

# **Empowering change: a stakeholder analysis for inclusive gender-based violence services for women with disabilities in Uganda**

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# Acronyms

CSO	Civil society organisations
FBO	Faith-based organisations
FGD	Focus group discussion
FCDO	Foreign, Commonwealth and Development Office
FGM	Female genital mutilation
GBV	Gender-based violence
GoU	Government of Uganda
HMIS	Health management information system
IDI	In-depth Interview
KII	Key informant interview
LC	Local Council
LGBTQ	Lesbian, gay, bisexual, transgender, queer and/or questioning
MOGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
MOLG	Ministry of Local Government
NGO	Non-governmental organisation
NUDIPU	National Union of Disabled Persons Uganda
NUWODU	National Union of Women with Disabilities of Uganda
OPD	Organisation of Persons with Disabilities
SDGs	Sustainable development goals
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNCEDAW	United Nations Convention on the Elimination of all Forms of Discrimination Against Women
UNCRC	United Nations Convention on the Rights of Children
UNHS	Uganda National Health Survey
VHTs	Village health teams
VAC	Violence against children
VAW	Violence against women

# Definitions

**Child marriage:** Any marriage where one or both of the spouses are below the age of 18. It is a violation of the Universal Declaration of Human Rights. Girls are more likely to be child brides, and consequently drop out of school and experience other forms of violence.

**Disability and People with Disabilities:** The [United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#) describes persons with disabilities as “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 definition moves away from previous understandings of disability as a fixed, physical impairment located in an individual’s body. Instead, we now understand disability as the result of impairments **plus** attitudinal, environmental, institutional, and other barriers.

**Discrimination on the basis of disability:** Any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. (UNCRPD)

**Domestic violence:** Also called domestic abuse or intimate partner violence. A pattern of behaviour used to gain and/or maintain power and control over an intimate partner. It encompasses all physical, sexual, emotional, economic, and psychological action or threats of action that influences another person. This is one of the most common forms of violence experienced by women globally.

**Economic violence:** Making or attempting to make a person financially dependent by maintaining total control over financial resources, withholding access to money, and/or forbidding attendance at school or employment.

**Emotional violence:** Violence that is emotional rather than physical in nature. This can include bullying, criticism and verbal abuse, damaging a partner's relationships with friends and family.

**Female genital mutilation:** Procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. First classified as violence in 1997 by the World Health Organisation, the United Nations Children's Fund and the United Nations Population Fund.

**Gender-based violence (GBV):** Any act of violence directed at a person because of their actual or perceived gender. It may be physical, emotional, or sexual in nature involving rape, physical assault, sexual abuse, or intimate partner violence. Honour killings, child marriage, female genital mutilation, and other harmful practices also constitute GBV.

**Inclusion:** An approach that ensures participation and access to resources for people who might otherwise be marginalised or discriminated against, such as people with disabilities or members of other minoritised groups.

**Online or digital violence against women:** Any act of violence that is committed, assisted or aggravated by the use of information and communication technology (mobile phones,

internet, social media, computer games, text messaging, email, etc.) against a woman because she is a woman.

**Physical violence:** The use of physical force to deliberately inflict pain and injury on the body of another person. It can also include property damage.

**Psychological violence:** Violence that is psychological rather than physical in nature. This can include the threat of physical harm to self, partner or children, 'mind games' or gaslighting, and forcing isolation from friends, family, school and/or work.

**Rape:** Any non-consensual vaginal, anal or oral penetration of another person with any bodily part or object.

**Sexual harassment:** Making sexual advances towards another person without consent. Harassment can be verbal, physical, online, and can involve taking photographs, spreading rumours about someone, or asking intrusive questions.

**Sexual violence:** Any kind of sexual activity or act (including online) that takes place without consent.

**Survivor:** A person who has been subjected to gender-based violence (GBV).

## Executive summary

The Sightsavers gender-based violence (GBV) stakeholder analysis for accessible and inclusive services for women with disabilities in Uganda complements the government of Uganda's commitment to eliminate all forms of GBV in the country.

This analysis had three main aims:

- To learn from women with disabilities about the barriers they face when trying to access GBV services.
- To learn from service providers about the challenges involved in reaching women with disabilities, and ensuring that services are accessible.
- To discuss with all participant stakeholders ways to address these challenges and agree practical steps toward more inclusive GBV services in Uganda.
- To provide Sightsavers with evidence to begin programming on GBV, subject to funding.

We used qualitative methodology in this work. To begin with, we held a workshop with women with disabilities to discern their key priorities for a more inclusive approach to GBV prevention and response. Then we conducted 16 focus group discussions with different stakeholders, including women with disabilities, civil society organisations, the police, and policymakers. We conducted 25 key informant interviews with leaders and staff of state institutions, GBV service providers, development partners including UN agencies, and organisations of women with disabilities.

## Key findings

- Stigma and discrimination emerged as the most significant barrier to accessing GBV response services for women with disabilities. Discrimination and negative attitudes

towards people with disabilities is widespread in Uganda. Discrimination towards women on the basis of their gender is also rife. The intersection of disability with gender means that stigma and discrimination is exacerbated towards women with disabilities and they are at higher risk of GBV. Other marginalised social groups, including LGBTQ women with disabilities, also face severe stigma and discrimination on the basis of intersecting identities. This makes it particularly difficult for them to seek help and support in response to GBV.

- Many women with disabilities are unaware of their legal rights, and the laws and policies that exist to uphold those rights and to address GBV in Uganda. Among people who are aware of relevant policies and legislation, there is a need for more detailed understanding of specific provisions.
- The absence of an effective referral system in most communities is a barrier to GBV services for women with disabilities. Survivors told us that they were not aware of what GBV response services exist; how to access services; which service to approach first.
- GBV service providers are not inclusive of women with disabilities. GBV service providers told us that they try to offer inclusive services but they are not sufficiently informed about the experiences and requirements of survivors with disabilities.

