

# Sexual and reproductive health and disability: Examining Needs, Risks and Capacities of Refugees with Disabilities in Kenya, Nepal and Uganda

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Research. Rethink. Resolve.

# Introduction

- ❖ WHO estimates that **15% of the global population** are persons with **disabilities**.
- ❖ There is a growing body of literature that recognizes that persons with disabilities have **historically** been **denied their SRH rights**. The multiple and intersecting forms of discrimination that **women with disabilities often experience**, many of which increase their vulnerability to **different forms of violence, including GBV**.
- ❖ However, the **needs of** women, girls, men and boys **with disabilities are** notably **absent from global** SRH and gender guidance for humanitarian response.
- ❖ Article 25 (a) of the Convention on the Rights of Persons with Disabilities (CRPD) declares that persons with disabilities should have the **same range, quality and standard of free or affordable health care and programs** as provided to other persons, including in the area of SRH and population-based public health programs.
- ❖ **Few programs are currently available**, however, to address the SRH needs of persons with disabilities. Understanding their **unique needs, risks and capacities** can better ensure that the humanitarian SRH community addresses their SRH rights.

# Objectives & Goal of the Study

- **Objectives:** Explore the specific risks, needs, and barriers for refugees with disabilities to access SRH services in the refugee settings of Kenya, Nepal, and Uganda, and the capacities and practical ways through which the challenges could be addressed.
- **Goal:** The goal of the study was to enhance and improve programs for persons with disabilities in humanitarian settings.



# Study Question

- What are the specific **risks**, **needs** and **barriers** for refugees with disabilities to access sexual and reproductive health (SRH) services in humanitarian settings ?
- What are the **capacities** and practical ways that the challenges can be addressed?



# Research Process

- The study employed a two-stage process to maximize participatory involvement by persons with disabilities and stakeholders in the research design.
  - I. Consultative phase
  - II. Study implementation



# Sites and Partners

## ❖ Kenya: Kakuma Refugee Camp

- International Rescue Committee

## ❖ Nepal: Bhutanese Refugee Camp

- AMDA Nepal, with UNHCR, in partnership with three organizations of persons with disabilities (DPOs)

## ❖ Uganda: Kampala

- Refugee Law Project
- ❖ Local advisory committees established.
- ❖ Local ethics approval received from relevant government entities.



Photo: Consultative Trip, Nepal



# Target Population

❖ Refugees with disabilities, including those with **physical, intellectual, sensory and mental impairments.**

- Women aged 20-49 years
- Men aged 20-59 years
- Girls aged 15-19 years
- Boys aged 15-19 years



Photo: Data collectors at work, Uganda.

❖ Caregivers/family members that care for adolescent or adult refugees with disabilities.



# Participatory Activities

## ❖ Group activities

- Refugees with **physical, vision and mild mental** impairments
- Refugees with **hearing** impairments
- Refugees with **mild intellectual** impairments

## ❖ Individual interviews

- Refugees with **multiple impairments**, including those unable to leave their homes

## ❖ Focus group discussions

- **Caregivers/family members**



Photo: Safety mapping exercise, Uganda.





# Findings: Safety Concerns

- ❖ **Risks of sexual violence** were reported in:
  - Kenya: Bush, latrine
  - Nepal: Forest/jungle
  - Uganda: Toilets and the neighborhood
- ❖ Adolescent girls in Kenya and Nepal alluded to **risks of molestation**.
- ❖ Participants in Kenya were most **aware of the benefits of seeking medical care** after experiencing sexual assault, while participants in Nepal were least familiar.



Photo: Latrine in a refugee neighborhood, Uganda.



# Findings: Ability to Exercise SRH Rights

- ❖ **Ability of women with disabilities to exercise their SRH rights was mixed**, ranging from full autonomy to none.
- ❖ Participants in Uganda mentioned the **possibility of forced abortion** for women and girls with disabilities who had unplanned pregnancies, or **forced use of family planning methods**.
- ❖ **Marital status** was the larger factor that determined how women and girls with disabilities would be treated and received by families and the community if they became pregnant.



