

Now and the Future

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

Uganda



Uganda

December 2020

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. The aim of the research was to enable the international community (governments, INGOs and multilateral agencies) to better understand the context-specific and global impacts of COVID-19 on gender, peace and security, and to develop policy and programming responses which account for the impact of COVID-19.

The research methodology involved a desk literature review on COVID-19 gender, peace and security impact in Uganda across different sectors. This included the COVID-19 impact on refugees, women's and girls' participation in decision-making, violence against women, sexual and reproductive health and rights, access to healthcare, livelihood and women's economic rights. A total of 37 Key Informant Interviews (KIIs) were conducted with 34 organisations working on issues of women, peace and security (WPS). The KIIs encompassed an intersection of participants: Women's Rights Organisations (WROs)/ networks, girls' organisations/groups, disability rights organisations/groups, refugee and Internal Displaced Person (IDP) rights organisations/groups, Sexual Orientation and Gender Identity (SOGI) rights organisations/groups, and groups representing religious and ethnic minorities. They were conducted from five geographic sub-regions in Uganda (Central, West Nile, Karamoja, Teso and Western regions).

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

For safety reasons the participant organisations are not named in this report, but all project partners are grateful for their time, knowledge and expertise.

2. Recommendations

- 2.1. 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.
- 2.2. Recommendation 2: Healthcare:** Support efforts to minimise delays in accessing and receiving care, 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.
- 2.3. 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 Village Loan Saving Associations (VLSAs).
- 2.4. 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 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.
- 2.5. 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).

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- 2.6. Recommendation 6: Women’s participation and leadership:** Men dominating decision-making at home and at the community level is not new, but the exclusion of women’s voices from COVID-19 management must be addressed as a priority in order to increase the chances of developing more effective and responsive solutions to the crisis. There is need to advocate for the inclusion of women and WROs in decision-making structures, namely the COVID-19 task forces and budget resource allocation.
- 2.7. 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.

3. Recommendations and Evidence

3.1. 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, age and other diversity disaggregated data¹. This should be based on participatory needs assessments which include, at least, maternal healthcare and SGBV services, and actively include women and young women in decision-making roles.

Recommendation for: governments, multilateral institutions, INGOs and donors.

COVID-19 crises and responses exacerbated existing gender inequalities (especially relating to equal social and economic benefits for both genders). There was a disproportionate impact on girls and women, 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).

Evidence:

Uganda's COVID-19 response measures did not take into account the specific needs of women and girls. When the lockdown was imposed, the security sector implemented crackdown measures without considering women's and girls' continued needs. On September 28th 2020, UNDP and UN Women launched the COVID-19 Global Gender Response Tracker to monitor policy measures enacted by governments worldwide to tackle the COVID-19 crisis, and highlight responses that have integrated a gender lens.

Under the seven thematic categories of measures set by the UNDP's and UN Women's Global Gender Response Tracker (gender sensitivity, violence against women and girls (VAWG), women's economic security, social protection, economic & fiscal, labour market and unpaid care), the measures put in place by the Government of Uganda include 11 that are gender sensitive (nine measures addressing VAWG and two measures on women's economic security). However there are no measures on social protection, economic & fiscal, labour market and unpaid care².

¹ This should include collection and disaggregation of data on the basis of sex, age, disability, SOGI, ethnicity, among others.

² <https://data.undp.org/gendertacker/> (accessed 2/10/2020)

Women play a key role as care providers and large numbers of front-line health workers are female. With confinement measures such as lockdown, women and girls are increasingly exposed to GBV. Women's needs to access healthcare systems, GBV services and maternal healthcare were never put into consideration. For example, the harsh implementation of lockdown measures contributed to the deaths of seven pregnant women³ in the first months of the lockdown (March to April 2020) who died before they could reach the hospital to give birth. The lockdown created confusion about who was permitted to travel on the roads, and the locally run (but poorly funded) ambulance services already had a limited number of vehicles and problems affording fuel before the crisis. In order for Uganda to manage and contain the spread of COVID-19 without undermining the rights and freedoms of Ugandan women, the planning and implementation of lockdown guidelines should offer possibilities that support the specific differentiated gender needs, especially of the most marginalised (women, children and the elderly) in the country.