## Key recommendations

Seven key recommendations emerged from our focus groups and key informant interviews.

1. **A national education and awareness campaign** aimed at addressing social norms by raising awareness of the rights of people with disabilities and reducing stigma and discrimination towards women with disabilities in particular. This campaign should also raise awareness that people with disabilities are at higher risk of GBV.
2. **Disability inclusion training** for all organisations and institutions involved in GBV prevention and response. Disability inclusive practice should be integrated into all services.
3. **A strengthened, streamlined, and inclusive GBV referral system.** Improved coordination between service providers to ensure easier navigation for survivors, and inclusive access for survivors with disabilities in all their diversity.
4. **Partnership with organisations of women with disabilities** to ensure that inclusive services are co-designed with the people who need them.
5. **The greater economic empowerment of women with disabilities.** Financial cost is a huge barrier to accessing GBV services for survivors with disabilities. Ensuring that women with disabilities are given the opportunity to participate in training and employment programmes is one step towards enabling greater financial independence.
6. **Increased funding.** Specific protected budgets must be allocated to service providers for making GBV prevention and response work more inclusive of people with disabilities. Policies such as fully or partly subsidising the cost of assistive technology required by women with a range of impairments should also be explored.
7. **Better data and evidence.** More data about the lived realities of survivors will enable more evidence-informed programming for accessible and inclusive services. With consent, data capture at all points along the GBV service referral pathway should be updated to include information about disability, including as part of health



management information systems (HMIS). Disability data should also be integrated by the Uganda Bureau of Statistics (UBOS) into its national survey modules.

# Introduction

## Background

Sightsavers is an international NGO based in the United Kingdom. Its vision is a world where no one is blind from avoidable causes, and where people with disabilities can participate equally in society.

As part of its social inclusion strategy, Sightsavers is committed to working with partners to address, and eventually eliminate, GBV, with a particular focus on ensuring that GBV response services are inclusive of people with disabilities in all their diversity.

This project arose from formative analysis that confirmed both the need and enthusiasm for work on inclusive GBV services in Uganda. This paved the way for a larger participatory GBV stakeholder analysis workshop, focus group discussions, and key informant interviews. We describe our methodology in more detail below.

This report shares evidence generated by this stakeholder analysis which will allow Sightsavers to begin GBV programming, subject to funding.

## GBV in Uganda

[Gender-based violence \(GBV\) is the world's most pervasive human rights violation](#), affecting more than 1 in 3 women globally. GBV can be physical, sexual, economic, and verbal. It can take place in person and through the use of technology such as phone messaging apps or social media platforms. GBV is rooted in and perpetuates gender inequality.

In Uganda, GBV is one of the most oppressive forms of gender inequality. According to the 2016 Uganda Demographic and Health Survey (UDHS) half of women aged 15-49 have experienced some form of physical violence since the age of 15 (1). The 2020 National Survey on Violence in Uganda shows that women and girls are at the greatest risk of violence from both intimate partners and non-partners (2). It is a barrier to the equal participation of women and men in social, economic, and political areas of life. GBV constitutes a violation of human rights, a threat to public health, and a fundamental obstacle to the achievement of gender equality and the [Sustainable Development Goals](#) (3).

## High risk of GBV for women with disabilities

As of 2021, approximately 1.3 billion people – about 16 per cent of the global population – have a disability. The National Population and Housing Census 2016 by the Uganda Bureau of National Statistics (UBOS) shows that 12.4% of the population, or approximately 4.5 million Ugandans, lives with some form of disability. Of these, just over 50% are women (4).

Along with gender inequality, stigma and discrimination towards people with disabilities is another widespread form of oppression. The combination, or intersection, of characteristics means that women with disabilities are at particularly high risk of GBV. Women with

disabilities are between two and four times as likely as those without disabilities to be subjected to intimate partner violence. Women with disabilities are also more likely to be subjected to non-partner sexual violence and they are at risk of specific forms of violence including forced sterilisation, removal of assistive devices, over- and under-medication, and neglect (3,5).

This is also the case in Uganda. The National Policy on Persons with Disabilities recognises that women with disabilities are at greater risk of sexual violence compared to women without disabilities. However, we don't have accurate data about how many women with disabilities experience GBV in Uganda. This is both because reporting data is not systematically disaggregated by disability, and because of the barriers to reporting that survivors with disabilities face.

## Policy and legislative environment

The Constitution of the Republic of Uganda 1995 provides for the protection and promotion of the rights of people with disabilities. The [Persons with Disabilities Act 2020](#) (which replaces a 2006 act), aligns these rights with the UN Convention on the Rights of Disabilities, sets out the legal framework, and mandates the National Council for Persons with Disabilities to monitor the impact of laws, policies and programmes on disability rights. The law outlines the respect and promotion of rights of people with disabilities, the right to enjoy family life, prohibition of inhuman and degrading treatment, the right to education, and prohibition of discrimination in the provision of health and employment services.

The Act does not specifically address GBV, but it has two provisions that are important to note. First, Article 4 grants people with disabilities a right to enjoy family life, have a home and a family, have sexual and other intimate relations, and have equal rights in marriage and at its dissolution. This provides a legal protection against forms of GBV that occur within the family. Second, Article 7 provides for non-discrimination in the provision of health services. This should give women with disabilities access to any available GBV health services, and provides a basis for supporting advocacy.

The National Policy on Persons with Disabilities 2022 outlines a shift to equal opportunities in accessing and utilisation of goods and services. The policy also recognises that women with disabilities face high incidences of physical and sexual violence, but does not have explicit strategies and actions to address GBV against women with disabilities.

