“AS IF WE WEREN’T HUMAN”
Discrimination and Violence against Women with Disabilities in Northern Uganda
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
In northern Uganda, where the rebels of the Lord’s Resistance Army have waged war on the government for over two decades, women with disabilities experience severe, on-going discrimination and sexual and gender-based violence.1 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.2 They have specific needs for reproductive and maternal health care that are not met.3 The conflict and the movement of people have eroded the community networks that might have supported them in the past.
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 reconstruction effort, government plans are failing to address the needs of particular groups such as women with disabilities who may have been disproportionately impacted by the conflict.

Between March and July 2010, Human Rights Watch researchers conducted interviews with 64 women and girls with disabilities living in six districts in northern Uganda – Gulu, Amuru, Kitgum, Lamwo, Lira, and Otuke – and 90 interviews with representatives of international, national and local NGOs (including disabled persons’ organizations), UN agencies, and government officials.

Frequently abandoned, women and girls with disabilities face isolation and abuse as the country begins to move forward without them.
WAR AND DISABILITY

“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.”

Edna, a 29-year old woman and mother of two daughters, Lira district
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 that others can eat the food.”

Charity, a woman with a physical disability, Amuru district

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 needs such as food, clothing and shelter. Sometimes, children of women with disabilities suffer discrimination from parents of other children who fear that the children will spread their mother’s disability. Ongoing efforts by the government would help to reduce discrimination by family and community members.
OBSTACLES TO COMMUNITY PARTICIPATION AND ECONOMIC SELF-SUFFICIENCY

“As women with disabilities in the village, it’s like we’re not known. The government doesn’t reach out to us. Sometimes I weed people’s gardens and I am paid, or I send my children to work in people’s gardens. I’m not in any NUSAF or NAADS group [government livelihoods support program] because they don’t want any persons with disabilities. We’re not even informed of these programs. They just look for the able-bodied.

We women with disabilities should be looked at as people. We may have a disability, but our minds work.”

Filda, a landmine survivor, Gulu district

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). Despite the fact that the stated mandate of NAADS is to support poor subsistence farmers, in particular women, young people and persons with disabilities, only about half of the women with disabilities interviewed knew about NAADS or NUSAF, and only one had actually benefitted from these programs. The government should monitor these programs more closely to make certain that women with disabilities are informed of and actually benefiting from these initiatives. This should include developing indicators to track outreach to women with disabilities.
SEXUAL AND GENDER-BASED VIOLENCE

“One night, when I was sleeping alone, a man who was drunk entered my home and started raping me. My husband was not around. He had gone to look for food. No one came to rescue me, and the man raped me and beat me. I know the man. He lives in the neighborhood. The man was arrested and was held for only one day.”

In a follow-up interview with Irene alone, she told Human Rights Watch that her husband had also beaten her in the past. 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.

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, mobility and communication barriers and also because of myths that women with disabilities are weak, stupid or asexual. For women and girls with disabilities, the process for reporting rape is not accessible due to such factors as long distances to travel from remote areas to police posts or lack of sign language interpreters. Some women report crimes to local councilors, who often favor mediation over reporting to police and press for informal mediation, which rarely changes behavior and allows the violence to continue. 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 are guaranteed for all. The Ugandan government has yet to take the necessary steps to adequately prevent, investigate, and prosecute sexual and gender-based violence committed against women with disabilities.
Two sisters with disabilities, at their village in Gulu district. One sister is deaf, and the other has a physical disability.
“As a deaf person, if I accept a man to live with me, after a while they leave me and go back to their wives who can talk or hear. But by the time they leave, I’ve already produced a child. So they leave me and they do not support me. I’ve never gone to the police because I didn’t know the police could help me.”

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 suffer from child neglect more than others, in many cases, women 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. Women with disabilities are particularly vulnerable in cases of child neglect since they face additional discrimination in the community due to their disabilities and are limited in their ability to financially support themselves and their children. While the Ugandan penal code act criminalizes the abandonment of children, the law is not effectively enforced due to under-resourced government agencies. Lack of visible successful outcomes in child neglect cases discourages women with disabilities from coming forward.
ACCESS TO HEALTH CARE 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

Health care in the war-ravaged north is insufficient to reach many women with disabilities. There are few health centers, forcing people to travel long distances to reach them, and those that do exist rarely meet the specific needs of women with disabilities. Experiences at health centers vary widely for women with disabilities; while some 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 women with physical disabilities who left the camps said that they now have to crawl long distances to health clinics or pharmacies. The government of Uganda has the duty to provide affordable and accessible health care, including sexual and reproductive health services, to women with disabilities.

Caroline, who had polio, advocates for the rights of women with disabilities as a board member of the Gulu Disabled Persons’ Union
"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

Women with disabilities may be 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. Some women with disabilities who were raped said that they did not undergo HIV testing afterward because they were unable to reach health clinics or hospital staff were uncooperative.
As relative peace returns to the north and humanitarian organizations scale back their involvement there, local district governments are failing to take responsibility for providing services for particularly vulnerable groups such as women with disabilities. The government’s Peace, Recovery, and Development Plan (PRDP), 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 women with disabilities. The result is that many women with disabilities are deciding that they are better off remaining in displaced persons camps, where they may at least be getting some services, than returning home or relocating elsewhere.

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.

(above) 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.

(right) This woman has a hearing disability. She lives in a camp for internally displaced persons in northern Uganda. © 2010 Shantha Rau Barriga/ Human Rights Watch.
SPECIFICALLY, THE UGANDAN GOVERNMENT SHOULD:

• 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.
SPECIFICALLY, UGANDA’S DEVELOPMENT PARTNERS AND HUMANITARIAN AID ACTORS IN UGANDA SHOULD:

• 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, and to carry out the needs assessment.

• 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.

• 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.

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1 According to 2006 Demographic and Health Survey, approximately 20 percent of Ugandans have disabilities. In northern Uganda, the numbers of persons with disabilities are difficult to tally but very likely even higher because of the conflict. Uganda Bureau of Statistic, 2006 Demographic and Health Survey, August 2007, http://www.ubos.org/onlinenfiles/uploads/ubos/pdf%20documents/Uganda%20DHS%202006%20Final%20Report.pdf (accessed June 20, 2010), p. 22. The figures are from a random selection of the population and are not disaggregated by gender. There is a lack of data on the number of women with disabilities across the country.

2 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 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, 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.

3 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.

4 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).


5 Human Rights Watch interview with Irene, woman with physical and communicative disabilities and her husband Joseph, Gulu district, May 15, 2010.
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.

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