Participants highlighted that pandemic outbreaks affect different groups of people in different ways. The COVID-19 outbreak therefore had intersecting ramifications for other marginalised groups such as people with disabilities, youth (particularly girls) and people in extreme poverty – with women and girls in these groups experiencing the most significant impacts. As such, pandemics have the capability of worsening intersecting gender inequalities and escalating social injustices during the time of the crisis.

The international community needs to allow women to participate meaningfully in needs assessments and responses. It is important to ensure the elevation of women's voices and leadership in decision-making processes in order to address these issues and ensure gender appropriate responses.

3.2. Recommendation 2:

Healthcare: Support efforts to minimise delays in accessing and receiving care, 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.

Recommendation for: governments, multilateral institutions, donors, INGOs and civil society.

Uganda, like most post-conflict countries, has a fragile health system. The COVID-19 pandemic revealed the weaknesses in the healthcare systems for these countries, as many lacked the capacity to plan effectively for COVID-19 patients, including effective testing. Due

³ <https://www.scmp.com/video/coronavirus/3079461/uganda-women-labour-die-amid-covid-19-lockdown> (accessed 18/10/2020)

to the weak health systems, which involved lack of health infrastructure and human resources, Uganda, like many countries, focused mainly on prevention of the pandemic, paying little or no attention to other health needs. This led to many deaths from malaria and maternal health. For example, reports are indicating that the closure of schools in Uganda left girls more vulnerable, as staying home for extended periods exposed them to increased risk of sexual exploitation, early pregnancy, and (forced/early) marriages. With schools closed in Uganda, where stigma around teenage pregnancies prevails, it is anticipated we will see an increase in school drop-out rates as teenage girls become pregnant or married.

Evidence:

Participants highlighted that women and girls have unique health needs, but are less likely to have access to quality health services, essential medicines and vaccines, maternal and reproductive healthcare, or insurance coverage for routine and catastrophic health costs, especially in rural and marginalised communities. Restrictive social norms and gender stereotypes can also limit women's and girls' ability to access health services. All of these have particular impacts during a widespread health crisis. Therefore, it is critical for all public health preparedness and response plans to COVID-19 to consider both the direct and indirect health impacts on women and girls.

One KII participant shared that his wife could not go to ante-natal services because of the distance and the government restrictions that ignored any other health issues and concentrated only on prevention of COVID-19 spread.

“When COVID-19 hit, it was prioritized and other essential services were ignored especially issues of women and girls, domestic violence increased as women were now forced to stay with abusive partners for longer hours and the President during his national address just waved this off as a secondary issue. Beyond that Maternal health became a challenge, COVID-19 just increased the situation, women died, they were greatly affected.” KII participant

The lockdown has also increased risk of early pregnancy. From July to December 2019, 835 teenage (10-19 years) pregnancies were recorded in Kitgum district⁴. From March to July 2020, 1,519 were recorded. Kabale registered 2,618 teenage pregnancies from January to July 2020, and Yumbe district recorded 2,598 teenage mothers from June to July 2020⁵.

Participants also highlighted that information on COVID-19 had been disseminated to communities/people through radio, television, internet (especially social media), mobile phones and face-to-face interactions. However, not everyone has access to these channels of information and communication because of cost, location, literacy or simply,

⁴ <https://www.ugandaradionetwork.net/a/story/close-to-2000-underage-girls-impregnated-in-kitgum-during-lockdown>

⁵ <https://www.monitor.co.ug/News/National/2-300-school-girls-conceive--128-married-off-during-lockdown/688334-5599830-dvcfs9/index.html> (accessed on 5/10/2020)

because of lack of awareness that the information is available and important. Vulnerable and/or remote groups, such as women and girls living in rural areas and in settlements, are an example of groups that may not have access to otherwise very widely available information.

