

# COVID-19 socioeconomic impacts and implication for social protection

August 2021



**ACTION FOR RURAL WOMENS EMPOWERMENT**



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**Action for rural women’s Empowerment (ARUWE)** is a non-profit, Non-governmental organization working with rural women, girls, and children. It was established in 2003 as a CBO in Wakiso sub-county. On April 1<sup>st</sup>, 2008, ARUWE was incorporated as a company limited by guarantee (no.97095) and registered with the NGO board in 2012 (INDR931388NB) with permit number (INDP905888NB). Currently, ARUWE operates in the central and Northwest regions. ARUWE is a gender-focused organization that strengthens women’s leadership so that collectively, they can break the chains of poverty, patriarchy, class, and sexual repression. ARUWE does this through advocating for rural women’s social-economic empowerment, sexual and reproductive health and rights, promoting education and lifelong learning, and enabling communities to adapt to climate change and challenge the negative impact of rigid and oppressive gender stereotypes. ARUWE envisions a world in which women and children realize their full social, economic and civic potential. ARUWE empowers women to initiate and manage their socio-economic development processes through strengthening community participation, advocacy, and service delivery.

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## Table of contents

Acronyms .....	3
Executive Summary .....	4
Introduction .....	7
1.1 Background of the study .....	7
1.2 Objectives of the survey .....	8
Methods.....	9
7.1 Analytical framework.....	9
7.2 Literature review .....	9
7.3 Interviews.....	10
Socio-economic impacts of COVID-19 .....	11
3.1 Declining incomes, deepening poverty .....	11
3.2 Increased food insecurity .....	12
3.3 Worsening inequality .....	13
3.4 Disruption of health care and service delivery in other sectors .....	14
3.5 Limited access to hand hygiene and sanitation .....	15
3.6 Loss of human capital.....	15
3.7 A marked increase in sexual and gender-based violence .....	16
Causal factors contributing to aggravated impacts of COVID-19 .....	19
Community interviews and key informants.....	22
5.1 Vulnerability levels and causes.....	22
5.2 COVID-19 impacts/effects .....	22
5.3 Social Assistance.....	26
5.4 Recommendations from community interviews .....	26
Social protection policies and strategies .....	28
6.1 Social protection policies and strategies .....	28
6.2 Illustrative fiscal social protection responses for COVID-19 .....	29
6.3 Unequal targeting of social protection and covid-19 response .....	31
6.4 Structural and governance gaps .....	32
6.5 Policy gaps .....	33
Recommendations.....	34
7.1 Advancing inclusive and gender-responsive social protection for productive livelihoods.....	34
7.2 Strengthening efforts to prevent and respond to sexual and gender-based violence.. .....	35
7.3 Safeguarding women and girls’ sexual and reproductive health rights .....	36
7.4 Enhancing opportunities for continued learning and recovering learning loss .....	37
References .....	38

## Acronyms

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ARUWE	Action for rural women's Empowerment
BDS	business development support
CBO	Community-Based Organisation
COVID-19	Coronavirus Disease 2019
CPI	Consumer price index
GDP	Gross Domestic Product
ILO	International Labour Organization
MoES	Ministry of Education & Sports
MSE	Micro and small enterprises
NAADS	National Agricultural Advisory Services
NDP	National Development Plan
NGO	Non-Governmental Organisation
NSPP	National Social Protection Policy
NSSF	National Social Security Fund
SAGE	Social Assistance Grant for the Elderly
SGBV	Sexual and gender-based violence
SOPs	standard operating procedures
SRHR	Sexual and reproductive health rights
TVET	Technical and Vocational Education and Training
UBOS	Uganda Bureau of Statistics
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Education Fund
UPE	Universal Primary Education
USE	Universal Secondary Education
VAW	violence against women
WASH	Water Sanitation and Hygiene
YLF	Youth Livelihood Fund

## Executive Summary

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Since the declaration of COVID-19 as a global pandemic in January 2020, there has been massive disruption of livelihoods due to the disease itself, but also occasioned by the stringent measures put in place to curb the spread of the disease. In Uganda, the containment measures included; closure of places of worship and nonessential workplaces, closure of schools, and restriction of travel within the country and across international borders among others. Through a literature review this study assessed the socio-economic impact of the COVID-19 pandemic in Uganda, particularly its impact household incomes and livelihoods, sexual and gender-based violence, sexual and reproductive health rights, and education. The review also focuses on understanding government's financial response and the trickled down effect in terms of stimulus packages and other resources to communities especially women and other vulnerable groups.

Evidence shows that the pandemic represents a substantial threat to household finances due to reduced business activity, business closure, complete job loss, and cessation of remittances. In particular, people engaged in the service sector and small and micro enterprises were more likely to be affected by lockdowns. Employment in the services sector reduced by about 61% during lockdown while manufacturing and agriculture sectors reduced by 27% and 43% respectively, with an estimated 3.8 million workers likely to lose their jobs temporarily while 625,957 would lose their employment permanently. Income loss is likely to further worsen food insecurity and poverty. In addition, the pandemic and subsequent containment measures have disrupted accessibility of health care and service delivery in other sectors which has led to an increase in the number of preventable deaths related to childbirth, diseases like malaria and in other health emergencies. In the same vein, access to family planning, SGBV prevention and support services, and other sexual and reproductive health rights (SRHR) services.

The lockdown measures in response to COVID-19 have led to school closures around the world, leaving an estimated 1.54 billion young people out of school. In Uganda, over 15 million learners were sent home. When schools close, children are at risk with marginalized ones paying a heavier price, and many face the risk of never attending school again. Closures of educational institutions hamper the provision of essential services to children and communities, including access to nutritious food, affect the ability of many parents to work, and increase risks of violence against women and girls. Media reports and household surveys during the COVID-19 pandemic indicated that between March 2020 and June 2021, there was a 22.5% increase in pregnancy among girls aged 10-24 years seeking first antenatal care from 80,653 to 98,810. In Kampala there was a reported 21% increase in teenage pregnancies and 18% in child marriages, leading to school dropout and other devastating health and social consequences for girls.



Impacts of the pandemic disproportionately affected the populace. Women are more likely to lose their livelihoods faster than men because they are more exposed to hard-hit economic sectors (such as services, informal business) or are mostly represented in occupations that are at the front line of dealing with the pandemic (e.g. nurses). Given the nature of employment, women also have less access to social protection and will bear a disproportionate burden in the care economy, in the case of closure of schools or care systems. The loss of income and livelihoods makes women more vulnerable to sexual and gender-based violence. Children and especially girls are also at risk of violence perpetrated by family members due to prolonged lockdowns. Reports in Uganda showed that at least 22% of women experienced sexual violence during the lockdown and at least 3,280 cases of gender-based violence were recorded within the first 5 months of the lockdown, of which 1,967 cases of violence were against children. This further worsens the plight on women and children. Some of these impacts were corroborated during the community interviews and respondents indicated increased sexual and gender-based violence, child abuse and exploitation, and other vices occasioned by long stays at home and loss of income. The ARUWE study findings indicated that at least 62.5% of the women and girls in Kyankwanzi (75%) and Wakiso (50%) experience some form of physical and sexual violence under the lockdown.

To minimize the negative impact of COVID 19 on the social and economic welfare of the country, direct fiscal interventions totalling UGX 2.6 trillion were implemented. They included; (i) The economic stimulus to support economic welfare, help firms to survive the crisis, maintenance of financial stability to avoid the potential collapse of the economy; (ii) food relief to 683,000 households covering 1.9 million persons; (iii) cash transfer for about 500,000 households (second wave) other people who live on wage income. However, the social protection program has been criticised for unequal targeting, failure to directly benefit people living in poverty, and inadequacy of support provided. In particular, the lack of a reliable social registration and identification systems was a key challenge to the delivery of the relief during COVID-19. More than 7.5 million Ugandans who can hardly earn or spend Shs3,500 per day missed the government relief food and cash, needless to mention about 3.3 more million people who were pushed into poverty by the pandemic, necessitating the government to expand coverage even to those population groups. The financial waivers and economic stimulus packages targeted the formal sector with the majority of the populace in the informal sector not able to benefit. While the social protection program focused on measures mitigate income shocks, it fell short on the part of social care and support services. The glaring gap in the National Social Protection Policy policy with regards to the development of Social Care and Support pillar, creates a gender and equity gap in social protection provisioning.

As the 2021/2022 budget sets out further financial measures aimed at mitigating the impacts of COVID-19 such as economic stimulus packages for SMEs, investment in the national Youth Livelihood Fund (YLF), Women Entrepreneurship Fund, the 'Emyooga' Talent Support scheme, and National Agricultural Advisory Services (NAADS) in order to create more jobs and keep young people in employment, there is need for gender responsive and systematic delivery and tracking to ensure those targeted and the most vulnerable are reached. There is a need to expand coverage of gender-responsive social assistance and 'cash plus' measures, recognising their importance to enabling a gender-transformative economic recovery. In the short and medium term, the following specific recommendations are suggested based on the key areas of analysis:

- Advancing inclusive and gender-responsive social protection for productive livelihoods; The response strategy should ensure adequate attention and protection for the poorest and most vulnerable in the short run, while providing gender-sensitive business development support services to increase productivity of enterprises especially those owned by women in the medium and long term.
- Strengthen efforts to prevent and respond to sexual and gender-based violence. Measures to protect women and girls from violence must be a standard part of government responses to the pandemic, as well as longer-term recovery packages.
- Safeguard women and girls' sexual and reproductive health rights. Develop a coordinated health system that ensures provisions for standard health services to be continued even during emergencies and health crises, especially for sexual and reproductive health care and necessary infection control measures.
- Prevent a learning crisis from becoming a generational catastrophe. Government and partners must scale up remote learning opportunities for all children while at the same time working to ensure that all protocols necessary for safe reopening of schools are put in place.

