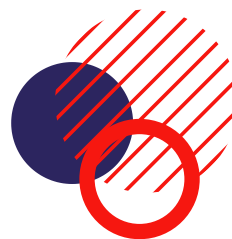




SIMPLIFIED DISABILITY- FOCUSED HUMAN RIGHTS TRAINING HANDBOOK

For Women and Girls with Disabilities (**WGD**)
Human Rights Defenders (**HRDs**), Male Allies, and IDIWA
Staff **December 2025**





Disclaimer



This handbook is a training and empowerment resource. It simplifies legal and policy concepts to support community learning and practical action. It is not a substitute for professional legal advice. Where a situation is urgent or high-risk, seek support from qualified legal aid providers, medical professionals, or protection partners.

Safeguarding and confidentiality are central to this handbook. Facilitators must avoid exposing survivors, defenders, or whistleblowers to further harm. Do not force disclosure of personal experiences. Always obtain informed consent before recording, sharing photographs, collecting personal data, or making referrals.

ABBREVIATIONS

ABBREVIATIONS	WRITTEN IN FULL	SIMPLE DESCRIPTION
WGDs	Women and Girls with Disabilities	Women and girls who live with different forms of disability
HRDs	Human Rights Defenders	People who speak up or act to protect rights
WGDs HRDs	Women and Girls with Disabilities Human Rights Defenders	WGDs who defend their own rights or the rights of others
IDIWA	Integrated Disabled Women Activities	Organisation supporting women and girls with disabilities
GBV	Gender-Based Violence	Violence linked to gender (physical, sexual, emotional, economic)
SEAH	Sexual Exploitation, Abuse and Harassment	Abuse of power for sexual purposes
SFP	Safeguarding Focal Person	Person responsible for safeguarding reporting and follow-up
SOPs	Standard Operating Procedures	Step-by-step rules on how work should be done
TIC	Trauma-Informed Care	Care that understands trauma and avoids causing more harm
PFA	Psychological First Aid	Simple emotional support given after distress or shock
CC	Collective Care	Protection and care done together, not alone
Psycho-security	Psychological Security	Mind and emotional wellbeing as part of safety
Do No Harm	Protection Principle	Do not take actions that increase danger or risk
Consent	Informed Consent	Freely saying “yes” after understanding options
Minimum Data	Minimum Data Rule	Collect only necessary information, nothing extra
Referral	Referral / Service Linkage	Connecting someone safely to services (health, legal, psychosocial)
SOP	Standard Operating Procedure	A single procedure document or set of steps
Quorum	Minimum Number for a Decision	Number required for a committee to make a valid decision
Low/Medium/High	Risk Levels	Simple categories to guide response urgency
LC	Local Council	Community leadership structures
CDO	Community Development Officer	Government officer supporting community welfare
CSOs	Civil Society Organisations	Non-government organisations working with communities
PWDs	Persons with Disabilities	General term for people living with disabilities
KII	Key Informant Interview	Interview with a knowledgeable person for information
FGD	Focus Group Discussion	Group discussion used to collect community views
DHH	Deaf and Hard of Hearing	People who are Deaf or have reduced hearing
GBV Desk	Gender-Based Violence Desk	A designated point for handling GBV cases (e.g., police/health)
Privacy	Privacy and Confidentiality	Keeping personal information protected and controlled
Safe Documentation	Evidence Collection with Protection	Recording information without exposing the survivor/HRD
Accessibility	Disability-Inclusive Access	Making spaces, communication, and services usable for all
Stakeholders	Partner Actors	People/organisations involved in support and protection pathways

SIMPLE MEANINGS OF KEY WORDS

WORD	SIMPLE MEANING
Human Rights	Things everyone deserves because they are human: dignity, safety, freedom.
Disability	A condition made harder by barriers in society. Disability is not weakness.
HRD	A person who speaks up or acts to protect the rights of others in a peaceful manner.
WGDs HRD	A woman/girl with disability defending rights of others in a peaceful manner.
Threat	Something that can harm you or scare you.
Risk	How likely harm, is + how serious it could be.
Safety	Being protected from harm.
Security	Preventing intentional harm and reducing danger.
Protection	Actions to reduce danger.
Referral	Sending someone to services that can help.
Ally	Supports and protects your work.
Risk actor	Increases danger or targets your work.
Consent	Agreeing freely after understanding.
Confidentiality	Keeping information private and safe.
Survivor	A person who has faced harm or violence.
Trauma	Deep stress response after harm.
Trauma-informed care	Helping without causing further harm.
Collective care	Safety and well-being go hand in hand.

Acknowledgements

IDIWA acknowledges the women and girls with disabilities who continuously speak out, organise, document abuses, and lead change within their families, communities, and institutions. This handbook is grounded in the lived experiences of women and girls with disabilities (WGDs) who are human rights defenders, peer mentors, community leaders, and service providers across Uganda.

We also acknowledge male allies, cultural and faith leaders who champion inclusion, as well as partner organisations that provide legal aid, psychosocial support, health services, and protection. We recognise that defending rights can involve real personal risk, and we honour the courage, resilience, and solidarity of all defenders.

IDIWA further extends sincere appreciation to our partners and funders whose technical, financial, and moral support made the production of this handbook possible. Their commitment to disability rights, gender equality, and inclusive development strengthened the research, documentation, and dissemination of these insights and enabled this resource to reach communities where it is most needed.



01

Purpose of the handbook

This handbook supports women and girls with disabilities (WGD) to understand and claim their rights and to strengthen safe, practical human rights defence at community level. It also supports male allies and IDIWA staff to work respectfully, inclusively and safely with WGD HRDs.

The handbook focuses on real-life risks faced by WGD and provides simple tools for planning, responding, documenting and referring cases without increasing harm.

This handbook is for both IDIWA and its stakeholders. It gives a shared, simple way of understanding rights, security and protection so that everyone supporting WGD HRDs can work together safely and consistently.

02

How to use this handbook (quick guide)

Use this handbook in three ways:

- **Training:** Facilitators use the modules and exercises.
- **Field response:** Focal persons use the Protection Pathway steps and annex tools.
- **Office system:** Staff use the SOPs, logs, and referral directory templates.

Trainer note: This handbook is designed to work even where technology is limited. It supports low-tech methods (paper forms, safe notebooks, buddy checks, and simple scripts).

