Country Update

Uganda
(February 16, 2021)

Context and government response:
As of February 16, 2021, Uganda has registered over 40,055 cases of COVID-19, and 328 deaths. The Ministry of Health has been progressively identifying high-risk individuals (including travelers) and placing them under institutional quarantine or self-isolation. The Ministry has also been tracing contact of those with confirmed COVID-19 and expanding testing. Other preventative and early containment measures taken by the Ugandan government include the closure of schools, restrictions on internal and international travel, use of hand sanitizer, improved handwashing stations, social distancing, and lockdown, among others.

During the 75th UN General Assembly, the Lancet COVID-19 Commission listed Uganda as the best country in Africa in terms of suppressing the Covid-19 pandemic in the month of August.

GNWP partners report that, ahead of the 2021 general elections in Uganda, the Electoral Commission has advised candidates to conduct their campaigns virtually via media (radio, TV, social media) in the districts that have suspended in-person events due to COVID-19. However, virtual campaigns are very expensive, and this cost presents additional challenges to aspiring women candidates who seek to run in the elections, many of whom lack access to media and online platforms and cannot afford the cost of radio and TV airtime. This situation depicts the exclusion of women in decision-making and electoral processes in 2021 due to measures to prevent the spread of COVID-19.
Summary of impact:
While the outbreak of COVID-19 has been positively low, the response to COVID-19 and the preventative measures imposed by the government have had grave socio-economic effects. Research reveals that lockdown measures have reduced business activity by more than 50% – with micro and small business economic activities hardest hit. The policy measures – including a ban on the sale of non-food items in Ugandan markets – are disproportionately impacting women – who are overrepresented among market sellers and in the informal economy. The Uganda Women Network expressed “grave concerns” over excessive force and police brutality against informal workers, including women, who continue to sell goods.

Due to deeply entrenched traditional gender norms, women and girls in East Africa are among the most vulnerable groups exposed to the negative impacts of the COVID-19 pandemic. As frontline workers and primary caregivers in health facilities and in homes, women are more directly exposed to the virus. They face additional burdens of unpaid domestic work (an average of around 4 hours per day) due to lockdown measures and school closures, and at the same time, are at higher risk of income and job loss. GNWP’s civil society partners in Uganda are reporting increased incidences of domestic violence and abuse faced by women due to lockdown measures - at least two women were killed as a result of domestic violence in Lamwo.

In the context of the pandemic, communal conflict – including fatal violence between cattle rustlers from Sudan and Karamoja and populations along the border of Agago, Kitgum, Pader, and the Kamwo districts – has continued and escalated, threatening an already fragile population. Participants of a research carried out by GNWP with support from UN Women and the Government of Ireland also pointed out that land disputes have increased during the pandemic. This may be exacerbated by the financial instability brought by COVID-19. One Focus Group Discussion participant recalled that “a widow was killed in Lamora parish Amida sub county Kitgum District by her in-laws because of land conflicts. They knew that she went to court and won the case and the police had arranged to come and show the land demarcations. She was attacked and killed with an axe when she was coming from town back home to the village.”

In a focus group discussion (FGD) with women peacebuilders in Uganda, participants reported that the implementation of Uganda’s 3rd National Action Plan (2020-2024), developed in close
consultation with Ugandan civil society, has been delayed by COVID-19. "Coordination for WPS implementation has deteriorated during the pandemic", according to GNWP research participants from Uganda. They emphasized that while there was strong coordination and information sharing about the new National Action Plan at the national level before COVID-19, there is very little information available now. They attributed it to COVID-19 making both communication and coordination more difficult due to limited access of some women peacebuilders to technology needed for digital communication, and the shift of focus and resources away from WPS implementation and towards immediate health and humanitarian response, as discussed in more detail below. One of the FGD participants noted, "I heard about the WPS this year, but most young women do not know about this, and how they can use the resolutions." She emphasized that this challenge – which has been exacerbated by COVID-19 – is a barrier to implementation because “people cannot implement what they do not know”.

