Humanitarian aid and legal services NGOs working on SGBV issues in northern Uganda and a recent report by Amnesty International identified several barriers to the successful prosecution of rape cases generally. One is corruption among police officers, who sometimes receive bribes in exchange for altering or losing case files. Police sometimes claim not to have the required reporting form (Police Form-3, or PF-3), or charge victims money for it. Then, within 48 hours, the victim must undergo a medical exam and the doctor must sign the PF-3. Some doctors, however, refuse to sign the form because they do not want to serve as witnesses in any subsequent trials. The victim, perpetrator, and the witness, usually the doctor, are required to be present for a trial to proceed, and frequently one of these three parties is absent. Human Rights Watch interview with legal services NGO, Gulu district, May 17, 2010; Human Rights Watch interview with UN agency, Gulu district, May 15, 2010. Amnesty International, "'I Can't Afford Justice': Violence Against Women in Uganda Continues Unchecked and Unpunished," AI Index: AFR 59/001/2010, April 7, 2010, http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-850bcbf5a152/afr590012010en.pdf (accessed August 12, 2010).

[73] Amnesty International, "'I Can't Afford Justice': Violence Against Women in Uganda Continues Unchecked and Unpunished," AI Index: AFR 59/001/2010, April 7, 2010, http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-850bcbf5a152/afr590012010en.pdf (accessed August 12, 2010).

Physical and sexual violence against women with disabilities

Over one-third of the women with disabilities interviewed for this report had experienced some form of sexual and gender-based violence. Women with disabilities are vulnerable to such crimes because of their isolation, lack of support structures, limitations in physical mobility, communication barriers and also because of myths that women with disabilities are weak, stupid, or asexual. As one parliamentarian explained, "They think because you're disabled, a man wouldn't come to visit you. At times men rape them. They consider it [to be] a favor."[74] Recognizing the specific vulnerabilities of persons with disabilities, the CRPD obligates the state to take all appropriate measures to protect such persons from exploitation, violence, and abuse, both within and outside the home.[75]

Women with disabilities reported that their husbands, parents, and other family members abused and abandoned them, citing their limitations. Some of the abuse came in the form of verbal insults suggesting that they were useless, a burden or a shame to their families. One woman with a physical disability said her husband threatened her: "He would tell me that I shouldn't follow him. He was ashamed. His friends didn't respect him because of me. He left me."[76]

A number of women also told Human Rights Watch that they had been victims of sexual violence. Irene is a woman with communicative and physical disabilities who communicates with her husband, who has a physical disability, through a combination of a few words, facial expressions, and hand gestures. Her husband explained to Human Rights Watch:

> I can't stay away from home. I heard there was food distribution at another camp … I went there, but that place was far, and I stayed there for a night. [My] neighbor came back [before me] and raped my wife.[77]

In a follow-up interview with Irene alone, she told Human Rights Watch that her husband had also beaten her in the past.[78] As a result of her severely limited ability to move or communicate, Irene had little recourse and almost no ability to report the assaults to others.

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[74] Human Rights Watch interview with Hononable Margaret Diri Baba, member of parliament, Kampala, May 25, 2010.

[75] CRPD, art. 16.

[76] Human Rights Watch interview with Jennifer, woman with physical disability, Gulu district, May 16, 2010.

[77] Human Rights Watch interview with Irene, woman with physical and cognitive disabilities, and her husband Joseph, Gulu district, April 14, 2010.

[78] Human Rights Watch interview with Irene, woman with physical and cognitive disabilities and her husband Joseph, Gulu district, May 15, 2010

Women with disabilities are often trapped in abusive relationships because they feel unable to be alone, given the stereotypes about women with disabilities, societal views about single or divorced women living on their own and their very real poverty. A deaf woman and mother of four children said that her second husband beat her, but that she stayed with him because she could not afford transportation to leave him.[79] On the other hand, fear of potential abuse also limits the movement of women and girls with disabilities. The mother of Sharon, the 12-year-old deaf girl living in a camp in Lira District, said that she was concerned about possible sexual violence against her daughter so she did not allow her to visit relatives or move around the village on her own.[80]

Access tojustice denied

Several women with disabilities explained to Human Rights Watch how their efforts to seek justice for such crimes had failed.[81] Because of mobility or communication barriers, women with disabilities often go to local councilors instead of police. In many instances, local councilors discouraged women from reporting to the police and instead personally mediated between the two parties. However, discussions between local councilors and the perpetrator often resulted in no change in behavior and continued violence or abuse.[82] In one example, Irene, the woman who was raped by a neighbor during her husband's absence, wanted the alleged perpetrator arrested, but her husband's father instead asked that the local councilor negotiate a settlement.[83] The alleged perpetrator gave them a cow as restitution, but Irene's family confiscated it as payment for dowry.

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[79] Human Rights Watch interview with Claudia, deaf woman, Kitgum district, May 20, 2010.

[80] Human Rights Watch interview with the mother of Sharon, a deaf girl, Lira district, May 23, 2010.

[81] Uganda has a Domestic Violence Act, signed into law in March 2010. It is an important piece of legislation which, among others, provides for the punishment of perpetrators of domestic violence, sets up procedures and guidelines for victims to seek redress, and allows victims to file for orders of protection. During consultations of the bill, one women's organization suggested a category of "aggravated" crimes which would increase punishment for domestic violence committed against persons with disabilities, but this language fell out during negotiations due to opposition from some members of parliament. Human Rights Watch interview with women's rights NGO, Kampala, July 9, 2010. The bill also does not specifically mention marital rape, and marital rape is not prohibited within the Penal Code. In 2002, the Committee on the Convention on the Elimination of Discrimination Against Women recommended that Uganda pass a specific bill on sexual offenses. The draft bill has been stalled for years. Concluding Observations and Committee of the CEDAW Committee, A/57/38, para. 130. http://tb.ohchr.org/default.aspx?country=ug (accessed on July 30, 2010).

[82] Human Rights Watch interview with Irene, woman with communicative and physical disabilities, Gulu district, April 14, 2010; Human Rights Watch interview with Angela, woman with physical disability, Amuru district, May 17, 2010; Human Rights Watch interview with Claudia, deaf woman, Kitgum district, May 20, 2010; Human Rights Watch interview with Annie, woman with physical disability, Kitgum district, May 20, 2010; Human Rights Watch interview with Dorian, woman with physical disability, Lamwo district, May 20, 2010; Human Rights Watch interview with Martha, woman with physical disability, Otuke district, May 22, 2010.

[83] Human Rights Watch interview with Irene, woman with communicative and physical disabilities, Gulu district, April 14, 2010.

Because of the stigma already associated with disability and the stigma associated with rape, women with disabilities are rarely comfortable reporting incidents of sexual violence to the local authorities. Moreover, local authorities seem to have done nothing to make such reporting less intimidating or to ensure confidentiality and thereby avoid stigma. Angela, a young woman with a physical disability, said that she had been raped three times in the previous week by a man who forcibly entered her home during the middle of the night. She did not tell others, including her mother because she feared that they would "say that it's my fault and that I run around."[84]

For women and girls with disabilities, the process for reporting rape is not accessible—in terms of physical access (long distances to travel, no ramps or other accessibility needs) and communication (such as no sign language interpretation). Further complicating the matter, many women and girls with disabilities are illiterate and do not know formal sign language, and so communicate only through local signs, which mainly their close family members understand. Because of the stigma associated with reporting sexual and gender based violence and the fact that the perpetrators are sometimes members of the family, the presence of an accompanying family member may discourage deaf women from coming forward. These factors equally affect girls with disabilities.

Currently in northern Uganda, there are only three police stations serving six districts,[85] protecting a population of more than 1.5 million people.[86] According to a 2005 report by the Ugandan government to the International Monetary Fund, northern Uganda has 13.8 judges/magistrates per million, compared to 17.9 in the central region, 25.5 in the west, and 21.5 in eastern Uganda.[87] The report goes on to say, "With limited JLOS [Justice, Law and Order Sector] presence in the Northern region, the ability to provide the required levels of service delivery is severely constrained." Further compounding these challenges, some local

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[84] Human Rights Watch interview with Angela, woman with physical disability, Amuru district, May 17, 2010.

[85] Amnesty International, "Doubly Traumatised: The lack of access to justice by women victims of sexual and gender-based violence in northern Uganda," AI Index: AFR 59/005/2007, November 30, 2007, http://www.amnesty.org/en/library/asset/AFR59/005/2007/en/080ea21f-7a71-45f9-b541-a6cb5283986a/afr590052007en.pdf (accessed July 6, 2010), p. 13. The report lists Gulu police station (serving Gulu and Amuru districts), Pader police station (Pader district); Kitgum police station (Kitgum district) and Lira police station (Lira district).

[86] 2002 Uganda Population and Housing Census, Uganda Bureau of Statistics, October 2006, http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/2002%20CensusPopnSizeGrowthAnalyticalReport.pdf, p. 47 (accessed July 6, 2010). The population figures per district are: Gulu: 475,260; Kitgum: 282,375; and Lira: 741,240. Amuru, Lamwo and Otuke districts were formed after the census, but were previously part of Gulu, Kitgum and Lira districts respectively.

[87] International Monetary Fund, Uganda: Poverty Reduction Strategy Paper, IMF Country Report No. 05/307, p. 249, http://planipolis.iiep.unesco.org/upload/Uganda/PRSP/Uganda%20PRSP.pdf (accessedJuly 30, 2010)

councilors are returning home and leaving their constituents behind in the camp, leaving few government channels for reporting sexual and gender-based violence.[88]

According to NGOs, there are no known cases of successful criminal prosecution of rape in the north between 2002 and 2010.[89] In its report to CEDAW in 2009, the Ugandan government admitted that "attitudinal issues towards SGBV [sexual and gender-based violence] particularly from the Police Officers remains a challenge."[90] In this CEDAW report, the government of Uganda stated that a main challenge in accessing the legal system continues to be the painfully slow process of law reform, especially in relation to gender-sensitive legislation.[91] Other contributing factors include lack of capacity of gender focal points in judicial institutions, the high costs of litigation, limited staff and resources, and the delay in developing a comprehensive strategy on gender and access to justice.[92]

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[88] Amnesty International, "Doubly Traumatised: The lack of access to justice by women victims of sexual and gender-based violence in northern Uganda," AI Index: AFR 59/005/2007, November 30, 2007, http://www.amnesty.org/en/library/asset/AFR59/005/2007/en/080ea21f-7a71-45f9-b541-a6cb5283986a/afr590052007en.pdf (accessed July 6, 2010), p. 13. According to this report, police posts intended to protect tens of thousands of people in the camps are "usually manned by a maximum of three police officers - mostly new inadequately trained special police constables or junior police officers - who lack legal authority to deal with the investigation of most cases of violence against women. In addition, victims have to walk considerable distances to access these police posts and will generally be referred to the main (headquarter) police stations which are all based in the town centres, miles away from most camps." In previous research, Human Rights Watch found that in Gulu district, "there are police posts in only three out of a total of approximately fifty-one camps. In addition, those police posts are grossly understaffed. For example, in Pabbo camp, Gulu, there are only ten to twelve police officers for a population of about 65,000 camp residents." Human Rights Watch, *Uganda – Uprooted and Forgotten: Impunity and Human Rights Violations in Northern Uganda*, vol. 17, no. 12(A) September 2005, http://www.hrw.org/en/reports/2005/09/19/uprooted-and-forgotten (accessed August 12, 2010), p.48.

