



COVID-19 RAPID GENDER ASSESSMENT

UGANDA | 2020
SUMMARY REPORT

BACKGROUND AND CONTEXT

The advance of the Covid-19 pandemic on the African continent continues, albeit slowed down by containment and social distancing measures. While the first cases were imported and concentrated in towns, there are now many cases at the community level and efforts are invested in preventing the spread of the disease.

Uganda reported its first case of COVID-19 on 21st March 2020¹ when a 36-year-old businessman from the capital, Kampala, tested positive at Entebbe International Airport (EIA) after returning from a four day trip to Dubai. While Uganda's tightly controlled response, which included a nationwide shutdown and closing its borders, delivered positive health impacts, it also resulted in significant damage to the economy² with especially dire consequences for women already living in poverty and those without formal jobs. Uganda has also been a net recipient of migrants and refugees for some time. These groups have also suffered the negative health and socio-economic effects of the pandemic.

UN Women in partnership with UNFPA and UBOS commissioned a computer-assisted telephone interview (CATI) survey³ in Uganda's four regions⁴. The results are intended to provide policy and decision-makers with reliable evidence and information to design appropriate interventions that address the current needs of the population and influence

policy and practice at all levels to mitigate the effects of the COVID-19 pandemic. In a bid to fully understand how women and men are affected by the pandemic, the study presents sex-disaggregated data on the livelihoods, safety and security, access to essential health and other services, and perceptions about and incidence of gender-based violence (GBV) across the country.

ABOUT THE STUDY

Survey firm GeoPoll conducted a total of 3,001 interviews (1,465 women and 1,536 men aged 18 years and above) against a target sample of 2,400 for completed interviews. The survey was carried out from 31st October to 30th November 2020 using a purely quantitative approach and close-ended questions.

The study sourced respondents from GeoPoll's database of telephone numbers using a random sampling method with the sample stratified by sex, age, and region to ensure that it was representative of the population, and used demographic data from UBOS for the purposes of stratification and development of sampling quotas. After data collection, the data was adjusted using weights to adjust the distribution of the sample to the demographic profile of the population of Uganda according to quotas established prior to data collection.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7247991/>

² <https://devinit.org/resources/socioeconomic-impact-of-covid-19-in-uganda/>

³ UN Women (2020). Rapid Gender Assessment of Refugees in Uganda.

⁴ Interviews were carried out in the following locations in the Northern, Eastern, Central, and Western Regions.

SUMMARY OF FINDINGS



SECURITY THREATS

Women and men in Uganda have experienced greater security risks and vulnerability to crime and violence since the onset of the pandemic. In April 2020, several deaths were attributed to security officers who were enforcing measures to restrict the spread of the illness⁵. Approximately 3 in 5 women (58%) and men (60%) have experienced greater security risks and vulnerability to crime and violence during the COVID-19 crisis; nearly 1 in 3 women aged 18–24 years indicated not feeling safe in their homes since the start of the pandemic and about 1 in 3 (32%) girls also did not feel safe in the community.

Police brutality in enforcing COVID-19 lockdown measures coupled with the unrest that preceded the presidential elections are

most likely responsible for nearly 6 in 10 of the study's respondents indicating that they have experienced greater security risks and vulnerability to crime and violence during the pandemic. This pattern is visible across all demographics.

By region, about 2 in 5 women and men in Northern Region (41% and 43% respectively) and women in Eastern Region (40%) indicated that they had experienced greater security risks and vulnerability to crime and violence during the pandemic - the highest proportion for this observation. Women and men in Western Region (23% and 28% respectively) and men aged 31 years and above (24%) were most likely of all the demographic cohorts to strongly agree that they had experienced an increase of threats to their security during the pandemic.

⁵ <https://www.bbc.com/news/world-africa-53450850>



Nearly **6 out of 10**

respondents across all demographics have experienced greater security risks and vulnerability to crime and violence during the pandemic.



58% Women **60% Men**

have experienced greater security risks and vulnerability to crime and violence during the pandemic.

23% Women **28% Men** & **24% Men (31 years and above)**

in **Western Region** formed the highest proportion of respondents who **strongly agreed** that they had experienced an increase of threats to their security during the pandemic.



Police brutality in enforcing COVID-19 lockdown measures and the unrest that preceded the presidential elections may be partly responsible for this.



1 in 3 Women

AGE: 18–24 years indicated that they have not felt safe in their homes since the start of the pandemic.



