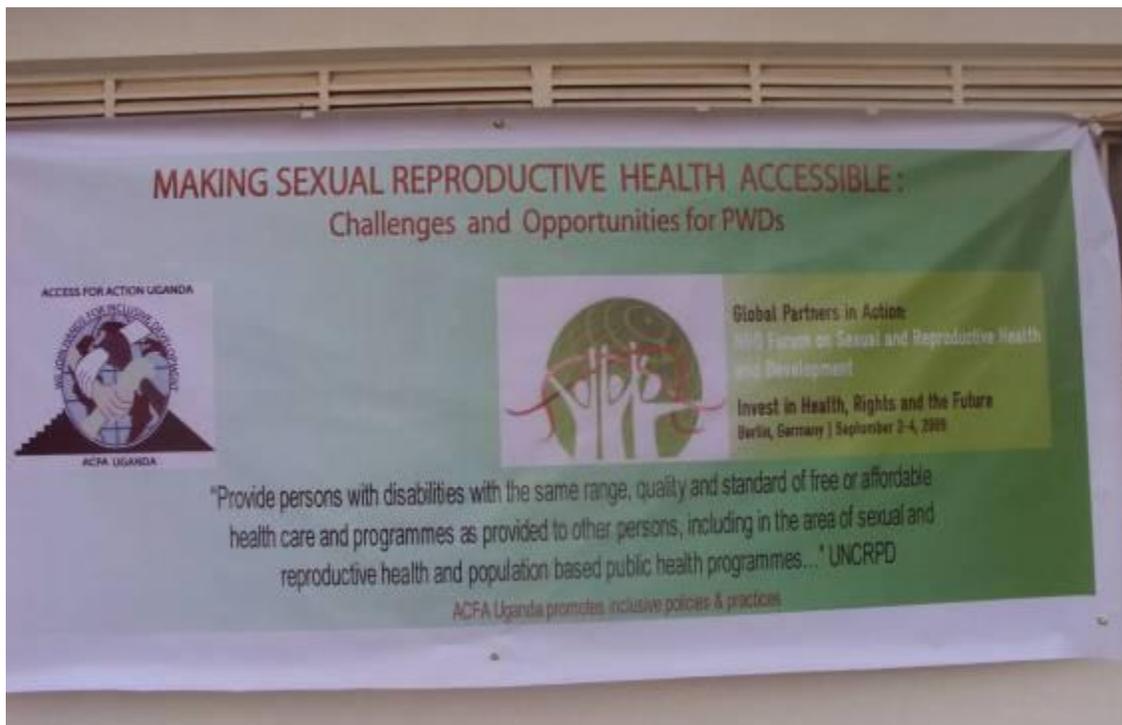


# Access For Action Uganda (ACFA Uganda), Workshop Report

**Theme:** Making SRH Accessible: Challenges and Opportunities for People with Disabilities



**Venue:** CAEC - MUARIK

**Date:** 24<sup>th</sup> August, 2011

**Compiled by:** Amon Mulyowa

## Table of contents

List of Acronyms .....	3
Workshop Facilitation.....	5
Training content accomplishment.....	7
Relevance of Sexual reproductive Health to persons with Disabilities .....	7
Challenges faced by PWDs in accessing Sexual Reproductive Health Services.....	8
Role of government and civil society.....	10
Experiences and best practices .....	14
Discussion and way forward.....	18

## List of Acronyms

ACFA	Access for Action
PWDs	People with Disabilities
WDs	Women with Disabilities
WWDs	Women with Disabilities
NUWODU	National union of women with Disabilities
NUDIPU	National union of Disabled persons of Uganda
MUARIK	Makerere University Research Institute in Kabanyoro
SRH	Sexual Reproductive Health
CDFU	Communication for Development Foundation Uganda
RHU	Reproductive Health Uganda
CEDOVIP	Center for Domestic Violence Prevention
YEAH	Young Empowered And Healthy
WB	World Bank
CEDAW	Convention on the Elimination of All forms of Discrimination against women
HIV	Human immune deficiency Virus
AIDS	Acquired Immune Deficiency Virus
MOES	Ministry of Education and Sports
MOGLSD	Ministry of Gender Labor and social Development
MOH	Ministry of Health
VHT	Village Health Team
VCT	Voluntary Counseling and Testing
NRM	National Resistance Movement
CSO	Civil society Organizations
NGO	Non Governmental Organization
UCPWDs	United Nations Convention on Persons with Disabilities.
DPOs	Disabled persons organizations
MWDs	Men with Disabilities

## **Back Ground**

Access For Action Uganda (ACFA Uganda) is a registered non-governmental organisation founded by disabled and non-disabled community development workers to promote inclusive policies and practices.

