# Providing access to services and promoting the empowerment of women and girls with disabilities ‒ Uganda

## Organization: MUDIWA (Mubende Women with Disabilities Association)

### Background

According to the 2014 National Census of Uganda:

* The prevalence of disabilities among women is significantly higher than among men (15% vs 10%).
* The disability prevalence rate was higher among those living in the rural areas compared to those in the urban areas (Prevalence rate for the population aged 5 years and above. [Uganda Bureau of Statistics, The National Population and Housing Census 2014 – Main Report (2016), Kampala, Uganda, page 23](https://unstats.un.org/unsd/demographic/sources/census/wphc/Uganda/UGA-2016-05-23.pdf)).

According to the 2016 Demographic Health Survey:

* 50% of women aged 15-49 years have experienced intimate partner physical and/or sexual violence at least once in their lives – these statistics are not available for women with disabilities ([Uganda Demographic and Health Survey, 2016](https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf)).

MUDIWA is a community-based organization founded in 2004 by women with different types of disabilities. Most of MUDIWA’s members are individuals with disabilities and the executive committee comprises nine women with disabilities and parents of girls with disabilities.

The organization’s objectives are to reduce the number of incidents of gender-based violence (GBV) against women and girls with disabilities, and to enhance their full participation in society.

### What happened?

MUDIWA’s practice aims at preventing and responding to gender-based violence experienced by women and girls with disabilities. It works towards their increased inclusion in the communities. It combines four types of activities:

* Raising awareness about preventing and responding to GBV against women and girls with disabilities
* Referral and follow-up of GBV cases
* Improving access to services and information for women with disabilities
* Including women with disabilities in income generating activities (IGA) groups

The activities involve stakeholders at all levels, from local government to the community and includes pivotal actors, such as the police, health workers, and religious and cultural leaders. This broad scope allows the practice to engage with all spheres of society.

**Awareness-raising sessions** on the rights of women and girls with disabilities target cultural leaders, local councils, courts and governments. Community dialogues are conducted at sub-county level with all stakeholders involved in GBV response and prevention programs, including police services and the district probation office.

MUDIWA also implements **male engagement activities** by selecting “male champions” based on their integrity and position in the community. Male role models are trained on violence against women and referral mechanisms, then share their knowledge in their circles of influence and in recreational men’s groups to raise awareness in communities.

MUDIWA cooperates with the district probation office on GBV cases involving women and girls with disabilities through **case management and follow-up through to court**. Since 2017, 215 cases have been managed. Ten paralegals (men and women, with and without disabilities) have been trained on the rights of women and girls with disabilities; they also conduct the awareness-raising work in communities.

MUDIWA seeks to **improve access to services and information** by addressing physical, communication and behavioral barriers to health, education and social welfare services. The organization successfully advocated at district level for mandatory accessibility standards to be applied to all newly-built public and private buildings open to the public. MUDIWA uses education to leverage change, by visiting schools and improving accessibility.

Finally, MUDIWA is involved in the **economic empowerment** of women with disabilities and the re-integration of survivors of GBV in particular. They help create groups implementing income-generating activities (animal rearing, tailoring or handicrafts), each composed of between 5 to 10 women or girls, benefitting from national micro credit programs.

### What changed?

The practice brought about positive outcomes: women and girls with disabilities are more aware of their rights and communities at large have been made aware of GBV and the living conditions of women and girls with disabilities. Male community members and traditional leaders have shared their newly-acquired knowledge. The accessibility of some services has increased as a consequence of awareness-raising, advocacy and practical activities. Some structural changes have been observed as well, thanks to the cooperation with local government structures, such as the implementation of mandatory accessibility standards for new constructions. Stigma has been reduced.

GBV prevention and response stakeholders such as police officers, health workers, and local government members have acquired knowledge about the rights of women and girls with disabilities and the role they have to play. A shift in the attitudes of medical personnel when dealing with women and girls with disabilities was observed in the health facilities targeted. Women have an increased understanding of their rights and are more aware of the referral mechanisms for cases of GBV.They know they can find support through the MUDIWA. Income-generating activities further empower women and girls by reducing poverty and increasing their autonomy. They are better included in their communities and it changes how they are perceived by members of the community. The MUDIWA’s advocacy and ad-hoc activities helped increase access to services such as education, health and livelihood programs.

### Expanding Impact: scaling MUDIWA

* **Empowerment:** enhancefinancial management skills of GBV survivors/village savings groups
* **Empowerment:** training for GBV survivors on income-generating activities

### Notable Successes

1. MUDIWA had 40 accessible maternity beds provided to the referral hospital.
2. Health workers were trained on reproductive rights and how to care for women with disabilities.
3. Extensive interactions with cultural leaders who act as gatekeepers and have become the allies of women and girls with disabilities in the Mubende district.

### Key Success Factors

1. **MUDIWA was founded and is led by women with disabilities** which strengthens the credibility and ownership of the practice. The organization’s members know how to tailor their activities to the needs of women and girls with disabilities; they were the first to benefit from increased self-esteem and empowerment when they joined the organization, and now act as role models for other women and girls with disabilities.
2. **The male engagement training** that men receive increases their knowledge of GBV response and referral mechanisms, allowing men to raise the awareness of their peers. Men’s groups in the community also share their experience about their change in mind-set. Men themselves speak positively about their involvement in the practice, highlighting their increased knowledge, their respected status in the group, and their enjoyment of the social interactions.