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September 16, 2010

Members of the United Nations Committee on the Elimination of  
Discrimination Against Women  
Office of the United Nations High Commissioner for Human Rights  
(OHCHR) Palais Wilson  
52 rue des Pâquis  
CH-1201 Geneva, Switzerland

## Re: Pre-Sessional Review of Uganda

Dear Committee Members:

We write in advance of the Committee on the Elimination of  
Discrimination Against Women's ("the Committee") upcoming pre-  
sessional review of Uganda to highlight areas of concern we hope will  
inform your consideration of the Ugandan government's ("the  
government") compliance with the Convention on the Elimination of All  
Forms of Discrimination Against Women ("the Convention"). This  
submission documents violations of the rights of women with disabilities  
in northern Uganda that are inconsistent with Articles 2, 3, 5, 10, 11, 12,  
14, 15 and 16 of the Convention, and proposes issues that Committee  
members may wish to raise with the Ugandan government.

This submission is based on a recent report, "*As If We Weren't Human*":  
*Discrimination and Violence against Women with Disabilities in Northern  
Uganda*, issued by Human Rights Watch in August 2010, as well as our  
ongoing monitoring of the human rights situation in Uganda.

Through interviews with over 160 women, government and NGO  
officials, the report found that the needs and rights of women with  
disabilities have not been adequately addressed in post-conflict  
reconstruction efforts. The report documents how women with  
disabilities face stigma and isolation, sexual and gender-based violence,  
and obstacles to accessing justice. Over one-third of the 64 women and  
girls with disabilities interviewed by Human Rights Watch reported that  
they had experienced some form of sexual and gender-based violence,  
including rape. None had been able to press criminal charges or pursue  
prosecutions of their attackers.

For more extensive discussion of these issues, please refer to that report.<sup>1</sup>

In your upcoming Committee pre-session review of Uganda, Human Rights Watch therefore urges you to question the government of Uganda about the following key issues, which at present are seriously undermining the rights of women, particularly women and girls with disabilities in northern Uganda:

1. *Government efforts to address sexual and gender-based violence against women, particularly women with disabilities, and to ensure all women have equal access to justice;*
2. *Discrimination and stigma in the community;*
3. *Lack of access to education and other government programs and services and obstacles to participation in the community;*
4. *The accessibility of health services for women with disabilities including: reproductive health, rehabilitation and HIV testing, counseling and treatment; and*
5. *Government social safety mechanisms such as for child support.*

### ***Protection from Violence and Access to Justice (Articles 2 and 15)***

The Ugandan government has failed to prevent, investigate and prosecute sexual and gender-based violence against women in Uganda. The 2006 Uganda Demographic and Health Survey (DHS) found that seven out of ten Ugandan women experience physical or sexual violence.<sup>2</sup> With a population of 30 to 40 million, only 1,500 cases of rape were reported in 2008, indicating massive underreporting. According to NGOs, there are no known cases of successful criminal prosecution of rape in the north between 2002 and 2010.<sup>3</sup>

In its report to CEDAW in 2009, the Ugandan government admitted that “attitudinal issues towards SGBV [sexual and gender-based violence] particularly from the Police

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<sup>1</sup> Human Rights Watch, “As If We Weren’t Human”: Discrimination and Violence against Women with Disabilities, ISBN: 1-56432-674-8, August 2010, available at: <http://www.hrw.org/node/92611>

<sup>2</sup> Uganda Police, *Crime Report*, 2008, <http://www.upf.go.ug/crime%20statistics.php> (accessed July 5, 2010).

<sup>3</sup> Human Rights Watch interviews with legal services NGO, Gulu district, May 17, 2010, and with UN agency, Gulu district, May 15, 2010. This stands in contrast to other areas, such as Kampala where between January and June 2009 there were 109 prosecutions and 2 convictions for rape. Amnesty International, “‘I Can’t Afford Justice’: Violence Against Women in Uganda Continues Unchecked and Unpunished,” AI Index: AFR 59/001/2010, April 7, 2010, <http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-850bcbf5a152/af590012010en.pdf> (accessed August 12, 2010).

Officers remains a challenge.”<sup>4</sup> In this CEDAW report, the government of Uganda stated that a main challenge in accessing the legal system continues to be the painfully slow process of law reform, especially in relation to gender-sensitive legislation.<sup>5</sup>

However, research from organizations active in humanitarian aid, legal services and human rights research identify several immediate barriers to the successful prosecution of rape cases. These are factors that the government must urgently address. Corruption among police officers, who sometimes receive bribes in exchange for altering or losing case files is a serious obstacle for rape victims. Police sometimes claim not to have the required reporting form (Police Form-3, or PF-3), or charge victims money for it. Then, within 48 hours, the victim must undergo a medical exam and the doctor must sign the PF-3. Some doctors, however, refuse to sign the form because they do not want to serve as witnesses in any subsequent trials. The victim, perpetrator, and the witness -- usually the doctor -- are required to be present for a trial to proceed, and frequently one of these three parties is absent.

Women with disabilities are particularly vulnerable to sexual and gender-based crimes and have limited access to justice because of their isolation, lack of support structures, limitations in physical mobility, communication barriers and also because of myths that women with disabilities are weak, stupid, or asexual. As one parliamentarian explained, “They think because you’re disabled, a man wouldn’t come to visit you. At times men rape them. They consider it [to be] a favor.”<sup>6</sup>

Over one-third of the women with disabilities interviewed for our report had experienced some form of sexual or gender-based violence. Women with disabilities reported that their husbands, parents, and other family members abused and abandoned them, citing their limitations. Some of the abuse came in the form of verbal insults suggesting that they were useless, a burden or a shame to their families. A

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<sup>4</sup> Government of Uganda, Combined Fourth, Fifth, Sixth and Seventh Periodic Report to the Committee on the Convention on the Elimination of Discrimination against Women, CEDAW/C/UGA/7, May 25, 2009, <http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW-C-UGA-7.pdf> (accessed on June 23, 2010), para. 173. “Some of the predisposing factors [to sexual and gender-based violence] include: the low socio-economic status/dependency; discriminatory laws and the cultural values, practices and attitudes regarding women in marriage (polygamy, payment of bride price, non-disclosure of marital woes). At the secondary level, the absence of legal protection mechanisms including the absence of law enforcement agencies in some areas e.g. conflict affected regions, has further increased women’s vulnerability.” Id. para. 166.

