

COVID-19 Gender-Based Violence Policy Tracker

Policy Briefing Paper: Uganda

Working Paper # 2

The Policy Briefing Papers in this series are a set of Working Papers. They are authored by volunteers and have benefited from a network of scholars, anchored by Merike Blofield (GIGA) and coordinated by Asma Khalifa (GIGA)*, and provide a strategic input to the Lancet Commission on Gender-Based Violence and Maltreatment of Young People, co-chaired by Flavia Bustreo and Felicia Knaul.

The Working Papers were developed as a resource for policy-makers, advocates and scholars, to explore and assess key policy responses enacted following the onset of the COVID-19 pandemic and to support the formulation of policy recommendations to better address GBV in the future.

The Working Papers are not peer-reviewed, do not represent the views of the respective institutions or the Lancet Commission, and are not meant to provide a comprehensive or systematic analysis.

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The Scope of the Policy Briefing Papers

The policy briefing papers cover government policies to address *violence within the household*, a specific risk during the COVID-19 pandemic, with social distancing and shelter at home policies, combined with the increased financial and mental stress caused by the pandemic and associated policies.

Early in the pandemic, the Center for Global Development published a working paper that highlights potential policy solutions likely to be effective (Peterman et. al., 2020). The policy briefs build on the policy dimensions identified in this working paper. Each policy brief addresses the following measures, to the extent possible:

National-level government policies on the following dimensions, pre- pandemic and since the onset of the pandemic:

- GBV-related hotlines in operation in early 2020; changes since March 2020
- GBV-related communication campaigns implemented in early 2020; changes since March 2020
- GBV- related physical first-response health and legal services; changes, since March 2020
- GBV-related social protection policies in early 2020; changes since March 2020
- Shelter and temporary housing for survivors; changes since March 2020

The briefs conclude with a set of proposed policy recommendations.

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Working Paper #2¹

The impact of the COVID-19 pandemic on gender-based violence in Uganda:

A policy review and analysis

Pamela Kampire²

September, 2021

1. Executive summary

Gender-based violence (GBV) is still a problem everywhere in the world including Uganda and it remains one of the most widespread human rights violations. It is estimated that one in three women on average globally, experience some form of violence over their lifetime, usually at the hands of a spouse or domestic partner. The COVID-19 pandemic is aggravating the problem, as women are confined indoors under lockdowns and quarantines for extended periods of time, often with the men who are perpetuating violence against them.

The measures put in place to control the spread of COVID-19 in Uganda are not only increasing GBV-related risks and violence against women and children, but also limiting survivors' ability to distance themselves from their abusers. In addition, the measures have reduced the survivor's ability to access external support. The contributing factor especially in the case of COVID-19 shutdown is the fact that some organizations that handle GBV cases in Uganda were equally affected by the lockdown. Apart from the police, most of such organizations were not fully operational, hence tracking down of GBV cases was affected. Transport was shut down too, and this affected access to GBV services. Given the rapidly changing environment, GBV service providers like justice, law and order, the police changed their mode of operation under the different circumstances. For example, some courts of law changed to virtual hearing of cases and the police were doing psycho-social support and counselling for survivors using telephone services, until the lockdown was eased.

This policy brief highlights the policy terrain over the period (From 1995 to end of May 2021 before and after the first wave of the COVID-19 pandemic. Slightly before the on set of the second wave. The COVID-19 analyses reviews policies and programmatic responses, how the burden of GBV in Uganda has been impacted by COVID-19, and how changes in violence-related first-response systems have been tackled. Other areas covered include integration of Violence Against Women

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² With comments and feedback from Beverley Essue, Tina Musuya and Merike Blofield.

and Children (VAW/C) considerations into health systems responses, impact on VAW/C-related legal services, available social protection policies, impact on shelters and temporary housing for survivors, and the communication and support during quarantine.

1.1 Objectives of the Policy Brief

The policy brief aims to describe the landscape of GBV policy and legislation in Uganda. Secondly, it critically analyzes the impact of COVID-19 measures on violence against women and children services, programs, and policies.

1.2 Background on Lancet Commission on Gender-Based Violence and Maltreatment of Young People

The Lancet Commission developed a policy tracker that aims at using existing platforms such as the UNDP/UN Women tracker and other sources as points of departure to track the ways in which GBV policies and services have been impacted by the COVID-19 pandemic responses in countries around the world. The Lancet Commission Policy Tracker initiative is producing detailed assessments of select policy efforts and impacts since the COVID-19 onset to critically examine how COVID responses may have disproportionately placed women and children at risk of violence. Each case study will feed into and support a multi-country analysis to support more gender-sensitive planning for future pandemic preparedness.

PRE-COVID-19

2. Context for GBV policy and practice in Uganda

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."³

Child maltreatment is the physical, sexual and/or emotional abuse and/or neglect of children under 18 years of age⁴

Prevalence of GBV in Uganda is estimated at 49.9% indicating that violence against women is rampant⁵. In addition, 56% of women in Uganda aged 15-49 reported having experienced physical violence while 22% had experienced sexual violence at least once since the age of 15 years (UDHS, 2016).

Uganda's policy framework is supportive of gender equality and non-discrimination. Internationally, Uganda is always applauded as a yard stick on various well thought out GBV policies. However, these policies remain good on paper while on the ground, actual

³ United Nations

⁴ *European Status Report on Preventing Child Maltreatment, 2018*

⁵ *The Global Gender Gap Report, 2020*

implementation often falls short (UWONET, 2018). While some gains towards addressing GBV have been made, many aspects of cultural norms, traditions, beliefs, and practices are still in direct conflict with the progressive legal and policy frameworks which the country has adopted over the years.