# Introduction

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## 1.1 Background of the study

Since the declaration of COVID-19 as a global pandemic in January 2020, there has been massive disruption of livelihoods, some occasioned by the stringent measures put in place to curb the spread of the disease. The government of Uganda's initial Covid-19 response measures included closing all educational institutions, banning public gathering and imposing travel restrictions to and from affected countries. With several additional measures implemented, Uganda managed to keep the number of registered positive cases of Covid-19 below 150 until May 2020. However,

### COVID-19 burden in Uganda

- 89,974 cumulative confirmed cases
- 66,080 cumulative recoveries
- 2,324 cumulative deaths
- 1,418,721 cumulative samples tested

*Ministry of Health update on 15<sup>th</sup> July 2021*

following the relaxation of lockdown measures in June 2020, the number of infections started to rise quickly. Until May 2021, Uganda experienced a second wave of COVID 19 pandemic. During the Presidential address on 6<sup>th</sup> June 2021, tighter measures were put in place including the closure of schools and institutions of learning, limited travels, limited office attendance, and limited gatherings for at least 42 days. As at July 15<sup>th</sup>, the cumulative confirmed cases were 89,974 persons, and 2,324 cumulative deaths.

The measures to contain the spread of COVID-19 have had devastating effects on vulnerable communities and put social protection systems that were already stretched thin under even more distress. There have been direct impacts on food security, social protection, employment, education, health and other welfare outcomes. Studies within Uganda and other countries show evidence of negative socio-economic impacts of COVID-19, particularly on households that were already vulnerable such as those headed by women. In the same vein, existing government social welfare programs don't seem to have delivered the promise due to various institutional challenges. The fast spreading pandemic that has affected livelihoods across the country including households that were not usually categorised as vulnerable, has posed questions around the responsiveness of existing social welfare programs in such circumstances.

With some lockdown measures still in place, the socioeconomic impacts of Covid-19 are disproportionately affecting the poorest sections of society and those engaged in informal sectors who depend on labour income. Existing gender inequalities in economic opportunities are also likely to worsen as seen in previous large-scale health shocks such as the 2014-2016 Ebola outbreak. In Uganda, the informal sector is comprised largely of micro and small enterprises (MSEs) who make up 50% of the economy and employ 98% of the working age labour force. The direct impact of Covid-19 has caused the loss of jobs and incomes, with worst



cases of MSE owners experiencing incomes falling below zero, resulting in the discontinuation of their business activities

This study assesses the socio-economic impact of the COVID-19 pandemic in Uganda, particularly its impact on women and other vulnerable groups. It focuses on the government's financial response and the trickle-down effect in terms of stimulus packages and other resources to the communities. Results will be used as evidence to engage with key stakeholders and policy makers on socio-economic policy reforms that address vulnerability in times of crisis including health pandemics, both at district and national levels.

## **1.2 Objectives of the survey**

This study assesses the socio-economic impact of the COVID-19 pandemic in Uganda, particularly its impact on women and other vulnerable groups. The specific objectives are:

- i. To assess the effect of COVID-19 on household incomes and livelihoods
- ii. To assess the trends of sexual and gender-based violence (SGBV) as a result of COVID-19
- iii. To assess the trends of sexual and reproductive health rights (SRHR) services during the pandemic
- iv. To assess the government's financial response and the trickle-down effect in terms of stimulus packages and other resources to the communities.

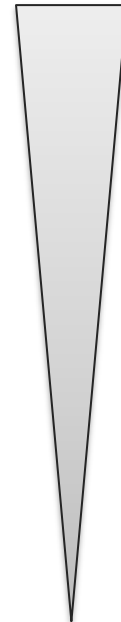
# Methods

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## 2.1 Analytical framework

In order to realise this goal it is necessary to undertake an assessment of the following which will guide the team to clear areas that can be supported with an effective intervention.

1. The context of COVID-19 in Uganda – first reports, progression, containment measures
2. What are the main impacts of COVID-19 on households, economy and social services, SGBV, employment, health, food security, education, other social protection etc?  
*By topic and also more specifically by gender, age group, livelihood strategy?*
3. What efforts have been put in place by government and other actors to manage the situation?  
*Who is involved, how are they involved, what are the barriers*
4. What policy infrastructure supports recovery from such shocks in the country, and how has this been deployed in respect to COVID-19 situation?
5. Which of the problems identified can be addressed – policy issues?  
*By whom? How? Which partners are needed to influence the change required?*



## 2.2 Literature review

A review of academic and grey literature was done to illuminate research done around socio-economic impacts of COVID-19 and social protection. The approach to identifying suitable sources is described so that it can be replicated as needed e.g. sources, search words used, elimination method and analytical approaches used.

### *Search words*

- Incomes OR Employment OR Business OR Jobs+COVID-19
- Food security OR Nutrition OR Food access OR Poverty + COVID -19
- Social protection OR Social security OR Stimulus +COVID-19
- Social services OR Education OR Reproductive health care +COVID-19
- Gender-based violence OR Girls pregnancy OR School dropout + COVID-19
- Vulnerability +COVID 19
- Women OR Youth +COVID-19
- Social protection OR Emergency response OR Disaster risk reduction + Policy + COVID-19

### *Indicative questions*

- How have households been affected by COVID-19

- What factors contributed to worsening the problem e.g. loss of employment, lack of access to medical facilities, affordability etc?
- Are there differences by age, gender or region, by demographic or by income bracket?
- What has the government done to resuscitate businesses and livelihoods?
- Have these trickled down to the deserving households?

## 2.3 Interviews

Interviews with key informants and local communities were done. Two locations; Kyankwanzi and Wakiso were selected representing rural and urban locations.

**Wakiso** district is a peri-urban district engulfing Kampala, the capital and administrative city of Uganda. The district currently has a total population of 2,007,700 with a growth rate of 4.1% and a population density of 700 persons per square kilometre. Despite the district's proximity to the capital city, it has a unique and diverse rural and urban population. The district has 218,142 female headed households of which 1.2% are headed by children. Wakiso was one of the locations where some households were to benefit from the government COVID-19 food and cash relief program due to high reliance on wage income that was significantly affected by lockdowns.

**Kyankwanzi** district is located in mid-western Uganda. According to the 2014 population and housing census the total district population was 214,693 persons of which 112,037 were males and 102,656 females<sup>1</sup>. Agriculture is the main source of livelihood, with some households engaging in business. The district was not in the priority areas to receive COVID-19 relief support and considering that most businesses in this area are informal, the likelihood of benefiting from fiscal policies was not obvious.

The selection of these locations was aimed at capturing differential impacts of COVID-19 and response measures by the government and other stakeholders on livelihoods. Interview questions focused on; village statistics and vulnerability; COVID-19 impacts/effects; social assistance and trickle-down effect of government programs in response to COVID-19; access to social care and support services during the pandemic; and recommended actions to ensure prevention, recovery and resilience to shocks. A total of 10 FGDs involving 130 (60% female and 40% male) participants were carried out in the two locations. Focus group discussions were held involving local communities (mixed age and gender groups) and separate discussions with women, girls and youth.

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<sup>1</sup> NPHC 2014

# Socio-economic impacts of COVID-19

## 3.1 Declining incomes, deepening poverty

In Uganda, over 8 million people (19.7%) live below the national poverty line and were already vulnerable before COVID-19 and in need of assistance. As a result of COVID-19, estimates show that an additional 3.3 million people were pushed into poverty, necessitating the government to expand coverage even to those population groups. This situation was occasioned by job loss and business closure due to measures such as stay home orders, closures of markets and shutdowns in many sectors. In particular, informal sector employees who often survive on daily hand-to-mouth wages are most affected by COVID-19 response measures (Demeke & Kariuki, 2020). Considering the huge contribution of informal sector in Uganda; micro and small enterprises (MSEs) make up 50% of the economy and employ 98% of the working age labour force<sup>2</sup>. Any disruptions on the sector could cause far reaching effects on the economy and livelihoods of the people.

In March 2020, the International Labour Organization (ILO) projected that about 25 million jobs could be lost in Africa due to COVID-19<sup>3</sup>. In Uganda, employment in the services sector reduced by about 61% during lockdown while manufacturing and agriculture sectors reduced by 27% and 43% respectively (Sunday et al., 2020). Based on this trend, Sunday et al. (2020) projected that in the event that COVID-19 persisted for six months (from March 2020), about 3.8 million workers would lose their jobs temporarily while 625,957 would lose their employment permanently. Projection based on the national estimates for employment, such layoff would constitute a

### Declining income due to job loss

- 3.8 million temporary job loss
- 0.6 million permanent job loss
- 61% job loss in service sector
- 27% job loss in industry
- 43% job loss in agriculture

reduction of 42% in temporary employment and 7% permanent employment. Over 75% of employees projected to lose their jobs permanently are from the service sector. Besides, for a section of society that relied on remittances, this source of income was lost due to the economic downturn occasioned by the pandemic. Before the pandemic, Ugandans relied on remittances for livelihood support, and the country received at least 4.1% of its Gross Domestic Product (GDP) as remittances in 2019, which is projected to decline by about 15% between 2020 and 2021.