<sup>5</sup> For example, discriminatory sections of the Divorce and Succession Act have been repealed, however new laws are yet to be adopted. Government of Uganda, Combined Fourth, Fifth, Sixth and Seventh Periodic Report to the Committee on the Convention on the Elimination of Discrimination against Women, CEDAW/C/UGA/7, May 25, 2009, <http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW-C-UGA-7.pdf> (accessed on June 23, 2010), para. 169. Other contributing factors include lack of capacity of gender focal points in judicial institutions, the high costs of litigation, limited staff and resources, and the delay in developing a comprehensive strategy on gender and access to justice. Government of Uganda, Combined Fourth, Fifth, Sixth and Seventh Periodic Report to the Committee on the Convention on the Elimination of Discrimination against Women, CEDAW/C/UGA/7, May 25, 2009, <http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW-C-UGA-7.pdf> (accessed on June 23, 2010), paras. 169 and 209; Amnesty International, “‘I Can’t Afford Justice’: Violence Against Women in Uganda Continues Unchecked and Unpunished,” AI Index: AFR 59/001/2010, April 7, 2010, <http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-850bcbf5a152/afr590012010en.pdf> (accessed August 12, 2010), p. 34.

<sup>6</sup> Human Rights Watch interview with Honorable Margaret Diri Baba, member of parliament, Kampala, May 25, 2010.

number of women also told Human Rights Watch that they had been victims of sexual violence.

Women with disabilities are often trapped in abusive relationships because they feel unable to be alone, given the stereotypes about women with disabilities, societal views about single or divorced women living on their own and their very real poverty. A deaf woman and mother of four children said that her second husband beat her, but that she stayed with him because she could not afford transportation to leave him.<sup>7</sup>

Because of the stigma already associated with rape, most women find it difficult to report such crimes.<sup>8</sup> Compounded by the stigma associated with disability, women with disabilities are rarely comfortable reporting incidents of sexual violence to the local authorities. Moreover, local authorities seem to have done nothing to make such reporting less intimidating or to ensure confidentiality and thereby avoid stigma. Angela, a young woman with a physical disability, said that she had been raped three times in the previous week by a man who forcibly entered her home during the middle of the night. She did not tell others, including her mother because she feared that they would “say that it’s my fault and that I run around.”<sup>9</sup>

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

In an interview with Human Rights Watch, the State Minister for Disability and Elderly Affairs Honorable Sulaiman Madada and his assistant commissioner agreed that access

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<sup>7</sup> Human Rights Watch interview with Claudia, deaf woman, Kitgum district, May 20, 2010. Not her real name. Names of all women with disabilities interviewed in our research have been changed to protect their privacy.

<sup>8</sup> Uganda has a Domestic Violence Act, signed into law in March 2010. It is an important piece of legislation which, among others, provides for the punishment of perpetrators of domestic violence, sets up procedures and guidelines for victims to seek redress, and allows victims to file for orders of protection. During consultations of the bill, one women’s organization suggested a category of “aggravated” crimes which would increase punishment for domestic violence committed against persons with disabilities, but this language fell out during negotiations due to opposition from some members of parliament. Human Rights Watch interview with women’s rights NGO, Kampala, July 9, 2010. The bill also does not specifically mention marital rape, and marital rape is not prohibited within the Penal Code. In 2002, the Committee on the Convention on the Elimination of Discrimination against Women recommended that Uganda pass a specific bill on sexual offenses. The draft bill has been stalled for years. Concluding Observations and Committee of the CEDAW Committee, A/57/38, para. 130, <http://tb.ohchr.org/default.aspx?country=ug> (accessed on July 30, 2010).

<sup>9</sup> Human Rights Watch interview with Angela, woman with physical disability, Amuru district, May 17, 2010.

to justice has been an enduring problem.<sup>10</sup> They stated that both the police and local councilors posed challenges to achieving justice, and that the inability of local councilors to enforce settlements in sexual and gender-based violence cases applied to all women, but with greater impact for women with disabilities. The government is not conducting any specific programming on sexual and gender-based violence and women with disabilities.

One important aspect of facilitating access to justice for women with disabilities is the need to make “procedural and age-appropriate accommodations in all legal proceedings, in order to enable persons with disabilities to participate fully and equally in the process, whether as complainant, defendant or witness.”<sup>11</sup> These include physical and communication needs such as ramps, accessible witness stands, sign language interpretation, and Braille and large print text of court documents. This also involves training of law enforcement and legal professionals in how to respectfully communicate and interact with persons with disabilities, particularly women. Uganda’s 1909 Evidence Act does provide accommodations for persons who cannot speak, but this law should be amended to include accommodations for all persons with disabilities.<sup>12</sup> Other laws such as the Magistrates Courts Act and High Court’s Trial on Indictments Act – which deal with witnesses, testifying, summons, etc. for the respective courts – as well as the 1929 Civil Procedure Act should be amended in line with the provisions on access to justice and legal capacity in the Convention on the Rights of Persons with Disabilities.<sup>13</sup>

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

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<sup>10</sup> Human Rights Watch interview with Honorable Sulaiman Madada, State Minister for Disabilities, and assistant commissioner, Kampala, June 24, 2010.

<sup>11</sup> International Disability Alliance, “Contribution to the Office of the United Nations High Commissioner for Human Rights’ thematic study to enhance awareness and understanding of the Convention on the Rights of Persons with Disabilities, focusing on legal measures key for the ratification and effective implementation of the Convention,” September 15, 2008, <http://www.internationaldisabilityalliance.org/advocacy-work/office-of-the-high-commissioner-on-human-rights/> (accessed on July 15, 2010), p. 19.