The reactive approach to prioritising COVID-19 at the expense of other health services also highlights that there is need for a paradigm shift from a conventional focus on disaster management and preparedness and response, towards disaster risk reduction and management in the context of development planning. A focus on the latter would move away from reactive reprioritisation of services during emergencies such as COVID-19. It would strengthen advanced planning to ensure services and systems unrelated to the emergency response continue to function in a sustainable way: one that does not impact wider health outcomes, livelihoods and the economy etc. as severely, and therefore does not further compound the impacts of the crisis.

3.3. 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 Village Loan Saving Associations (VLSAs).

Recommendation for: governments, multilateral institutions, donors, INGOs and civil society.

Women are mainly engaged in informal and low paid Income Generating Activities (IGAs). According to the Uganda National Household Survey (UNHS) 2016/17, over 10 million women were recorded to be in the working age (14-64 years) with about 75 per cent of them working compared to 82 per cent of men. In line with this, the unemployment rate was observed to be higher for women (14.4 per cent) than for men (6.2 per cent) and informal employment outside agriculture was estimated at 85 per cent. Women tend to be over-represented in informal, low paid and vulnerable employment, as well as being disproportionately responsible for unpaid care and domestic work. This increases the burden of care on women and girls and impacts on their ability to sustain their livelihoods and that of their families, as well as ability to take care of their wellbeing.

Evidence:

Participants highlighted that the current restrictions on movement in Uganda exacerbated the fragility of women's livelihoods. In Uganda, some of the vulnerabilities include being elderly, having a disability, being part of a large family, belonging to an ethnic minority, living with HIV/AIDS, being a refugee or IDP, living in a rural area, being reliant on subsistence agriculture and working in the informal sector. Unfortunately, these vulnerabilities were never considered

during the implementation of some of the COVID-19 relief programmes. The focus on urban areas in the Kampala and Wakiso districts revealed a deeper problem. In a recent survey, the Ugandan Bureau of Statistics (UBOS) showed that the regions with the highest poverty rates are the Karamoja (61 per cent), Bukedi (48 per cent) and Busoga (42 per cent) sub-regions. In contrast, Kampala and Wakiso have the lowest poverty rates of about three per cent.

Beyond the relief programmes, women's sources of income have been disrupted by the crisis, as they are no longer able to access the market places where they can sell their produce and engage in petty trade. Confinement of potential consumers at home and the closure of borders and markets have removed the most essential trading opportunities, which many rely on, on a day-to-day basis, to cover their basic family needs. The impacts which are already being felt by most households is likely to deepen and be long-lasting among the poor, especially the urban poor, who are more vulnerable. These factors will have long-term consequences for women's economic and social empowerment and will increase women's vulnerability. It is important to ensure that the economic recovery packages are designed appropriately for, and reach those, whose incomes and livelihoods have been most affected, in order to support them to reestablish sources of income and sustain their livelihoods. The recovery packages should specifically reach women working in the informal sector, Village Loans and Savings Associations (VLSAs) and women who gave up paid work to take up unpaid care and domestic responsibilities which increased as a result of COVID-19.

“Our organisation has supported women in Yumbe to enhance their economic capacities through VLSAs and one of the issues they raised when COVID-19 broke out [was that] many got all the savings from the box and stopped saving. Small businesses collapsed as they used the capital for family survival and up-keep. If government considered the informal sector in social security, many of these women's businesses would survive.” KII participant

Restriction of movement, closure of markets, loss of jobs and income all contribute to making food harder and more expensive to find and buy. Refugees in the refugee settlements were particularly worried about the availability of, and access to, food. The World Food Programme⁶ (WFP) announced cutting its food relief effort to Uganda by 30 per cent and refugees also report that cash distributions have decreased from nine to six USD per month. The lockdown measures also prevent refugees from travelling to host communities to find other sources of food. Beyond the food shortages, female-headed households and farmers often have lower access to credit, and therefore lower access to fertilisers which impacts the crops and food security. Since the majority of women in rural areas rely on VLSAs and Savings and Credit Co-Operatives (SACCOs), the government restrictions forced many members to withdraw their savings from these groups to cover basic needs in the time of COVID-19 crisis.