Several other risks threaten to worsen the COVID-19 outbreak in Uganda, including on-going conflict and violence, and lack of access to basic needs - especially in rural and refugee-hosting communities. The recent general election in Uganda was marred with violence as security officials took advantage of the Covid-19 regulations to infringe on the people’s rights.

In rural communities, the lack of clean water, lack of basic medication, and increased food insecurity (due to locusts which are destroying crops), are all contributing to increasing women’s security risk and their exposure to the disease by having to travel many kilometers by foot to access water and other basic needs. GNWP’s partners have reported that about 600 persons with disabilities, including 300 blind persons, living in the districts of Busia and Isingiro are facing life-threatening challenges in accessing food due to lockdown measures. In addition, due to the national ban on public transportation, persons with pre-existing health conditions or specific needs face increased challenges in accessing life-saving health treatment. For example, persons living with HIV/AIDS in rural communities are unable to access antiretroviral (ARV) HIV drugs; and the movement restriction measures have also limited women’s access to sexual and reproductive health clinics, causing the death of a woman in labor who was not able to access maternal healthcare.

Participants of a research conducted by GNWP with support from UN Women and the Government of Ireland in September 2020 noted an increase in child, early and forced marriage
(CEFM) fuelled by the economic hardship caused by the pandemic. One participant recalled the case of a “ten-year old girl, who was married during the COVID-19 lockdown after her parents were promised one kilogram of sugar and 20 thousand Uganda shillings [5.50 USD] per week.” GNWP partners also report that poverty and exacerbated poor living conditions caused by the pandemic has forced families to marry off their daughters to help alleviate financial burdens due to economic shocks related to COVID-19. Daily Monitor reports that 2,372 girls were impregnated in Kitgum, Ngora, Kyegegwa, Kasese and Lyantonde districts during the lockdown in 2020 according to statistics from the districts. According to these figures, at least 128 school girls were married off as of July 2020, with 48 cases registered in Kyegegwa, 60 in Rakai and 20 in Kamira Sub-county, Luweero District. These figures depict worrying trends of increased CEFM and violence against girls and young women due to the lockdown and school closures related to COVID-19.

Responses led by women peacebuilders:
GNWP’s local partners in Uganda report that women peacebuilders are facing extraordinary challenges in their work, including resource mobilization. Funding has been shifted to emergency health and humanitarian response, and peacebuilding programmes are being neglected. As a participant in a FGD conducted by GNWP stated, “We are not prioritizing peacebuilding right now. Most of the funds are focused on COVID-19 [humanitarian] response.” Despite this, local civil society organizations and women’s rights groups are leading working committees ranging from market surveillance, resource mobilization, handling cases domestic and land cases of sexual and gender-based violence and conducting community-level sensitization. The CSO’s Women’s National Task Force on COVID-19 is also spearheading a data collection process to gather informative evidence on the impact of COVID-19 on women’s rights organizations’ operations and the communities they work in, from a gender perspective.

GNWP partner, the Coalition for Action on UNSCR 1325 (CoACT 1325), in partnership with local organization LUWODA and with the Luweero District Local Government hosted a radio show talk in December 2020 on the theme; “Community GBV reduction is your responsibility, Act Now”. The talk show appealed to the various stakeholders in the district to get involved in GBV prevention in their respective communities. GBV survivors were also given a platform to share their experiences, and listeners called in and made their comments, reactions and
recommendations. The radio programme is expected to have reached about 2,000 people from Luwero district.

CoACT 1325 also hosted two community outreach activities at the Luwero Community Center gardens and Ngogolo Dreams Guest House respectively to educate communities on GBV prevention. The sessions reached 100 women with information on how to prevent GBV in their communities. At the sessions, a child and family protection police officer provided information about the different forms of GBV, the existing laws against GBV and referral pathways to report cases of GBV to the police. Participants engaged in a discussion with the police officer and shared their reservations to report such cases to police, especially due to corruption and mishandling of cases. Various community members shared experiences and made recommendations and suggestions on how each community member can participate in preventing GBV. They have also distributed relief items including food, soap, sanitizers, hand washing facilities and sanitary towels to 50 groups of women to enable them prevent and mitigate the spread and impacts of COVID-19.