(32%) of girls also do not feel safe in the community.



2 in 5 in Northern Region

41% Women **43% Men** & **40% Women (in Eastern Region)**

have experienced greater security risks and vulnerability to crime and violence during the pandemic.



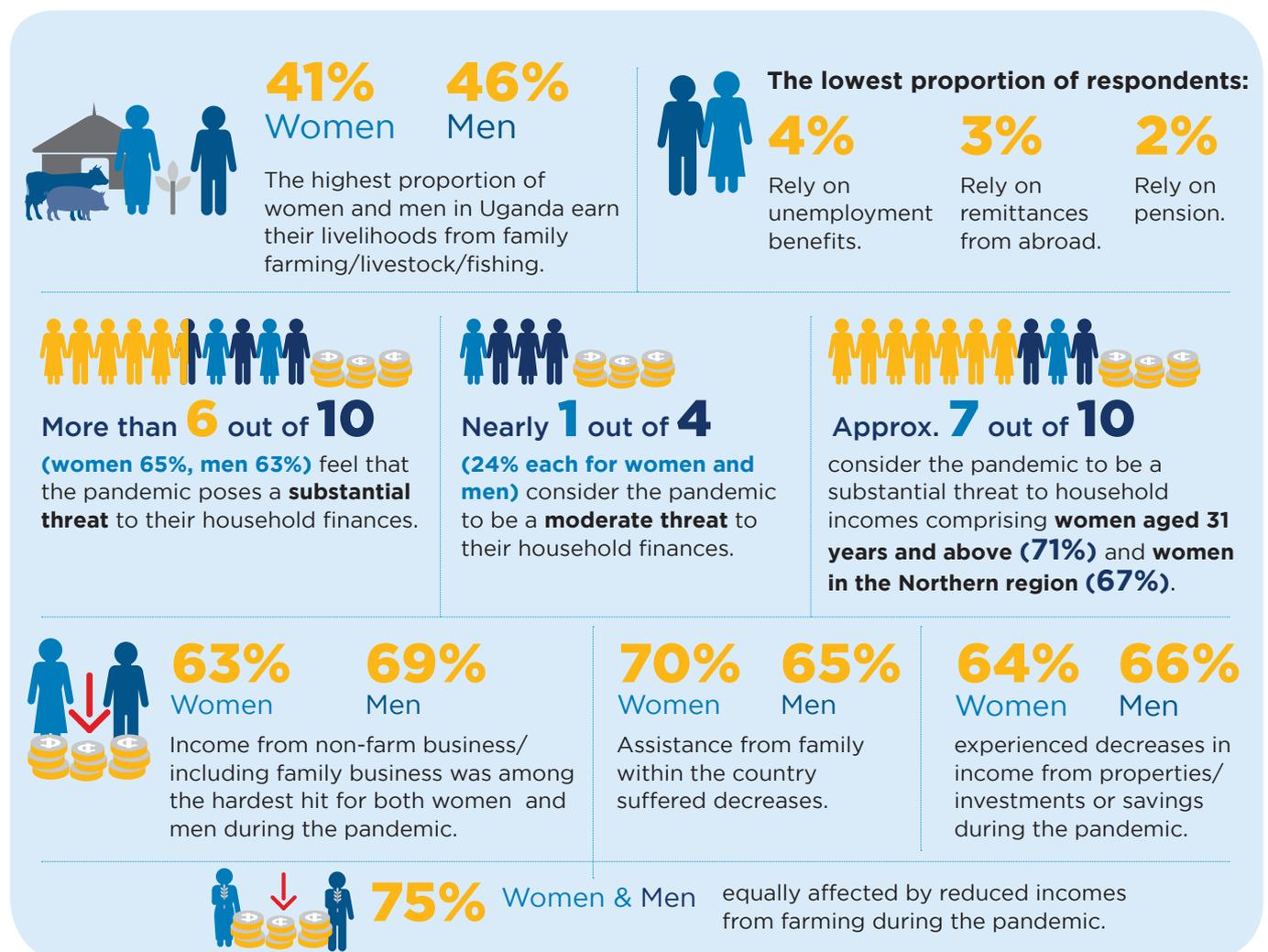
HOUSEHOLD INCOME

The highest proportion of women (41%) and men (46%) in Uganda earn their livelihoods from family farming/livestock/fishing, while the lowest proportion of respondents rely on unemployment benefits (4%), remittances from abroad (3%), and pensions (2%) as their sources of income. Agriculture is the core sector of the economy contributing nearly a quarter (23%) of the annual gross domestic product (GDP) and employing 69% of Uganda's population⁶. It's importance is confirmed by the fact that it was the main source of household income for more than 4 in 10 (43%) of the study's respondents although women were found to be less likely than men to practice agricultural activities (41% and 46% respectively).

