COVID-19 RAPID GENDER ASSESSMENT

Gender Perspective

UGANDA | 2020

THE REPUBLIC OF UGANDA

UBOS

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WOMEN COUNT

RAPID GENDER ASSESSMENT UGANDA

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LIST OF ABBREVIATIONS/ ACRONYMS

CAI	Computer-assisted interviewing
CAPI	Computer-assisted personal interviewing
CATI	Computer-assisted telephonic interviewing
CoGS	Council of Governors
COVID-19	Novel coronavirus or SARS-CoV-2
DK/R	Don't know/Refused to answer
FCDC	Frontier Counties Development Council
FGM	Female genital mutilation
GBV	Gender-based violence
NGO	Non-government organization
RGA	Rapid gender assessment
SRHR	Sexual reproductive health and rights
UN	United Nations

EXECUTIVE SUMMARY

UN Women in partnership with UNFPA and UBOS commissioned a computer-assisted telephone interview (CATI) survey[1] in Uganda's four regions.[2] The results are intended to provide policy and decision-makers with reliable evidence and information to design appropriate interventions that address the current needs of the population and influence policy and practice at all levels to mitigate the effects of the COVID-19 pandemic. In a bid to fully understand how women and men are affected by the pandemic, the study presents sex-disaggregated data on the livelihoods, safety and security, access to essential health and other services, and perceptions on and incidence of gender-based violence (GBV) of women and men across the country.

Survey firm GEOPOLL conducted a total of 3,001 interviews (1,465 women and 1,536 men aged 18 years and above) against a target sample of 2,400 for completed interviews. The survey was carried out from 31 October to 30 November 2020 using a purely quantitative approach and closed-ended questions.

The study sourced respondents from GEOPOLL's database of telephone numbers using a random sampling method with the sample stratified by sex, age, and region to ensure that it was representative of the population and used demographic data from UBOS for the purposes of stratification and development of sampling quotas. After data collection, the data was adjusted using weights to adjust the distribution of the sample to the demographic profile of the population of Uganda according to quotas established prior to data collection.

Household income

The findings suggest that the pandemic had a range of impacts on individuals and households, the most significant having probably been on income and household finances.

The main sources of household livelihoods/income are 'farming/livestock or fishing' (43%), 'wage employment' (29%) and 'non-farm family business' (24%) as the top three. There were no significant differences in the sources of household income by sex except for 'family farming/livestock or fishing', which had lower scores for women (41%) compared to men (46%).

Household incomes from all sources reduced for most respondents since the onset of COVID-19, except for pensions, which the majority claimed remained the same. Women were more likely than men to report reductions in household livelihoods/incomes sourced from assistance from family within the country, assistance from the government, remittances from abroad, and pensions. Men, on the other hand, were more likely than women to indicate a reduction in income sources from non-farm family business/including family business, and assistance from NGOs/charitable organizations.

1 UN Women (2020). Rapid Gender Assessment of Refugees in Uganda.
2 Interviews were carried out in the following locations in the Northern, Eastern, Southern, and Western Regions: Busoga, Acholi, Ankole, Bukedi, Bunyoro, Baganda, Elgon, Kampala, Karamoja, Kigezi, Lango, Teso, Tooro, and West-Nile and carried out in English, Luganda, Lusoga, Lugisu, Runyankore-Rukiga, Runyoro-Rutoro, Lubwara, Luo, and Iteso-Karamojong.

For about two-thirds (64%) of the respondents, the pandemic represents a substantial threat to household finances, followed by 24% to whom it is a moderate threat. Women were more likely than men to indicate that the pandemic poses a substantial threat to household finances, and the percentage was slightly higher among women (65%) than among men (63%) – a trend that was reflected across the regions.

The percentage of individuals working for a living decreased from 81% to 65% after COVID-19. For women, it decreased from 79% to 58%, while for men it decreased from 82% to 71%. The decrease in working for a living was more significant for women (-21%) than for men (-11%). For the largest proportion (44%) of respondents, this decrease was a result of businesses or government closing due to COVID-19 movement and other restrictions. Women (47%) were more likely to be affected by this than men (41%).

Access to services

The survey also assessed whether the respondents experienced barriers to accessing services[3] due to COVID-19 restrictions or fear of contracting the disease. Problems in access to financial services were experienced by the highest percentage (65%) of respondents with women (64%) being slightly less likely to be affected than men (66%). The only exception is the Eastern Region where women (71%) were more likely to have problems accessing financial services than men (64%).

About half (49%) the respondents did not have access to food during the pandemic with almost equal proportions of women (49%) and men (50%) across the ages and regional categories surveyed indicating this. Once again, the Eastern region was the only exception where lack of food was notably higher for women (52%) than for men (49%).

Most respondents (57%) also lacked access to healthcare services at some point; this was equally likely for women (57%) and men (57%) with small differences between the sexes across the age groups surveyed. In the Eastern Region, women (64%) were significantly more likely than men (57%) to have lacked access to healthcare services during the pandemic, while the reverse was true in the Western Region where women (52%) were less likely than men (58%) to have problems accessing healthcare.

More than six in ten respondents indicated that they had access to sufficient water during the pandemic. The study questions only focused on the amount of water and did not include any quality dimension. Women (64%) were slightly more likely than men (63%) to have had access across all age groups and regions. The only exceptions were in the Central and Western regions where women were slightly less likely than men to have had access to sufficient water.

Security threats

Most (58%) respondents agreed that they had experienced greater security risks and vulnerability to crime and violence during the COVID-19 crisis. Women (58%) were slightly less likely than men (60%) to agree that they had experienced greater security risks and vulnerability to crime.

3 The questionnaire specifically listed the following services for feedback from the respondents: healthcare, food, Financial services and sufficient water for the household.

Access to information on gender-based violence

Most (76%) respondents indicated that they had received some information about gender-based violence (GBV) since March 2020. This is reported equally across both sexes (76%). However, in the Western region, there were slightly more women (77%) than men (74%) who had received GBV information.

Respondents primarily received information related to GBV via radio (53%), TV (45%), from neighbors (27%), online sources (23%), friends (16%), community activists (16%), family members (10%), religious leaders (7%) and cultural leaders (3%). Overall, there were no significant differences between women and men related to the sources of GBV information.

Almost half (47%) of the respondents personally know someone who has been a GBV victim since the onset of the pandemic. Women (46%) were slightly less likely than men (49%) to know victims and this was the case across all age groups and geographic areas. Respondents in the Northern region were more likely to know a victim of GBV than in other regions, and women (54%) and men (54%) were equally likely to know such victims.

Half of the respondents knew someone who experienced physical violence (50%) during the pandemic. This was followed by other forms of GBV such as denial of resources (30%), psychological torture (28%), sexual violence (28%), forced marriage (26%), and sexual harassment (23%). Psychological and emotional abuse was more likely to be reported by women (30%) than men (25%).

Respondents were asked if they knew someone who has been a victim of GBV and to subsequently indicate which incident was the most recent. Follow-up questions on the most recent event ensued.

Physical violence (36%) was the form of GBV most likely to be identified by respondents followed by denial of resources (18%), sexual violence (18%), child/forced marriage (16%), psychological torture (15%), and sexual harassment (13%). Women (22%) were more likely than men (15%) to know someone who experienced 'denial of resources' during the pandemic.

Most respondents identified a spouse (33%) as the perpetrator of the most recent GBV incident followed by neighbors (15%) and strangers (11%). Women and men had similar likelihoods of identifying these different kinds of perpetrators. More than two-thirds (67%) of GBV victims/survivors sought help. Women respondents (69%) were more likely than men (66%) to know whether the victim/survivor sought help. of help in instances of GBV Where victims sought help, they most likely did so from the police (32%) and/or community leaders (23%). For those who did not seek help following a GBV incident, lack of information/knowledge on where to access services (37%) and fear of leaving home (37%) were the leading reasons with women and men indicating these in almost equal measures. Women were more likely than men to identify the following other barriers to seeking help after a GBV incident: lack of money for transport, long distances to the nearest support center, lack of transport, inability to meet the cost of treatment or to pay for the service, unavailability of health workers/ psychosocial counsellors/lawyers, not getting a travel permit from the Resident District Commissioner (RDC) Office, and unavailability of commodities at the health facility.

Several questions about the respondent's perceptions of GBV were also included in the questionnaire. Most respondents (69%) felt that GBV is common in Uganda, but women (73%) were more likely than men (65%) to feel this way. This was true for all age groups and geographic areas. The only exception is for the Western region where men (68%) were more likely than women (66%) to feel that GBV is very common in Uganda.

With regard to the frequency of GBV, nearly seven in ten respondents indicated that it happens very often (69%). Women (65%) were significantly more likely than men (59%) to confirm this frequency, with the biggest differences in perception between the two sexes observed in the Central and Northern regions.

About three in four respondents (76%) felt that GBV in Uganda has increased since the onset of COVID-19, with men (77%) slightly more likely than women (75%) to feel this way.

The most commonly proposed prevention/support measures related to GBV include financial support (40%), followed by someone to talk to (37%), and information about security (35%). All the listed solutions were more likely to have been proposed by women than men, possibly implying that women would need more support.

Sexual reproductive health and rights (SRHR)

Most respondents (62%) have received information on sexual reproductive health and rights since March 2020. Women (64%) were more likely than men (60%) to have received information across all age and regional groupings. The only exception is the Northern region where women and men were almost equally likely to have received this information. The main sources of information are radio (48%), TV (33%) and community activists/volunteers (27%). Notably, there are more women (35%) than men (30%) who have obtained SRHR information from TV and less women (24%) than men (29%) who have obtained SRHR information from community activists or volunteers.

37% of respondents confirmed that a member of their household had needed SRHR services (health services related to child spacing/family planning, STIs/HIV/Aids, contraceptives, condoms, antiretroviral services) since March 2020. Women (35%) were less likely than men (39%) to confirm this.

Overall, 80% of those whose household members needed SRHR services were able to access it. They most commonly sought help at a health facility (86%). Health facilities were more likely to be used by households headed by men (89%) than those headed by women (84%). Among those who needed SRHR services but did not receive them, the main reasons given were lack of money for transport (33%), lack of transport (30%) and long distances to the nearest support center (28%). Women were more likely than men to identify these reasons as a challenge to accessing SRHR services.

Main recommendations

Socio-economic circumstances

i. Resource allocation should prioritize and support activities that will underpin economic recovery and livelihood activities both in the short and long term.

ii. Government and other non-actors should initiate livelihood programs that help both women and men whose economic activities have been affected by the COVID-19 pandemic. The beneficiary selection criteria should give preference to women who have experienced the biggest financial setbacks due to the pandemic.

iii. One of the ways that women's livelihoods can be protected is through cash transfer programs. These can help households mitigate consumption shocks in times of crisis. Business competitions and soft skills trainings could also help women-owned firms bounce back, considering that they are disproportionately informal, operate in less profitable sectors, and have more limited access to loans.

Access to services

i. For financial access, encourage saving and improve financial inclusion in rural areas to build a culture of saving and reduce future risks to shocks and stresses in the long term.

ii. Immediate action would be required by the government to allocate more contingency funds for emergency pandemic response through cash transfer programs, waiving bills/taxes, and providing relief packages to curtail economic damage, devastating income shocks, and limited financial access in recognition of the liquidity constraints – many of which also limited food access.

iii. For healthcare access, the national lockdown would have to be lifted in stages to address access barriers, i.e., transport restrictions, curfew, and poor ambulatory systems.

iv. In addition to this, there would be a need to be recruit and distribute more health workers across the regions to better manage hospitals' focus on COVID-19.

v. Income shocks which made healthcare unaffordable require reforms in public health insurance or a temporary waiver on fees at public healthcare facilities.

viii. There is need to identify measures that will safeguard basic human rights to water and sanitation during the pandemic as more than a third of respondents were unable to access water for the household at one point and given that Uganda is largely rural, the main water sources are communal and may not be safe enough.

Gender-based violence

i. Communication strategies should continue leveraging traditional broadcast media as statistics show that radio, followed by TV, has the highest penetration at household and individual level. Despite their wide reach, word-of-mouth strategies should also be integrated in the communication strategies because they would be more effective due to the personal interface, and they already have an audience. This includes neighbors, social media, friends, community activists, family members, religious leaders, and cultural leaders. A wider personal reach can also be achieved through SMS messaging which is also useful for referencing information they would need after an incident.

ii. Given that physical violence is the most common form of GBV, communication strategies should be aimed at amplifying the solutions for physical violence seeing that it is most common. Solutions should include immediate actions, i.e., hotlines they can reach out to, how communities can be involved in helping the battered victims, and the physical health implications if GBV is not addressed. It will also be important to mobilize and sensitize community members on their role in preventing, mitigating, and responding to GBV in their communities.

iii. Most importantly, knowledge gaps should be closed by creating more awareness to reach those who are left behind with regard to accessing information, and by improving the quality of information received through simplifying the key messages for better memorability. Key messages should contain information on: where to seek help; how to report perpetrators to allay victims'/survivors' fears on how they can be reintegrated into their own households after reporting the perpetrators; addressing cultural beliefs that GBV is socially acceptable.

vii. Perpetrators sometimes have a sense of impunity due to low levels of punishment on reported cases. Effective law enforcement against reported cases should therefore be developed and should also include on-site arrests. Regular community education programs that help communities understand their role in reporting perpetrators should also be developed. Helpline services which victims can utilize without alerting their offenders should also be communicated frequently. However, the effectiveness of a hotline will be reduced if not followed by necessary action; hence, there should be a holistic response model. Police and community leaders need to be trained on how to support GBV victims since they are the main points of contact when victims are seeking help.

viii. The Northern region should be prioritized in GBV interventions because they bear the burden more heavily than other regions. Seeing that economic insecurities play a large role in GBV surges as discussed earlier, the Government needs to allocate more contingency funds for an emergency pandemic response through cash transfer programs, waiving bills/taxes, and providing relief packages to curtail economic damage, devastating income shocks, and limited financial access as earlier established.

xiv. In summary, it is recommended that GBV interventions and policies should ensure that survivors and those at risk of GBV during a pandemic are well informed on how to seek help and report their perpetrators and receive the necessary support including health services such as counselling, justice and legal services, safe spaces, and economic assistance.

Sexual and reproductive healthcare

i. Future surveys would do well to establish whether the respondent knows the SRHR needs of their household members, and to capture the specific SRHR services needed to better quantify access for each service.

ii. Future survey questions should make a distinction between experiences prior to the pandemic and during the pandemic as it is also not clear whether these barriers were also experienced prior to the pandemic or if they are a new phenomenon.

vii. Either way, reports show that poor sexual and reproductive health remains one of the most prevalent causes of disease and death among women between the ages of 15 and 44 in developing countries.[4]

viii. Communication strategies that create awareness on the importance of adequate access to SRHR and that provide guidelines on how to access various SRHR services during a pandemic are recommended.

4 *https://www.unfpa.org/sites/default/files/jahia-events/webdav/site/global/shared/documents/events/2009/policies_frameworks.pdf*

1. INTRODUCTION

1.1 Study background

The advance of the COVID-19 pandemic on the African continent, although having been slowed down by means of lockdown and social distancing measures, continues. While the first cases were imported and started in towns, there are now many cases at the community level, and efforts are being made to prevent the further transmission of the virus.

In Uganda, the first case was identified on 21 March 2020, and on 24 March, the government took decisive action[5] by closing schools. The rules also temporarily banned public gatherings, marriages, public meetings, and other activities that brought people together in open and enclosed spaces.

In addition to the direct consequences of the disease on the health and well-being of individuals, there are also indirect consequences because of physical distancing and confinement measures that have a negative impact on the population and particularly on women already living in poverty, without formal jobs.

The government instituted a wide range of mitigation measures to reduce the impact of the pandemic on livelihoods and the economy. In addition to movement restrictions, it also instituted deferrals of company taxation or allowing commercial banks to offer loan renegotiations and tax holidays to be granted on more flexible terms. Additionally, Uganda is the only country in East and Southern Africa, besides South Africa, that adopted 10 or more gender-responsive measures to the pandemic.[6]

As a further precautionary measure, the full re-opening of schools in Uganda only took place in January 2021, even though students who needed to write their final school phase exams in 2020 returned earlier. Other studies have indicated that the pandemic affected women and girls differently than it did men and boys. For example, emerging evidence from the Global Programme to End Child Marriage (GPECM)[7] from four countries in ESA – Ethiopia, Mozambique, Uganda, and Zambia – shows increases in violence, child marriage and teenage pregnancies during the pandemic.

A mobile phone survey undertaken in Uganda[8] found perceived increases of physical violence at the village level to be 0.62 times higher than before the lockdown. These perceived increases were corroborated by an increase in arguments, a decrease in the quality of life and a decrease in the economic standing of households after the start of the lockdown.

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5 Government of Uganda. Available from *https://www.loc.gov/law/foreign-news/article/uganda-government-measures-to-slow-the-spread-of-covid-19/*

6 UN Women & UNDP (2020) COVID-19 Global Gender Response Tracked. Factsheet: Sub-Saharan Africa. Available from *https://advocacyaccelerator.org/product/fact-sheet-covid-19-global-gender-response-tracker-sub-saharan-africa/.* Accessed in January 2021.

7 UNFPA - UNICEF (2020) Child Marriage in COVID-19 contexts: Disruptions, Alternative Approaches and Building Programming Resilience. 27.04.2020.

8 Mahmud and Riley 2020, working paper cited in Centre for Global Development (2020) CGD Note. COVID-19 and Violence against Women and Children.

The increased health risks and work burden on healthcare workers (predominantly women), increased care and domestic work for women at the household level, and potential risks to income loss in the vulnerable informal sector, and food security in the short to medium term are also noted as some of the indirect consequences of the pandemic.

Uganda has for some time been a net recipient of migrants and refugees. The economic fallout of the pandemic and a potential decline in political stability in East Africa in general is also likely to further affect Uganda.

A recent rapid gender assessment conducted by UN Women[9] and partner agencies among refugee populations in Uganda found that:

- Women and girls' unpaid care work has increased significantly. Girls and women aged 18–24 reported an approximate 50% increase in unpaid care work.
- Women and girls feel less safe in the home and the community than men and boys. More than 30% of girls and women aged 18–24 have not been feeling safe in their own homes since the onset of COVID-19, and 31.8% of girls also do not feel safe in the community.
- While men and boys were more likely to say their incomes decreased, women and girls have been less able to save money through Village Saving and Loan associations (VSLAs) since the onset of COVID-19.
- Health workers and sexual and gender-based violence (SGBV) actors reported an increase in gender-based violence, mainly domestic violence.
- Refugee girls and boys face myriad challenges to continue learning since the closing of schools. 37.1% of refugee children do not have learning materials or have stopped learning altogether. The need to carry out household chores affected the learning of 27% girls and 13% of boys.
- 80.6% of the key informants interviewed agree that COVID-19 negatively impacts refugees' mental health.

Recognizing the extent to which disease outbreaks affect women and men differently is a fundamental step towards understanding the primary and secondary effects of the pandemic on different individuals and communities, and for creating effective, equitable policies and interventions.

To complement other data sources on the impact on the pandemic on women and men in Uganda, UN Women, in partnership with UNFPA and UBOS, commissioned a CATI survey in Uganda via GEOPOLL. The results of this study provide policy and decision-makers with reliable evidence and information to design appropriate interventions that address the needs of the population and influence policy and practice at different levels to mitigate the effects of COVID-19. The study presents sex-disaggregated data to fully understand how women and men are affected by the virus with regard to their livelihoods, safety and security, access to essential health services, as well as perceptions about and the incidence of gender-based violence.

9 UN Women (2020). Rapid Gender Assessment of Refugees in Uganda.

1.2 Objectives of the survey

The main objective of the assessment was to collect information (using CATI) and compile reports about the effect of COVID-19 on the life circumstances of women and men in Uganda.

The specific objectives are:

i. To assess the effect of COVID-19 on protection and security.

ii. To assess the effect of COVID-19 on household incomes and livelihoods.

iii. To assess the effect of COVID-19 on access to financial services, healthcare services, food, and sufficient water.

iv. To assess the trends of GBV and related harmful practices (FGM and child marriages) as a result of COVID-19.

vi. To assess the trends of SRHR services during the pandemic.

1.3 Methodology and sampling

The COVID-19 RGA was designed to provide estimates for various indicators in Uganda. A total of 3,001 interviews were conducted in all four of regions of the country distributed across 1,536 men and 1,465 women. The survey was carried out using a purely quantitative approach, and all questions were closed-ended. Respondents were sourced from the GEOPOLL database of phone numbers using a random sampling method. The sample was stratified by sex, age, and region to ensure that it was representative of the population. Demographic data supplied by UBOS was used for the purposes of stratification and development of sampling quotas. A structured questionnaire was used to collect data by administering it via GEOPOLL's CATI platform where GEOPOLL enumerators dialed respondents and carried out the interview via telephone. The target sample for completed interviews was 2,400. Table 1 provides a summary of the research design. With a sample size of n=2400, the margin of error is +/-2.0% at 95 percent confidence level for reporting at national level.

Table 1: Summary research design

Analysis	• Quantitative
Instrument	• Semi-structured questionnaire
Method	• Computer-assisted telephonic interviews (CATI)
Source	• GEOPOLL database (random stratified sampling)
Respondent details	• Men and women • 18+ years old
Sample	• N=3001
Location	• Busoga, Acholi, Ankole, Bukedi, Bunyoro, Baganda, Elgon, Kampala, Karamoja, Kigezi, Lango, Teso, Tooro, West-Nile
Languages	• English, Luganda, Lusoga, Lugisu, Runyankore-Rukiga, Runyoro-Rutoro, Lugbara, Luo, Ateso-Karimajong
Data collection	• 31 October – 30 November 2020

After data collection, the data was adjusted using weights to align the distribution of the sample to the demography profile of the population of Uganda as per the sampling quotas established prior to data collection.

2. FINDINGS

The subsequent sections discuss the results from the survey. The results have been structured around the objectives as listed in bullet format below:

- **Security threats:** To assess the effect of COVID-19 on protection and security.
- **Household income:** To assess the effect of COVID-19 on households' income and livelihoods.
- **Access to services section:** To assess the effect of COVID-19 on access to financial services, healthcare services, food, and sufficient water.
- **Gender-based violence (GBV):** To assess the trends of gender-based violence and related harmful practices (FGM and child marriages) as a result of COVID-19.
- **Sexual and reproductive health rights (SRHR):** To assess the trends in SRHR services.