[89] Human Rights Watch interviews with legal services NGO, Gulu district, May 17, 2010, and with UN agency, Gulu district, May 15, 2010. This stands in contrast to other areas, such as Kampala where between January and June 2009 there were 109 prosecutions and 2 convictions for rape. Amnesty International, "'I Can't Afford Justice': Violence Against Women in Uganda Continues Unchecked and Unpunished," AI Index: AFR 59/001/2010, April 7, 2010, http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-85obcbf5a152/afr590012010en.pdf (accessed August 12, 2010).

[90] Government of Uganda, Combined Fourth, Fifth, Sixth and Seventh Periodic Report to the Committee on the Convention on the Elimination of Discrimination against Women, CEDAW/C/UGA/7, May 25, 2009, http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW-C-UGA-7.pdf (accessed on June 23, 2010), para. 173. "Some of the predisposing factors [to sexual and gender-based violence] include: the low socio-economic status/dependency; discriminatory laws and the cultural values, practices and attitudes regarding women in marriage (polygamy, payment of bride price, non -disclosure of marital woes). At the secondary level, the absence of legal protection mechanisms including the absence of law enforcement agencies in some areas e.g. conflict affected regions, has further increased women's vulnerability." Id. para. 166.

[91] For example, discriminatory sections of the Divorce and Succession Act have been repealed, however new laws are yet to be adopted. Government of Uganda, Combined Fourth, Fifth, Sixth and Seventh Periodic Report to the Committee on the Convention on the Elimination of Discrimination against Women, CEDAW/C/UGA/7, May 25, 2009, http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW-C-UGA-7.pdf (accessed on June 23, 2010), para. 169.

[92] Government of Uganda, Combined Fourth, Fifth, Sixth and Seventh Periodic Report to the Committee on the Convention on the Elimination of Discrimination against Women, CEDAW/C/UGA/7, May 25, 2009, http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW-C-UGA-7.pdf (accessed on June 23, 2010), paras. 169 and 209; Amnesty International, "'I Can't Afford Justice': Violence Against Women in Uganda Continues Unchecked and Unpunished," AI Index: AFR 59/001/2010, April 7, 2010,

One important aspect of facilitating access to justice for women with disabilities is the need to make "procedural and age-appropriate accommodations in all legal proceedings, in order to enable persons with disabilities to participate fully and equally in the process, whether as complainant, defendant or witness."[93] These include physical and communication needs such as ramps, accessible podiums, sign language interpretation, and Braille and large print text of court documents. This also involves training of law enforcement and legal professionals in how to respectfully communicate and interact with persons with disabilities, particularly women. Uganda's 1909 Evidence Act does provide accommodations for persons who cannot speak, but this law should be amended to include accommodations for all persons with disabilities.[94] Other laws such as the Magistrates Courts Act and High Court's Trial on Indictments Act – which deal with witnesses, testifying, summons, etc. for the respective courts – as well as the 1929 Civil Procedure Act should be amended in line with the provisions on access to justice and legal capacity in the Convention on the Rights of Persons with Disabilities.[95]

The government of Uganda is required to ensure that all barriers to access are eliminated and that the right to security and physical integrity as well as the right to access justice is guaranteed for all. The Ugandan government has yet to take all necessary steps to adequately prevent, investigate, and prosecute sexual and gender-based violence committed against women with disabilities.

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http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-85obcbf5a152/afr590012010en.pdf (accessed August 12, 2010), p. 34.

[93] International Disability Alliance, "Contribution to the Office of the United Nations High Commissioner for Human Rights' thematic study to enhance awareness and understanding of the Convention on the Rights of Persons with Disabilities, focusing on legal measures key for the ratification and effective implementation of the Convention," September 15, 2008, http://www.internationaldisabilityalliance.org/advocacy-work/office-of-the-high-commissioner-on-human-rights/(accessed on July 15, 2010), p. 19.

[94] Article 118 of the 1909 Evidence Act reads, "Dumb witnesses: A witness who is unable to speak may give his or her evidence in any other manner in which he or she can make it intelligible, as by writing or by signs; but the writing must be written and the signs made in open court. Evidence so given shall be deemed to be oral evidence." Evidence Act 1909 (Cap. 6), Uganda Legal Information Institute, http://www.ulii.org/ug/legis/consol_act/ea1909689/ (accessed August 12, 2010).

[95] Neither the Magistrates Courts Act (Cap 16) nor the High Court's Trial on Indictments Act (Cap 23) mention accommodations for persons with disabilities. Article 94 of the 1929 Civil Procedure Act (Cap 71) reads: "Consent or agreement by persons under disability: In all suits to which any person under disability is a party, any consent or agreement as to any proceeding shall, if given or made with the express leave of the court by the next friend or guardian for the suit, have the same force and effect as if that person were under no disability and had given such consent or made such agreement." Magistrates Courts Act (Cap 16), Uganda Legal Information Institute, http://www.ulii.org/ug/legis/consol_act/mca232/ (accessed August 12, 2010); Trial on Indictments Act (Cap 23), Uganda Legal Information Institute, http://www.ulii.org/ug/legis/consol_act/toia222/ (accessed August 12, 2010); Civil Procedure Act 1929 (Cap 71), Uganda Legal Information Institute, http://www.ulii.org/ug/legis/consol_act/cpa1929167/(accessed August 12, 2010).

Property rights denied

During the war, many people lost property, including household items, land, livestock, and money, when they fled or because of looting. Women in general have faced greater difficulty in regaining their land due to their lack of land titles, and because customary land tenure is linked to clans, under the custody of clan leaders and elders who are usually men.[96] Women with disabilities face additional hurdles in accessing mechanisms to assert claims to land and property. Evelyn, a landmine survivor, said, "When you are disabled, people don't expect you to own property. They think you should just be dependent, not independent."[97]

Land conflicts in areas of northern Uganda where people are returning have been a complex and enduring issue, in some cases preventing people from return. Land is traditionally held by customary tenure, with rules made by traditional clan structures. Land disputes are sometimes resolved by local councils, but these bodies are often seen as weak or corrupt.[98] Women with disabilities are more likely to lose land rights in disputes than others, and so are other vulnerable groups who lack the money and status to push for legal redress.[99] Furthermore, many women with disabilities are not able to cultivate land, which customarily gives rise to certain rights, such as access to or control over the resulting crops.[100] Women with disabilities who resettle on land that is not their ancestral or maternal home reported fearing they would later be expelled.[101]

In some instances, close relatives or partners stole from women with disabilities. While this could happen to any woman, those with disabilities often face greater barriers to justice as a result of their difficulties in reporting. One woman with a physical disability said that relatives attempted to steal her NGO-constructed house.[102] A landmine survivor was evicted

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[96] Immanuel, K.I., 2010. *Challenges and Opportunities for Women's Land Rights in the Post-Conflict Northern Uganda.* MICROCON Research Working Paper 26, Brighton: MICROCON., http://www.microconflict.eu/publications/RWP26_KFI.pdf (accessed August 12, 2010), p. 15. Another study mentions the particular vulnerability of persons with disability in regard to resettlement, see: World Bank (2008). *Northern Uganda Land Study Analysis of Post Conflict Land Policy and Land Administration: A Survey of IDP Return and Resettlement Issues and Lesson: Acholi and Lango Region.* At http://www.oxfam.org.uk/resources/learning/landrights/downloads/northern_uganda_land_study_acholi_lango.pdf

[97] Human Rights Watch interview with Evelyn, landmine survivor, Gulu district, May 15, 2010.

[98] Oxfam, "Briefing Paper: From Emergency to Recovery: Rescuing Northern Uganda's Transition," October 2008.

[99] Caroline Ayugi, "Uganda: Women Refugees Denied Land Rights," *Institute of War and Peace Reporting*, February 26, 2009, http://www.sydafrika.dk/uganda-women-refugees-denied-land-rights.

[100] The Land Act of Uganda states that any decision taken on "land held under customary tenure shall be in accordance with the customs, traditions and practices of the community concerned, except that a decision which denies women or children or persons with a disability access to ownership, occupation, or use of any land … shall be null and void." Land Act, 1998, sec. 27. However, this law has not translated into practice.

[101] Human Rights Watch interview with Lucy, woman with physical disability, Gulu district, April 15, 2010.

[102] Human Rights Watch interview with Patricia, woman with physical disability, Lamwo district, May 20, 2010.

from her marital home following her injury.[103] A husband and wife with physical disabilities said that neighbors allowed animals to graze on their land without permission. The couple believed that, because of their disabilities, they were powerless to stop them.[104] A deaf woman said that her neighbors borrowed money without returning it because they knew she would have difficulties in communicating the crime to police.[105]

If women with disabilities do report crimes, they are more likely to approach local councilors than police due to their proximity. However, because local councilors are also relocating and returning to their homes in northern Uganda while many women with disabilities remain in the camps, such women are facing additional barriers in reporting to local councilors.[106] Women with disabilities who said they had reported theft to local councilors said that reporting had little effect. This is because of lack of enforcement in general, but also because of physical and communication barriers which make it difficult for many women with disabilities to follow up on cases. Winifred, a woman with a physical disability living with HIV, reported to a local councilor that her husband stole money that she was saving for a hospital visit. The local councilor told him to refund it, but he had already spent it on alcohol and clothes, and nothing further was done.[107]

Lack of child support

Abandonment and rape are particular problems for women with disabilities, which frequently leaves them caring for children without material support. A majority of the women with disabilities interviewed for this report had several children, often from multiple partners, and some from rape. Though it is unclear whether women with disabilities experience child neglect more than others, in many cases, women with disabilities said that their partners did not want to be publicly associated with them because of their disabilities and abandoned them once they had become pregnant.[108] Women with disabilities are particularly disadvantaged in cases of child neglect since they face multiple discrimination and are often limited in their ability to financially support themselves and their children.

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[103] Human Rights Watch interview with Immaculate, landmine survivor, Gulu district, May 16, 2010.

[104] Human Rights Watch interviews with Irene, woman with communicative and physical disabilities, and her husband Joseph, Gulu district, April 14 and May 15, 2010.

[105] Human Rights Watch interview with Erica, deaf woman, Lira district, April 17, 2010.

[106] Human Rights Watch interview with Stella, woman with physical disability, Gulu district, April 14, 2010.

[107] Human Rights Watch interview with Winifred, woman with physical disability, Gulu district, April 16, 2010.

[108] In 2007, child neglect was the most frequently reported rights abuse according to the Uganda Human Rights Commission. Joyce Namutebi, "Child Neglect Tops Rights Abuses," *New Vision*, September 20, 2007.

Patricia, a woman with a physical disability from Lamwo district told Human Rights Watch:

> This is my fifth child. They are from five different men. Husbands beat me. It's happened to me. They say they will look after me. They stay for some time, and then are beating me, chasing me, telling me to go back to my maternal home … The one I'm with now beats me frequently.

A number of women with disabilities said that the fathers of their children had abandoned them shortly after they gave birth, often denying paternity. Miriam, who has a physical disability, said, "I didn't think that I was worthy of going to the man responsible."[109] Another woman who had a child as a result of rape was told by the alleged rapist that he would come and take their daughter when she turned seven years old so she could assist him in his home.[110]

While the Ugandan penal code act criminalizes the abandonment of children, the law is not effectively enforced due to under-resourced government agencies. Most police departments have child and family protection units (CFPUs), who handle cases of child abuse and neglect. However, in its 2007 report to the Committee monitoring implementation of the Convention on the Rights of the Child, the Ugandan government admitted, "[I]t is note worthy to indicate that some districts/police stations do not have trained CFPU officers. Training more of such personnel and deploying them evenly throughout the country would go a long way to protect children from sexual exploitation as well as other rights violations."[111] Furthermore, officers often lack vehicles or fuel to reach rural areas to assess or follow up with cases.[112] In turn, women with disabilities have difficulties reaching police stations to report cases.

