



CENTRE FOR WOMEN IN GOVERNANCE

THE IMPACT OF COVID-19 PANDEMIC ON THE RIGHTS OF WOMEN AND GIRLS IN UGANDA; A SITUATIONAL ANALYSIS REPORT

APRIL 2020

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REMARKS BY THE EXECUTIVE DIRECTOR

I would like to express gratitude and appreciation to all CEWIGO partners at National, District and Community levels for the continued support in implementation of our duties. In a special way let me take this opportunity to thank CEWIGO partners at district and sub county levels who contributed immensely in the data collection and made themselves available for interviews that enabled the production of this COVID -19 gender situational analysis report.

Appreciation also goes to the team of validators mainly composed of CEWIGO mentors and advocacy group members from all our sample districts, CEWIGO staff members who directly engaged with the respondents and CEWIGO's Board of Directors who always give us strategic direction and guidance.

This report has been produced in a very challenging situation of the COVID -19 lock down that possibly had not been experienced before by most people in working age bracket. It's for this particular reason that we have to express gratitude to all brains and support behind the design and production of this report.

In this regard I would like sincerely appreciate all CEWIGO development partners who include DGF, GIZ and AWDF who have moved along with us and supported us to continue operating despite changes and shifts in the earlier designed work plans. A lot of innovations had to be brought on board for us to keep in close working contact with our key stakeholders and partners at different levels.

Finally, special thanks to our long-term partner Democratic Governance Facility (DGF) who supported CEWIGO to establish advocacy groups and train mentors who were very instrumental in this survey. Once again, we express our gratitude to all other partners who made a contribution towards this survey.



Bonnie Kiconco Kashaija Mutungi
Executive Director
Centre for Women in Governance

ABBREVIATIONS/ACRONYMS

CDO	Community Development Officer
CEDOVIP	Centre for Domestic Violence Prevention
CEWIGO	Centre for Women in Governance
CSO	Civil Society Organization
COVID	Corona Virus Disease
GBV	Gender Based Violence
GISO	Gombolola Internal Security Officer
LC	Local Council
LG	Local Government
PPE	Personal Protection Equipment
PWD	Persons with Disability
RDC	Resident District Commissioner
S/C	Sub County
UNFPA	United Nations Population Fund
WORUDET	Women and Rural Development Network

INTRODUCTION

About CEWIGO

Centre for Women in Governance (CEWIGO) is a National level, Non-Governmental, non-partisan, not for profit advocacy organization that was established in 2006. CEWIGO's vision is, *"A society in which women and men are equitably participating and benefiting from good governance"* while her mission is, *"To mobilise women and build their capacity to influence governance at all levels and to increase awareness that where women and men share equally in the generation and maintenance of good governance, the benefits accrue to all society."*

Purpose of the Study

To establish the impact of the COVID-19 pandemic on the rights of women and girls in Uganda.

Study Objectives

- i. To assess the level of involvement of women in the COVID-19 response planning and decision making processes in Uganda.
- ii. To examine the influence of the COVID-19 outbreak on Gender Based Violence in Uganda
- iii. To determine the effect of the COVID-19 outbreak and its control measures on the health and well-being of women and girls
- iv. To identify ways of promoting gender equality and women's rights during emergency crises

Methodology

This study utilized both primary and secondary sources of data; primary data was collected through phone interviews while secondary data was collected through document review. Phone interviews were chosen as the best data collection method due to the physical inaccessibility of the respondents because of the lockdown and ban of public gatherings/meetings.

Since it was a qualitative study, respondents who included District and Sub county leaders were purposively sampled. Both interviews and analysis of data were conducted by CEWIGO Staff. The study was limited to 9 districts selected on the basis that they were part of CEWIGO's area of operation where target respondents would easily be accessed. The 9 districts include; Hoima, Masindi, Mbarara, Buhweju, Bushenyi, Kabarole, Kapchorwa, Kween and Kitgum.

KEY FINDINGS

SECTION A: WOMEN'S PARTICIPATION IN PLANNING AND DECISION MAKING PROCESSES ON COVID-19 PREVENTION AND MANAGEMENT

Composition of COVID-19 District Taskforces

Despite the fact that national level response towards COVID 19 is spearheaded by both men and women, a great gender imbalance exists among majority of the district taskforces. Active participation of women in planning and decision making processes at all levels creates a platform for application of a gender lens in emergency response interventions so that unique issues that affect women and girls are not left unaddressed.

Below is a table showing the composition of Women and Men on the District Taskforces selected from CEWIGO's areas of operation.

