EDID-GHDI Research/Thematic Report

Sensitization and Collaboration with Key Stakeholders on Sexual and Reproductive Health Rights for Women with Disabilities in Post-Conflict Northern Uganda

EDID-GHDI

Engendering Disability-Inclusive Development | Genre, handicap et développement inclusif

Author: Alice Kathleen Lakwech

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PROJECT OVERVIEW

This project, entitled Sensitization and Collaboration with Key Stakeholders on Sexual and Reproductive Health Rights for Women with Disabilities in Post-Conflict Northern Uganda, sought to address the urgent social and societal issues facing women with disabilities in post-conflict northern Uganda. These issues were well understood following a study conducted between April 2023 and March 2024 to explore unique experiences and challenges faced by women with disabilities in post-conflict settings. This project was funded as an EDID-GHDI thematic study.

The main aim of the project was to build capacity of the women with disabilities for confronting daily life challenges, provide them with the information they need on Sexual and Reproductive Health Rights (SRHR), and enable them to also sensitize their communities. Crucially, this project aimed to achieve these through raising awareness, challenging harmful stereotypes, and equipping key stakeholders such as healthcare providers and community members with the information necessary to advocate for policies that improve the lives of women with disabilities.

Some of the key learnings were as follows (see also Lessons Learned in this report):

- Disability-led approaches are not optional but essential.
- Stigma remains the most persistent barrier.
- Information gaps increase vulnerability.
- Inclusion requires resources and planning.
- Community engagement strengthens sustainability.

KEY ACHIEVEMENTS

See Table 1 for a summary of events and activities.

Activity 1. Mapping of local leaders, women with disabilities, legal aid service providers, and health workers geared toward disability inclusion in the northern region

As a first step in implementing the project, a mapping exercise was conducted in October 2025. This was intended to enable the team to understand the project, align expectations, and design effective implementation strategies. As a result, the team identified key local leaders, women with disabilities, and health and legal aid service providers to support the implementation of the project. A consultative meeting was also held with the identified stakeholders in Gulu City on 29th November 2025 which helped lay out a working strategy for the implementation of the project. The outcome of the meeting led to the identification of women with disabilities and leaders for the subsequent capacity-building workshop that later established a team of community coordinators for the community sensitization on SRHR.

Figure 1. Participants during mapping exercise to select key stakeholders for the implementation of the project

Activity 2. Capacity-Building Workshop on Sexual and Reproduction Health Rights (SRHR)

Following the mapping exercise, we developed appropriate and context-specific capacity-building programs and delivered training to women representatives of the project and persons with disabilities, local leaders, and relevant civil servants on SRHR. The training—conducted with a help of two local consultants (health and legal experts)—focused not only on enlightening and familiarizing the participant with key concepts such as sexual and reproductive health rights and fundamental human rights, but also on more key components such as maternity care, family planning, and gender-based violence among others. Conversely, the training underscored the importance of upholding fundamental human rights such as the right to make free and responsible decisions and choices free from violence and cohesion and discrimination regarding matters concerning one's body and sexual reproductive health, and the rights to enjoy sexual rights despite being disabled. Others highlighted also include the rights to choose a partner without discrimination and to enter into marriage with full consent of both partners, among others.

Figure 2. Participant making a contribution during a capacity-building workshop on 12th December 2025

During the training, critical issues were discussed such as stigma, health care, and challenges in accessing legal services whenever their rights have been violated or are in contrast with the laws.

Finally, it was determined that there is need for engaging with relevant stakeholders including local leaders, civil servants, and persons with disabilities, if we are to effectively advocate for the realization of equality and inclusion for persons with disabilities. Another critical observation was the information gap among persons with disabilities including on referral pathways, fundamental rights, and services available for persons with disabilities. By the end of the training, we had mapped out key locations and established a community coordination group to undertake the sensitization activities in communities.

Figure 3. Participants during a capacity-building workshop in Gulu City on 12th December 2025.

Activity 3. Develop and Distribute Information and Education materials (flyers) on Sexual and Reproductive Health Rights (SRHR) and Referral Pathways

The team also developed and produced 220 copies of informational materials in the form of flyers to support information distribution, engage local audiences, and support advocacy efforts for SRHR. These flyers contain basic information on SRHR, referral pathways, and key services available for persons with disabilities and other legal provisions that guarantee fundamental human rights, including those specific to persons with disabilities. All these information materials were distributed to key stakeholders and the communities during the awareness events.