2.1 Magnitude of Gender Based Violence

Gender Based Violence is a serious human rights violation which has negative health, economic, social, political and security consequences. It devastates lives, fractures communities and stalls development⁶. At least one out of every three women has been beaten, coerced into sex, or otherwise abused in her lifetime, with the abuser being someone known to her (UWONET, 2018).

The most common forms of GBV in Uganda include domestic violence, Child marriages, property grabbing, sexual harassment in the workplace, defilement, and rape. The Uganda Demographic and Health Survey (UDHS, 2016) provides information on prevalence of different forms of GBV in Uganda. Box 1 below illustrates sexual violence.

Box 1: Prevalence of GBV in Uganda

- One in five women age 15-49 (22 percent) report that they have experienced sexual violence at some point in time (UDHS 2016).
- Women in Uganda are more than twice as likely to experience sexual violence as men compared with less than one in ten (eight percent) men (UDHS 2016).
- Thirteen percent of women and four percent of the men reported experiencing sexual violence in the 12 months preceding the survey (UDHS 2016).
- Women age 15-19 are less likely (five percent) to report recent experience of sexual violence than older women (13-16 percent) (UDHS 2016).
- Women in urban areas (nine percent), women in Acholi sub region (5 percent), and never married women (one percent) are less likely than other women to report recent experience of sexual violence (UDHS 2016).
- Experience of sexual violence ever and in past 12 months is lowest among women with more than secondary education (UDHS 2016).

⁶ UN 2006.

2.2 Burden of GBV on Women and Children in Uganda

The GBV prevalence comprises sexual violence against women (28%) and physical assault (56%) (UNFPA, 2017). There are regional variations with 54.6% women in Karamoja and 48.7% women in Northern Uganda had experienced GBV in 2017 (UNFPA 2017). The reason for the high GBV prevalence in these regions is the deeply entrenched culture and tradition that approves violence as a tool to control and subdue women. The results of the gender assessment survey 2018 revealed similar trends (UWONET, 2018).

Evidence still indicates high prevalence of GBV in Uganda. A review of the NDP II indicated that 56% of women cited having experienced physical violence by the age of 15; with 28% women aged 15-49 citing having ever experienced sexual violence compared to 9% of men in the same age group (NPA, 2015:75). In certain areas like North Eastern Uganda, GBV remains high (71.4% as compared to Ankole 52.5%) despite significant investments, implying need for specific tailored interventions that respond to the uniqueness of the context.

Uganda still suffers from persistent high levels of sexual and gender-based violence, this means that the country pays a high price in lost workdays and lost economic capacity. This does not account for the severe effects on families and the community at large (UNDP, 2015:3). While data that gives an accurate picture of gender-based violence is difficult to come by, the national GBV database can accurately tell us that, for example between January 2014 and October 2016, it recorded 16, 500 GBV cases, with 81% of survivors being women and only 19% being men (UN-JPGBV, 2016:17).

Sexual Violence against Children is also high estimated at 74% of girls who had experienced sexual violence compared to 52% boys and 82% boys had experienced physical violence as compared to 68% girls (Walakira, 2017).

3. Overview of approach

A document review was undertaken to develop this brief. Documents available in the public domain were sourced from media (i.e., newspapers, television broadcast transcripts), government reports, relevant government documents, articles and policies. This document review was supplemented with engagements and discussions with various stakeholders. Below are sources of information used to develop this brief.

3.1 Sources of Data

- Document review:
 - Government Policy documents
 - Uganda Women's Network (UWONET)-Reports
- Stakeholder engagements (see below):

- Ministry of Gender Labor and Social Development (MGLSD) (Various officials)
- Office of the Director of Public Prosecution (DPP)-Gender Department

- Databases/datasets:
 - Uganda Bureau of Statistics (Panel survey and UDHS 2016)
 - UN Tracker on VAW

- Literature reviews:
 - Study on prevention and response to GBV during COVID lock down in Uganda by Nabukeera, M. (2020)
 - GBV hub
 - WHO Report (2018)

- Media sources:
 - Ugandan Newspapers and Media houses

3.2 Individuals engaged with permission and approval to be named:

NO.	Names	Institution/Organization	Position
1.	Ariiho Sheilla Ashaba	MGLSD	Senior Women Development Officer.
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14.	Musuya Tina	CEDOVIP	Executive Director

4. Findings:

4.1 Current GBV and Child Maltreatment Policy Landscape in Uganda

Uganda enjoys a strong policy environment that is supportive of action against GBV. The relevant policies are outlined and briefly described below:

Government of Uganda (2007c) and the National Action Plan on Women (2007) stir the state, civil society, and UN activities, to focus on gender equality in all strategies and interventions, to address GBV.

The National Policy on Elimination of GBV (2016) offers an outline for the application of the all-inclusive GBV prevention strategies in line with multi-sectoral support services for survivors. The policy involves government, non-government organizations (NGOs) and civil society including at local and national levels. It addresses the critical gaps in GBV prevention and response.

Uganda Vision 2040, (2013) specifies a plan to encourage equal opportunities and pleasure of human rights for both women and men to offer support and protection of vulnerable groups.

National Development Plan II (2015/2016–2019/2020) highlights gender equality as a foundation for growth and the abolition of GBV as a key planned achievement.