No.	District	No. of Men	No. of Women
1.	Kabarole	13	5
2..	Kapchorwa	17	3
3.	Kween	20	0
4.	Masindi	16	3
5.	Hoima	15	5
6.	Buhweju	12	2
7.	Mbarara	12	3
8.	Bushenyi	20	10

Source: Primary data

It is important to note that the members on the district taskforces are selected on the virtue of the positions they hold at their respective Local Governments. The common members across all the districts are Resident District Commissioners, Chief Administrative Officers, District Heads of Department, Municipality Mayors, L C V Chairpersons and District Police Commanders. Traditionally, these positions are typically occupied by men which has caused women to be left out of planning and decision making processes at higher levels. Negative cultural and societal norms and mind sets have also played a significant role in undermining the value of women leadership and involvement in addressing critical issues in their communities.

Addressing the unique needs of Women and girls by the District COVID-19 Taskforces

In most districts, the unique needs and issues affecting women and girls such as access to maternal and sexual & reproductive health care have not been put at the forefront of the

COVID-19 response. In fact, enforcing COVID-19 preventive and control measures has taken precedence over other concerns in society. This can be attributed to the failure by the National and Local Taskforces to conduct gender analyses on how women and men will be affected by the crisis and put in place the necessary measures to ensure that gender equality and women's rights are promoted during this time. The consequences of this scenario have been escalating cases of domestic violence, lack of access to contraceptives, ante/post-natal care and immunization services.

Involvement of Women Leaders trained by CEWIGO in the COVID-19 response

One of the major components of CEWIGO's Women Leadership Program is capacity building of women and female youth leaders to effectively carry out roles and responsibilities with their mandate. Since the beginning of the year, CEWIGO has trained 570 Women leaders (Councillors and members of the Women Council) from the districts of Hoima, Masindi, Kapchorwa, Kween, Buhweju, Mbarara, Bushenyi and Jinja, on average of 60 per district.

These Women leaders were equipped with knowledge and skills in a number of areas for example gender responsiveness, community mobilisation, advocacy & lobbying, transformational leadership and effective communication. CEWIGO also engaged 32 experts for continuous mentorship of the women leaders in each district among these were influential leaders such as Community Development Officers, Speakers, retired female politicians among others.

The study established that most of the women leaders trained by CEWIGO were very actively involved in the response towards COVID-19 in their communities. For instance, CEWIGO's mentors, Councillor Bernadette Plan and Councillor Karungi Hafisa are the Secretaries of the Taskforces in Hoima and Masindi districts respectively.

Majority of the Women leaders are voluntarily engaged in community sensitization, surveillance, registering and following up with the vulnerable members of the community especially pregnant women and updating the District Taskforce with information on the ground. They are key in identifying the vulnerable families in need of food aid and also responding to domestic violence incidences. In Mbarara, women councillors are conducting door to door sensitization and writing small posters to keep the communities aware of the COVID-19 control measures.

Challenges faced by women leaders in COVID-19 response

Amidst the work they are doing, the women leaders are faced with several challenges including;

- There a few women on the district taskforce which makes lobbying and advocating for women’s and girls’ rights difficult. This is worse in Kween district where there is no single woman representative on the taskforce.
- Lack of financial support from the District Taskforces to facilitate the women leaders’ initiatives for example conducting radio talk shows and providing aid to vulnerable people in their communities.
- Inadequate Personal Protective Equipment (PPE) which exposes women engaged in community sensitization to the risk contacting the virus.
- Ignorance of the communities on COVID-19

How the challenges are being addressed?

Despite the constraints, the women leaders are forging a way forward by;

- Advocating for more positions for women on the District Taskforces
- Relentlessly sensitizing communities about the effects of COVID-19 and also ensuring that they adhere to the guidelines set by the Ministry of Health and the Presidential directives.
- Making door to door visits to their constituents on foot.
- Lobbying for funds and PPEs from different Development partners.
- Using media especially community radios for sensitization of the public whenever possible.

SECTION B: GENDER BASED VIOLENCE

COVID-19 Control measures and Gender Based Violence

In all the districts sampled for this study, it was reported that the cases of Gender Based Violence had rapidly increased. Unfortunately, many of the cases were not reported to the authorities due to movement restrictions and because of the high priority given by responsible stakeholders to the COVID-19 response over anything else. According to Mr. Ninsiima Andrew (CDO, Bumbaie S/C, Bushenyi district), most of the cases are being handled at family and Local Council level due to the limited access to referral services.

The common forms of GBV in the communities are; physical/domestic violence, psychological torture/emotional violence and sexual violence. Across all the districts, physical/domestic violence was the most common form of violence.