# Findings: Protective factors

- ❖ Home-based participants in Kenya and refugees with mental impairments in Uganda cited **caregivers, counselors and activities** that offered emotional and mental respite.
- ❖ Over-all, **practices of self-help were limited.**



Support group for refugees with disabilities in Kampala

# Findings: Participant recommendations to improve their SRH experience

- ❖ **Training health providers on respectful communication skills** with persons with disabilities.
- ❖ **Employing sign language and other language interpreters** in health facilities.
- ❖ **Shortening wait times** for health services.
- ❖ **Expanding SRH awareness-raising activities.**
- ❖ **Providing spaces for peer-learning**, as well as **leadership, skills-building and income-generation opportunities.**



Photo: Leader of an organization of refugees with disabilities, Uganda.

# Donors and governments supporting agencies that service refugees

- ❖ **Facilitate disability inclusion** by providing funds for staff learning; creating incentives for partnerships with DPOs; and facilitating dialogue on improved SRH service quality and better outreach to refugees with disabilities.
- ❖ **Support agencies to empower refugees with disabilities** and their families through providing funds for income generation, vocational training, SRH education and other learning opportunities.
- ❖ **Promote reflection and accountability on disability inclusion** through monitoring and reporting processes.



# Agencies servicing refugees including through providing SRH services:

- ❖ **Address disability as a cross-cutting issue and allocate a budget line for disability inclusion.**
- ❖ **Implement staff training on respectful communications.**
- ❖ **Provide outreach to home-based refugees with disabilities.**
- ❖ **Address security risks and provide information on the benefits of seeking medical care after sexual assault.**
- ❖ **Increase opportunities for income generation, vocational training, leadership skills, disability rights knowledge, sexuality education and peer interaction for refugees with disabilities and their families.**
- ❖ **Disaggregate data by disability, sex and age.**
- ❖ **Develop partnerships with DPOs.**



# Organizations of persons with disabilities and disability-focused organizations:

- ❖ **Offer technical expertise** to agencies servicing refugees on how staff can better communicate with and foster inclusion of persons with different types of impairments.
- ❖ **Engage in formal interactions and strengthen referrals** with groups that have expertise in SRH service provision, to advocate for accessible and more equitable services for refugees with disabilities.
- ❖ **Advocate for refugee inclusion in national disability inclusion efforts.**





# Engaging persons with disabilities as part of the study team...



# Next Step

- ❖ Partners to the project are **implementing site-specific recommendations to improve disability inclusion** in existing SRH services for refugees in their respective settings. Country-specific reports are available for each site, in addition to participants' reports in the languages in which the study was implemented.
- ❖ The WRC and co-investigators are further **developing series of article to contribute to the peer-reviewed literature** and **advocating** around the needs, risks and capacities identified in this project.
- ❖ In the meantime, partners are attempting to **operationalize findings by securing funds to pilot strategies** that address identified needs in the respective settings.
- ❖ The **research to action model** aims for programs to **improve the wellness and healthy development** of adolescents during and following conflict.



# The Consortium

- ❖ The Women's Refugee Commission (WRC) is an NGO based in the U.S. It is a research and advocacy organization that works to protect the rights, safety and well-being of displaced women, children and youth around the world. [www.womensrefugeecommission.org](http://www.womensrefugeecommission.org).
- ❖ The Association of Medical Doctors of Asia-Nepal (AMDA Nepal) provides health services in Nepal in partnership with national and international organizations. [www.amda.org.np](http://www.amda.org.np).
- ❖ The International Rescue Committee (IRC) provides services to persons affected by humanitarian emergencies around the world.. [www.rescue.org](http://www.rescue.org).
- ❖ Refugee Law Project (RLP) is a community outreach project of the School of Law, Makerere University, Uganda. It works towards empowering forced migrants and host communities to enjoy their human rights and lead dignified lives. [www.refugeelawproject.org](http://www.refugeelawproject.org).
- ❖ The study in Nepal was also co-hosted by the United Nations High Commissioner for Refugees (UNHCR), in partnership with the Nepal Disabled Women Association (NDWA), the National Federation of the Disabled Nepal (NFDN) and the Damak Disability Helping Committee (DDHC)..
- ❖ Full project reports, reports for participants and more information on members of the local advisory groups are available from the WRC website, [www.womensrefugeecommission.org](http://www.womensrefugeecommission.org).



# Acknowledgements

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