
Now and the Future

Gender Equality, Peace and Security in a COVID-19 World

Uganda Briefing

1. Introduction

Women's International Peace Centre, with the support of Womankind Worldwide and Gender Action for Peace and Security (GAPS), undertook **research** in Uganda to provide in-depth gender-sensitive conflict analysis to help the international community and governments develop short- and long-term programmes and response frameworks that address the impact of COVID-19 and future pandemics, crises and shocks.

The research methodology involved a desk literature review on the COVID-19 gender, peace and security impact in Uganda across different sectors. This included the impact of COVID-19 on refugees, women's and girls' participation in decision-making, Violence Against Women and Girls (VAWG), Sexual and Reproductive Health and Rights (SRHR), access to healthcare, livelihoods, and women's economic rights. During the first phase, 37 Key Informant Interviews (KIIs) were conducted with 34 organisations working on issues of Women, Peace and Security (WPS). Three months later during the second phase, three KIIs were conducted with two WPS organisations and one health worker, along with a second desk literature review. The research aimed to understand any changes in the COVID-19, peace, security, and gender equality situation.

The findings of both phases indicate the ongoing gendered effects of COVID-19 on marginalised groups in the urban, rural and refugee settlement contexts. They highlight the impact of the pandemic on the community, especially on women's and girls' roles, responsibilities, needs and livelihoods, as well as how these different groups of women and girls are coping with the crisis.

2. Changes in the COVID-19, peace, security, and gender equality situation

The funding situation for Women's Rights Organisations (WROs) continues to worsen. Several WROs now describe an almost existential threat to their ability to keep functioning beyond monthly salaries, as donors and UN agencies cut their funding or redirect their funds to other priorities and agencies.¹ Few have been able to access new and additional funding for COVID-19 response through the UN system. In June 2020, WROs in Uganda organised themselves into a Gender Taskforce on COVID-19, which has approached donors managing a basket fund on governance and human rights issues, but months later these requests are still under 'review'. The inability to plan beyond the immediate response means that women humanitarians and their organisations also face the grave risk of being shut out of the medium- and long-term socio-economic recovery to help to build back equal. The civic space in which WROs operate is also increasingly constrained. On 10 December 2020, the Ugandan government ordered accounts belonging to the Uganda Women's Network and Uganda National NGO Forum to be frozen, on allegations of terrorism financing.²

As Uganda progressed towards the February 2021 general election amidst the COVID-19 pandemic, the Electoral Commission banned physical mass campaigns and shifted them to media and online spaces. This disproportionately affected the participation of women candidates, many of whom lacked access to traditional media and online platforms and could not afford the cost of radio and TV airtime, discouraging some aspiring women candidates from running for office. Women's political exclusion was compounded by some voters' inability to afford the Personal Protective Equipment (PPE) recommended to safely participate in a campaign event or cast a ballot; as well as by the digital divide, which disproportionately impacts people with marginalised social identities.³ Uganda also witnessed one of its most violent presidential campaigns yet. In the run up to polling day, security forces violently arrested scores of people, including opposition members, journalists and opposition presidential candidates. The security response to protests demanding their release resulted in at least 54 deaths. Following the election, concern is now rising over the alleged forced disappearances of dissidents across the country.⁴

The strict rules of airline travel and imposition of quarantines on travellers has seen a massive decline in tourism in Uganda. Tourism contributed approximately 10 per cent of Ugandan GDP and more than six per cent of total employment, directly and indirectly. Job losses have particularly affected women, and the impacts for households facing insecurity range from loss of food security and nutritional issues, to income loss and heightened probability of falling into poverty or chronic poverty.

¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/WLO-Covid19-Joint%20Agency%20Policy%20Brief.pdf> (accessed 11/02/2021)

² <https://www.monitor.co.ug/uganda/news/national/ngos-dare-govt-to-prove-claims-on-terror-funding--3228026>

³ https://www.ifes.org/sites/default/files/ifes_covid19_briefing_series_inclusion_and_meaningful_political_participation_july_2020.pdf

⁴ <https://www.dw.com/en/uganda-unease-after-alleged-election-abductions/a-56526053> (accessed 13/02/2021)

The loss of time in education is also hitting the poorest and most marginalised the hardest (with education being a key variable in reducing vulnerability to poverty and increasing households' resilience to shock⁵). The ongoing lack of livelihood options and social support has also further contributed to sexual violence and commercial sexual exploitation of women, adolescents and refugee women and girls.