According to more than 6 in 10 of the respondents (women 65%, men 63%), the pandemic poses a substantial threat to their household finances. Nearly 1 in 4 of all respondents (24% each for women and men) consider the pandemic to be a moderate threat to their household finances. Women aged 31 years and above (71%) and women in the northern region (67%) were most likely to consider the pandemic a substantial threat to their household incomes.

During the pandemic, income from non-farm business/including family business was among the hardest hit for both women (63%) and men (69%) as was assistance from family within the country, which also suffered decreases for women (70%) and men (65%). A significant proportion of women (64%) and men (66%) experienced decreases in income from properties/investments or savings during the pandemic.

⁶ <http://www.fao.org/3/i8359en/i8359EN.pdf>





44%

respondents (**more than 2 out of 5**) stopped working during the pandemic due to business/office closure arising from pandemic-related restrictions.

47% **41%**

Women Men

Women generally experienced this more than men, particularly in **Central Region (women 58%, men 39%)** and **Northern Region (women 58%, men 51%)**.

This was observed even in age groups disaggregated by sex:

51%

Women

44%

Men

AGE: 31 years and above

women did not work during the pandemic due to business closures compared with men in the same age bracket.

44%

Women

37%

Men

AGE: 18 years and above

women did not work during the pandemic compared with men in the same age bracket.

15%

Women and Men

An equal proportion of women and men stopped working during the pandemic because they were “laid-off although the business continued”. Some slight discrepancies were observed in regions such as **Central (women 17%, men 14%)** and **Northern (women 13%, men 16%)**.

21%

Women

11%

Men

The decrease in working for a living was more significant for women than for men

47%

Women

41%

Men

The decrease was largely the result of businesses or Government departments/units closing due to COVID-19 restrictions (**44% of respondents**). This was more significant for women than men

Effect of pandemic on income sources



74%

of respondents reported that non-farm family businesses as an income source was most affected by both reduction and total loss combined.

65%

reported a reduction from properties/ investment/ savings

67%

reported a reduction in ‘assistance from family within the country’

62%

reported a reduction in assistance from other non-family individuals’

66%

who earned an income from pension income indicated that it remained the same.

also experienced decreases in income from properties/ investments or savings during the pandemic and women and men were equally affected (75%) by reduced incomes from farming during the pandemic.

More than 2 out of 5 (44%) respondents pointed to business/office closure due to pandemic-related restrictions as the main reason for not working during the pandemic with women (47%) generally experiencing this more than men (41%) particularly in Central Region (women 58%, men 39%) and Northern Region (women 58%, men 51%). This was

observed even in age groups disaggregated by sex; more than half of women respondents (51%) aged 31 years and above did not work during the pandemic due to business closures compared with 44% of men aged 31 years and above, while more than 4 in 10 (44%) of women aged 18 years and above did not work during this time compared to 37% of men in the same age group. The decrease in working for a living was more significant for women (21% decrease) than for men (11% decrease) and was largely the result of businesses or Government departments/units closing due to COVID-19 restrictions (44% of respondents).

This was more significant for women (47%) than men (41%).

Overall, an equal proportion of women and men (15% each) stopped working during the pandemic because they were “laid-off although the business continued” although some slight discrepancies were observed in regions such as Central (women 17%, men 14%) and Northern (women 13%, men 16%).

‘Non-farm family business’ (74%) has been the income source that was most affected by both reduction and total loss combined. This was followed by income from properties/investment/savings (65%), ‘assistance from family within the country’ (67%), and ‘assistance from other non-family individuals’ (62%). Pension income was the least affected as most of the respondents who earned an income from this source (66%) indicated that it remained the same.



ACCESS TO SERVICES

The findings show that financial services (65%) were the most difficult to access compared to health care (57%), food (49%), and water (36%) during the pandemic. A worrying 1 in 2 respondents indicated that there were instances during the pandemic when they experienced lack of access to food. In contrast, more than 3 in 5 respondents (63%) indicated that lack of access to water was not a challenge during the pandemic.