The National Action Plan on Disability 2023/2024 – 2028/2029, an operational guide for the National Policy on Disability 2022, is in its final stages and about to be launched by the government. Its policy objectives have the potential to increase protection against GBV and accessibility to GBV services. Policy objective 1 is to enhance access to livelihoods programmes by people with disabilities, improving the economic independence of women with disabilities, and addressing some of the challenges they face in accessing GBV services due to lack of income. Policy objective 4 is to realise adequate protection of people with disabilities against abuse and neglect. One of the strategies to achieve this policy objective is to mitigate violence against people with disabilities but, again, there is no specific strategy to address the high prevalence of GBV among women with disabilities.

There is no single law that protects women from GBV, but a patchwork provision across a range of laws and policies. The Children Amendment Act 2016 provides significant

protection to children, including sexual violence, abuse, child marriage, and other forms of abuse. It also has specific provisions for the protection of the rights of children with disabilities, which it defines as those who have “long term physical, mental, intellectual, or sensory impairments which may hinder their full and effective participation in society on an equal basis with others.”

Within this Act, Section 9 mandates the National Children Authority to give priority in funding and implementation of programmes for children with special needs, and ensure these funds are not diverted to other programmes. Section 10 also requires that each local council keep a register of children with disabilities and give assistance whenever possible.

The Penal Code Act, Cap 120, as amended in 2007, Section 129, outlaws sexual relations with people below the age of 18 years. It further classifies defilement into simple defilement, where the victim is above 14 years, and aggravated defilement, which constitutes various circumstances, one of which being where the victim is a person with a disability. In doing so, it recognises that people with disabilities have greater vulnerability to abuse, and sexual offences constitute aggravated defilement, is a positive development. It is an enabler for advocacy for more inclusive services within the legal sector to increase access to justice for women with disabilities.

The Domestic Violence Act 2010 and the Domestic Violence Regulations 2011 provide the legal framework that protects women against gender-related offences that are committed within domestic relationships. Section 2 stipulates the different forms of violence perpetrated in intimate partner relations as emotional, economical, and physical. One key provision, in Section 5, is that the consent of the victim is not necessary to a charge of domestic violence - due to the widespread normalisation of discrimination and social stigma against women with disabilities in the community, there are often barriers to gaining consent for prosecution for acts of domestic violence, which this addresses. To increase access to justice, Section 6 gives jurisdiction to local council courts in offences of domestic violence, and stipulates that the nature of the victim has to be recorded, whether the victim, perpetrator or representative of the victim is a person with a disability.

Further to this, the Regulations for the Domestic Violence Act mandates different courts to hear cases of domestic violence based on the severity of the case. Regulation 7 provides for the jurisdiction for local council courts, Regulation 21 for police, and Regulation 24 for the magistrates’ courts. However, the challenge is the capacity of local council court members, police officers, and legal personnel to provide inclusive services to women with disabilities - for example due to a lack of facilities such as sign language interpreters and braille services.

The government has formulated supporting policies for the enforcement of laws relevant to GBV, most notably the [National Policy on Elimination of Gender Based Violence in Uganda 2016](#). However, these policies lack specific provisions for enhancement of the provision of accessible and inclusive services to women and girls with disabilities. The National Policy on Elimination of Gender-Based Violence in Uganda 2016 provides guidelines on how to handle a person who has faced GBV but falls short of recognising the barriers faced by women and girls with disabilities. There are significant gaps in the provision of accessible and inclusive services to women and girls with disabilities.

The Evidence Act Cap 6 provides a standard legal basis for criminal trials. To prosecute cases of GBV, evidence must be presented, and the Evidence Act does not limit who can be a witness. Section 117 stipulates that all persons shall be competent to testify unless the

court considers that they are prevented from understanding the questions put to them, or from giving rational answers to those questions, due to tender years, extreme old age, disease, whether of body or mind, or any other cause of the same kind.

Section 118 provides for witnesses giving evidence in any other way he or she can make it intelligible, such as with writing or signs. Writing and signs must be done in open court, and evidence given shall be deemed to be oral evidence. This is positive, but the challenge is the lack of facilities to enable people with disabilities to access the courts or to meet other accessibility needs to be able to give evidence. The situation is even more challenging for women with disabilities seeking justice for gender-related crimes, especially in circumstances where it is vital that victims of GBV be present as witnesses to prove their case.

There are a range of laws and policies which protect the social and economic rights of people with disabilities, such as the Employment Act 2006, the National Social Protection Policy, the Succession (Amendment) Act 2022, and Education Act 2008. These provide protection against discrimination, and ensure (for example) that women are able to stay in their homes after the death of their parents. These broader policies promote the socio-economic welfare of women with disabilities, strengthen the protection against discrimination, reduce their vulnerability to GBV, and increase their capacity to access support services.

The Equal Opportunities Commission Act 2007 established the Equal Opportunities Commission to promote and ensure compliance with equal opportunities and affirmative action in favour of groups marginalised, based on various parameters such as sex, race, ethnicity, gender, age and disability, among others. The Act recognises that women are marginalised and therefore deserve to be treated fairly in all aspects of life, and the Commission includes at least one person with a disability and two women. It also provides a legal basis for affirmative action.

Access to buildings is yet another key barrier for women with disabilities to access GBV services. The Building Control Act 2013 provides for standards in construction - articles 3 and 4 establish the National Building Review Board with a membership that includes a representative of the ministry responsible for disabilities and a representative of people with disabilities nominated for appointment by the National Council for Persons with Disabilities.