The Social Development Sector Plan 2015/2016–2019/2020 emphasizes the growth of GBV response and prevention programs as an important area of accomplishment.

National Strategy to End Child marriage and teenage pregnancy (2014/2015–2019/2020); The National planned strategy on violence against children in schools (2015–2020); and The National Achievement Strategy on Elimination of GBV in Uganda (2016–2021) guide efforts toward reduction of GBV prevalence in all its manifestations and ensures a coordinated mechanism for elimination of GBV from all societies in Uganda.

Over time, various GBV and VAC policies have been established within the national policy framework as seen above. This has been followed by a wide range of initiatives to promote gender equality. However, achievements have been below expectation as most policies and laws are not enforced leaving the vulnerable women and children susceptible to vices such as domestic violence (Program Coordinator-Women's Agency-UWONET).

4.2 Timeline: History of Major laws and policies on children and gender-based violence in Uganda

The key GBV related policies include the Uganda Gender Policy (2007) and the National Policy on Elimination of Gender Based Violence in Uganda (2016). Action plans include the National Action Plan (NAP) on the implementation of UN Security Council Resolutions 1325 and 1820 and

the National Action Plan on Women on the elimination of GBV in Uganda 2016 -2021. There are in fact many policies and laws relating to GBV and they include:

- The 1995 Constitution
- Domestic Violence act and the 2011 Domestic Violence Regulations
- The anti-Female Genital Mutilation Act of 2010
- The anti-trafficking in Persons Act (2009)
- The National Gender Strategy on land (2016)
- Universal Primary Education Policy
- The Health Policy 2001, (which focuses on maternal health)
- National Land Policy (2013)
- HIV/AIDS control and prevention act
- Prohibition of anti-torture act
- The National Action Plan on Women (2012)
- Gender Mainstreaming Human Resource Call Circular and Manual (2010)
- The National Elimination of GBV Action Plan (2016),
- National Gender and Equity Budgeting Capacity Development Plan 2017
- National Action Plan on Women, Gender Equality and HIV/AIDS 2016/17-2020/21
- The children act
- The Penal Code Act, Cap 120
- The International Criminal Court Act 2010.
- The Employment Act (2006) and Sexual Harassment Regulations (2012)

There are very many GBV related laws and policies as seen above, but the mechanisms for disseminating them is not clear. The few stakeholders who have created awareness on the GBV Policies have done so in a few districts thus, the policies remain largely unknown by the majority of Ugandans. Some stakeholders feel that the MGLSD has not made much effort to disseminate the policiesⁱ.

According to the ACFODE report 2017, the main challenge related to the implementation of the GBV policy 2016 and the domestic violence act 2010, is the limited knowledge and awareness on the part of key stakeholders. The policy and law have not been mainstreamed into most programs at the local level and national level. The GBV policy needs to be made known widely. The MGLSD indicate that they do not have resources for publicizing the GBV laws and policiesⁱⁱ. Furthermore, it is only the Domestic Violence Act that has been translated to eight local languages. CEDOVIP, Action Aid and Oxfam partnered with the Uganda law reform commission and the Ministry of Gender to translate the Act to ease dissemination. The rest of the laws are in English, yet the majority of the population do not speak English.

There is also limited appreciation of the GBV policies and laws. One key Informant argued that, *“There are many laws and policies that are about women and before one is implemented then another one comes in... more resources should be allocated for implementation rather than on developing new policies and enacting new laws”*. Asiire Allen, Makerere University School of Women and Gender Studies.

While Civil Society Organizations (CSOs) are committed to the cause of ending violence against women, they have limited budgets. Yet, the government continues to leave the GBV work to CSOs. The Government needs to put substantial resources to addressing GBV in the country as the documents are insufficient on their own; more practical work is needed, especially in pursuit for justice for the GBV survivors, and enabling all key stakeholders to get the required information needed for implementation.

4.3 Existing legislative framework for women and young people (International level)

Government policies in respect of gender equality are also reflected in several international and regional conventions and protocols to which the country has subscribed. According to the Uganda Gender Policy, the global level instruments that have been ratified by the Ugandan government include among others:

- The Convention on Elimination of All Forms of Discrimination Against Women (CEDAW, 1979) and its Optional Protocol (adopted October 1999 entered into force December 2000)
- The Beijing Declaration and Platform for Action (1995)
- The Commonwealth Plan of Action on Gender and Development; and Advancing the Commonwealth Agenda into the New millennium (2005-2010)
- The United Nations Declaration on Violence Against Women (DEVAW, 1993)
- The Millennium Declaration (2000)
- The Convention on the Rights of the Child (CRC, 1990) (MGLSD, 2007:3 The Protocol on the Rights of Women in Africa (July 2003)

4.4. Policies and programmatic responses

The prevalence, complexity, and social acceptance of GBV have generated the recognition by government, that the prevention and response to GBV requires broad community participation and particularly the participation of men and boys, although women and girls should not be forgotten (UWONET, 2018). The policy environment for the gender equality agenda in Uganda, just like the legal framework, is also gradual. Over the last two decades, many steps forward have been made in terms of establishing a positive gender policy environment in the country (Nabukeera, 2020). The legal and policy framework have been progressive, but the problem remains constraints in implementation to end violence against women and children. There have been several strategies and action plans, but they have not been effective in delivering a GBV-free Uganda.