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

<sup>13</sup> Neither the Magistrates Courts Act (Cap 16) nor the High Court’s Trial on Indictments Act (Cap 23) mention accommodations for persons with disabilities. Article 94 of the 1929 Civil Procedure Act (Cap 71) reads: “Consent or agreement by persons under disability: In all suits to which any person under disability is a party, any consent or agreement as to any proceeding shall, if given or made with the express leave of the court by the next friend or guardian for the suit, have the same force and effect as if that person were under no disability and had given such consent or made such agreement.” Magistrates Courts Act (Cap 16), Uganda Legal Information Institute, [http://www.ulii.org/ug/legis/consol\\_act/mca232/](http://www.ulii.org/ug/legis/consol_act/mca232/) (accessed August 12, 2010); Trial on Indictments Act (Cap 23), Uganda Legal Information Institute, [http://www.ulii.org/ug/legis/consol\\_act/toia222/](http://www.ulii.org/ug/legis/consol_act/toia222/) (accessed August 12, 2010); Civil Procedure Act 1929 (Cap 71), Uganda Legal Information Institute, [http://www.ulii.org/ug/legis/consol\\_act/cpa1929167/](http://www.ulii.org/ug/legis/consol_act/cpa1929167/) (accessed August 12, 2010).

develop appropriate programs and services for this marginalized and vulnerable population.

*Human Rights Watch urges the Committee to question the government of what steps it has taken to adequately prevent, investigate, and prosecute sexual and gender-based violence committed against all women, including women with disabilities.*

*We also urge to question the government of Uganda on its efforts to remove barriers to access to justice for women with disabilities, including procedural accommodations in all legal proceedings to enable women with all disabilities to fully participate in them.*

### **Non-discrimination (Articles 2, 3 and 5)**

Importantly, both CEDAW and the Convention on the Rights of Persons with Disabilities (CRPD) require states to take steps to eliminate discrimination by not only state actors, but also private actors, including any person, organization, or private enterprise.<sup>14</sup> As a State Party to CEDAW, Uganda is required to take all appropriate measures “to modify the social and cultural patterns of conduct of men and women with a view to achieving the elimination of prejudices...and all other practices which are based on the inferiority or superiority of either of the sexes.”<sup>15</sup>

Women with disabilities in northern Uganda face discrimination on the basis of gender, disability, and poverty. 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 access to even basic rights such as food, clothing and shelter. Human Rights Watch documented cases where women with disabilities were unable to access water at the borehole or food at community events because the able-bodied people went first or blocked the way for persons with disabilities.<sup>16</sup> Some women with disabilities are physically unable to travel back to their original homes or have no means of building housing for themselves. Self-construction of house walls was a pre-requisite for receiving iron sheets from one program launched by the president’s office, effectively barring persons with disabilities who lacked relatives willing to assist.<sup>17</sup>

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<sup>14</sup> Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs; United Nations Population Fund; Wellesley Centers for Women, “Disability Rights, Gender, and Development -- A Resource Toll for Action”, (2008), p. 19. Convention on the Elimination of All Forms of Discrimination against Women, articles 2, 3, and 5. Convention on the Rights of Persons with Disabilities, art. 5.

<sup>15</sup> CEDAW, art. 5.

<sup>16</sup> Human Rights Watch interview with Lily, landmine survivor, Otuke district. May 22, 2010. Human Rights Watch interview with Harriet, woman with physical disability, Gulu district, May 16, 2010.

<sup>17</sup> Felix Osike, “Museveni Gives New Directive on IDP Iron Sheets,” *The New Vision*, May 5, 2006. President Museveni stated that no iron sheets should be given to IDPs returning home until they make bricks and build walls.

Women with disabilities reported that people in the community refused to sell to them in the market because of the perception that they did not have money or because of other negative attitudes toward them.<sup>18</sup> Women with disabilities living with HIV/AIDS suffer further discrimination due to their HIV-positive status. For example, community members forbade Candace, a landmine survivor living with HIV, from bathing in the communal bath for fear that she would spread her HIV.<sup>19</sup>

*Human Rights Watch urges the Committee to question the government of Uganda about its efforts to combat stigma and discrimination against women with disabilities, both by private actors and in government programs.*

### **Access to government programs and services and full participation in the community (Articles 10, 11 and 14)**

The CEDAW Committee has recommended that states parties to CEDAW take “special measures to ensure that [women with disabilities] have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.”<sup>20</sup>

The attitudes of public servants are a major obstacle for women with disabilities in accessing government services or participating in the community. This discrimination manifests itself in two ways: inaccessibility and denial of care. One woman with a physical disability told Human Rights Watch, “Police asked why I didn’t send an able-bodied person to visit my son in the jail. I had to crawl up the steps to get into the police station. Police didn’t treat me with respect and asked for money.”<sup>21</sup> Women with disabilities recounted similar experiences of discrimination in hospitals, such as being ignored or verbally abused by health center staff. Police stations and hospitals should not only be physically accessible to persons with disabilities and have means to address communication barriers, but staff should also be trained on how to interact with persons with disabilities. District governments carry out sensitization and outreach programs for the general population but fail to ensure that women with disabilities know about and can get to and from the meetings.

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<sup>18</sup> Human Rights Watch interview with Harriet, woman with polio, Gulu district, May 16, 2010; Human Rights Watch interview with Winifred, woman with physical disability, Gulu district, May 16, 2010.

<sup>19</sup> Human Rights Watch interview with Candace, landmine survivor, Amuru district, April 15, 2010.

<sup>20</sup> CEDAW General Recommendation No. 18 (tenth session, 1991), General recommendations made by the Committee on the Elimination of Discrimination against Women, Division for the Advancement of Women, UN Department of Economic and Social Affairs, <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm> (accessed June 30, 2010). Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs; United Nations Population Fund; Wellesley Centers for Women, “Disability Rights, Gender, and Development -- A Resource Toll for Action”, (2008), p. 17.

