



WESTMINSTER  
FOUNDATION FOR  
DEMOCRACY

# THE IMPACT OF **COVID-19** ON WOMEN AND GIRLS

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Policy brief presented to the  
Parliament Of Uganda.

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Author: Reagan Wamajji

Editor: Asimwe John Ishabairu

# INTRODUCTION

The COVID19 pandemic has caused devastating disruptions the world over. The impact will continue to be felt by all, albeit in varying degrees. Uganda, like most poor countries is even worse, in part because of the shortfalls of the government to squarely deal with the effects; especially for its vulnerable population, including women, girls and persons with disabilities.

The emergency measures and realities dawned by the COVID19 pandemic expose women and other vulnerable sections of the society to negative impacts such as rise in maternal mortality rates, challenges in accessing sexual and reproductive health services, domestic violence, increased poverty, gender-based violence and an escalating teenage pregnancy problem. The lockdown and the months that followed continue to exacerbate inequalities.

The Westminster Foundation for Democracy, the Uganda Women Parliamentary Association and Analysis (CEPA) have developed this policy brief to guide on key issues that the 11<sup>th</sup> Parliament of Uganda needs to consider on COVID 19 and women/girls, during the exercise of its four functions of representation, legislation, oversight over the executive and the judiciary. It follows a series of engagements with women and girls in different parts of the country, including in refugee settlements. The brief proposes reforms aimed at building more equal, inclusive, and sustainable economies and societies.

# BACKGROUND

Women and other vulnerable groups in Sub-Saharan Africa are being disproportionately affected the devastating impact of the COVID 19 pandemic. Women earn less and [over 70%](#) are employed in the informal sector which is less secure in terms of access to legal protection and social protection. The lockdown significantly reduced women's economic and livelihood activities thereby worsening food insecurity and increasing poverty rates. Other vulnerable groups such as refugees suffer a similar fate.

There is therefore urgent need to provide for gender-responsive economic and social policies that place women and other vulnerable groups at the heart of the emergency measures and recovery plans. It is important for all economic recovery measures – for both immediate responses, medium-term, and long-term recovery – to incorporate sex dynamics, gender lens, and specific interventions targeting women and other vulnerable groups.

## A. ECONOMIC AND SOCIAL IMPACTS

The COVID-19 outbreak has brought major economic disruptions across the world. The containment measures aimed at slowing the spread of the novel coronavirus have slowed global trade by reducing and disrupting travel and economic activities. Women and other vulnerable groups in Sub-Saharan Africa are being disproportionately affected because they earn less and over 70% are employed in the informal sector which is less secure in terms of access to legal protection and social protection. Quarantines can significantly reduce women's economic and livelihood activities thereby worsening food insecurity and increasing poverty rates. Other vulnerable groups such as refugees suffer a similar fate.

There is therefore urgent need to provide for gender-responsive economic and social policies that place women and other vulnerable groups at the heart of the emergency measures and recovery plans. It is important for all economic recovery measures – for both immediate responses, medium-term, and long-term recovery – to incorporate sex dynamics, gender lens, and specific interventions targeting women and other vulnerable groups.

To achieve the desired results, the following policy recommendations need to be taken into account.

### Key policy recommendations

- **Gender-sensitive economic policies:** Provide effective representation and oversight to ensure that gender and vulnerability dimensions are integrated into all assessments to understand the impact of COVID-19 on the economic situation of women and other vulnerable groups. This is crucial in identifying appropriate responses that are sensitive to the needs.
- **Put money in the hands of women and other vulnerable groups:** Legislate to put money in the hands of women and other vulnerable groups through existing and new programs.
- **Reduce tax rates and offer tax breaks:** Introduce measures to provide support and reliefs for smaller businesses during and for recovery from the COVID-19 crisis. Specifically, alleviate the tax burdens through a reduction in Value Added Tax (VAT) and suspension of charges for late VAT filings. For long-term incentives for the non-agriculture informal sector, offer tax breaks for small businesses to prevent job losses and present them a chance to bounce back and ultimately contribute to the tax revenue of the economy.
- **Reduce operation costs for homes:** Engage the executive to implement measures that will result in low transaction costs for homes e.g. the directive to suspend disconnection of water because of overdue bills has cushioned families from a terrible fate as they struggle to raise from the devastating losses of livelihoods.
- **Social protection and recovery programs:** Ensure social protection programs and other recovery projects adapt community-led and inclusive methodologies to cater to the interests of women and other vulnerable groups in a sustainable way.