While most women (64%) and men (66%) lacked access to financial services at some point due to the pandemic, discrepancies between respondents’ access to health services by sex were most evident in regions such as Eastern where more women (64%) than men (57%) lacked access to services, and Western where less women (52%) than men (58%) lacked access to these services.

Difficulty in access to services during the pandemic



65%

Financial services were the most difficult to access.



57%

Health care



49%

Food



36%

Water



1 in 2 respondents

had instances when they experienced challenges in accessing food due to COVID 19 restrictions or fear of contracting the disease.



3 in 5 respondents

(63%) did not experience lack of access to water during the pandemic.



64%

Women

66%

Men

Most women and men lacked access to financial services due to the pandemic.

Discrepancies in access to services by sex and region:



Health Services

64%

Women

57%

Men

Eastern Region

lacked access to health services.

52%

Women

58%

Men

Western Region

lacked access to health services.



Financial Services

71%

Women

64%

Men

Eastern Region

lacked access to financial services.

60%

Women

64%

Men

Western Region

lacked access to financial services.



Food

Lack of access to food due to COVID-19 was relatively similar for women and men.



Water

Lack of access to water was significantly more pronounced for women in **Central** and notably less of an issue for women in **Northern region**.

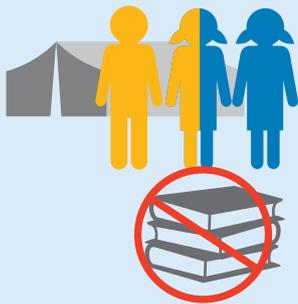
40% **37%**
Women Men

Central Region
lacked access to water.

31% **36%**
Women Men

Northern Region
lacked access to water.

Uganda has been a net recipient of migrants and refugees for some time. These groups have also suffered the negative **health and socio-economic effects** of the pandemic.



More than **1 in 3**
(37%)

of refugee children did not have learning materials or stopped learning altogether during the pandemic.



The competing demands of household chores affected learning for:

(27%)
More than **1 in 4** girls

(13%)
More than **1 in 10** boys

Women and girls' **unpaid care work** among refugees has increased significantly.



50%

Girls & Women
AGE: 18-24 years
reported increase in unpaid care work.



(81%)

4 in 5 respondents

indicated that COVID-19 was negatively impacting the mental health of refugees.

A similar pattern was observed in terms of access to financial services by sex; in Eastern, significantly more women (71%) than men (64%) experienced a lack of access to financial services while in Western notably less women (60%) than men (64%) experienced lack of access to these services.

Lack of access to food due to COVID-19 was more or less even between the sexes in the regions surveyed, while lack of access to water was significantly more pronounced for women in Central (women 40%, men 37%) and notably less of an issue for women in Northern (women 31%, men 36%).

Refugee girls and boys faced myriad challenges to continued learning since the abrupt closure of schools early in the pandemic. The study found that more than 1 in 3 (37%) of refugee children did not have learning materials or stopped learning altogether. The competing demands of household chores affected learning for more than 1 in 4 girls (27%) and more than 1 in 10 (13%) boys. The study also found that the mental health of more than 4 in 5 key informants interviewed (81%) indicated that COVID-19 was negatively impacting the mental health of refugees.



GENDER-BASED VIOLENCE (GBV)