“The closure of informal trade contributed to women and adolescent girls taking up survival sex to support themselves and their families. This exposed them to HIV and AIDS and other sexually transmitted infections and increased rates of unwanted pregnancies among adolescents – especially in the context that access to reproductive health services is constrained due to the reduction in services provided due to lockdown measures.” Coordinator, Lango Female Leaders Association

Women and girls living with HIV and AIDS and those diagnosed with cancer have been particularly impacted by the lockdown, with transport restrictions affecting their access to treatment and medicines.⁶

“Due to the lockdown measures the turn up of those receiving antiretrovirals (ARVs) reduced in number and also adherence became very poor.....many people dropped off, especially the women.” Nurse, Lira Regional Referral Hospital

Shortage of essential PPE has also put frontline health workers, a large number of whom are women, at constant risk of exposure to COVID-19⁷ during the second wave of infections in Uganda.⁸

There have also been some more positive changes in the services available to support women and girls with the impacts of COVID-19. The Uganda Police Force, with support from UN Women, established a dedicated toll-free hotline for reporting and responding to cases of VAWG. This has been crucial in providing a criminal justice response and access to services for survivors.⁹ The COVID-19 pandemic has also boosted the rising role of digital health technologies (telehealthcare) as a much needed aspect of medical service delivery, albeit within Kampala for English speakers. This includes the delivery of healthcare services at a distance using telemedicine, and mental health support services through telecounselling and telepsychiatry, which have been in high demand during the pandemic owing to the rise in Gender-based Violence (GBV). However, there is no evidence on the impact of internet connection interruptions and costs of internet subscriptions for those health information platforms that leveraged third party operators like WhatsApp, Facebook etc.¹⁰

⁵ <https://www.undp.org/content/dam/uganda/docs/2020/UNCT%20Socioeconomic%20Report%20-A2020.pdf>

⁶ <https://www.afro.who.int/news/easing-covid-19-impact-key-health-services> (accessed on 3/02/2021)

⁷ <https://healthpolicy-watch.news/the-time-bomb-in-ugandas-health-care-system-reflections-from-the-emergency-room/> (accessed on 2/02/2021)

⁸ By 23 December 2020 the country had close to 32,000 confirmed cases of the virus, and at least 238 people had died.

⁹ <https://www.unwomen.org/en/news/stories/2020/12/what-happened-after-covid-19-hit-uganda>

¹⁰ <https://www.panafrican-med-journal.com/content/series/35/2/43/full/>

3. Summary of findings

The direct effects of the COVID-19 outbreak itself, in addition to the indirect effects of the response measures in Uganda, have had both short-term and far-reaching implications which continue to disproportionately impact women and girls. Uganda's **COVID-19 response measures** did not consider the specific needs and interests of women and girls. As a result, the COVID-19 crisis and responses exacerbated existing gender inequalities, particularly amongst the poorest and most socially marginalised groups, including young women and girls, LGBTQ women, refugees and IDP women and girls, and women and girls with disabilities. The COVID-19 pandemic revealed the weaknesses in the Ugandan **healthcare system**, which remains under-funded and lacks the human resources, supplies and crucial infrastructure needed for effective and timely testing, tracing and isolation of COVID-19 cases. In addition, the health system lacks gender analysis and thus its services are not gender responsive. Information on COVID-19 has been disseminated to communities through radio, television, internet (especially social media), mobile phones and face-to-face interactions. However, marginalised and/or remote groups, such as women and girls living in rural areas and settlements lack access to these information channels because of cost, location, literacy or lack of awareness of the information's importance.