The Uganda Human Rights Commission (UHRC) has been attempting to bridge the gap by receiving complaints of child neglect.[113] Such cases amounted to nearly a quarter of the Commission's caseload in 2008. Of the 234 complaints received, mostly from urban areas[114]

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[109] Human Rights Watch interview with Miriam, woman with physical disability, Kitgum district, May 19, 2010.

[110] Human Rights Watch interview with Charity, woman with physical disability, Amuru district, April 15, 2010.

[111] Uganda Report to the Committee on the Rights of the Child. *Consideration of Reports Submitted By States Parties under Article 12 (1) of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography*. CRC/C/OPSC/UGA/1. 7 April 2008. http://www2.ohchr.org/english/bodies/crc/crcs49.htm (accessed August 14, 2010), Page 8.

[112] Human Rights Watch interview with Child and Family Protection Unit officer, Lira, May 24, 2010.

[113] Convention on the Rights of the Child, Uganda state report, CRC/C/OPSC/UGA/1, April 7, 2008. The Uganda Human Rights Commission has an office in northern Uganda, based in Gulu town.

[114] Human Rights Watch interview with Uganda Human Rights Commission official, Kampala, May 27, 2010.

nationwide, only three cases were successfully resolved.[115] Lack of visible successful outcomes in child neglect cases also discourages women with disabilities from coming forward.

Access to Health Denied

> I don't go to the hospital because I have no one to look after me. [After I broke my legs] I didn't go to the hospital; instead, I got treatment locally … I stayed at home until I healed naturally … When I'm sick, I try to tell the community, but there is no one to help me or support me … I was in pain for two years.
>
> —Rachel, an elderly woman with visual impairment and physical disability from two fractured legs, Kitgum district

General access to health care

During the war, unsanitary conditions in the camps made outbreaks of diseases common,[116] and the few health centers that existed were headquartered in camps where the populations were concentrated. Now, as people return home, the lack of health centers in return areas is a matter of pressing concern for all people. Currently, in Lamwo district, only a quarter of the population lives within five kilometers of a health center.[117] In Kitgum and Amuru districts, this figure is about 40 percent, and in Pader and Gulu, it is about 60 percent.[118] Women with disabilities face greater difficulties in traveling long distances to health centers, and this makes some unwilling to move back home. One woman with a physical disability in Lira district said, "My home in the village is far from the hospital. There, I can easily die. Here at least a good Samaritan can take me to the hospital."[119]

Some women with physical disabilities who left the camps said that they now have to crawl long distances to health clinics or pharmacies.[120] Others, particularly the very elderly, said

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[115] Uganda Human Rights Commission, 11th Annual Report of the Uganda Human Rights Commission, 2008, p. 17. The UHRC reported 9 cases of the right to maintenance (or the right to maintenance and education): six cases were dismissed for failure to prove violations, lack of interest by parties and for want of prosecution. Only three cases ended with violations and remunerations.

[116] Human Rights Watch, Uganda – *Uprooted and Forgotten: Impunity and Human Rights Violations in Northern Uganda*, September 19, 2005, http://www.hrw.org/en/reports/2005/09/19/uprooted-and-forgotten.

[117] UNOCHA, *Acholi Sub-Region, Health Accessibility within 5 Km Radius*, June 2010.

[118] Ibid.

[119] Human Rights Watch interview with Ester, woman with physical disability, Lira district, May 23, 2010.

[120] Human Rights Watch interview with Miremba, woman with physical disability, Lira district, April 17, 2010; interview with Irene, woman with communicative and physical disability, Gulu district, April 14, 2010.

relatives did not take them to the hospital despite painful injuries, and the government provides them with no transportation services to health facilities.

Experiences at health centers vary widely for women with disabilities; while many said that they were treated well by hospital staff and were satisfied with the services, other women experienced discrimination at health centers and were discouraged from seeking services, including for reproductive health or family planning. Some nurses and staff made derogatory remarks to women with disabilities; for example one health worker questioned why a woman with a disability would have a baby, since she would be unable to take care of the child.[121] Victoria, a deaf woman, said that when she was hospitalized during delivery, a nurse asked her how she was able to have sex.[122]

Several organizations provide war victims who have suffered burns, gunshot wounds, and mutilation with rehabilitation, reconstructive surgeries and orthopedic bone repair, but demand for such services far outstrips supply. [123] One NGO staff member said that while a significant amount of attention has been paid to international justice for war crimes committed during the conflict, little focus has been placed on the recovery of the victims, who still need health interventions. "There are still critical medical needs, like burns and bullets still in people's bodies."[124]

There is only one orthopedic workshop servicing all of northern Uganda.[125] Male patients there outnumber females 2 to 1 because more males have been wounded by landmines.[126] The UN has said that typically, lower percentages of women survivors of landmines receive mobility aids such as artificial limbs than men, and women receive less attention immediately following a landmine blast.[127] A 2006 study by the Association of Volunteers in

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[121] Human Rights Watch interview with Joy, woman with physical disability, Gulu district, May 15, 2010.

[122] Human Rights Watch interview with Victoria, deaf woman, Lira district, May 24, 2010.

[123] Rehabilitation is the process of removing or reducing as far as possible the factors that limit a person with disability so that he or she can attain the highest possible level of independence and quality of life. Interventions may include medical care, supply of assistive devices, physical or occupational therapy, psychosocial services, or other social support. Women's Commission for Refugee Women and Children, "Disabilities Among Refugees and Conflict-Affected Populations," June 2008. The provision of assistive devices and technologies designed for persons with disabilities is a state obligation under Article 26 of the CRPD. Human Rights Watch interview with Ministry of Health official, Kampala, July 1, 2010.

[124] Human Rights Watch interview with local NGO, Lira, April 17, 2010.

[125] Human Rights Watch interview with Ministry of Health, Kampala, July 1, 2010.

[126] A 2006 study by AVSI recorded 960 male victims of landmines, and 427 female victims in Gulu district, a ratio of roughly 2:1. AVSI, Gulu District Landmine/ERW Victims Survey Report, May 2006. Human Rights Watch interview with orthopedic technician, Gulu orthopedic clinic, May 18, 2010.

[127] Martin Barber, UN Mine Action Service, *Gender Perspectives on Landmines*, speech, March 14, 2001, http://www.un.org/disarmament/HomePage/gender/html/14marunmas.htm (accessed June 20, 2010).

International Service (AVSI) noted that few of the landmine survivors participating in its skills training programs were women. AVSI speculated that instead of being encouraged to participate in programs, female landmine victims were burdened with additional household chores and thus hidden from resources outside the home.[128]

Poor women with disabilities often see their primary concern as supporting themselves and their children and therefore cannot afford to prioritize the struggle to access health care and rehabilitation. This leads them to often use mobility devices, such as wheelchairs or crutches, which are not correctly sized for them. One woman said:

> I was taken to Lacor hospital [in Gulu] for treatment. Doctors removed something from my lower back, around my spinal cord, and referred me to Mulago [hospital in Kampala]. We couldn't afford to go there. My family found a … man who would heal me. He cut me with razors and gave me medicine. Later, I met some whites at Lacor who said I could walk if I had surgery but we never had the money. And I was tired of hospitals. After I gave birth, doctors proposed I have the surgery but I had just had a C-section so I wanted to delay. I don't know when I will ever do it.[129]

Women with disabilities said in interviews that health facilities lack ramps, accessible beds and toilets, and sign language interpreters. By law, the government has an obligation to introduce sign language into curricula for medical personnel, provide interpreters in hospitals, and ensure that there is Braille for drug labels.[130] The Ministry of Health has not yet developed a protocol for providing health services to persons with disabilities, but its Health Sector Strategic Plan lists it as a priority area in the future,[131] and a Ministry of Health official stated that guidelines are currently under development, soon to be submitted to cabinet.[132] International standards as set out in the CRPD protect the rights of persons with disabilities to "the highest attainable standard of health without discrimination on the basis of disability" and require that the government provide health services close to people, including in rural areas.[133]

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[128] Iris-Marie Norvor, "The Association of Volunteers in International Service," *The Journal of ERW and Mine Action*, Winter 2008-2009, http://maic.jmu.edu/journal/12.2/profiles/norvor_avsi/norvor_avsi.htm (accessed June 20, 2010).

[129] Human Rights Watch interview with Lucy, woman with physical disability, Gulu district, April 15, 2010.

[130] Persons with Disabilities Act, 2006, sec. 7.

[131] Ministry of Health, *Health Sector Strategic Plan*, March 2010, p. 86 (on file with Human Rights Watch).

[132] Human Rights Watch interview with Ministry of Health official, Kampala, July 1, 2010.

[133] Art. 25.

Reproductive and maternal health care

Women with disabilities face many barriers in accessing family planning services: some common to all women, such as stock shortages and opposition from sexual partners, and some specific to women with disabilities, such as negative attitudes of health care personnel.[134] Nurses in Lira counseled one young deaf mother to conceive naturally and to avoid birth control, stating erroneously that birth control would result in the birth of a child with a disability. As a result, the woman stopped taking birth control. When the doctor advised her to begin birth control after she gave birth, the nurses discouraged her again.[135]

In other instances, health care personnel verbally abused women for getting pregnant. Honorable Nalule Safia Juuko, a parliamentarian representing women with disabilities said, "Delivery beds are extremely high and have wheels. [The nurses] tell you to get on the bed. You try to get on, but the bed is rolling. They say, 'You get on the bed! How did you get on the bed where you got pregnant?'"[136] More generally, existing clinics cannot currently accommodate women with physical disabilities as a result of a lack of appropriate beds for delivering babies. The rehabilitation section of the Ministry of Health said that it is currently trying to find an affordable supplier of accessible beds.[137]

The maternal mortality rate in Gulu is an estimated 700 per 100,000, whereas the national average is 550 per 100,000.[138] The lifetime risk of maternal death is 1 in 18 for women in northern Uganda, compared to 1 in 25 for women nationally.[139] There is currently no available data on the maternal mortality for women with disabilities. An assessment of northern Uganda conducted by Women's Refugee Commission together with UNFPA found that there are not enough reproductive health clinics or workers in the north, particularly for emergency obstetric care, leading to poor services for pregnant women.[140]

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[134] "Lira Hospital Had no Contraceptives for 10 Months," *The New Vision*, March 21, 2010, http://allafrica.com/stories/201003221273.html (accessed June 20, 2010).

[135] Human Rights Watch interview with Victoria, deaf woman, Lira district, May 24, 2010.

[136] Human Rights Watch interview with Honorable Nalule Safia Juuko, member of parliament representing women with disabilities, Kampala, May 25, 2010.

[137] Human Rights Watch interview with Ministry of Health official, Kampala, July 1, 2010.

[138] WHO and UNICEF, "Uganda Country Statistics, 2005, http://www.unicef.org/infobycountry/uganda_statistics.html (accessed June 29, 2010).

[139] WHO and UNICEF, "Uganda Country Statistics, 2005, http://www.unicef.org/infobycountry/uganda_statistics.html (accessed June 29, 2010).

[140] Women's Refugee Commission, "Reproductive Health in Northern Uganda," August 2009, http://www.womensrefugeecommission.org/images/stories/RH_N._Uganda_10_28_09.pdf (accessed June 20, 2010). Women's Refugee Commission, "We Want Birth Control: Reproductive Health Findings in Northern Uganda," June 2007, http://womensrefugeecommission.org/programs/five-country-focus/821-uganda (accessed July 5, 2010).