03

Key principles of this handbook

This handbook follows five protection principles that guide every decision:

- (1) Do No Harm—never take steps that increase danger;
- (2) Survivor/HRD-Centred—the person decides what support they want;
- (3) Confidentiality + Minimum Data—share only what is necessary, only with consent;
- (4) Accessibility—support must be usable for different disability needs; and
- (5) Collective Safety—WGD HRDs are safest when supported by trusted people and systems, not when working alone.

04

Who to contact in emergencies

PHONE

+256 769 604 449
+256 707 090 992

EMAIL

info@idiwaug.org idiwaug.org
idiwa2009@gmail.com idiwaug.org

PHYSICAL ADDRESS

Buseyi (B), Nakalama Sub-County,
Kigulu South, Iganga District, Uganda

P.O. Box 556, Iganga, Uganda

<https://idiwaug.org/>

In an emergency, the priority is safety and medical support. WGD HRDs and allies should keep key contacts saved on phone and written in the field kit. These include: IDIWA focal person, a trusted family ally, a nearby health facility, a legal aid contact, and a safe transport option. Where phone access is controlled by a caregiver or partner, the WGD HRD should also identify a backup contact method (trusted neighbour, peer supporter, or community leader who is safe).

0.5 Quick safety card (one-minute plan)

If you are at risk, use this simple safety card: (1) Move to safety (public place, trusted neighbour, health centre); (2) Call or alert a trusted person (buddy/IDIWA focal); (3) Do not argue alone with a violent person; (4) Save evidence safely (screenshots/notes) without posting online; (5) Get medical and psychosocial support early. This safety card is meant to reduce panic and help WGD HRDs act quickly.

1

WELCOME / ABOUT THIS HANDBOOK

1.1 Why this handbook exists

This handbook was made to help Women and Girls with Disabilities who defend rights to stay safe when doing their work. It also helps IDIWA staff and trusted allies to respond to threats and cases in a clear way.

WGD HRDs face risks because of:

1. being women or girls,
2. living with disability,
3. speaking out or defending others.

This handbook gives simple steps to follow, so protection is fast, safe, consistent, and centred on WGD rights.

The reality WGD HRDs face

Women and girls with disabilities who defend rights often face "double risk": gender-based violence and discrimination linked to disability. When WGD HRDs report abuse, mobilise others, or challenge leaders, they may be threatened, isolated, shamed, or denied services. This handbook exists so that WGD HRDs, IDIWA staff, and allies respond to threats in a way that is safe, consistent, disability-inclusive, and centred on dignity and choice.

1.1.2 Why disability-inclusive security is different

Security planning for WGD HRDs must consider barriers that do not affect everyone equally. Some WGD HRDs rely on caregivers, assistants, family members, or neighbours for transport, communication, or daily needs. That dependence can increase risk if the caregiver is unsafe or if the community uses it to control movement. For this reason, disability-inclusive security includes safe mobility planning, accessible communication, protection of assistive devices, and privacy strategies when a person cannot easily leave a home or may not control their phone.

1.2 Who this handbook is for

This handbook is designed for:

1. Women and Girls with Disabilities (WGD) Human Rights Defenders (HRDs) in Iganga, Bugiri and the wider Busoga region.
2. Male allies who support WGD and want to do so in a safe and respectful way.
3. IDIWA staff and Board members, including safeguarding and programme teams.
4. Community focal persons and peer supporters who help with first response and referrals.
5. Partner service providers and stakeholders, such as health workers, social workers, CDOs, legal aid providers, police/GBV desks, local leaders and other CSOs who work with IDIWA to protect WGD.

Trainers can use this handbook in joint sessions with IDIWA staff and external stakeholders so that everyone understands the same simple protection steps and roles.

1.3 How to use this handbook

1. Read in small parts.
2. Keep one copy in the office and one in the field kit.
3. Use it when an incident happens.
4. Share the simple steps with other HRDs.
5. If something is unclear, ask IDIWA staff or the safeguarding focal person.

Simple message: "Your safety matters. You are not alone."

1.4 Ground rules for trainings and support sessions

1. **Respect:** no stigma or jokes about disability.
2. **Confidentiality:** what is shared stays here (except life-threatening risk).
3. **Consent:** ask before recording, photographing, or referring.
4. **No pressure:** no forced disclosure, no forced reporting.
5. **Accessibility:** ensure everyone participates meaningfully.
6. **Do no harm:** avoid actions that increase risk.

1.1.4 Confidentiality limits (when we must act)

Confidentiality is essential, but there are urgent situations where IDIWA must act quickly to prevent serious harm. If a person's life is in immediate danger, if a child is at risk, or if there is ongoing severe abuse, IDIWA should activate safeguarding and protection measures immediately, while still using privacy, minimum data, and survivor-centred decision-making.

1.5 Accessibility checklist for trainings

Before training starts, check:

1. Is the venue reachable and safe?
2. Is there seating space for wheelchairs and assistants?
3. Are toilets accessible (where possible)?
4. Is communication inclusive (simple language, interpreters if needed, front seating for low hearing/vision)?
5. Are materials accessible (large print, audio summaries, easy-read versions)?
6. Is there a private corner for anyone who becomes distressed or needs to report a safeguarding concern?

1.5.1 Why disability-inclusive security is different

Always communicate directly with the WGD HRD or survivor. Ask, “How do you prefer we communicate?” (spoken, written, sign, easy language, support person). Use short sentences, one question at a time, and allow extra time. Where possible, provide interpreters and accessible formats (large print, audio summaries, easy-read). Accessibility is part of protection, not an optional favour.

2

FIVE KEY SECURITY IDEAS

In this handbook, security means reducing harm and increasing protection in daily life. Five ideas guide our work: (1) threats can be physical, digital, emotional, or economic; (2) risk increases when a person is isolated or dependent; (3) confidentiality reduces danger; (4) security must protect the body and the mind; (5) collective care—working as a team—reduces harm more than working alone.

Understanding “security” for WGD (in one paragraph)

For WGD HRDs, security is not only about avoiding physical attacks. It includes dignity and privacy, safe access to services, and freedom from intimidation at home, online, or by institutions. Security also means preventing harm linked to disability stigma—such as being dismissed, mocked, or denied care—because these experiences reduce reporting and increase isolation. This handbook treats security as physical, digital, and psycho-social, and emphasises that protection is strongest when WGD HRDs are supported by trusted networks and systems.