Studies based on survey of respondents in Uganda showed that consequent to lockdowns, household incomes from all sources reduced for most households. Kansiime et al. (2020)

<sup>2</sup>

[https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html?gclid=Cj0KCCQjw\\_8mHBhClARIsABFfgpgqRkS24ZWq7m4xOigbsriVO\\_XkxIVGPOPhq3dBBYj-b7BNr1EnYrsaAprDEALw\\_wcB](https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html?gclid=Cj0KCCQjw_8mHBhClARIsABFfgpgqRkS24ZWq7m4xOigbsriVO_XkxIVGPOPhq3dBBYj-b7BNr1EnYrsaAprDEALw_wcB)

<sup>3</sup> COVID-19: Protecting workers in the workplace: Almost 25 million jobs could be lost worldwide as a result of COVID-19, says ILO

asserted that for about two-thirds (64%) of the respondents in their online survey, the pandemic represents a substantial threat to household finances due to reduced business activity, business closure, complete job loss, and cessation of remittances. Similarly, Alfonsi et al. (2021) showed that the two months of total lockdown were characterized by large losses in employment and limited shift to agricultural and casual jobs, suggesting that every sector had stalled. As the lockdowns were eased in June-July 2020, at least 50% of those unemployed/temporarily laid-off during the lockdown were back in employment, albeit sluggishly, with much slower employment recovery in the services sector.

After the lockdown, businesses faced severe liquidity constraints while re-opening, and access to credit remains a challenge as financial institutions remain pessimistic about the future business environment. With the new lockdown in June 2021 occasioned by the second wave further affected the businesses that were showing some recovery. UN Women geopol survey revealed that nearly half (49%) of respondents indicated that there was a time when they did not have access to food due to COVID-19 restrictions or fear of contracting the disease despite production and processing of food in Uganda continuing without restrictions, and crop production not being affected by the COVID-19 lockdown. There is need to offer a fiscal stimulus package to support firms to address immediate liquidity challenges, reduce layoffs, and avoid firm closures and bankruptcies.

As a result of loss of employment opportunities and disruptions to supply chains, economic growth in Uganda slowed down to 3.2% in FY 2019/20 from 6.8% in FY 2018/19 with further uncertainties for FY2020/21. The strain on incomes resulting from the decline in economic activity will devastate workers close to or below the poverty line.

### **3.2 Increased food insecurity**

COVID-19 severely affected accessibility to food, as food supply chains, particularly urban food systems were disrupted during the lockdown period. Although continuous supply of food from countryside to markets was possible, ease to travel to markets by citizens was negatively affected. Moreover, mobile markets that would take food closer to the communities were suspended ultimately reducing food accessibility to many who do not live near food markets. People living in poverty in urban areas, who largely rely on casual jobs in the informal sector, were disproportionately affected due to reduced access to income and high dependence on market purchases. In contexts where shocks lead to food gluts or shortages, food prices are bound to increase, with prices of the most nutritious foods likely to experience the highest spike. UN-Habitat and World Food Program reported food price increases of 8% to 10% in the East Africa region between April 2019 and April 2020, following the start of the

COVID-19 pandemic<sup>4</sup>. A survey by Uganda Bureau of Statistics (UBOS) on consumer price index (CPI) in April 2020, showed an increase in food prices up to 4.8% especially for the staple foods. In particular, the price of maize increased from 32.2% for the year ended March to 37.0% in April 2020. Similarly, the price of rice rose from 0.3% in March to 7.4% in April 2020<sup>5</sup>. Kansiime et al. (2020) found that more than two-third of the participants to their online survey experienced income shocks due to the crisis of Covid-19. The number of people suffering from food insecurity also rose, as the dietary quality worsened. Additionally, having children at home due to the closure of schools is more likely to exacerbate food insecurity because for some students living in poverty, schools are not only a place for learning but also for eating healthily (Van Lancker & Parolin, 2020). Thus, such children lose the benefit of free school meals where such meals are provided (Douglas et al., 2020).

### 3.3 Worsening inequality

Epidemics and economic crises can have a disproportionate impact on certain segments of the population, which can trigger worsening inequality. While men reportedly have a higher fatality rate, women and girls are especially hurt by the resulting economic and social fallout. Globally, 435 million women and girls will be living on less than \$1.90 a day – including 47 million pushed into poverty as a result of COVID-19, by 2021 around (UN Women and UNDP, 2020). Women are losing their livelihoods faster because they are more exposed to hard-hit economic sectors (such as services, informal business) or in occupations that are at the front line of dealing with the pandemic (e.g. nurses). The International Labour Organization estimates that 58.6% of employed women work in the services sector around the world, compared to 45.4% of men. In Uganda, employment in the services sector and agriculture reduced by about 61% and 43% respectively during lockdown compared to manufacturing sector at 27%<sup>6</sup>. Given the nature of employment, women also have less access to social protection and will bear a disproportionate burden in the care economy, in the case of closure of schools or care systems. Unprotected workers, including the self-employed and casual workers, are likely to be disproportionately hit by the virus as they do not have access to paid or sick leave mechanisms, and are less protected by conventional social protection mechanisms and other forms of income smoothing. The existing sex inequalities in economic opportunities, are likely to worsen as observed in previous large-scale health shocks such as the 2014–2016 Ebola epidemic.

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<sup>4</sup> UN-Habitat, & WFP. (2020). Impact of COVID-19 on livelihoods, food security & nutrition in East Africa: Urban focus. Retrieved September 1, 2020, from [https://unhabitat.org/sites/default/files/2020/08/wfp-0000118161\\_1.pdf](https://unhabitat.org/sites/default/files/2020/08/wfp-0000118161_1.pdf)

<sup>5</sup> UBOS (April 2020). Uganda Consumer Price Index April 2020. [https://www.ubos.org/wp-content/uploads/publications/04\\_2020CPI\\_Publication\\_for\\_April\\_2020.pdf](https://www.ubos.org/wp-content/uploads/publications/04_2020CPI_Publication_for_April_2020.pdf)

<sup>6</sup> Sunday, N., Sserunjogi, B., Kahunde, R., & Lakuma, C. P. (2020). *The plight of Micro Small and Medium Enterprises amidst COVID-19: A post lockdown analysis based on Business Climate Survey*. Economic Policy Research Centre, Kampala Uganda.



### 3.4 Disruption of health care and service delivery in other sectors

The COVID-19 pandemic overburdened the healthcare systems due to the need to provide emergency services. As resources are reallocated to respond to the pandemic, this can further disrupt health services unique to the well-being of the populace, in particular those living in poverty who rely on the government's free healthcare programmes. This led to an increase in the number of preventable deaths during the

- The pandemic and subsequent containment measures have disrupted accessibility of SRHR services

lockdown related to childbirth, diseases like malaria and in other health emergencies<sup>7</sup>. Malaria is the leading cause of death in Uganda. In 2019, malaria claimed 4000 lives and infected more than 13 million people. With the movement restrictions during COVID-19, malaria infections were projected to increase by 22% and the number of deaths to double, as the supply of critical materials for malaria control also suffered disruptions. Although data and studies are still limited, early evidence indicates that COVID-19 has both direct and indirect effects on maternal and child mortality, with some estimates as high as 56,700 additional maternal deaths. A UN Women survey (2020) in Uganda showed that 57% of the respondents could not access healthcare services due to COVID-19 restrictions or fear of contracting the disease<sup>8</sup>.

In the same vein, access to family planning and other sexual and reproductive health rights (SRHR) services has been compromised. The ability to realize SRHR is critical for the health and well-being of all women and girls. The diversion of attention and critical resources away from these provisions may result in exacerbated maternal and child mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases. Projections from UNFPA suggest lack of access to modern contraceptives for 47 million women could result in up to 7 million unintended pregnancies if the lockdown continued for six months<sup>9</sup>. An online survey of Ugandan youth in 2020 showed that 28% of the respondents did not receive any information and/or education concerning sexual and reproductive health (SRH), while 27% did not receive testing and treatment services of sexually transmitted infections during the lockdown. Lack of transport means was the commonest (68.7%) limiting factor to access to SRH services during the lockdown followed by the long distance from home to health facility where to get the services (55.2%), cost of services (42.2%) and curfew (39.1%). This highlights the need for gender responsive public health policies and support systems and systematic tracking and mitigation of violence and discrimination in disease outbreak response.

<sup>7</sup> Development Initiatives. (2020). *Socioeconomic impact of Covid-19 in Uganda: How has the government allocated public expenditure for FY2020/21?* Development Initiatives [www.devinit.org](http://www.devinit.org)

<sup>8</sup> UN-Women (2020). COVID-19 Rapid Gender Assessment: Gendered Perspective. [https://reliefweb.int/sites/reliefweb.int/files/resources/uganda\\_rga\\_full\\_report.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/uganda_rga_full_report.pdf)

<sup>9</sup> UNFPA, 27 April 2020, Interim technical note, [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

### **3.5 Limited access to hand hygiene and sanitation**

As the world grapples with the COVID-19 pandemic, countries, including Uganda, have adopted various measures to prevent its spread. Regular handwashing with water and soap has been promoted as one of the essential precautionary measures that the public should take to prevent the spread of the virus. But regular handwashing requires regular access to and availability of clean water. In Uganda, clean water supply remains a challenge in rural areas. At least 8 million Ugandans lack access to safe water and 27 million do not have access to improved sanitation facilities<sup>10</sup>. In addition to being a country-wide health problem, the sanitation crisis in Uganda can damage the dignity and confidence of families, especially women and girls who are disproportionately affected by a lack of basic sanitation, affecting their personal sexual and reproductive health and menstrual hygiene, dignity, and safety. The COVID-19 crisis further worsens the situation in particular for those who already face these challenges due to lack of access to clean water and private toilets. Such challenges associated with accessing water do not only make the fight to combat pandemics like the corona virus hard, but they also keep these vulnerable groups in a cycle of poverty<sup>11</sup>.