With support from the Global Partners in Action, ACFA Uganda organized a one day stakeholders' workshop on Wednesday 24<sup>th</sup> August 2011 at the Makerere University Agricultural Research Institute Kabanyolo (MUARIK). A program for the day is here by attached in the Annex.

The theme of the workshop was: *"ACCESSIBLE SEXUAL REPRODUCTIVE HEALTH: Challenges & Opportunities for Persons with Disabilities"*.

A number of stake holders were invited for the workshop mainly from the PWDs fraternity, sexual reproductive health providers, Legislators and beneficiaries.

Each one of the participants was engaged in deliberations to share experiences on the challenges PWDs face and together map a way forward.

## **Workshop Facilitation**

The workshop facilitation and procedure was led by Amon Mulyowa an experienced behavior change and strategic communication specialist with the Communication for Development foundation, CDFU on the Young Empowered and Healthy; YEAH initiative. Amon has conducted trainings for a number of organizations, namely the Johns Hopkins university Center for communication programs on the Health communication partnership campaign namely: the promotion of small families and family planning among men in the districts of Kampala, Tororo and Luwero. He has conducted Sexual reproductive health programs for the Reproductive Health Uganda, RHU, Samaritan purse international relief, center for domestic violence prevention, CEDOVIP to name a few.

### **Training participants**

The training was attended by over twenty (20) participants from the PWD fraternity, legislators, Sexual Reproductive Health experts and beneficiaries among others.

A list of these is here by attached in Annex 2.



*A cross section of training participants pause for a group Photo with Hon. Safia Nalule*

# Training Agenda

Workshop Theme: MAKING SRH ACCESSIBLE: Challenges & Opportunities for PWDs

Venue: CAEC-MUARIK

Tentative Programme.

TIME	TASK	RESPONSIBLE PERSON	NOTES
8:30 – 9:00 AM	Arrival & Registration of participants	Participants, ACFA Uganda	
9: 10 AM	Opening Prayer		
9:15 – 9:30 AM	Welcome Remarks	ACFA Uganda	
9:30 – 9:45 AM	Self-introductions	Facilitator, participants	
9:45 – 10:30 AM	Relevance of SRH to PWDs	RHU	
<b>10:30 – 11:00 AM</b>	<b>Healthy Break</b>	<b>CAEC</b>	
11:00 – 11:30 AM	Challenges faced by PWDs in accessing SRH	NUWODU	
11:30 – 12:00 Noon	Role of Government & Civil Society	MGLSD	
12:00 – 12:30 PM	Opportunities to exploit	MoH	
12:30 – 1:00 PM	Experiences & best practices	NUDIPU	
<b>1:00 – 2:00 PM</b>	<b>Lunch Break</b>	<b>CAEC</b>	
2:00 – 3:45 PM	Discussions & way forward	Facilitator, Participants	
3:45 – 3:50 PM	Closing prayer		
3:50 – 4:00PM	Departure	ACFA Uganda	

## **Training content accomplishment**

### **Introduction to the workshop agenda and objectives**

Participants were welcomed to the workshop; they introduced themselves and were introduced to the objectives as:

#### **To enable participants:**

1. Shares experiences and best practices on making SRH accessible to people with disabilities
2. Explore challenges and opportunities on how SRH could be made accessible for PWDs.
3. Explore the role of government and what partners could do to promote access to SRH for PWDs.