3

UNDERSTANDING DISABILITY

Disability is not inability

Many people think disability means weakness. This is not true. A person may have an impairment, but disability becomes worse because of barriers:

- Physical barriers (stairs, long distances),
- Communication barriers (no sign interpreter),
- Attitude barriers (stigma, abuse),
- Institutional barriers (forms, procedures, discrimination).

Reasonable accommodation as protection

Reasonable accommodation is not “special treatment.” It is a protection measure that makes services usable and safe. Without accommodation, WGD HRDs may face delays, confusion, humiliation, or forced dependence on unsafe people to communicate. IDIWA and allies should request reasonable accommodation early—such as accessible seating, privacy, extra time, easy language, and interpretation—especially during medical care, police statements, or community meetings.

Three common ways people think about disability

- **Medical model:** “The person is the problem.” (This can lead to pity and exclusion.)
- **Social model:** “Barriers in society are the problem.” (Focus on removing barriers.)
- **Rights-based model:** “People with disabilities are rights-holders.” (State and society have duties, including reasonable accommodation.)

Trainer note: This handbook uses the *rights-based model*.

Reasonable accommodation

Reasonable accommodation means practical adjustments so a person can participate equally. Examples:

- sign language interpretation,
- extra time to explain or respond,
- large print, audio, easy-read forms,
- wheelchair access or holding the meeting in an accessible venue,
- allowing a trusted support person when needed (without replacing the person's voice).

What WGD HRDs can demand from services

WGD HRDs have the right to receive services without discrimination. This means health facilities, police, and local leaders should provide privacy, respectful treatment, and reasonable accommodation (such as extra time, accessible communication, and safe seating arrangements).

If a service provider refuses support because of disability, gender, or stigma, that is discrimination and should be documented and escalated through IDIWA and appropriate oversight mechanisms.

4

HUMAN RIGHTS BASICS FOR WGD HRDS

What human rights mean in everyday life

Human rights are not “big English” only for lawyers. Human rights are daily needs:

- being safe at home and in the community,
- accessing health services without humiliation,
- being listened to at LC or police,
- going to school, working, owning property,
- participating in meetings and leadership.

Who has duties? (rights-holders and duty-bearers)

- WGD are rights-holders (they have rights).
- Government bodies and service providers are duty-bearers (they must respect, protect, and fulfil rights).
- Families and communities also have responsibilities to avoid harm and support dignity.

Rights commonly affected for WGD

- right to dignity and equality,
- freedom from violence and torture,
- right to health and SRHR information,
- right to education and economic opportunity,
- right to participation and leadership,
- right to access justice and effective remedy,
- right to privacy and confidentiality.

Human rights-based approach in practice

A human rights-based approach means WGD HRDs are not treated as “beneficiaries” but as rights-holders with voice and choice. In practice, this means: (1) WGD HRDs participate in decisions about their safety and referrals; (2) duty-bearers are held accountable when services are discriminatory; (3) actions reduce stigma and barriers; and (4) documentation is done ethically, with consent and minimum data, so the person is protected rather than exposed.

5

OUR RIGHTS AND KEY LAWS THAT PROTECT US

Uganda Constitution (highest law)

The Constitution of the Republic of Uganda is the “mother law.” All other laws must follow it. It says:

- 1.All people are equal before and under the law.
- 2.No one should be treated in a cruel, inhuman or degrading way.
- 3.Everyone has a right to life, dignity, liberty, privacy and property.
- 4.People have the right to speak, organise and associate peacefully.

What this means for WGD HRDs:

- 1.Even if a leader, family member, or community dislikes your activism, you still have rights.
- 2.When you speak out, organise a meeting, or support another woman to report abuse in a peaceful manner, you are not doing something illegal just because you are defending rights.
- 3.Authorities (police, LCs, health workers, schools) must treat you with dignity and equality, not as “less” because of disability or gender.

Persons with Disabilities Act, 2020

The Persons with Disabilities Act, 2020 is a Ugandan law that talks directly about the rights of persons with disabilities. It aims to remove barriers and promote inclusion.

It says, among other things, that:

- 1.Persons with disabilities have the same rights as other people.
- 2.There must be no discrimination in services such as health, education, work, justice and participation.
- 3.Government and service providers should take steps to make services accessible (for example, ramps, sign language, information in accessible formats).
- 4.Reasonable accommodation should be given when needed.

What this means for WGD HRDs:

- 1.Health workers, police, LCs, teachers and other officials must not refuse you service because of disability.
- 2.You can ask for reasonable accommodation, such as:
 - extra time to explain your story,
 - a sign language interpreter,
 - large print or easy-read information,
 - a more accessible venue or seating.
- 3.If you are humiliated or turned away because of disability, this is discrimination, and it should be noted and, where possible, challenged.

Laws against violence

Uganda has several laws and policies that criminalise violence. They cover:

- 1.Physical violence (beating, assault).
- 2.Sexual violence (rape, defilement, sexual assault, exploitation).
- 3.Domestic violence (violence in the home or family).

What this means for WGD HRDs and survivors:

1. Violence is not “normal” or “discipline.” It is wrong and punishable by law.
2. Survivors have the right to:
 - Go for urgent medical care,
 - Receive respectful treatment,
 - Be given information about their options,
 - Decide if they want to report to the police or not.
3. WGD should not be denied services or disbelieved simply because of disability. Saying “you are disabled, you cannot be raped/abused” is wrong and discriminatory.

Trainer note:

You do not need to mention every law by name in community sessions. The key message is: violence is wrong, can be punished, and services must respond without discrimination.

Data protection and privacy

When we support survivors and HRDs, we often handle sensitive information: names, phone numbers, health details, locations, photos, case stories.

Good practice (and Ugandan data protection law) says:

- Personal information must be kept private, safe and secure.
- We should collect only the minimum data needed to help.
- We should get consent before sharing information with other actors (health workers, police, legal aid, shelters, partners).

What this means in IDIWA’s work:

- Case forms and notebooks should be locked away and not left lying around.
- Phones and computers should have passwords, and case details should not be shared in open WhatsApp groups.
- Only authorised staff/focal persons should access case information.

What to do if information is leaked

If a WGD HRD’s information is leaked (for example, photos, name, location, case details):

1. **Check safety first** – Is she in danger now? Does she need relocation or urgent protection?
2. **Document what was leaked** – where, when, by whom (if known).
3. **Report internally** – inform the safeguarding focal person and leadership.
4. **Try to limit the leak** – ask for harmful posts/messages to be removed where possible.
5. **Offer psychosocial support** – leaks cause fear, shame and withdrawal. The aim is to protect, not to blame the survivor.