### **3.6 Loss of human capital**

The lockdown measures in response to COVID-19 have led to school closures around the world, leaving an estimated 1.54 billion young people out of school. In Uganda, over 15 million learners were sent home. Uganda was ranked among the top 20 countries with the highest number of days of full school closures between March 2020 and February 2021. Data from the UNESCO Global Monitoring of School Closures Caused by COVID-19 Pandemic report (2021) highlights that children in Uganda missed 149 school days during the lockdown in 2020. While online learning was fronted as an alternative approach, more than a third of children in Uganda had no access to remote education, due largely to lack of internet access, computers, or other mobile devices<sup>12</sup>. The government of Uganda announced a plan to distribute radios as learning devices to the most vulnerable children, however, this was not implemented at all.

Behind the missed school days also lays a bigger challenge for the country's school children beyond education. When schools close, children are at risk with marginalized ones paying a heavier price, and many face the risk of never attending school again. Closures of educational institutions hamper the provision of essential services to children and communities, including access to nutritious food, affect the ability of many parents to work, and increase risks of violence against women and girls. Across Uganda, cases of child transactional sex, early marriage, child pregnancies, and child recruitment and trafficking as a result of the pandemic were reported, further worsening the plight of children. Media reports and household surveys

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<sup>10</sup> <https://water.org/our-impact/where-we-work/uganda/>

<sup>11</sup> <https://thewaterproject.org/why-water/poverty>

<sup>12</sup> [https://www.hrw.org/report/2021/05/26/i-must-work-eat/covid-19-poverty-and-child-labor-ghana-nepal-and-uganda#\\_ftn4](https://www.hrw.org/report/2021/05/26/i-must-work-eat/covid-19-poverty-and-child-labor-ghana-nepal-and-uganda#_ftn4)

during the COVID-19 pandemic indicated that between March 2020 and June 2021, there was a 22.5% increase in pregnancy among girls aged 10-24 years seeking first antenatal care from 80,653 to 98,810. In Moroto alone, at least 6000 cases of teenage pregnancies were reported during lockdown, while in Kitgum at least 2,300 schoolgirls conceived and 128 were married. UNHCR (2020) survey in Kampala shows a 21% increase in teenage pregnancies and 18% in child marriages, leading to school dropout and other devastating health and social consequences for girls<sup>13</sup>. The increase in teenage pregnancies registered during COVID-19 has implications for healthcare and the aspirations of the adolescents affected. Early sexual activity and adolescent pregnancies are associated with a higher risk of contracting sexually transmitted infections—especially HIV/AIDS and a likelihood of death due to childbirth complications, all of which can be worsened by lack of critical care occasioned by the pandemic.

Thus COVID-19 is exacerbating pre-existing education disparities by reducing the opportunities for many of the most vulnerable children, youth, and adults – those living in poor or rural areas, girls, refugees, persons with disabilities and forcibly displaced persons to continue their learning. Learning losses also threaten to extend beyond this generation and erase decades of progress, not least in support of girls and young women’s educational access and retention. The loss of this time in education will hit the poorest and most vulnerable the hardest, as education has been identified as a key variable in reducing vulnerability to poverty and increasing household resilience to shock (UNDP-Uganda, 2020).

### **3.7 A marked increase in sexual and gender-based violence**

Sexual and gender based violence (SGBV) is one of the most widespread human rights abuses worldwide, affecting one third of all women in their lifetime. This includes 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. SGBV exists because of the social-cultural differences in power between males and females, including perceptions of male sexual entitlement. In Uganda, women and girls are more than twice as likely to experience sexual violence as men (Uganda Demographic Health Survey 2016).

The Government lockdown measures instituted to contain COVID-19 demanded persons to stay home, away from work or community interactions which increased SGBV. In Uganda, 22% of women experienced sexual violence during the lockdown and at least 3,280 cases of gender-based violence were recorded within the first 5 months of the lockdown, of which

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<sup>13</sup> <https://www.unhcr.org/afr/news/press/2020/12/5fc7a6694/inter-agency-report-refugee-women-and-girls-in-uganda-disproportionately.html>

1,967 cases of violence were against children<sup>14</sup>. Of the cases, girls made up 1,201 compared to boys at 766. The Uganda Police Report, showed that 6,888 children were defiled by end of June 2020, of whom, 6,805 were female and 83 were male. At least 88% of GBV perpetrators were close relatives including spouses, parents, and other relatives<sup>15</sup>. Although reported cases represent only a fraction of the actual number of GBV incidents, available data suggests that cases are rising. In other countries, reported cases of GBV increased by 30% in France, 25% in Argentina, 30% in Cyprus, and 33% in Singapore since the start of the pandemic. In Nigeria there was a 149% monthly increase in reports of GBV cases following the introduction of lockdowns at the end of March 2020, while there was a significant spike in sexual offenses in Kenya in early April 2020. This has therefore been dubbed as the “the shadow epidemic” alongside the COVID-19.

In the six months before COVID-19, 17,702 women reported for post-rape care and 3274 received PEP. During COVID-19, 22,013 women sought post-rape care and 3,348 received PEP in six months. This represents a 24% increase in post-rape reports during the pandemic and an 18% reduction in PEP uptake. The odds of receiving PEP during COVID-19 were 0.79 times lower (95% confidence interval, 0.75-0.83) compared to before. Over 50% of the post-rape care reported during COVID-19 was done after the recommended 72 hours, with lockdown being cited for the delay in seeking care. In the six months before COVID-19, 593 girls under the age of 18 reported sexual violence compared to 860 girls in six months during COVID-19. The odds of reporting sexual violence were 1.3 times higher (CI 95%, 1.12-1.51) during COVID-19 compared to the preceding six months. There was also a 17% increase in reported teen pregnancy during the pandemic; however, this was not statistically significant.<sup>16</sup>

- 1/3 of women globally suffer from SGBV
- 22% of women in Uganda experienced SGBV during lockdown
- 1,967 SGBV reported cases against children, girls made up 61%.
- Women and girls who face multiple forms of discrimination can face a higher risk of violence

As women lose incomes as a result of Covid-19 and become more domesticated, they also become more vulnerable to underlying inequalities in the country’s socio-economic set-up, of which Gender Based Violence (GBV) or violence against women (VAW) is a primary one of them. Similarly, the lockdowns meant that the victims of SGBV stayed longer with their perpetrators, exacerbating the problem. On the other hand, violence and discrimination resulting from the social-economic disruptions of the epidemic including community violence predominantly by law enforcement and domestic violence due to the long stay-at-home

<sup>14</sup> <https://www.monitor.co.ug/News/National/Covid-19--Fathers-cited-in-violence-against-children/688334-5553214-rawdo5z/index.html>

<sup>15</sup> UN-Women (2020). COVID-19 Rapid Gender Assessment: Gendered Perspective. [https://reliefweb.int/sites/reliefweb.int/files/resources/uganda\\_rga\\_full\\_report.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/uganda_rga_full_report.pdf)

<sup>16</sup> Apondi R et al. [Gender-based violence shadows COVID-19: Increased sexual violence, HIV exposure and teen pregnancy among girls and women in Uganda](#). 11th IAS Conference on HIV Science, abstract OAD0301, 2021.

policies were the most common forms in the COVID-19 epidemic<sup>17</sup>. Other forms of violence were reported occasioned by COVID-19 lockdown. Law enforcement officers perpetrated more than one-third of the reported physical violence in Uganda (Katana et al., 2021). To ensure compliance with COVID-19 preventive measures, heavy deployment of law enforcement officers such as police and local defense forces countrywide was done, and scuffles between the enforcement officers and the public were reported especially during the curfew hours, leading to multiple protection threats.

Similar reports have been published during other health crises globally. For example, during the large Ebola outbreak in West Africa (2014–2015), as response efforts focused on containing the disease, there were reports of increased cases of violence<sup>18</sup>. The accounts of violence were commonly sexual and gender-based violence against women and girls. In Guinea a 4.5% increase in sexual and gender-based violence was reported with twice as many rapes, while Sierra Leone and Liberia recorded more cases of gender-based violence. Thus, COVID-19 is simultaneously threatening efforts to address broader structural gender inequalities and promote peace – key targets of the Sustainable Development Goals – requiring concerted efforts from the government and other stakeholders.

Thus, COVID-19 is simultaneously threatening efforts to address broader structural gender inequalities and promote peace – key targets of the Sustainable Development Goals – requiring concerted efforts from the government and other stakeholders. In recognition of these issues, on April 5th, 2020, United Nations Secretary-General Antonio Guterres called attention to what he described as a “horrifying surge in domestic violence” since the start of COVID-19, and advocated for all governments to “put women's safety first as they respond to the pandemic.”