The judicial system is not known to all in terms of the process of how to access justice. Some people in the different Communities in Uganda, have negative perceptions about the formal justice system because its not trusted, very expensive, time consuming, very far, and delayed justice. There are many barriers on the access to justice and these include: Institutional barriers within the formal justice system that make it unfriendly and not survivor centered. Negative attitudes and norms that are accepting of various forms of GBV, limited public awareness of their rights and the laws plus the lengthy processes of access to justice, among others. In addition, there are, logistical challenges that comprise of time consuming and expensive processes plus formal justice points are very far away from the users.

There are some people who also have negative perceptions about the informal justice system that it is not sensitive to women's concerns, and it's a male space. Although it is used for lack of a better options. The informal justice system consists of the use of the traditional clan leaders, elders, cultural and religious leaders. In some tribes in Uganda there are cultural courts, and they wield a lot of powers and their judgements are final based on traditional beliefs.

Handling of GBV cases in the informal justice system such as cultural courts is not very well understood either, in most cases it is referred to as a family issue. These processes are much more gender insensitive and are more focused on maintaining the status quo and male privilege as opposed to promoting the rights of women and their safety. The outcomes of the judgements are biased and discriminatory in nature. When judgement is passed it favours men in most cases because it is a male space. Capital offences such as defilement and rape are attempted to be negotiated by the clan/ traditional leaders. In the formal justice system, GBV cases are reported, however, the challenges include lengthy hearings which become very expensive, loss of evidence especially in cases relating to sexual violence, quality of investigations, social stigma, fear of community backlash and threats, attitude of the JLOS actors and lingering belief that GBV is a private matter that can be settled outside formal mechanisms.

4.5. Funding

Ministry of Gender labour and Social Development (MGLSD) is at times poorly funded and mostly depends on donors and civil society to fund planned activities. There is a lack of transparency concerning funding from various sources and data on funding is fragmented.

For the period 2019/20, the approved budget for MGLSD was 221,349,078,342 (US\$62,730,329) and in 2020/21, 187,405,696,756 (US\$53,110,774). Clearly the budget was reduced despite COVID and evidence that GBV is on the rise.

The approved budget for 2021-2022 in all sectors includes:

- Defense-Shs3.4 trillion (US\$ 963,220,000)
- Uganda National Roads Authority shs3.1trillion (US\$ 878,230,000)
- Ministry of Health Shs1.4 trillion (US\$396,620,000)
- Ministry of Gender Labor and Social Development shs1 trillion (US\$ 283,300,000)⁷.

Compared to the other Ministries like Defense, it can clearly be observed that MGLSD budget is lower and yet it has many departments like labor, community development, disability, women empowerment, culture, children/youth affairs, among others

POST-COVID-19

5. The impact of COVID on policies and practice to support GBV

⁷ <https://www.parliament.go.ug/news/5110/parliament>

This section covers the analysis of the impact of COVID on GBV under a defined set of indicators.

The COVID-19 lockdown and quarantine resulted in victims facing loss of shelter, hunger, and isolation hence, the government needed to emphasize that GBV response is prioritized. In the presidential statements during the lockdown and quarantine, the President did not emphasize GBV or child abuse as priority areas therefore, to the perpetrators, this laid a conducive environment that did not actively prohibit GBV. The available local structures have been exhaustively used in the COVID-19 fight. The president used them to distribute food to the vulnerable, enforce curfew and implement the presidential directives on lockdown and quarantine, which left the GBV survivors unattended to. The Ministry of Gender, Labor and Social Development designed an online app called SafePal, a digital platform to enable survivors of GBV to report cases. This was developed during the lock down and it is still in operation. Unfortunately, many Ugandans cannot afford mobile phones and data but also lack knowledge on how to use the platform (UNFPA, 2020).

There were low levels of reporting GBV-related cases during the lockdown from March to June 2020, hence victims were left lonely away from the persons and resources that would support them. The safety nets, GBV shelters and NGOs were not accessible. The contributing factor is the fact that some organizations that handle GBV cases in Uganda were equally affected by the lockdown. Apart from the police, most of such organizations were not fully operational, hence tracking down of GBV cases was equally affected.

Movements were restricted during the total lock down and transport means were difficult to come by. Most services were shut down as offices were closed and only a few essential services like health centers and pharmacies could operate. Accessing the law enforcement and justice institutions such as police and courts was not easy without public transport. The police were very busy with implementing the presidential directive on lockdown and curfew, so they have not been so helpful with GBV cases. Local councils, cultural leaders, religious leaders, child and family protection units at police and health centers have also been busy, as they were and are still engaged in the fight of COVID-19, hence neglecting the GBV survivors over this period.

5.1 How has the burden of GBV in Uganda been impacted by COVID?

The president of Ugandan announced a nationwide lockdown and curfew on 30th March 2020. This curtailed the usual mechanisms that victims go through to report cases because they were not allowed to leave their homes and move to police stations and local councils to report cases. The GBV shelters in the country are in far places, which made it very hard for the survivors to access them by walking. During the lockdown, one of the measures implemented to curb the spread of COVID-19 is the ban on public transport that left women trapped with their abusive spouses in their homes. Cases of multiple beatings, marital rape, psychological torture by use of abusive words, miscarriages through frequent beatings were rampant. Yet, most survivors had to wait until public transport was fully opened to report the cases (Nabukeera 2020).

The advent of the COVID-19 pandemic worldwide and the subsequent lockdown, exacerbated already prevalent violence against women in Uganda. It is important to recognize that the COVID-19 lockdown kept women and men away from resources and people that would have helped them.