Furthermore, the businesses that have continued to operate mainly employ men (e.g. in factories and boda bodas⁷) while those that typically employ women (e.g. salons,

⁶ <https://www.theguardian.com/global-development/2020/apr/14/food-rations-to-14-million-refugees-cut-in-uganda-due-to-funding-shortfall-coronavirus-world-food-programme> (accessed on 14/09/2020)

⁷ Boda bodas are bicycles or motorcycles used as taxis for carrying passenger(s) or goods – this is the fastest though not the safest means of transport used by most Ugandans

restaurants and clothes shops) have been closed. Women are over-represented in the service, tourism and hospitality industry, a sector characterised by low-paid and limited job security and significantly impacted by COVID-19. Women also comprise much of the subsistence farming sector and Informal Cross-Border Trade (ICBT) is also women-dominated. The situation is all the more difficult for female heads of households who have the sole responsibility for providing for their families. Often, women are also the primary caretakers in their homes and communities. The closure of schools and restrictions on businesses means that women are spending more time looking after children and other household members, during what would usually have been school or working hours. Women's majority role in the health sector also puts them at the forefront of battling the crisis, thus exposing them to high risk of infection and fatalities, particularly as Personal Protective Equipment (PPE) remains scarce.⁸

3.4. 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 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.

Recommendation for: governments, multilateral institutions, donors, INGOs and civil society.

Violence is not just on the battlefield, it is also in homes. Violence against women and girls is increasing globally as the COVID-19 pandemic combines with economic and social stresses, challenging ideas of masculinity at home and in the community, and measures to restrict contact and movement. Crowded homes, substance abuse, limited access to services and reduced peer and community support are exacerbating these conditions.

Evidence:

When COVID-19 was declared a pandemic globally, Uganda's president reacted fast by declaring a two week national lockdown from March 30th 2020, with several measures that restricted movements and promoted social distancing. This was extended several times over the following weeks, with measures remaining in place to-date. However, the lockdown and ensuing restrictions had unprecedented impact on cases of domestic violence, which increased as a result of the COVID-19 pandemic. Before the lockdown, 46 per cent of women experienced some form of physical violence from their partners, but this increased to 56 per cent by the first week of the first phase of the lockdown. The rising levels of

⁸ <https://au.int/en/pressreleases/20200416/women-peace-and-security-wps-face-covid-19> (accessed on 16/09/2020)

domestic violence during COVID-19 lockdown attracted the attention of many actors, including President Yoweri Museveni who acknowledged it during his address to the nation on COVID-19 on May 4th 2020. However, government support measures, such as the food distribution programmes, did not address the confinement or the restriction of movement, and the diversion of GBV resources to COVID-19 response meant that not only is GBV on the rise but that there is less help and support available to survivors.

“One participant raised that women were not integrated in the national task force; issues of women with disabilities were also ignored. Just staying at home increased women’s vulnerability by exposing them to violence, and for single and divorced women the burden for caring and supporting the family increased, given that in some areas they were asked about their husband’s whereabouts before food could be distributed to them.” KII participant

Situations of financial strains, household tensions and psychological distress, although not an excuse to commit GBV, often involve and trigger GBV. Domestic violence is on the rise as a result of the financial strains arising from the pandemic⁹. Prior to the pandemic, reported rates of GBV were usually low due to a number of factors, including social stigma and costs associated to reporting¹⁰. The rate of unreported cases is likely to have become even higher in the COVID-19 context, as survivors face the added challenge of not being able to travel to the police station to report cases, including the fact that movement was restricted during the lockdown. Furthermore, most organisations that were engaged in GBV prevention and response have had to suspend or scale down their work, in adherence to lockdown measures¹¹.

