

## Forging a district community where women and girls with disabilities live dignified and empowered lives

→ Implemented by the Lira District Disabled Women Association (LIDDWA), Northern Region, Uganda

### Background

According to the National Census of Uganda the prevalence of disabilities among women is significantly higher than among men (15% vs 10%) and there are more persons with disabilities in rural areas than urban areas.<sup>i</sup> Other data show that 60% of Ugandan women experience emotional, physical, or sexual violence perpetrated by their partner in their lifetime.<sup>ii</sup> Although no data are available on Gender-Based Violence (GBV) faced by women and girls with disabilities, actors report specific forms of discrimination and violence against them. In particular there are harmful cultural practices affecting them, and by association their families, the birth of a child with disabilities being seen as a curse on the mother. This situation has been observed in Lira, a district located in the Northern Region of Uganda.

Lira District Disabled Women Association (LIDDWA) is a grassroots organization of women with disabilities created in 2001. The founders of the association joined forces to take actions to uphold their rights and the rights of other women and girls with disabilities. The board members are women with a wide range of disabilities including women with physical, sensory, and intellectual disabilities.

### What happened?

LIDDWA's practice started with board members visiting women and girls with disabilities at home and explaining that they are valuable human beings.

LIDDWA's strategic approach was to engage with women with disabilities by building their capacities through training for them and their families.

Awareness-raising amongst health practitioners was also required as they would assume that women with disabilities do not have a sex life and cannot have children. The organization also took the lead in making service providers accountable for the lack of reasonable accommodation, thus preventing access to sexual and reproductive health services. The accessibility is crucial for women with disabilities as giving birth at home puts the mother and child in danger, putting the newborn at greater risk of developing a disease or disability. The first step for LIDDWA was to train health practitioners and advocate in the health centers. In order to go further and increase pressure the organization partnered with local journalists: if no measures were taken after a first request to the health centers to provide reasonable accommodation, the journalists would publicly denounce their inaction.

The organization is also ensuring that girls with disabilities are aware of their sexual and reproductive health and rights, and of the various forms of GBV. To this end they hold monthly awareness-raising sessions in schools. The same kind of sessions have been held for women with disabilities, and included their husbands to ensure shared knowledge and responsibility on the matter.

LIDDWA brought on board community actors from the district through awareness-raising forums including husbands of women with disabilities, community members, law enforcement officers, cultural and religious leaders, and national and local government representatives. These forums help everyone to acquire knowledge and responsibility to ensure the rights of women with disabilities to access sexual health services, education, employment and property are fully upheld.

Finally, LIDDWA contracted a legal officer in partnership with the National Union of Disabled Persons of Uganda (NUDIPU), to provide legal support for pursuing GBV cases. The legal officer is primarily responsible for ensuring that sexual violence cases are followed through, as perpetrators often avoid prosecution through bribery.



“The project made me who I am today, I was a lesser person no-one believed in. Look at me now I am a teacher I have plans to pursue my diploma in education next year and am supporting my parents and siblings from my teaching income”.

Akulo, LIDDWA member

### What changed?

Meeting other women and girls with disabilities and having a safe space to talk about the discrimination they face, has empowered LIDDWA members to make their own voices heard. The improved awareness amongst local leaders has led to some women with disabilities obtaining redress after being denied access to land. Access to education for girls with

disabilities has also improved. The police have become more aware of, and respond better to issues faced by women and girls with disabilities thanks to the organization’s legal actions and awareness-raising. A change in attitudes amongst officers has been observed, and they are now better at assisting survivors. Similar positive outcomes have been seen at medical level, with the district hospital purchasing equipment to make their services accessible, as well as HIV/AIDS services being offered to women with disabilities. The health practitioners, who are key to ensuring the sexual and reproductive health rights of women with disabilities, have acknowledged that they require access to these services as much as women and girls without disabilities.

### What worked?

The leadership and solidarity of women with disabilities in the organization encouraged others to join in, share ideas, identify how to address their issues, and receive support to address them concretely. Meeting women and girls with disabilities directly in their homes has proven to be decisive as it breaks their isolation and further empowers them. The women leaders of LIDDWA have been role models in this sense. The cornerstone of LIDDWA’s actions is “to bring everyone on board” as emphasized by Florence Adong-Ewoo, Chairperson of the organization. LIDDWA aims to include everyone, from the district government to the religious leaders, to make sure their actions are rooted in the socio-cultural context and exert an influence across all sectors, to bring about lasting positive changes for women with disabilities.

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<sup>i</sup> Prevalence rate for the population aged 5 years and above. Uganda Bureau of Statistics, National Population and Housing Census 2014 – Main Report (2016), page 23

<http://www.ubos.org/onlinefiles/uploads/ubos/NPHC/2014%20National%20Census%20Main%20Report.pdf>

<sup>ii</sup> “Overall, six in ten ever-married women and four in ten men age 15-49 report having experienced emotional, physical, or sexual violence from a spouse”. Uganda Bureau of Statistics (UBOS) and ICF International Inc. Uganda Demographic and Health Survey 2011 (2012) Chapter 16, pp 239-273

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