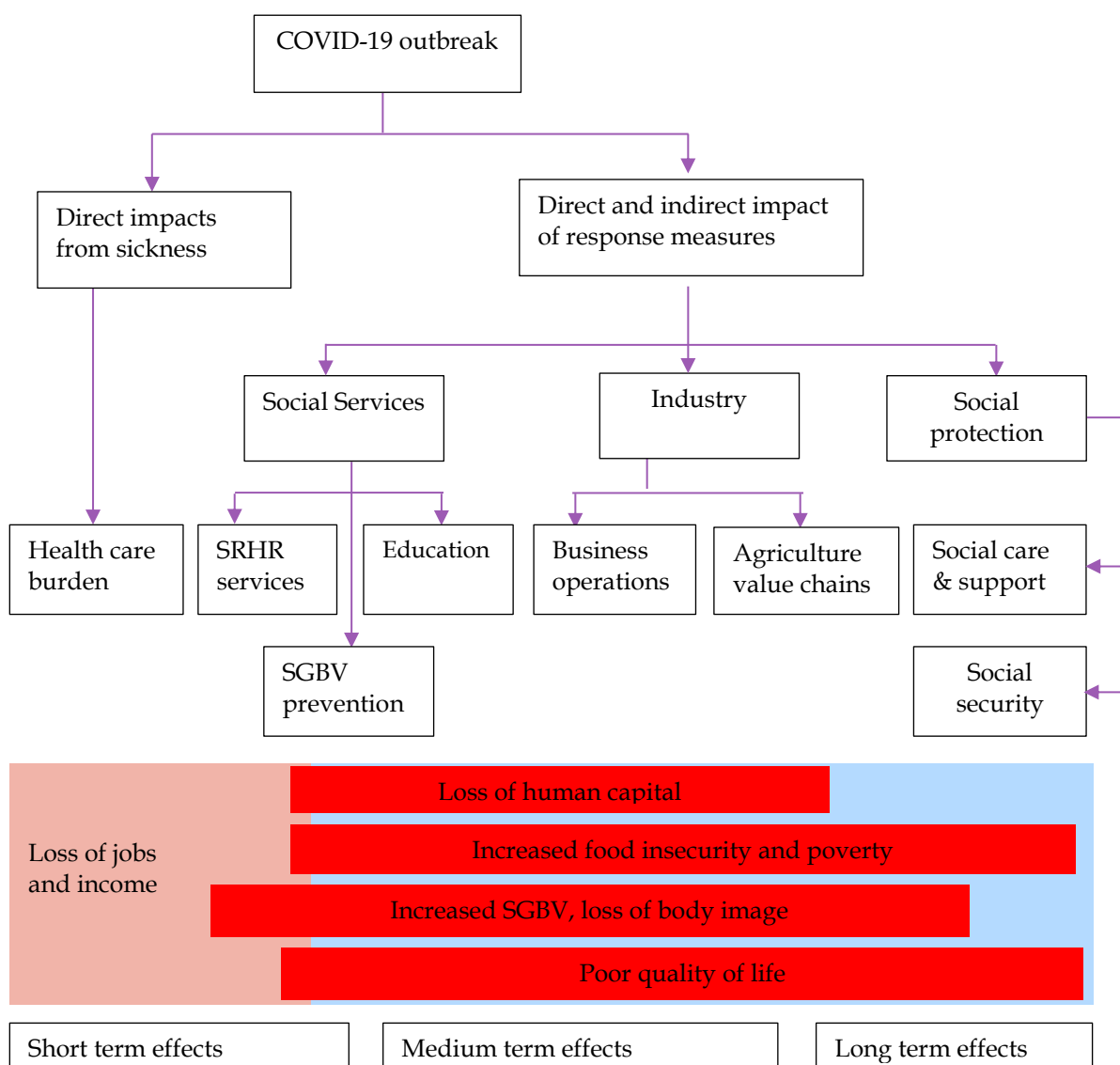
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<sup>17</sup> <https://www.theigc.org/blog/the-shadow-pandemic-gender-based-violence-and-covid-19/>

<sup>18</sup> <https://www.reuters.com/article/us-health-ebola-women-idUSKBN0ME30520150318/>

# Causal factors contributing to aggravated impacts of COVID-19

The COVID-19 outbreak impacted Uganda through several transmission channels. These include the immediate short-term effects, in addition to medium and long-term effects, caused not only by the virus directly but also the indirect effects resulting from the response measures instituted by the government such as lockdown, business closures, and movement and other social restrictions. Figure 1 shows the Channels of potential socioeconomic impact of COVID-19.



**Figure 1:** Channels of potential socioeconomic impact of COVID-19. Adapted and modified from (UNDP-Uganda, 2020)



**Health care burden:** The immediate direct impact of COVID-19 outbreak is the obvious strain on the health sector due to increased demand for hospital services, especially intensive care. While intensive care is being provided, the overwhelming demand has caused a stretch on the available beds across the country. Currently, Uganda has a bed capacity of 3,793 dedicated to manage Covid-19 patients. Of this, 3,100 are standard beds, 475 High Dependency Unit (HDU) beds and 218 are for ICU section<sup>19</sup>. Of these, Mulago National Referral Hospital has the biggest capacity with 600 standard beds, 300 HDU bed and 27 ICU beds. All the regional referral hospitals combined have 900 standard beds, 115 HDU beds and 150 ICU beds. On average, each regional referral hospital has 10 ICU beds, much below the demand, forcing many to send away the excess patients. The fewer number of ICU beds across the country has also been worsened by few personnel trained to operate the facilities and limitations of medical supplied. Given this gap in the public health system, private hospitals were accused of profiteering from the pandemic charging exorbitant prices, while the government negated its primary duty of regulating costs charged by the private sector. The absence of a pre-existing or coordinated system that ensures continuity of essential services such as food and drugs for those with chronic illnesses during an epidemic crisis may lead to further frustrations at both household and community levels, as well as increased police-citizen encounters resulting in increased cases of violence<sup>20</sup>.

**Social services disruptions:** In terms of social effects, the lockdowns have negatively impacted quality of life and has potential to impact human capital development going forward. In the education sector, the impact will be felt by low and average-income households in both public and private schools, given the inability to access innovative educational instructions. Women of reproductive age, children, persons with disabilities, those living with HIV/AIDs, and additional vulnerable and marginalized groups are also at risk of experiencing more impactful shock. This also includes women who may be at greater risk from gender-based violence when in lockdown with abusive partners. Inaccessibility of maternal and child health services to women and children may increase comorbidities.

**Industry disruptions:** The closure of businesses affected millions of Ugandans who depend on them for employment. These sectors are largely informal, employing 90.5% of young people (UNDP-Uganda, 2020). The disruption of food supply chains led to lack of access to food and food price increases. Indications of higher food prices coupled with increased consumption and high dependency levels will certainly lead to bigger socioeconomic impacts, especially for the most vulnerable households.

**Non-responsive social protection:** The Covid-19 and associated containment measures have potential to further send vulnerable families to acute poverty due to lack of employment. The COVID-19 crisis was also exacerbated by natural disasters including floods in most parts of

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<sup>19</sup> <https://www.monitor.co.ug/uganda/news/national/one-icu-bed-for-188-000-ugandans-3469982>

<sup>20</sup> <https://www.dandc.eu/en/article/ugandas-poor-are-struggling-covid-19-lockdown>

the country and locust invasion in Eastern Uganda, leading to an exponential increase in the demand for social protection. Besides, restrictions to contain the spread of the disease saw population groups who are not typically qualifying for cash transfers but are now pushed into poverty, especially in urban areas. The failure of the government social protection program to reach the vulnerable is likely to cause further inequality between rural and urban populations, and exacerbate poverty and vulnerability.

## Community interviews and key informants

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### 5.1 Vulnerability levels and causes

In the two locations; Kyakwanzi and Wakiso, farming and micro/small businesses were considered the primary source of livelihood in the area. Business and off farm activities were more prevalent in Wakiso compared to Kyankwanzi where over 80% of the households were predominantly farmers. According to the respondents in all the FDG 33% of the total households in the communities/villages are categorized as very vulnerable and very poor and that these should qualify for COVID assistance and relief and social support/assistance. The elderly, however, were considered the most vulnerable since they don't have the energy to cultivate land. They mostly lived on remittances from relatives and friends but with COVID-19 this reduced as those that supported them lost jobs and income. COVID-19 increased fear amongst this category as they were the most vulnerable to the disease due to other co-morbidities associated with old age.

### 5.2 COVID-19 impacts/effects

#### *Income loss, poverty*

Respondents indicated that at least 90% of the households lost their income sources due to lockdowns. Women were the most affected since they are largely engaged in micro and small businesses such as selling food stuffs in the road side or restaurants, and selling in the market place, all of which were closed due to lockdown. Lockdowns meant business closure and the business capital was converted into consumption income with limited hope of re-starting the businesses even once the situation normalises. Some of the women who offer farm labour could not access some of the farms due to travel restrictions and hence lost their jobs. Teachers have also suffered due to school closures. The loss of jobs has increased poverty situation and people became net consumers with no income sources. Wives and husbands are competing for the same small jobs that were predominantly for women, in some cases men want to push women out of their small income generating activities.

“Our small businesses and income generating activities have all collapsed because of over expenditure in the home struggling to feed and care for the increased family size. Men can't provide due to loss of jobs. COVID has turned mothers into fathers, providing for the family, men don't want to take care of children and also men and providing for the family. Men and husbands now compete with us in our usual small businesses and they want us to spend all the money we have saved on household needs. They dictate everything in family yet their jobs have been affected due to restrictions in movements.” Women FGD Kiyuni village, Gayaza parish, Kyankwanzi district.

“COVID19 has affected all corners of income generating streams for families. But post covid is likely to be worse than the Covid period because families can't recover from

the losses. We have lost our livelihood, sold property like land to meet medical costs, loans, food and other basic needs at home. Households have eaten all they have. 80% of the households in this area are in that bracket on not recovering or reversing and standing on their own.” FGD participants Gayaza East village, Gayaza parish, Kyankwanzi district.

### *Food Access*

Due to lockdowns, community members indicated that they could not access some of their gardens that are far off. Also, food became very scarce due to breakdown of supply chains; crops were destroyed by pests and diseases since the farmers could not access agro-vet shops, and some farmers missed the planting season since they could not access planting material. This led to subsequent scarcity of food, and increase in prices for some commodities. For example, in Kyankwanzi a kilogram of beans sold at 3,000/= up from 2,000/= before the lockdown, while in Wakiso the cost went to 4,000/= up from 2,800/=. Needless to say, the school closures meant that children were all at home who would normally benefit from school feeding programs, as well as other relatives who had fled from town increasing demand for food on already stressed households. According to the community members, and estimated 90% of the households were affected by lack of food access and women and children suffered the most.