In Uganda, schools have been closed for months with no plans to re-open anytime soon. Without the support system of teachers and school administrators, many girls are left vulnerable to teenage pregnancy, early child marriage and GBV, among other devastating effects of COVID-19. As with many other countries around the world, COVID-19 has resulted in an increased rate of teenage pregnancy. In order to gain basic necessities like sanitary towels, girls have engaged in transactional sex with men who take advantage of their need for money.¹² In Kitgum, Ngora, Kyegegwa, Kasese and Lyantonde districts of Uganda, close to where Art of a Child operates, there have been more than 2,372 teenage pregnancies during the lockdown¹³ as compared to 835 in Kitgum in 2019. Incidence of early-child marriages are also on the rise as poverty caused by the pandemic has forced families to marry off their daughters to help alleviate financial burdens. In Uganda, at least over 128 school-age girls have been married off in the Kyegegwa, Rakai, Kamira Sub-county, and Luweero district alone since March 2020.

⁹ A study by Care International – Uganda, May 2020 ‘COVID-19 rapid gender analysis’
http://careevaluations.org/wp-content/uploads/CARE-International-in-Uganda_Rapid-Gender-Analysis_May-2020_final.pdf

¹⁰ Ibid

¹¹ Ibid

¹² <https://globalgirlsglow.org/the-consequences-of-covid-19-for-girls-in-uganda/> (accessed on 5/10/2020)

¹³ <https://www.monitor.co.ug/News/National/2-300-school-girls-conceive--128-married-off-during-lockdown/688334-5599830-dvcfs9/index.html> (accessed on 5/10/2020)

During COVID-19, violence generally has been widely spreading, especially affecting people that face multiple and intersecting forms of discrimination. On March 29th 2020, community residents and police raided a shelter for homeless lesbian, gay, bisexual and transgender youth in Wakiso, outside of Kampala, and beat and arrested 23 people, including shelter residents. Human Rights and Protection Forum (HRAPF), a legal aid organisation, reported that their lawyers believe the youth were targeted because of their sexual orientation, though police charged them with ‘a negligent act likely to spread infection of disease’ and ‘disobedience of lawful orders’ for allegedly disobeying the government’s directives by residing in the shelter.

It is important for national response plans to prioritise support for women by implementing measures that have proven to be effective, such as: integrating prevention efforts and services to respond to violence against women into COVID-19 response plans; addressing issues of SRMH; designating domestic violence shelters as essential services and increasing resources to them, and to civil society groups including WRO groups and movements on the front line of response.

3.5. 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).

Recommendation for: governments, multilateral institutions, donors and INGOs.

Shrinking funds to WROs was raised by almost all respondents, despite WROs all around the world being at the forefront of change: holding the line to prevent the roll back on women’s rights; resisting against rights violations; addressing the visible and invisible impacts of COVID-19; demanding equality; and driving solutions for transformative change. The international community has constantly reduced their funding support for WROs for women’s and girls’ rights work. Participants highlighted the need for increased funding to WROs for WPS in particular, and women’s and girls’ rights, to enable a holistic approach based on the needs and priorities of women and girls rather than donor driven priorities.