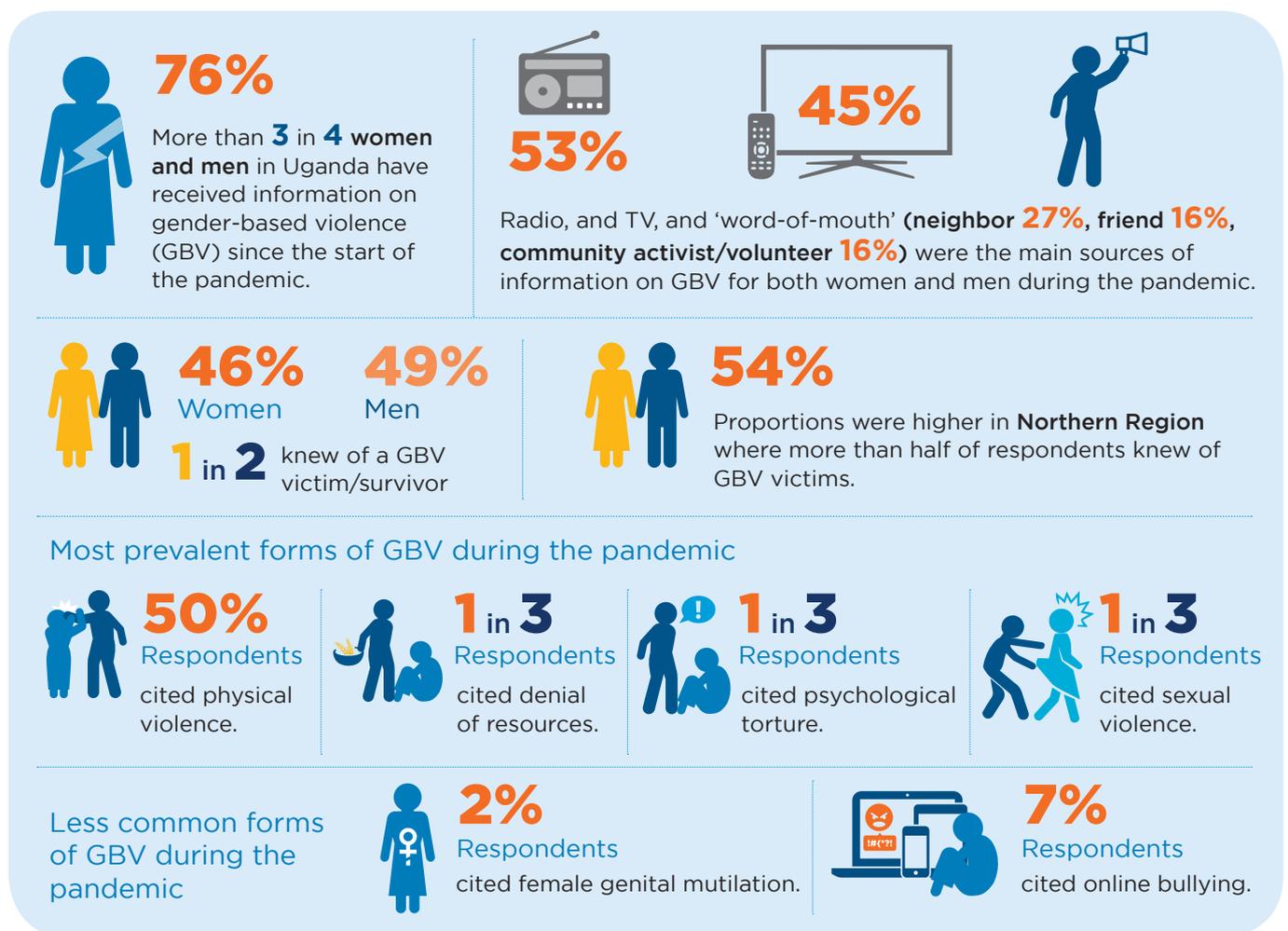
Women and men have received information on gender-based violence (GBV) equally (76%) since March 2020. There are no significant differences between the sexes on information sources, with radio (53%) and TV (45%) being the main sources followed by ‘word-of-mouth’. Nearly half of all respondents (women 46%, men 49%) knew of a GBV victim/survivor with a higher proportion in Northern Region where more than half (54% each) of women and men knew of GBV victims. Physical violence was found to be the most prevalent form of GBV as indicated by 1 in 2 (50%) of respondents, followed by denial of resources and psychological torture and sexual violence⁷ as indicated by nearly 1 in 3 of respondents. Woman genital mutilation and

online bullying were found to be much less common forms of GBV during the pandemic as indicated by 2% and 7% of respondents, respectively.

Respondents identified household members predominantly spouses (33%) as the perpetrators of GBV, followed by a neighbor (15%) and a stranger (11%). More than two thirds of survivors (67%) sought help and did so mainly from the police (32%) and community leaders⁸ (23%). Respondents were least likely to look for help from helplines (1%), shelters, employers/work colleagues and teachers (0% for each) following GBV incidences. Only a small proportion of respondents sought help from their own families (7%), a neighbor

⁷ Rape/defilement

⁸ Different from cultural leaders/elders/ clan leaders, to whom only 4% of respondents (women 3%, men 5%) turned for help following a GBV incident.



Who is responsible for GBV?



33%

Respondents identified **household members predominantly spouses** as the perpetrators of GBV.

15%

Respondents identified **neighbor** as the perpetrators of GBV.

11%

Respondents identified **stranger** as the perpetrators of GBV.

Seeking help following GBV incidents



67%

2 in 3 survivors sought help for GBV incidences.