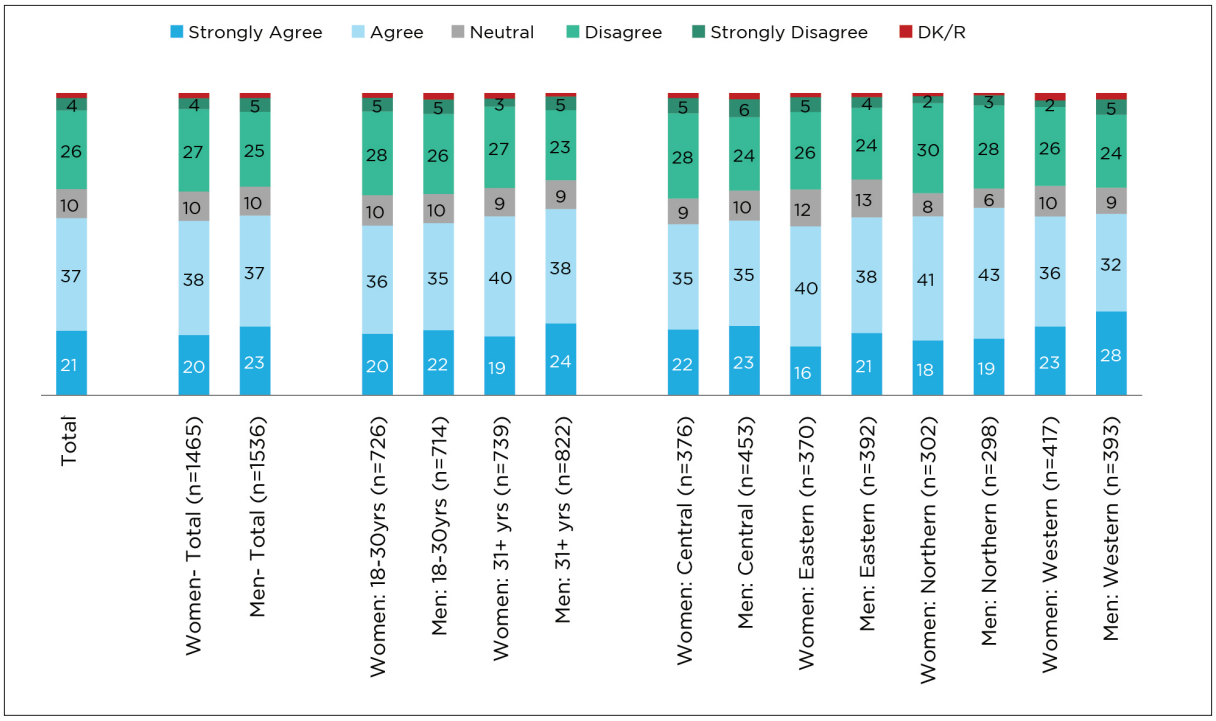
3. SECURITY THREATS

Ugandans have experienced greater security risks and vulnerability to crime and violence during the COVID-19 crisis than previously. In April 2020, several deaths ascribed to security officers who were enforcing measures to restrict the spread of coronavirus were reported.[10] During data collection in November 2020, a number of casualties were reported during protests that rocked Kampala and other parts of Uganda after the arrest of a presidential election candidate.[11]

Police brutality in enforcing COVID-19 lockdown measures, coupled with the unrest that preceded the presidential elections, are probably the main events that have contributed to nearly 6 in 10 of the study's respondents agreeing that they have experienced greater security risks and vulnerability to crime and violence during the COVID-19 crisis. This pattern is visible across all demographics. However, women (58%) were slightly less likely than men (60%) to have experienced greater security risks and vulnerability to crime and violence across all demographics. This mplies that women may be less exposed but still need protection, protestors need to be educated, and police brutality needs to be addressed.

Question CD1. Please indicate how much you agree or disagree with the statement, "You have experienced greater security risks and vulnerability to crime and violence during the COVID 19 crisis..." would you say you... (Base: N=3001)

Figure 1: Security risk during COVID-19, by sex, age and region [values are in %]



10 *https://www.bbc.com/news/world-africa-53450850*
11 *https://edition.cnn.com/2020/11/23/africa/ugandan-protest-death-toll-intl/index.html*

4. HOUSEHOLD INCOME

4.1 Main sources of household income

Agriculture is the core sector of the economy, contributing around 23% to the annual GDP and employing 69% of Uganda's population.[12] The importance of agriculture is confirmed by the fact that agriculture (43%) was the main source of household income amongst the study's respondents, as shown in Table 2, and across all demographics. Women (41%) were less likely than men (46%) to practice agricultural activities. This gap between the sexes is widest in the Northern region. This is most probably because farmers are largely based in the south where there is more rainfall and fertile soils. Other evidence also suggests that women in the south are more likely than in other regions to own the land on which they work.[13]

Outside farming, households received income from wage employment (29%), family business (24%) and property/investment/savings (19%). For these sources, their earners have an almost equal split between women and men. Disparities based on the sex of the respondent were most pronounced in the Northern region where more women (39%) than men (31%) reported receiving household incomes from wage employment and where women (17%) were less likely than men (22%) to receive incomes from properties/investments/savings. For non-farm family businesses, the biggest differences between women and men were found in the Eastern and Western regions where women were less likely than men to earn an income from this activity.

One of the response options also included assistance received from different sources, e.g., family members, government, etc. Relatively few respondents consider these kinds of sources their main source of household income. When considering that this was a multiple-response question, such assistance is likely to be a supplementary source of income to the main sources already discussed in the preceding paragraphs. Assistance is also most likely to come from family (18%). Women (19%) were nearly as equally likely as men (18%) to receive this kind of assistance. However, in the Northern region, women (22%) were more likely than men (17%) to indicate assistance from family as a source of income.

12 *http://www.fao.org/3/i8359en/I8359EN.pdf*
13 *https://www.britannica.com/place/Uganda/Economy*

Question CD2. In the last 12 months, which of the following were your household's sources of livelihood? (Base: N=3001)

Table 2: Main source of household livelihoods/income [values are in %]

		Sex		Age				Region							
	Total (N=3001)	Women (n=1465)	Men (n=1536)	18–30 years – Women (n=726)	18–30 years – Men (n=714)	31+ years – Women (n=739)	31+ years - Men (n=822)	Central – Women (n=376)	Central – Men (n=453)	Eastern – Women (n=370)	Eastern – Men (n=392)	Western – Women (n=417)	Western – Men (n=393)	Northern – Women (n=302)	Northern – Men (n=298)
Family farming/livestock or fishing	43	41	46	37	43	44	49	29	35	47	54	46	49	40	49
Wage employment of household members	29	30	29	31	27	28	31	27	31	28	28	27	26	39	31
Non-farm family business/ including family business	24	23	24	24	25	22	24	25	21	21	27	23	28	22	22
Income from properties/ investments or savings	19	18	19	22	22	15	17	20	21	18	16	18	19	17	22
Assistance from family within the country	18	19	18	22	23	16	14	22	23	18	16	15	14	22	17
Assistance from other non-family individuals	12	11	12	14	14	8	10	13	14	12	12	10	9	9	13
Assistance from the government	8	8	7	8	8	8	7	10	8	6	6	7	8	8	8
Assistance from NGOs / charitable organization	4	3	4	4	4	3	4	4	3	4	4	2	4	4	4
Unemployment benefits	4	4	4	4	4	4	4	3	2	5	4	5	6	4	4
Remittances from abroad	3	4	3	4	3	4	3	5	4	3	3	5	1	3	2
Pension	2	2	2	0	1	3	3	2	1	2	2	2	3	2	3
Other [specify]	4	4	5	4	5	3	4	4	7	4	4	5	4	1	3

4.2 Changes in household income

Uganda successfully contained the spread of COVID-19 using a tightly-controlled response that included imposing a nationwide shutdown and closing Uganda's borders. Despite the positive health impacts from the lockdown, there was significant damage to the economy.[14] The damage was not limited to the in-country lockdown. China's factory shutdowns also disrupted supply chains globally.[15] The income shocks due to the COVID-19 crisis reported by respondents were therefore not surprising, as shown in Table 3.

14 *https://devinit.org/resources/socioeconomic-impact-of-covid-19-in-uganda/*
15 *https://www.pwc.com/ug/en/press-room/impact-of-the-corona-virus-on-the-uganda-economy.html*

Overall, the income sources that were most affected by both reduction and total loss combined were 'non-farm family business' (85%), followed by income from properties/ investment/savings (80%), 'assistance from family within the country' (80%), and 'assistance from other non-family individuals' (80%). As expected, pensions income was the least affected, as most respondents who earned an income from this source (66%) indicated that it remained the same.

An examination of the reduction of incomes and total losses combined shows that women and men were equally affected (75%) with regard to incomes from the main source of income, namely agriculture. Women were more likely than men to have suffered reduced incomes from family in the country and in terms of government assistance. On the other hand, women were less likely than men to be affected by income losses related to non-farm family businesses, unemployment benefits, and assistance from NGOs.

Question CD2. Since the start of COVID-19 [20 March 2020] how has your income from #MainIncome# changed? Would you say your income has...

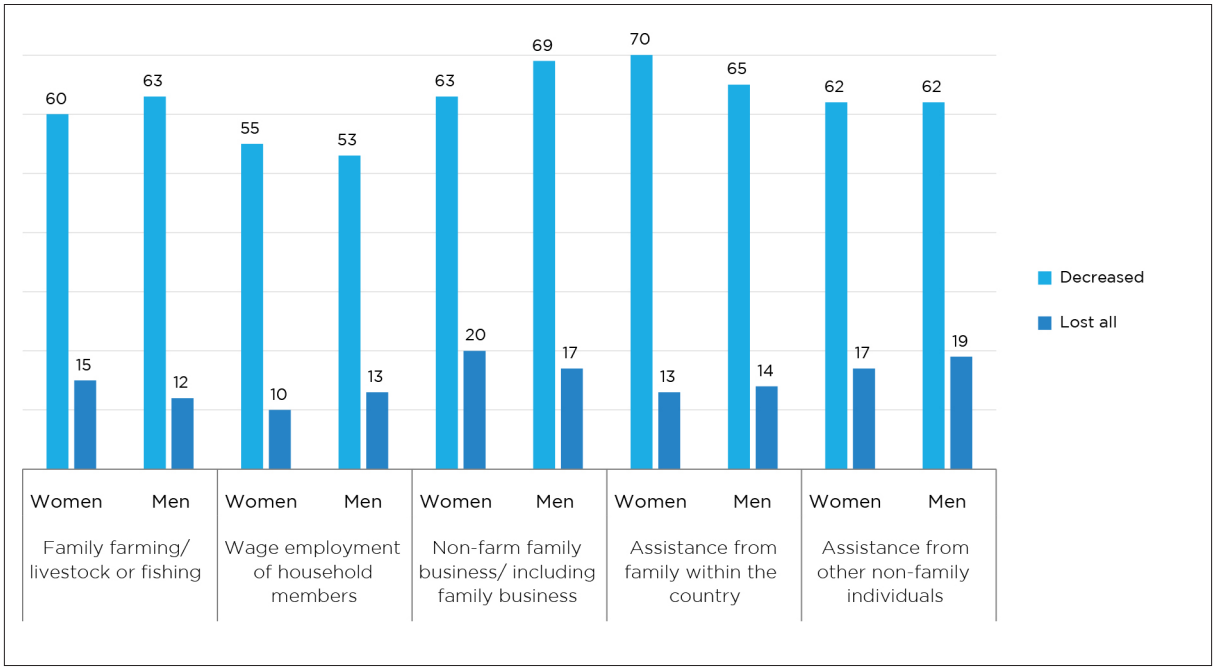
Table 3: Income change [values are in %]

Indicator		Base	Reduced	Total loss/ no earnings	Increased	Stayed the same	DK/R
Family farming/livestock or fishing	**Total**	**N=1293**	**61**	**13**	**14**	**11**	**1**
	Women	n=589	60	15	15	10	1
	Men	n=704	63	12	13	11	0
Wage employment of household members	**Total**	**N=878**	**54**	**12**	**3**	**31**	**1**
	Women	n=434	55	10	2	32	1
	Men	n=444	53	13	3	30	1
Non-farm family business/including family business	**Total**	**N=706**	**66**	**19**	**8**	**7**	**0**
	Women	n=332	63	20	9	8	0
	Men	n=374	69	17	6	7	0
Income from properties/investments or savings	**Total**	**N=563**	**65**	**15**	**9**	**10**	**1**
	Women	n=269	64	16	9	9	1
	Men	n=294	66	14	9	10	1
Assistance from family within the country	**Total**	**N=548**	**67**	**13**	**7**	**13**	**0**
	Women	n=276	70	13	5	13	0
	Men	n=272	65	14	9	13	0
Assistance from other non-family individuals	**Total**	**N=347**	**62**	**18**	**6**	**12**	**1**
	Women	n=162	62	17	8	13	1
	Men	n=185	62	19	4	12	2
Assistance from the government	**Total**	**N=227**	**38**	**24**	**12**	**22**	**4**
	Women	n=114	40	25	10	20	5
	Men	n=113	36	23	15	24	2

Table 3: Income change [values are in %] (concluded)

Indicator		Base	Reduced	Total loss/ no earnings	Increased	Stayed the same	DK/R
Unemployment benefits	**Total**	**N=124**	**54**	**14**	**6**	**24**	**2**
	Women	n=60	52	13	7	27	2
	Men	n=64	56	14	5	22	3
Assistance from NGOs/charitable organizations	**Total**	**N=105**	**51**	**10**	**19**	**18**	**1**
	Women	n=50	44	14	18	22	2
	Men	n=55	58	7	20	15	0
Remittances from abroad	**Total**	**N=104**	**39**	**15**	**17**	**28**	**0**
	Women	n=59	47	8	14	31	0
	Men	n=45	29	24	22	24	0
Pension	**Total**	**N=58**	**24**	**9**	**2**	**66**	**0**
	Women	n=26	31	12	4	54	0
	Men	n=32	19	6	0	75	0
Other	**Total**	**N=124**	**55**	**15**	**8**	**21**	**2**
	Women	n=53	51	17	6	23	4
	Men	n=71	58	13	10	20	0

Figure 2: Changes in income from the primary income sources during COVID-19, by sex [values are in %]

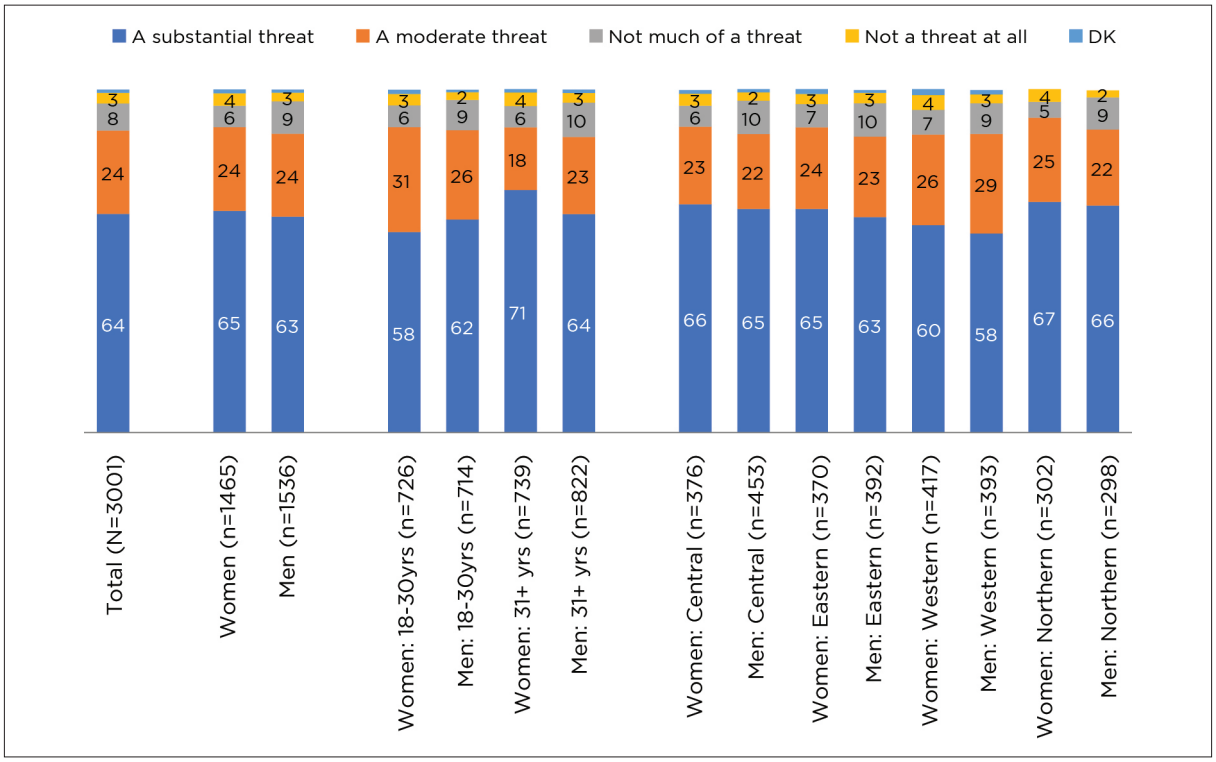


4.3 COVID-19 threat to household income

According to more than 6 in 10 (64%) of respondents, the pandemic poses a substantial threat to their household finances. Most of the remainder consider the pandemic to be a moderate threat as shown in Figure 3. Overall, women (65%) were slightly more likely than men (63%) to indicate that they consider the pandemic a substantial threat to their household finances. This observation also held true across different demographics. As described previously, the reduction in and loss of income sources make households more vulnerable to shocks and stresses such as unplanned health expenses in the event of an individual contracting COVID-19.

Question CD3. How much of a threat would you say the corona virus outbreak is to your household's finances? (Base: N=3001)

Figure 3: COVID-19 threat to household finances, by sex, age and region [values are in %]



4.4 Economic activities – previous versus current

Table 4 and Figure 4 show that prior to the pandemic, women were less likely than men to be economically active and that they were also more likely than men to experience job losses during the pandemic. A quarter of women respondents (25%) who were employed prior to the pandemic lost their jobs compared to 17% of men. Women-owned businesses have also been more vulnerable to shocks as they are disproportionately informal, operate in less-profitable sectors, and they have more limited access to loans. Existing sex inequalities in economic opportunities may worsen as observed in previous large-scale health shocks such as the 2014–2016 Ebola epidemic.[16]

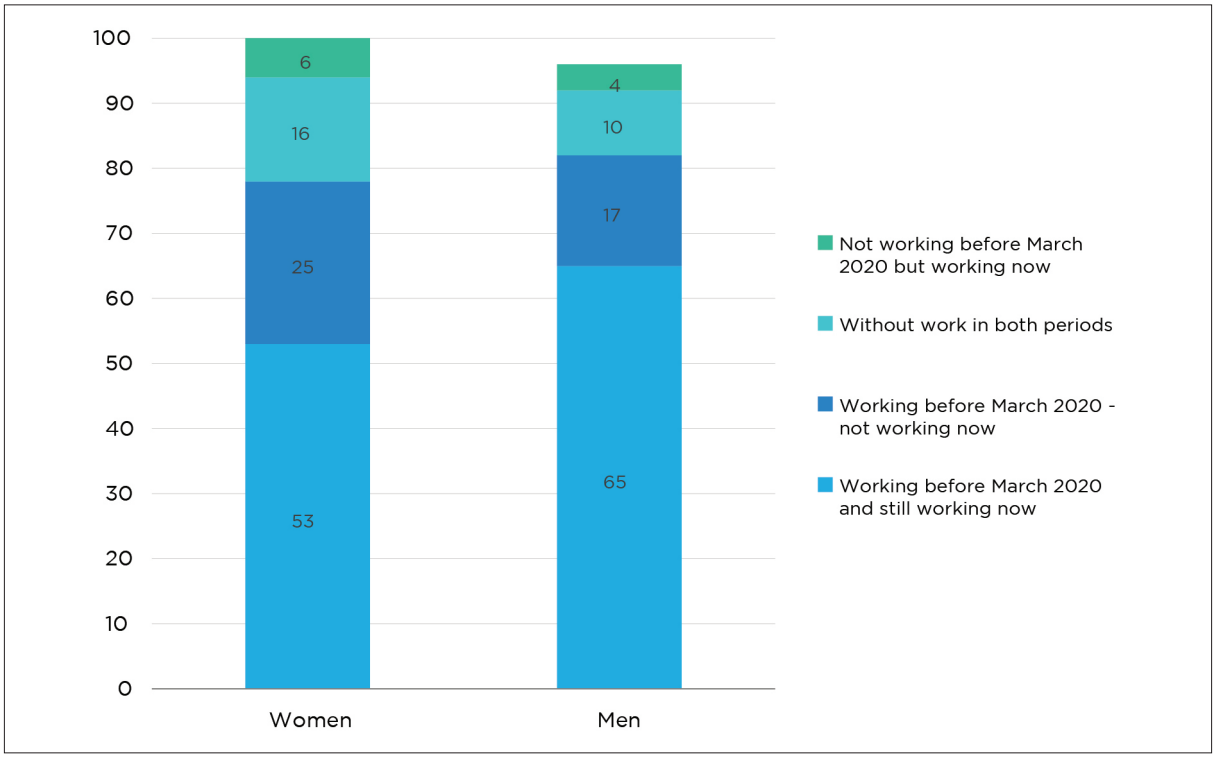
16 *https://blogs.worldbank.org/africacan/supporting-african-women-through-economic-consequences-covid-19*

Question CD4. Currently are you doing any work to earn a living? (Base: N=3001)
Question CD5. Before the start of COVID-19 [20 March 2020] was there any work that you were doing to earn a living? (Base: N=3001)

Table 4: Previous versus current economic activity – overall [values are in %]

	Total (N=3001)	Women (N=1465)	Men (N=1536)
Proportion working before March 2020 that are still working now	**59**	53	65
Proportion working before March 2020 that are not working now (lost their jobs due to COVID-19)	**21**	25	17
Proportion without work in both periods	**13**	16	10
Proportion not working before March 2020 but working now	**5**	6	4
Don't know/Refused to answer	**2**	0	3

Figure 4: Changes in economic activities of individuals, by sex [values are in %]



4.5 Reasons for not working after COVID-19

Among those who stopped working after COVID-19, the largest proportion did so due to movement and other social restrictions (44%). This was more significant for women (47%) than men (41%) as shown in Table 5. The results confirm the negative economic impact that the pandemic and associated restrictions has had on women and men in Uganda, as highlighted in previous sections.