Figure 4. A community member holding a flyer containing basic information on sexual and reproductive health rights

Activity 4. Carry out Community-based Sensitization Activities on Sexual and Reproductive Health Rights (SRHR)

During the reporting period, the team conducted at least three (3) community sensitization activities in three locations within Gulu City led by a team of community coordinators (mainly women with disabilities). Key components of community sensitization included awareness on SRHR. The facilitators made explicit the legal provisions that protect their rights such as right to health information like family planning and language interpreters while accessing health services, and right to sexual expression including maternity care and safe abortion where necessary. The second component of the community sensitization was on referral pathways, and this was intended to provide information and flexible mechanisms that safely link participants to services such as health, psychological support, and case management among others. There were local examples about point of contacts or who and where to go when confronted with issues regarding sexual and reproductive health rights in communities.

Figure 5. Participants during a Community Sensitization Workshop in Pece-Laroo Division

Another key area featured discussions on the role of key stakeholders such as local leaders and civil servants in promoting sexual and reproductive health rights of women with disabilities, but most importantly to enlighten the participants on the possible opportunities to reinforce their advocacy on issues affecting persons with disabilities. These roles were discussed to include networking and lobbying for support for persons with disabilities, enacting by-laws and ordinances, ensuring budgeting support, and challenging bad and harmful practices among others.

Table 1. Events and activities summary in the District of Gulu.

Location	Event type	Date/ Month	Male (# participants)	Female (# participants)	PWDs (# participants)	Total (# participants)
Gulu City	Mapping of local leaders, women with disabilities, and health and legal aid service providers geared towards disability inclusion in the northern region	October	3	20	13	23
Paragon Guest house hotel in Gulu city	Meeting the target beneficiaries (women with disability)	29th November 2025	0	11	10	11
Sports View Garden Inn hotel in Gulu city	Capacity building workshop on Sexual and Reproduction Health Right for women with disabilities representatives	12th December 2025	4	24	13	28
Bar-dege Layibi, Gulu disabled center and Obiya Laroo in LarooPece division Gulu city	Carry out 3 community-based sensitization activities led by women with disabilities on sexual and reproductive health rights	15th to 17th December 2025	73	161	53	234
Bar-dege Layibi, Gulu disabled center and Obiya Laroo in LarooPece division Gulu city	Develop and distribute 220 informational and education materials (flyers) on SRHR	15th to 17th December 2025	NA	NA	NA	NA
TOTALS			**81**	**216**	**89**	**296**

Participants' feedback and views

Stigma still remains one of the biggest challenges affecting persons with disabilities in post-conflict northern Uganda. As one participant said: "*Even getting a genuine relationship is extremely difficult, some of us have to be lucky first. People always take advantage of us. They say 'we are only good at night, and don't like us during the day'.*"

Another participant said: "*There is still this big problem in our communities; the negative mindset. They think some of us who are disabled are stubborn and simply want favor all the time.*" She added that the project will hopefully change that negativity towards persons with disabilities.

Meanwhile one participant shared her ordeal while living with disability:

She said: "*I got [in] an accident which left me physically disabled at the age of 21. I lived at my maternal family but constantly faced hardships. Then there was a man, old enough to be my father, constantly pestering me to become his wife. Then he said he was only doing me a favor to marry me because no one is willing to marry a person with disability like me.*" The community sensitization enabled meaningful interactions with the communities and is expected to provide useful information for future engagement and advocacy on SRHR.

Figure 6. A participant making a contribution during a Community Sensitization Workshop in Bar-dege Layibi Division, Gulu city

REFLECTIONS

Reflection on the process

The implementation process reaffirmed the importance of disability-led and survivor-informed approaches when addressing SRHR for women with disabilities in post-conflict settings. From the initial mapping exercise through to community sensitization, the deliberate inclusion of women with disabilities as leaders, facilitators, and community mobilizers significantly shaped both the quality and relevance of the project.

Women with disabilities emphasized that being meaningfully involved rather than merely consulted was empowering. One participant reflected that "*for the first time, we were not being talked about, but we were the ones explaining our rights to others.*" This shift in roles helped challenge internalized stigma and strengthened confidence among participants.

The process also revealed that safe spaces for dialogue are essential. During the capacity-building workshop and community sensitization sessions, women with disabilities openly shared experiences of stigma, sexual exploitation, forced relationships, and discrimination in healthcare settings. These conversations, though

emotionally demanding, created solidarity and validated shared struggles. The openness of these discussions would not have been possible without trust-building and culturally sensitive facilitation.

However, the process also highlighted structural barriers. Logistical challenges such as transportation of persons with disabilities in the communities when they come for sensitization programs affected participation of some persons with disabilities. Women with hearing and visual impairments noted that inclusion often depends on "extra effort" rather than being a standard practice.

Reflection on the outcome

One of the most significant outcomes was increased awareness and confidence among women with disabilities regarding their SRHR. Many participants reported that they previously believed sexuality, marriage, motherhood, and decision making were "not meant" for women with disabilities. Through the trainings and sensitization activities, this perception began to change.

A participant noted: "*We used to think we must accept whatever comes because we are disabled. Now we know we also have choices and rights.*" This shift in mindset is a critical outcome that goes beyond numbers and attendance.