The prevalent cases of GBV during this pandemic situation were majorly attributed to;

- The prolonged social isolation which has kept many women ‘locked down’ in the same space with their abusers at all times.
- Closure of schools which has exposed young girls to unsafe conditions including sexual violence and harassment by male opportunists.
- Increased alcoholism linked to factors like idleness/redundancy, stress due the loss of means of livelihood etc.
- Tensions arising from men’s inability to provide basic necessities for their families due to financial constraints.

The table below summarises the functionality and accessibility of existing structures addressing GBV during the COVID-19 pandemic.

DISTRICT	RESPONSE
KABAROLE	<p>The response time for the Police in matters of GBV has been lengthened due to the fact that they are occupied with a lot of work which is centred around ensuring that communities adhere to the COVID-19 control measures/guidelines.</p> <p>Since access to Police stations is difficult because of transportation, many GBV cases are being handled at community level by Elders through mediation as well as Local Council leaders.</p>
KAPCHORWA	<p>The Gender Office and Police have been very quick to respond to the reported cases of GBV. GBV Hotlines have been created and shared with the community members on radio to make it easy for them to report cases of GBV. The Gender Officer is trying to find temporary caretakers for children from unstable families.</p>
KWEEN	<p>A small taskforce to address issues of GBV was formed at sub county level though the functionality was hindered by lack of funds. Nonetheless, they are working hand in hand with the Police and CSOs like CEDOVIP to respond to GBV cases by providing mediation and psychosocial support services.</p>
MASINDI	<p>Even though structure like the CFPU and Health facilities are functional, victims for example battered women find it hard to trek the long distances to seek help. This is worsened by a ban on public transport means and imposing of a curfew which restricts movements.</p>

HOIMA	The most active structures in addressing GBV have been the Local Councils and Elders in the communities. Access to other stakeholders in the GBV referral pathway has been hindered by movement restrictions.
BUHWEJU	Most of the focus has been put on identifying COVID-19 cases and enforcing control measures. This has diverted stakeholders' attention from other social issues including GBV thus making access to such services difficult. Some victims have been asked to wait to report their cases until after the lockdown.
MBARARA	Most of the GBV cases are being addressed by Community Development Officers through phone calls.
BUSHENYI	Many of the relevant stakeholders are busy implementing COVID-19 guidelines which makes response to GBV cases slow.
KITGUM	The existing structures are all available for the nearby members of the community and in case of an issue that might arise in the community, it's the role of the LC I Chairperson to first handle the case and when he fails, he makes a referral.

SECTION C: WOMEN'S HEALTH AND WELL-BEING

Access to sexual and reproductive health services such as maternal health care, contraception/family planning services, HIV/AIDS drugs etc.

According to the UNFPA, access to sexual and reproductive health and rights is a significant public health issue that requires high attention during pandemics. However Emergency response to the COVID-19 outbreak also means that resources for sexual and reproductive health services may be diverted to deal with the outbreak, contributing to a rise in maternal and new born mortality, increased unmet need for contraception, and increased number of sexually transmitted infections¹.

Each district has its own story to tell regarding access to sexual and reproductive health services by women and girls. Below are some of the experiences captured during this study;

In Kabarole, according to Ms. Lillian Bagonza, a Woman Councillor for Karambi sub county it is hard to access most of the services due to the movement restrictions enforced during the lockdown. However expectant mothers are given special consideration though they also find it

¹ UNFPA, COVID-19-A Gender Lens: Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality, March 2020

difficult to access transportation means to the Health facilities as and when needed. In addition, Ms. Catherine Kemigabo, a member of the district task force states that convincing HIV/AIDS patients to pick up their drugs has become very difficult since some of them do not have adequate food and fear that the medicine will have negative effects on them. She nonetheless commended the task force for bringing the drugs closer to the people at their health centres which have remained open to the public.

In Kapchorwa, the Gender Officer, Ms. Harriet Aseko mentioned that the RDC has tried to make it easy for expectant mothers to move to Health Centres and access the required services. However, movement during curfew hours is still very challenging.

In Kween, all Health centres are open, the catch however, is that many people have to trek very long distances in order to access services. It becomes harder when pregnant women get complications especially at night and there are no means of transportation to move them to the main hospital.

In Masindi, the RDC and the District task force gave permission to expectant mothers seek for any available means of transportation in order to access health care services. The Office of the District Health Officer also came up with mechanisms of delivering essential drugs like ARVs to those who need them.

In Hoima, the District LG has designated ambulances at all Health Centres in the municipality to handle emergency cases. However, members from far away sub counties are still grappling with challenges such as difficulty in getting car clearance stickers, shortage of health workers in the nearby facilities and lack of public transport means.