The government's focus mainly on measures to combat the spread of COVID-19 also diverted personnel and resources away from priority diseases and health services and disrupted the supply chain. This has had particularly serious consequences for women's health, disrupting **Sexual, Reproductive and Maternal Health (SRMH) and Sexual and Gender based Violence (SGBV)** services – at a time when lockdowns increased instances of SGBV, particularly domestic and intimate partner violence,¹¹ and women and girls needed these services most.¹² Women requiring access to maternal, reproductive and mental healthcare, as well as patients with HIV and AIDS, tuberculosis, malaria or cancer have faced an increased risk of complications and death. This has been due to: inability to access healthcare because of transport restrictions and hiked transport fees; lack of access to medications; curfew; and fear of contracting the virus from healthcare settings. Some expectant mothers have been reported to have delivered by the road side while others have lost their lives due to minimal and uncertain availability of transport to health facilities.¹³ Adolescent girls have also been among the most adversely affected due to prolonged closure of schools leaving them vulnerable to increased risk of sexual exploitation, early pregnancy, (forced/early) marriages and SGBV. Their risk of exploitation is increased where families have been unable to recover from abstract poverty heightened by the lockdown, and young women and girls are sexually exploited by older men who promise to meet their basic needs.

The spread of COVID-19 has continued to pose a serious risk to the macro-economy, which has had immediate and lasting implications for **women's livelihoods**, particularly for the poorest and most vulnerable. The disruption and restrictions of movement, transport, supply chains and market operations have negatively impacted agricultural households.

¹¹ <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

¹² <https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/>

¹³ <https://www.cehurd.org/covid-19-interventions-verses-a-woman-in-uganda/>

Food insecurity has increased vulnerability and overall insecurity, particularly for female-headed households and women living in refugee settlements; yet some COVID-19 relief programmes have focused on urban areas with the lowest poverty rates, rather than targeting the most affected. Lack of access to credit and the need for rural women to withdraw their savings to cover basic needs during the COVID-19 crisis means the impacts already being felt by these households are likely to deepen and be long-lasting, especially among vulnerable women. Surviving and recovering from the economic strain of the lockdown is also disproportionately challenging for women employed in the informal sector, where they are over-represented in low paid and vulnerable employment. This includes hospitality industries where most have lost their jobs, income or livelihoods. In addition, women are disproportionately responsible for unpaid care and domestic work which has increased as a result of the pandemic and the lockdowns.

The government has done little to buffer those losing jobs or to provide the needed essential public services. This is due to **weak transparency and accountability** mechanisms in the utilisation of public resources, in addition to other structural challenges such as illicit financial flows, regressive international tax policies and illegitimate debts. All this has an impact on the resources available to government to meet Uganda's development needs and human rights obligations, including women and girls' rights during the pandemic and in stable times.

WROs and movements in Uganda and all around the world are at the forefront of change: holding the line to prevent the roll back on women's and girls' rights; resisting against rights violations; addressing the visible and invisible impacts of COVID-19; demanding equality; and driving solutions for transformative change. Yet the international community has constantly reduced **funding for WROs**; despite many women, girls and people with disabilities in Uganda now having their access to basic services cut off and WROs stepping in to fill those gaps. COVID-19 is also being used as an excuse for the abuse of human rights under the guise of enforcing emergency measures. Promoting **women's participation and leadership** is crucial to achieving better outcomes for women and girls, and society. Coordination platforms have been established across Uganda at national, regional and district levels to steer the prevention and response to the COVID-19 pandemic. However these have been male-dominated, with women making up on average only 22.5 per cent of members, and men holding the most influential positions.¹⁴

4. Recommendations

Recommendation 1: Gender responsive COVID-19 response and recovery: The Government of Uganda, development partners and humanitarian organisations must acknowledge the gendered implications of COVID-19 and put in place gender-responsive COVID-19 prevention and response plans as well as design long-term resilience and recovery programming, based on the collection and analysis of sex, gender and diversity disaggregated data. (Full evidence for this recommendation can be found on page 5 in [the country report](#).)