The government of Uganda has the duty to provide reproductive health services to women, including women with disabilities.[141] States are obligated to take special measures to make obstetric services available, accessible, and of adequate quality. Failure to make efforts to do so is a form of discrimination against women. The protocol to the African Charter on women's rights obligates states to respect and promote women's rights to sexual and reproductive health.[142] Under the Convention on the Rights of Persons with Disabilities, the government has an obligation to provide persons with disabilities with the same quality of health care and programs as others, including in the areas of sexual and reproductive health.[143]

HIV/AIDS and disability

> I would have to crawl a long distance to get tested for HIV and sleep on the road on the way there, so I just live without knowing.
> —Charity, a woman with a physical disability, Amuru district

HIV/AIDS prevalence in northern Uganda is higher than the national average.[144] Prevalence data for persons with disabilities in Uganda is not known, but available evidence from a 2004 World Bank study suggests that it is higher than the national rate; it found that persons with disabilities globally are infected with HIV at a rate of up to three times greater than non-disabled people due to risk of physical abuse, isolation, general poverty, and lack of access to services and information.[145]

Many northern Ugandans believe that women with disabilities are asexual and thus uninfected,[146] or even that sex with a woman with disability can cure AIDS.[147] Ironically, this

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[141] Persons with Disabilities Act, 2006, sec. 8.

[142] Protocol to the African Charter, art. 14.

[143] CRPD, Art. 25(a).

[144] Northern Ugandans have an HIV/AIDS rate of 8 percent, compared to a national rate of 6 percent. Uganda Ministry of Health, "HIV/AIDS Sero-Behavorial Study, 2004-2005," March 2006.

[145] World Bank Social Development Department, "Social Analysis and Disability: A Guidance Note, Incorporating Disability-Inclusive Development into Bank-Supported Projects," March 2007, http://siteresources.worldbank.org/EXTSOCIALDEV/Resources/3177394-1175102311639/3615048-1175607868848/SA-Disability-Title&Preliminary.pdf (accessed June 20, 2010).

[146] The Penal Code Act exemplifies such a view through section 130, which outlaws "defilement of idiots or imbeciles." In its entirely, the section reads, "Any person who, knowing a woman or girl to be an idiot or imbecile, has or attempts to have unlawful carnal knowledge of her under circumstances not amounting to rape, but which prove that the offender knew at the time of the commission of the offence that the woman or girl was an idiot or imbecile, commits a felony and is liable to imprisonment for fourteen years." Penal Code Act, 1950, sec. 130.

[147] Human Rights Watch interview with disabled persons organization, Lira district, April 17, 2010; Human Rights Watch interview with disabled persons organization, Kitgum district, April 19, 2010.

makes women with disabilities especially vulnerable to HIV infection. All of the risk factors associated with HIV, already numerous in the post-conflict north, are compounded for women with disabilities: poverty, stigma, inability to negotiate safe sex, increased risk of violence and rape, and lack of legal protections.[148] Evidence suggests that the period following the end of conflict, and the accompanying reconstruction and the renewed movement of people increases rates of HIV/AIDS. "Protective elements" of the conflict, such as people's active flight from fighting, come to an end, and yet the increased risks of the conflict remain, including heightened poverty and sexual and gender-based violence.[149]

In northern Uganda, 9 percent of women are living with HIV, compared to 7 percent of men.[150] Women are more likely than men to be tested and know their status due to maternity-related health services.[151]

Anecdotal information suggests that women with disabilities are frequently abandoned by their partners, meaning that they have more partners and heightened risk of HIV infection. Because of their generally lower status, women with disabilities may have greater difficulty than other women in negotiating safe sex or insisting that partners wear condoms. One woman with a disability told Human Rights Watch that when she suggested to her partner that they undergo HIV testing before having sex, he agreed, but then under the guise of taking her to the health center, he took her to a friend's house to rape her. He subsequently raped her three more times.[152]

After rape, women with disabilities find it especially difficult to get post-exposure prophylaxis and other necessary treatment, such as emergency contraception. These services must be reached quickly, generally within 72 hours of an attack, which may be particularly difficult for women with disabilities that impact their mobility. Several women with disabilities who stated that they had been raped said that they still had not undergone HIV testing for various reasons. Two rape survivors with physical disabilities could not travel

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[148] Myroslava Tataryn, AIDS-Free World, "Emerging from War, Finding a Voice: Intersections of Disability and HIV/AIDS in Conflict and Post-Conflict Settings," 2008.

[149] Myroslava Tataryn, AIDS-Free World, "Emerging from War, Finding a Voice: Intersections of Disability and HIV/AIDS in Conflict and Post-Conflict Settings," 2008. Also Cohen J. and Amon J. *Governance, Human Rights and Infectious Disease: Theoretical, Empirical and Practical Perspectives* in: Social Ecology of Infectious Diseases, Kenneth H. Mayer and H. F. Pizer, eds. New York: Academic Press. December 2007.

[150] Uganda Ministry of Health, "HIV/AIDS Sero-Behavorial Study, 2004-2005," March 2006.

[151] See Human Rights Watch, "Uganda – Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda," Vol. 15, No. 15(A), August 13, 2003, http://www.hrw.org/en/reports/2003/08/12/just-die-quietly-0.

[152] Human Rights Watch interview with Lucy, woman with physical disability, Gulu district, April 15, 2010.

the long distances to health centers.[153] Staff told one woman with physical and communicative disabilities who was raped to go to police instead.[154]

Confidentiality in HIV testing is especially problematic for the deaf, who may be forced to bring a family member to interpret the results. The availability of health center staff trained in sign language would be an important step towards expanding voluntary counseling and testing among the deaf.[155]

Strategies to reduce the risk of HIV transmission from mother to child may be especially difficult for women with disabilities. Aside from initial difficulties in accessing the necessary drugs for prevention of mother to child transmission, delivering in a health center or hospital may not be an option for women with restricted mobility, and the enduring poverty associated with disability may make formula feeding difficult.[156]

Uganda's pending 2010 HIV and AIDS Prevention and Control bill, if passed, could further expose all women, including those with disabilities, to domestic violence, abandonment, eviction, and criminal prosecution.[157] The bill would require pregnant women and victims of sexual offences to undergo HIV testing without consent,[158] and allow health care professionals to disclose the results to "any other person with whom an HIV infected person is in close or continuous contact."[159] The bill also criminalizes the intentional or attempted transmission of HIV.[160] In effect, the bill forces women in particular, who are more likely than men to know their status due to pregnancy or victimization in sexual offences, to either disclose to their partners, risking further violence, or to face possible criminal prosecution

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[153] Human Rights Watch interview with Angela, woman with physical disability, Amuru district, May 17, 2010; Human Rights Watch interview with Charity, woman with physical disability, Amuru district, April 15, 2010.

[154] Human Rights Watch interview with Irene, woman with physical and communicative disability, Gulu district, April 14, 2010.

[155] Efforts at increasing the number of sign language interpreters should be paired with increased education in formal sign language for deaf women and girls.

[156] Breastfeeding by mothers with HIV increases the risk of HIV transmission to the infant. UNAIDS recommends that "when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life and should then be discontinued as soon as it is feasible." UNAIDS, "Nutrition and Food Security," http://www.unaids.org/en/PolicyAndPractice/CareAndSupport/NutrAndFoodSupport/ (accessed July 5, 2010).

[157] For a complete analysis of the pending HIV bill, see Human Rights Watch, "Comments to Uganda's Parliamentary Committee on HIV/AIDS and Related Matters about the HIV/AIDS Prevention and Control Bill" May 2010. http://www.hrw.org/en/news/2010/05/13/test.

[158] Uganda HIV and AIDS Prevention and Control Bill, 2010, sec. 14. http://www.hrw.org/sites/default/files/related_material/2010_HHR_Uganda_AprilHIVBill.pdf

[159] Uganda HIV and AIDS Prevention and Control Bill, 2010, sec. 21(e).

[160] Uganda HIV and AIDS Prevention and Control Bill, 2010, sec. 39, 41.

for failure to do so. Women with disabilities, who are already vulnerable to domestic violence and unable to access legal help, may encounter further violence or even criminal prosecution if the bill is passed into law.

IV. Efforts to Promote Inclusion of Women with Disabilities

By Humanitarian Aid Actors

There are numerous humanitarian aid organizations in northern Uganda, providing services both inside IDP camps and in areas where people are returning.[161] These services include distributing food assistance, providing health care and drugs, and constructing and staffing schools. More recently, they have aided in the reintegration process by drilling boreholes and training health staff in areas of return. Only a few humanitarian aid NGOs treat disability as a cross-cutting issue, and incorporate it explicitly into their mainstream programming, in addition to dedicating projects to reach persons with disabilities. For example, one NGO in Kitgum includes disability issues in its education programming, in addition to having workshops on business skill-building for certain groups of persons with disabilities, such as landmine survivors.[162] The vast majority of organizations, however, do not have specific programs on disability.

Some NGOs do not view women with disabilities as a category requiring unique interventions. In interviews with Human Rights Watch, they expressed skepticism about the wisdom of treating women with disabilities as distinct from other persons with specific needs. One NGO representative said that treating women with disabilities differently could potentially be damaging: "looking just at women with disabilities—sometimes it reinforces the category without helping them."[163] Indeed, the provision of aid to particular groups can sometimes exacerbate existing tensions and discrimination.[164] Nonetheless, there are specific needs of women with disabilities in the post-conflict setting that require special attention from humanitarian aid actors.

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[161] These actors include Norwegian Refugee Council, Danish Refugee Council, American Refugee Committee, International Rescue Committee, Associazione Volontari per il Servizio Internazionale, Oxfam, Cooperazione Internazionale, Caritas, GOAL, Arbeiter Samariter Bund, War Child, Agency for Cooperation and Research Development, African Medical and Research Foundation, Canadian Physicians for Aid & Relief, Christian Children's Fund, Food for the Hungry, International Medical Corps, Jesuit Refugee Service, Médecins Sans Frontières, Mercy Corps, World Vision, Zoa Refugee Care, ACDI/VOCA, Action Against Hunger, Care, Catholic Relief Services, Invisible Children, Help Age, and Save the Children. This is not an exhaustive list. Some opened offices in northern Uganda in the 1980s, some in the 1990s during times of chronic insecurity, and many others began in the late 1990s and early 2000s.

[162] Human Rights Watch interview with humanitarian aid NGO, Kitgum, April 20, 2010.

[163] Human Rights Watch interview with humanitarian aid NGO, Kampala, May 25, 2010.

[164] One young woman with a physical disability said that a house that had been built for her by an NGO caused jealousy from her aunt, who attacked her and demanded the house for her own family. Human Rights Watch interview with Patricia, woman with physical disability, Lamwo district, May 20, 2010.

To protect and assist persons with disabilities, particularly in a conflict or post-conflict setting, it is crucial for humanitarian aid actors to consult regularly with organizations representing people with disabilities and to specifically think through the consequences of their programs on persons with disabilities. Without this consultation and reflection, programs can negatively impact the rights of this group.

For example, women with disabilities should be fully informed of and consent to decisions concerning whether to settle in the camps, move to other locations, or return home. One NGO representative said that humanitarian aid programs for persons with disabilities appeared to show a subtle preference for encouraging return rather than helping them settle more permanently in the camps – an option available to everyone.[165] The offer of houses and latrines for persons with disabilities is available only to those willing to return home. These incentives may disadvantage women with disabilities who genuinely wish to stay in camps, close to services or away from relatives who feel resentment towards them.

Persons with disabilities have unique needs, such as for mobility devices and sign language interpretation, yet because of numerous social and practical obstacles, they are rarely able to advocate effectively for themselves. According to one humanitarian actor, women with disabilities usually ask only for items they already know a particular NGO can provide to everyone, such as houses, latrines, and household items, but not the specific and unique needs they may have because of their disabilities. [166] A needs assessment of persons with disabilities would be useful for gauging what kinds of assistance would be most effective.