<sup>21</sup> Human Rights Watch interview with Harriet, woman with polio, Gulu district, May 16, 2010.

Access to education has been and remains a significant obstacle for women and girls with disabilities. Women with disabilities told Human Rights Watch that their parents had not sent them to school or that they had not attended school for as many years as their siblings. Sometimes this was because parents did not think girls with disabilities needed education. In some cases, schools were inaccessible to them due to their disabilities. Beatrice, a woman with a physical disability that requires her to wear braces on her legs, explained, “I tried once to go to a regular school but there was no latrine that I could use and I couldn’t crawl all the time, so I stayed home for six years.” In rural areas, women and girls with disabilities have to travel long distances to go to school; many have to be carried by family members or need mobility devices that are often not available. Some deaf girls go to mainstream schools but do not receive any special instruction and are not taught sign language.

Economic self-sufficiency for women with disabilities—particularly those supporting multiple children on their own—is essential to community participation, social independence, and ability to access services such as health care and education for their children. The right to participate in and benefit from rural development is articulated in Article 14 of CEDAW.

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).<sup>22</sup> Despite the fact that the stated mandate of NAADS is to support poor subsistence farmers “with emphasis [on] women, youth and people with disabilities,”<sup>23</sup> only about half of the 63 women with disabilities interviewed knew about the existence of NAADS or NUSAF, and only one had actually benefitted from these programs. Requirements for land ownership and skilled record keeping make this program inaccessible to many women since men own land and houses at rates three times higher than women in Uganda,<sup>24</sup> and women have lower rates of literacy than men (66 percent of women are literate compared to 82 percent of men nationally).<sup>25</sup>

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<sup>22</sup> NAADS, a 25-year program of the Ugandan government, began in 2001 as part of the Poverty Eradication Action Plan (PEAP). The goal of the program “is to enhance rural livelihoods by increasing agricultural productivity and profitability in a sustainable manner.” This includes support for the development of farmers’ groups, technical assistance to local farmers and technology development. National Agricultural Advisory Services, <http://www.naads.or.ug/naads.php> (accessed June 17, 2010). NAADS has since been discontinued by President Museveni due to allegations of corruption and misuse of the funds. “President Halts NAADS Funds Over Abuse,” State House News, July 6, 2010, <http://www.statehouse.go.ug/news.php?catId=1&item=805> (accessed July 16, 2010). NUSAF was launched in 2002 and “aims to empower communities in northern Uganda by enhancing their capacity to systematically identify, prioritize, and plan for their needs and implement sustainable development initiatives that improve socio-economic services and opportunities.” Northern Uganda Social Action Fund, Projects and Operations, The World Bank, <http://web.worldbank.org/external/projects/main?Type=Overview&menuPK=64282134&pagePK=64283627&piPK=64290415&theSitePK=40941&Projectid=P002952> (accessed June 17, 2010).

<sup>23</sup> National Agricultural Advisory Services, <http://www.naads.or.ug/naads.php> (accessed June 17, 2010).

<sup>24</sup> United Nations Economic Commission for Africa, “Women and Access to Land and Credit,” June 2007, <http://awro.uneca.org/downloads/Women%20and%20Access%20to%20Land%20and%20Credit.%20LD%20Edited%2006%2009.doc> (accessed July 5, 2010).

<sup>25</sup> United Nations Development Programme (UNDP), *Uganda Human Development Report 2009*, (New York: United Nations Development Programme, 2009), [http://hdrstats.undp.org/en/countries/data\\_sheets/cty\\_ds\\_UGA.html](http://hdrstats.undp.org/en/countries/data_sheets/cty_ds_UGA.html) (accessed July 5, 2010).



Women with disabilities are at an even greater disadvantage, given their lower levels of education and literacy, making them unlikely to benefit from these programs.<sup>26</sup>

In order to receive government support for livelihoods, members of the community are required to form groups of 15 to 25 people and apply for small grants for livelihoods projects. Women with disabilities reported that others in the community did not invite them to join their NAADS or NUSAF groups because of their disabilities.<sup>27</sup> Some were part of groups whose proposal was granted, but reported that once the group received the requested cows, goats, seeds, or other items, those with disabilities were expelled from the group because others believed that they could not actively participate in rearing the animals or harvesting the seeds.<sup>28</sup> The programs have no mechanisms to monitor whether the beneficiaries are discriminating against others within their own group. The government should monitor the second phase of NUSAF more closely to ensure that women with disabilities are actually benefitting from these initiatives.<sup>29</sup> This should include developing indicators to track outreach to women with disabilities.

The central government recently launched a new program to provide special grants of 30 million Ugandan shillings (roughly US\$15,000) each to 48 districts in Uganda to support income-generating activities for persons with disabilities.<sup>30</sup> The guidelines for these grants include the principle of gender equity, namely that both men and women

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<sup>26</sup> Human Rights Watch interview with Uganda Human Rights Commission, Kampala, May 27, 2010 and with Honorable Sulaiman Madada, State Minister for Disabilities, Kampala, June 24, 2010.

<sup>27</sup> Human Rights Watch interview with Immaculate, landmine survivor, Gulu district, April 16, 2010. Human Rights Watch interview with Constance, blind woman, Kitgum district, May 19, 2010. Human Rights Watch interview with Ethel, woman with physical disability, Kitgum district, May 19, 2010. Human Rights Watch interview with Melody, woman with physical disability, Lamwo district, May 20, 2010. Human Rights Watch interview with Sunday, woman with visual impairment, Lira district, April 17, 2010. Human Rights Watch interview with Victoria, Lira district, May 24, 2010.