National legal framework (Uganda)

The actions outlined above are guided by Uganda’s national human rights framework, especially the Constitution (1995, as amended), the Uganda Human Rights Commission Act and the Human Rights (Enforcement) Act, 2019. These provide for the protection and promotion of human rights, empower the UHRC to receive complaints, investigate violations, and provide redress, and also allow survivors/complainants to seek remedies through courts where appropriate.

Where the leakage of information places a Woman or Girl with a Disability Human Rights Defender at risk, the matter may be referred to the Uganda Human Rights Commission through its district or regional offices (or through recognised partner organisations) for protection measures, investigation, and appropriate follow-up.

International frameworks (simple summary)

Uganda has agreed to follow important international human rights instruments. These support the same rights talked about above.

1. CRPD – Convention on the Rights of Persons with Disabilities

- Says people with disabilities have full and equal rights.
- Calls for accessibility, non-discrimination, protection from violence and participation in all areas of life.

2. CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

- Focuses on women’s rights and equality.
- Calls on states to prevent and respond to violence against women, discrimination in family, work, politics and services.

3. UDHR – Universal Declaration of Human Rights

- Says all humans are born free and equal in dignity and rights.
- Protects rights like life, liberty, security, freedom of opinion, education, health and participation.

United Nations Declaration on Human Rights Defenders (1998)

- Recognises the right of individuals and groups to promote and protect human rights.
- Affirms the right to seek, receive, and share information on human rights issues.
- Calls on states to protect Human Rights Defenders from violence, threats, retaliation, discrimination, and abuse as a result of their work.
- Applies to all Human Rights Defenders, including women and girls with disabilities.

What this means for WGD HRDs:

1. You have double protection:
 - as persons with disabilities, and
 - as women or girls.
2. When services fail or discriminate, these instruments can be used by organisations and lawyers to advocate, train and sometimes litigate for better protection.
3. Your rights are not a “favour” or “charity” – they are obligations that government and service providers must respect, protect and fulfil.

6

WHO IS A WGD HUMAN RIGHTS DEFENDER?

A WGD HRD is a woman or girl with disability defending rights of others in a peaceful manner.. You may be a defender if you:

- report cases of violence/discrimination,
- help survivors access services,
- speak in community dialogues, radio, schools, churches,
- organise other WGD,
- advocate for disability rights, SRHR, land rights, justice, environment.

HRD values (how we work)

- Respect people and dignity.
- “Do no harm.”
- Privacy and confidentiality.
- Consent and choice.
- Work with others (collective safety).
- Courage with caution (smart activism).
- Defending rights in a peaceful manner.

Smart activism (courage with safety)

Smart activism means defending rights without unnecessary exposure. WGD HRDs should plan safer ways to act, such as working with a buddy, using safe venues, avoiding sharing sensitive information publicly, and coordinating with IDIWA before taking high-visibility steps. Smart activism is not fear—it is strategy. It protects lives, protects evidence, and supports long-term advocacy.

Unacceptable behaviour (must not happen)

- sharing someone's story without consent,
- forcing survivors to report,
- taking bribes,
- discrimination or insults,
- abuse of power by allies or staff,
- using support to control someone's choices.

Mini-exercise (10 minutes): “Am I a defender?”

Ask participants to answer Yes/No and discuss:

- If you accompany a WGD to hospital after abuse, are you a defender?
- If you report discrimination at a school, are you a defender?
- If you organise a group to demand accessibility, are you a defender?
- Key learning: defending rights can be quiet or public; it is still HRD work.

7

SAFETY AND SECURITY BASICS (BODY + MIND)

Why security must be holistic

WGD defenders need security for the body (physical safety) and the mind (psycho-security). If your body is safe but your mind is breaking, your security is incomplete. If your mind is strong but your body is exposed, your work becomes dangerous.

Physical safety (body) – key practices

1. Trust your instincts—if something feels unsafe, take it seriously.
2. Avoid moving alone in risky places or late at night when possible.
3. Use a buddy system for meetings and visits.
4. Tell someone where you are going and your expected return time.
5. Save emergency numbers and IDIWA focal contacts.
6. Keep a small emergency plan: where to run, who to call, what to carry.

Mobility and transport safety (disability-specific)

Physical safety planning must include mobility realities. Where a WGD HRD uses a wheelchair, crutches, or has low vision, safety planning should identify accessible routes, safe transport providers, and safe pickup points. Where a WGD HRD cannot move quickly, the plan should prioritise early exit, public places, and pre-arranged support (buddy or neighbour). In high-risk contexts, avoid unpredictable roadside stops and ensure someone knows the route and expected arrival time.

Psycho-security (mind) – key practices

Psycho-security protects emotions, thoughts, and wellbeing. WGD HRDs may face stress, fear, panic, shame, depression, or numbness after threats or violence.

Simple mind safety steps:

- pause and breathe (slow breathing),
- grounding (5-4-3-2-1),
- talk to a trusted person,
- avoid reading abusive messages repeatedly,
- rest and reduce workload temporarily,
- seek counselling or peer support.

Signs of stress and burnout (what to watch for)

Psycho-security includes recognising early warning signs of overload. Common signs include sleeplessness, headaches, panic, irritability, crying easily, feeling numb, hopelessness, fear of leaving home, and avoiding calls or meetings. When these signs appear, WGD HRDs and IDIWA staff should reduce exposure, increase peer support, and consider counselling or professional referral. Early support prevents long-term harm and supports safe activism.

Before – During – After (what it implies)

This is a simple planning method:

Before: prevent and prepare (reduce exposure, plan exits, set check-ins).

During: manage safely in the moment (de-escalate, leave early, stay in public spaces).

After: recover and learn (debrief, update plan, referrals, emotional support).

Home and community safety

WGD may face threats from known people (partners, family, caregivers, neighbours). Safety planning must consider:

- dependence (transport, money, support person),
- privacy challenges,
- stigma and gossip,
- control of movement or phones.

Practical actions:

- identify safe neighbours/relatives,
- agree a distress signal,
- keep essential items in one place (ID, meds),
- avoid confronting violent persons alone,
- inform IDIWA early.

Group safety rules for meetings

- No recordings without consent.
- Use respectful language.
- Keep names private when discussing cases.
- Agree a safe venue and exit route.
- Provide accessibility support (interpretation, seating, easy language).
- Have a focal person for distress/safeguarding.