“Besides school going children, we experienced influx of our children and relatives from the city dwellers who returned to the villages when lockdown started making the family size to double or even treble. Besides children and city relatives have not contributed much in terms of labour or work for food because they are too lazy and used to town school or town life. This increased food intake at home and added pressure on the families.” FGD participants Kigaga village, Gayaza parish, Kyankwanzi district.

“We anticipate that food security will still be a problem because we have experienced prolonged drought during the second lockdown unlike the first one. But also, the children have not gone back to school and the cost of seeds for planting for this season is very expensive. The cost maize seed has increased from 5,000 to 9500, we seem to have no choice on the seed quality selection since most of us barely go to town/city to directly buy selected the desired quality seeds, the cost of transport is still high. Many families can’t afford to buy the seed or wont plant enough to recover from the food shortage.” Women FGD in Kigaga village, Gayaza parish, Kyankwanzi district.

### *Access to health and reproductive health rights*

During lockdown to access a medical centre meant you had to go the LC1 and secure a letter to permit you travel to the hospital. However, even with written notice, community members often found themselves in scuffles with security personnel who claimed that they were either not sick or the service being sought was not necessary. On the contra side, some people feared to go to the hospitals because of the increased cases of COVID-19 in hospitals, and the fear to contract the disease. Others especially those with cough feared to be tested or suspected for COVID. Besides, some doctors and health workers were also under lockdown with no means of travelling to the hospitals to administer services.

Women mentioned that in most cases their husbands are not supporting of them accessing family planning services, and as such a majority tend to sneak to access the services. During the lockdowns as men were fully at home, it was not easy for women to leave the house to obtain their routine services. Accessing hospitals and medical centres was also very hard due to closure of public transport services, especially motorbikes (*boda boda*), the most popular transport in rural areas. Girls mentioned the lack of access to sanitary pads since the parents don't work anymore and resources are allocated to issues considered critical e.g. food purchase.

Further, community members mentioned that 5 out of 10 i.e. 50% of the pregnant mothers delivered in the health facilities and 50% at traditional birth attendants for reasons of fear of COVID infection, lack of transport, absence of midwives and nurses among others. This further worsens maternal and child health issues. Notwithstanding, the lockdown was not selective and security agencies could not even tolerate the pregnant mothers. There were reports of enforcement officers brutalizing pregnant mother on *bodaboda*.

### *Sexual and gender-based violence*

Community members indicated that sexual and gender base violence was rampant. At least seven in every 10 homes reported or had an issue of violence. The loss of income, increased household demand for food, and stress associated with lockdowns has caused a lot of fights in homes. The extended periods of men staying at home as opposed to going out to look for work put pressure on relationships as women were heard saying that their husbands have become more quarrelsome. In a women only group, they confessed that in most cases their husbands have chased them away from home, but they were unable to leave or seek shelter anywhere which caused more fights. In fact, it was mentioned that there are many wives who have been waiting for relaxation of lockdown to divorce or separate (*okunoba*) from their husbands. During lockdown most women who experienced physical and or sexual violence had to persevere because they could not run away from their husbands for safe custody in their homes due to lack of transport and curfew. Women have suffered more than men; 62.5% of the women and girls in Kyankwanzi (75%) and Wakiso (50%) experienced some form of physical and sexual violence under the lockdown.

“Before COVID most men’s workplaces were far away from home especially those who had work away from home and those involved in small trades. But now that they are at home, they have become very rude to us especially when asking for domestic essential items. They can no longer provide due to lack of income and respond bitterly whenever approached.” Women FGD in Kasengeje village, Kasengeje parish, Wakiso district.

Further, women are experiencing frequent fights at home as a result of constant blame that is inflicted on them by men blaming them for failure of looking after girl children, exposing them to early pregnancies. Drug abuse and addiction was also considered to be on the rise in this community due to the fact that most youth both male and female are idle and have nothing to do in the village.

District and local offices that deal with domestic related cases were closed and many affected women had nowhere to go for support, to date these officers are working on rotation basis and sometimes not open. So this is still a big challenge because the family courts at local level are overwhelmed by instances of physical and sexual violence.

### *Child education*

Many children are home and not going to school since schools closed, and children are now making money in the villages some selling sweet bananas, and others are into brick laying. Community members expressed concern that children might not return to school after engaging in income generating activities, and others feel they have outgrown the classes they are supposed to report back to. Two years of missing studies without any educational orientation for the children was considered a key challenge and therefore a need for the government and other actors to invest in vocational education and short trades that can help the children and youth get practical skills to start life. Vocational education offers the best alternative to COVID-19 recovery as it gives functional skills necessary for the youth to survive amidst shock. At the local level, youth can also be engaged in sports activities especially during evening to keep busy mentally and physically.

On the side of the parents, they also feel less prepared to take their children to school since they don’t have school fees, due to loss of income. Some of the girls of school going age have gotten pregnant and some have gone with the men who impregnated them, with less chance of returning to school.

“Most of our children have lost hope especially during this second phase, in the first lockdown, our children were patient but they lost a year. But now many have grown into adolescents, they eat a lot home as opposed to the food intake at school,



so they feel grown with less desire to go back to school.” Women FGD in Kigaga village, Gayaza parish, Kyankwanzi district.

### *Child abuse and Exploitation*

Community members indicated that at least 40% of children in their community have been affected by abuse and exploitation. It was a general feeling that some parents have relegated their duties and children are usually found roaming in the villages. There are also instances of children working in gardens and other work which has increased the child labour in the village. Some families use child labour as a coping mechanism where they don't have casual labourers that were lockdown and went back to their homes, or as a way of working with their children to avoid idleness that can result into bad vices that include sexual, early pregnancies and marriages, drug abuse among others. For some homes that are experience pressure to feed large families, resort to engaging children into hard labour hoping that food production will increase to balance both the intake and income demands. In Wakiso, defilement was particularly mentioned as a key challenge during lockdown.

## **5.3 Social Assistance**

Community members in Kyankwazi all mentioned that they did not receive assistance from any sources during the COVID-19 pandemic. The definition of vulnerability did not apply to the surveyed villages in Kyankwanzi. Even the masks did not reach more than 30% of the population in this area. In Wakiso on the other hand, community members mentioned that some households for elderly people received some food relief. In Senge and Kansengeje Parishes, they mentioned 15 households that received food items. However, challenges in food distribution were notes as the LC1 personnel did not have means to ensure distribution and instead invited the potential beneficiaries to pick the food.

## **5.4 Recommendations from community interviews**

While households tried to cope with the COVID-19 shock, they indicated that post COVID-19 is likely to be worse than during the lockdown because families can't recover what they have lost. Households lost livelihoods, sold property like land to meet medical costs, pay loans, food and other basic needs at home. Households have eaten all they have comparing them to a lantern which when there is no paraffin resort to burning the wick i.e. burning itself. 80% of the households are in this bracket. The following recommendations were made to ensure preservation and resilience of livelihoods in the immediate and long term.

### *Prevention:*

- The government should build food store or reserves in communities so that there is food available in times of pandemics and other shocks
- Extension services and access to production inputs should be made easily accessible at local level for farming activities to continue uninterrupted.

### *Management and recovery:*

- Government should provide seed and essential inputs for farmers to recover their agricultural activities.
- Reduction on taxed especially for consumer goods to help smooth consumption.
- Provision of capital and stimulus packages to restart or resuscitate businesses affected by COVID-19.
- Children affected by sexual abuse with limited chances of returning to schools should be provided psychosocial support and provided necessary life skills.
- Teachers and caregivers should be trained on how to provide support to children as they return to school after the lockdowns, in particular re-orienting them to learning environment.
- Sensitization of people on prevention of domestic violence, involving men as change agents.

### *Resilience*

- Skilling projects should be created to help the youth create jobs
- Implement poverty eradication projects such as farming that can help each house hold with food stuff
- Government should empower the LC1 system in order to function and service the community members.

# Social protection policies and strategies

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## 6.1 Social protection policies and strategies

### **Vision 2040**

Social protection encompasses measures aimed at reducing lifelong suffering of individuals. Social protection directly impacts on poverty reduction, supports excluded citizens to access services, provides a foundation on which to build productive livelihoods, and enables citizens to live a life of security and dignity. Social protection empowers citizens to participate fully in the economy, which in turn has positive implications for economic growth and recovery. In Uganda, social protection is a critical component the Government 's national development strategy for inclusive socio-economic transformation.

Uganda's Vision 2040 and its attendant National Development Plan III (NDP III) outline Government's commitment to expand social protection as a strategic tool for reducing poverty and vulnerability, enhancing household resilience to shocks and supporting human capital development for sustainable and inclusive growth. As Uganda aspires to see her citizens enjoying a high-quality standard of living, it will focus on improving; the quality of its population, health and nutrition status, literacy and numeracy, housing, water and sanitation conditions and provision of social protection for the citizenry. The mechanisms spelled out include the universal pension for every citizen above the age of 65 years; assistance to the orphaned children, the disabled and the destitute. For the vulnerable youth and other able-bodied persons, it is envisaged that social protection interventions will be channelled through public works schemes.

### **National Development Plan III (NDP III)**

In January 2020, the government of Uganda presented its third national development plan which will be implemented between fiscal years 2020/21 and 2024/25. The main objective of the plan is to "increase average household incomes and improve the quality of life" for Ugandans (NDP III, NPA, 2020, page xiv). The government identified the agriculture, tourism, oil and gas, and knowledge sectors as the sectors with the highest potential to generate employment. It will therefore invest most in these sectors and will continue to invest in infrastructure to make the Ugandan business climate more competitive. Investments will also target increased connectivity for those areas that are still disconnected. The plan recognises the need improve the wellbeing and productivity of the population by improving the quality of education and health service delivery; reforming vocational education; and increasing social protection through initiatives like health insurance schemes.