In Buhweju, according to Ms. Nanyonga Mary the Woman councillor for Rwengwe Sub County health services of any kind are met by those in need because the existing health centres are fully operational and are nearby.

In Mbarara, the Women Councillors are working together with the GISOs and LC I Chairpersons to get clearance letters and transport means to Health centres for pregnant women and other vulnerable members of the community e.g. HIV positive patients.

In Bushenyi, it was reported that women and other patients are accessing treatment without any major interferences.

In Kitgum, sexual and reproductive health services are available but not easily accessible because of the restrictions on both the public and private transport. However, a system where

community leaders move door to door registering and following up on pregnant women has been created. Before, pregnant women who are at risk had to seek permission from RDC to access medical care, which was not feasible in an emergency and put both mother and child at risk.

Other sexual and reproductive health services have not been listed as essential, this means that women and girls who are seeking such services cannot easily access them due to the ban on most means of transport. Vehicles that were provided by the Government to help out in cases of health emergencies lack fuel. On the other hand, 20 motorcycles were identified and provided with tags to transport expectant mothers who are already documented and the very sick persons to hospital.

Effect of the COVID -19 pandemic and its associated control measures and the economic well-being of women and girls

With the presidential directive on closure of non-essential businesses and ban on public and private transport, majority of the women who work in the informal sector and live from hand to mouth, such as market vendors, hair dressers, caterers and shop attendants have lost their sources of livelihood. In some cases, economic vulnerability has increased the inability of women to temporarily escape abusive partners.

To make matters worse, most of these women get their capital from savings group/bank loans which carry very high interests. They are therefore worried and in fear of how they are going to re-pay these loans sine they are not working and earning income. Many rural women who have been engaged in VSLAs no longer meet to save, this will most likely affect their access to affordable credit services.

It is also reported that a number of men have abandoned their roles to provide basic necessities for their families and shifted the burden to the women. High tensions arising from financial difficulties in families have led to the steady increase in the cases of domestic violence.

Women and girls are also faced with an increased burden of unpaid domestic work such as gardening, washing, cooking and also ensuring that their families have basic needs.

RECOMMENDATIONS ON HOW TO PROMOTE GENDER EQUALITY AND WOMEN'S RIGHTS DURING THE OUTBREAK OF THE COVID-19 PANDEMIC

- ✚ Continuous sensitisation on the causes and effects of Gender Based Violence on women and girls' health and wellbeing and how to deal with the other socio-economic effects of the responses to the COVID-19 pandemic especially through radio talk shows.

- ✚ Provision of psychosocial support/counselling to victims of GBV and others affected by the pandemic and its control measures e.g. the women who have lost their casual jobs.
- ✚ Training Women Leaders on the guidelines of handling GBV cases
- ✚ Continuous advocacy for women involvement in the COVID-19 response at all levels
- ✚ Development of IEC materials with messages on COVID-19 and GBV and ensuring that they are accessed by both men and women.
- ✚ Empowerment of local structures at sub county and village level to address issues affecting women and girls in times of crisis.
- ✚ Provision of logistical support and PPEs to women leaders actively involved in door to door sensitization on COVID-19
- ✚ Supporting the most vulnerable women with start-up capital to resuscitate their small businesses after the lock down.
- ✚ Addressing Cultural norms and stereotypes that hinder women's participation in planning and decision making processes.
- ✚ Advocating for male involvement in the empowerment of women and girls.
- ✚ Creating and sharing toll free lines to ease the reporting of GBV cases at community level.
- ✚ Ensuring that women have easy access to sexual and reproductive health care services.
- ✚ Nation-wide food distribution to the most vulnerable families especially those headed by single mothers and widows.

ANNEXES

Annex 1: List of respondents

No.	Name	Position	Sub county	District	Contact
1.	Linda Irene Mugisa	Social worker	South Division	Kabarole	0772617483
2.	Catherine Kemigabo	Member District Task Force	Karambi	Kabarole	0772988609
3.	Lillian Bagonza	District Councillor	Karambi	Kabarole	0772823363
4.	Harriet Aseko	Gender Officer/ Member District Taskforce	Central Division	Kapchorwa	0772660768