The lockdown and quarantine too, presented to the perpetrators the perfect environment to continue abusing victims, as everyone was required to respect the stay-at-home orders, hence presenting a ground for isolation and control of the survivors. COVID-19 has highlighted the fact that prolonged stay at home for women and young girls is not safe as many of them are exposed to increased risk of rape and defilement. Coming at a time of decreased access to sexual and reproductive health, this led to unwanted pregnancies especially among adolescent girls and young women. Teenage pregnancies increased (The New Vision April 19, 2021).

The period between 30th March 2020–28th April 2020, a total of 3,280 cases of VAW and 283 child-based violence were reported to police and 1,148 girls. Women were assaulted, battered by their spouses and police stations were advising them to settle the complaints at home. By the end of April 2020 death cases of VAW were reported during the lockdown period and figures and numbers were increasing (Amoako, 2020). Medical facilities, police, government offices, local leaders were all scrambling to respond to the COVID-19 pandemic to pay much attention to VAW/C.

Whereas the government has done well to curb the impact of COVID-19, VAW is not at the center of their efforts (Atuhaire, 2020). Women working in markets, most of them single mothers, carried their children along to sleep in the markets to make ends meet. The Ministry of Gender, Labor and Social development, did not get any allocation of funds during COVID-19. Inadequate resources and lack of capacity to follow-up cases on VAW/C, led to perpetrators walking free in communities and committing violence with impunity, as the women could not walk for long distances to report-related cases (ActionAid, 2020).

I. Changes in violence-related first-response systems

Free toll line as a quick response to violence against children have been successfully implemented by UNICEF in partnership with UNFPA and MGLSD on programmes aimed at addressing violence against children. The helpline was established in 2014 to handle cases of violence against children but it has since remained active, recording some cases of violence against women too. The National Child Helpline Centre (CHL), Toll Free line-116 (SAUTI), helps to provide immediate response to reported VAC. The CHL is managed by the MGLSD with support from various development partners including UNICEF. The helpline is a 24/7 emergency service with toll free access. Once the call is made via 116, an immediate response is provided depending on the issue raised and the service required. The helpline is operational countrywide.

When the issue of effectiveness of the call center during COVID-19 was raised by the members of the COVID subcommittee on GBV/VAC under MGLSD, it was established that people in various parts of the country are calling in, and most cases that have been reported are on sexual violence. The implication is that the CHL has not yet led to desired behavior change, because similar cases keep coming in repeatedly and Ugandan prisons are full of men with defilement cases (Walakila, 2017). Action Aid also created a toll-free line where women experiencing violence could call and be helped. All the GBV shelters have toll free lines where survivors call and are helped/supported.

When the lock down was at its peak around May 2020, there were reports by media houses, newspapers, all over Uganda on violence against women and children. In response to this, the

Uganda Police Force with support from UN Women funded by the government of Sweden, established a dedicated toll-free hotline for reporting and responding to cases of violence against women and girls. The hotline was very important in providing a criminal justice response and access to services for survivors during the lockdown. There are 14 police officers trained in handling critical lifesaving calls at the national gender-based violence call center. The officers were selected from among the most experienced Child and Family Protection Unit officers within the Kampala Metropolitan Policing area.

II. Whether and how VAW/C is integrated into health systems response

While there have been significant improvements in establishing health facilities across the country, they remain largely inaccessible to majority poor women and girls because of distance, costs, and general dissatisfaction of the population with services rendered. Poor quality services are demonstrated in the lack of qualified staff, chronic drug stock outs, lack of diagnostic equipment among others. The negative attitude and poor work ethics among health workers particularly midwives are due to an overwhelmingly heavy workload amidst poor remuneration (UWONET, 2018).

Financial support from the European Union (through the Spotlight Initiative 2019 to date) and other development partners to the Ministry of Gender, Labor and Social Development and the Ministry of Health contributed to an intensified focus on violence against women as a social, legal, and public health issue. In 11 districts of Uganda where the United States Agency for International Development (USAID) supports the Ministry of Health to improve services for women survivors of violence, health worker training is conducted using the Training of health care providers on management of sexual and gender-based violence survivors/victims (2015). These guidelines reflect WHO guidelines (2013) and tools (2014). An implementation assessment of Uganda's policy frameworks on gender-based violence and family planning conducted in 2018 found that the training guidelines were well-received, and were being used (WHO, 2020).

When the COVID-19 pandemic broke out, the president of Uganda regulated movement of persons and vested the powers of authorization to the Resident City Commissioners (RCC), Resident District Commander (RDCs) and sub county chiefs for all those seeking medical care including expectant mothers whose condition often require emergency health care. The protection and promotion of the rights of women and girls was not prioritized. Survivors could not access the services because, the duty bearers like the police and other security organs were busy with other duties that were considered urgent then, like ensuring curfew is observed, arresting the people who would not observe SOPs, issuing emergency travel permits among others. The health workers were more involved in treating the COVID patients, GBV related injuries were not a priority like COVID cases. Besides, people were supposed to remain at home to avoid the spread of COVID unless it was a medical emergency, like a patient who needed oxygen. Thus, medical practitioners turned away survivors with GBV related injuries. While listing the essential services the president did not prioritize legal and psychosocial services for survivors of gender-based violence.