<sup>28</sup> Human Rights Watch interview with Christine, woman with physical disability, Gulu district, April 14, 2010. Human Rights Watch interview with Nancy, woman with physical disability, Gulu district, April 14, 2010. Human Rights Watch interview with Charity, landmine survivor, Amuru district, April 15, 2010.

<sup>29</sup> NUSAF II was launched in February 2010, with a budget of 200 billion Ugandan shillings. It is financed by the Government through an investment loan from the World Bank. At least 3.3 billion Ugandan shillings of funds from the first phase of NUSAF have been unaccounted for, of which 2.5 billion shillings had been given to community initiatives. New Vision Uganda, "Second phase of NUSAF launched", 8 February 2010, <http://www.newvision.co.ug/D/8/12/709506> (accessed August 12, 2010). Observer (Kampala), "Uganda: Nusaf II Needs All the Support", 10 February 2010. <http://allafrica.com/stories/201002120145.html> (accessed August 12, 2010). "Permanent Secretary of the Office of the Prime Minister, Pious Bigirimana has told journalists at the office of the Prime Minister that that the key objective of the second phase of the NUSAF is to improve access of the beneficiary households to income earning opportunities and basic socio-economic services. Bigirimana says NUSAF 2 will target the poorest households and communities in Northern Uganda." Ultimate Media, "Uganda gets loan worth 200 billion to implement NUSAF 2", 28 June 2010, <http://www.weinformers.net/2010/06/28/uganda-gets-loan-worth-200-billion-to-implement-nusaf-2/> (accessed August 12, 2010).

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

with disabilities should benefit from the program.<sup>31</sup> However, because the government is making these grants available only for NGOs or community-based organizations, women with disabilities in remote areas, or who are not otherwise affiliated with such organizations may have difficulty in accessing such programs. Future government programs targeting persons with disabilities should consider alternate means of reaching such women. While, in theory, the presence of persons with disabilities at each level of the local councils means that any woman with a disability could work with her representatives to apply for such programs, the reality is that women with disabilities in remote rural areas have extremely limited contact with government actors. The government should attempt to provide support, whether in cash or voucher form, to individual women with disabilities or take proactive steps to connect them to existing organizations, such as local district disabled persons' unions.

Uganda's Peace, Recovery and Development Plan (PRDP) does promise "livelihoods support and social protection" to associations of vulnerable people of 20 to 30 people, but it is unclear from the text of the plan what this means in concrete terms. Human Rights Watch is concerned that women with disabilities will not benefit from such programs unless the government takes a targeted approach and adopts measurable goals and indicators.

*Human Rights Watch urges the Committee to question the government of Uganda about what steps it has taken to ensure that women with disabilities are informed of and have access to all mainstream programs and services addressing education, livelihoods support, reproductive health (including voluntary family planning and voluntary counseling and testing), HIV/AIDS and gender-based violence.*

*We also urge the Committee to question the government of Uganda on what measures it has taken to ensure that public facilities such as schools, police stations and hospitals are accessible, in terms of physical access, sign language interpretation and training of personnel on how to interact with women with disabilities.*

*Human Rights Watch urges the Committee to question the government of Uganda about its efforts to monitor programs to ensure that women, particularly women with disabilities, are actually benefitting from livelihood support initiatives and other efforts.*

## **Access to health (Article 12)**

The highest attainable standard of health is a fundamental human right enshrined in numerous international and regional human rights instruments. The CEDAW Committee has called on states to give special attention to the health care needs of vulnerable and

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<sup>31</sup> Ministry for Gender, Labour and Social Development, Guidelines for Utilization of Special Grants for Persons with Disabilities, p. 3 (on file with Human Rights Watch).

disadvantaged groups, including women with disabilities.<sup>32</sup> The Committee recognized that women with disabilities often have difficulties with physical access to health services and recommends that states “take appropriate measures to ensure that health services are sensitive to the needs of women with disabilities and are respectful of their human rights and dignity.”<sup>33</sup>

Physical accessibility requires that health facilities, goods, and services be within safe physical reach for all sections of the population, especially vulnerable and marginalized groups such as women with disabilities. Physical accessibility requires equitable distribution of health facilities and personnel within the country. Equal access may require the government to take extra measures to ensure that facilities and services are accessible for all.

Some women with physical disabilities who left the internally displaced peoples’ camps said that they now had to crawl long distances to health clinics or pharmacies.<sup>34</sup> Others, particularly the very elderly, said relatives did not take them to the hospital despite painful injuries, and the government provides them with no transportation services to health facilities.

Experiences at health centers vary widely for women with disabilities; while many said that they were treated well by hospital staff and were satisfied with the services, other women experienced discrimination at health centers and were discouraged from seeking services, including for reproductive health or family planning. Some nurses and staff made derogatory remarks to women with disabilities; for example one health worker questioned why a woman with a disability would have a baby, since she would be unable to take care of the child.<sup>35</sup> Victoria, a deaf woman, said that when she was hospitalized during delivery, a nurse asked her how she was able to have sex.<sup>36</sup>

Several organizations provide war victims who have suffered burns, gunshot wounds, and mutilation with rehabilitation, reconstructive surgeries and orthopedic bone repair, but demand for such services far outstrips supply.<sup>37</sup> There is only one orthopedic

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<sup>32</sup> CEDAW General Recommendation No. 24 (20th session, 1999), paragraph 6, General recommendations made by the Committee on the Elimination of Discrimination against Women, Division for the Advancement of Women, UN Department of Economic and Social Affairs, <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm> (accessed June 30, 2010).

<sup>33</sup> Ibid.

<sup>34</sup> Human Rights Watch interview with Mirembe, woman with physical disability, Lira district, April 17, 2010; interview with Irene, woman with communicative and physical disability, Gulu district, April 14, 2010.

<sup>35</sup> Human Rights Watch interview with Joy, woman with physical disability, Gulu district, May 15, 2010.

<sup>36</sup> Human Rights Watch interview with Victoria, deaf woman, Lira district, May 24, 2010.