The legislative and policy framework provides significant protection and aligns with global norms (such as the [UN Convention on the Rights of Persons with Disabilities](#)), but lacks coordination mechanisms on GBV, means of implementation, and strong accountability institutions. It is unclear who has responsibility for addressing the specific challenges for women with disabilities, and how the legislation and policies relate to one another. This is exacerbated by the lack of disability inclusion in the National Policy on Elimination of Gender Based Violence in Uganda (2016) and the National Action Plan on Elimination of Gender Based Violence in Uganda (2016-2021). In addition, the language is not consistent and, as has been shown, the impact on GBV is often to be inferred rather than clearly stated. Stronger and clearer accountability structures would also provide greater incentive for public bodies to resource and support their staff to provide access to services and legal redress.

# Methodology

We worked with colleagues in the Sightsavers Uganda country office to conduct this stakeholder analysis because they had already conducted a GBV mini assessment. The mini assessment informed our wider stakeholder analysis.

We conducted group discussions (FGDs) and key informant interviews (KIIs) to understand the barriers to inclusive GBV services and ways to address them, and document reviews to identify implementation gaps in relevant laws and policies.

Participants for the FGDs and KIIs were selected using criterion-based purposive sampling. This means that we invited people to participate based on their relevant experience and/or expertise. We contacted people via email or telephone to invite their participation. Participants who agreed to attend signed a consent form. We also asked participants to complete a simple questionnaire to capture their socio-demographic characteristics.

Accommodations were arranged for participants with disabilities as required, to ensure the workshop was fully accessible.

## Focus group discussions

We held 16 FGDs with 165 participants from the following groups:

- Women with disabilities
- Police officers and law enforcement officials
- Community and religious leaders
- GBV legal specialists
- Psychosocial workers
- Safe house workers
- NGOs: Action on Disability and Development (ADD), National Union of Disabled Persons of Uganda (NUDIPU), Plan International, Social Development Direct
- Women's rights organisations
- Academics
- Survivor networks
- Healthcare providers
- GBV prevention organisations and toll-free helpline providers

We also held FGDs for marginalised social groups at high risk of GBV:

- Female sex workers
- LGBTQ people
- Older women with disabilities
- Parents of children with disabilities and caregivers of people with disabilities

On day three of the workshop, we brought all the FGD participants together for a plenary discussion of the recommendations for GBV service provision for women with disabilities.

On day four, three groups of women with disabilities prioritised their recommendations and next steps using diamond ranking methodology.

## Key informant interviews

We conducted KIIs with:

- Leaders and staff of key government departments
- GBV service providers
- Development partners including UN agencies
- Organisations of women with disabilities
- People with disabilities working as traders
- Parents and caretakers/guardians of children with disabilities
- Opinion/cultural/traditional and religious leaders with disabilities
- Older women and men with disabilities

During the interviews we asked informants about the barriers to GBV services for women with disabilities, and recommendations about how to address them.

See Appendix for a list of locations where the interviews took place.

## Document review

We conducted a review of documents related to GBV and women with disabilities, including international and domestic legal instruments. We paid particular attention to gaps in the implementation of Ugandan laws and policies, including the Persons with Disabilities Act 2020 and the National Policy on the Elimination of GBV 2016. In our analysis we have used secondary data from the document review to support primary data from the FGDs and KIIs.

## Data management and analysis

With the consent of participants, we recorded and transcribed FGDs and KIIs. Where consent was not given, we took written notes. We analysed the transcripts and notes using thematic content analysis to identify patterns and themes emerging from the data. The quotes in this report have been anonymised.

All data is stored securely by Sightsavers.

## Safeguarding

Many of the FGDs and KIIs we conducted as part of this analysis took place with vulnerable people at high risk and survivors of GBV. Along with obtaining informed consent from all participants, we worked with guidelines for the ethical management of situations in which any participant experienced distress.

# Findings

## Barriers to GBV response services for women with disabilities

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A range of barriers to GBV services were identified during the stakeholder analysis process. These included fragmented and inaccessible services, insufficient information about how and where to seek help, and incomplete or ineffective policy implementation. However, the most fundamental barrier was identified as the social norms that perpetuate stigma and discrimination towards people with disabilities, and women in particular. These norms are also at the root of several of the other barriers that we discuss below.

### Social norms, stigma, and discrimination

The social norms that perpetuate stigma and discrimination towards people with disabilities in Uganda emerged as the most significant barrier to women with disabilities accessing GBV response services.

Negative attitudes and discrimination towards people with disabilities is widespread in Uganda. Discrimination and violence against women is also normalised. The combination, or intersection, of these characteristics means that women with disabilities are at particularly high risk of GBV. This is compounded further for marginalised groups who face multiple forms of discrimination, such as LGBTQ women with disabilities, for whom accessing support services is even more difficult.

In many parts of Uganda, there is a persistent belief that disability is a curse as the result of bad omens. People with disabilities are therefore often considered a source of shame and a burden on families and communities. Families may hide children with disabilities at home away from the community, and people with disabilities often live very isolated lives.

The stigma and discrimination that women with disabilities face makes it harder for survivors to access GBV services for a number of reasons. Participants told us that in some cases when women with disabilities report sexual violence, caregivers find it bothersome and don't support the survivor to seek care and justice. A family may also be unwilling to spend their limited resources to pursue justice on top of the costs of caring for a relation with a disability.

GBV is rooted in and perpetuated by the unequal power balance between men and women. Patriarchal norms often promote a culture of silence around GBV by dismissing it as inevitable and a private family matter. A famous saying among the Baganda people in central Uganda, “ebyomunju tebitotolwa”, means that one should not give a public account of family matters.

Based on these sociocultural norms, women with disabilities survivors are often expected to tolerate GBV in silence. This expectation is compounded by beliefs that a man, particularly a man without disabilities, who is in a relationship with a woman with a disability is doing that woman a “favour”.