Access to sexual and reproductive services for women and girls were reduced during the COVID-19 lock down. Health services in Uganda were and are still strained. The government is prioritizing

the provision of COVID related health services and sexual and reproductive health, has been neglected in many instances. Sexual and reproductive health services for example pregnancy care, contraceptives, sexual assault services are not given the priority needed in government health centers. An example is, some government referral hospitals where mothers used to go and give birth and receive antenatal and postnatal services are no go areas due to the number of COVID cases. Mothers are discouraged by health workers from accessing services there and are told to seek care elsewhere. If this trend continues, the results may be increased risk of maternal mortality, unintended pregnancies and other adverse sexual and reproductive health outcomes among women and girls (WHO, 2020).

Addressing Gender-Based Violence COVID-19 project by Makerere University Innovation Fund, intervened in Mukono District, from May to August 2020, by training and equipping essential staff with skills of providing psychological first aid to the survivors of GBV and how to relay information on up-to-date available GBV services in their communities. After the training, the essential service providers were given pocket cards containing relevant contact information, posting visual representations of the GBV referral pathways and hotline numbers. Addressing Gender-Based Violence amid the COVID-19 project, was Sponsored by: Makerere University Research and Innovation Fund and it ran for three months from 26th May to 26th August 2020 in Mukono District.

Efforts have been made by health-related civil society organizations and donors like USAID to collect data on gender-based violence from health facilities and use it in the implementation of health services. The health management information systems (HMIS) also have information on health-related violence like rape, defilement, and assault. However, during the COVID period there was a data gap as many people were not accessing the health centers due to long distances and transport and movements restrictions. Although health services remained essential, accessing the health services was an issue.

III. Have VAW/C-related legal services remained accessible

There are specific laws that have been enacted to protect the rights of women and men, against violence and to promote access to justice as noted in various reports. The main laws include the 2010 Law on Domestic Violence and the 2011 Domestic Violence Regulations, the anti-Female Genital Mutilation Act of 2010; the anti-trafficking in Persons Act (2009); and the Equal Opportunities Commission Act (2007). The violence against women related legal services and procedures are treated with urgency and there is a special desk (Gender Department) under the Directorate of Public Prosecution (DPP) that handles that.

During the lock down prosecution services were halted because transport was a challenge and getting witnesses was not possible. Under the complete lock down legal services were not considered essential and when the courts opened there was still a challenge of transport. Transport became expensive even up to now, in a taxi or bus only half of the passengers are allowed and for witnesses to travel and attend court it becomes exceedingly difficult. Thus, the justice system was and is still affected due to COVID.

Violence against women and children are taken as serious offences according the DPP but with COVID there were no specialized services put in place, all the cases were treated the same because of the COVID restrictions and standard operating procedures.

When COVID persisted delivery of services changed to virtual and use of the website, emails, and toll-free lines. Many complaints are received by the DPP through emails, and they are followed up and handled virtually. Appeals and ordinary trials are also handled virtually but most magistrate courts are now hearing cases physically. Courts like the high court, Buganda road court, court of appeal continue to do virtual hearings, prosecutions, and acquittals.

Evidence indicates that during COVID-19 there is increasing violation of women's rights through the many GBV cases. However, there is decreased capacity to respond and support victims on the part of the justice sector.

IV. Have social protection policies been revised or expanded

Social protection systems are important in safeguarding the poor and vulnerable when pandemics hit. Yet, in Uganda social protection remains limited in coverage and needs significant enhancement to respond to a pandemic like COVID-19. To help protect individuals and communities from its adverse effects. Through the Social Assistance Grant for Empowerment-SAGE, the government of Uganda gives out a monthly stipend of 25,000 Shillings that is 7 USD to persons aged eighty and above in different parts of the country. This has continued during the COVID-19 pandemic. However, during the total lock down this was not possible as movements were restricted.

The government's COVID-19 relief programmes, like food and other relief aid, was directed to 1.5 million people living in urban areas in Kampala and Wakiso districts, rather than those in rural areas. The president openly said on Television that rural people had food. Similarly, the government's response measures are focused on the formal sector, meaning that they will not reach the almost 80% of workers who labor in the informal sector, the poorest and most vulnerable citizens especially women. Most women tend to work in the informal sector and are unable to access government measures like loans and tax benefits.

V. Have shelter and temporary housing for survivors been expanded

There are currently 19 shelters operating in Uganda and run by Action Aid, MIFUMI, UWONET, and UGANET. Out of the 19, only two are new. The 13 shelters managed by Action aid with funding from DFID came to an end in August 2020. However, due to the urgency of the shelters during the COVID pandemic, civil society, the MGLSD and development partners had a meeting and resolved to fundraise, so that the shelters could continue operating amidst the pandemic. A Rapid Response Project was created and was funded by the UN organizations for six months. Nine of the shelters would run at full scale whereas the rest would continue operating with a few

essential services. This project was managed by Action Aid Uganda, and all the funds pooled were distributed accordingly. This started in November 2020 and was supposed to run for six months thus it is coming to an end. However, efforts are being made to raise more funds to ensure the shelters continue in existence as demand for their services are continuing to increase. The two-shelters run by UWONET are in the final stages of receiving funds for the next four years.

The permanent Secretary of the Ministry of Gender Labor and Social Development recommended that the government of Uganda should build GBV shelters in the different regions of the country to cater for the increased survivors of GBV during COVID-19 and went ahead to say that survivors should be integrated into the communities where they can be respected.

VI. What communication and support during quarantine mandates have been established?

In line with the Kampala Declaration of International Conference on Great Lakes Region (ICGLR) 2011, Government launched a zero-tolerance campaign against GBV, established a regional training facility for judicial, police and health officers as well as social workers, to equip them with skills to respond and manage cases of GBV. The campaign against GBV intensified on television during the COVID-19-lock down and is still running up to now. Funded by different partners like USAID, spot light initiative, DFID among others.