Question CD6. If not working now yet you were working before the start of COVID-19 [20 March 2020] why is that the case? (Base: N=631; sample is those who are currently not working but were working before COVID-19)

Table 5: Reasons for not working after COVID-19 [values are in %]

		Sex		Age				Region							
	Total (N=631)	Women (n=369)	Men (n=262)	18–30 years – Women (n=215)	18–30 years – Men (n=131)	31+ years – Women (n=154)	31+ years – Men (n=131)	Central – Women (n=116)	Central – Men (n=76)	Eastern – Women (n=106)	Eastern – Men (n=80)	Western – Women (n=80)	Western – Men (n=57)	Northern – Women (n=67)	Northern – Men (n=49)
Business/gov't closed due to Coronavirus legal restrictions	44	47	41	44	37	51	44	58	39	42	41	40	33	58	51
Business/gov't closed for another reason	20	20	21	20	15	20	26	28	21	15	30	21	12	18	14
Laid off while business continues	15	15	15	17	18	12	12	17	14	15	13	18	19	13	16
Seasonal worker	9	6	13	7	11	5	14	9	14	4	15	9	7	4	12
Rotation of personnel due to coronavirus [my turn is next week]	8	8	9	7	8	9	9	7	12	8	8	13	9	6	6
Furlough	6	6	6	8	5	4	7	8	5	8	9	3	4	6	4
Not able to go to farm due to movement restrictions	6	5	6	4	6	6	7	12	5	4	8	3	7	0	6
Not able to farm due to lack of inputs	4	3	5	2	2	4	8	4	0	3	9	1	7	4	4
Ill/quarantined	3	4	2	2	1	6	4	3	3	4	3	8	0	3	4
Need to care for ill relative	3	3	3	2	3	3	3	3	0	3	3	5	9	0	2
Not farming season	2	2	2	1	2	3	2	1	3	2	3	4	0	1	2
Retired	2	2	3	1	2	3	4	2	3	3	5	3	2	0	2
Conflict/insurgency	1	1	2	0	2	3	2	1	0	1	1	3	0	1	6
Other reason	12	14	10	13	15	15	5	13	12	21	8	11	18	10	4
DK/R	1	1	0	1	1	1	1	1	0	1	1	1	0	1	2

5. ACCESS TO SERVICES

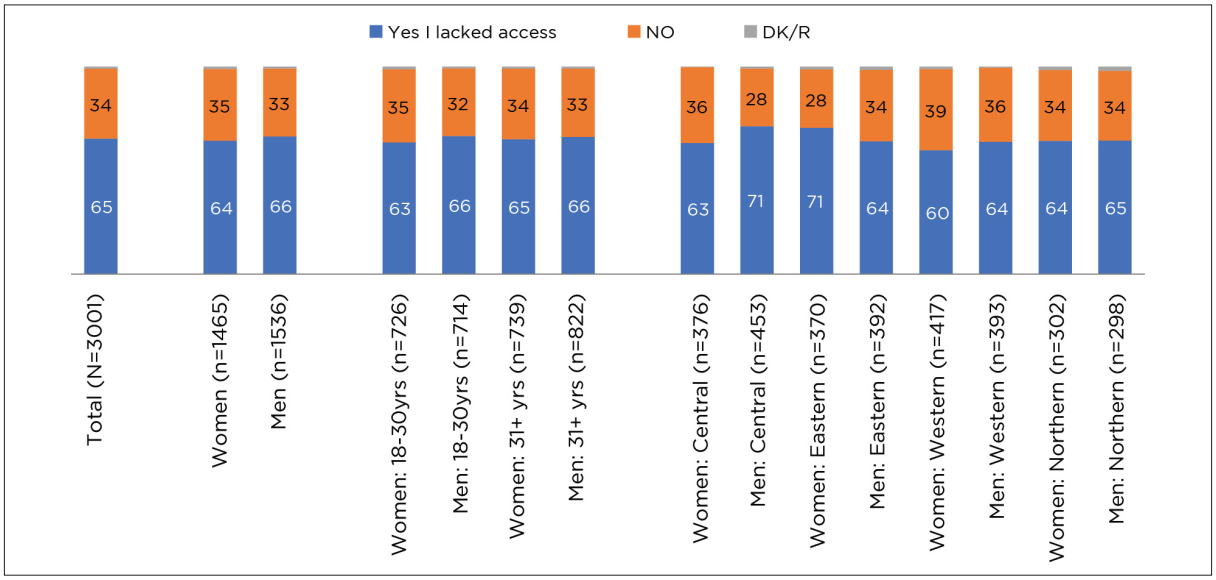
5.1 Access to financial services during COVID-19

Respondents confirm that during the pandemic, there instances when they did not have access to services due to COVID-19 restrictions or fear of contracting the disease. Financial services (65%) were the most difficult to access, as shown in Figure 5 compared to health care (57%), food (49%), and water (36%). This could possibly be attributed to the poor saving culture in Uganda, which is associated with low incomes and lack of access to financial services, as well as a lack of effective planning for the future leading to limited resilience in periods of a shock and loss of income. Most adults rely on sources of income that give them access to small amounts of cash on an inconsistent basis, for example, the more than 40% of Ugandan adults who rely on farming/fishing activities for money. Their financial behavior is driven by their daily needs.[17]

Both sexes were similarly affected by lack of access to financial services as shown in Figure 5 below. However, despite their being more likely to experience job losses, women (64%) were slightly less affected than men (66%) overall and across all demographics, except in the Eastern region where women were more affected. It is possible that women are either better at saving for the future or they have less need for financial access due to being dependents or having alternative income sources.

Question CD7. Since the onset of COVID-19 [March 20, 2020] was there a time when you didn't have access to financial services due to COVID-19 restrictions or fear of contracting the disease? (Base: N=3001)

Figure 5: Financial services – lack of access due to COVID-19, by sex, age and region [values are in %]



17 *https://www.bou.or.ug/bou/bouwebsite/bouwebsitecontent/research/BoUworkingPapers/research/BouWorkingPapers/2020/ BoU_WP20_2020-The-COVID-19-Pandemic-Socio-Economic-Impact-in-Uganda.pdf*

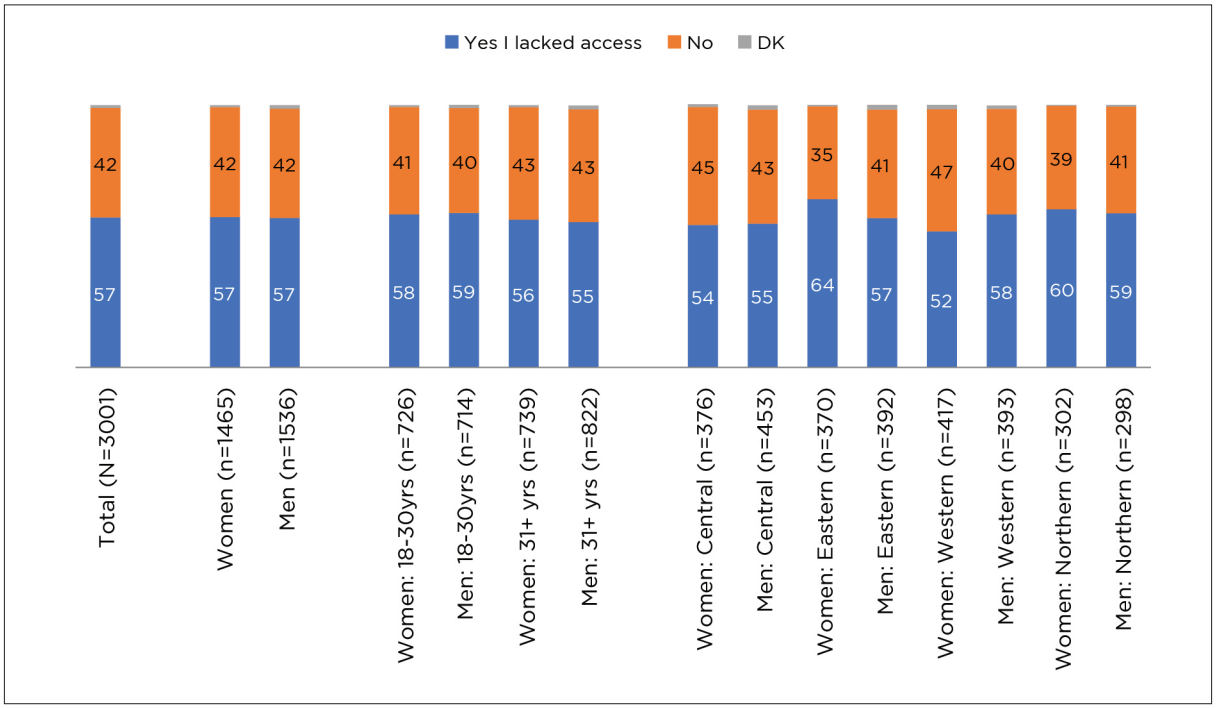
5.2 Healthcare services access during COVID-19

Most respondents (57%) could not access healthcare services due to COVID-19 restrictions or fear of contracting the disease, as shown in Figure 6. All efforts were focused on COVID-19 when the Ugandan Government took measures to combat its spread, and this disrupted supply chain and healthcare service delivery systems. Patients with other illnesses also faced an increased risk of complications and death due to inability to access healthcare because of transport restrictions, curfew, poor ambulatory systems, and fear of contracting the virus from healthcare settings. Many individuals in Uganda are dependent on daily wages, so an inability to work due to lockdown also made it difficult to afford healthcare and to buy medicines.[18]

Overall, lack of access to healthcare was equal for women and men (57%) with insignificant differences between the sexes across ages, as shown in Figure 6. However, in the Eastern region, significantly more women (64%) than men (57%) lacked access to healthcare services. In the Western region, notably less women (52%) than men (58%) lacked access.

Question CD7. Since the onset of COVID-19 [March 20, 2020] was there a time when you didn't have access to healthcare services due to COVID-19 restrictions or fear of contracting the disease? (Base: N=3001)

Figure 6: Healthcare – lack of access due to COVID-19, by sex, age, and region [values are in %]



18 *https://blogs.bmj.com/bmj/2020/08/06/covid-19-patient-voices-and-perspectives-in-uganda/*

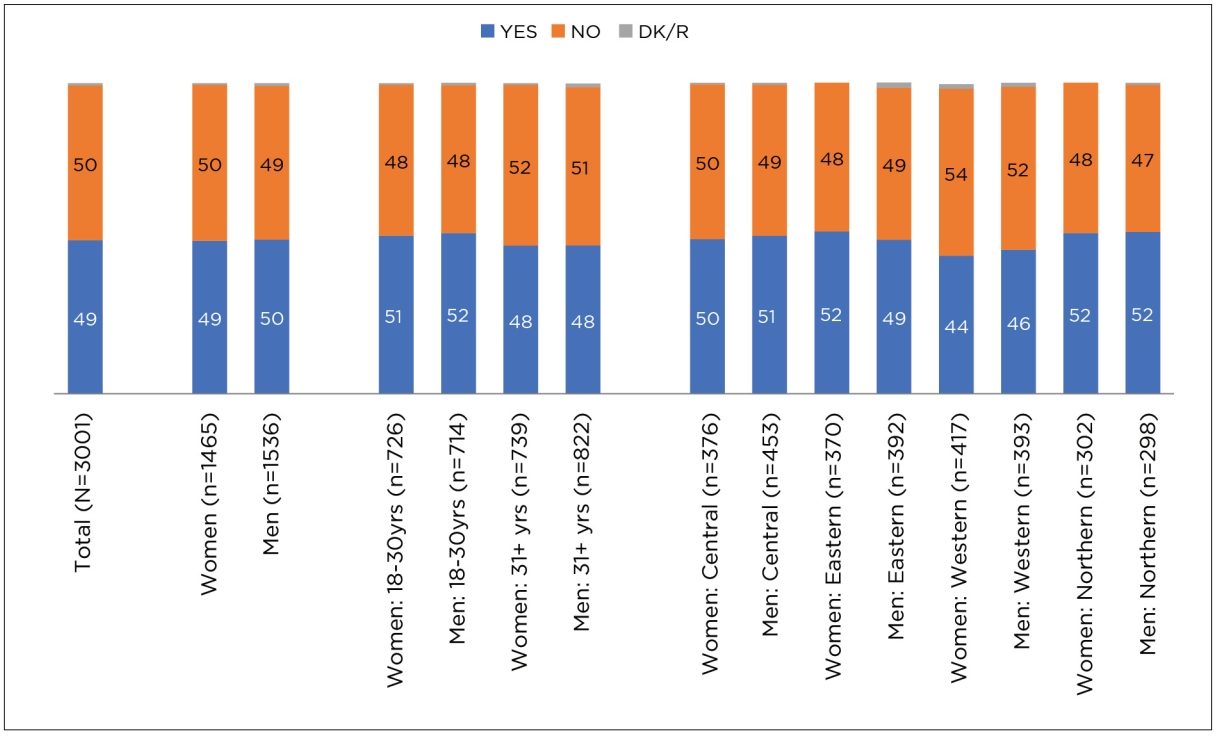
5.3 Food access during COVID-19

In Uganda, 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.[19] The inability to access food must therefore have been driven by other reasons which may include job losses/reduced or no income, transport restrictions, curfew, and other limitations from the shutdown. Figure 7 provides more information on lack of access to food in Uganda during the pandemic.

Women (49%) and men (50%) experienced similar lack of access food across all demographic groupings, except for the Eastern region where women (52%) were more likely than men (49%) to have experienced a lack of food.

Question CD7. Since the onset of COVID-19 [March 20, 2020] was there a time when you did not have access to food due to COVID-19 restrictions or fear of contracting the disease? (Base: N=3001)

Figure 7: Lack of access to food due to COVID-19, by sex, age and region [values are in %]



5.4 Sufficient safe water access during COVID-19

Handwashing is one of the most effective preventative practices in the fight against COVID-19; access to clean water and sanitation has therefore been crucial during this period.[20] Most respondents (63%) had access to water for the household during the pandemic, as shown in Figure 8. However, keeping in mind that 76% of Uganda is rural,

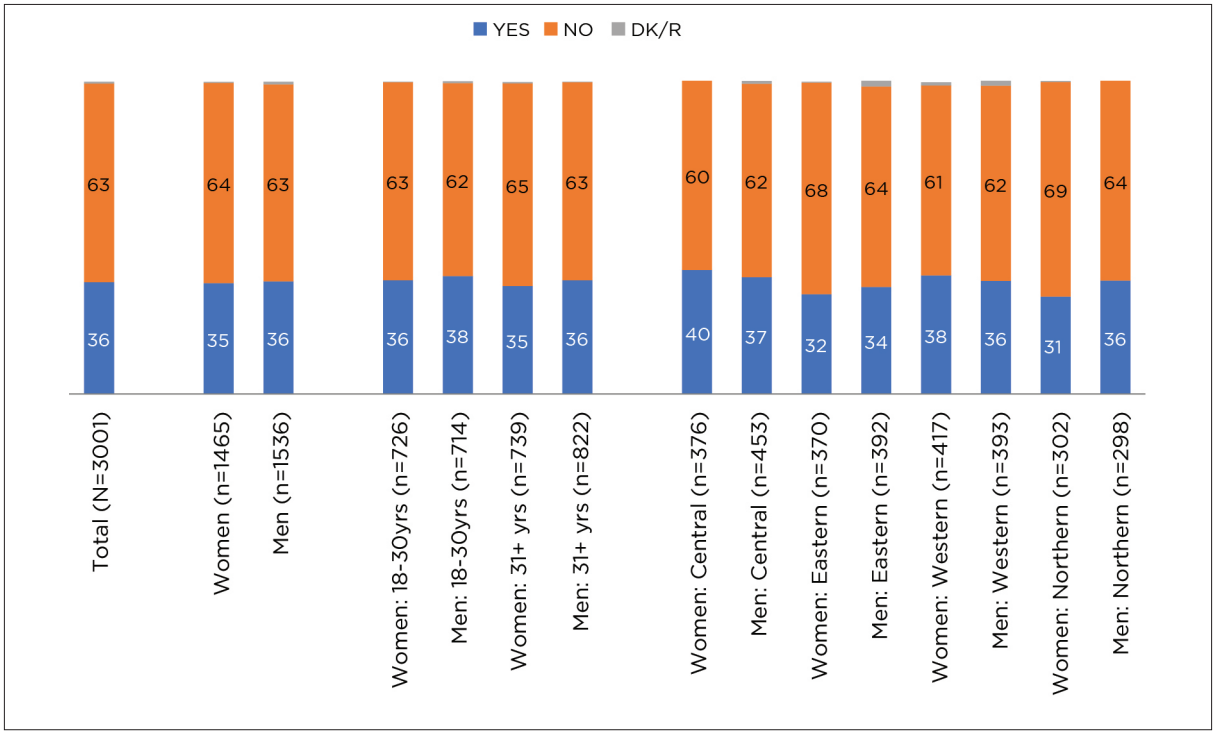
19 *http://www.fao.org/3/cb2112en/CB2112EN.pdf*
20 *https://www.cmi.no/publications/7253-corruption-limits-access-to-safe-water-and-the-effectiveness-of-the-covid-19-response-in-developing*

their main sources of water are boreholes, shallow wells, and springs indicating that they may not have access to clean and safe water. In urban areas, piped water is the main source.

Women (64%) and men (63%) had access to water in almost equal measure across all demographics; however, women respondents were more likely than men to indicate having access to water in the Eastern and Northern regions.

Question CD7. Since the onset of COVID-19 [March 20, 2020] was there a time when you did not have access to water for household due to COVID-19 restrictions or fear of contracting the disease? (Base: N=3001)

Figure 8: Water – lack of access during COVID-19, by sex, age, and region [values are in %]



6. SEXUAL AND GENDER-BASED VIOLENCE

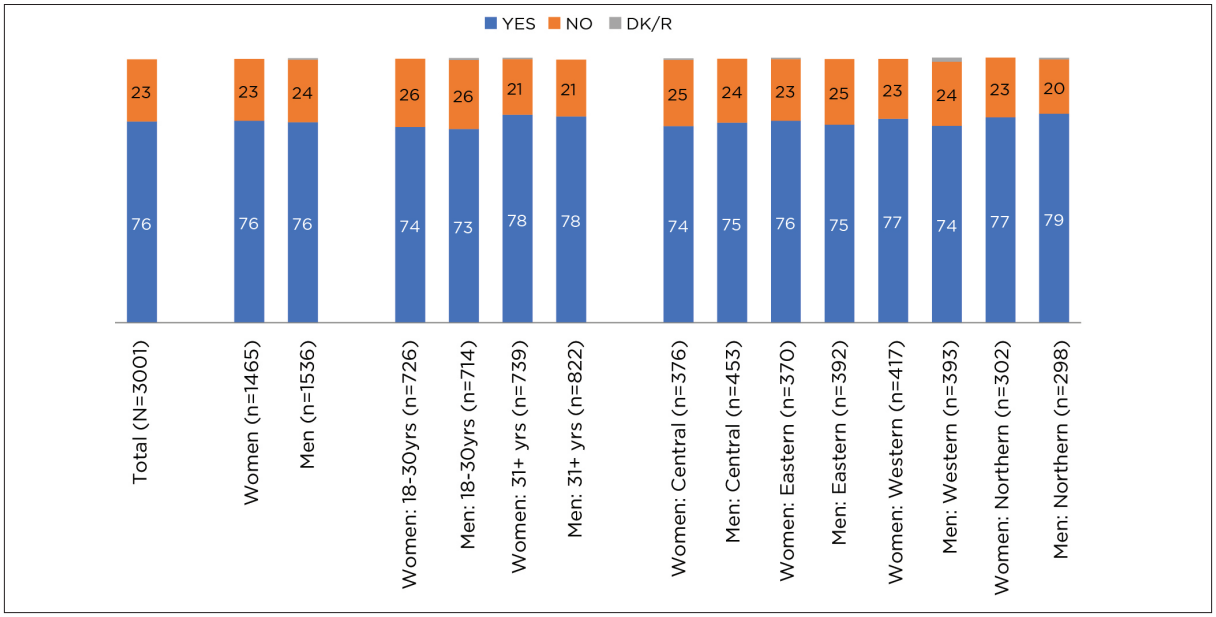
It is important to note that most of the results in this section have been provided on a third-party basis, meaning that the respondent is not talking about themselves, but about a victim/survivor of GBV that they are aware of.

6.1 Information on gender-based violence

As shown in Figure 9, approximately three in four Ugandans (76%) have received information on GBV since March 2020. GBV was described to the respondents as gender-based violence/violence against women/girls, which includes rape, defilement, sexual harassment, sexual exploitation, intimate partner violence, domestic violence, child marriage, forced marriage, female genital mutilation, emotional/psychological abuse, and economic violence. Receipt of information on GBV was reported equally (76%) across both sexes. However, in the Western region, women (77%) were more likely than men (74%) to have received GBV information.

Question GBV1. Have you received any information about gender-based violence/ violence against women/girls since March 2020? [This includes rape, defilement, sexual harassment, sexual exploitation, intimate partner violence, domestic violence, child marriage, forced marriage, female genital mutilation, emotional/psychological abuse, and economic violence] (Base: N=3001)

Figure 9: Receipt of information on GBV since March 2020, by sex, age, and region [values are in %]



6.2 Source of information on gender-based violence

Traditional broadcast media has the widest reach in providing GBV information, as shown in Table 6. Overall, radio (53%), followed by TV (45%) were the main sources of GBV-related information during the pandemic. Radio is a more popular medium than TV, mainly due to poverty and lack of electricity. It is also the most popular medium in Uganda because people can listen to it anywhere, e.g., at home, at their friends', relatives, or neighbors' homes, and at work. However, women (52%) are slightly less likely than men (54%)to listen to the radio as shown in Table 6.[21] Other statistics also indicate that TV penetration in Uganda in 2019 was 36% at the household level[22] and 41.3% among individuals.[13] Communication strategies should therefore leverage both these platforms for wider reach and response.

Despite their evident effectiveness as channels for relaying information on GBV, radio and TV should not be used exclusively. For optimized effectiveness in influencing attitudes and promoting change on GBV practices, radio and TV should be integrated with 'word of mouth' and other strategies which also have an audience. These include neighbors (27%), online media (23%), friends (16%), community activists (16%), family members (10%), religious leaders (7%) and cultural leaders (3%).

Overall, there were no significant differences between the sexes on the sources of information on GBV.

