

Refugees deserve dignity, healthcare

In the vast and dusty refugee settlements of Uganda, thousands of women navigate daily life in conditions few of us can imagine, let alone endure. These women are not just survivors of conflict and displacement. They are mothers, daughters, leaders, and caregivers. Yet they remain largely invisible in national conversations about healthcare, dignity, and human rights. Refugee women in Uganda are being forgotten and the consequences are devastating.

Uganda is home to more than 1.5 million refugees, the majority of whom are women and children. While the country has been internationally praised for its progressive refugee policies, the reality on the ground tells a more painful story.

In many camps, access to healthcare is inadequate, es-

pecially for women's specific needs such as maternal care, reproductive health, and protection from gender based violence. The situation has been worsened by prolonged drought, which has left families without enough food or water-basis necessities that disproportionately affect women and girls.

Others suffer silently from untreated infections, complications after child birth, or trauma from sexual violence. For adolescent girls, menstruation becomes a source of shame and hardship due to the lack of sanitary products and safe facilities. Many are forced to use rags, leaves or even stay home from school during their periods, further isolating them and limiting their futures.

Despite these challenges, these women are remarkably resilient. I have sat with mothers who have lost everything but still cook for their neighbours. I have listened to young women who dream of becoming nurses and midwives, so they can return and serve their communities. These women deserve more than our pity; they deserve our action.

What is missing in many of these camps is not just physical infrastructure, but the recognition that women have specific, urgent needs that cannot wait. The international community, humanitarian agencies, and government must work together to ensure that gender specific support is not an afterthought but a central part of refugee response plans.

We need more trained female health care workers in the camps, mobile clinics that reach remote areas, and consistent supplies of essential items like sanitary pads, contraceptives, and safe birthing kits. Women need safe spaces to talk, heal, and organise. They need support not only to survive but thrive.

There is also need to involve refugee women in decision making processes. Too often, policies are made for them, not with them. Including women in leadership roles, whether in camp committees or aid program design ensures that their voices and lived experiences shape the very systems meant to support them.

Hope is not a luxury. For many of these women, it is the fuel that keeps them going. But hope without dignity is fragile, and dignity without health is impossible. We must move beyond sympathy and embrace solidarity. These women are not just statistics or victims, they are change maker, healers and providers.

If we forget them, we lose part of our humanity. But if we stand with them, invest in them, and listen to them, we can build a future rooted not in despair, but in dignity and shared strength.

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Human rights

Let us not look away, let us act.

Ms Edith Atim Labaja is a women's rights activist working with displaced women and girls in refugee camps in Uganda.

The Editor welcomes 450-word comments on topical issues. Prefer