Despite NGO efforts to disseminate information widely, women with disabilities seem to lack information or to have incorrect information about available services due to immobility and/or exclusion from the community. For example, a woman with disabilities in Kitgum told Human Rights Watch that she had to provide the initial funding for all building materials for her home, whereas in reality, the NGO operating in the area partners with committees of community leaders to share costs.[167] Women with disabilities attempted to register as "extremely vulnerable individuals" to receive special assistance from the World Food Program but were turned away without understanding why.[168] Correctly or not, they believed that their names had been deleted from lists of beneficiaries of some programs due to discrimination. Partnering with disabled persons' unions in the district may help true

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[165] Human Rights Watch interview with humanitarian aid NGO, Gulu, April 13, 2010.

[166] Human Rights Watch interview with humanitarian aid NGO, Gulu, April 13, 2010.

[167] Human Rights Watch interview with Constance, blind woman, Kitgum district, May 19, 2010.

[168] WFP food distribution for EVIs in the camps came to a close in June 2010.

information about the return, settlement, and relocation process to reach women with disabilities.

Several organizations in northern Uganda have played a leading role in addressing sexual and gender-based violence, including the United Nations Population Fund (UNFPA) and its partners, many of them humanitarian aid groups who provide treatment, counseling, and legal advice. These organizations have not specifically focused on disability issues in their work on sexual violence in the past, but expressed serious interest in integrating disability in trainings, as well as compiling data on disability through UNFPA's Information Management System (IMS), which tracks cases of sexual violence.[169] Several of UNFPA's implementing partners in northern Uganda provide a hotline for victims of sexual violence. While such hotlines are important resources for most women, they are not accessible for many women with disabilities — first for deaf women, for whom "neutral" sign language interpreters provided by the NGO are important avenues for access to sexual and gender-based violence services, and second, for most women with disabilities who lack money or phones to make calls. Partnership with local district disabled persons' unions should be considered for reaching out to the community of women with disabilities.

By National and Local Government

There is limited evidence to date of the government's efforts to respond to the needs of women with disabilities in the return, settlement, and relocation process. The national government's IDP policy makes a general mention of persons with disabilities, stating that the district disaster management committees, created under the Office of the Prime Minister and the Department of Disaster Preparedness and Refugees, must "ensure registration of IDPs … paying particular attention to the most vulnerable, widows, the elderly, children and the disabled who may require special assistance."[170] However, it does not appear that these policies are implemented in practice. Honorable Nalule Safia Juuko, the member of parliament representing women with disabilities, arranged for persons with disabilities from northern Uganda to consult with the Office of the Prime Minister regarding the PRDP in 2009, but whether any tangible outcomes of the meeting resulted is unclear.[171]

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[169] Human Rights Watch interview with UNFPA, Kampala, May 26, 2010. Some UNFPA partners do collect figures on the number of persons with disabilities, but this information is not integrated into the Information Management System.

[170] Office of the Prime Minister, *The National Policy for Internally Displaced Persons*, August 2004 (on file with Human Rights Watch).

[171] Human Rights Watch interview with Honorable Nalule Safia Juuko, member of parliament representing women with disabilities, Kampala, July 1, 2010.

By law and in practice, there is at least one person with a disability at each of the five levels of local councils, and at the top three levels, there must be at least one woman with a disability.[172] However, female local councilors representing persons with disabilities in the north stated that they felt discriminated against by their peers on local councils.[173] One landmine survivor who was a local councilor at the sub-county level representing persons with disabilities was appointed vice-chairperson of the council.[174] At the insistence of her co-councilors, the chairperson removed her from this role because she could not stand to sing the national anthem. When she requested money from the sub-county budget in order to hold a function on the International Day of Persons with Disabilities, her co-councilors ignored her, and the money was never released.[175]

Several government officials, both at the local and national levels, said that disability is simply not a priority for the government, although women and girls with disabilities comprise a tenth of the national population. One female parliamentarian explained to Human Rights Watch that when she suggested that a government policy include specific references to persons with disabilities, her changes were deleted. She said that the awareness and political will to address the unique challenges of women with disabilities simply does not exist among lawmakers.[176]

Budget figures seem to support the view that disabilities are not a priority area for the government.[177] The National Council for Disability, which has a sprawling mandate of monitoring all government programs from a disability perspective and compiling and addressing complaints filed by persons with disabilities, received 536 million Ugandan shillings (roughly US$268,000) for 2009-2010.[178] Kitgum district disability council had a

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[172] 1997 Local Government Act (Cap. 243).

[173] Human Rights Watch interview with Marcia, landmine survivor, Kitgum district, May 20, 2010. Human Rights Watch interview with Alice, landmine survivor, Lira district, May 23, 2010.

[174] Human Rights Watch interview with Alice, landmine survivor, Lira district, May 23, 2010.

[175] Human Rights Watch interview with Alice, landmine survivor, Lira district, May 23, 2010.

[176] Human Rights Watch interview with Margaret Baba Diri, MP, Kampala, May 25, 2010.

[177] On the national level, the Ministry of Gender, Labour and Social Development, under which the state ministry of disabilities falls, receives 32 billion Ugandan shillings (roughly US$16 million), or 0.46 percent of the national budget. State Ministry of Disability, "Overall Budget," May 26, 2010 (on file with Human Rights Watch).

[178] Human Rights Watch interview with Julius Kamya, Executive Secretary of National Council for Disability, May 23, 2010. The National Council for Disability (NCD) Act, 2003, sets up the National Council for Disability, which is mandated to "act as a body at a national level through which the needs, problems, concerns, potentials and abilities of persons with disabilities can be communicated to Government and its agencies for action." It is further mandated to carry out investigations into violations of the rights of persons with disabilities or non-compliance with laws relating to disabilities. National Council for Disability Act, 2003, sec. 6(f). There are lower Councils for Disability as well, at the district and sub-county levels. National Council for Disability Act, 2003, sec. 18, 22. At present, only approximately 50 of over 110 districts have a district disability council.

budget of 5.3 million Ugandan shillings (roughly US$2,700) for the year of 2009-2010, which it spent in its entirety on space, food and transport for two meetings.[179]

The central government recently launched a new program to provide special grants of 30 million Ugandan shillings (roughly US$15,000) each to 48 districts in Uganda to support income-generating activities for persons with disabilities.[180] From the northern region, 12 districts—including 3 of the 6 districts where Human Rights Watch conducted interviews, Gulu, Kitgum and Lira—are benefitting from this program.[181] The guidelines for these grants include the principle of gender equity, namely that both men and women with disabilities should benefit from the program.[182] This is an important initiative.

However, because the government is making these grants available only for NGOs or community-based organizations, women in remote areas, or who are not otherwise affiliated with such organizations may have difficulty in accessing such programs. Future government programs targeting persons with disabilities should consider alternate means of reaching such women. Honorable Sulaiman Madada, the state minister on disabilities within the Ministry of Gender, Labour and Social Affairs, said that the presence of persons with disabilities at each level of the local councils means that any woman with a disability could work with her representatives to write grant proposals.[183] He further stated the community development officers, who are responsible for disseminating government information to the

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Human Rights Watch interview with Julius Kamya, National Council for Disability, May 25, 2010. They, like the National Council for Disability, are supposed to monitor how persons with disabilities benefit from government programs.

[179] Kitgum District Local Government, "Budget and Annual Workplan, FY 2009/2010," September 29, 2009 (on file with Human Rights Watch).

[180] The 2006 Persons with Disabilities Act originally set up a tax reduction of 15 percent to private employers who employ 10 or more persons with disabilities, either as regular employees or apprentice/learners on a full-time basis. The Uganda Revenue Authority believed that this clause lost it 24 billion Ugandan shillings a year. The Ministry of Finance wrote to government pointing out that people were abusing the tax waiver and urging repeal. Disabled persons organizations including the National Union of Disabled Persons in Uganda protested this possible repeal. As part of the compromise, the Ministry of Finance gave the Ministry of Gender 30 million UGS for disbursement for income-generating activities for persons with disabilities in each of 48 districts. The government also lowered the tax break from 15 percent to 2 percent for private companies in which persons with disabilities account for at least 5 percent of the workforce. Human Rights Watch interview with disabled persons organization, Kampala, May 24, 2010; Human Rights Watch interview with Honorable William Nokrach, member of parliament representing persons with disabilities, northern region, Kampala, May 25, 2010; Human Rights Watch interview with James Mwandha, former MP representing PWDs, Kampala, June 16, 2010.

[181] Patrick Jaramogi, "Disabled Persons Receive Sh1.5 Billion," *The New Vision*, April 28, 2010, http://allafrica.com/stories/201004290536.html (accessed June 20, 2010). From the northern region, the districts of Gulu, Kitgum, Pader, Nebbi, Yumbe, Koboko, Moyo, Adjumani, Lira, Apac, Kotido and Moroto will benefit.

[182] Ministry for Gender, Labour and Social Development, Guidelines for Utilization of Special Grants for Persons with Disabilities, p. 3 (on file with Human Rights Watch)›

[183] Human Rights Watch interview with Honorable Sulaiman Madada, State Minister for Disabilities, and assistant commissioner, Kampala, June 24, 2010.

local community, could aid these groups in drafting proposals, and "no one is de-linked."[184] Similarly, Honorable Nalule Safia Juuko said that the forms were simplified to make submission easier.[185] However, the reality remains that women with disabilities in remote rural areas have severely limited contact with any government actors. The government should attempt to provide support, whether in cash or voucher form, to individual women with disabilities or take proactive steps to connect them to existing organizations, such as local district disabled persons' unions.

Officials at the Uganda Human Rights Commission (UHRC) underscored the importance of having sustained programming and budgeting for persons with disabilities instead of *ad hoc* funding.[186] They stated that in the past, government consultations on livelihoods and development programs have left insufficient time for UHRC to provide full comments and feedback, and the resulting policies lacked a human rights-based approach and failed to ensure that the most vulnerable would stand to benefit from such programs.[187]

On the issue of severely restricted access to justice for women with disabilities in sexual and gender-based violence cases, Honorable Madada and his assistant commissioner agreed that this has been an enduring problem of which they were aware.[188] They stated that both the police and local councilors posed challenges to achieving justice, and that the inability of local councilors to enforce settlements in sexual and gender-based violence cases applied to all women, but with greater impact for women with disabilities. Similarly, Honorable Juuko stated, "Accessing justice is still difficult here in Uganda," indicating that there is a wider problem of access to justice for sexual and gender-based violence for women generally.[189] The government is not conducting any specific programming on sexual and gender-based violence and women with disabilities.

Honorable Madada expressed strong interest in improving access to health for women with disabilities. Specifically, he wants to expand monitoring guidelines for hospitals and health

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[184] Human Rights Watch interview with Honorable Sulaiman Madada, State Minister for Disabilities, and assistant commissioner, Kampala, June 24, 2010.

[185] Human Rights Watch interview with Honorable Nalule Safia Juuko, member of parliament representing women with disabilities, Kampala, July 1, 2010.

[186] Human Rights Watch interview with Uganda Human Rights Commission, Kampala, May 27, 2010.

[187] Ibid.

[188] Human Rights Watch interview with Honorable Sulaiman Madada, State Minister for Disabilities, and assistant commissioner, Kampala, June 24, 2010.