Since 2009, the 16 days of activism against gender-based violence campaign has been commemorated at national and local government levels. This has proved to be a successful intervention in advocacy and awareness raising on pertinent issues on violence against women (MoGLSD,2014:26). During the 16 days of activism against GBV, most radio stations and TVs highlight the magnitude of GBV in Uganda and many women activists are hosted on national television. The dangers of GBV are highlighted country wide. Development partners, government and local government structures are all involved in the campaign. This is in most cases when many Ugandans get to know and read about GBV. Awareness creation on GBV goes on country wide. Some laws and by laws on GBV are crafted from this country wide sensitization on GBV. The 2020 16 days of activism, were no different, except that most of the campaigns and sensitizations were done virtually and using social media. The plight of women during the pandemic was highlighted and the increasing GBV cases were discussed both on national TV and radio.

***He-for-She* campaign by UN Women.**

This campaign focuses on identification of men who can work as change agents in promoting participation in women empowerment programmes. The programme has achieved positive results. Several men have taken the advocacy role focusing husbands to facilitate their wives in business start-ups and strengthening. This has significantly contributed to mindset change regarding women's position in society as already elaborated. This model is like the Male Action Groups (MAGs) that have been adopted by UNFPA programmes as effective tools for empowering

women. The campaigns continued even during the COVID period. These campaigns were not started because of COVID-19, they were existing but were intensified.

There have also been several different spot messages run on Televisions on prevention of violence against women and children during this COVID period sponsored by different civil society organizations.

VII. Have there been budget commitments made and investment in flexible funding mechanisms?

The government of Uganda funds the Ministry of Gender, Labor and Social Development, mainly for coordination purposes. Budget allocations are among the least compared to other Ministries. The period 2019/20 the approved budget for MGLSD-221,349,078,342 and in 2020/21 it is 187,405,696,756, as earlier described. This did not change during the COVID-19 outbreak. Funding for VAW/C is mostly from civil society organizations and development partners like USAID, Irish Aid, EU, Swedish government, UN organizations, mostly UN Women, UNFPA, UNICEF, and UNDP.

6. Limitations and challenges

- Data on GBV is collected by different entities and with different methodologies
- Many Cases are unreported
- Data on GBV and child maltreatment is fragmented
- The lack of data disaggregated by gender, sex, and age.
- Lack of systematic data collection, analysis, and dissemination on violence against women and maltreatment of children

The main challenge is that there is no one stop center that a person can go and get data on GBV. For example, you can't go to the judiciary and ask how many GBV cases have been handled, how many are pending, how many have been finalized among others, cases keep coming in and some are lost, others disappear, the public relies on the compiled information from reports. There is a national database on GBV but it is still lacking, as some districts take long to send in data. There are also many GBV cases handled by churches, traditional and local leaders and this data is never entered anywhere, thus it is missing in the GBV database. Lack of administrative data on GBV is a big challenge because the magnitude of the problem cannot be exactly known; thus, polices can't be influenced without reliable data.

7. Role of civil society

The focus of CSOs has not only been enhancing awareness on GBV/ VAC but also providing response to survivors. The major roles of civil society include:

- Collecting and documenting information on GBV
- Linking GBV victims with JLOS institutions to seek redress
- Psychosocial support to GBV victims

- Building Protection Centres for Victims of GBV
- Advocate and lobby government on policy and legislation reform and implementation
- Develop and implement programmes that address key intervention areas in the government policies
- Creating awareness among communities on elimination VAW/C at all levels
- Funding
- Provide legal and health care services to GBV survivors

8. Lessons learned from COVID-19

Lessons learnt from COVID-19 and GBV is that some of the provisions in the GBV laws and policies are inapplicable and cannot work during pandemics. The implementation of orders is inapplicable and unrealistic in the context where resources are not available to enforce the orders. The law provides that a protection order may be brought outside ordinary court hours or on a day which is not an ordinary court day. While the intention of the law makers is appreciated, this is far from reality during the lock down and when the people involved don't have the money to push for the hearing of the cases. For instance, the magistrates' courts may give protection orders limited for a period or may grant a permanent protection order. This order forbids the perpetrator from having access to the survivors' workplace or residence. This has not been practiced because the duty bearers do not have resources to implement such an order. They also may not have technical know-how in which to implement the protection order. In some cases, they may also not consider domestic violence cases as emergencies.

Information from the Uganda GBV database show that GBV increased during the COVID-19 lock down period. Addressing GBV at the household level through the formal governance structures did not necessarily help. The influence yielded by the informal governance structures (cultural leaders in Acholi, the clan Leaders in the South west and the traditional leaders in Karamoja) cannot be underestimated. The Uganda Human Rights Commission worked with the different cultural leaders to mobilize people for community dialogues that have helped in sensitizing the communities on GBV and COVID. The cultural institutions have also acted as points of referral in dealing with GBV, early marriages and teenage pregnancies during the COVID-19 period.

During COVID-19 total lockdown, most services were halted. When lockdown was relaxed the services resumed by CSOs and government. Such services included: legal aid services, health, shelter (for GBV survivors), psychosocial support, judicial services among others.

9. Opportunities to improve action against GBV in Uganda

Different organizations like Action Aid Uganda, CEDOVIP, MIFUMI and FIDA Uganda reach out to communities with different GBV interventions. CSOs have done some advocacy work with district stakeholders targeting technocrats so that they assist in the implementation of the GBV laws and policies.

