Uganda Rapid Gender Analysis

The State of Women, Uganda, and COVID

Uganda confirmed its first case of COVID-19 on 21st March 2020. As of 7th May 2020, this number has risen to 100 cases. COVID-19, and the subsequent mobility restrictions designed to combat the disease’s spread, is already creating widespread impacts for Ugandans—especially for women. Without rapid action from the government and the international community, these challenges women are facing—especially around food security, income, Gender Based Violence, and lack of access to services—will continue to grow.

This rapid gender analysis (RGA) seeks to explore the implications of COVID 19 in specific areas in northern and western Uganda to inform current CARE Uganda programming in the region, as well as to serve as reference to any other stakeholders working in the area and with similar target groups. This RGA covers: Kyangwali, Omugo, and Palabek settlements; Gulu municipality and Arua municipalities; and Moyo and Lamwo districts.

Key Findings

- **Refugees are suffering food and cash shortages—which are escalating.** Uganda hosts 1.4 million refugees, many of whom live in camps. As a result of COVID-19, the World Food Program is cutting food relief to refugees by 30%, and refugees are reporting that cash distributions have fallen from $9 a to $6 a month. At the same time, mobility restrictions mean refugees can no longer go to host communities to access food.

“There is food crisis everywhere and this is even causing violence in families”

- **Lamwo Resident District**
• **Food is a significant concern for all Ugandans, and a bigger concern for women.** 75% of women consulted say that food is their biggest concern. Families are eating less food and fewer meals and are drawing down the food reserves they had before COVID-19. In addition, **future food production is at risk.** Mobility restrictions are preventing farmers from buying the seeds and supplies they need to grow next season’s food supply.

• **Income is a major challenge.** For men, income is the priority concern as they lose their jobs. Women are losing their incomes—especially because most women are in the informal sector and sell goods in markets. As markets and borders close, and there are few consumers going to markets, women have lost their main income sources.

• **The suspension of savings groups is a major loss for women:** most savings groups have suspended operations, removing a critical source of income, finance, social support, and information.

• **GBV is going up.** The deputy police spokesperson in Uganda reports increasing domestic violence in the country. The pressures of Uganda’s strict measures of confinement, the financial strain arising from suspended economic activities and other factors such as women’s increased visits to water points which are hotspots for GBV, are all acute causes for the spike of GBV.

• **Women are dying because they cannot access sexual and reproductive health services.** One rights group based in Kampala reports that “...at least 11 pregnant women have died preventable deaths since the transport ban came into effect.” A respondent tells the story of a woman dying during childbirth “not because of negligence” but because she had no transport to reach a hospital, because of ban on transport.

• **Hygiene is in crisis:** most people cannot afford to buy soap. They are struggling to follow handwashing guidelines that would allow them to slow the spread of the disease.

• **Women have little power to influence decisions.** While 74% of women report they can make decisions, the men in their lives can often override them. As one man recounts, “My wife wanted to leave the trading center and move to the village for a few days, but I told her not to go anywhere at the moment. She listened and stayed back.” As it relates to COVID-19 response, one respondent said, “the men are taking up dominant roles of top decision making.”

• **There are signs of hope.** Because men are at home, they are spending more time with their children, and spouses are collaborating more while managing the household. Many families are planting small gardens to try to face the food shortages they see coming.

**Recommendations**

• **Invest in safety nets—and prioritize women’s access.** The Government of Uganda, donors and implementing organisations such as CARE must address food as a priority, both in the short term, by distributing more food to those in need, particularly in the refugee settlements, and providing more long term support, by providing market-based support to seeds and agriculture services.

• **Put GBV services at the center of response:** The COVID-19 task forces must include and address GBV issues in all prevention and response plans. This includes updating and investing in GBV referral plans, supporting GBV service providers, and working with leaders at all levels to understand the importance of GBV.

• **Design long-term recovery packages.** Capital and economic recovery packages must be made available to women and men who have lost their jobs or suspended their business and income generating activities, in order to help re-establish pre-pandemic sources of income, including in the informal sector.

• **Focus on re-starting savings groups.** Savings groups are a critical source of financial support for millions of women in Uganda, and they are currently suspended in COVID-19. Development and humanitarian actors must help groups make up for the lost savings.

This brief summarizes the Uganda Rapid Gender Analysis, written by CARE Uganda on May 14, 2020, with support from the Austrian Development Agency. The full RGA report can be accessed [here](https://www.care.org/).