## **Relevance of Sexual reproductive Health to persons with Disabilities**

In his welcome remarks ACFA reiterated the need for people with disabilities to access SRH services and made a note of the challenges they face. These included among others, failure to access the services as result of their inability to move to Health centers for the services, the barriers in communication with the service providers to name a few. He however, made mention that the gathering will share more on the issues here in and together map a way forward. He noted that there are a number of policy instruments that support access to SRH services by PWDs namely:

1. The National Health sector plan II
2. The Strategy to improve RH in Uganda
3. A communication strategy to Accelerate implementation of RH in Uganda
4. National Family Planning Advocacy Strategy

*He said that PWDs are very important persons in the developemnt process citing James wolfenson former WB president 2002 who said that:*

*“Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015”..*

Making a similar note, a representative from the National Union of Women with Disabilities in Uganda, NUWODU said:

*“PWDs are persons like any other and in this case, if any human being needs SRH services, then why not PWDs”?*

She however said that PWDs have particular reasons why they need SRH services namely; special imparements which need special attention, for example, mental imparements, physical imparements etc.

## **Challenges faced by PWDs in accessing Sexual Reproductive Health Services**

The session was handled by National union for women with Disabilities in Uganda, NUWODU. Formed in 1999 to forge a way forward for Women with Disabilities, promote social economic and political advancement of PWDs thru advocacy, SHE derives her mandate from national and international provisions namely: the Convention on the Elimination of all forms of discrimination against women, CEDAW, ICCPD to name a few.



*NUWODU representative discussing challenges PWDs face in accessing SRH services.*

NUWODU made a brief on why PWDs need SRH saying: “they are human beings, who need to be guided on SRH and the knowledge they get could be passed on to their children).

She singled some of the challenges PWDs face in accessing SRH services as:

1. Poor access to services and resources especially health centers which are very far away from their homes and one needs transport or a helper.
2. Many of the PWDs lack money to procure SRH requirements
3. They lack sex education especially the girls/WDs.
4. Assumptions that WDS are asexual. She shared an experience of how blind girls were not checked for pregnancy in some schools till it was discovered one was pregnant.
5. Stigma surrounding PWDs which leads to leading to secret relationships with the associated risks for example: sex by chance NOT by choice, increased risk to HIV and AIDS, STIs etc.
6. Communication difficulties especially for the blind and deaf; they can't read or hear. This affects the ability to communicate with service providers and many have failed to access services in the due course. She cited a WD who lost her baby because they could not ably communicate with the service provider.
7. Prone to STIs and HIV and AIDS.
8. Some lifelong drugs may not be compatible with PWDs citing persons with epilepsy.
9. Some PWDs Fear of effects of some SRH services for example Family Planning method.
10. Low levels of knowledge about available SRH practices
11. Long distances coupled with the lack of mobility appliances.
12. Inaccessibility of the health centers

13. High labor beds for WDs making it hard for them to climb and as a result, they either give birth on the dirty flows; exposing them and their unborn children to risks of infections from HIV and other germs.

NUWODU suggested mitigation measures as:

1. Training health workers in basic sign languages
2. Recruit sign language interpreter
3. Enacting the current bill on access to buildings and enforcing it.
4. Domesticate the convention on rights for persons with disabilities
5. Develop guidelines for mainstreaming disability and share them with CSOs for People without disabilities
6. Economic empowerment for PWDs
7. Sensitize them on benefits of Family Planning.
8. Provide health workers with information on PWDs needs
9. Lobby MOES to include training of disabilities

## **Role of government and civil society**

The ministry of Gender, Labor and social development in their address stressed the role of government in the provision of sexual reproductive health services namely:

Enacting laws and policies that will enable the PWDs with services. He cited a number of policies namely:

1. The current bill on access to buildings and enforcing it.
2. The National Health sector plan II
3. The Strategy to improve RH in Uganda
4. A communication strategy to Accelerate implementation of RH in Uganda
5. National Family Planning Advocacy Strategy.



*Ministry of Gender, labor and social development discusses the role of government in making SRH services accessible.*

The ministry official said that the government has developed a health mechanism to promote access to SRH services for PWDs, developed the health services policy to enable access for ALL, there are Health Training institutions scattered all over the country, the disability Act of 2006 is in place, they emphathise the promotion of maternal health and needs of disabled persons have been included in the ministry of health planning.