The culture of silence around GBV is particularly strong when the perpetrator is a close relative, community member, or is a person in a position of influence. Cases of GBV against

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women with disabilities perpetrated by these types of people usually go unreported because of the fear that pursuing justice will jeopardise relations between the family of the survivor and that of the perpetrator.

“[There is a] fear to report perpetrators who are members of the family or in the close neighbourhood. My concern is about family, remember we’re talking about GBV, right? Most of the people who hurt these people, they are immediate family, close family and most of them are people who they depend on to eat, walk, financially, everything. Reporting them looks like maybe you’re cutting off one of your legs.” - Focus group participant

As a result, some GBV cases involving women with disabilities are settled in the community without the involvement of legal authorities or GBV support services. In some cases, the perpetrator may pay an amount of money in compensation to the parents or caregivers of the survivor, before abandoning her. In other cases, women with disabilities are married off to men who have subjected them to GBV, and a “bride price” is received in exchange for the family’s silence.

“When the person living with a disability has been abused or raped, there is a connection in the community where the parents agree with the person who has raped the child or attacked that person living with a disability. They will charge the person to pay some dowry and the case is squashed. And nobody knows what is taking place, they’ve worked with the local councils, they’ve worked with the parents and the perpetrators, and the person is left there, and nobody knows what is taking place.” - Focus group participant

## Education, rights, and lack of guidance

A 2020 situational analysis indicates that young people with disabilities in Uganda have lower literacy rates compared with their peers without disabilities: 43% of young men with disabilities and 50% of young women with disabilities are unable to read or are only able to read parts of a sentence, compared with 34% of young men and 38% of young women without disabilities (6).

Children with disabilities still face great challenges in accessing good quality inclusive education. A recent UNICEF study indicates that the gap in primary school completion rates between children with and without disabilities has increased dramatically over time. Even children with disabilities who are initially enrolled in education tend to drop out early. In Uganda, only about 9% of children with disabilities attend primary school, compared to a national average of 92%, and only 6% of them continue to secondary school, compared to a national average of 25% (7).

The high rate of young women with disabilities in Uganda who cannot read and write seriously limits their ability to access GBV services. They may not know what services exist, and/or how to access them.

“Ignorance about available GBV services. They [women with disabilities] are not sensitised, they don’t know where to run to, they don’t know where to go.” - Focus group participant



In many cases, women with disabilities are also uninformed about their legal rights and the care and justice they are entitled to.

“A lot of the time, they come into our offices and they have no idea that this is what you’re entitled to as a person, this is what you should be enjoying.” - Focus group participant.

“We could be here, but we don’t know about our rights. I’m talking about women with disabilities ourselves. If we don’t know our rights, how will other people know our rights? So, we have to understand our rights. After understanding our rights, let us take them to the community.” - Focus group participant

Among women with disabilities who do know that laws exist to protect their rights, many do not have a detailed understanding of what they are entitled to and how to access it. This inhibits them from demanding care and justice and holding service providers accountable for their responsibilities. Additionally, the laws are in English and published in formats that are not accessible for women with different types of disability.

“When we look at the laws and regulations, even we women with disabilities don’t know some of these laws. We could be knowing them, but we might not be understanding them.” - Focus group participant

Most GBV support services are based in urban areas, which limits their capacity to reach women in rural areas and share information about what is available.

“People are not aware of the services that all of us are offering. We are not in the community.” - Key informant interview

## Financial cost

“Financial barriers – we’ve talked about transport. They cannot move because financially they are badly off.” - Focus group participant

Lack of money is a critical barrier that deters survivors with disabilities from accessing GBV services. Survivors need money for transport costs (if accessible transport is available), for the processing of paperwork by the police, and for medical bills. A lack of money is due to the low economic status of most women and girls with disabilities and their families.

The 2009/10 National Household Survey found that poverty rates in households with a person with a disability were 30% higher than in households where no one had a disability (8). A 2020 situational analysis indicates that although the country has high levels of unemployment for all young people, employment rates are higher for youth with disabilities (6).

Once again, the situation is worse for women with disabilities who face multiple forms of discrimination in the labour market. The nature of available employment in a primarily subsistence economy is also a barrier for women with different types of impairments.

“The women and girls that we are talking about do not have the money to access the services. Even transportation is a barrier.” - Key informant interview

## Inaccessible services, spaces, and transport

The physical inaccessibility of most buildings in Uganda is a significant barrier to GBV services for women with disabilities. Although it is mandatory for all public buildings to become accessible by integrating ramps and other adaptations such as accessible bathrooms, this has not yet been fully implemented. In addition, most GBV service providers lack the assistive technology, such as wheelchairs, or support staff, such as sign language interpreters, that are needed by many survivors with disabilities.

The lack of accessible public transport across the country is a critical barrier to GBV services for women with disabilities. Very few people with disabilities can afford private vehicles, so without accessible public transport their movement is extremely limited. Taxi operators frequently, illegally, discriminate against people with disabilities by refusing to take them if they are a wheelchair user, or need assistance with mobility aids, or entering and exiting the vehicle. Without accessible and affordable transport, survivors with disabilities have little chance of accessing the services they are entitled to.

## Barriers to inclusive GBV service provision for women with disabilities

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### Social norms, stigma and discrimination

The social norms that perpetuate stigma and towards people with disabilities in communities also deter service providers from providing inclusive GBV services.