Question GBV2. What was the source of the gender-based violence information? (Base: N=2278; sample for those who have received GBV information since March 2020)

Table 6: Sources of GBV information [values are in %]

Communication media		Sex		Age				Region							
	Total (N=2278)	Women (n=1116)	Men (n=1162)	18–30 years – Women (n=536)	18–30 years – Men (n=522)	31+ years – Women (n=580)	31+ years – Men (n=640)	Central – Women (n=279)	Central – Men (n=342)	Eastern – Women (n=282)	Eastern – Men (n=293)	Western – Women (n=321)	Western – Men (n=292)	Northern – Women (n=234)	Northern – Men (n=235)
Radio	53	52	54	45	50	58	57	46	49	54	58	55	61	50	47
Television	45	46	43	47	44	45	42	62	56	43	38	46	49	32	23
Neighbor	27	28	27	27	26	28	28	19	22	31	31	28	26	34	29
Online/social media	23	23	23	27	27	19	20	22	29	21	18	26	23	20	20
Friend	16	17	16	18	18	15	15	15	12	17	16	20	22	15	16
Community activist/ volunteer	16	14	18	13	15	15	20	9	14	17	18	13	19	18	22
Family member	10	10	9	10	8	11	9	7	6	10	9	12	11	13	10

21 *https://www.communityengagementhub.org/wp-content/uploads/sites/2/2019/09/Uganda-Media-Landscape-report_BBC-Media-Action_February-2019.pdf*

22 *https://dataxis.com/my-shop/market-report/tv-distribution-networks-uganda/#:~:text=In%20Uganda%2C%20the%20penetration%20of,36%25%20of%20households%20in%202019.&text=In%20addition%20to%20detailed%20%EF%AC%81gures,the%20top%20countries%20in%20Africa.*

Religious leader	7	7	7	4	6	9	7	3	3	6	6	11	11	7	8
Cultural leader	3	3	3	1	2	4	3	0	1	4	3	4	4	4	3
Other	7	5	9	6	9	5	8	4	8	5	10	5	7	7	10

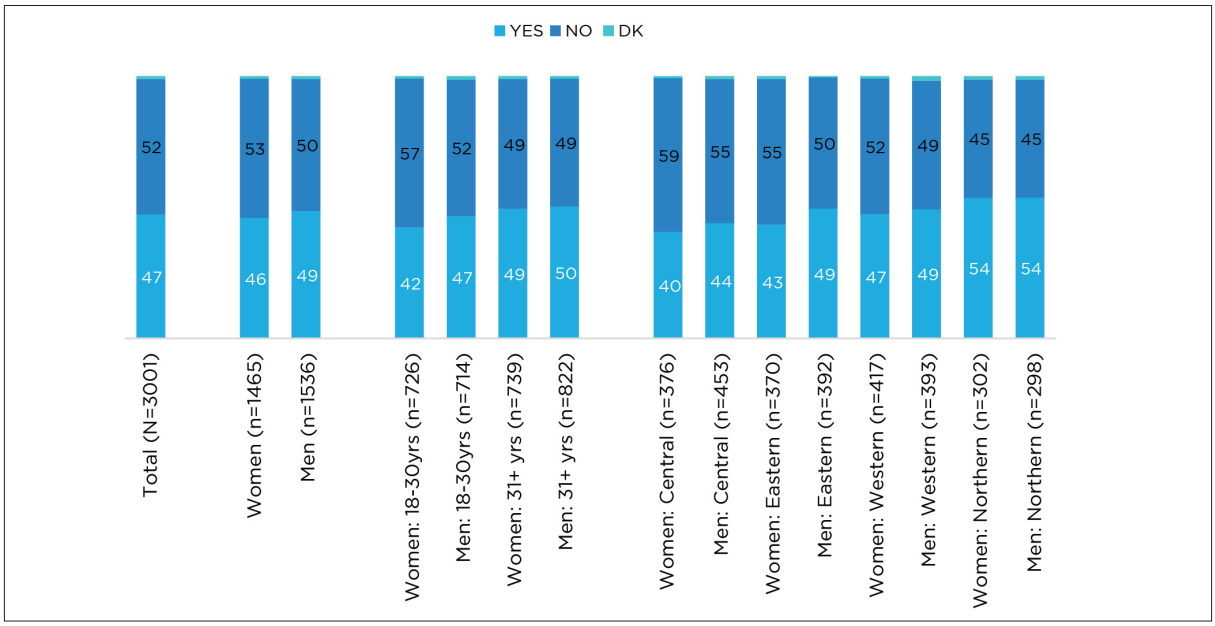
6.3 Knowledge about gender-based violence victimization during COVID-19

GBV is widespread in Uganda; nearly half the respondents (47%) who participated in the study knew someone who has been a victim of GBV since March 2020, as shown in Figure 10 below. Women (46%) were slightly less likely than men (49%) to personally know someone who has been a victim, a trend which was observed across all demographic groups except in the Northern region.

The Northern region seems to disproportionately bear the burden of GBV more than other regions and also has higher levels of awareness compared to other regions. Women and men here (54% each) were equally likely to know someone who had been a victim of GBV during the pandemic. Some studies have shown that there is a higher incidence of GBV in areas that have been affected by civil or ethnic unrest while still others have found previous experiences of violence to be a risk factor for perpetrating violence to others.[23] The Northern region has several districts with a history of war from the Lord´s Resistance Army (LRA) rebels. In addition, refugees flock to the Northern region of Uganda in large numbers due to civil unrest in the neighboring South Sudan.

Question GBV4. Do you know anyone who has experienced gender-based violence/ violence against women/girls since March 2020? [This includes rape, defilement, sexual harassment, sexual exploitation, intimate partner violence, domestic violence, child marriage, forced marriage, female genital mutilation, emotional/psychological abuse, and economic violence] (Base: N=3001)

Figure 10: Aware of GBV victim [values are in %]



23 *https://www.afenet-journal.net/content/article/3/7/full/#:~:text=There%20is%20paucity%20of%20information,due%20to%20GBV%20 in%20Uganda.&text=Injury%20rates%20due%20to%20GBV%20were%2013.5%20per%2010%2C000%20population,CI%3A%200.991%E2%80%930.997).*

6.4 Forms of gender-based violence

Physical violence (50%) is the most prevalent form of GBV that the respondents were aware of (Table 7 and Figure 11). Women (50%) and men (49%) were nearly equally likely to report that the GBV victim they know has experienced physical violence. However, this study did not establish the sex of the GBV victim.

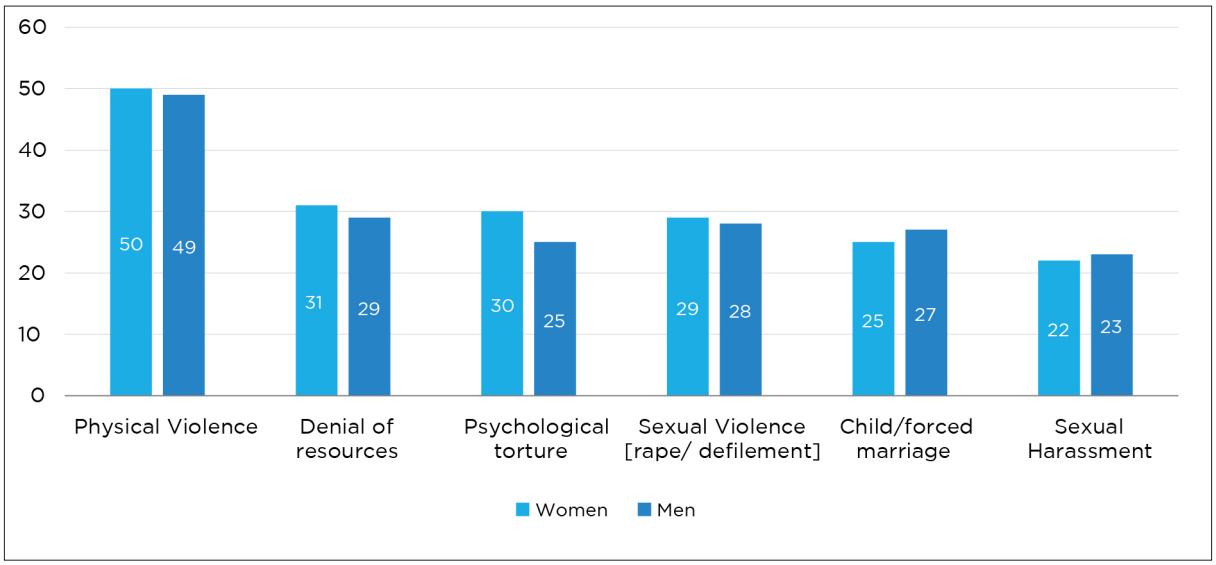
Other kinds of GBV that significant percentages of respondents were aware of include denial of resources (30%), psychological/emotional abuse (28%), sexual violence (28%), child/forced marriage (26%), sexual harassment (23%), denial to communicate with other people (11%), online bullying (7%), and FGM (2%). The relatively high proportions of child/forced marriages and FGM imply that children also need to understand their role in breaking the GBV cycle through effective yet child-friendly communication strategies.

Question GBV5. What form of gender-based violence/violence against women/girls was experienced by this member of your household/community? (Base: N=1417; sample is those who know someone who has experienced GBV)

Table 7: Forms of GBV experienced by the victim [values are in %]

		Sex		Age				Region							
NB: Results are for a victim the respondent knows of. Respondents are NOT reporting about themselves	**Total (N=1417)**	**Women (n=671)**	**Men (n=746)**	**18–30 years – Women (n=307)**	**18–30 years – Men (n=333)**	**31+ years – Women (n=364)**	**31+ years – Men (n=413)**	**Central – Women (n=152)**	**Central – Men (n=199)**	**Eastern – Women (n=160)**	**Eastern – Men (n=194)**	**Western – Women (n=197)**	**Western – Men (n=193)**	**Northern – Women (n=162)**	**Northern – Men (n=160)**
Physical violence	50	50	49	50	44	50	53	45	44	54	51	47	52	54	51
Denial of resources	30	31	29	28	27	34	30	32	30	30	28	34	34	27	21
Psychological/emotional abuse	28	30	25	26	23	34	27	24	22	32	30	35	27	30	21
Sexual violence [rape/ defilement]	28	29	28	32	26	27	29	24	26	34	30	30	26	29	29
Child/forced marriage	26	25	27	23	26	27	27	23	20	30	35	27	28	20	24
Sexual harassment	23	22	23	20	21	24	24	19	23	19	21	30	25	18	23
Denial to communicate with other people	11	12	9	11	8	14	10	7	8	8	8	22	14	10	6
Online bullying	7	7	8	8	8	6	7	5	11	8	5	9	9	6	5
Female genital mutilation	2	3	2	2	2	3	1	2	1	3	2	4	2	1	2
Other	8	8	8	7	9	8	8	5	10	8	7	7	7	11	9

Figure 11: Most common forms of GBV as experienced by victims known to respondents, by sex and region [values are in %]



The question on whether one knows someone who has been a victim/survivor of GBV was a multiple-response question. This was then followed by a question about which of the GBV experiences has been the most recent. In addition to being the most prevalent, physical violence was also the most recent form of GBV, as shown in Table 8 below. This reiterates the need to prioritize and amplify it in communication strategies as it remains the most common form of GBV.

Question GBV_2: Which one of the forms of violence mentioned previously have been experienced the most recently? (Base: N=1404; sample is those who know someone who has experienced GBV)

Table 8: Most recent GBV victim's experience [values are in %]

		Sex		Age				Region							
NB: Results are for a victim the respondent knows of. Respondents are NOT reporting about themselves	**Total (N=1404)**	**Women (n=667)**	**Men (n=737)**	**18-30 years - Women (n=306)**	**18-30 years - Men (n=325)**	**31+ years - Women (n=361)**	**31+ years - Men (n=412)**	**Central - Women (n=151)**	**Central - Men (n=195)**	**Eastern - Women (n=159)**	**Eastern - Men (n=194)**	**Western - Women (n=196)**	**Western - Men (n=189)**	**Northern - Women (n=161)**	**Northern - Men (n=159)**
Physical violence	36	37	36	37	33	37	38	35	32	41	40	32	36	41	35
Denial of resources	18	22	15	17	14	25	16	27	16	21	15	24	20	14	8
Sexual violence [rape/ defilement]	18	17	19	17	16	17	20	15	20	19	19	15	14	19	21
Child/forced marriage	16	15	17	14	17	16	16	14	13	18	22	14	17	14	13

Psychological torture	15	16	13	13	12	19	15	15	15	21	14	15	14	15	11
Sexual harassment	13	13	13	12	11	14	15	15	14	9	12	15	13	13	15
Denial to communicate with others	4	4	4	3	4	4	4	2	4	3	3	8	6	2	3
Online bullying	2	2	2	3	2	1	3	1	4	1	1	4	3	2	2
Female genital mutilation	1	2	0	1	0	2	0	1	0	2	1	3	1	1	1
Other	7	7	7	6	7	7	6	4	7	7	5	7	7	9	8
Don't know	2	2	2	3	2	1	2	2	1	1	1	3	3	2	4

6.5 Gender-based violence perpetrator

The study found that gender-based violence victims are largely being violated by people they live with/other household members, as shown in Table 9 below. This includes spouses (33%), father (9%), mother (4%), other relatives (4%), sibling (2%), and daughter/son (1%). The Government lockdown measures instituted to contain COVID-19 resulted in victims being in close proximity with perpetrators for prolonged periods of time. This, coupled with the stresses that typically accompany financial hardships, may have contributed to a surge in GBV. The psychological and socially-disruptive consequences of the pandemic in addition to limited access to GBV support services for survivors may have aggravated the situation further.

Outside the household, victims are being violated by members of the community albeit in lower proportions than household members. These members of the community include neighbors (15%), friends and family (4%), police/soldier (2%), in-laws (1%), teachers (1%), religious leader (1%), and traditional leaders (1%).

According to statistics from the Office of the Director of Public Prosecution (ODPP), out of 1,594 new rape and 7,618 defilement cases reported in 2015 and 2016, only 57% resulted in punishment of the perpetrator. Such a low number gives perpetrators a sense of impunity, and in so doing exacerbates GBV.[24] Factors associated with the burden and continued perpetuation of GBV in Uganda may include weak policies preventing GBV, poor law enforcement against reported cases of GBV, low education status, harmful cultural beliefs about the normality of GBV, poverty, attitudes, and alcohol and substance abuse.[25]

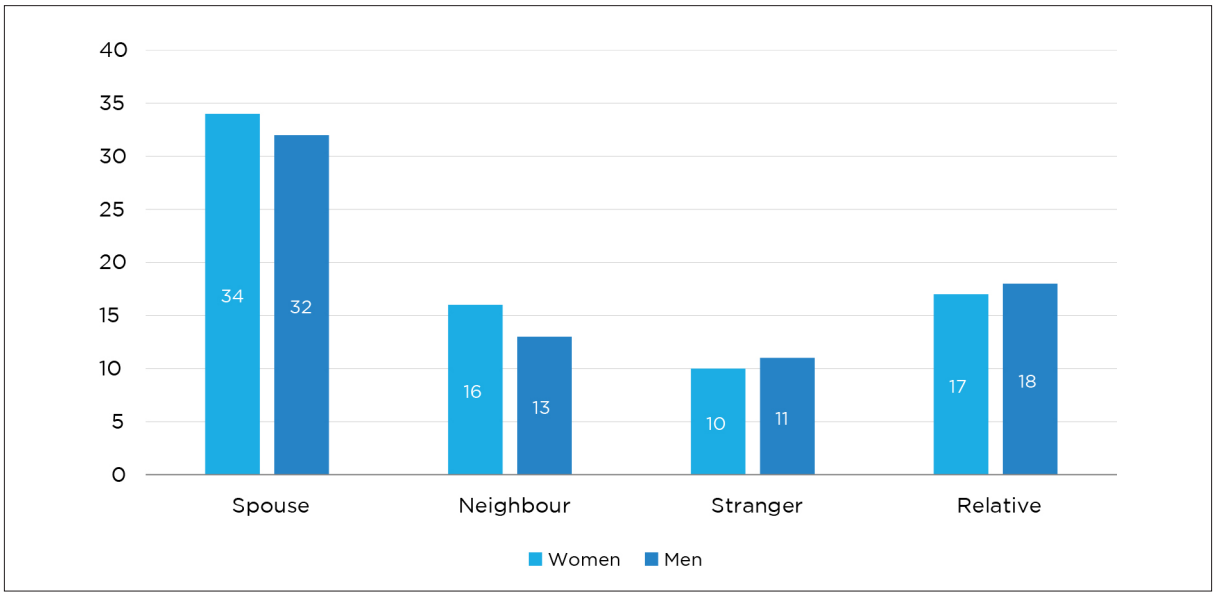
24 *https://www.un.org/africarenewal/news/uganda-violence-against-women-unabated-despite-laws-and-policies#:~:text=The%202016%20Uganda%20Demographic%20and,49%20report%20experiencing%20sexual%20violence.*
25 *https://www.afenet-journal.net/content/article/3/7/full/*

Question GBV6. Who was the perpetrator of the most recent event? (Base: N=1404; sample is those who know someone who has experienced GBV)

Table 9: GBV perpetrator [values are in %]

		Sex		Age				Region							
NB: Results are for a victim the respondent knows of. Respondents are NOT reporting about themselves	**Total (N=1405)**	**Women (n=668)**	**Men (n=737)**	**18–30 years – Women (n=306)**	**18–30 years – Men (n=325)**	**31+ years – Women (n=362)**	**31+ years – Men (n=412)**	**Central – Women (n=151)**	**Central – Men (n=195)**	**Eastern – Women (n=160)**	**Eastern – Men (n=194)**	**Western – Women (n=196)**	**Western – Men (n=189)**	**Northern – Women (n=161)**	**Northern – Men (n=159)**
Spouse	33	34	32	35	30	33	33	32	30	27	25	38	42	39	30
Neighbor	15	16	13	14	11	18	15	17	10	21	16	14	11	13	16
Stranger	11	10	11	9	12	10	11	8	13	16	11	9	7	7	15
Father/stepfather	9	9	9	10	9	7	8	10	10	9	6	9	10	7	8
Mother/stepmother	4	3	5	2	5	3	5	3	6	2	6	3	5	3	4
Other relative	4	5	4	6	3	5	5	6	3	5	5	4	4	7	4
Own friend/acquaintance	4	3	4	3	5	4	4	5	8	3	6	3	3	1	1
Family friend	4	3	4	4	5	2	4	4	3	3	4	3	4	2	8
Sister/brother (sibling)	2	1	2	1	2	2	2	2	2	1	4	1	2	2	1
Police/soldier	2	2	2	3	1	2	2	3	1	2	3	3	2	2	2
Daughter/son	1	0	1	1	1	0	1	1	2	0	2	0	0	1	1
In-law	1	1	1	1	1	1	0	0	1	0	1	3	1	1	0
Teacher	1	1	1	1	2	1	0	0	2	1	2	1	1	1	1
Employer/someone at work	1	1	1	1	1	1	1	0	1	0	1	2	2	2	1
Priest/religious leader	1	0	1	1	1	0	1	0	1	1	1	1	2	0	0
Traditional cultural leader	1	1	1	1	1	1	0	0	1	1	1	1	0	2	1
Health worker	0	0	0	1	1	0	0	1	1	1	0	0	0	1	1
Other	5	5	5	6	5	4	5	3	5	6	7	5	4	5	6
Don't know	3	4	2	4	4	5	1	6	2	4	3	3	3	4	3

Figure 12: Most commonly mentioned perpetrators of the most recent form of GBV as experienced by victims known to respondents, by sex and region [values are in %]



6.6 Seeking help for gender-based violence

Timely access to GBV support services is crucial for survivors. More than two-thirds (67%) of the known GBV victims/survivors[26] have sought help, as shown in Figure 13 below, implying that it is not a silent battle. However, seeking help does not equate to getting help, especially considering the Government shutdown to contain COVID-19 inadvertently limited access to support services, including for GBV victims. There should therefore be adequate support systems that can cater to all people experiencing abuse.

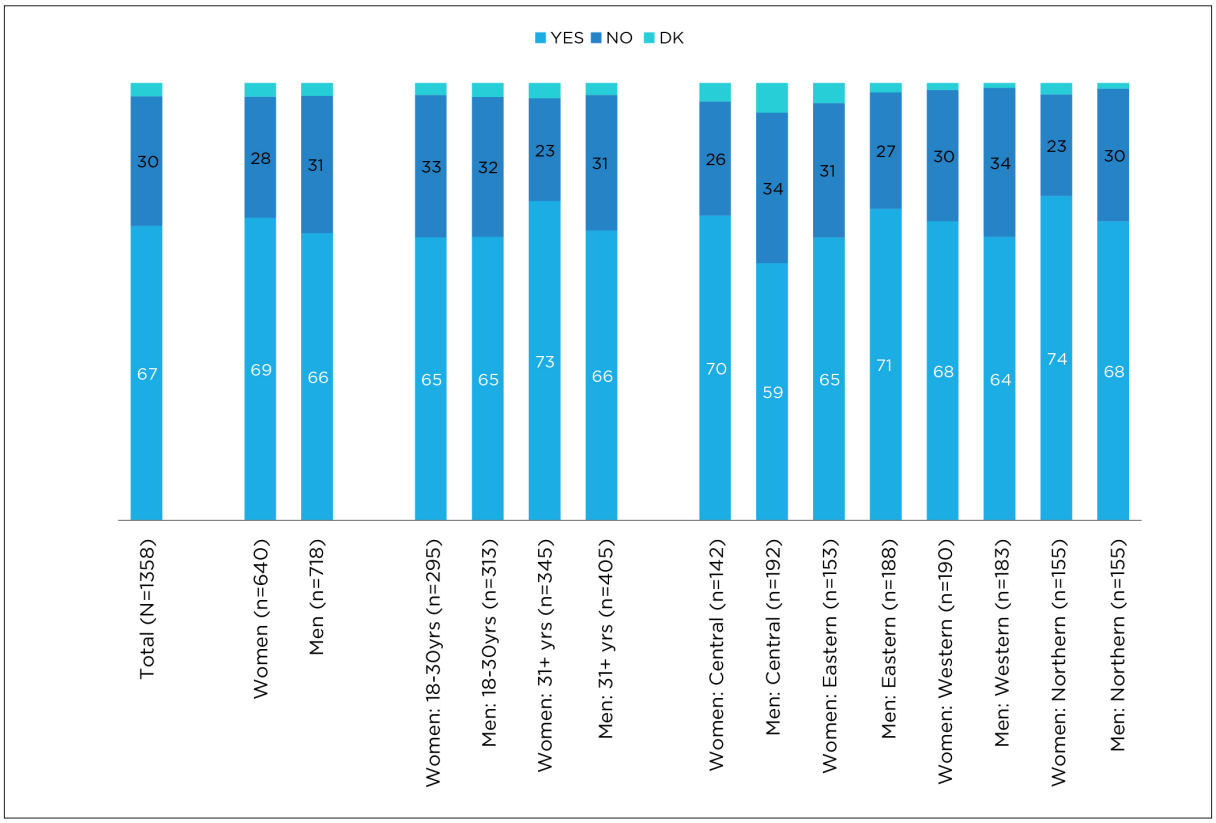
About a third of the respondents did not seek help, implying that there is a need to develop effective ways to extend support to them as well as executing preventive measures in households and communities.