Digital safety rules for meetings and group communication

Digital safety reduces physical risk. For group meetings and trainings: do not post photos or names without consent; avoid sharing real-time locations publicly; agree what can be posted and what must remain private; and use closed groups carefully (members verified, respectful, no forwarding of sensitive content). For case discussions, use codes instead of names and share only minimum information needed to support referrals.

8

UNDERSTANDING THREATS

What is a threat?

A threat is anything that can harm you or scare you. Threats can be physical, sexual, emotional, economic, digital, or institutional.

Common threats to WGD HRDs

1. **Stigma and rumours:** “She is useless,” “She is lying,” “She wants attention.”
2. **Domestic and family violence:** control, confinement, denial of support.
3. **Harassment by leaders or institutions:** public humiliation, denial of services.
4. **Sexual exploitation:** targeting because of vulnerability or stigma.
5. **Physical attacks:** assault, being followed, intimidation.
6. **Police threats:** arrest, intimidation, “you are disturbing the peace.”
7. **Digital threats:** blackmail, leaked photos, hacking, cyber bullying, impersonation, hate campaigns.
8. **Economic threats:** withholding money, stealing assistive devices, and blocking work.

Disability- and gender-specific threats

WGD HRDs may face threats linked to dependency, stigma and gender norms. These include withholding assistive devices, controlling phones, locking someone indoors, threatening abandonment, sexual exploitation by people who “offer help,” and mocking credibility (“she is disabled, she is lying”). These threats can be high risk because the threat actor may be close and have daily access.

Early warning signs

- repeated insults,
- hostile messages,
- strangers near home,
- people asking about your movements,
- “planning meetings against you,”
- sudden change in behaviour of a known violent person.

Red flags requiring urgent action

Treat the case as urgent if threats mention death, disappearance, weapons, rape, or if the abuser lives in the same home. Urgent action may include immediate safety relocation, medical care, legal referral, and protection committee activation. The goal is rapid harm reduction, not a slow process.

Mini-exercise (8 minutes): “Threat spotting”

Read these scenarios and ask: What is the threat?

- A) “We know where you live.”
- B) “If you report, we shall chase you from this village.”
- C) “Send me your photos or I post your messages.”
- D) “You are disabled, you cannot talk for women.”

Key learning: threats may look “small” but can become serious.

9

UNDERSTANDING RISKS

Risk meaning

Risk = how likely harm is + how serious it could be.

Risk levels

1. **Low:** isolated incident, low power threat source, safe support available.
2. **Medium:** repeated threats, increasing hostility, some vulnerability.
3. **High:** threat source has power/violence history, danger is active now, life/safety at immediate risk.

What increases risk for WGD HRDs

- isolation and dependence,
- poor communication access,
- public visibility (radio, online),
- lack of transport,
- abusive partner/family,
- stigma and disbelief,
- disability-related vulnerability.

Vulnerabilities and protection capacities

Vulnerabilities are the gaps that make harm easier, such as isolation, controlled phone access, dependence on unsafe caregivers, or lack of transport. Protection capacities are the strengths that reduce danger, such as trusted allies, buddy systems, safe transport, accessible services, legal support, safe housing, and IDIWA follow-up. Risk reduces when vulnerabilities reduce and capacities increase, which is why IDIWA support must build networks, not only respond to emergencies.

Mini-exercise (10 minutes): “Risk rating”

Give 3 cases and let groups label Low/Medium/High and explain why.
Use the Annex Risk Checklist.

10

SIMPLE SITUATIONAL ANALYSIS (4 QUESTIONS)

Before acting, ask:

1. What is happening?
2. Who is doing it?
3. Where and when is it happening?
4. What could happen next if nothing is done?
5. Who can help safely?

Quick decision options after analysis

After answering the questions, decide the safest next step: (1) monitor and strengthen safety plan; (2) move the person to safety now; (3) activate referral; (4) delay public action until protection measures are in place; or (5) escalate to protection committee if high risk. The goal is to act safely, not emotionally.

11

THE PROTECTION PATHWAY (STEP-BY-STEP)

Step 3 – Explain support options clearly

Before collecting detailed information, explain:

1. what IDIWA can do,
2. what information is needed and why,
3. that they can refuse or stop anytime,
4. that information will be kept private and shared only with consent.

Step 3 – Disability-inclusive consent (how to do it well).

1. Use simple words, one question at a time.
2. Confirm understanding: “Can you tell me what you understood?”
3. For Deaf WGD HRDs: use trusted interpretation or written communication.
4. For persons with intellectual disabilities: use easy-read explanations and allow time.
5. Speak directly to the WGD HRD, not only to caregivers.
6. Ensure privacy (caregivers or partners should not force answers).

Step 3 – Minimum data rule (what to collect)

Collect only what is necessary to provide protection:

- what happened (short description),
- when and where (general),
- who is involved (if safe to record),
- immediate safety concerns,
- urgent needs and preferred support option,
- risk indicators (e.g., threats, violence history, abuser proximity),
- preferred communication method.

STEP 4: RISK RATING (LOW / MEDIUM / HIGH)

Step 4 – Why risk rating matters

Risk rating helps IDIWA decide what action is required and how fast. It also prevents under-reacting (which can endanger the person) and over-reacting (which can expose them or remove their control).

Step 4 – Simple risk levels

- **Low risk:** isolated incident, low power threat source, person feels safe now, supports available.
- **Medium risk:** repeated threats, growing hostility, person is worried, some vulnerability.
- **High risk:** threat actor has power or violence history, abuser nearby, threats of serious harm, person unsafe now.

Step 4 – Risk assessment prompts (use quickly)

Ask:

1. Is the threat repeated?
2. Is the threat actor known to be violent or powerful?
3. Is the person isolated/dependent?
4. Is the person's phone/movement controlled?
5. Has there been physical violence or sexual violence?
6. Is there public exposure (radio, social media, leaked images)?
7. Does the person feel unsafe right now?

Step 4 – Escalation rule

If High risk, immediately:

- inform safeguarding focal person / protection committee (as per IDIWA system),
- prioritise safety relocation, urgent referrals, and more frequent follow-up,
- avoid actions that increase visibility or retaliation.

STEP 5: AGREE OPTIONS (SURVIVOR/HRD CHOOSES)

Step 5 – Survivor/HRD-centred decision-making

After risk rating, discuss options. The WGD HRD/survivor chooses what they want. IDIWA's role is to explain options clearly and support the chosen safe option.