Despite a conducive national legal and policy framework that mandates all stakeholders to provide accessible and inclusive services for people with disabilities, most institutions in the country have a long way to go. In many cases, our participants told us, this is because the widespread community discrimination against people with disabilities is replicated at institutional level. The discussions in the stakeholder workshops illustrated this:

“We have discriminated against people with disabilities at some point in time ... we thought allocation of resources for the services that benefit women and girls with disabilities is not a priority at all levels. It is normal to discriminate against them, so we have not given that a priority, even when we are planning and when we are allocating resources.” - Key informant interview

### Lack of disability inclusion training and expertise

The stakeholder analysis confirmed that most GBV service providers have not yet integrated disability inclusion into their systems and programming. The majority of institutions that participated in the stakeholder workshop did not have a disability focal person and their staff lacked the expertise to integrate disability inclusion into institutional structures and programmes. Further, most service providers do not have a disability policy in their institutions to guide programming to meet the needs of survivors with disabilities.

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“Most service providers do not put specific focus on the unique needs of women and girls with disabilities and, therefore, there are no focal people on disability. In our services, where we are, there is no focus on people with disabilities. Let me say, I’m going to BarefootLaw - is there a person that is going to help me, a person [with a disability]? If I’m coming to Justice Centres Uganda, is there someone that understands me? We need such services in every organisation, whereby if I come to the police [for example], I am going to get the service that is required.” - Focus group participant

Along with negative attitudes and discrimination, a lack of knowledge about the experiences and requirements of survivors with disabilities also hinders service providers from offering inclusive services. The 2020 Ministry of Gender, Labour and Social Development (MOGLSD) [Situational Analysis of Persons with Disabilities in Uganda](#) notes the need for more research and expertise (6). However, it is also up to service providers to develop this expertise for themselves, and ensure a lack of knowledge is not used as an excuse for discriminatory practices.

Building relationships with organisations of people with disabilities (OPDs), especially women with disabilities, is crucial for service providers to develop their expertise and become more inclusive. Inclusion initiatives that do not involve people with disabilities in their design and implementation often fall short. One participant shared an example where a ramp was constructed for wheelchair users at a school, but it could not be used because it was too steep. In the same way, GBV service providers are unable to meet the needs of women with disabilities effectively because they do not involve them in the planning of their programmes.

“[People with disabilities] need to be approached. Projects just come and they start. [People with disabilities] don’t know what is there, what they expect and so they actually don’t own it if they are not involved.” - Key informant interview

Lack of skilled personnel is a barrier to access at all institutions involved in GBV response. Most institutions lack adequate sign language interpreters while others do not have any. In a 2020 report, UN Women found that in East and Southern Africa, health practitioners were frequently unable to communicate with women with hearing impairments because there were no sign language interpreters (9). Lack of sign language interpreters discourages survivors from seeking services. It also demotivates staff at service providers, who may understand a survivor’s method of communication as the barrier to access, rather than their lack of a sign language interpreter:

“The barrier of sign language [is] that often you will come to us and we do not understand what you want because of the way you communicate. So, it becomes a barrier, it hinders the service that we would have offered, and we find that we are not able to offer in a perfect way or the way it should have been. So, it becomes a challenge.” - Key informant interview

“This police officer who is at a post deep down there. If he or she meets someone who uses sign language, they go berserk. They don’t know what to do. And we all know what happens, some of us are rude, some of us have many problems from somewhere else and whatever. This person will not receive help.” - Key informant interview

## Budgets and resources

Service providers told us that understaffing was a barrier to providing inclusive services to women and girls with disabilities. Most of the civil society organisations offering GBV services have few staff because funding is largely dependent on development partners.

Even in government institutions, agencies that offer GBV services receive a small share of the national budget. The limited number of staff find it difficult to provide inclusive services to survivors with disabilities who may require more time and support.

“We discussed in our group how we are not facilitated. We are understaffed, we are one person in the whole division. You can do as much and you can go as far as one person can go, but [the] issues are many.” - Key informant interview

“[W]e are willing to come, counsel them, walk that journey with them, if someone comes and reports. But saying that we’re going to reach every household if no one is reporting is a bit hard for us. We have the willingness to work with other partners.” - Key informant interview

## Fragmented referral pathway

Many participants said that the GBV service referral pathway is weak in Uganda, especially in rural areas. In some instances, the referral service does not exist in the area. The practice of one-stop centres for GBV services has not yet taken root in the country and different services are often located in different places. As we have seen, inaccessible transport is a major barrier to GBV services for survivors with disabilities - for many people, moving between different places for different services is impossible.

A fragmented system is also frustrating for service providers when they can’t guarantee that a survivor will receive the service they have been referred to.

“We have had cases where we have intervened... and I have been frustrated up there, in the line of my referral. Like maybe calling a police officer to come and help me and the police officer tells me there is no transport, there is no fuel. And I’ll not push my fingers on the police officers, maybe they have their challenges.” - Key informant interview

Lack of a streamlined pathway with guidance about how to navigate it inhibits the effectiveness of GBV response services. In particular, the respective responsibilities of the police and health services need to be clarified and joined-up. GBV is predominantly perceived as an issue to do with the police and justice system, which can undermine the importance of the services offered by other institutions, especially the providers of healthcare and psychosocial support which are crucial for survivors with disabilities.

## Diverse and highly vulnerable groups

GBV service providers noted that they face particular challenges in providing services to the most marginalised survivors with disabilities, especially LGBTQ survivors, who are subject to multiple forms of discrimination as well as being at high risk of GBV.

# Recommendations: enabling inclusive GBV services for women with disabilities

In line with the participatory approach of this stakeholder analysis, recommendations for how to enable disability inclusive GBV services were discussed and developed in a collaborative way during the final two days of the workshop. Each sector represented in the stakeholder analysis developed a list of recommendations. Women with disabilities were supported to prioritise what they need from GBV services, with a view to informing future Sightsavers GBV programming and actions for other stakeholders.

We have organised the recommendations below by theme, and we highlight where actions are required by specific actors.