## **Uganda National Social Protection Policy (NSPP)**

The 2015 Uganda National Social Protection Policy (NSPP) defines social protection as public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives. The policy categorises social protection into two pillars; (i) protective and preventive interventions to mitigate factors that lead to income shocks and affect consumption. It is comprised of: Direct income support (variously referred to as social assistance) - non-contributory regular, predictable cash and in-kind transfers that provide relief from deprivation to the most vulnerable individuals and households. Social insurance - contributory arrangements to mitigate livelihood risks and shocks such as retirement, loss of employment, work-related disability and ill-health and (ii) Social care and support services- a range of services that provide care, support, protection and empowerment to vulnerable individuals who are unable to fully care for themselves. These mechanisms are aimed at increasing resilience of Ugandans and ensuring adequate access to nutrition, health care, housing and education of the most vulnerable members of the communities.

## **6.2 Illustrative fiscal social protection responses for COVID-19**

Amidst COVID-19 pandemic, the Ugandan government rapidly mobilized to respond to the pandemic in early March 2020. Uganda undertook stringent mitigation measures including closing places of worship and nonessential workplaces and restricting and/or banning travel within the country and across international borders in efforts to reduce transmissions and improve the health system's response in the management of the pandemic<sup>21</sup>. The government's response included the quick development of institutional arrangements, rapid pooling and allocation of funds, and the development of operational guidance to health system stakeholders on how to respond. The rapid spread of the disease led the government to institute tough lockdown measures putting demand on the need to provide social protection services to vulnerable populations. According to the Oxford COVID-19 Government Response Tracker, Uganda was rated above 90% stringency level on the range of measures instituted to tackle the COVID-19 outbreak.

A supplementary budget of UGX 304 billion was approved by the Parliament of Uganda to facilitate an immediate response to Covid-19. The budget was then distributed across multiple sectors, including health (UGX 82.6 billion), security (UGX 81.5 billion), Office of the Prime Minister's disaster management (UGX 59.4 billion), local governments (UGX 36.1 billion), Kampala City Council Authority (UGX 30 billion) and the Information Communication Technology (ICT) ministry (UGX 14 billion). UGX 10 billion was allocated to members of parliament. In addition, the government launched a call to the public to support its efforts to fight the disease. This call for public support saw different stakeholders including corporate and individual well wishers, religious leaders, community groups, cultural

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<sup>21</sup> Hale, T., et al., Oxford covid-19 government response tracker. Blavatnik School of Government, 2020. 25.

institutions and other groups weighing in to donate money, equipment and food portions to cater for vulnerable groups of people.

Just a few days before the end of FY2019/20, the Ugandan parliament passed an additional UGX 1.08 trillion in supplementary funding to the government. Of this the Ministry of Finance was allocated UGX 455 billion to finance the Uganda Development Bank (UDB), UGX 223 billion was earmarked for clearance of domestic arrears, and UGX 105 billion was allocated to social protection. The allocation for social protection included:

- UGX 10 billion to agriculture to enhance households' capacity for food security
- UGX 45 billion to support social services infrastructure such as schools, health units and water points that serve vulnerable communities
- UGX 50 billion for transfer to the microfinance support centre to support SMEs

Subsequently, the 2020/2021 budget identified a series of other financial measures aimed at mitigating the impacts of COVID-19 on various sectors of the economy (Table 1). The financial measures include economic stimulus packages for SMEs, tax relief and investment in the national Youth Livelihood Fund (YLF), Women Entrepreneurship Fund, the 'Emyooga' Talent Support scheme, and National Agricultural Advisory Services (NAADS) in order to create more jobs and keep young people in employment.

**Table 1: FY2020/21 budget provisions for social protection measures**

Sector	Activity	Allocation (UGX billion)
Employment	• Enhance the provision of improved agricultural inputs using NAADS e-Voucher Scheme to farmers	300
	• Job creation for vulnerable able-bodied persons affected by Covid-19 through expanding labour intensive public works in urban and peri-urban areas	130
	• Seed capital to organised special interest groups under the Youth Fund, Women Entrepreneurship Fund and the 'Emyooga' Talent Support scheme	256
Social welfare	• Government relief aid in response to Covid-19 and other disasters	45
	• Allocation to Social Assistance Grant for the Elderly (SAGE)	107
Business	• Credit facility to small and medium enterprises (SMEs) through SACCOs and Micro Finance Institutions	94
	• Increase access to credit at Uganda Development Bank to offer low interest financing	1,045
	• Funding to Uganda Development Corporation for public-private partnership investments	138
	• Arrears owed by Government to private sector firms	673
	• Waive interest on tax arrears	50
	• Corporate income tax payment deferral	13.88
	• PAYE tax payment deferral for businesses facing hardships	65.35
	• Payment of outstanding value added tax (VAT) refunds	120.53
<b>Total</b>		<b>3,037.76</b>

Source: Data obtained and organised from Uganda Budget Speech Financial Year 2020/21

Amid a devastating new wave of COVID-19 in June 2021, the President of Uganda HE Yoweri Museveni announced a national lockdown for at least 42 days on 18 June. A few days later, Prime Minister Rt. Hon. Robinah Nabbanja announced that the government would provide emergency cash transfers to the most vulnerable during this health crisis. The government announced that it had put aside UGX54.7 billion to be shared among 16 vulnerable groups including bus, taxi drivers and conductors, boda boda riders, salon operators, slum dwellers, orphans, and vulnerable children. Others earmarked to benefit from the relief package included baggage carriers, wheelbarrow pushers and touts in taxi and bus terminals, bar attendants, deejays, gym workers and bouncers, waiters, waitresses and cooks, food vendors, teachers at private schools and those not on government payroll, car washers, street vendors and shoe shiners. Other categories included special hire drivers, artistes (musicians, producers, comedians and promoters).

### 6.3 Unequal targeting of social protection and covid-19 response

During the COVID-19 pandemic, the concept of social protection was brought under more scrutiny as measures to support the vulnerable people and those who lost their livelihoods due to the pandemic were not immediately apparent. Similarly, the contributory social security scheme - the National Social Security Fund (NSSF) - was put under scrutiny as a cross section of workers continued to call for midterm access of their savings, with the argument that it was necessary to cushion them from the effects of the COVID-19 pandemic. In response, the government of Uganda April 2020, announced credit relief measures to mitigate the adverse effects of the COVID-19 pandemic, with a key focus on the formal sector. Among the measures put in place were;

- 8 million Ugandans live below poverty line
- 1.5 million vulnerable people targeted with COVID-19 relief programmes
- 3.3 million Ugandans fell into poverty due to COVID-19
- UGX 152 billion allocated for social welfare in 2020/21 budget
- Ability of Covid-19 impact mitigation measures to make a positive impact on vulnerable people is unclear, as many of these measures do not directly target them due to lack of registration records.

- (i) Financial relief for businesses including repayment holidays, debt relief of up 12 months, stimulus packages for businesses, and reduction of the central bank lending rate from 9% to 8%, among others, in a bid to ensure adequate access to credit and promote the normal functioning of financial markets (BoU, 2020);
- (ii) Food relief targeting households in Kampala, Wakiso and Mukono districts who live on wage income. Each member of the household was apportioned six kilograms of posho and three kilograms of beans<sup>22</sup>. Special consideration was given to the elderly, sick, and pregnant women who were each apportioned additional nutritious foods

<sup>22</sup> <https://www.ubos.org/ubos-covid-19-bulletin/>

including 2kgs of powdered milk, 2kgs of sugar, and salt<sup>23</sup>. The food distribution efforts however, brought out glaring weaknesses in government's ability to identify who needs assistance and how to get it to them. According to the government report, Shs 60 billion was spent to fund food distribution to 683,000 households covering 1.9 million persons.

- (iii) Direct cash transfers to vulnerable people (second wave) targeting 501,197 households, and each allocated at least Shs100,000. According to the breakdown, beneficiaries are supposed to use Shs80,000 to buy 20 kilogrammes of maize flour, 10 kilogrammes of beans, one bar of soap and three litres of cooking oil. The balance of Shs20,000 would be spent on other essential items. On 8 July, cash transfers started to be distributed, primarily via mobile money accounts and tied emergency cash transfers to the dysfunctional national digital ID, colloquially referred to as *Ndaga Muntu*.

Implementation challenges notwithstanding that saw a majority of targeted people not benefit from the government relief programs, the ability of the social protection programs to directly benefit people living in poverty remained unclear. The food relief did not only fail to reach all targeted households, it was also not enough to last households through the lockdown period. Financial waivers and economic stimulus packages targeted the formal sector with the majority of the populace in the informal sector not able to benefit.

With over 8.3 million Ugandans (19.7%) living below the national poverty line, the government targeting of 1.5 million vulnerable people under the Covid-19 relief programmes meant that the majority of people who needed relief were not reached. More than 7.5 million Ugandans who can hardly earn or spend Shs3,500 per day missed the government Covid-19 relief food and cash, according to analysis of the figures from UBOS. Needless to mention those who were pushed into poverty by the pandemic, necessitating the government to expand coverage even to those population groups.

## 6.4 Structural and governance gaps

The various budgetary allocations for COVID-19 response were in effect loans and grants from various sources as well as donations from citizens and well-wishers to address the effects of the pandemic, especially to support the health facilities and also rescue the economy from the brink of collapse. A monitoring report by Uganda Debt Network (UDN), Anti-Corruption Coalition Uganda, Action Aid, and Transparency International Uganda, however, showed that utilisation of Covid-19 funds was marred with gross irregularities, poor planning and dubious contract signings, an independent assessment report by accountability agencies has revealed<sup>24</sup>. For example, the sleeper tents procured for the National Quarantine Centre at

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<sup>23</sup> [http://www.xinhuanet.com/english/2020-04/04/c\\_138947580.htm](http://www.xinhuanet.com/english/2020-04/04/c_138947580.htm)

<sup>24</sup> <https://www.monitor.co.ug/uganda/news/national/prosecute-thieves-of-covid-19-cash-report-3231244>



Namboole Stadium were blown away by wind and could not be utilised by end of August, despite the rising numbers of Covid-19 infections.