[189] Human Rights Watch interview with Honorable Nalule Safia Juuko, member of parliament representing women with disabilities, Kampala, July 1, 2010.

centers to gauge access for women with disabilities, in particular on maternal health issues and working in conjunction with the disabilities desk at the Ministry of Health to conduct this research.[190] He was unaware of documented instances of women with disabilities being denied birth control and family planning services and hoped to see further research on the topic.[191] The government, through the Uganda AIDS Commission, has been supporting some disabled persons' organizations in HIV/AIDS initiatives in several districts, though none are in the north.[192]

Governmental support for community-based rehabilitation in northern Uganda has been weak. The assistant commissioner on disability and elderly said that the government's community-based rehabilitation program was originally piloted in four districts. The program has since been expanded to encompass 15 districts, none of which are in the north, but the budgeting has not been expanded, spreading thin already limited resources.[193] Honorable Madada stated that no northern districts were targeted because other programs, such as the state ministry of disability's United Nations Development Programme (UNDP)-funded landmine survivors assistance program, already targets northern Uganda. That program and its funding, however, have come to an end.[194]

Some NGOs provide community-based rehabilitation programs, but they are funded by international donors, not by the Ugandan government.[195] The national government has been attempting to supplement NGO efforts in the north through provision of some assistive devices, artificial limbs, and other medical treatment, such as shrapnel removal, but as the government takes greater responsibility in northern Uganda, it has failed to scale up rehabilitation programs there.[196]

Though some landmine survivors received assistance through the UNDP-funded program, those looking for compensation from the president's office have been waiting for over three years. According to media reports, Richard Todwong, the presidential adviser for northern

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[190] Human Rights Watch interview with Honorable Sulaiman Madada, State Minister for Disabilities, and assistant commissioner, Kampala, June 24, 2010.

[191] Ibid.

[192] Human Rights Watch interview with Honorable Nalule Safia Juuko, member of parliament representing women with disabilities, Kampala, July 1, 2010.

[193] Human Rights Watch interview with Honorable Sulaiman Madada, State Minister for Disabilities, and assistant commissioner, Kampala, June 24, 2010.

[194] Human Rights Watch telephone interview with United Nations Development Programme official, Kampala, July 8, 2010.

[195] Human Rights Watch interview with Honorable Sulaiman Madada, State Minister for Disabilities, and assistant commissioner, Kampala, June 24, 2010.

[196] Human Rights Watch interview with Ministry of Health official, Kampala, July 1, 2010.

Uganda, registered over 5,000 names of victims of landmines, mutilations and other injuries for compensation and expects to collect 5,000 more.[197] Landmine survivors from some districts in northern Uganda submitted names and photographs of victims in their districts to Mr. Todwong's office over three years ago.[198] However, none of the members of the landmine survivors' organizations in northern Uganda received any compensation through this program or information on how it will move forward.[199]

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[197] Bill Oketch, Florence Ogola, Blake Evans-Pritchard, "Ugandans Call for Economic Justice," Institute for War and Peace Reporting, May 11, 2010, http://www.iwpr.net/report-news/ugandans-call-economic-justice (accessed June 20, 2010); Reuters, "Uganda to Compensate LRA Victims Ahead of Vote," June 18, 2010, http://www.reuters.com/article/idUSTRE65H22220100618 (Accessed August 12, 2010).

[198] Human Rights Watch interview with Diane, landmine survivor, Gulu district, May 16, 2010. Reuters, "Uganda to Compensate LRA Victims Ahead of Vote," June 18, 2010, http://www.reuters.com/article/idUSTRE65H22220100618 (Accessed August 12, 2010).

[199] Human Rights Watch interview with landmine survivor groups, Gulu district, May 16, 2010; Kitgum district, May 18, 2010; Lira district, May 23, 2010.

V. Applicable International, Regional, and National Law

Uganda is obligated to respect the rights of persons with disabilities under international and regional laws, the national constitution, and other domestic legislation, but little has been meaningfully implemented in practice. Disagreements between disabled persons' organizations and various government agencies over the legal status of the Persons with Disabilities Act, the complaints-resolving mechanisms of the National Council for Disability, and voting procedures for electing members of parliament representing persons with disabilities remain major barriers to the realization of the rights enshrined in law.

Uganda's International and Regional Obligations

Uganda is a party to the International Covenant on Civil and Political Rights (ICCPR),[200] the International Covenant on Economic, Social and Cultural Rights (ICESCR),[201] the Convention on the Elimination of Discrimination Against Women (CEDAW),[202] and the Convention on the Rights of the Child (CRC).[203] Uganda was among the first countries in the world to ratify the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol.[204] The CRPD makes explicit that the human rights enumerated in other major human rights documents apply with equal force and in particularly important ways to individuals with disabilities. Despite Uganda's leadership on the international stage in ratifying the CRPD, in practice, the government is falling short in implementation where it is most needed.

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[200] International Covenant on Civil and Political Rights (ICCPR), adopted December 16, 1996, G.A. Res. 2200A (XX1), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, acceded to by Uganda 21 June 1995.

[201] International Covenant on Economic, Social and Cultural Rights, G.A. res. 2200A (XXI), U.N. Doc. A/6316 (1966), entered into force January 3, 1976, acceded to by Uganda, January 21, 1987.

[202] Convention on the Elimination of Discrimination Against Women (CEDAW), adopted 18 December 1979 by G.A. resolution 34/180, entered into force on 3 September 1981, ratified by Uganda on July 22, 1985.

[203] Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force September 2, 1990, ratified by Uganda, on August 17, 1990.

[204] Convention on the Rights of Persons with Disabilities (CRPD), adopted December 13, 2006 by G.A. Res. 61/106, Annex I, U.N.GAOR, 61st Sess., Supp. No. 49 at 65, U.N. Doc A/61/49 (2006), entered into force May 3, 2008, U.N. Doc. A/61/61, signed by Uganda on March 30, 2007 and ratified by Uganda on September 25, 2008. The optional protocol gives individuals the ability to submit complaints to the Convention's monitoring body after they have already exhausted all national redress mechanisms in their countries without success.

Uganda is also a party to several regional instruments, including the African Charter on Human and Peoples' Rights.[205] Uganda is a state party to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol).[206]

Right to non-discrimination

Importantly, both CEDAW and the CRPD require states to take steps to eliminate discrimination by not only state actors, but also private actors, including any person, organization, or private enterprise.[207] CEDAW condemns discrimination against all women, and requires States Parties to take all appropriate measures "to modify the social and cultural patterns of conduct of men and women with a view to achieving the elimination of prejudices…and all other practices which are based on the inferiority or superiority of either of the sexes."[208]

The CRPD explicitly recognizes the difficulties facing women with disabilities in Article 6:

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.
2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

The CRPD also has a dedicated article on respecting the rights of children with disabilities.[209]

The CEDAW Committee, which monitors implementation of the treaty, recommends that states parties to CEDAW take "special measures to ensure that [women with disabilities] have equal access to education and employment, health services and social security, and to

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[205] African [Banjul] Charter on Human and Peoples' Rights, adopted June 27, 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force October 21, 1986, ratified by Uganda May 10, 1986.

[206] Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol), adopted July 11, 2003, entered into force November 2005, signed by Uganda on December 18, 2003, ratified by Uganda July 22, 2010.

[207] Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs; United Nations Population Fund; Wellesley Centers for Women, "Disability Rights, Gender, and Development -- A Resource Toll for Action", (2008), p. 19.

[208] CEDAW, art. 5.

[209] CRPD, art. 7.

ensure that they can participate in all areas of social and cultural life.[210] General Recommendation 19 addresses violence against women and defines gender-based violence as "a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men."[211]

The African Charter states that governments shall eliminate discrimination against women[212] and provide "special measures of protection" for persons with disabilities.[213] The Protocol on Women's Rights goes one step further than mere non-discrimination, instead obligating states to "take corrective and positive action in those areas where discrimination against women in law and in fact continues to exist, specifically in regard to discrimination in law, illiteracy, and education.[214]

Right to access to justice

Regional and international treaties establish the basic right of individuals to an effective remedy when their human rights have been violated. The Human Rights Committee has emphasized that states must ensure "accessible and effective remedies" for human rights violations and to take into account "the special vulnerability of certain categories of person," and further noted that "a failure by a State Party to investigate allegations of violations could in and of itself give rise to a separate breach of the Covenant (ICCPR)."[215]

As a state party to the CRPD, Uganda must ensure effective access to justice,[216] as well as freedom from exploitation, violence, and abuse for persons with disabilities.[217]

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[210] CEDAW General Recommendation No. 18 (tenth session, 1991), General recommendations made by the Committee on the Elimination of Discrimination against Women, Division for the Advancement of Women, UN Department of Economic and Social Affairs, http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm (accessed June 30, 2010). Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs; United Nations Population Fund; Wellesley Centers for Women, "Disability Rights, Gender, and Development -- A Resource Toll for Action", (2008), p. 17.

[211] CEDAW General Recommendation No. 19 (11th session, 1992), General recommendations made by the Committee on the Elimination of Discrimination against Women, Division for the Advancement of Women, UN Department of Economic and Social Affairs, http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm (accessed June 30, 2010).

[212] African Charter, art. 18(3).

[213] African Charter, art. 18(4).

[214] Women's Protocol, art. 2(1)(d)and 12(2).

[215] UN Human Rights Committee, General Comment 31: Nature of the General Legal Obligation on States Parties to the Covenant, U.N. Doc. CCPR/C/21/Rev.1/Add/13 (2004), para. 15.

[216] CRPD, art. 13.

[217] CRPD, art. 16.

The CRC Committee says that children with disabilities are "five times more likely to be victims of abuse," including mental and physical violence and sexual abuse. The CRC Committee recommends that governments educate parents on the risks and signs of abuse, train hospital and school staff, and take the necessary steps to prevent violence or abuse against children with disabilities.[218]

The Women's Protocol to the African Charter defines "violence against women" expansively as "all acts perpetrated against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflicts or of war."[219] It requires states to provide effective access for women "to judicial and legal services, including legal aid."[220]

Right to health

The highest attainable standard of health is a fundamental human right enshrined in numerous international and regional human rights instruments, including the Universal Declaration of Human Rights, the ICESCR, the African Charter for Human and People's Rights, the CRC, CEDAW, and the CRPD. The ICESCR specifies that everyone has a right "to the enjoyment of the highest attainable standard of physical and mental health," and the CRPD further clarifies that this right must be upheld "without discrimination on the basis of disability."[221] The CRPD requires states to ensure a "gender-sensitive" approach in providing equal access to health services.[222] The CRPD and the Women's Protocol to the African Charter also requires states to provide sexual and reproductive health care.[223]

One of the core principles of international law on accessibility to health services is that of non-discrimination, especially for "the most vulnerable or marginalized sections of the population."[224] Physical accessibility requires that health facilities, goods, and services be

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[218] CRC General Comment No. 9 (2006), The rights of children with disabilities, CRC/C/GC/9, adopted on 27 February 2007, http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/405ba882cb9eb3a0c12572f100506ac4/$FILE/Go740702.pdf (accessed on July 13, 2010), p.12-13.

[219] Women's Protocol, art. 1.

[220] Women's Protocol, art. 8.

[221] CRPD, art. 25.

[222] Ibid.

[223] Women's Protocol, art. 14.

[224] CESCR, General Comment No. 14, para 12(b).

within safe physical reach for all sections of the population, especially vulnerable and marginalized groups such as women with disabilities. Physical accessibility requires equitable distribution of health facilities and personnel within the country. Likewise, the CRPD also requires that states provide health facilities close to communities, even in rural areas.[225] Equal access may require the government to take extra measures to ensure that facilities and services are accessible for all. The CRPD further requires that accessible information be provided to persons with disabilities about assistance, support services, and facilities.