Among those who sought help, there are fragmented responses on where received assistance. Nevertheless, police (32%), followed by community leadership (23%) were the most likely places where GBV survivors reported their experiences/sought help after an incident. The main concern of institutions such as the police is to maintain law and order. GBV victims may be referred, and the ratio of police to the victims may not be adequate.[27] Support interventions should therefore include partnering with the police by training them on providing support to survivors. The community leadership, which they would be more familiar with, should also be trained on providing this kind of support.

26 This is still based on the most recent incident of GBV that the respondent is aware of
27 *https://reliefweb.int/sites/reliefweb.int/files/resources/BEFB77D29CC17FE74925702200095601-unicef-uga-15jun.pdf*

Question GBV7. For the most recent event – did the victim try to seek help after being subjected to this form of violence? (Base: N=1358; sample is those who know someone who has experienced GBV)

Figure 13: Sought for GBV help, by sex, age, and region [values are in %]



Question GBV8. From whom did the victim seek help for the most recent event? (Base: N=913; sample is those who sought help)

Table 10: Victims' source of help [values are in %]

		Sex		Age				Region							
	Total (N=913)	Women (n=442)	Men (n=471)	18–30 years – Women (n=190)	18–30 years – Men (n=203)	31+ years – Women (n=252)	31+ years – Men (n=268)	Central – Women (n=99)	Central – Men (n=113)	Eastern – Women (n=99)	Eastern – Men (n=134)	Western – Women (n=129)	Western – Men (n=118)	Northern – Women (n=115)	Northern – Men (n=106)
Police	32	32	32	31	35	33	30	26	35	34	33	31	30	35	32
Community leadership/ LC	23	23	23	21	24	25	23	18	20	22	17	26	28	24	29
Own family	7	9	6	7	4	10	7	13	6	10	5	2	8	10	4

Neighbor	6	5	6	8	7	4	6	5	11	5	6	3	4	9	5
Doctor/medical person/ health facility	6	6	5	7	4	6	5	10	3	4	4	5	5	6	8
Friend	5	4	6	6	7	2	4	6	6	2	4	5	8	2	4
Cultural leader/elder/clan leader	4	3	5	3	2	4	7	1	3	3	9	5	2	4	7
Spouse's family	3	3	3	4	3	2	4	2	2	3	4	5	4	1	3
Spouse	1	1	1	2	1	1	2	0	1	0	2	5	2	0	1
Religious leader	1	1	1	1	0	1	1	1	2	1	0	0	2	1	0
Lawyer	1	2	0	1	0	3	0	2	1	1	0	4	1	0	0
Social service organization	1	1	1	1	1	1	1	0	0	1	1	2	3	0	1
Social worker	1	1	1	1	1	1	1	2	3	0	2	2	0	1	0
NGO/CSO	1	1	1	1	1	2	2	3	1	1	0	1	3	1	3
Helpline	1	1	0	1	0	1	0	1	1	2	0	1	0	1	0
Shelter	0	0	1	0	0	0	1	0	1	0	1	0	0	0	0
Employer/someone at work	0	1	0	1	0	1	0	2	0	1	0	0	0	1	0
Teacher	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0
Online platforms [Facebook, etc.]	0	0	0	1	0	0	0	1	0	0	0	0	0	1	0
Other [specify]	4	4	4	5	5	4	3	4	3	8	7	3	1	3	5
DK/R	1	1	1	1	1	1	1	1	4	1	2	1	0	1	0

Among the known GBV victims who did not report their cases, lack of information/ knowledge on where to access services (37%) and fear of leaving home (37%) were the main barriers as shown in Table 11. Both barriers are more prevalent in the Western and Northern regions. This reiterates the need to continuously increase GBV communication to reach out to the one out of five who are yet to receive it as earlier established, and to provide quality information in the communication that boosts their knowledge levels on where and how to quickly access support services. Communication strategies on media and on the ground should also help them overcome their fears related to seeking support related to GBV.

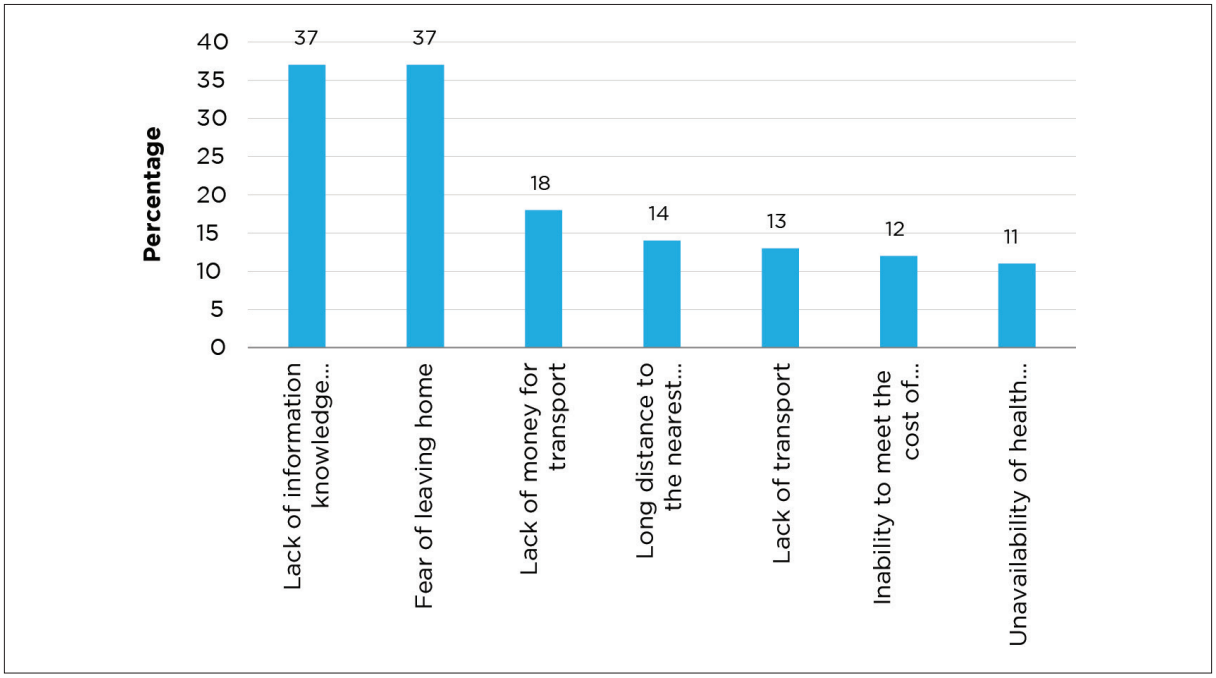
Other identified barriers to seeking help can be directly related to the Government shutdown to contain COVID-19, which implies that the pandemic played a significant role in limiting access to GBV support services for some. Some of the additional barriers to reporting GBV experienced by survivors include a lack of money for transport, lack of transport, inability to meet the cost of treatment or to pay for the service, unavailability of health workers/psychosocial counsellors/lawyers, could not get the travel permit from RDC, and unavailability of commodities at the health facility.

Question GBV9. Why didn't this member of your household/community seek help for the most recent event? (Base: N=444; sample is those who did not seek help)

Table 11: Reasons for not seeking help [values are in %]

		Gender		Age				Region							
	Total (N=444)	Men (n=247)	Women (n=197)	18–30 years – Men (n=110)	18–30 years – Women (n=104)	31+ years – Men (n=137)	31+ years – Women (n=93)	Central – Men (n=79)	Central – Women (n=43)	Eastern – Men (n=54)	Eastern – Women (n=54)	Western – Men (n=65)	Western – Women (n=60)	Northern – Men (n=49)	Northern – Women (n=40)
Lack of information/knowledge on where to access services	37	37	37	38	38	36	37	32	30	30	39	48	42	41	35
Fear of leaving home	37	38	37	36	31	39	43	34	33	35	31	40	48	45	30
Lack of money for transport	18	21	14	20	15	21	12	18	7	19	17	35	18	8	10
Long distance to the nearest support center	14	15	13	15	12	16	14	11	7	11	17	28	13	10	13
Lack of transport	13	16	9	17	9	15	10	13	7	22	7	23	12	4	10
Inability to meet the cost of treatment or to pay for the service	12	13	11	12	9	13	13	9	14	15	9	17	15	10	3
Un availability of health workers/ psychosocial counsellors/ lawyers	11	13	7	11	7	15	8	11	2	17	15	18	8	6	0
Could not get the travel permit from RDC	9	12	7	11	7	12	6	11	7	15	6	17	8	2	5
Unavailability of commodities at the health facility	5	6	5	7	3	5	6	5	5	2	7	15	3	0	3
Other	18	17	19	19	21	15	17	22	26	17	20	15	17	12	15
Do not know	13	10	16	8	17	12	15	13	16	13	20	5	8	10	23

Figure 14: Most commonly mentioned reasons why the victims known to respondents did not look for help [values are in %]



6.7 Perceived extent of gender-based violence in Uganda

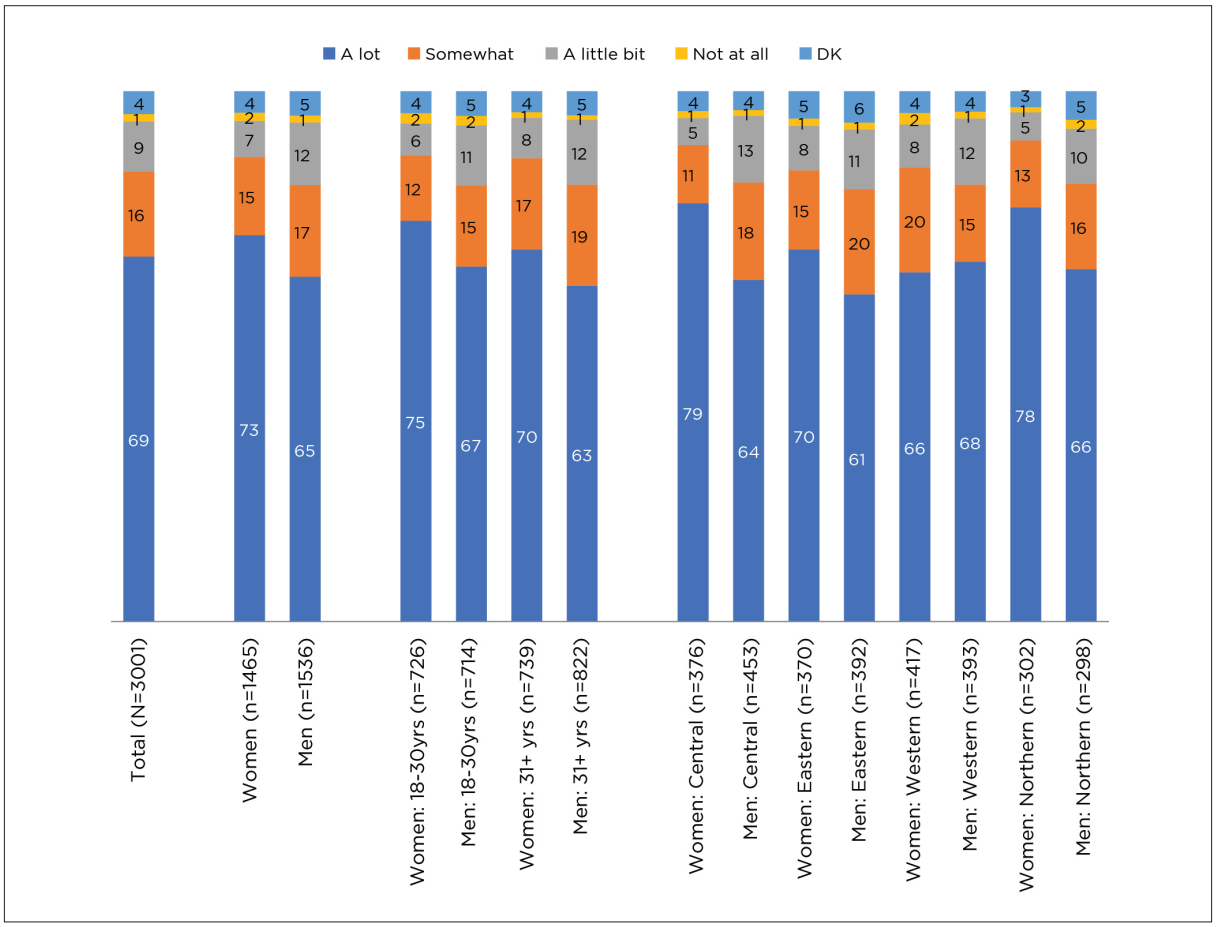
About 7 out of every 10 respondents feel that GBV happens 'a lot' (as shown in Figure 15 below), implying that they understand that it is a huge problem in the country. This understanding may be driven by the widespread information on GBV received mainly through broadcast media, high awareness of victims, and perpetrators mainly being from their households and communities, as earlier established in this report. The 2016 Uganda Demographic and Health Survey (DHS) found that up to 22% of women aged 15 to 49 in Uganda have experienced some form of sexual violence, and 13% reported it annually – this translates to more than 1 million women exposed to sexual violence (which is one form of GBV) every year in Uganda.[28]

Across all demographic breaks, there are significantly more women than men who confirm that GBV happens 'a lot', except for the Western region where there are more men (68%) than women (66%) who confirmed the same. This implies that women have witnessed victims more frequently, are more vulnerable and subsequently more cautious about it.

28 *https://www.un.org/africarenewal/news/uganda-violence-against-women-unabated-despite-laws-and-policies#:~:text=The%202016%20Uganda%20Demographic%20and,49%20report%20experiencing%20sexual%20violence.*

Question GBV10. To what extent do you think that gender-based violence is a problem in Uganda? (Base: N=3001)

Figure 15: Perceived extent of GBV in Uganda, by sex, age, and region [values are in %]

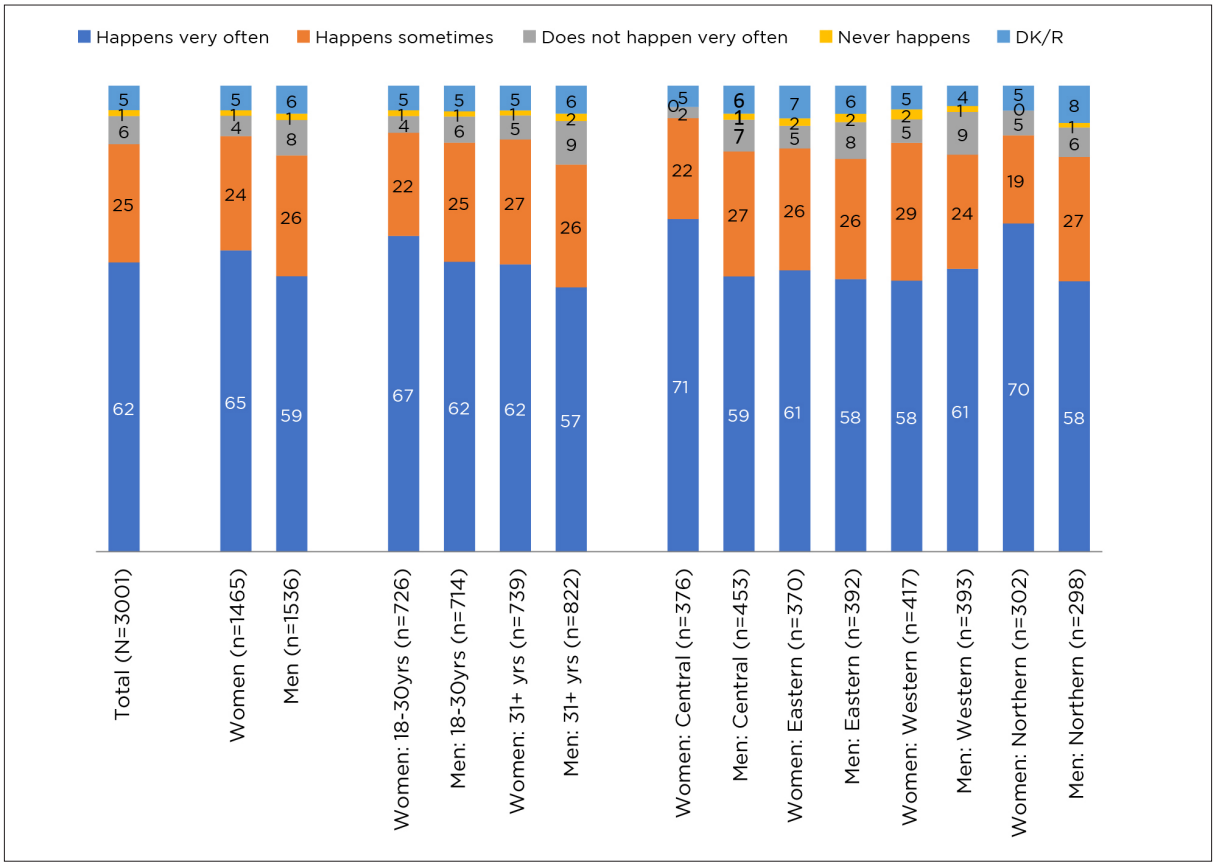


Most respondents (69%) indicated that GBV happens very often, as shown in Figure 16. There are significantly more women (65%) than men (59%) who confirm this frequency. This is more pronounced in the Central and Northern regions for women. A 2012 Uganda Bureau of Statistics report indicated that about 60% of women of reproductive age had at some point experienced physical violence since the age of 15 years; this is almost double the global rate. A higher burden of GBV in areas of armed conflict has been documented in various national contexts, including in Northern Uganda, which has been reported to have a higher burden of GBV compared to other parts of the country.[29]

29 *https://www.afenet-journal.net/content/article/3/7/full/*

Question GBV11. How often do you think that gender-based violence occurs in Uganda? (Base: N=3001)

Figure 16: Perceived GBV frequency, by sex, age, and region [values are in %]



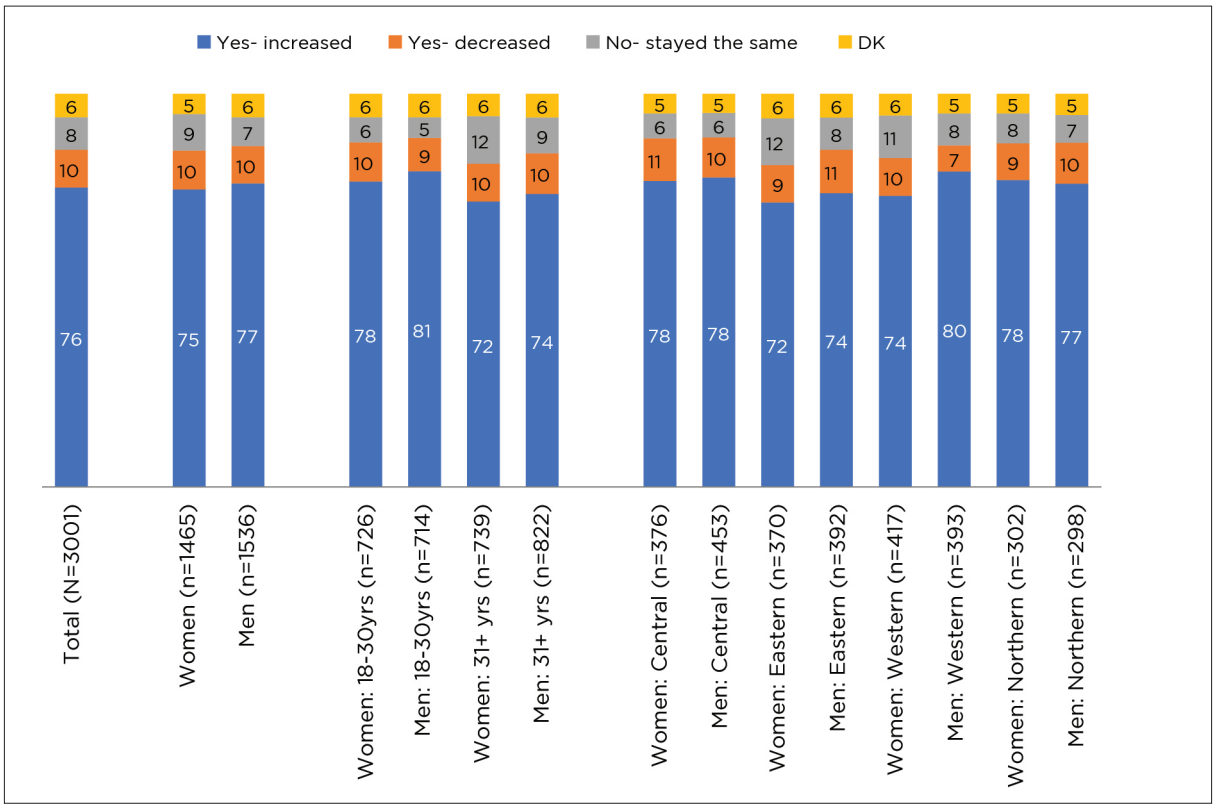
76% of respondents indicated that the level of GBV in Uganda has increased since the onset of COVID-19, as shown in Figure 17. However, this study did not measure the perceived level of increase. This increase is expected considering that the lockdown created anxiety, fear, and uncertainty in the population. Statistics show that Uganda has a youthful population of 70%, majority of whom are unemployed and living from hand to mouth. The need for survival (getting what to eat) during the lockdown created potential for conflict and violence, not only in families but also in the communities. Within two weeks of the lockdown, increases in the reported cases of GBV were noted as well as general levels of violence between security forces and the population. [30]

Women (75%) were less likely than men (77%) overall and across all demographic categories to have reported an increase in GBV during the pandemic; however, in the Northern region, slightly more women than men felt this way.