<sup>37</sup> Rehabilitation is the process of removing or reducing as far as possible the factors that limit a person with disability so that he or she can attain the highest possible level of independence and quality of life. Interventions may include medical care, supply of assistive devices, physical or occupational therapy, psychosocial services, or other social support. Women’s Commission for Refugee Women and Children, “Disabilities Among Refugees and Conflict-Affected Populations,” June 2008. The provision of assistive devices and technologies designed for persons with disabilities is a state obligation under Article 26 of the CRPD. Human Rights Watch interview with Ministry of Health official, Kampala, July 1, 2010.

workshop servicing all of northern Uganda.<sup>38</sup> Male patients there outnumber females 2 to 1 because more males have been wounded by landmines.<sup>39</sup> The UN has said that typically, lower percentages of women survivors of landmines receive mobility aids such as artificial limbs than men, and women receive less attention immediately following a landmine blast.<sup>40</sup> A 2006 study by the Association of Volunteers in International Service (AVSI) noted that few of the landmine survivors participating in its skills training programs were women. AVSI speculated that instead of being encouraged to participate in programs, female landmine victims were burdened with additional household chores and thus hidden from resources outside the home.<sup>41</sup>

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

Women with disabilities told Human Rights Watch that health facilities lack ramps, accessible beds and toilets, and sign language interpreters. By law, the government has an obligation to introduce sign language into curricula for medical personnel, provide interpreters in hospitals, and ensure that there is Braille for drug labels.<sup>42</sup> The Ministry of Health has not yet developed a protocol for providing health services to persons with disabilities, but its Health Sector Strategic Plan lists it as a priority area in the future,<sup>43</sup> and a Ministry of Health official stated that guidelines are currently under development, soon to be submitted to cabinet.<sup>44</sup>

### *Reproductive and maternal health care*

Many women face many barriers in accessing family planning services such as stock shortages and opposition from sexual partners. Women with disabilities, in particular, are impacted by negative attitudes of health care personnel.<sup>45</sup> Nurses in Lira counseled one young deaf mother to conceive naturally and to avoid birth control, stating erroneously that birth control would result in the birth of a child with a disability. As a

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<sup>38</sup> Human Rights Watch interview with Ministry of Health, Kampala, July 1, 2010.

<sup>39</sup> A 2006 study by AVSI recorded 960 male victims of landmines, and 427 female victims in Gulu district, a ratio of roughly 2:1. AVSI, Gulu District Landmine/ERW Victims Survey Report, May 2006. Human Rights Watch interview with orthopedic technician, Gulu orthopedic clinic, May 18, 2010.

<sup>40</sup> Martin Barber, UN Mine Action Service, *Gender Perspectives on Landmines*, speech, March 14, 2001, <http://www.un.org/disarmament/HomePage/gender/html/14marunmas.htm> (accessed June 20, 2010).

<sup>41</sup> Iris-Marie Norvor, "The Association of Volunteers in International Service," *The Journal of ERW and Mine Action*, Winter 2008-2009, [http://maic.jmu.edu/journal/12.2/profiles/norvor\\_avsi/norvor\\_avsi.htm](http://maic.jmu.edu/journal/12.2/profiles/norvor_avsi/norvor_avsi.htm) (accessed June 20, 2010).

<sup>42</sup> Persons with Disabilities Act, 2006, sec. 7.

<sup>43</sup> Ministry of Health, *Health Sector Strategic Plan*, March 2010, p. 86 (on file with Human Rights Watch).

<sup>44</sup> Human Rights Watch interview with Ministry of Health official, Kampala, July 1, 2010.

<sup>45</sup> "Lira Hospital Had no Contraceptives for 10 Months," *The New Vision*, March 21, 2010, <http://allafrica.com/stories/201003221273.html> (accessed June 20, 2010).

result, the woman stopped taking birth control. When the doctor advised her to begin birth control after she gave birth, the nurses discouraged her again.<sup>46</sup>

In other instances, health care personnel verbally abused women for getting pregnant. Honorable Nalule Safia Juuko, a parliamentarian representing women with disabilities said, "Delivery beds are extremely high and have wheels. [The nurses] tell you to get on the bed. You try to get on, but the bed is rolling. They say, 'You get on the bed! How did you get on the bed where you got pregnant?'"<sup>47</sup> More generally, existing clinics cannot currently accommodate women with physical disabilities as a result of a lack of appropriate beds for delivering babies. The rehabilitation section of the Ministry of Health said that it is currently trying to find an affordable supplier of accessible beds.<sup>48</sup>

The maternal mortality rate in Gulu is an estimated 700 per 100,000, whereas the national average is 550 per 100,000.<sup>49</sup> The lifetime risk of maternal death is 1 in 18 for women in northern Uganda, compared to 1 in 25 for women nationally.<sup>50</sup> There is currently no available data on the maternal mortality for women with disabilities. An assessment of northern Uganda conducted by Women's Refugee Commission together with UNFPA found that there are not enough reproductive health clinics or workers in the north, particularly for emergency obstetric care, leading to poor services for pregnant women.<sup>51</sup>

The government of Uganda has the duty to provide reproductive health services to women, including women with disabilities.<sup>52</sup> States are obligated to take special measures to make obstetric services available, accessible, and of adequate quality. Failure to make efforts to do so is a form of discrimination against women.

### *HIV/AIDS and disability*

There is a widespread belief that women with disabilities are asexual and thus uninfected by HIV,<sup>53</sup> or even that sex with a woman with disability can cure AIDS.<sup>54</sup>

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<sup>46</sup> Human Rights Watch interview with Victoria, deaf woman, Lira district, May 24, 2010.

<sup>47</sup> Human Rights Watch interview with Honorable Nalule Safia Juuko, member of parliament representing women with disabilities, Kampala, May 25, 2010.

<sup>48</sup> Human Rights Watch interview with Ministry of Health official, Kampala, July 1, 2010.