## B. ADOLESCENT GIRL AND THE INCREASING BURDEN OF TEENAGE PREGNANCIES

Insights from national consultative dialogues, surveys and other reports have shown a worrying increase in the number of teenage pregnancies and sexual reproductive rights-related challenges for adolescent girls across the country as a result of the covid19 situation in Uganda. According to a UNFPA report on teenage pregnancy in Uganda during and post Covid-19 lockdown Eastern Uganda (Busoga) had the highest reported cases with Luuka district alone reporting more than 600 cases. In the Bullisa district, teenage pregnancy stands between 25-30% of all adolescent girls.

Some of the measures adopted by the government to contain the spread of the coronavirus such as school lockdowns have partly led to this dire situation. According to the Ministry of Health, 25 percent of Ugandan teenagers become pregnant by the age of 19 and close to half are married before the age of 18. The schools that have been safe spaces for the girls are on lockdown hence exposing them to the 'predators' and sex offenders. According to the Police report, 4,442 cases of defilement were reported between January and April 2020. The Sauti, an online platform by the Uganda Adolescent Health Forum reported 800 cases of sexual abuse between January and May 2020.

### Major Issues Affecting Management of Teenage Pregnancy

#### Victim Oriented Issues

- The most immediate issue related to teenage pregnancy during the pandemic is dropping out of school permanently. There is a looming fear that these survivors will not go back to school even with the issuance of the new guidelines of re-entry of school dropouts owing to teenage pregnancy.
- Consequently, child marriage becomes inevitable. One participant in Budaka narrated how the father told her that he cannot pay school fees for a mother, and as thus, she had resorted to getting married to another man before she was 18 as the one who got her pregnant disappeared.
- Medical issues such as pregnancy and childbirth complications; severe bleeding, infections due to antenatal and post-natal complications as well as the high risk of contracting HIV and other STDs.
- Fetal mortality and maternal death as adolescents are twice as highly susceptible to death during pregnancy than women over 18 years.

#### Institutional Framework Oriented Issues

- Poverty and ignorance about the need to report teenage pregnancy
- Hiding victims of teenage pregnancies and child marriages by family members for fear of castigation.
- Corruption and bribery along the referral pathway of justice for teenage pregnancy cases. Sometimes Police officers are compromised and cases collapse due to lack of evidence.
- Lack of conducive environment to manage teenagers at Police and medical facilities to permit confidentiality.
- There is a policy gap regarding sexual reproductive health for teenagers. Sex education in schools is not sufficient (if available) to equip young people to manage their sex lives at an early age.

- Fear of creating enemies as a result of reporting the vice
- Poverty among young people inhibits funding of the costly process of handling cases.

### Key Recommendations

- Increased awareness and community sensitization on dangers of teenage pregnancies/ marriages, follow up on cases, guidance and counseling, and establishment of reception/ rehabilitation centers for girls where they could be given counselling.
- Advocate for increased budget allocation towards cases of teenage pregnancies and early marriages, through support to teenage mother centers.

## C. IMPACTS ON HEALTH RIGHTS

The International Covenant on Economic, Social and Cultural Rights (ICESCR)<sup>1</sup> specifically obliges Uganda, as a state party, to protect the right to the highest attainable standard of physical and mental health<sup>2</sup> by taking effective, concrete and targeted steps. Uganda's legal and policy framework also enjoins the government to implement measures to protect public health.

Although Uganda appears to be successful in managing the current wave of the virus, its health facilities have a lot of gaps. The country has 6,937 health facilities of which the government owns 3,21 facilities (45%). There are a total of 48,231 beds across all levels of health facilities, representing a deficit of 118,569 beds according to the Ministry of Health's projections.<sup>2</sup> In terms of Intensive Care units (ICUs), Uganda has only 55 functional ICUs out of the required number of 25,020 ICUs – translating to a deficit of 24,965 ICUs.<sup>3</sup>

In 'normal' circumstances, access to health services for most women and other vulnerable groups in Uganda is limited. During a health pandemic, the barriers increase.

The initial bans on public and private transport which resulted in unreasonable movement restrictions on people who had urgent health needs increased the risk of preventable death and suffering. This is especially critical for women and other vulnerable people who need essential and urgent healthcare. Women and girls, for example, need access to sexual and reproductive health services, which include maternal health care, access to menstrual hygiene products, access to contraceptives, and facilities that promote safe sex life, and emergency healthcare when they suffer gender-based violence. Failure to access timely transport services for medical care for women and other vulnerable groups has resulted in preventable deaths.

### Key policy recommendations

- **Ensure compulsory gender and vulnerability assessments in COVID-19 responses:** Engage the executive to ensure that gender and vulnerability assessments are integrated into all COVID-19 preventive measures to ensure that; (a) women and other vulnerable groups are not unfairly exposed to accelerated negative health impacts.