30 *https://www.kas.de/documents/280229/8800435/Assessing+the+Relationship+between+Gender-based+Violence+and+the+COVID-19+Pandemic+in+Uganda.pdf/8d5a57a0-3b96-9ab1-a476-4bcf2f71199d?version=1.0&t=1588065638600*

Question GBV12. Do you think the level of gender-based violence in Uganda has changed SINCE THE ONSET OF COVID-19? (Base: N=3001)

Figure 17: Perceived change on GBV levels since COVID-19, by sex, age and region [values are in %]



6.8 Prevention of gender-based violence

According to respondents, several kinds of support services will be needed to prevent GBV, violence against women and girls (VAW/G) and other harmful practices from happening during the COVID-19 period as shown in Table 12. All solutions have been more likely to be proposed by women rather than men, implying that women may be more aware and could perhaps also be in greater need of support.

The most frequently proposed support mechanism includes the need for financial support (40%), which is to be expected following the economic damage from the Government lockdown to contain the spread of COVID-19. The lockdown brought about devastating income shocks due to high poverty levels and a poor saving culture, and this has had serious psychologically disruptive consequences which may have contributed towards increased levels of GBV as a response to anxiety, fear, and uncertainty. Financial support interventions should therefore be multi-sectoral and include both immediate and long-term sustainable ventures to curb GBV.

Given that the lockdown was also socially disruptive, respondents selected various social support measures such as having someone to talk to (37%), information about security/crime prevention (35%), psychosocial support (30%), and getting help in reporting incidents (23%).

Question GBV13. What types of information, advice or support would you say you needed to prevent GBV [gender-based violence], VAW/G [violence against women/girls] or other harmful practices from happening during this COVID-19 period? (Base: N=3001)

Table 12: Prevention of gender-based violence [values are in %]

		Sex		Age				Region							
	Total (N=3001)	Women (n=1465)	Men (n=1536)	18–30 years – Women (n=726)	18–30 years – Men (n=714)	31+ years – Women (n=739)	31+ years – Men (n=822)	Central – Women (n=376)	Central – Men (n=453)	Eastern – Women (n=370)	Eastern – Men (n=392)	Western – Women (n=417)	Western – Men (n=393)	Northern – Women (n=302)	Northern – Men (n=298)
Financial/livelihood support	40	42	39	40	36	44	41	38	38	47	37	44	41	39	39
Someone to talk to/ moral support	37	40	34	36	33	43	36	35	33	47	35	38	35	37	34
Information about security/crime prevention	35	36	35	33	33	39	37	28	32	36	31	37	36	44	42
Police support	31	35	27	35	28	35	26	35	24	42	30	33	29	29	27
Psycho-social support	30	33	27	30	26	35	28	28	24	34	28	34	28	36	30
Legal support	27	32	23	29	23	34	22	32	25	38	25	29	22	27	16
Medical support	27	31	23	28	21	34	24	28	23	37	23	32	25	25	19
Practical help such as shelter/food/clothing	24	28	21	24	19	32	22	22	19	35	20	31	24	22	19
Help in reporting the incident/dealing with the police	23	26	20	25	18	26	21	24	18	28	19	28	23	22	17
Protection from further victimization/ harassment	20	24	17	20	17	27	17	18	17	24	18	28	17	25	16
Judge/prosecutor	13	15	11	14	10	17	12	14	10	16	11	19	11	12	11
Help with insurance/ compensation claim	12	15	9	12	8	18	10	10	9	16	9	21	10	13	7
Other	16	15	17	19	18	12	16	14	19	11	18	16	15	20	16

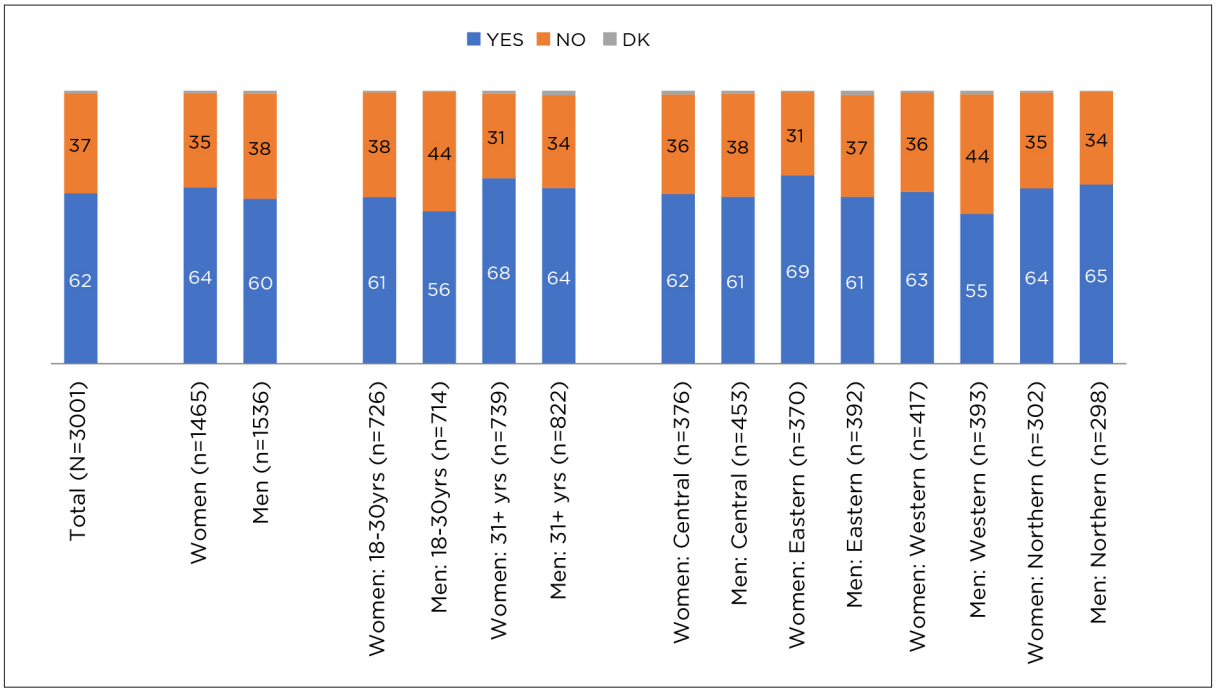
7. SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

7.1 Sexual and reproductive health rights information

The ability to realize SRHR is critical for the health and well-being of all women.[31] Most respondents have received information (62%) on SRHR since March 2020 as illustrated in Figure 18. SRHR was described to respondents as including child spacing/family planning, STIs/HIV/AIDS, and anti-retroviral drugs (ARVs). Unfortunately, due to time constraints related to the CATI interviews, the questionnaire did not distinguish between knowing about and exercising SRH rights. There are more women (64%) than men (60%) who have received SRHR information, and this trend is the same across all the demographic groups except for in the Northern region, where women and men have a nearly equal level of awareness.

Question SRHR1. Have you received any information on sexual reproductive health and rights since March 2020? [This includes child spacing/family planning, STIs/HIV/Aids, contraceptives, condoms, ARVs]. (Base: N=3001)

Figure 18: Receipt of SRHR information since March 2020, by sex, age and region [values are in %]



31 *https://www.guttmacher.org/news-release/2019/uganda-sexual-and-reproductive-health-services-and-information-fall-short#*

7.2 Source of sexual and reproductive health rights information

Traditional broadcast media has the widest reach on providing SRHR information, as shown in Table 13. Radio (48%), followed by TV (33%), were the main sources of information overall. As established earlier in this report, radio has the highest media penetration at household and individual levels in Uganda, followed by TV. However, mass media should be integrated with 'word of mouth' strategies which also have an audience, as shown in Table 13. These include, amongst others, community activist/ volunteer (27%), online/social media (17%), friend (11%), neighbor (7%), family member (6%), religious leader (5%), and cultural leader (3%).

There are notably more women (35%) than men (30%) overall and across all demographics who have received SRHR information from TV. Women (24%) are also less likely than men (29%) to have obtained this information from community activists or volunteers.

Question SRHR2. What was the source information on sexual reproductive health and rights? (Base: N=1870)

Table 13: Source of information on SRHR [values are in %]

		Sex		Age				Region							
Information source	**Total (N=1870)**	**Women (n=944)**	**Men (n=926)**	**18–30 years – Women (n=442)**	**18–30 years – Men (n=398)**	**31+ years – Women (n=502)**	**31+ years – Men (n=528)**	**Central – Women (n=233)**	**Central – Men (n=277)**	**Eastern – Women (n=255)**	**Eastern – Men (n=239)**	**Western – Women (n=262)**	**Western – Men (n=215)**	**Northern – Women (n=194)**	**Northern – Men (n=195)**
Radio	48	47	48	41	44	52	51	44	45	49	55	49	45	46	47
Television	33	35	30	36	32	35	29	47	42	33	26	35	29	25	21
Community activist/ volunteer	27	24	29	19	25	29	33	17	22	28	38	23	26	28	33
Online/social media	17	17	17	22	22	13	13	20	18	18	15	16	19	17	15
Friend	11	12	10	13	9	11	10	10	8	12	10	15	12	11	11
Neighbor	7	8	6	7	6	9	7	4	4	10	8	12	7	6	6
Family member	6	7	6	5	8	8	5	4	4	7	8	7	7	8	6
Religious leader	5	6	4	5	3	7	5	4	4	5	3	8	8	6	3
Cultural leader	3	3	3	2	3	4	3	1	2	3	1	7	7	2	3
Other	15	15	15	17	13	13	16	13	13	15	14	11	15	22	18

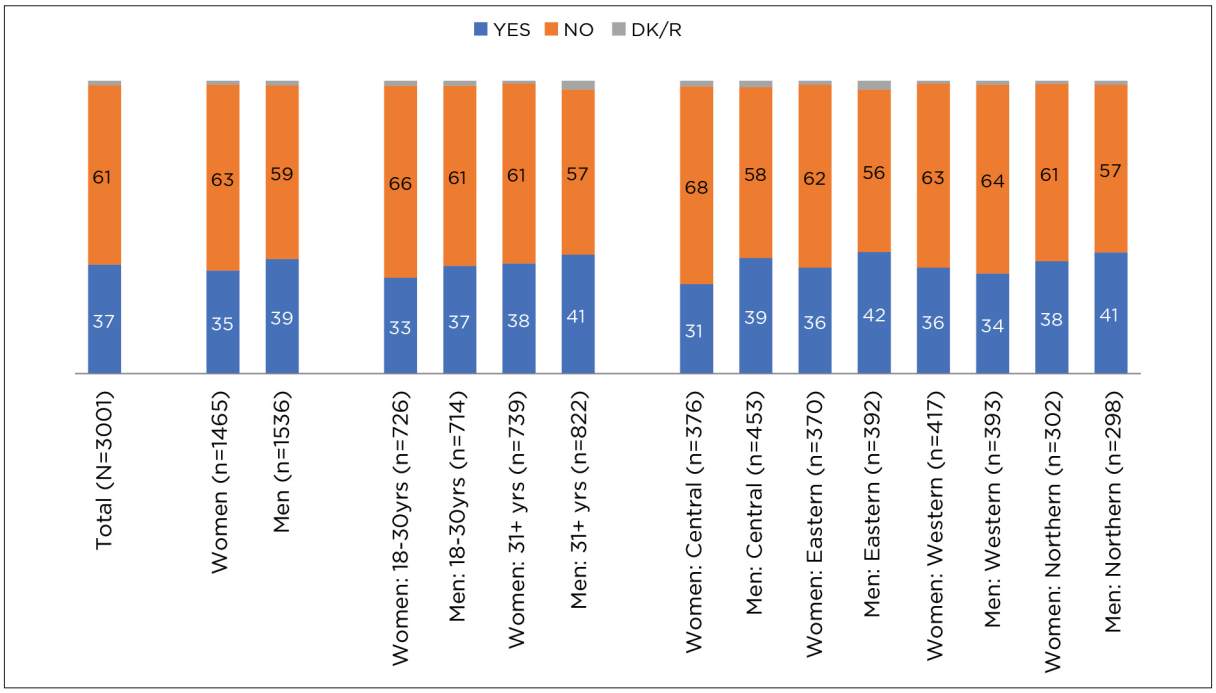
7.3 Need for sexual and reproductive health rights services

About two in every five respondents indicated that a member of their household had needed health services related to child spacing/family planning, STIs/HIV/Aids, contraceptives, condoms, or ARV services since March 2020. However, this study did not capture the specific service needed as part of the survey. The low incidence of household members needing SRHR services could be a result of respondents' lack of awareness regarding a household member's SRHR needs. For example, an estimated 648,000 women aged 15–19 in Uganda are sexually active and do not want a child in the next two years. Among this group, more than 60% have an unmet need for modern contraception, meaning that they either use no contraceptive method or use traditional methods.[32]

There were slightly less women (35%) than men (39%) overall and across all demographics who confirmed that household members needed these services. The only exception was in the Western region, which had slightly more women than men who indicated that they needed these services.

Question SRHR3. Did any member of your household need health services related to child spacing/family planning, STIs/HIV/Aids, contraceptives, condoms, or antiretroviral services since March 2020? (Base: N=3001)

Figure 19: Household member needed SRHR services since March 2020, by sex, age, and region [values are in %]



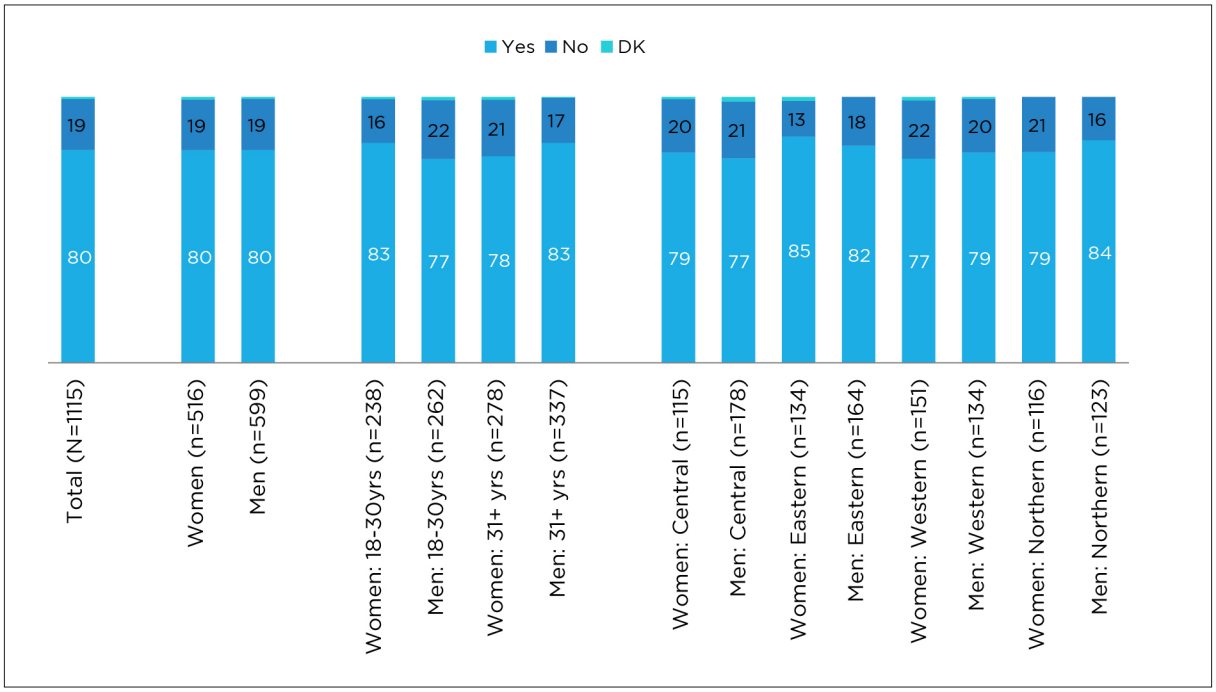
32 *https://www.guttmacher.org/news-release/2019/uganda-sexual-and-reproductive-health-services-and-information-fall-short#:~:text=For%20example%2C%20an%20estimated%20648%2C000,in%20the%20next%20two%20years.&text=Approximately%20half%20of%20all%20pregnancies,214%2C000%20unintended%20pregnancies%20each%20year.*

7.4 Receipt of sexual and reproductive health rights services

Of the 20% of respondents who confirmed that a member of their household needed SRHR services during the pandemic, both women and men (80% each) indicated that they have received one or more of the following services/that their members of their households had needed these services since March 2020: child spacing/family planning, STIs/HIV/Aids, contraceptives, condoms, ARV services. This implies that access to SRHR was high during COVID-19 for those who needed it.

Question SRHR4. Did this member of your household get the SRHR (sexual reproductive health and rights) services? (Base: N=1115; sample is those who needed SRHR services)

Figure 20: Received SRHR services, by sex, age, and region [values are in %]



7.5 Places where sexual and reproductive health rights services were sought

Health facilities (86%) were the most likely place where respondents sought and received SRHR services. Overall, women (84%) were less likely than men (89%) across most demographics to indicate that a household member sought SRHR services from a health facility. This may be an indication that women have higher levels of awareness about alternative places where household members could find help besides health facilities.

Question SRHR 5. From where did this member seek help? (Base: N=893; sample is those who needed SRHR services and got it)

Table 14: Place of seeking SRHR help [values are in %]

Place		Sex		Age				Region							
	Total (N=893)	Women (n=413)	Men (n=480)	18–30 years – Women (n=197)	18–30 years – Men (n=201)	31+ years – Women (n=216)	31+ years – Men (n=279)	Central – Women (n=91)	Central – Men (n=137)	Eastern – Women (n=114)	Eastern – Men (n=134)	Western – Women (n=116)	Western – Men (n=106)	Northern – Women (n=92)	Northern – Men (n=103)
Health facility	86	84	89	89	87	79	90	80	89	80	85	86	89	89	93
VHT	16	18	14	13	13	23	14	13	12	22	19	22	9	13	14
NGO/CSO	9	9	9	6	7	13	10	5	5	8	10	9	12	16	10
Neighbor	5	7	4	6	5	8	2	4	2	9	2	9	8	3	3
Online platforms	3	3	3	4	4	3	3	7	3	2	3	5	6	0	2
Helpline	3	4	3	4	4	5	2	2	1	3	1	9	8	2	2
Other	2	2	2	2	2	3	2	3	3	3	3	0	1	3	1

7.6 Barriers to sexual and reproductive health rights services

Among those who needed SRHR services but could not access them, transport issues presented the most common challenge as shown in Table 15. This implies that the distance to the health facility may be the main barrier. Women were more likely than men to confirm these barriers for their household members.

Question SRHR6. Why didn't this member get help? (Base: N=213; sample is those who needed SRHR services and did not get it)

Table 15: Reasons for a lack of access to SRHR services [values are in %]

Reason		Sex		Age				Region							
	Total (N=213)	Women (n=98)	Men (n=115)	18–30 years – Women (n=39)	18–30 years – Men (n=58)	31+ years – Women (n=59)	31+ years – Men (n=57)	Central – Women (n=23)	Central – Men (n=38)	Eastern – Women (n=18)	Eastern – Men (n=30)	Western – Women (n=33)	Western – Men (n=27)	Northern – Women (n=24)	Northern – Men (n=20)
Lack of money for transport	33	36	30	31	40	39	21	30	42	17	27	42	22	46	25
Lack of transport	30	34	26	26	26	39	26	57	37	17	10	33	33	25	20
Long distance to the nearest support center	28	33	24	36	21	31	28	22	32	22	17	45	26	33	20
Inability to meet the cost of treatment or to pay for the service	20	21	18	18	19	24	18	30	16	17	23	12	19	29	15
Couldn't get the travel permit from RDC	20	19	21	15	16	22	26	13	24	17	23	27	19	17	15
Lack of information/ knowledge on where to access services	19	19	19	15	17	22	21	17	21	33	10	21	30	8	15
Unavailability of commodities at the health facility	18	16	19	18	16	15	23	17	18	17	20	21	26	8	10
Unavailability of health workers/ counsellors/ lawyers	15	13	17	5	14	19	19	4	18	11	13	27	11	4	25
Fear of leaving home for those who may not be openly using family planning	15	16	13	13	14	19	12	17	11	6	7	24	22	13	15
Other	8	5	11	8	21	3	2	9	13	6	13	0	7	8	10
DK	2	2	3	0	2	3	4	0	0	0	3	0	7	8	0

8. CONCLUSIONS AND RECOMMENDATIONS

The main conclusions and recommendations of the assessment are discussed below by theme.

8.1 Economic activities and income

Conclusions

The findings show that 'farming/livestock or fishing' (43%) were the main sources of household income for both women (41%) and men (46%). Household income from all sources reduced during the pandemic for most of the respondents except for pensions. The pandemic poses a substantial threat to the household finances of both women (65%) and men (63%). Women were less likely than men to work for a living both prior to and during the pandemic. Changes in work status from 'working' to 'not working' since the onset of the pandemic were more significant for women (-21 percentage points) than for men (-11 percentage points). This was as a result of businesses or Government offices closing due to COVID-19 movement and other restrictions (44%), and was more significant for women (47%) than for men (41%).

COVID-19 caused serious economic damage and devastating income shocks that affected both women and men, although in general, women were more affected by this than men. There is therefore a need for interventions that will reduce income shocks by addressing job losses and increased poverty and unemployment. Encouraging a savings culture will also help households to generate a buffer against future shocks and stresses. Gender inequalities in economic opportunities also need to be addressed since women were more likely to be affected by job losses, and women-owned businesses were more vulnerable to shocks. The economic stress may have had psychologically-disruptive consequences. These could have contributed towards a surge in GBV in households in response to financial hardships, anxiety, fear, and uncertainty.

Recommendations

Financial support interventions should therefore include strategies and activities aimed at rebuilding the economy and restoring livelihoods both in the short and medium term. Government and other non-state actors should initiate livelihoods programs that help both women and men whose economic activities have been affected by the pandemic. The beneficiary selection criteria should give preference to women who have experienced the biggest financial setbacks. One of the ways that women's livelihoods can be protected is through cash transfer programs. These could also help households to mitigate these consumption shocks in times of crisis. Business competitions and soft skills trainings could also help women-owned firms to recover, especially when considering that these businesses are disproportionately

informal, operate in less-profitable sectors, and are less likely to have access to loans.[33]

8.2 Access to services

Conclusions

The study included a question on access to a variety of basic services. According to respondents, financial services (65%) were the most difficult to access during the reference period. Women (64%) were less likely than men (66%) to have lacked access to financial services at some point due to COVID-19. Other services for which significant percentages of respondents had difficulties accessing were healthcare (57%), food (49%), and water (36%). About half of women (49%) and men (50%) had problems accessing food and lack of access to healthcare services plagued an equal proportion of women and men (57%) during this time. However, nearly two-thirds of women (64%) and men (63%) indicated that they had sufficient access to water. The question did not establish whether the water was clean and safe, only whether it was enough.