32%

Survivors of GBV sought help mainly from the **police**.



23%

Survivors of GBV sought help mainly from a **community leader**.

Perception on preventing GBV

Measures that should be prioritized to effectively prevent GBV:



40%

Financial support.



37%

Someone to talk to.



35%

Information about security/crime prevention.



31%

Police support.



30%

Psychosocial support.



Women were more likely than men to indicate the need for multiple support mechanisms in preventing GBV.

(6%), doctor/medical facility (6%) or friend. For those who did not seek help, lack of information/knowledge on where to access services and fear of leaving home (37% for each), lack of money for transport (18%), and long distances to the nearest support center (14%) were indicated as the main barriers.

The lowest proportion of respondents who indicated that they sought help for GBV were men from Central Region (59%) and men aged 31 years and above (66%), while women from Northern Region (74%) and women aged 31 years and above (73%) comprised the highest proportion of respondents who sought help following incidences of GBV.

Most women (73%) and men (65%) felt that GBV is a problem in Uganda with more women than men likely to feel this way particularly in Northern Region (women 78%, men 66%) and Central Region (women 79%, men 64%). Women (65%) and men (59%) also indicated

that they believe that GBV happens very often, especially those in the Central (women 71%, men 59%) and Northern (women 70% and 58%) regions. In Western Region, 4 in 5 women indicated that GBV in Uganda has increased since the onset of COVID-19 while nearly 4 in 5 women and men in Central Region (78% each) and women (78%) and men (77%) in Northern Region were of the same view. Health workers and sexual and gender-based violence (SGBV) actors also reported an increase in gender-based violence, mainly domestic violence.

According to respondents, financial support (40%), followed by someone to talk to (37%) should be prioritized as measures through which to effectively prevent GBV, alongside information about security/crime prevention (35%), police support (31%) and psychosocial support (30%). Women were more likely than men to indicate the need for multiple support mechanisms in preventing GBV.



SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR)

More than 6 in 10 women (64%) and men (60%) have received information on sexual reproductive health and rights since the start of the pandemic. Similar to information on GBV, the main sources have been radio (48%), TV (33%) and community activists/volunteers (27%). More than 1 in 3 women (35%) and men (39%) indicated that a member of their household needed SRH services during the pandemic while and that 4 in 5 (80%) of those in need of these services managed to access them in a health facility (86%), VHT (16%), or at an NGO/CSO (9%). Of the approximately 1

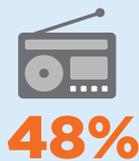
in 5 respondents who needed but could not access SRH services during this time, about 1 in 3 indicated that lack of money for transport (women 36%, men 30%), lack of transport (women 34%, men 26%) and long distances to the nearest support center (women 33%, men 24%) were the greatest barriers; women were significantly more affected. The inability to meet the cost of treatment or to pay for the service (cited by about 1 in 5 respondents or 20%) and lack of information/knowledge on where to access services (19%) affected women and men nearly equally.



64%
Women

60%
Men

More than **6 in 10** women and men have received information on **sexual reproductive health and rights** since the start of the pandemic.



48%



33%



27%

Radio, TV, and community activists/volunteers have been the main sources of information on SRHR during the pandemic.



35%
Women

39%
Men

More than **1 in 3** women and men indicated that a member of their household needed SRH services during the pandemic.



(80%)

4 in 5

of those in need of SRH services managed to access them:

86%
in a **health facility**

16%
in a **VHT**

9%
in a **NGO/CSO**



1 in 5

respondents who needed, but could not access SRH services during the pandemic.

Reasons given by **about 1 in 3** of those who needed but could not access SRH services during this time, with women significantly more affected:



36%
Women

30%
Men

Lack of money for transport.



34%
Women

26%
Men

Lack of transport.



33%
Women

24%
Men

Long distances to the nearest support center.



1 in 5

20%
Women

20%
Men



could not pay for SRH services during the pandemic.



1 in 5

19%
Women

19%
Men



did not have information on where to access services.