## Education/awareness campaigns to address social norms

The social norms that perpetuate stigma and discrimination towards women with disabilities act as a barrier both to accessing and providing GBV services. These norms must be addressed through a **comprehensive, accessible, national awareness and education campaign** designed and delivered in collaboration with OPDs, especially women and survivors with disabilities. The campaign should raise awareness of the **rights of people with disabilities in all their diversity**, enshrined in the Persons with Disabilities Act, their higher risk of being subject to GBV, and **how to support survivors with disabilities** to access the care and justice they are entitled to.

Efforts should be made to reach all women with disabilities, including those who are largely housebound, and to share information about their rights and entitlements in **formats that are accessible to people with different impairments in different linguistic communities**. These efforts must include women with disabilities in all their diversity, particularly those who are the **most marginalised and targets of multiple forms of discrimination**.

Communities should come to understand that preventing and addressing GBV against women with disabilities is a **shared responsibility** and should not be considered a private family or police matter, with no relevance to the wider community or individuals who may have witnessed GBV. Particular efforts must also be made **to reach men and boys**, with a view to addressing and changing the harmful social norms that are driven and upheld by gender inequality.

A campaign like this should be **funded and coordinated by the Ministry of Gender, Labour and Social Development**, working in **partnership with local government, civil society organisations and networks, particularly women with disabilities**. Working closely with existing initiatives such as the community-based rehabilitation programme can help to disseminate messages and reach more people, as well as creating opportunities for collaboration towards more disability inclusive GBV services.

## Disability inclusion training and expertise

It is imperative that GBV service providers, both in government institutions and civil society, have a **disability policy in place and/or a roadmap towards the integration of disability inclusion** into GBV services.

To reach this point, **mandatory disability inclusion training** must be undertaken by everyone who works in connection with GBV prevention and response. For people undertaking professional training in areas such as healthcare and law, education about disability rights and the increased risk of GBV for people with disabilities, should be integrated into core curricula. This should be **led by government institutions responsible for curriculum development**, such as the National Curriculum Development Centre, Ministry of Education and Sports and National Council for Higher Education, in collaboration with academic partners and organisations of women with disabilities.

More sign language interpreters must be trained and ultimately employed at all GBV service providers. This should be led by the **government in coordination with partners**. In the short-term, **service providers, civil society organisations, and OPDs should connect and pool resources to improve access** to sign language interpretation and other assistive technologies for survivors with disabilities.

**Village Health Teams (VHTs)** should undertake specific training to help them identify and establish relationships with women with disabilities in communities who may be housebound or kept indoors by their families.

In some cases, there may be insufficient evidence to prosecute a case against a perpetrator of GBV, and the survivor and her family may pursue mediation instead. It is essential that this mediation is carried out by someone trained in disability inclusion, and that the survivor receives accessible and inclusive counselling before the mediation process takes place.

## Full and effective implementation of laws and policies

Uganda is a signatory to several international human rights and policy framework commitments for the protection of the rights of vulnerable groups, most significantly women and people with disabilities. Many of the international commitments have been domesticated into national laws and policies, providing a basis for providing accessible and inclusive GBV services. However, **the government must address gaps in the implementation of relevant laws and policies** in order to ensure the provision of inclusive GBV services. Most significantly, **the National Policy on the Elimination of GBV must align with and reflect the rights enshrined in the Persons with Disabilities Act**.

There is political will in Uganda to enhance the lives of people with disabilities, demonstrated through the participation of people with disabilities in the governance structures of the country at all levels. The government has mandated quotas of representatives of people with disabilities at all levels of governance down to the district and sub-county level. Each county has two councillors for people with disabilities, one male and one female.

Not all representatives prioritise the concerns of people with disabilities, and they often abandon their constituents between elections. Nevertheless, **OPDs and women's rights**

**organisations should target these leaders to advocate for the full and effective implementation of laws and policies.**

**Stronger and more representative accountability mechanisms** overseen by Parliament will also drive the more effective implementation laws and policies.

## Partnership with organisations of women with disabilities

Organisations of women with disabilities have a significant role to play in the promotion and creation of inclusive GBV services in Uganda. There are various organisations of women with disabilities around the country and most operate at a regional or district level.

The existence of a **vibrant women's rights movement in Uganda** is also a significant enabling factor for more inclusive GBV services for women with disabilities. Until now, there have not been strong relationships between women's rights organisations and organisations of women with disabilities. Due to **physical and attitudinal barriers**, organisations of women with disabilities were not able to participate in the activism which led to the development of GBV legislation in Uganda, and therefore could not advocate for a disability inclusive approach.

Women's rights organisations must be **more proactive around the inclusion of women with disabilities** and their concerns, while organisations of women with disabilities can **contact women's rights organisations to share their input and expertise** to ensure that disability inclusion is integrated across advocacy and programming for GBV prevention and response.

**Bridging the gap** between these movements is a crucial step towards collaborating for more inclusive GBV services for survivors in all their diversity.

## Joined-up referral pathways

The lack of an effective GBV referral pathway is a significant barrier to access to services for women with disabilities. As the key services for GBV response are provided by state institutions, the **government should work in collaboration** with civil society organisations to plan and embed streamlined referral pathways that are **inclusive of survivors with disabilities in all their diversity**. A **collaborative mapping exercise** of all existing GBV service providers and support organisations across the country will be a useful starting point for this work.

The **National GBV Reference Group** brings together service providers from different sectors and is an important mechanism for coordinating services. It is also an advocacy platform that can be used to promote the need for disability inclusive GBV services. It is important that **more organisations of women with disabilities join this platform** in order to influence more inclusive GBV programming across the country.