5.	Chebet Hadijah	Senior Assistant Secretary	Kapsinda	Kapchorwa	0783233800
6.	Arapta Benna	CDO	Binyiny	Kween	0782128299
7.	Cheptoyek Betty	District Councillor	Central Division	Kween	0785108031
8.	Moses Cherop	Sub county Chief	Ngenge	Kween	0775405502
9.	Nanyonga Mary	Councillor	Rwengwe	Buhweju	0757553912
10.	Kyobutungi Gertrude	Councillor	Rubindi	Mbarara	0786226078
11.	Dr Peter Sebutinde	District Health Officer	Mbarara	Mbarara	0782663159
12.	Ninsiima Andrew	CDO	Bumbaire	Bushenyi	0782150495
13.	Kisembo Anne Bitwababo	Councillor	Bumbaire	Bushenyi	0782402135
14.	Peace Tibakuna	Mobilizer on the District taskforce	Bumbaire	Bushenyi	0772656881
15.	Onen Michael	S/C speaker	Amida	Kitgum	0774162169
16.	Juliet Ataro	WORUDET Staff	Kitgum	Kitgum	0773282525
17.	Lam Kamera	PWD Representative	Amida	Kitgum	0772970944
18.	Tumusiime John Bosco	CDO	Rubindi	Mbarara	0777821834
19.	Kiconco Jocelyn	CDO	Kakoba	Mbarara	0701699333
20.	Rukundo Expedito	District speaker	Buhweju	Buhweju	0772395579
21.	Bashongoka Nicholas	DCDO	Buhweju	Buhweju	0787314934
22.	Wilfred Nyeko	S/C Chairperson	Amida	Kitgum	0772317761
23.	Bernadette Plan	Secretary Hoima COVID Task force	Hoima	Hoima	0772473941
24.	Aisha Kabaramagi	District councillor	Kigorobyia	Hoima	0772601111
25.	Ariguma Innocent	CDO	Kirgorobyia	Hoima	0782482122
26.	Joyce Katabalya	CDO	Buseruka	Hoima	0772694135

27.	Byaruhanga Deo	CDO	Karujubu	Masindi	0772869077
28.	Evelyne Ayebara	Youth councillor	Nyangahya	Masindi	0787877672
29.	Muhindo Zainabu	CDO	Budongo	Masindi	0784423380

Annex 2: Interview Questions

1. What is the composition of the COVID -19 task force in your District? (Number of men and Women)
2. How has COVID-19 task force taken care of the unique needs and Conditions of Women and girls?
3. Are women and female youth leaders trained by CEWIGO actively in the COVID-19 response? How are they involved? What challenges are they facing? How are the challenges being managed?
4. How have the COVID -19 control measures such as the lockdown affected the incidences of Gender Based Violence (GBV) in your community?
5. What are the most common forms of GBV reported?
6. What are some of the causes of GBV during this period?
7. How functional and accessible are the existing structures such as the police, child and Family protection unit, local Councils and Health workers in addressing GBV during these times?
8. Are sexual and reproductive health needs such as maternal health care, contraception/family planning services, access to HIV/AIDS treatment etc. met? if not, what are the challenges faced and how are they being addressed?
9. How has the COVID -19 pandemic and its associated control measures affected the economic well-being of women and girls in your community?
10. How else have women and girls been affected differently by the COVID-19 pandemic?
11. In your view, how can Gender Equality and Women's rights be promoted during such disease outbreaks?

Annex 3

KEY MESSAGES

CEWIGO joins its voice with the rest of the Women's rights activists to call for implementation of the following actions by the Government to promote gender equality and safeguard women's rights amidst COVID-19 crisis:

- Conduct a comprehensive Gender Analysis to ascertain how men and women, boys and girls are directly and indirectly affected by the COVID-19 crisis and come up with solutions to address the inequalities.
- Strengthen the Child and Family Protection Unit and the Family Court to handle the increased cases of GBV during this lock down period. Avail enough man power and transportation means to the CFPU department so that they can quickly respond to the cases of GBV in the community.
- Establish and widely share community toll free help lines to enable reporting of GBV cases and response by the nearest community leaders.
- Support community sensitization on GBV especially through radio programs and train first line responders in the guidelines of handling GBV cases.
- Equip Health facilities with adequate supplies to care for the rising numbers of domestic violence victims.
- Strengthen uninterrupted access to maternal and child health care and other sexual reproductive health services especially for the vulnerable women and girls.
- Promote meaningful participation of women in planning and decision making processes towards the COVID-19 response from National to Village level.
- Consult with the community women leaders/groups and women rights organizations on the unique needs of women and girls.
- Provide financial and logistical support to women groups/leaders involved in community engagement activities.
- Support the most vulnerable women with start-up capital/interest free loans to resuscitate their small businesses after the lock down.
- Ensure Nation-wide food distribution to the most vulnerable families especially those headed by single mothers and widows.