<sup>49</sup> WHO and UNICEF, "Uganda Country Statistics, 2005, [http://www.unicef.org/infobycountry/uganda\\_statistics.html](http://www.unicef.org/infobycountry/uganda_statistics.html) (accessed June 29, 2010).

<sup>50</sup> WHO and UNICEF, "Uganda Country Statistics, 2005, [http://www.unicef.org/infobycountry/uganda\\_statistics.html](http://www.unicef.org/infobycountry/uganda_statistics.html) (accessed June 29, 2010).

<sup>51</sup> Women's Refugee Commission, "Reproductive Health in Northern Uganda," August 2009, [http://www.womensrefugeecommission.org/images/stories/RH\\_N\\_Uganda\\_10\\_28\\_09.pdf](http://www.womensrefugeecommission.org/images/stories/RH_N_Uganda_10_28_09.pdf) (accessed June 20, 2010). Women's Refugee Commission, "We Want Birth Control: Reproductive Health Findings in Northern Uganda," June 2007, <http://womensrefugeecommission.org/programs/five-country-focus/821-uganda> (accessed July 5, 2010).

<sup>52</sup> Persons with Disabilities Act, 2006, sec. 8.

<sup>53</sup> The Penal Code Act exemplifies such a view through section 130, which outlaws "defilement of idiots or imbeciles." In its entirety, the section reads, "Any person who, knowing a woman or girl to be an idiot or imbecile, has or attempts to have unlawful carnal knowledge of her under circumstances not amounting to rape, but which prove that the offender knew at the time of the

Ironically, this makes women with disabilities especially vulnerable to HIV infection. All of the risk factors associated with HIV, already numerous in the post-conflict north, are compounded for women with disabilities: poverty, stigma, inability to negotiate safe sex, increased risk of violence and rape, and lack of legal protections.<sup>55</sup>

In northern Uganda, 9 percent of women are living with HIV, compared to 7 percent of men.<sup>56</sup> Women are more likely than men to be tested and know their status due to maternity-related health services.<sup>57</sup> Prevalence data for persons with disabilities in Uganda is not known, but available evidence from a 2004 World Bank study suggests that it is higher than the national rate; it found that persons with disabilities globally are infected with HIV at a rate of up to three times greater than non-disabled people due to risk of physical abuse, isolation, general poverty, and lack of access to services and information.<sup>58</sup>

Anecdotal information suggests that women with disabilities are frequently abandoned by their partners, meaning that they have more partners and heightened risk of HIV infection. Because of their generally lower status, women with disabilities may have greater difficulty than other women in negotiating safe sex or insisting that partners wear condoms. One woman with a disability told Human Rights Watch that when she suggested to her partner that they undergo HIV testing before having sex, he agreed, but then under the guise of taking her to the health center, he took her to a friend's house to rape her. He subsequently raped her three more times.<sup>59</sup>

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

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commission of the offence that the woman or girl was an idiot or imbecile, commits a felony and is liable to imprisonment for fourteen years." Penal Code Act, 1950, sec. 130.

<sup>54</sup> Human Rights Watch interview with disabled persons' organization, Lira district, April 17, 2010; Human Rights Watch interview with disabled persons organization, Kitgum district, April 19, 2010.

<sup>55</sup> Myroslava Tataryn, AIDS-Free World, "Emerging from War, Finding a Voice: Intersections of Disability and HIV/AIDS in Conflict and Post-Conflict Settings," 2008.

<sup>56</sup> Uganda Ministry of Health, "HIV/AIDS Sero-Behavioral Study, 2004-2005," March 2006.

<sup>57</sup> See Human Rights Watch, "Uganda – Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda," Vol. 15, No. 15(A), August 13, 2003, <http://www.hrw.org/en/reports/2003/08/12/just-die-quietly-0>.

<sup>58</sup> World Bank Social Development Department, "Social Analysis and Disability: A Guidance Note, Incorporating Disability-Inclusive Development into Bank-Supported Projects," March 2007, <http://siteresources.worldbank.org/EXTSOCIALDEV/Resources/3177394-1175102311639/3615048-1175607868848/SA-Disability-Title&Preliminary.pdf> (accessed June 20, 2010).

<sup>59</sup> Human Rights Watch interview with Lucy, woman with physical disability, Gulu district, April 15, 2010.

could not travel the long distances to health centers.<sup>60</sup> Staff told one woman with physical and communicative disabilities who was raped to go to police instead.<sup>61</sup>

Confidentiality in HIV testing is especially problematic for the deaf, who may be forced to bring a family member to interpret the results. The availability of health center staff trained in sign language would be an important step towards expanding voluntary counseling and testing among the deaf.<sup>62</sup>

Strategies to reduce the risk of HIV transmission from mother to child may be especially difficult for women with disabilities. Aside from initial difficulties in accessing the necessary drugs for prevention of mother to child transmission, delivering in a health center or hospital may not be an option for women with restricted mobility, and the enduring poverty associated with disability may make formula feeding difficult.<sup>63</sup>

Uganda's pending 2010 HIV and AIDS Prevention and Control Bill, if passed, could further expose all women, including those with disabilities, to domestic violence, abandonment, eviction and criminal prosecution.<sup>64</sup> The bill would require pregnant women and victims of sexual offences to undergo mandatory HIV testing,<sup>65</sup> and allow health care professionals to disclose the results to "any other person with whom an HIV infected person is in close or continuous contact."<sup>66</sup> The bill also criminalizes the intentional or attempted transmission of HIV.<sup>67</sup> In effect, the bill forces women, who are more likely than men to know their status due to pregnancy or victimization in sexual offences, to either disclose to their partners, risking further violence, or to face possible criminal prosecution for failure to do so. Women with disabilities, who are already vulnerable to domestic violence and unable to access legal help, may encounter further violence or even criminal prosecution if the bill is passed into law.

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<sup>60</sup> Human Rights Watch interview with Angela, woman with physical disability, Amuru district, May 17, 2010; Human Rights Watch interview with Charity, woman with physical disability, Amuru district, April 15, 2010.