The findings suggest that COVID-19 has created a significant access barrier to critical services for both women and men. Despite women being more affected than men by job losses, they were slightly less likely than men to be impacted by limited access to financial services. This may imply that women could be saving more, are dependents or have alternative income sources. On healthcare access, the study found that the healthcare service delivery system for non-COVID-19 related illnesses has been disrupted. Patients seeking care for non-COVID-19 related interventions were prevented from doing so due to transport restrictions, curfew, poor ambulatory systems, and income shocks, which made healthcare unaffordable. These constraints may also have limited food access since crop production and food processing continued largely uninterrupted during the lockdown.

Despite water being most accessible during the pandemic, most of the Ugandan population live in rural areas and their main sources of water are boreholes, shallow wells, and springs. They may therefore have access to sufficient water, but it may not necessarily be treated/clean and is most likely to be accessed at communal points. In addition to this, more than a third did not have water access at some point during the pandemic and this exposes women to risks of GBV and endangers SRHR.[34]

Recommendations

For improved access to financial services, it will be important to encourage savings and improve financial inclusion in rural areas. This will decrease the vulnerability of households and individuals to future shocks and stresses of similar nature. Immediate action would be required by the government to allocate more contingency funds for emergency pandemic response through cash transfer programs, waiving bills/taxes, and providing relief packages to curtail economic damage, devastating income shocks, and limited financial access in recognition of the liquidity constraints of many, which also limited food access. For healthcare access, the national lockdown would have to be lifted in stages to address access barriers, i.e., transport restrictions, curfew, poor ambulatory systems. In addition, more health workers across the regions need to be recruited and distributed to manage hospitals' focus on COVID-19. Income shocks

33 *https://blogs.worldbank.org/africacan/supporting-african-women-through-economic-consequences-covid-19*
34 *https://www.unwater.org/covid-19-pandemic-and-the-human-rights-to-water-and-sanitation/*

which contribute towards making healthcare unaffordable necessitate reforms in the public health insurance system as well as a temporary waiver on fees at public healthcare facilities.

There is also need to identify measures that will safeguard basic human rights to water and sanitation during the pandemic since more than a third of the respondents were unable to access water for the household at some point, and since most of the Ugandan population live in rural areas, thus implying that the main water sources are communal and may not be safe enough.

8.3 Security risks and vulnerability to crime and violence

The study findings show that most women (58%) and men (60%) have experienced increased security risks and vulnerability to crime and violence during the COVID-19 crisis. This leads to the conclusion that both women and men are similarly at risk, even though women are slightly less at risk. Ugandan citizens and protestors therefore need to be protected, crime offences need to be addressed, and police brutality minimized when enforcing pandemic restrictions.

Recommendations

It is therefore recommended that both sexes be targeted in any protection services provided by the Government or by non-government actors. Protestors need to be educated on how to minimize violence and protect their safety during protests. Collaborating with specialized police units to monitor high-risk offenders, introducing additional police patrols in the communities, and on-scene arrests among other crime prevention programs will be instrumental in bringing offenders to book. Police brutality needs to be minimized through procedural justice trainings that embrace human rights.

8.4 Sexual and gender-based violence

Conclusions

The findings show that women and men were equally (76%) likely to have received information GBV since the onset of the pandemic. There are no significant differences between women and men on sources of information for GBV with radio (53%) and TV (45%) being the main sources followed by 'word of mouth' channels. Awareness of a GBV victim among women (46%) and men (49%) is high with a skew to the Northern region. The study found that physical violence (50%) is the most commonly form of GBV in Uganda. The perpetrators were identified as household members, particularly the spouse (33%). More than two-thirds (67%) of GBV victims sought help and mostly from the police (32%) and community leaders (23%). For those who did not seek help, lack of information/knowledge on where to access services and fear of leaving home were the leading barriers in equal proportion (37%).

Most women (73%) and men (65%) felt that GBV is a problem in Uganda, with women more likely than men to feel this way. Women (65%) and men (59%) also indicated that they believe that GBV happens very often, especially in the Central and Northern regions. About three in four women (75%) and men (77%) indicated that GBV in Uganda has increased since the onset of COVID-19. According to respondents, GBV prevention programs should prioritize financial support (40%), someone to talk to (37%), and information about security (35%). Women were more likely than men to indicate that a variety of support mechanisms are needed.

The relatively high proportions of respondents who believe that GBV is a problem, may be an indication that information campaigns through broadcast media have been successful in reaching a wide segment of the population. However, broadcast media should not be used independently, but should be integrated with other media which have smaller audiences to optimize on influencing attitudes and boosting knowledge. The Northern region seems to bear the burden of GBV more than other regions, possibly due to previous experiences of violence, which several other studies have found to be a risk factor for becoming a perpetrator of violence.

Government-imposed measures to contain the spread of COVID-19 inadvertently confined victims with their perpetrators, especially considering that respondents identified household members and more specifically spouses/intimate partners as the main perpetrators of the GBV incidents that they were aware of hence, the surge in GBV during the lockdown. The shutdown also had other psychological and socially disruptive consequences, besides limited access to GBV support services for survivors. However, many victims/survivors continued to look for help. The police and community leaders therefore need to be well informed on how to support victims since they are the main people from whom help is sought. There is need to improve dissemination of information on where to access GBV survivor services and support.

Indeed, the study found fear of leaving home to be one of the most common barriers to help-seeking behavior for GBV victims. It is thus not surprising that most women and men felt that providing financial support should be one of the top potential measures for preventing GBV.

Recommendations

Communication strategies should continue leveraging traditional broadcast media as statistics show that radio, followed by TV, has the highest penetration at household and individual level. Word-of-mouth strategies should also be integrated in the communication strategies due to their effectiveness given the personal interface and ready audience. This includes neighbors, social media, friends, community activists, family members, religious leaders, and cultural leaders. A wider personal reach can also be achieved through SMS messaging, which is also useful for referencing information that victims may need after an incident.

Given that physical violence is the most common form of GBV, communication strategies should amplify the solutions for physical violence with immediate solutions should including accessible and well-publicized hotlines, educating communities on how they can be more involved in helping GBV victims, and creating awareness on the physical health implications if not GBV is not addressed. It will also be important to mobilize and sensitize community members on their role in preventing, mitigating, and responding to GBV in their communities.

Knowledge gaps should be closed by creating more awareness to reach those who are yet to receive information on GBV, and by improving the quality of information received through simplifying key messages for better understanding and retention/ memorability. Key messages should contain information on where to seek help, how to report perpetrators to allay victims'/survivors' fears on how they can be reintegrated into their households after reporting GBV incidents, and addressing cultural beliefs that GBV is socially acceptable.

Perpetrators sometimes have a sense of impunity due to low levels of punishment of perpetrators for reported cases. Effective law enforcement against reported cases should therefore be developed and should include onsite arrests. Regular community education programs that help communities understand their role in reporting perpetrators should also be established. Helpline services which victims can utilize without alerting their offenders should also be communicated frequently.

It is worth noting that the effectiveness of a hotline will be reduced if not followed by necessary action. As such, a holistic response model, communication campaigns, and reporting systems should be put in place. Police and community leaders require training on how to support GBV victims since they are the main points of contact when victims are seeking help.

The Northern region should be prioritized in GBV interventions because it bears the burden more heavily than other regions. Considering that economic insecurities appear to have played a significant role in the surge of GBV during the pandemic, the Government needs to allocate more contingency funds for emergency pandemic response through cash transfer programs, waiving bills/taxes, and relief packages to curtail economic damage, devastating income shocks, and limited financial access.

Overall, it is recommended that GBV interventions and policies should be holistic and ensure that survivors and those at risk of GBV during the pandemic are well informed on how to seek help and report their perpetrators. Furthermore, these mechanisms should be underpinned by the provision of shelters, basic health services, as well as counselling, justice and legal services, safe spaces, and economic assistance to the victims/survivors of GBV.

8.5 Sexual and reproductive health rights

Conclusions

For the purposes of this study, SRHR were defined as child spacing/family planning, STIs/HIV/Aids, contraceptives, condoms, and the provision of ARVs. The findings show that most women (64%) and men (60%) have received information on sexual reproductive health and rights since March 2020. The main sources of information were radio (48%), TV (33%) and community activists/volunteers (27%). Both women (35%) and men (39%) confirm that a member of their household needed SRHR services, and 80% of those who needed these services managed to obtain them in a health facility (86%). Among the few who needed SRHR services but did access them, the main barriers identified were lack of money for transport (33%), lack of transport (30%) and long distances to the nearest support center (28%). Substantially more women than men identified these as the top reasons for lack of access to SRHR services.

This concludes that information on SRHR is widespread largely thanks to conventional broadcast media, which was the main source of communication and also had the highest media penetration in country. There is a low incidence of household members needing SRHR services and this could be a result of respondent's lack of awareness on their household members' SRHR needs or preferences. While most household members who needed SRHR services during the pandemic managed to access them, the study did not capture the specific SRHR services that were needed and accessed. It is therefore not possible to report on the specific services that were sought and for which access was possible/not possible. Proximity and transport issues were the

main barriers to accessing SRHR services, which may be related to the movement restrictions imposed during the pandemic.

Recommendations

Reports show that poor sexual and reproductive health remains one of the most prevalent causes of disease and death for women between the ages of 15 and 44 in developing countries.[35] It is recommended that future surveys establish whether the respondent knows the SRHR needs of their household members, and also capture the specific SRHR service needed in order to better quantify access for each service. It is also not clear from the data whether the barriers identified also presented a challenge prior to the pandemic or not. Communication strategies that create awareness on the SRHR and provide guidelines on how to access various SRHR services during a pandemic are recommended. In the post-COVID-19 recovery phase, it will also be important to direct sufficient resources towards providing SRHR services to ensure that potential backlogs as a result of the pandemic are adequately addressed.

35 *https://www.unfpa.org/sites/default/files/jahia-events/webdav/site/global/shared/documents/events/2009/policies_frameworks.pdf*

APPENDIX 1: METHODOLOGY AND SAMPLING

The COVID-19 rapid gender assessment was designed to provide estimates for various indicators in Uganda. A total of 3,001 interviews were conducted in all four of the regions and were distributed across 1,536 men and 1,465 women. The survey was carried out using a **purely quantitative approach** and all questions were close ended. Respondents were sourced from the **GEOPOLL database** of phone numbers using a **random sampling method**. In order to ensure that the sample was representative of the population, it was stratified by sex, age, and region. A **Structured Questionnaire** was used to collect data by administering it via GEOPOLL's CATI platform where GEOPOLL enumerators dialed respondents and carried out the interview via telephone. The target sample for completed interviews was 2,400. The Table below is a summary of the research design.

Table A1: Summary research design

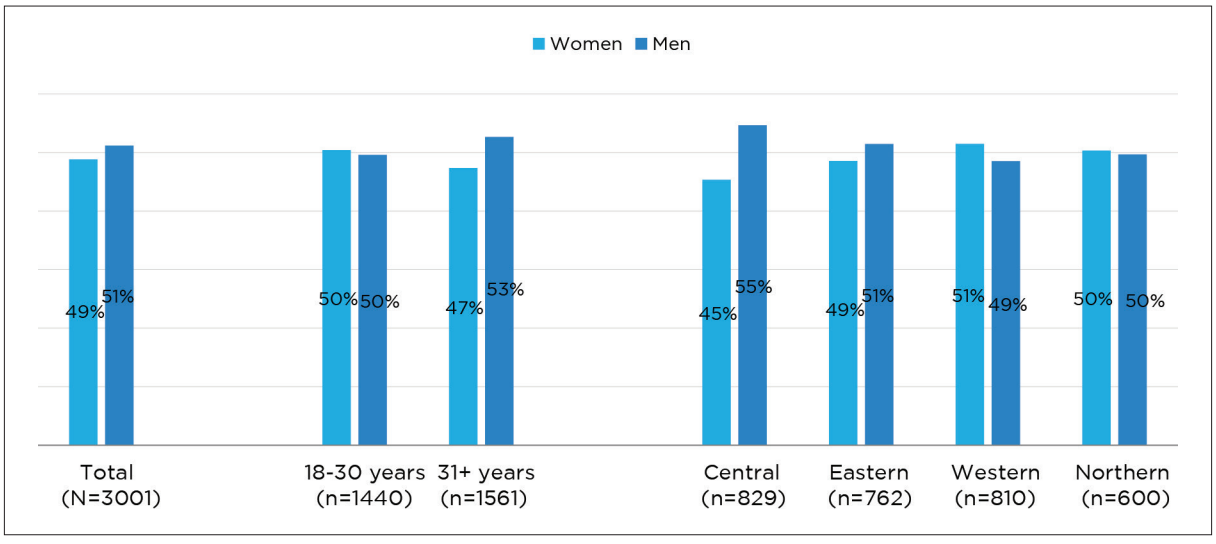
Analysis	• Quantitative
Instrument	• Semi-structured questionnaire
Method	• Computer-assisted telephonic interviews (CATI)
Source	• GEOPOLL database (random stratified sampling)
Respondent details	• Men and women • 18+ years old
Sample	• N=3001
Location	• Busoga, Acholi, Ankole, Bukedi, Bunyoro, Baganda, Elgon, Kampala, Karamoja, Kigezi, Lango, Teso, Tooro, West-Nile
Languages	• English, Luganda, Lusoga, Lugisu, Runyankore-Rukiga, Runyoro-Rutoro, Lubwara, Luo, Ateso-Karimajong
Data collection	• 31 October – 30 November 2020

APPENDIX 2: DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Sex and age distribution

A total of 3,001 respondents participated in the survey with 49% (n=1,465) being women while 51% (n=1,536) were men, as shown in Figure A1 below. Women in the 18–30-years age category were equally represented while the 31+ year age category had 53% men and 47% women. There was a higher proportion of men (55%) than women (45%) in the Central region. In the Eastern region, there were 51% men and 49% women; in the Western region there were 49% men and 51% women, while the Northern region had an equal representation of men and women at 50%.

Figure A1: Sex and age distribution



Region of residence

Table A2 below shows the sample distribution across the various regions by age and sex.

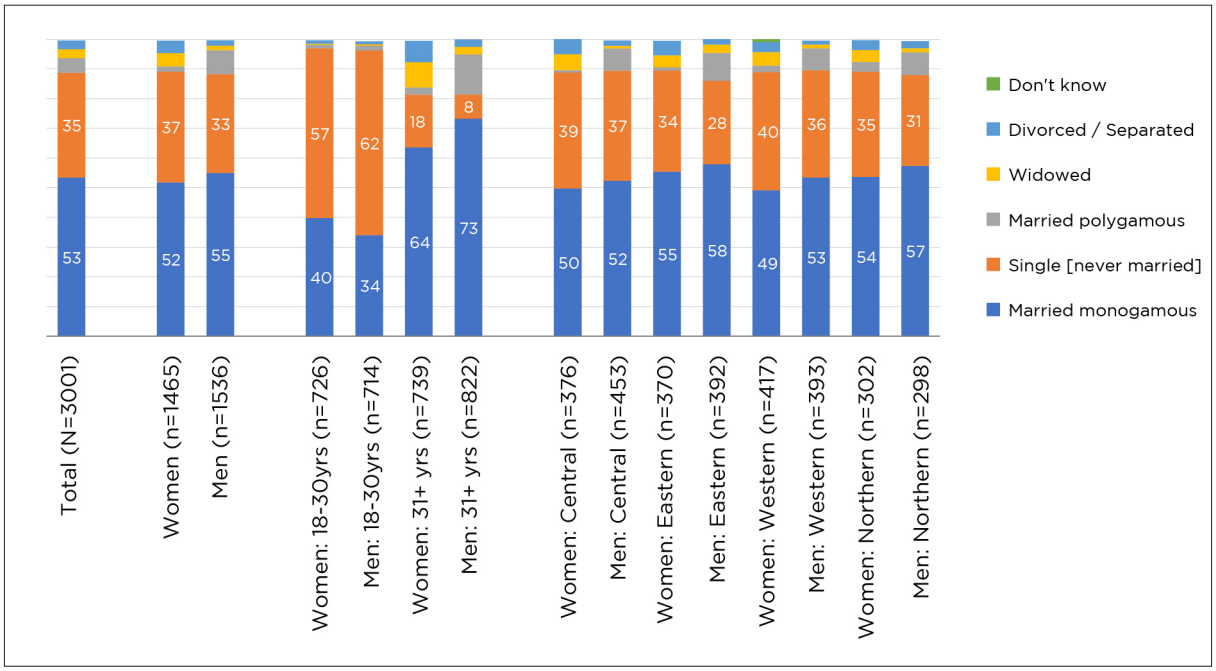
Table A2: Region of residence [values are in %]

Region	Total (N=3001)	Sex		Age			
		Men (n=1536)	Women (n=1465)	18–30 years – Men (n=714)	18–30 years – Women (n=726)	31+ years – Men (n=822)	31+ years – Women (n=739)
Busoga	9	10	9	10	9	10	10
Acholi	5	4	5	4	6	4	5
Ankole	9	8	9	9	8	7	11
Bukedi	6	6	6	6	6	7	6
Bunyoro	6	6	6	4	5	8	6
Buganda	22	24	21	26	21	23	20
Elgon	5	5	5	5	5	5	5
Kampala	5	5	5	6	7	5	4
Karamoja	3	3	3	2	2	4	3
Kigezi	4	4	4	4	4	4	4
Lango	6	6	6	5	5	7	6
Teso	5	5	5	4	6	5	4
Tooro	8	7	9	8	10	7	9
West-Nile	7	6	7	6	6	6	8

Marital status

The majority of the respondents were in a monogamous marriage (53%), closely followed by never married singles, as shown in the Figure A2. There were more men (55%) in monogamous marriages compared to women (52%) while there were more single women (37%) compared to men (33%). Most of the 18–34-year-olds were single for both men (62%) and women (57%), while for the 31+ years age category, the majority were in monogamous marriages for both men (73%) and women (64%). More men (14%) in the 31+ years category were in polygamous marriages compared to women (2%) while more women (9%) were widowed compared to men (3%). Data from the regions shows that most of the respondents were in monogamous marriages, closely followed by the singles. Polygamous marriages were prevalent among men in all the regions, ranging from 7–9%. Divorce was more prevalent among the women compared to men across all regions, as shown in the Figure A2.

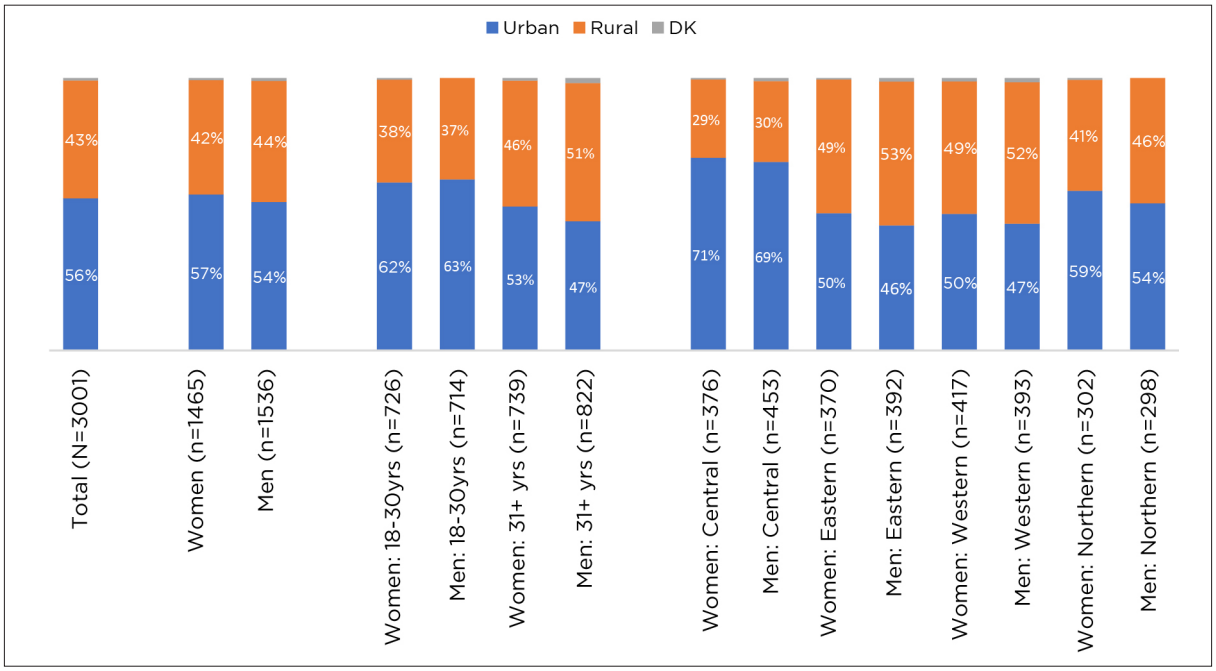
Figure A2: Marital status, by sex, age and regions [values are in %]



Dwelling place

According to Figure A3 below, most respondents (56%) were living in urban areas compared to rural areas (43%) for both men and women. The findings also show that more 18–30-year olds were staying in the urban areas compared to those aged 31+ years for both men and women. However, these findings should be interpreted with caution since rural and urban data was self-reported.