The Committee on Economic, Social and Cultural Rights, which monitors implementation of the ICESCR, has provided examples of what may constitute a failure of a government to fulfill its obligations with respect to the right to health. The examples include failing to adopt or implement a national health policy designed to ensure the right to health for everyone, insufficient expenditure or misallocation of available public resources which lead to the non-enjoyment of the right to health by individuals or groups, particularly the vulnerable or marginalized, and the failure to reduce infant and maternal mortality rates.[226]

The CEDAW Committee calls on states to give special attention to the health care needs of vulnerable and disadvantaged groups, including women with disabilities.[227] The Committee recognizes that women with disabilities often have difficulties with physical access to health services and recommends that states "take appropriate measures to ensure that health services are sensitive to the needs of women with disabilities and are respectful of their human rights and dignity."[228]

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[225] CRPD, art. 25(c).

[226] See UN Committee on Economic, Social and Cultural Rights, "Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights," General Comment No. 14, The Right to the Highest Attainable Standard of Health, E/C.12/2000/4 (2000).

[227] CEDAW General Recommendation No. 24 (20th session, 1999), paragraph 6, General recommendations made by the Committee on the Elimination of Discrimination against Women, Division for the Advancement of Women, UN Department of Economic and Social Affairs, http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm (accessed June 30, 2010).

[228] Ibid.

Rights of internally displaced persons

The CRPD requires that states shall take "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."[229]

Uganda is also a state party to the African Union's Convention for the Protection and Assistance of Internally Displaced Persons in Africa, known as the "Kampala Convention" because Uganda hosted of the Special Summit for African states in October 2009.[230] Under the convention, Uganda is obligated to "[p]rovide special protection for and assistance to internally displaced persons with special needs, including ... persons with disabilities."[231] In a strong show of support, Uganda was the first country to ratify this treaty.[232] However, Uganda's national IDP policy makes only one mention of persons with disabilities, specifying that persons with disabilities should be registered in IDP camps.[233]

Ugandan National Law

The domestic legislative framework in Uganda guarantees fundamental rights to persons with disabilities and prohibits discrimination. Article 32 of the Constitution states that the government "shall take affirmative action in favour of groups marginalised on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them."[234] Article 35 states that "[p]ersons with disabilities have a right to respect and human dignity, and the State and society shall take appropriate measures to ensure that they realise their full mental and physical potential."[235] Further, Parliament shall "enact laws appropriate for the protection of persons with disabilities."[236]

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[229] CRPD, art. 11.

[230] African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), adopted 22 October 2009 (http://www.reliefweb.int/rw/lib.nsf/db900sid/SNAA-7X73KL/$file/au_oct2009.pdf?openelement).

[231] AU IDP Convention, art.9(2).

[232] UN High Commissioner for Refugees, "UNHCR Welcomes First Ratification of AU Convention for Displaced," press release, February 19, 2010, http://www.internal-displacement.org/8025708F004D31AA/(httpIDPNewsAlerts)/D8890D95ED5B3FADC12576D5005FD8CF?OpenDocument.

[233] Office of the Prime Minister, *The National Policy for Internally Displaced Persons*, August 2004 (on file with Human Rights Watch).

[234] Constitution of Uganda, 1995, art. 32.

[235] Constitution of Uganda, 1995, art. 35.

[236] Constitution of Uganda, 1995, art. 35(2).

Uganda also has several domestic statutes and policies in place that prohibit discrimination and codify the rights of persons with disabilities.

- The **Uganda Persons with Disabilities Act, 2006**, seeks to "provide comprehensive legal protection for persons with disabilities in accordance with Articles 32 and 35 of the Constitution; to make provision for the elimination of all forms of discrimination against persons with disabilities towards equalization of opportunity and for related matters."[237] The act recognizes rights to privacy, family life, participation in public and cultural life, access to social services, and access to public services. The act borrows heavily from what was an early draft of the Convention on the Rights of Persons with Disabilities.[238]
- The **National Council for Disability (NCD) Act, 2003**, sets up the National Council for Disability, which is mandated to "act as a body at a national level through which the needs, problems, concerns, potentials and abilities of persons with disabilities can be communicated to Government and its agencies for action."[239] It is further mandated to carry out investigations into violations of the rights of persons with disabilities or non-compliance with laws relating to disabilities.[240] There are lower councils for disability as well, at the district and sub-county levels.[241] At present, less than half of Uganda's districts actually have a disability council.[242] There are disability councils in Kitgum and Lira districts, though local government officials were uncertain of their members, activities, or even if they were actually operating.[243]
- Uganda's **National Policy on Disability, 2006**, aims to promote "equal opportunities and enhanced empowerment, participation and protection of persons with disabilities irrespective of gender, age and type of disability." It identifies and describes the following issues as affecting persons with disabilities: poverty, education and skills, employment, social security, gender, conflicts and emergencies, health, HIV/AIDS, and accessibility.

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[237] Persons with Disabilities Act, 2006, Preamble.

[238] Human Rights Watch interview with Julius Kamya, Executive Secretary of National Council for Disability, Kampala, May 23, 2010.

[239] National Council for Disability Act, 2003, sec. 5.

[240] National Council for Disability Act, 2003, sec. 6(f).

[241] National Council for Disability Act, 2003, sec. 18, 22.

[242] Human Rights Watch interview with Julius Kamya, Executive Secretary of National Council for Disability, Kampala, May 23, 2010. There are currently 111 districts, but new ones are regularly created, and there are approximately 50 disability councils.

[243] Human Rights Watch interview with local government officials, Kitgum, May 20, 2010. Human Rights Watch interview with local government official, Lira, May 21, 2010.

In addition to a liberal domestic legal framework,[244] Uganda has high levels of participation by persons with disabilities at the national and local levels of government. In 1998, the State Ministry for the Elderly and Disability Affairs was created under the Ministry of Gender, Labor and Social Development. Some 47,000 councilors with disabilities work in the local government structures.[245] At each of the five levels of the local council, there is at least one representative of the disability community.[246]

Seats in the national legislature are designated for certain groups, including persons with disabilities.[247] The quota system reserves seats for five members of parliament (MPs) who represent persons with disabilities from each region and one representing women with disabilities nationally. The MPs are elected by local district unions of persons with disabilities. The MPs' sign language interpreters and personal assistants are paid for by the government.[248]

Five additional persons with disabilities ran for MP elections outside of the persons with disabilities quota framework and were also voted into office. As a result, there are 10 MPs with disabilities in the Parliament at present, of whom three are women.[249]

Disagreements between civil society and government

Despite the strong level of participation by persons with disabilities in government, several unresolved disagreements between local disabled persons' organizations and the government threaten to undermine the rights and representation of persons with disabilities.

For the past three years, there has been a dispute between the Ministry of Justice and the National Union of Disabled People of Uganda (NUDIPU) regarding the legal interpretation and enforcement of the 2006 Persons with Disabilities Act.[250] The Ministry of Justice argues

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[244] Numerous other Ugandan statutes include favorable clauses on the rights of persons with disabilities, including the Business, Technical, Vocational Education and Training (BTVT) Act, 2008; Children's Act, 1997; National Institute of Special Education Act, 1998; Universities and Tertiary Institutions Act, 2001; Parliamentary Elections Act, 2005; and Uganda Communications Act, 1998.

[245] Hisayo Katsui, Ugandan Disability Movement: Political Achievements and Social Challenges of WWD, April 2008.

[246] Local Government Act, 1997, secs. 10, 23, 47.

[247] Local Government Act, 1997. Other groups included in the quota scheme are women, youth, workers, and the army.

[248] Hisayo Katsui, *Ugandan Disability Movement: Political Achievements and Social Challenges of WWD*, April 2008.

[249] Foundation for Human Rights Initiative, *Disability is Not Inability*, December 2009, p. 59.

[250] The National Union of Disabled Persons of Uganda (NUDIPU), founded in 1987, is an umbrella organization of physical, mental, intellectual and sensory disability organizations. Members include national DPOs and district disabled persons' unions, including associations of the deaf, blind and people with physical disabilities, organizations of persons with psychosocial disabilities, and epilepsy organizations. While it is an NGO, its role in aiding in elections for members of

that the language of the Persons with Disabilities Act is aspirational and not enforceable. The disability community has rejected this view, and oppose government efforts to repeal the law before a new law is ready for adoption.[251] It is the role of the judiciary to determine the exact scope of responsibility that the legislation imposes upon the government and other actors.[252]

Furthermore, disabled persons' organizations have criticized the National Council for Disability for being inactive.[253] The National Council for Disability may receive complaints of rights violations.[254] However, it does not have the resources to fulfill its mandate.[255] Instead, it routinely refers such matters to the Uganda Human Rights Commission, district government officials, or disabled persons' organizations.[256]

The National Council for Disability is also responsible for monitoring CRPD implementation and serves as the national focal point on disability, coordinating actions undertaken in different sectors and at different levels. The Council has also been tasked with preparing the

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parliament representing persons with disabilities is written explicitly in the text of the Local Government Act, 1997. At the district level, disabled persons' unions are NGOs providing support and projects for persons with disabilities in each district.

[251] Human Rights Watch interview with NUDIPU, Kampala, May 24, 2010; interview with Julius Kamya, National Council for Disability, May 25, 2010.

[252] In a case in Uganda, two persons with disabilities sued Centenary Bank in Gulu High Court under the Persons with Disabilities Act 2006 because the bank premises were not accessible. Following court proceedings, the bank built a ramp and agreed to a financial settlement. According to the General Manager, all Centenary Bank ATMs and branches in the country are now accessible to persons with disabilities. Hamad Lubwama. "Accessibility law bites Centenary Bank." UNAPD Update. Sept.-Oct. 2008, VOL. 6, ISSUE 4, http://www.unapd.org/userfiles/September_october_2008.pdf (accessed August 12, 2010), p. 5. Santo Dwoka & Anor v Centenary Rural Development Bank Ltd. (8 May 2008). In international debate concerning social, economic, and cultural rights, South Africa's jurisprudence is considered to be at the forefront because its constitution enshrines certain rights deemed by some to be aspirational or unenforceable, such as the right to housing or health, and its courts have issued several important holdings on the implementation of such rights. Cass Sunstein, *Designing Democracy: What Constitutions Do*, 223-237 (Oxford Univ. Press) (2001). In one case, the court ruled that the government must adopt reasonable measures to achieve the progressive realization of the right to housing. *Government of the Republic of South Africa v Grootboom*, 2001 (1) SA 46 (CC). In another South African socioeconomic rights case, the court ordered the government to implement a nationwide plan for antiretroviral drugs to reduce mother-to-child transmission of HIV. *Minister of Health and Others v Treatment Action Campaign and Others*, 2002(5) SAS 721 (CC) (S. Afr.).

[253] Meeting of disabled persons' organizations, Kampala, March 18-19, 2010, attended by Human Rights Watch consultant.

[254] Ugandan law tasks the National Council for Disability with "act[ing] as a body at a national level through which the needs, problems, concerns, potentials and abilities of persons with disabilities can be communicated to Government and its agencies for action." National Council for Disability Act, 2003, sec. 6(f). There are lower Councils for Disability as well, at the district and sub-county levels. National Council for Disability Act, 2003, sec. 18, 22 At present, only approximately 50 of Uganda's districts have a district disability council. Human Rights Watch interview with Julius Kamya, National Council for Disability, May 25, 2010. They, like the National Council for Disability, are supposed to monitor how persons with disabilities benefit from government programs.

[255] The National Council for Disability has a staff of eight people, including two program staff. In previous years, the budget for the National Council on Disability was about 130 million Ugandan shillings ($58,685) but the 2010-2011 budget was increased to 536 million Ugandan shillings ($ 241,982) for political reasons. Human Rights Watch interview with Julius Kamya, National Council for Disability, May 25, 2010.