<sup>61</sup> Human Rights Watch interview with Irene, woman with physical and communicative disability, Gulu district, April 14, 2010.

<sup>62</sup> Efforts at increasing the number of sign language interpreters should be paired with increased education in formal sign language for deaf women and girls.

<sup>63</sup> Breastfeeding by mothers with HIV increases the risk of HIV transmission to the infant. UNAIDS recommends that "when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life and should then be discontinued as soon as it is feasible." UNAIDS, "Nutrition and Food Security," <http://www.unaids.org/en/PolicyAndPractice/CareAndSupport/NutrAndFoodSupport/> (accessed July 5, 2010).

<sup>64</sup> For a complete analysis of the pending HIV bill, see Human Rights Watch, "Comments to Uganda's Parliamentary Committee on HIV/AIDS and Related Matters about the HIV/AIDS Prevention and Control Bill," May 2010, <http://www.hrw.org/en/news/2010/05/13/test>.

<sup>65</sup> Uganda HIV and AIDS Prevention and Control Bill, 2010, sec. 14. A copy of the bill is available at [http://www.hrw.org/sites/default/files/related\\_material/2010\\_HHR\\_Uganda\\_AprilHIVBill.pdf](http://www.hrw.org/sites/default/files/related_material/2010_HHR_Uganda_AprilHIVBill.pdf)

<sup>66</sup> Uganda HIV and AIDS Prevention and Control Bill, 2010, sec. 21(e).

<sup>67</sup> Uganda HIV and AIDS Prevention and Control Bill, 2010, sec. 39, 41.

*Human Rights Watch urges the Committee to question the government of Uganda about its efforts to ensure that women with disabilities have equal and non-discriminatory access to health care, including reproductive health, rehabilitation and HIV services.*

### **Marriage and family matters (Article 16)**

As outlined in Article 16 of CEDAW, States Parties must ensure that men and women have “the same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children...” Child neglect is a considerable problem for many women across Uganda.

However, our research found that abandonment and rape are particular problems for women with disabilities, which frequently leaves them caring for children without material support. A majority of the women with disabilities interviewed for this report had several children, often from multiple partners, and some from rape. Though it is unclear whether women with disabilities experience child neglect more than others, in many cases, women with disabilities said that their partners did not want to be publicly associated with them because of their disabilities and abandoned them once they had become pregnant.<sup>68</sup> Women with disabilities are particularly disadvantaged in cases of child neglect since they face multiple discrimination and are often limited in their ability to financially support themselves and their children.

A number of women with disabilities said that the fathers of their children had abandoned them shortly after they gave birth, often denying paternity. Another woman who had a child as a result of rape was told by the alleged rapist that he would come and take their daughter when she turned seven years old so she could assist him in his home.<sup>69</sup>

While the Ugandan Penal Code Act criminalizes the abandonment of children, the law is not effectively enforced due to under-resourced government agencies. Most police departments have Child and Family Protection Units (CFPUs) who handle cases of child abuse and neglect. However, in its 2007 report to the Committee monitoring implementation of the Convention on the Rights of the Child, the Ugandan government admitted, “[I]t is note worthy to indicate that some districts/police stations do not have trained CFPU officers. Training more of such personnel and deploying them evenly throughout the country would go a long way to protect children from sexual exploitation as well as other rights violations.”<sup>70</sup> Furthermore, officers often lack

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<sup>68</sup> In 2007, child neglect was the most frequently reported rights abuse according to the Uganda Human Rights Commission. Joyce Namutebi, “Child Neglect Tops Rights Abuses,” *New Vision*, September 20, 2007.

<sup>69</sup> Human Rights Watch interview with Charity, woman with physical disability, Amuru district, April 15, 2010.

<sup>70</sup> Uganda Report to the Committee on the Rights of the Child. *Consideration of Reports Submitted By States Parties under Article 12 (1) of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography*. CRC/C/OPSC/UGA/1. 7 April 2008. <http://www2.ohchr.org/english/bodies/crc/crcs49.htm> (accessed August 14, 2010), Page 8.



vehicles or fuel to reach rural areas to assess or follow up with cases.<sup>71</sup> In turn, women with disabilities have difficulties reaching police stations to report cases.

The Uganda Human Rights Commission (UHRC) has been attempting to bridge the gap by receiving complaints of child neglect.<sup>72</sup> Such cases amounted to nearly a quarter of the Commission's caseload in 2008. Of the 234 complaints received, mostly from urban areas<sup>73</sup> nationwide, only three cases were successfully resolved.<sup>74</sup> Lack of visible successful outcomes in child neglect cases also discourages women with disabilities from coming forward.

*Human Rights Watch urges the Committee to question the government of Uganda about its enforcement of laws against child neglect and what support and resources it has allocated to the Child and Family Protection Unit to carry out its work.*

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We hope you will find these comments useful and would welcome an opportunity to discuss them further with you. Thank you for your attention to our concerns, and with best wishes for a productive session.

Sincerely yours,

Joseph Amon  
Director, Health and Human Rights Division  
Human Rights Watch

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<sup>71</sup> Human Rights Watch interview with Child and Family Protection Unit officer, Lira, May 24, 2010.

<sup>72</sup> Convention on the Rights of the Child, Uganda state report, CRC/C/OPSC/UGA/1, April 7, 2008. The Uganda Human Rights Commission has an office in northern Uganda, based in Gulu town.

<sup>73</sup> Human Rights Watch interview with Uganda Human Rights Commission official, Kampala, May 27, 2010.

<sup>74</sup> Uganda Human Rights Commission, 11th Annual Report of the Uganda Human Rights Commission, 2008, p. 17. The UHRC reported 9 cases of the right to maintenance (or the right to maintenance and education): six cases were dismissed for failure to prove violations, lack of interest by parties and for want of prosecution. Only three cases ended with violations and remunerations.