Institutions offering GBV services should **build relationships with organisations of women with disabilities** to ensure that women with disabilities contribute to the design of inclusive GBV services, including outreach programmes. **GBV service providers should strengthen their outreach programmes** and spend more time in communities when capacity allows. **Women with disabilities should be involved** in the running of these

programmes, establishing connections in communities and reaching women with disabilities with information about GBV services and how to access them.

**Technology** should also be deployed in the effort to join-up referral services, including the use of inclusive and accessible mobile services.

**Psychosocial counselling and support** is a critical service in the GBV referral pathway but is sometimes unavailable at first referral points, such as police stations and hospitals. Counselling must be made available throughout the referral pathway as part of an accessible system inclusive of survivors in all their diversity.

## The economic empowerment of women with disabilities

Financial cost is a huge barrier to survivors with disabilities seeking and accessing the care and justice that they are entitled to.

Increasing budgets for disability inclusive GBV prevention and response work is critical. In parallel, however, the **government must work with partners to facilitate the economic independence of women**. Women with disabilities must be given **opportunities to participate in economic empowerment programmes**, and skills and employment training must be adapted to be both appropriate for, and inclusive of, women with disabilities.

There are opportunities to **scale-up existing programmes** and/or ensure that they are **more inclusive** of women with disabilities. These include the National Special Grant programme, administered through the MOGLSD; the Uganda Women's Entrepreneurship programme; and the Youth Livelihood Programme.

There is also scope to make **savings and loan schemes more inclusive** of people with disabilities. While financial support is usually extended to people with disabilities in the form of group loans, this excludes people, particularly women with disabilities, who cannot access or participate in these groups. Individual grants, with support to apply for them, should also be made available to women with disabilities to enhance their economic independence and increase survivors' chances of accessing the care and justice they are entitled to.

## Increased funding

A lack of funding for disability inclusive GBV services is a critical barrier. **The Ministry of Finance, in consultation with Parliament and the MOGLSD, must allocate and protect specific budgets** for making GBV prevention and response work more inclusive of people with disabilities. These must be available to key institutions involved in providing and overseeing GBV services, including the MOGLSD, the Ministry of Health and the Ministry of Justice and Constitutional Affairs.

Policies such as **fully or partly subsidising the cost of assistive technology** required by women with a range of impairments should also be explored as a means of dismantling barriers to women with disabilities claiming their rights to inclusive GBV services.

**Civil society organisations** working in GBV response operate on very limited budgets with few members of staff who are unable to manage additional responsibilities and often get burned out. Additional funding for integrating disability inclusion into GBV services should include provision for the **recruitment and support of staff**.



## Better data and evidence

More **co-produced participatory research** is needed into the lives of women and girls with disabilities and their experiences with GBV services. More data about the lived realities of survivors will enable more **evidence-informed programming for inclusive services**.

With consent, assessment forms at all points along the GBV service referral pathway should be updated to include **information about disability**, including as part of health management information systems (HMIS). Disability data should also be integrated by the **Uganda Bureau of Statistics (UBOS) into its national survey modules**. This data can then be used for **monitoring and evaluation** purposes, and to **advocate for increased funding** for inclusive GBV services.

## Conclusion and next steps

In this report we have shared the findings of a stakeholder analysis workshop conducted by Sightsavers to inform a new area of work around integrating disability inclusion into GBV services in Uganda. We conducted focus group discussions and key informant interviews with a range of stakeholders, especially women with disabilities.

The analysis confirmed the many barriers that survivors with disabilities face when trying to access the care and justice they are entitled to, beginning with sparse and often inaccessible information about their rights and the GBV services that exist. The primary barrier both to survivors accessing services and service providers being inclusive of people with disabilities, was the social norms that perpetuate stigma and discrimination towards people with disabilities throughout Uganda. Financial costs, inaccessible transport, buildings and communications, and the incomplete implementation of relevant laws and policies all emerged as significant additional barriers.

For service providers, along with discriminatory attitudes, a lack of expertise and capacity, fragmented referral pathways, inaccessible spaces, and insufficient budgets and resources all emerged as barriers to the provision of inclusive services.

Recommendations for how to establish more inclusive services were developed collaboratively, with all stakeholders offering suggestions. Women with disabilities were asked to prioritise the greatest needs and associated actions for ensuring access to inclusive GBV services for survivors in all their diversity. The recommendations are organised under these themes, with associated actions for different stakeholders:

- Education and awareness campaigns to address social norms
- Disability inclusion training and expertise
- Full and effective implementation of laws and policies
- Joined-up referral pathways
- Partnership with organisations of women with disabilities
- The economic empowerment of women with disabilities
- Increased funding
- Better data and evidence

As a first step towards implementing these recommendations, Sightsavers has produced two practical guides for civil society organisations and state institutions to support the integration of a disability inclusive approach into GBV prevention and response in Uganda. In the longer term, and subject to funding, Sightsavers will use the evidence generated through this stakeholder analysis to inform future programming to ensure that GBV services are inclusive of people with disabilities in all their diversity.

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## Appendix

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### Institutions where we conducted key informant interviews

- Inter-Religious Council (IRCU)
  - World Health Organisation (WHO)
  - Ministry of Health
  - Platform for Labour Action (PLA)
  - Terres de Hommes
  - Action For Development (ACFODE)
  - Uganda Women's Network (UWONET)
  - Chapter for Empowerment and Rights Uganda (CERU)
  - Coalition for Prevention of Commercial Sexual Exploitation of Children and Trafficking in Persons
  - Domestic Violence Act Coalition
  - Ministry of Gender, Labour and Social Development
  - United Nations High Commission for Refugees
  - Ministry of Education and Sports
  - Ministry of Justice and Constitutional Affairs, Justice Law and Order Sector Secretariat
  - LGBTQ support networks
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We work with partners in low and middle income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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