CONCLUSION AND RECOMMENDATIONS

Household income and livelihoods:

COVID-19 caused serious economic damage and devastating income shocks that affected the entire population in Uganda, although women were more affected than men in several livelihood dimensions. There is therefore a need for interventions that curb income shocks by addressing the poor savings culture in Uganda which is the result of poverty, unemployment, and the hand-to-mouth existence of many Ugandans. It will be important to ensure that efforts aimed at rebuilding the economy and restoring livelihoods in the short and long-term are embedded in all financial support interventions and in resource allocation. It will also be important for the Government and other non-actors to initiate livelihood programs that help both women and men whose economic activities have been affected by the COVID-19 outbreak, with preference for women who have experienced the biggest financial setbacks due to the pandemic. Business competitions and soft skills trainings could also help women-owned firms bounce back from the negative economic effects of the pandemic given they often operate in less-profitable sectors and have less access to loans.

Access to services:

COVID-19 has created a significant access barrier to critical services for both women and men. Despite women facing worse job losses as highlighted earlier, they were slightly less likely than men to be affected by limited access to financial services, except in the case of Eastern Region, where more women than men faced challenges in accessing financial services. This may imply that women could be saving more, are dependants, or have alternative income sources. While water was accessible to most respondents during the pandemic, the bulk of the population lives in rural areas and their

main sources of water are boreholes, shallow wells, and springs, which while often sufficient in terms of quantity, may not necessarily be clean/safe and are most likely to be accessed at communal points.

It will be important to encourage saving and improve financial inclusion in rural areas to build a culture of saving and reduce future risks to shocks and stresses in the long term. Immediate action would be required by the Government to allocate more contingency funds for emergency pandemic response through cash transfer programs, waiving bills/taxes, and providing relief packages to curtail economic damage, devastating income shocks, and limited financial access in recognition of the liquidity constraints of many which also limited food access. Barriers to accessing health could be addressed by lifting the national lockdown in stages and recruiting and distributing more health workers across the regions to manage hospitals' focus on COVID-19. There will also be necessary to proactively identify and put in place measures to safeguard basic human rights to water and sanitation during this time.

Security risks and vulnerability to crime and violence:

Although women in Uganda seem to be slightly less at risk for crime and violence during the pandemic, it will be necessary to target both sexes in any protection services provided by the government or non-government actors. Protestors need to be educated on how to minimize violence and protect their safety during protests and it will be important to have specialised police units to monitor high-risk offenders, extra police patrols in communities, and on-scene arrests, amongst other crime prevention programs. Procedural justice trainings that embrace human rights will be instrumental in helping to minimize police brutality.

Sexual and Gender-Based Violence:

The relatively high proportions of respondents who believe that GBV is a problem may be an indication that information campaigns through broadcast media have been successful in reaching a wide segment of the population. However, there is need to integrate broadcast media with other media to optimize its influence on attitudes and boost knowledge. Given that physical violence was found to be the most common form of GBV in the country, communication strategies should be aimed at amplifying the solutions for this form of violence including establishing and publicizing helpline services which victims can utilize without alerting their offenders and developing regular community education programs to help communities understand their role in reporting perpetrators and supporting victims of GBV. Perpetrators sometimes have a sense of impunity due to low levels of punishments on reported cases so it will be important to put in place holistic response models including effective law enforcement measures for reported cases, which can include on-site arrests. Police and community leaders need to be trained on how to support GBV victims since they are often the main points of contact for victims seeking help for these incidences.

The Northern region should be prioritized in GBV interventions since it is more heavily affected than other regions. This is possibly due to previous experiences of violence in the region, which has been reported to be a risk factor for becoming a perpetrator of violence. Given that economic insecurities appear

to have played a role in the surge of GBV in general since the onset of the pandemic, the Government needs to allocate more contingency funds for emergency pandemic response through cash transfer programs, waiving bills and taxes, and providing relief packages to curtail economic damage and devastating income shocks. These and other mechanisms should be underpinned by providing shelters and basic health services, as well as counselling, justice and legal services, safe spaces, and economic assistance to GBV survivors.

Sexual and Reproductive Health Rights (SRHR):

SRHR information is widespread thanks to traditional broadcast media which was the main source of communication and has the highest media penetration in country. It is recommended that future surveys establish whether respondents are aware of the SRHR needs of their household members and capture the specific SRHR service needed to better quantify access for each service. While the access rates in Uganda during the pandemic are promising, given that poor sexual and reproductive health remains one of the most prevalent causes of disease and death for women between the ages of 15 and 44 in developing countries⁹, communication strategies that create awareness on this and provide guidelines on how to access various SRHR services during a pandemic are recommended.

⁹ https://www.unfpa.org/sites/default/files/jahia-events/webdav/site/global/shared/documents/events/2009/policies_frameworks.pdf

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