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1 Article 12(1)

2 Ministry of Health, 2019, Annual Health Sector Performance Report for FY2018/19

3 Atumanya et al, 2020, Assessment of the current capacity of intensive care units in Uganda: A descriptive study. Journal of Critical Care 55 (2020) 95-99

- **Accessibility of regular health services:** Provide effective representation and oversight to ensure that regular health services continue to be accessible across the country, especially for sexual and reproductive health care and other underlying conditions such as cancer, diabetes, and hypertension.
- **Protect frontline health workers:** Recognize the challenges faced by women as frontline health workers in their various positions as doctors, midwives, nurses, community health workers et al. Ensure they have access to Personal Protective Equipment (PPE) inadequate frequency and appropriate body size. Special attention should also be provided to care for their health, work environment, psychosocial needs, and transport needs. Reprisal attacks against women providing health services as we saw in the Arua district incident<sup>4</sup> should not be tolerated.
- **Accessibility of clean water and soap for regular handwashing:** Take action to ensure access to sufficient and affordable water and soap for vulnerable groups of women, including in informal settlements, rural areas, refugee camps, and people with disabilities to facilitate regular handwashing. Additional guidelines and measures should also be developed for people with disabilities.
- **Support people with psychosocial disabilities:** Self-isolation and quarantine can be distressing for people with psychosocial disabilities such as anxiety and depression. Implement measures to ensure psychosocial support and crisis counseling programs are accessible to all.

## D. GENDER-BASED AND SEXUAL VIOLENCE

The pandemic is exacerbating gender inequalities and violence against women, and girls.

It is noticeable that Uganda's emergency response measures to slow the pandemic did not include adequate safety measures for vulnerable groups, who are increasingly bearing the brunt of the lockdown measures. Before the pandemic, at least 46% of women experienced physical violence and reported living in fear of their current or more recent partners. These figures increased during the lockdown and beyond. Women are being trapped with abusive partners in situations where they cannot rely on their support networks or access essential legal, protection, and health services.

A wide range of sexual violence, including rape – including marital rape, sexual harassment, and abuse, defilement, denial of the right to use contraception, forced abortions, forced sex work, among others have increased according to the reports by the Uganda Police.

Under normal circumstances, sexual violence and gender-based violence cases often go unreported and the abusers often escape justice because of the corrupt and inefficient criminal justice system. The pandemic has worsened the situation. Because of the lockdown and the months that followed, it was difficult to travel to police stations to report cases and receive the necessary attention. Because legal services are not considered essential services, it is also difficult to have the necessary legal support to report and obtain the necessary evidence to take legal action when the courts resume normal operations.

<sup>4</sup> Ms. Alice Akello, the Deputy Resident District Commissioner (RDC) of Arua district allegedly harassed and summoned Doris Oku'dinia, an enrolled nurse at Ediofe Health Centre III for wheeling a patient for about 3 kilometers to Arua Regional Referral Hospital after an ambulance they had requested for failed to show up. Chapter Four Uganda provided first line legal response to push back against the harassment and intimidation. Dr. Jane Ruth Aceng, the Minister of Health later commended the nurse for her selfless service.

## Key policy recommendations

- **Prevention and response services:** Make prevention and redress of violence against women a key part of the national response plan. Provide oversight to ensure the integration of prevention efforts and services geared towards responding to violence against women into COVID-19 response plans. Increase advocacy and awareness campaigns.
- **Support domestic violence shelters:** Engage the executive to designate domestic violence shelters as essential services. Allocate resources to support the shelters, psychosocial care, online counseling services, and other related helpline services. Other facilities such as empty hotels should be considered to expand shelters for victims and survivors of violence.
- **Designate legal services as essential:** Engage the executive to ensure that legal services are designated as essential, at all times, to exempt lawyers from the travel restrictions.
- **Encourage use of safe spaces to report violence:** Require the police to partner with pharmacies, drug shops, clinics, hospitals, grocery stores, and other safe spaces to encourage women and other vulnerable groups to report violence.
- **Encourage the use of online platforms to report violence:** Require the police and other relevant institutions to move their services online to ensure that victims of abuse have access to legal and support services.

## CONCLUSION

The COVID-19 pandemic is shining a spotlight on the inequalities in our societies. It is important more than ever to put in place policies that will facilitate the recovery of failing or failed sectors and take prudent reforms to protect the gains.

To do this, it is clear that women and girls, people with disabilities, refugee populations – in settlements and urban places are ably represented during the decision-making processes and implementation.

We appeal to Members of Parliament to take action to legislate and advocate for the various policy reforms listed in this brief. We further appeal to the executive arm of the government to consider the policy proposals and implement them. The COVID-19 response plans need to provide appropriate measures for each vulnerable group.





WESTMINSTER  
FOUNDATION FOR  
DEMOCRACY

Westminster Foundation for Democracy  
3rd Floor, Rumie House  
Plot 19, Lumumba Avenue  
Kampala, Uganda