Evidence:

Participants highlighted that when WROs are funded adequately and effectively, issues affecting women, girls and marginalised communities remain a priority. WROs and feminist movements have been at the forefront of transformational change the world has ever seen. Strong, autonomous feminist movements are the drivers of policy and legal change for women’s rights due to their ability to collectively articulate needs, shift social norms and demand institutions to address the needs of diverse women, girls and gender non-confirming

people¹⁴. For example at the onset of the pandemic, Womankind Worldwide heard from its partners in Sub-Saharan Africa, including partners in Uganda, how they are adapting their work to new and increasing demands, including: providing PPE and food supplies; providing essential services such as specialised SGBV services and support; and amplifying the voices of women in the informal sector who are facing police brutality. In addition, WROs have been translating key information into languages and formats understood by people in their communities, including women with disabilities.

Participants highlighted that any response, whether at the national or international level, will be significantly weakened if it does not factor in the ways in which inequalities have made women and girls more vulnerable to the impacts of the crisis. The new developed policies should focus on rebuilding more equal, inclusive and just societies that put human rights and feminist analysis front and center, instead of repeating past mistakes. This would mean ensuring that the voices of women and women's organisations are at the heart of the COVID-19 response and recovery process; transforming the inequalities of unpaid care and domestic work into a new, inclusive care economy that works for everyone, and designing socio-economic plans with an intentional focus on the rights and futures of women and girls, especially those that are most affected by the crisis.

3.6. Recommendation 6:

Women's participation and leadership: Men dominating decision-making at home and at the community level is not new, but the exclusion of women's voices from COVID-19 management must be addressed as a priority in order to increase the chances of developing more effective and responsive solutions to the crisis. There is need to advocate for the inclusion of women and WROs in decision-making structures, namely the COVID-19 task forces and budget resource allocation.

Recommendation for: governments, multilateral institutions, donors, INGOs and civil society.

Promoting women's political leadership and having women in positions of leadership results in better outcomes for women and girls and society¹⁵. Including women ensures progress in policy areas that are vital for economic growth and development, such as health, education, and infrastructure. What is more, democracy in Uganda cannot be said to be living up to its promise if half of the population is not represented and wholly engaged equally in decision-making.

¹⁴ Weldon, S. Laurel and Mala Htun (2013)

¹⁵ <https://www.wfd.org/2020/07/29/women-political-leaders-key-to-more-equal-and-caring-societies-new-report-shows/>

Evidence:

After the outbreak of COVID-19, coordination platforms were established across the country at national, regional and district levels to steer the prevention and response to the pandemic. The task forces were male-dominated. Care International's analysis study¹⁶ of four district-level COVID-19 task forces in Uganda found that women made up on average only 22.5 per cent of members, and that men held the most influential positions. If women's voices are excluded from decision-making platforms, it is very unlikely that women's and girls' distinct needs will be expressed, let alone addressed. Women constitute the majority of caregivers in public health emergencies, which means that they have direct insights into how the crisis is playing out on the ground and affecting different parts of the population.

The woman member of parliament for persons with disabilities sitting on the COVID-19 national task force lobbied for inclusion of persons with disabilities on the district COVID-19 task force. She wrote to the chairperson of an organisation of women with disabilities who further approached resident district commissioners to ensure that action was taken. The organisation lobbied and ensured that women with disabilities were then included on the district COVID-19 task force.

“The COVID-19 task force had less or no women especially the task force at the district. As an organisation of persons with disabilities, we lobbied and ensured that women were included, and not just women but also women with disabilities. This intervention ensured that the restrictions put in place were also catering for persons with disabilities.” KII participant

Although women are at the forefront of the response to the pandemic (including at the front line in health services, as caregivers at home and engaging with communities), women's representation in policy development and decision-making on COVID-19 is limited. As the number of COVID-19 cases in Uganda continued to rise, the Women's International Peace Centre trained women peace mediators (who resolve community disputes and challenges) to help prevent COVID-19 at the frontline. The mediators then joined the fight against the pandemic in refugee settlements in the districts of Yumbe and Adjumani, bordering South Sudan and the Democratic Republic of Congo.¹⁷

Women's effective participation in decision-making leads to more responsive and more effective solutions to the pandemic and, on a global level, it has become apparent that women have shown very promising leadership¹⁸ in handling the COVID-19 response.