At the local level, the relief food received was less than the number of registered vulnerable persons which in most cases resulted in conflict and loss of confidence in local leadership. Relatedly, the local structures were not empowered enough to participate in the COVID-19 response and decisions. Interviews with communities pointed to the rudimentary role of LCs during the pandemic to the extent that even authorisation to travel by local councils were disregarded by security agencies. Voice and role of LCs was not clear and yet these are the people closer to and first contact for local communities. Similarly, there was a mentioned inability of District Task Forces to support their communities in regards to socio-economic issues as a structure. They face a myriad of challenges most of which revolve around funding. There is therefore need to empower these powerful yet not so fully functioning structures to participate in curbing some of these socio-economic issues faced by communities especially during pandemics and other emergencies.

## **6.5 Policy gaps**

Social protection provision in Uganda is anchored in the NSPP, and interventions are designed based on its provisions. Recognising that women, children, and persons with disabilities are disproportionately affected by Covid-19, there should have been important aspects of social protection specifically targeting them, which was not the case due to policy rigidities and inadequacies. The glaring gap in the National Social Protection Policy with regards to the development of Social Care and Support pillar, creates a gender and equity gap in social protection provisioning (Akina Mama Wa Africa, 2020). The lack of a reliable social registration and identification systems, and data about vulnerable groups and informal workers was a key challenge to the delivery of the relief during COVID-19. This is coupled with the insufficiency of interventions that were proposed for COVID-19 response. The informal sector is also not well covered in other social insurance schemes such as work man's compensation which puts such workers at risk.

## Recommendations

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### 7.1 Advancing inclusive and gender-responsive social protection for productive livelihoods

#### Review labour and social protection policies

There is need for the government to create coherence between employment and social protection frameworks, to cater for both the formal and the informal sector. In particular, informal workers should also benefit from policies and laws such as the Employment Act, the Workman Compensation Act, the Occupational Safety and Health Act, and the National Social Security Fund Act among others.

#### Unemployment protection

There is also need to strengthen provisions on contracting for all kinds of workers, formal or informal, and stipulate the benefits on termination of the employer-employee relationship, including job losses occasioned by a pandemic or emergencies. This can include; providing one-off emergency payments to laid-off workers; measures to facilitate access to employment services, such as skills development; and active labour market policies to support jobseekers in finding a new job.

#### Gender responsive social assistance

Social assistance is a non-contributory transfer in cash, vouchers, or in-kind assistance to individuals or households in need. There is a need to expand coverage of gender-responsive social assistance and 'cash plus' measures, recognising their importance to enabling a gender-transformative economic recovery. Universal direct income support program should be designed targeting a wide range of beneficiaries including children, women, persons with severe disability and those pushed into poverty due to pandemics. The programs can offer different packages that address the immediate, medium- and long-term vulnerabilities of the populace. This will ensure individual and household-level economic and financial inclusion, and play a role in reducing the severity of the impact of future crises.

#### Enhance social insurance packages

Related to the need for policy review, social protection should aim to prevent job losses or support those who lost their jobs. Social security and insurance schemes should be expanded to include compensation for job loss occasioned by emergencies. In particular, the NSSF should design packages responsive to members' economic situations in terms of crisis. Similarly, work man's compensations should consider compensation of members forced out of job by a pandemic or other emergency.

### **Increasing skills and productivity for women entrepreneurs**

Increasing the productivity of women owned enterprises through through increasing access to gender-sensitive business development support (BDS) services is one way of increasing resilience of businesses, contributing to livelihoods. An integrated, incremental approach to increasing formality of women-owned enterprises which focuses on increased engagement with the formal sector and extending protection and opportunity to women-owned enterprises will reach more enterprises than focusing solely on increasing formal registration. Skilling through business incubation and business hubs as well as through local TVET centres can offer flexible accredited technical and business training to adults.

### **Enhanced vulnerability data collection and registration systems**

More data are needed to understand the full impact of COVID-19 and guide policy and practice on social protection. As the COVID-19 pandemic lays bare gender and other inequalities, the limited availability of data is leaving many questions unanswered. The disaggregation of impact data by sex, age and socio-economic characteristics is vital to understanding the pandemic's differential impacts, and planning social protection support. It is also critical that the government starts collecting and monitoring data on key vulnerabilities and households under stress to better plan budgeting and allocation of support services to ensure the most deserving are reached.

### **Strengthen local governance structures to address emergencies and associated risks**

Local governance structures should be empowered to participate in decision making, planning and response to emergencies and associated risks such as SGBV. Local registration systems and community profiling starting at LC level should be upheld as a starting point for social registration system.

## **7.2 Strengthening efforts to prevent and respond to sexual and gender-based violence**

### **Prevention services for SGBV**

In light of the gendered dimensions of the COVID-19 pandemic, an integrated and context specific SGBV prevention approach should be implemented to address the root causes. Measures to protect women from violence must be a standard part of government responses to the pandemic, as well as longer-term recovery packages. Prevention approaches may include; community awareness, engaging with men and boys, promotion of women's economic empowerment, as well as other efforts to change harmful social norms. Government should also ensure shelters stay open as essential services, or repurpose unused spaces to provide shelter to women and girls who are forced to leave their homes to escape abuse.

### **Response services for SGBV**

In cases of SGBV, it is important to ensure survivors' safe access to support services and emergency measures essential response services, but it has been curtailed amid lockdowns. These include; legal assistance and judicial remedies, case management, temporary shelter, and urgent medical care. Specific efforts should be made for school health and protection services to connect learners with services dedicated to providing psychosocial and legal support. Community leaders, parents, caregivers and teachers should receive appropriate training to manage confidential discussions with children who have been affected by SGBV.

### **Supporting psychosocial wellbeing of victims of SGBV**

Providing mental and psychosocial support to survivors of SGBV should be prioritized by the government and all actors in order to address issues of trauma or other psychosocial needs that emerge through the pandemic. Efforts to address stigma related to COVID-19 will need to be highlighted, including focussing on racially-motivated stigma and those who have been affected, or have cared for people with COVID-19, a role notably taken on by girls and women.

### **Safe space for women and girls in school and out of school**

There should also be establishment safe spaces and child-friendly reporting mechanisms. Ensuring protection from physical, psychological and sexual violence remains a critical part of providing a safe and gender-responsive environment for women and girls, including those in school. Community-level and school-level policies on preventing and responding to all forms of violence must be established or revitalised in light of the new challenges posed by COVID-19, using national policies as a guide.

## **7.3 Safeguarding women and girls' sexual and reproductive health rights**

### **Develop a coordinated system that ensures continuity of essential services**

There is need to make provisions for standard health services to be continued even during emergencies and health crises, especially for sexual and reproductive health care and necessary infection control measures. HIV treatment access needs to be maintained with no interruptions, as well as prevention of mother to child transmission of HIV.

### **Gender and rights-based advocacy**

Develop and promote a shared advocacy agenda for a gender and rights-based approach to SRH and WASH, and a supportive enabling environment, including policies that answer to women's and girls' menstrual health needs during emergencies. The advocacy agenda should involve representation of women in planning and decision making. Beyond individual women, women's organizations who are often on the front line of response in communities should also be represented and supported.

### **Investment in public health infrastructure**

Investing in core public health infrastructure, including water and sanitation systems is one of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings. Good WASH practices, that are consistently applied, serve as barriers to human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools, and other public spaces. Rapid and low-cost water service and sanitation provision for communities, health care facilities, and schools is critical to enable handwashing, hygiene, and disinfection.

### **Behavior change communication**

Promotion of communication and preparedness related to handwashing and safe water practices to help increase the frequency and improve the practice of critical hygiene behaviours. Concomitantly, provision of access to comprehensive information as well as services can improve menstrual health by women and girls. This should take an integrated approach that combines holistic sexuality and menstrual health education, access to gender-sensitive WASH facilities, access to hygiene products, and including a range of menstrual products.

## **7.1 Enhancing opportunities for continued learning and recovering learning loss**

### **Scale up remote learning**

In the event that schools are still closed, government and partners must scale up remote learning opportunities for all children while at the same time working to ensure that all protocols necessary for safe reopening of schools are put in place.

### **Scale up vaccination coverage for teachers**

There is urgent need to suppress transmission of the virus to control national or local outbreaks including the school environment. Government should continue prioritizing the vaccination of teachers and to provide the necessary support in terms of human and financial resources for the urgent vaccination of the teaching and non-teaching staff and learners at specific venues and for implementation and monitoring of standard operating procedures in schools/ education institutions.

### **Support implementation of SOPs for schools**

There is urgent need to equip schools with the resources and the support required to meet the standard operating procedures (SOPs). The timely release of per capita grants for Universal Primary Education (UPE) and Universal Secondary Education (USE) will be critical. Members of Parliament and other political leaders should use their new mandate handed to them

during the recently concluded elections to ensure that funding for schools is in place for continued learning.

### **Enhance teacher capacity to provide psycho-social support arising from CoVID19**

Institute training programs for teachers to provide the necessary psycho-social support arising from CoVID19, as well as management of other cases such as those of SGBV for school going children. As the schools' resume, they should be able to provide safe spaces for children who have suffered from SGBV and other violations.

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