Step 5 – Common support options (menu of choices)

Depending on the case, options may include:

1. medical care (injury, sexual violence response, documentation),
2. psychosocial support (counselling, peer support),
3. legal support (advice, protection orders, court processes),
4. police reporting (only if the person chooses),
5. safe shelter or temporary relocation,
6. mediation only where safe and chosen (never forced in violence cases),
7. digital safety support (blackmail, harassment, account security),
8. community protection measures (trusted leaders, safe neighbours).

Step 5 – Explain risks and benefits (short, honest)

When explaining options, include:

1. what the option involves,
2. what information will be shared,
3. possible risks (retaliation, exposure, delays),
4. how IDIWA will support safety (buddying, safe transport, confidentiality).

STEP 6: ACTIVATE REFERRAL (CONNECT TO SERVICES SAFELY)

Step 6 – What referral means

Referral means connecting the WGD HRD/survivor to another service provider that can help (health, legal, psychosocial, shelter, digital protection). Referrals must be done with consent and minimum data.

Step 6 – Referral rules

1. Get consent before contacting any provider.
2. Share only necessary information.
3. Use safe communication channels.
4. Where possible, accompany the person or arrange safe accompaniment.
5. Document referral action and follow-up date.

Stakeholders and what each should do

- **Health workers:** urgent treatment, privacy, respectful care, reasonable accommodation, documentation/referrals.
- **Police/GBV desk:** respectful reception, statement recording, safety support, no discrimination.
- **Legal aid providers:** legal advice, protection orders, representation, case follow-up.
- **CDO/Social workers:** support services linkage, community protection follow-up.
- **Local Council leaders:** support referral and safety; avoid forced reconciliation in violence cases.
- **CSOs/Protection partners:** safe shelter, relocation support, psychosocial support, digital protection.
- **IDIWA:** coordinates protection pathway, maintains confidentiality, follows up and monitors safety.

Step 6 – Digital threat referrals (blackmail/online threats)

If the incident involves blackmail or online harassment:

- save evidence (screenshots, URLs, usernames, dates),
- secure accounts (password change, two-step verification),
- reduce exposure (privacy settings, limit location sharing),
- assess physical risk (leaks can lead to physical attacks),
- refer to digital security support partners where available.

STEP 7: FOLLOW-UP (SAFETY DOES NOT END ON REFERRAL)

Step 7 – Why follow-up is protection

Follow-up reduces risk by identifying escalation early and ensuring the person actually received support. It also strengthens psycho-security by reminding the person they are not alone.

Step 7 – Follow-up timelines (recommended)

1. Standard cases: Day 7 and Day 14 follow-up.
2. High risk cases: same-day and frequent follow-ups (daily or as needed).
3. Digital blackmail cases: follow-up within 72 hours (because escalation is common).

Step 7 – What to check during follow-up

1. Is the person safe today?
2. Has the threat reduced or increased?
3. Any new threats, stalking, retaliation, online harassment?
4. Did they access the referral service? What was the outcome?
5. What additional support is needed?
6. Psycho-security check: sleep, fear, panic, distress, isolation.

Step 7 – Update safety plan

Each follow-up should update the safety plan:

- safe contacts,
- safe place,
- check-in times,
- what to do if threats increase,
- whether relocation or legal escalation is needed.

STEP 8: CLOSURE (CLOSE SAFELY AND RESPECTFULLY)

Step 8 – When to close a case

A case can be closed when:

- Risk is low and stable,
- referrals have been completed (or survivor chooses to stop),
- The WGD HRD/survivor agrees to closure,
- The safety plan is in place and understood.

Step 8 – Closure does not mean forgetting

Closure means formal case management ends, but the person can return for support anytime. IDIWA should keep records securely and use learning to improve protection systems.

Step 8 – Closure checklist

1. Risk reduced to low,
2. survivor agrees,
3. safety plan updated,
4. referrals completed/declined with informed choice,
5. case notes are complete and safely stored,
6. Feedback captured (short).

12

TRAUMA-INFORMED CARE AND COLLECTIVE CARE

What is trauma?

Trauma is what happens inside a person after serious harm or fear. Trauma can affect:

- sleep, appetite, concentration, memory, mood,
- fear and hyper-alertness,
- panic, shame, withdrawal, numbness.

WGD HRDs and survivors often face violence, threats, stigma, discrimination, and repeated stress. These experiences can affect the mind, body, emotions, memory, and confidence. This section explains trauma and gives practical guidance for supporting WGD HRDs safely, without causing more harm. It also explains collective care—how groups and organisations protect wellbeing together—because WGD HRDs are safest when they are not alone.

Understanding trauma

Trauma is the deep stress response that can happen after a person experiences or witnesses harm, fear, or serious threat. Trauma is not “weakness.” It is the body and mind reacting to danger. Trauma can come from one major incident (e.g., assault) or from repeated smaller harms over time (e.g., stigma, harassment, threats, discrimination).

What causes trauma for WGD HRDs?

WGD HRDs may experience trauma from:

- sexual violence, physical violence, emotional abuse
- threats, stalking, intimidation, or blackmail
- discrimination at health facilities, police, LC offices
- being mocked or not believed because of disability
- being controlled by caregivers/partners (phone, money, movement)
- repeated exposure to other survivors’ painful stories (vicarious trauma)
- public humiliation, online hate, or leaked private information

Common signs of trauma (how it may show)

Trauma can show differently for different people. Common signs include:

- 1.sleeping poorly, nightmares, fear of being alone
- 2.panic, fast heartbeat, shaking, sweating
- 3.feeling numb, “blank,” or disconnected
- 4.anger, irritability, crying easily
- 5.poor concentration, forgetting things
- 6.avoiding places/people linked to the incident
- 7.headaches, stomach pain, body aches
- 8.shame, self-blame, hopelessness
- 9.increased substance use (for some people)

Trainer/staff note: A person may look “fine” but still be traumatised inside.

Trauma-Informed Care (TIC)

Trauma-informed care means providing support in a way that recognises trauma and does not cause more harm. It avoids blaming, forcing disclosure, humiliating, or rushing a survivor. It helps the person feel safe, respected, and in control of decisions.