[256] Human Rights Watch interview with Julius Kamya, National Council for Disability, May 25, 2010. Foundation for Human Rights Initiative, *Disability is Not Inability*, December 2009.

report to the CRPD's international monitoring body, the Committee on the Rights of Persons with Disabilities, to show progress toward implementation of the treaty.[257] Because of its limited capacity, the Council is now collecting information from only four of Uganda's districts in order to submit a timely report.[258]

There is uncertainty about the respective roles that the National Council for Disability and NUDIPU are meant to play in the elections process that selects the five members of parliament representing persons with disabilities.[259] Both have overlapping mandates with respect to the process but the National Council lacks the presence in each of the sub-counties that NUDIPU enjoys.[260]

These basic governance problems must all be addressed to ensure the fair civic participation and representation of persons with disabilities in the government and ensure their full rights in accordance with the CRPD.

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[257] Uganda's first report to the Committee is due on October 25, 2010. UN Office of the High Commissioner for Human Rights website, Uganda Reporting Status, http://www.ohchr.org/en/countries/africaregion/pages/ugindex.aspx (accessed June 20, 2010).

[258] Human Rights Watch interviews with Julius Kamya, Executive Secretary of National Council for Disability, May 23, 2010 and August 9, 2010. As of July 1 2010, Uganda has 111 districts but new districts are being formed on a regular basis. Uganda Ministry of Local Governments, http://molg.go.ug/2010/08/02/status-of-local-govts/ (accessed August 12, 2010).

[259] Since 1996, NUDIPU ran elections for these parliamentarians through its member organizations in each district, and its role was explicitly written into the Local Government Act of 1997. Local Government Act, 1997, sec. 118. The National Council for Disability, which was formed in 2003 as a result of advocacy by NUDIPU, is mandated by law to assist the electoral commission in conducting elections for MPs representing persons with disabilities. National Council for Disability Act, 2003, sec. 6.

[260] Currently, one electoral college votes for all five members of parliament representing persons with disabilities, but some DPOs have been advocating that a separate electoral college be formed for each of the four regions – north, east, west, and central – so that the DPOs of each region are responsible for electing one member of parliament representing their regional interests. Human Rights Watch interview with James Mwandha, former MP representing PWDs, Kampala, June 16, 2010; Legal Action for People with Disabilities, "Petition by the Disability Movement to the Parliament of Uganda for the amendment of Laws and Regulations providing for the electoral procedures for Parliamentary and Local Council representatives of persons with disabilities," 2010 (on file with Human Rights Watch).

VI. Detailed Recommendations

To the Government of Uganda, the Ministry of Gender, Labour and Social Development, and State Ministry of Disabilities

- Ensure that district development plans to implement the Peace, Recovery and Development Plan (PRDP) adequately address the needs of persons with disabilities, in particular women with disabilities, including by providing support for their education and livelihoods and access to health and reproductive care.
- Undertake targeted efforts to inform women with disabilities about mainstream government programs and services and encourage their participation. This may include arranging appropriate transportation and providing sign language interpretation.
- Strengthen the role of government officials at all levels representing persons with disabilities and district disabled persons' unions or other disabled persons' organizations in planning meetings, thematic working groups and decision-making processes to ensure that the perspectives of persons with disabilities, particularly women with disabilities, are included in all aspects of programs.
- At general community decision-making or sensitization meetings, involve women with disabilities by, for example, offering support for blind women to get to the meetings, providing sign language interpreters for deaf women, and encouraging the active participation of all.
- When government funding is disbursed to groups of persons with disabilities, design specific plans for targeting women with disabilities, particularly those in remote rural areas, without requiring registered NGOs or community-based organizations to submit applications on their behalf.
- Monitor programs more closely to make certain that women with disabilities are actually benefitting from livelihood support initiatives and other efforts. This should include developing indicators to track outreach to women with disabilities.
- Incorporate the perspectives and rights of women with disabilities into existing sensitization programs on voting, community participation, health care (including reproductive health), HIV/AIDS, access to justice, and sexual and gender-based violence among other topics.
- Collect data on the number of women with disabilities benefiting from government programs, including the National Agricultural Advisory Services (NAADS) and Northern

Uganda Social Action Fund (NUSAF) as well as mainstream initiatives to address sexual and gender-based violence, HIV, and education, among other areas.

- Take measures to fight stigma and discrimination, for example through awareness-raising campaigns about the rights of persons with disabilities, in particular women with disabilities.
- Incorporate information on how to respect the rights and dignity of women with disabilities into existing trainings of police officers, justice officials, health workers, and others who interact with women with disabilities on the issue of sexual and gender-based violence.
- Allocate sufficient funds to gender and disability programs, including for services for women with disabilities who experience sexual and gender-based violence, and for the National Disability Council to fulfill its monitoring role.
- Designate a focal point for women with disabilities within existing government structures at the sub-county level (preferably a woman or woman with disability) to serve as a safe resource for women with disabilities and service providers.
- Initiate debate among persons with disabilities with a view to identifying and understanding the constraints to participation in electoral processes and drawing proposals on how to make it an all inclusive and highly participatory process.
- Proactively involve the Uganda Human Rights Commission in policy-writing for livelihoods programs in order to reflect a human rights-based approach to new policies.
- Inform war victims, particularly those who have already registered with the advisor to the president, of the timeline and procedures for obtaining compensation. Provide this information in accessible formats, including Braille and easily understood language.
- Enforce laws against child neglect by, at minimum, requiring proof of child support payments before parents can access other government services such as pensions, business, professional, or drivers' licenses or permits. Put in place support mechanisms for vulnerable mothers, including women with disabilities.

To the National Disability Council

- Monitor all government programs, such as NAADS and NUSAF, to ensure that women with disabilities benefit.
- Develop protocols and referral systems for complaints lodged by persons with disabilities.
- In particular, develop protocols and reporting mechanisms for women with disabilities who experienced sexual and gender-based violence.

To the Police, Especially the Child and Family Protection Unit

- Train officers in the Child and Family Protection Unit as well as other police officers on how to respect the rights and dignity of women with disabilities, including the rights of women to be free from sexual and gender-based violence.
- Increase the number of police posts in northern Uganda.
- Provide sign language interpreters at police stations, or identify potential volunteer sign language interpreters through engagement with the district disabled persons' union. Train police officers in basic sign language.
- Make police stations physically accessible for women with disabilities, including by providing ramps.
- Provide adequate support, including resources for transportation, to the Child and Family Protection Unit, to carry out its work.
- When carrying out community workshops or radio programs to educate the public on the rights of women, expressly include and discuss the rights and challenges of women with disabilities.

To the Parliament of Uganda and the Ministry of Justice and Constitutional Affairs

- Provide regulations for the Persons with Disabilities Act 2006 to ensure implementation and enforcement of the statute in line with the CRPD. Alternatively, amend the statute to detail state obligations with greater specificity.
- Amend current laws to ensure procedural accommodations in all legal proceedings, in order to enable persons with all disabilities to fully participate in them and in compliance with the CRPD.
- Review all other existing domestic legislation and amend relevant laws to ensure compliance with the CRPD.
- Resolve whether the National Council for Disability or the National Union for Persons with Disabilities in Uganda will be conducting elections for members of parliament representing persons with disabilities.

To Government and other Health Care Service Providers

- Promote access for women with disabilities in mainstream initiatives addressing reproductive health (including voluntary family planning and voluntary counseling and testing), HIV/AIDS, and gender-based violence. When conducting sensitization meetings

for the community on health issues, invite women leaders with disabilities in the community and encourage their participation in the meetings.

- Offer targeted services for women with disabilities, such as home visits for those who cannot access health clinics and transportation, or provide outreach programs to women with disabilities in rural areas.
- Partner with disabled persons' organizations in planning meetings to ensure that the perspectives of persons with disabilities, particularly women with disabilities, are included in all aspects of health programs.
- Monitor the provision of health services to persons with disabilities to determine whether they are reaching people on an equitable basis, and collect disaggregate data on persons with disabilities among patients.
- Make hospitals and health centers accessible for persons with disabilities, particularly women with disabilities. Ensure that health centers have ramps, accessible delivery beds and toilets, sign language interpreters and Braille on medications. Train health workers in basic sign language.
- Ensure that there are functioning, accessible grievance mechanisms to report barriers to health care and mistreatment by health facility staff.

To Humanitarian Aid Actors

- Consider a needs assessment of persons with disabilities in order to gauge effective modes of aid for them, particularly in a post-conflict setting marked by displacement.
- Partner with disabled persons' unions to disseminate accurate, accessible information about the return, settlement, and relocation process and services provided by humanitarian actors.
- Identify and select beneficiaries of return assistance through multiple sources - the organization's own staff, disabled persons' organizations, and local council structures – in order to eliminate potential discrimination or personal motivations in the selection process.
- Work together with the local authorities to collect data on the numbers of women with disabilities reporting cases of sexual and gender-based violence, including what kind of disability they have, in order to identify the scope of the problem and possible solutions and interventions.
- Based on collected data, work together with the local government to develop inclusive programs for women with disabilities, including accessible information on procedures to

follow in cases of sexual and gender-based violence and training for staff on addressing sexual and gender based violence cases involving women with disabilities.

- Include representatives of women with disabilities, for example from the district unions, in the Cluster Working Groups and sexual and gender based violence working groups to include their perspectives.

To Uganda's Development Partners

- Consider conducting a needs assessment of persons with disabilities in northern Uganda, possibly in partnership with disabled persons' organizations or district unions.
- Consider funding the government and disabled peoples unions for programs to empower women with disabilities and realize their rights in the return, settlement, or relocation process, particularly in supporting those who wish to return to their homesteads or to those wishing to remain in camps.

To the Uganda Bureau of Statistics

- Continue to include disability questions in the next census and Demographic Health Survey. Disaggregate data not only by age as it is done currently, but also by disability, gender, and region.
- Compile statistics on the prevalence of HIV/AIDS and sexual and gender based violence among women with disabilities in order to be a resource for policy makers and program implementers.

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HUMAN RIGHTS WATCH

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(right) A makeshift mobility device in Omee IDP camp.

(front cover) A woman with multiple disabilities was raped by her neighbor while her husband was away. Over one-third of the women with disabilities interviewed told Human Rights Watch that they experienced some form of sexual or physical violence. Women with disabilities are vulnerable to such crimes because of their isolation, lack of support structures, limitations in physical mobility, communication barriers and also because of myths that women with disabilities are weak, stupid or asexual.

After two decades of conflict, many internally displaced persons in northern Uganda are leaving camps and returning to their villages, or relocating to new areas. Others have decided to settle permanently inside the camps. For most displaced persons, the challenges to rebuilding their lives are daunting. For women with disabilities – who experience discrimination because of both their gender and their disabilities – full participation in society is particularly challenging. Women with disabilities face multiple and distinctive hurdles that the government has as yet failed to address.

In *"As If We Aren't Human,"* Human Rights Watch examines the experiences of women who had disabilities before the war as well as women who acquired their disabilities as a result of the conflict, from landmines, gunshot wounds, mutilation, and fire. Women with disabilities experience stigma and isolation, sexual and gender-based violence, and obstacles to accessing justice. They also lack equal access to care in rehabilitation, maternal health, family planning, and reproductive health, including HIV testing, treatment and prevention.

The Convention on the Rights of Persons with Disabilities (CRPD) recognizes and seeks to eliminate the discrimination experienced by all people with disabilities, including and particularly women. As a state party to the CRPD and the Convention on the Elimination of Discrimination Against Women (CEDAW), Uganda must ensure that women with disabilities enjoy the human rights protections afforded by international human rights law. Uganda's own constitution and domestic laws also guarantee basic rights to persons with disabilities. Human Rights Watch calls on the Ugandan government to live up to its international and domestic obligations and to guarantee that women with disabilities have equal access to government services and programs, are fully able to participate in society, and are empowered to live with dignity.