¹⁶ http://careevaluations.org/wp-content/uploads/CARE-International-in-Uganda_Rapid-Gender-Analysis_May-2020_final.pdf

¹⁷ <https://www.unwomen.org/en/news/stories/2020/6/feature-women-mediators-during-covid-19-in-refugee-settlements> (accessed on 16/09/2020)

¹⁸ <https://www.forbes.com/sites/avivahwittenbergcox/2020/04/13/what-do-countries-with-the-bestcoronavirus-reponses-have-in-common-women-leaders/#152ce6083dec> (accessed on 08/10/2020)

3.7. 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.

Recommendation for: governments, multilateral institutions, donors and INGOs.

Accountability and transparency are vital to any meaningful discourse pertaining to a country's development agenda. It therefore follows that effective national planning must be in the interest of all citizens. It also highlights the importance of monitoring, transparency and accountability as key components of good governance. However, at a national level, we can observe shrinking political space and the commitment to poverty reduction is questioned.

Evidence:

In Uganda, district governments are responsible for providing vital public services such as healthcare and education, but government accountability is relatively weak, leading to under-provision and low quality of services. During the COVID-19 pandemic, the Government of Uganda's National Task Force Committee fundraising goal was set at sh170b (\$45million USD/£35million) and by June 2020, the Committee had hit 30 per cent of that goal. The donations were approximately sh50b (\$13million USD/£10million), with sh17b (\$4million USD/£3million) cash, and sh33b (\$8million USD/£6million) as donations in-kind¹⁹. Uganda's domestic revenues estimated at only UGX40.5 trillion in the financial year 2019/20 and external debt continues to rise, currently at UGX56.5 trillion from UGX46.2 trillion in June 2019.

Participants highlighted that government must be frugal and stringent on how these resources are spent. Unless monitoring and accountability for public resources is strengthened, Uganda will have no return on investments to cater for the rising public debt which will unfortunately spill over to the ordinary taxpayer. Civil Society Budget Advocacy Group (CSBAG) recognises the importance of government borrowing, however, it advises the need to improve on sustainable debt management mechanisms, such as restructuring and renegotiating non-performance projects. In addition, debt should be secured and used in a transparent manner that involves the voices of women and WROs, as well as ensuring that the funds secured are used for projects that are beneficial to women and girls (including addressing the gendered nature of the current pandemic). Uganda must draw lessons from past experiences to inform future planning.

Participants also highlighted that Uganda's desire to achieve sustainable inclusive growth and development is undoubted, but efforts towards the development path are decelerated. This is because of a failure to strengthen transparency and accountability in the utilisation of public resources, in addition to other structural challenges such as illicit financial flows, regressive tax

¹⁹ <https://www.newvision.co.ug/news/1521706/covid-19-list-donations-released> (accessed on 18/10/20)

policies and illegitimate national debts. This in turn has an impact on the resources available to government to meet its country's development needs and human rights obligations, including women's rights during the pandemic and in stable times. Participants outlined that it is our obligation as citizens to take a keen interest in our country's governance as well as global governance. This calls for constantly monitoring and demanding accountability for public resources which helps to identify injustices and take corrective action in time.

Conclusion

In conclusion we urge the Government of Uganda, civil society organisations and the international community to take this COVID-19 crisis as a moment to put in place policies, systems, structures and practices that meet the needs and priorities of all people in Uganda – including women, girls and gender non-conforming people, especially those that are most vulnerable and marginalised. These recommendations, if implemented, will also enable Uganda to respond better and more effectively to future pandemics and shocks. This is possible when meaningful engagement with the people and communities most affected are at the centre of decision-making, notably women and girls. This moment can be used to rebuild a better future for all that prioritise human rights in general, and women's and girls' human rights in particular.

4. Partners

Women's International 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 women's rights organisation 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 violence against women and girls, 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.

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