*HON. Safia Nalule remarks on the role of government and opportunities available in making SRH services accessible to PWDs.*

The Member of Parliament for persons with disabilities, Hon. Safia Nalule emphasized that there is a lot of will among the legislators to support PWDs. She encouraged PWDs to channel their views through leaders who will listen and address the cause of PWDs. She further said that they need to exploit the several channels available to PWDs to channel their views and grievances. She however had a few concerns namely:

1. Organize meetings near the city centre for easy access to the training venue.
2. We need to talk to the persons not “converted”.
3. What other strategy do we use to reach out to those who did not turn up for the training?
4. How do we target the right persons for our advocacy?
5. What do we do to make sure SRH policy is enacted?
6. How do we accomplish the issues not yet accomplished?
7. Are we talking about Reproductive Health concerns of men with disabilities as well?
8. How do we address exclusion in planning, budgeting and implementation?

A number of issues arose from the presentation from the Ministry officials and these included:

1. The need for ministry of Gender labor and social development to provide wheel chairs for pregnant mothers
2. Provisions of Contraceptive for WDs in private areas
3. Have some WDs onto VHT committees
4. Work with MOH on how contraceptives may be made available to PWDs.

The honourable legislator suggested that as we plan towards access for ALL PWDs for SRH services, we need to:

1. Look at inclusion and how we achieve it; she cited the local government act 1995 which does not put PWDs at center stage saying, they are not a big issue in decision making even at village level.
2. Focus on economic empowerment by providing capital for PWDs.

3. Focus on effective representation for PWDs at all levels of policy and implementation.
4. Review provisions of the, NRM Manifesto, the National reproductive health roadmap, study it, approach the MOH and how they could influence MOH budget for particular focus on provision of resources and amenities for PWDs.
5. Get relevant documents for updates on PWDs. These may include: the ministerial statement on education and UCPWDs article 32.
6. Lobby government and international bodies to make funding for PWDs a priority.
7. Conduct a field trip to ascertain the situation of PWDs. We need to base our interventions on evidence-based programming.
8. There is need for continuous education and sensitization of the PWDs to keep abreast with the changing trends and demands.
9. Reach out to as many types of disabilities as possible in our programming i.e. mental, physical disabilities.
10. Emphasize good operations of theaters to accommodate as many women as possible.

The honorable Member of Parliament stressed there are a number of challenges to achieving the desired situation as:

1. Lack of support to perform and achieve the set goals and objectives.
2. Inadequate training for advocates for PWDs. Many of them are not well equipped with the necessary Tact to handle challenging situations.
3. There is needed to become pro-active.

4. Make use of her as the Vice chairperson of the equal opportunities commission act of the parliament of Uganda to push through the set PWDs agenda.
5. There are a number of willing leaders at local levels and the Parliament to address the issues of PWDs.
6. Develop a check list of issues for PWDs they need ministers to address and share them with her for submission.

## **Experiences and best practices**



*A NUDIPU official discusses experiences and best practices in making SRH services available to PWDs.*

This was presented by the National Union of Disabled Persons of Uganda (NUDIPU). NUDIPU is an indigenous Umbrella NGO of Persons with Disabilities (PWDs) that brings together all categories of Disabilities including the physically, sensory and mentally impaired people. NUDIPU exists to create a unified voice for PWDs for the full realization of their rights and inclusive development through support and advocacy. She said that historically, as part of this pattern, persons with disabilities have been denied information about sexual Reproductive Health, they have often been denied the right to establish relationships and to decide whether, when and with whom to have a family.

NUDIPU made a key note on the problems PWDs face in accessing SRH services namely:

1. Many have been subjected to forced sterilization, forced abortions or forced marriages.
2. PWDs are more likely to experience physical, emotional and sexual abuse and other forms of gender based violence. They are also more likely to become infected with HIV & other STI's.
3. PWDs with multiple disabilities like the deaf- blind end up getting no information at all through commonly used mediums of communication such as through radio, television, unlike when tactile is used.
4. Most PWDs stay in the rural areas and come from illiterate backgrounds; they cannot read or write and are not bothered about the services.
5. Most of the time the attitude of the health workers is negative, they do not attend to the PWDs, they harass them which makes them fear to face them again.
6. Because of lack of interpreters in labor wards, deaf mothers have lost their babies during delivery because they cannot even hear the midwife telling them to push or not to push.
7. The presence of a sign language interpreter amidst the deaf client may provide unethical operating environment like one was quoted:  
*"I would like to go for VCT but the providers don't know any basic sign language. I want my privacy and I hate going with a translator who is likely to spread rumors about my HIV status", (WWD, Kampala).*
8. Mid wives may at times prove not supportive to PWD clients like they can tell a blind pregnant woman to climb a bed and yet they see she is

disabled. If one hesitates they will ask how have climbed the beds to have sex and conceive