Why trauma-informed care matters for WGD HRDs

Trauma-informed care is critical because WGD HRDs and survivors are often:

- not believed due to stigma or disability stereotypes
 - exposed to unsafe environments while seeking help
 - dependent on others for transport or communication
 - at risk of retaliation if information is leaked
- Trauma-informed care protects dignity and increases safety, reporting, and recovery.

The “5 Principles” of Trauma-Informed Care

- 1.Safety – physical and emotional safety comes first.
- 2.Trust – be honest, consistent, and keep promises.
- 3.Choice – provide options; the person decides.
- 4.Collaboration – work with the person, not on them.
- 5.Empowerment – build confidence, control, and agency.

Trauma-informed communication (what to say / what not to say)

Good phrases (use these):

- 1.“I believe you.”
- 2.“You are not to blame.”
- 3.“Thank you for trusting me.”
- 4.“You can choose what happens next.”
- 5.“We can go at your pace.”
- 6.“What support would feel safest for you?”

Avoid these (harmful):

- 1.“Why didn’t you run?”
- 2.“Are you sure it happened?”
- 3.“You must report to police now.”
- 4.“Tell me everything from the beginning.”
- 5.“It’s your fault you went there.”
- 6.“Keep quiet, you will spoil the family name.”

Psychological First Aid (PFA) – field use

Psychological First Aid is immediate, humane support after distress. It is not counselling, and you don’t need to be a therapist. It focuses on helping the person feel safe and connected, and linking them to support.

PFA in 3 steps (Look – Listen – Link)

1. LOOK

- Check safety (is there danger now?)
- Check urgent needs (injury, medical care, safe shelter)
- Observe distress signs (panic, confusion, shutdown)

2. LISTEN

- Listen calmly, without pressure
- Use simple questions: “Are you safe now?” “What do you need most?”
- Do not force details
- Validate feelings: “That sounds frightening.”

3. LINK

- Connect to support: medical, psychosocial, legal, shelter, trusted person
- Help with practical next steps
- Plan follow-up

Collective Care (CC) – protection done together

Collective care means safety and wellbeing are supported as a group, not left to individuals. It is a protection strategy. Collective care recognises that WGD HRDs face systemic threats (gender + disability discrimination), so the response must also be collective.

Why collective care matters for WGD HRDs

WGD HRDs are often isolated by stigma, dependence, or fear. Collective care reduces isolation and creates safety networks. It also strengthens courage, consistency, and sustainability in activism.

Examples of collective care

- Buddy system during travel and visits
- Safe check-in routines during high-risk work
- Peer support circles (short monthly or after incidents)
- Group transport support for risky appointments
- Sharing safety information privately (not in open groups)
- Joint planning before public advocacy actions
- Rotating tasks so one person does not carry all the risk
- Emergency response contact tree (who calls who)

13

PROTECTION METHODS

Protection methods are the practical actions WGD HRDs, male allies, and IDIWA staff can use to reduce danger and support safety. Protection is not only for emergencies—it is also a daily habit. This section explains physical protection, digital protection, and psycho-security (mind protection), plus safe ways to document incidents and work with stakeholders.

Protection methods should always follow:

Safety first → Consent → Minimum data → Accessibility → Do no harm.

Immediate protection (what to do first)

When danger is present or likely, do these first:

1. Move away from danger (public place, trusted neighbour, health facility, safe contact).
2. Call or alert a trusted person (buddy/IDIWA focal/safeguarding focal person).
3. Do not confront the threat actor alone.
4. Seek medical help if injured or after sexual violence (time matters).
5. Preserve evidence safely (notes/screenshots) without posting online.
6. Start a simple safety plan (safe place, safe contacts, check-in time).

Practical protection (daily protection habits)

A safety plan answers:

1. Where can I go if unsafe? (safe place)
2. Who can I contact immediately? (buddy/IDIWA focal)
3. How will I move? (safe transport)
4. What is my check-in plan? (time + method)
5. What should I avoid? (unsafe routes, unsafe people, risky times)

Protecting assistive devices (disability-specific)

For some WGD HRDs, assistive devices are part of safety and independence (wheelchair, crutches, hearing aids, white cane). Threat actors may hide, destroy, or control these devices to increase dependence. Protection actions include:

1. Keep devices in a secure, known place
2. Ensure at least one trusted person can help access the device if unsafe
3. document any seizure/destruction of assistive devices as part of abuse
4. If assistive devices are withheld, treat it as a serious protection concern

14

ROLES, RESPONSIBILITIES, PROTECTION COMMITTEE

Protection works best when everyone knows who does what, how decisions are made, and how confidentiality and safeguarding are enforced. This section clarifies roles for WGD HRDs/survivors, male allies, IDIWA staff, focal persons, and partner service providers.

WGD HRD / Survivor (rights-holder)

The WGD HRD/survivor is the main decision-maker in their own case and protection plan. They have the right to safety, dignity, privacy, and choice.

Responsibilities :

1. Report the incident or ask a trusted person to report.
2. Choose the support options they prefer (medical, legal, psychosocial, etc.).
3. Give or refuse consent for information sharing and referrals.
4. Participate in safety planning where possible (safe place, buddy, check-ins).
5. Communicate changes in risk (new threats, stalking, retaliation) as soon as possible.

Rights (must be respected):

- To be believed and treated with dignity.
- To receive accessible communication and reasonable accommodation.
- To refuse police reporting or any service.
- To stop the process at any point.

Protection Committee (for high-risk decisions)

A Protection Committee is a small trusted team within IDIWA that helps make decisions for high-risk cases (e.g., urgent relocation, emergency funds, serious legal escalation).

Core responsibilities:

1. Review high-risk cases and recommend protective actions.
2. Approve urgent protection measures and resource use (as per IDIWA policy).
3. Ensure conflict of interest is declared and managed.
4. Ensure documentation and confidentiality of decisions.
5. Review trends and strengthen referral networks and SOPs.

15

SOPS AND SERVICE STANDARDS

SOPs (Standard Operating Procedures) are simple step-by-step guides that help IDIWA and allies respond consistently and safely, especially under pressure.

Service standards (timelines)

IDIWA should aim to meet these minimum timelines:

1. First response: within 24 hours of report.
2. Urgent/high risk: same-day action where possible.
3. Referral activation: within 72 hours (or sooner if urgent).
4. Follow-up: Day 7 and Day 14 for standard cases; more frequent for high risk.
5. Case closure: only when risk is low and survivor agrees.

Note: If delays occur due to location/accessibility/security barriers, document and communicate safely.