At the community level, the sensitization sessions helped surface deeply rooted harmful stereotypes, including beliefs that women with disabilities are either asexual or sexually available without dignity. Community members' engagement, particularly men and local leaders, indicated growing recognition that women with disabilities face heightened vulnerability to abuse and exclusion.

The development and distribution of information materials further strengthened outcomes by providing practical, take-home knowledge on SRHR and referral pathways. Women with disabilities appreciated having materials they could refer to later or share with peers who were unable to attend sessions.

Importantly, the project also strengthened networks between women with disabilities, local leaders, healthcare providers, and legal aid actors. These relationships laid the foundation for continued advocacy, referrals, and accountability beyond the grant period.

LESSONS LEARNED

- **Disability-led approaches are not optional but essential.**
  When women with disabilities lead sensitization and advocacy, messages carry greater legitimacy and impact. Their lived experiences resonate more deeply with both peers and community members.

- **Stigma remains the most persistent barrier.**
  Despite legal frameworks and policies, negative attitudes continue to affect relationships, access to healthcare, and personal safety. As one woman stated, "*The disability is not the biggest problem; it is how people see us.*" Future interventions must address mindset change alongside service provision.

- **Information gaps increase vulnerability.**
  Limited knowledge about SRHR, referral pathways, and legal protections leaves women with

disabilities exposed to abuse and exploitation. Continuous, accessible, and simplified information sharing is critical.

- **Inclusion requires resources and planning.**
  Genuine inclusion of all disability groups requires budgeting for accessible venues, transportation, assistive services, and sign language interpreters. Without these, the most marginalized women remain excluded even within disability-focused programs.

- **Community engagement strengthens sustainability.**
  Involving local leaders, civil servants, and service providers increases the likelihood that SRHR advocacy for women with disabilities will be sustained through by-laws, community action, and local resource allocation.

WAYFORWARD & CONCLUDING REFLECTIONS

Wayforward

- Continued advocacy on issues affecting persons with disabilities in northern Uganda. Relatedly, more public awareness involving key partners should extend to schools and other remote places.

- Work on programs that support and promote the rights of persons with disabilities: the environment in Uganda still poses numerous challenges for persons with disabilities as it lacks disability-friendly facilities and sign language interpretation, among others, and more efforts are needed to achieve full inclusion of persons with disabilities. The Team is looking forward to designing programs that advance disability-led initiatives and strengthen the leadership and participation of women and girls with disabilities.

Concluding reflections

Overall, the project demonstrated that women with disabilities are powerful agents of change when provided with knowledge, platforms, and support. While challenges remain, particularly around stigma and accessibility, the process and outcomes reaffirm the value of sustained, inclusive, and disability-led interventions. The voices and experiences shared during this project will continue to inform future advocacy and programming aimed at advancing dignity, equality, and sexual and reproductive health rights for women with disabilities in northern Uganda.

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We acknowledge our presence and work on Indigenous Territories. We respectfully recognize the persistent and unequal effects of colonization on Indigenous peoples and all Canadians.

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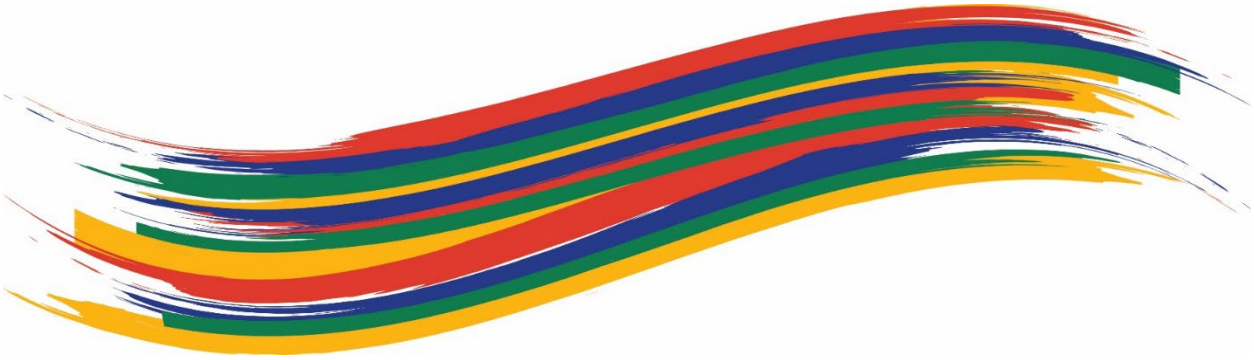

Live Work Well Research Centre
University of Guelph
Attention: EDID-GHDI
501 MacKinnon Building
50 Stone Rd E
Guelph, Ontario, Canada
N1G 2W1
Email: edid-ghdi@uoguelph.ca
Website: www.edid-ghdi.ca

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