9. It's hard for PWDs to get sexual/marriage partners. Two PWDs were quoted:

*"It is hard for us to find faithful partners because we are disabled and men think we are not like able-bodied women". ...all laugh". (Female youths, Katakwi District).*

*"Beautiful girls despise us and think we are not worth being taken as serious and capable partners, all agree", (Male youths, Kampala District).*

10. Sexual exploitation among PWDs.

*"Men only come to us for sex. None of them mentions marriage. They just use us", (Female youths, Kampala District).*

11. Girls with disabilities offer themselves to men because they think that no man would ever approach them for true love. They lead wreck-less lives in a bid to have fulfilled sexual lives like their able-bodied counterparts", (MWDs, Rakai District).

12. Unwanted pregnancies: Young girls with disabilities are impregnated and abandoned without help because no man can mention to his family or friends that he has a child with a disabled women", (WWDs, Katakwi District).

13. Complications during pregnancy and childbirth among PWDs: "Child delivery is always complicated and we normally deliver by caesarean section; (WWDs, Kampala District),.

*“Women with handicaps in the lower limbs cannot carry a pregnancy to term”, and then adds “Even those who are crawling. They give birth to premature babies, who are also a problem in life” (WWDs, Rakai District).*

NUDIPU shared some of the best practices that can be adopted to increase access to SRH services by PWDs. These included:

1. Effective communication with the blind, deaf and deaf-blind community requires information in accessible formats like interpretation services for the deaf, Braille materials for the blind; provide guides and readership services as vital needs for easily reaching the visually impaired persons.
2. One to one approach is still a pre-requisite to provide improved Sexual Reproductive Health to the deaf blind, blind and deaf clients
3. Home based care through out reach programmes is suitable and client centered for persons with Disabilities especially the deaf- blind
4. Continuous information sharing with PWDs by service providers is still a necessity for long term impact because rural based PWDs suffer the consequences of ignorance about available services
5. There is need to strengthen collaboration with MoH for a holistic approach such as safe motherhood, prevention and treatment of STI's, family planning among others
6. There is still need to provide facilitation of PWDs for easy mobility. This will increase access to outreach sites for SRH services because there is a close linkage between disability and poverty
7. Awareness raising to the public/community about SRH rights for PWDs can help change peoples' attitudes towards sexual needs of PWDs.
8. Continuous sensitization about SRH among the PWDs is still a pre-requisite because they are still left out in most cases.

9. Easy access to PEP and contraception is an important health care service which contributes to better health.
10. Strengthening partnerships with DPOs will improve the quality of SRH service delivery towards different categories of PWDs.
11. Making Sexual reproductive health services user friendly to all categories of disabilities like Braille for the visually impaired, sign language for the deaf, audio visual information packaging, theatre approaches
12. Disability specific programming needed because in most cases they are left out
13. Physical access to buildings, clinics as well as other indoor and outdoor facilities increases the number of disabled people receiving SRH services.

## Discussion and way forward

Following the deliberations above participants set out accomplishments which included:

### What next

What	Who does it	By when
Reach out to families about rights and obligations and services available	All of us	On going
Develop partnerships amongst ourselves	ACFA/NUDIPU	December 2011
Resource mobilization for CSOs	Katalemwa	On going
Training young women with intellectual disabilities in December; can we attend?	UPACLED	5 <sup>th</sup> week of August 2011
Communicate and share experiences	ACFA	Monthly
Develop an E-mailing list	ACFA	4 <sup>th</sup> week of August
Data base of persons in SRH	ACFA	

Spare time each day with a disabled person	All of us	On going
Develop a checklist for issues we need to address	ACFA Uganda	September
A call for proposals from Bill and Melinda gates foundations	ACFA	27 <sup>th</sup> August, 2011
Form a SRH task force /Liaise with one already in place which will meet monthly	NUWODU	