¹⁴ http://careevaluations.org/wp-content/uploads/CARE-International-in-Uganda_Rapid-Gender-Analysis_May-2020_final.pdf

Recommendation 2: Healthcare: Support efforts to minimise delays in accessing and receiving quality healthcare services and information, including sensitisation campaigns advising women and girls on available services and assistance, and how to access them (including ante- and post-natal care for pregnant women, and counselling and psychosocial support for GBV survivors). Campaigns should also actively address social norms which negatively impact women and girls. These should focus on the short- and long-term, for example addressing the expected school drop-out of girls. (Full evidence for this recommendation can be found on page 7 in [the country report](#).)

Recommendation 3: Livelihoods: Economic models should be transformed to become people and environmental centered. Gender responsive capital and economic recovery packages must be made available to the poorest and most vulnerable (with special attention to the women in informal sectors who have lost their jobs or been forced to suspend their businesses and income-generating activities) in order to help them survive and re-establish pre-pandemic sources of income, including in the informal sector and through Village Loan Saving Associations (VLSAs). (Full evidence for this recommendation can be found on page 8 in [the country report](#).)

Recommendation 4: Sexual, Reproductive and Maternal Health (SRMH) and Sexual and Gender Based Violence (SGBV): Safe, effective and sufficient SRMH and SGBV services must be provided by the government through different ministries and institutions including the health sector, justice sector, internal security, and local government (districts) among others, with complementary services provided by non-state actors such as NGOs. Concrete actions could include: GBV coordination platforms updating the SGBV referral and sharing it widely with key stakeholders (e.g. health workers, NGOs, local leaders); providing shelters; and ensuring justice is served for victims and survivors of SGBV. (Full evidence for this recommendation can be found on page 10 in [the country report](#).)

Recommendation 5: Funding for WROs and movements: This should be a priority, and situated in a commitment to increase WPS funding, as well as funding for gender equality and women's rights that includes core, flexible, accessible, long-term funding for WROs and movements to implement their self-defined priorities that are informed by their communities' own realities, needs, knowledge and contexts. (Full evidence for this recommendation can be found on page 12 in [the country report](#).)

Recommendation 6: Women's participation and leadership: There is a need to advocate for the inclusion of women and WROs in decision-making structures, namely the COVID-19 task forces and budget resource allocation in order to increase the chances of developing more effective and responsive solutions to the crisis. (Full evidence for this recommendation can be found on page 14 in [the country report](#).)

Recommendation 7: Accountability and transparency: The Government of Uganda should be held accountable for funds received to address issues of WPS and also for curbing the pandemic. Monitoring and accountability for public resources must also be strengthened to ensure Uganda has a return on investments to cater for the rising public debt. Funds should be secured and used in a transparent manner that involves the voices

of women and WROs, and used for projects that are beneficial to women and girls. In addition, the international community should transform the global governance architecture and put in place just international tax systems and international trade policies which both favour countries in the global north and global south to enable equitable and sustainable development. (Full evidence for this recommendation can be found on page 15 in [the country report](#).)

4. Partners

Women's International Peace Centre (The Peace Centre), formerly Women's International Cross Cultural Exchange (Isis-WICCE), is a feminist organisation with 25 years' experience working with partners across 15 conflict and post-conflict African countries and regionally to ignite women's leadership, amplify their voices and deepen their impact in recreating peace. Our WEAVE model intersects research (on women's specific experiences and needs), evidence-based advocacy (to influence national, regional and international policy and practice), holistic healing (to enable women's wellbeing and participation in peace processes), skills and movement building (to equip women's human rights defenders with necessary skills, build networks and facilitate exchange of strategies to advance women's leadership for peace).

Womankind Worldwide is a global WRO working with women's movements to transform the lives of women. Our vision is a world where the rights of all women are respected, valued and realised, and includes working towards ending all forms of VAWG, advancing women's economic rights and strengthening women's influence and decision-making power. We support women's movements to strengthen and grow by carrying out diverse joint activities, including advocacy and communications work, women's rights programming, awareness raising, knowledge sharing, research, capacity development and fundraising.

Gender Action for Peace and Security (GAPS) is the UK's Women, Peace and Security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote WPS including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

This is an independent report commissioned and funded by the Foreign, Commonwealth & Development Office. This material has been funded by UK aid from the UK government, however, the views expressed do not necessarily reflect the UK government's official policies.

This report is funded by:



HM Government