SOP 1: Incident handling (core pathway SOP)

1. Receive report (first contact).
2. Make safe (immediate safety + medical priority).
3. Obtain consent + collect minimum data.
4. Risk rate (Low/Medium/High).
5. Agree options (survivor chooses).
6. Refer (minimum info, safe channels).
7. Follow up (D7/D14 or more frequent).
8. Close safely (survivor agrees).

SOP 2: Travel and check-in (buddy safety)

1. Inform focal person/buddy before travel.
2. Share route and expected arrival time.
3. Check in on arrival.
4. Check in during return.
5. If no check-in: buddy/focal follows up immediately.
6. If still no response: escalate safely to IDIWA and trusted contacts (avoid public posting).

SOP 3: Evidence and privacy (minimum data + safe storage)

1. Ask consent before collecting evidence.
2. Collect only necessary evidence (screenshots, short notes).
3. Do not post evidence on social media.
4. Store evidence securely (locked cabinet / password-protected device).
5. Share evidence only with authorised persons and only with consent.
6. Use codes instead of names where possible.

SOP 4: Referral activation (safe linkage)

1. Confirm survivor's preferred option and consent.
2. Identify suitable service provider (accessible + trusted).
3. Contact provider using safe method and minimum data.
4. Arrange accompaniment if needed (especially for WGD).
5. Record referral and follow-up date.
6. Follow up within 72 hours (or sooner for urgent cases).

SOP 5: Digital threat response (blackmail/harassment/leaks)

1. Save evidence (screenshots, dates, usernames, links).
2. Secure accounts (change passwords, 2-step verification).
3. Reduce exposure (privacy settings; remove location; limit visibility).
4. Do not pay blackmail or send more content.
5. Assess physical risk (does person need relocation/safety plan?).
6. Report harmful accounts where possible.
7. Activate digital support referral if available.
8. Follow up within 72 hours.

SOP 6: Working with authorities safely (LC/police/health)

1. Go with a trusted person where possible.
2. Request privacy and reasonable accommodation (interpretation, extra time).
3. Share minimum information.
4. Record names, dates, and actions taken (if safe).
5. If discrimination occurs, document and escalate through IDIWA.

SOP 7: Safeguarding complaint handling (SEAH/abuse by staff/allies/providers)

1. Receive complaint confidentially and respectfully.
2. Ensure immediate safety of complainant.
3. Do not pressure for details; collect minimum info.
4. Escalate to safeguarding focal and leadership as per policy.
5. Protect from retaliation; plan follow-up.
6. Document action and outcome safely.

SOP 8: Debrief and staff wellbeing after high-stress cases

1. Short debrief within 24–72 hours of heavy case.
2. Identify risks to staff and focal persons (burnout, threats).
3. Agree workload adjustments and support needed.
4. Refer staff for psychosocial support where needed.
5. Document learning (anonymised).

15

MONITORING, LEARNING, FAQs, AND QUALITY IMPROVEMENT

Monitoring and learning helps IDIWA improve protection quality, identify patterns of threats, and strengthen referrals—without exposing survivors.

What to monitor (simple indicators)

Track these minimum indicators monthly/quarterly:

1. Number of cases reported (by type).
2. Risk levels (low/medium/high).
3. Response time (within 24 hours? urgent acted on same day?).
4. Referrals made (health/legal/psychosocial/shelter/digital).
5. Follow-ups completed (D7/D14).
6. Outcomes (risk reduced? services accessed?).
7. Survivor feedback (short, confidential).
8. Accessibility measures provided (interpretation, easy-read, accompaniment).

Tools for monitoring (low-tech friendly)

1. Case log (codes, not names)
2. Timeline tracker
3. Referral tracker
4. Follow-up register
5. Quarterly review notes (anonymised)
6. Staff wellbeing check-in notes (confidential)

Quarterly learning review (simple process)

Once every quarter, IDIWA staff and focal persons review:

1. What threats are increasing? (domestic control, online blackmail, institutional harassment)
2. Which referral partners worked well? Which gaps exist?
3. What accessibility barriers did WGD face?
4. What changes are needed to SOPs?
5. How are staff and focal persons coping (burnout risks)?

Rule: Use anonymised information. No names. No identifying details.

Survivor feedback (safe and simple)

Ask 3 questions (only if safe):

1. "Did you feel respected and safe during support?"
2. "Did you understand your options and feel you could choose?"
3. "What should we improve next time?"

Record feedback using codes.

Frequently Asked Questions (FAQs)

If police threaten arrest or intimidation

1. Stay calm; do not argue alone.
2. Contact IDIWA/legal aid ally quickly.
3. Document what was said (date, officer name if possible).
4. Consider safer accompaniment for future visits.

If a WGD HRD is being followed or stalked

1. Do not go straight home.
2. Go to a public place or safe contact.
3. Inform IDIWA and buddy immediately.
4. Update safety plan; consider relocation for high risk.

If threatened online or blackmailed

1. Do not pay or send more content.
2. Save evidence and secure accounts.
3. Assess physical risk and activate the protection pathway.
4. Refer for digital support if available.

If family/caregiver controls phone, movement, or money

1. Treat as serious risk (dependence increases vulnerability).
2. Identify a safe alternative contact method.
3. Activate safeguarding and protection planning.
4. Consider safe accommodation options if necessary.

If a service provider refuses support because of disability

1. Document the refusal (date/place/who).
2. Request reasonable accommodation politely but firmly.
3. Escalate through IDIWA and relevant oversight channels.
4. Refer to another provider if immediate care is needed.

If the WGD HRD cannot communicate easily (Deaf/low speech)

1. Use preferred method (written, sign, trusted interpreter).
2. Allow extra time.
3. Ensure privacy so they can consent freely.
4. Do not rely only on caregivers to speak for them.

If a WGD HRD disappears / cannot be reached

1. Activate check-in escalation: call buddy → safe contacts → IDIWA.
2. Document timeline (last seen, last message, location).
3. Avoid public posting that may increase risk.
4. Escalate to trusted authorities/legal aid if appropriate and safe.

CONCLUSION

Protection must always protect both body and mind: physical safety, digital safety, and psycho-security. Security is strongest when WGD HRDs are supported through safe systems, trusted allies, and collective care—without stigma, discrimination, or forced choices.



☎ +256 769 604 449 | 707 090 992

✉ info@idiwaug.org | idiwa2009@gmail.com



**Buseyi (B), Nakalama Sub-County | Kigulu South
Iganga District**