The Uganda Police too, have employed several inventions including, Community policing; media briefs; Community liaison officer talks to the public; and trainings involving women leaders in the community and LCs. The Judiciary too, organized a World Women Conference held in May 2017, and a commitment was made by the Chief Justice; and Principal Judge, to create a special court targeted to hearing domestic violence cases. This has not happened yet but if it does happen, it would be a great intervention towards tackling GBV in Uganda.

Participatory monitoring and evaluation for GBV Advocacy by ACFODE, encourages communities to monitor and raise their concerns. This is because there is need for the communities to understand and demand for accountability and monitor the implementation of the laws and policies.

The development of guidelines on running of GBV Shelters by the MGLSD has set standards for running such facilities. There are now 17 GBV shelters in the country, all operated by CSOs. Shelters have provided multi-sectoral services to GBV survivors and provided temporary protection for women and children.

10. Data sources available on GBV in Uganda

- A national survey by Economic Policy and Research Center (EPRC) on Gender and COVID 2021
- UWONET Gender Assessment Report December 2018
- National Gender Based Violence Data Base
- ACFODE Research Report on the effective Implementation of GBV policies and laws in Acholi and Teso subregions (Lamwo, Omoro, Kitgum, Kaberamaido, Katakwi).
- ActionAid Publication (2016), *Walk a Mile in her Shoes*.

REFERENCES

1. ActionAid (2020), *Preventing and responding to GBV in the time of COVID19 lock down*”, availableat: <https://uganda.actionaid.org/opinions/2020/preventing-and-responding-gbv-time-COVID19-lock-down/html>
2. Amoako, L. (2020), *Girl guides in campaign against gender-based violence*, available at: www.newvision.co.ug/news/1519191/girl-guides-campaign-gender-violence/html
3. GoU (2007c), *National Action Plan on Women*
4. MoGLSD (2014a): “*National Report on Implementation of the Beijing Platform for Action (1995) and the Outcome of the Twenty Third Special Session of the United Nations General Assembly (2000)*”. A progress report in the Context of the 20th Anniversary of the Fourth World Conference on Women and the Adoption of the Beijing Declaration and Platform for Action 2015. Ministry of Gender, Labor & Social Development; Kampala.

5. MoGLSD (2014b): “*Uganda Woman*”. Women & Urbanization Magazine, Issue 5, October 2014. Ministry of Gender, Labor & Social Development; Kampala.
6. MoGLSD (2015): “*Standard Operating Procedures (SOP) for the National Gender Based Violence Database (NGBVD)*”. Ministry of Gender, Labor & Social Development; Kampala.
7. MoGLSD (2016a): “*National Action Plan on Elimination of Gender Based Violence Uganda (2016-2011)*”. Ministry of Gender, labor & Social Development; Kampala.
8. Nabukeera, M. (2020), “*Prevention and response to gender-based violence (GBV) during novel COVID-19 lock-down in Uganda*”, The Journal of Adult Protection, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/JAP-08-2020-0032>
9. NPA (2015a): “*Implementation Strategy for the Second National Development Plan (2015/16-2019/20) NDPII implementation strategy with annualized outcome and out targets*; National Planning Authority (NPA), Kampala.
10. NPA (2015b): “*Monitoring and Evaluation Strategy for the 2nd National Development Plan 2015/16-2019/20.*” National Planning Authority (NPA), Kampala.
11. NPA (2015c) “*The Second National Development Plan (NDPII) 2015/16 – 2019/20*”. National Planning Authority (NPA), Kampala.
12. Republic of Uganda (2013): “*Uganda Vision 2040*”. Kampala.
13. Uganda Bureau of Statistics (201).*Uganda Demographic and Health Survey*, Macro International, Calverton.
14. UNDP (2015): “*Uganda Country Gender Assessment October 2015.*” United Nations Development Programme (UNDP); Kampala.
15. UNDP (2015): “*Uganda Country Gender Assessment October 2015.*” United Nations Development Programme (UNDP); Kampala
16. UNDP (2016): “*United Nations Development Assistance Framework for Uganda, 2016 – 2020*”. UNDAF Uganda 2016 – 2020; United Nations Development Programme (UNDP); Kampala.
17. UNFPA (2016): “*UNFPA-Uganda Annual Report 2016.*” United Nations Population Fund; Kampala.
18. UNFPA (2020), “*Surviving gender-based violence during the Corona virus outbreak: how UNFPA’s SafePal app is connecting survivors to services*”, available at: <https://uganda.unfpa.org/en/news/surviving-gender-based-violence-during-corona-virus-outbreak-how-unfpas-safepal-app-connecting/html>
19. UN-JPGBV (2016): “*Bridging Phase*”. Reporting Period January 2016-December 2016. A report on the UN Joint Programme on Gender Based Violence (UN-JPGBV). Kampala

20. UWONET (2018) *Gender Assessment Final Report*
21. Walakira E.J. (2017), *Perpetrators or Protectors of children against violence: Police officers in Uganda and their encounter with children in street situations*. Available at https://link.springer.com/chapter/10.1007/978-3-319-48535-5_10
22. WHO (2020) *Strentheneing the Health Sytems Response to violence against women in Uganda: Lessons learnt from Implementing WHO guidelines and tools*
23. WHO (2020), *Gender and COVID-19, Advocacy Brief*

ⁱ ACFODE Report on implementation of policies, 2017

ⁱⁱ ACFODE Report on implementation of policies, 2017