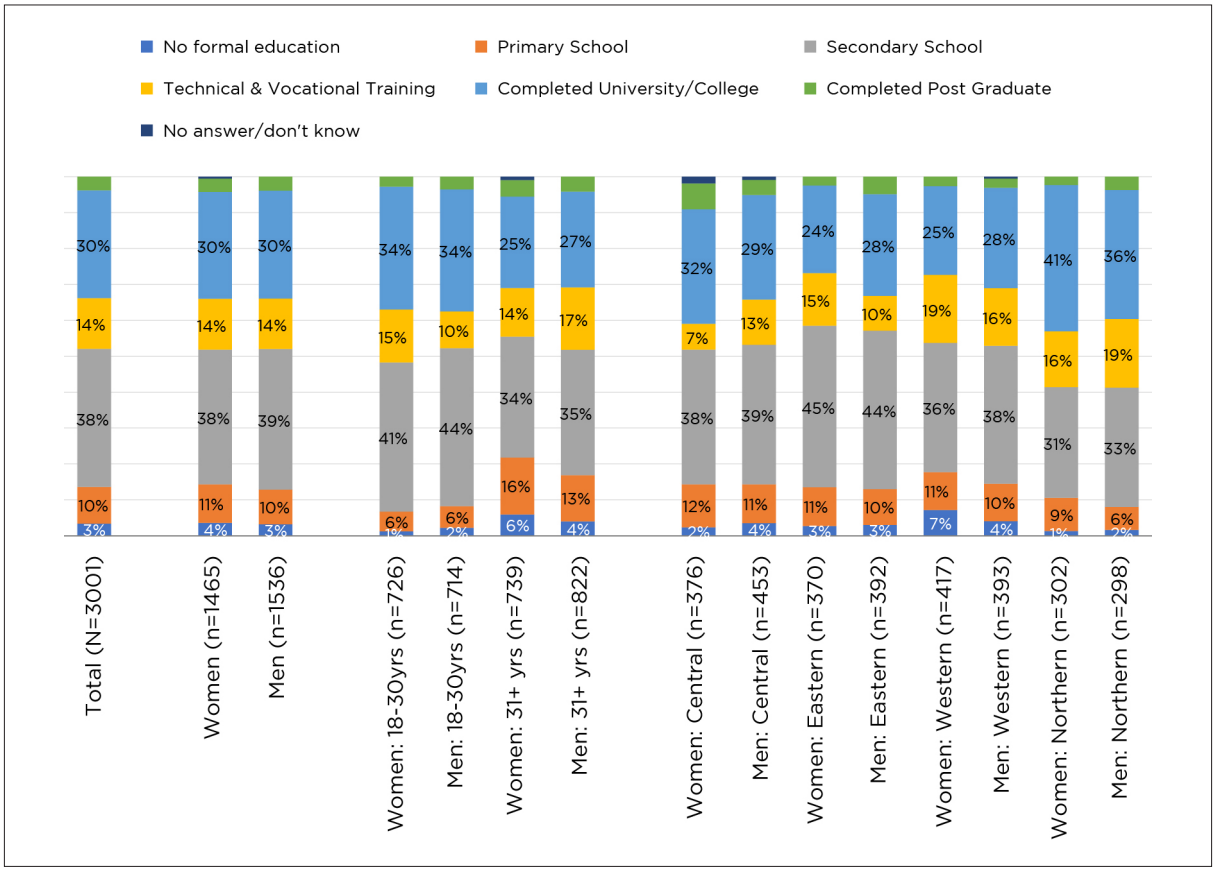
Figure A3: Dwelling place, by sex, age and region



Education level

Figure A4 shows that the highest level of education achieved for the respondents was secondary education for both men (39%) and women (38%), closely followed by completed university/college at 30% for both men and women. A higher number of 18–30-year olds had completed secondary education at 44% for men and 41% for women, indicating that they could still be ongoing with their university/college studies. There was a higher number of respondents whose highest level of education was primary school (13% for men and 16% for women) among the 31+ years age category compared to the 18–30 years, indicating that the younger generation values education. The Northern region had the highest number of men (36%) and women (41%) completing university/college level of education while also having the least number of respondents with no formal education (1%).

Figure A4: Education level, by sex, age and region



Living with other people

Figure A5 shows that 88% of the respondents were living with other people in the household with more women (91%) compared to men (81%) living with other people – a trend that is reflected in both age categories. There were more women from the Central region living with other people (94%) while the Western region had the least (88%) women living with other people.

Figure A5: Living with other people, by sex, age and region

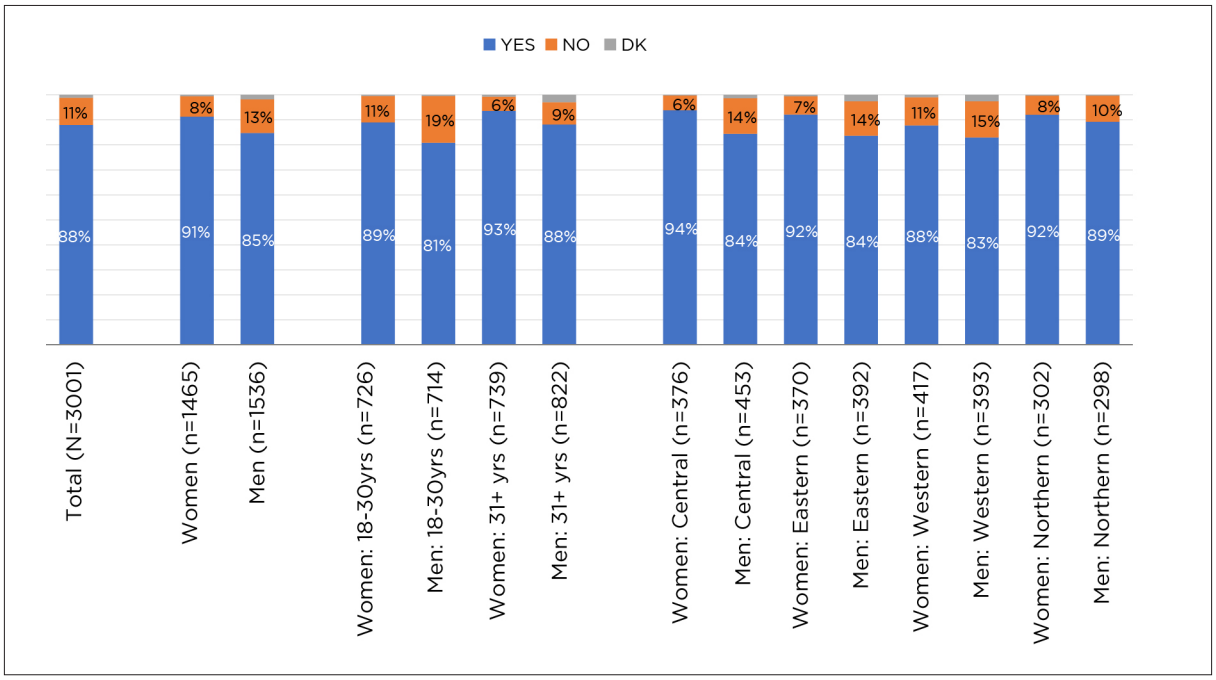


Table A3 summarizes the number of people living in a household. The majority (48%) of the respondents had 5–8 people living in the household, with respondents from the Northern region having the highest (5–8 people living in the household) (50% for both men and women). The majority of the 31+ years age category had 5–8 people living in the household while the majority of those aged 18–34 years had 1–4 people living in the household.

Table A3: Number of people living with

		Sex		Age			Region			
	Total	WOMAN	MAN	18–34	35–54	55+	Central	East-ern	North-ern	West-ern
N=	2 635	1 336	1 299	1 484	852	299	733	667	543	692
1 person	1	0	1	1	0	1	1	1	1	1
2 people	7	7	6	9	4	6	7	7	5	9
3 people	12	12	12	16	8	6	12	12	12	13
4 people	16	17	15	17	14	15	18	12	13	20
5 people	16	17	15	18	15	11	19	15	15	15
6 people	13	13	13	12	15	13	12	13	15	13
7 people	11	10	11	9	12	11	10	11	12	10
8 people	8	7	10	6	10	14	8	9	8	8
9 people	4	4	4	3	6	3	4	4	4	3
10 people	4	4	4	4	5	6	4	6	5	3
11 people	2	2	2	1	2	4	2	2	3	1
12 people	2	2	2	1	2	4	1	3	1	2
13 people	1	1	1	0	1	2	1	1	1	0
14 people	1	1	1	1	1	1	1	1	1	0
15 people	1	1	1	1	2	2	1	3	1	1

Table A4 shows the number of children aged 0–5 years living in the households. The majority of the respondents had 1–2 children aged 0–5 years living in the household.

Table A4: Number of children aged 0–5 years [values are in %]

	Total	WOMAN	MAN
N=	**2 635**	**1 336**	**1 299**
None	32	31	33
1 child	30	32	29
2 children	23	22	23
3 children	9	8	10
4 children	3	3	3
5 children	1	1	1
6 children	1	1	1

Table A5 shows a breakdown of children aged 6–17 years living in the households. The findings show that most of the respondents had 1–2 children aged 6–17 years living in the household. Households with 3–5 children were reported more in the 31+ years category. The Northern region had the most households with 3–5 children.

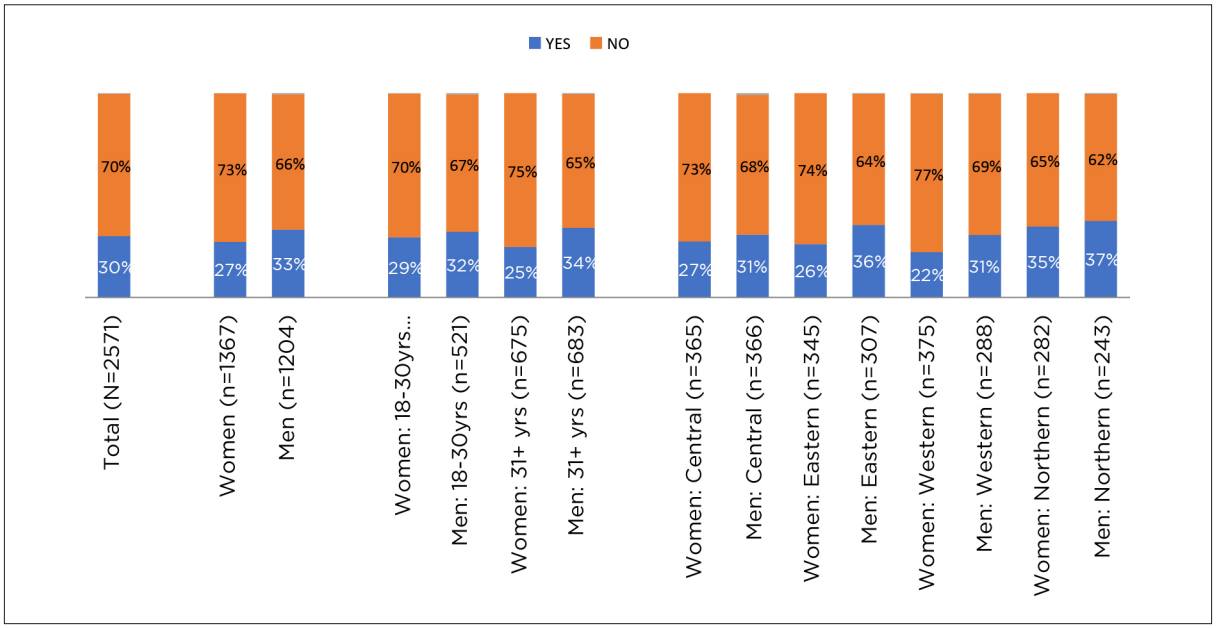
Table A5 Number of children aged 6–17 years [values are in %]

	Total	WOMAN	MAN
N=	**2 635**	**1 336**	**1 299**
None	27	26	27
1 child	22	23	21
2 children	22	22	21
3 children	14	14	14
4 children	7	7	8
5 children	4	3	4
6 children	2	2	1
7 children	1	0	1

Expectant/lactating women in the household

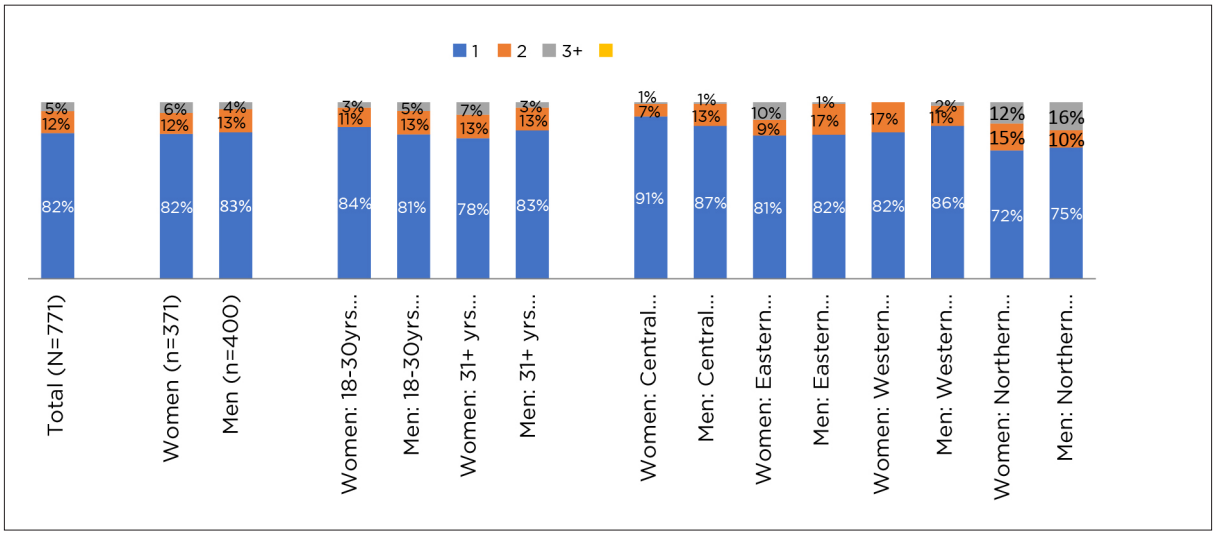
One-third of the respondents had a pregnant or lactating woman living in their households with more men (+6%) reporting living with a pregnant or lactating woman. This trend was reflected in the regions and in the different age categories.

Figure A6: Pregnant/lactating woman in the household, by sex, age and region



For those who had a pregnant/lactating woman in the household, Figure A7 below shows the number of pregnant/lactating women in the household. Most (82%) of the households had only one pregnant/lactating woman. The 31+ years woman respondents reported the most households with 3+ pregnant/lactating women. The Northern region had the most respondents reporting 3+ pregnant/lactating women in the households, while the Central region had the most respondents reporting one pregnant/lactating woman in the household.

Figure A7: Number of pregnant/lactating women, by sex, age and region



APPENDIX 3: QUESTIONNAIRE

Survey: impact assessment of covid-19 on women's and men's well-being

QUESTIONS FOR A MOBILE PHONE BASED SURVEY

DETAILS OF SAMPLED INDIVIDUAL

TELEPHONE NUMBER OF SAMPLED INDIVIDUAL .....

SERIAL NUMBER .... |__|__|__| |__|__|__|

Interview Date.....

Interviewer Name.....

GQ1: **INTERVIEWER**: DID ANYONE ANSWER THE PHONE?

1=Yes

2=Nobody answered>> Try at a later time

3= Number switched off>> Try at a later time

4=Number does not exist>>End interview

GQ2: Hello, my name is [**INTERVIEWER'S NAME**] and I am calling from UN Women.

I would like to speak to [**RESPONDENT'S NAME**] could you be the one?

1 Yes

2=No>> Ask if it's a personal number and if not ask to speak to the owner

Intro:

We are undertaking a study to find out the impact of COVID 19 pandemic on your life and that of your household. The interview will take about 20 minutes and the information you provide will be kept confidential and used only for the study purpose. You have been randomly selected to take part in the study and the information you provide will inform UN Women on the different ways the pandemic has impacted on the lives of different households in Uganda.

GQ3: Are you willing to take part in the study?

1=yes

2=No>> End interview

A. Demographics

A01. What is your sex?

1. Male
2. Female

A02a. What is your age in completed years?

_ _ [YEARS]

A02b. What is your marital status?

1. Married monogamous
2. Married polygamous
3= Widowed
4=Divorced / Separated
5=Single (never married)

A03_1. Where do you live?

DROP DOWN LIST OF DISTRICTS IN UGANDA

A03_2. District Name.....

A03_3. County name.....

A03_4. Parish name.....

A03_5. Village Name.....

A03_6. Is the place where you live a rural or urban area?

1. Urban
2. Rural

A04. What is the highest level of education that you completed**?**

1. No formal education
2. Primary School
3. Secondary School
4. Technical & Vocational Training
5. Completed University/College
6. Completed Post Graduate

98. No answer/Do not know **[DO NOT READ]**

A05. Do you live with other people?

1= Yes

2=No<<CD1

A05_1. How many people including yourself live with you in your household?

Interviewer: Probe the number of people per age category

Multiple answers. Open answers for each category. If there are no member of specific category put zero

1. Total number of people_____
2. Number of children 0-5 Yrs.___
3. Number of children 6-17 Yrs._____
4. Number of adults 18-34 Yrs. _____
5. Number of adults 35-64 Yrs. _____
6. Number of elderly 65 or over Yrs. _____

ASK ALL

A05_2. How many women (of any age) live with you (please include yourself)? Are there any pregnant or lactating women in your household? If yes, please specify how many pregnant or lactating women (include adolescent and young women) are in the household:

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO WOMEN, PREGNANT OR LACTATING WOMEN, PUT ZERO

1. Women: Number..... **NUMBER SHOUD BE LESS THAN SUM IN A07**
2. Pregnant: Number.....
3. Lactating: Number.....

COVID IMPACT ON HOUSEHOLDS

CD1: Please indicate how much you agree or disagree with the statement, "You have experienced greater security risks and vulnerability to crime and violence during the COVID crisis..."

Strongly Agree.....1

Agree.....2

Neutral.....3

Disagree.....4

Strongly Disagree....5

Income loss

CD 2: In the last 12 months, which of the following were your household's sources of livelihood? **PLEASE READ ALOUD THE COMPLETE LIST AND SELECT ALL THAT APPLY**		1=yes 2=No	Since the start of COVID-19 (20 March 2020), has your income from [SOURCE]..? Increased .....1 Stayed the same.....2 Reduced .....3 Total loss/no earnings.....4
Family farming, livestock or fishing			
Non-farm family business, including family business			
Wage employment of household members			
Unemployment benefits			
Remittances from abroad			
Assistance from family within the country			
Assistance from other non-family individuals			
Income from properties, investments or savings			
Pension			
Assistance from the Government			
Assistance from NGOs / charitable organization			
OTHER (SPECIFY):_____			

CD3: How much of a threat would you say the corona virus outbreak is to your household's finances?

READ OUT ANSWER OPTIONS

A substantial threat 1

A moderate threat 2

Not much of a threat 3

Not a threat at all 4

CD4: Currently are you doing any work to earn a living?

1=Yes

2=No

CD5: Before the start of COVID 19 (20 March 2020) was there any work that you were doing to earn a living?

1=Yes

2=No

Activate CD6 only if CD4=2 & CD5=1

CD6: If not working now yet you were working before the start of COVID 19 (20 March 2020) why is that the case?

Business / gov't closed due to Coronavirus legal restrictions 1
Business / gov't closed for another Reason 2
Laid off while business continues 3
Furlough 4
Ill / quarantined 6
Need to care for ill relative 7
Seasonal worker 8
Retired 9
Not able to go to farm due to movement Restrictions 10
Not able to farm due to lack of inputs.....11
Not farming season 12
Rotation of personnel due to coronavirus (my turn is next week) 13
Conflict/insurgency.....14

ACCESS TO SERVICES

CD7: Since the onset of COVID 19 (20 March 2020) was there a time when you didn't have access to [**SERVICES**] due to COVID 19 restriction or fear of contracting the disease?

a) healthcare
b) Food
c) financial
d) sufficient water for the household

1=Yes 2=No

Gender Based Violence / Violence Against Women/Girls

GBV1: Have you received any information about Gender Based Violence / Violence Against Women/Girls since March 2020?

(This includes Rape, Defilement, Sexual harassment, Sexual exploitation, Intimate partner violence, Domestic Violence, Child marriage, Forced Marriage, Female Genital Mutilation, Emotional/Psychological abuse, Economic Violence)

1. Yes
2. No >> GBV3

GBV2: What was the source?

1. Family member
2. Friend
3. Neighbour
4. Community activist/Volunteer
5. Religious leader
6. Cultural leader
7. Radio
8. Television
9. Online/Social media
10. Other, specify.....

GBV4: Do you know anyone who has experienced Gender Based Violence / Violence Against Women/Girls since March 2020?

(This includes Rape, Defilement, Sexual harassment, Sexual exploitation, Intimate partner violence, Domestic Violence, Child marriage, Forced marriage, Female Genital Mutilation, Emotional/Psychological abuse, Economic violence)

1. Yes
2. No >>> Go to GBV10

GBV5: What form of Gender Based Violence / Violence Against Women/Girls was experienced by this member of your household/community?

1. Sexual Harassment e. g. Inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about your physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to you (the range of SH)
2. Physical Violence
3. Female Genital Mutilation
4. Sexual Violence (rape, defilement)
5. Denial of resources
6. Online bullying
7. Psychological torture
8. Denial to communicate with other people
9. Child/forced marriage
10. Other, specify.....
11. No

GBV5_2: Which one of the forms of violence mentioned previously have been experienced the most recently?

1. Sexual Harassment e. g. Inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about your physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to you (the range of SH)
2. Physical Violence
3. Female Genital Mutilation
4. Sexual Violence (rape, defilement)
5. Denial of resources
6. Online bullying
7. Psychological torture
8. Denial to communicate with other people
9. Child/forced marriage
10. Other, specify.....
11. No

GBV6: Who was the perpetrator/offender of the most recent event?

1. Spouse
2. Father/Step-father
3. Mother/Step-mother
4. Sister/Brother
5. Daughter/Son
6. Other relative
7. In-law
8. Own friend/acquaintance
9. Neighbour
10. Family friend
11. Teacher
12. Employer/Someone at work
13. Police/Soldier
14. Priest/Religious leader
15. Traditional Cultural leader
16. Health worker
17. Stranger
18. Other, specify.....

GBV7: For the most recent event - did the victim try to seek help after being subjected to this form of violence?

1. Yes
2. No >>> GBV9

GBV8: From whom did the victim seek help for the most recent event?

1. Own family
2. Spouse's family
3. Spouse
4. Friend
5. Neighbour
6. Religious leader
7. Doctor/Medical Personnel/Health facility
8. Police
9. Lawyer
10. Social service organisation
11. Social worker
12. NGO/CSO
13. Shelter
14. Community leadership/LC
15. Employer/Someone at work
16. Teacher
17. Helpline
18. Cultural leader/ elder/ clan leader
19. Online platforms (Facebook, etc.)
20. Other, specify.....

GBV9: Why didn't this member of your household/community seek help for the most recent event?

1. Lack of transport
2. Lack of money for transport
3. Couldn't get the travel permit from RDC
4. Long distance to the nearest support centre
5. Un availability of health workers, psychosocial counsellors, lawyers
6. Inability to meet the cost of treatment or to pay for the service
7. Lack of information/knowledge on where to access services
8. Fear of leaving home
9. Unavailability of commodities at the health facility
10. Other, specify.....

GBV10**. To what extent do you think that gender-based violence is a problem in Uganda?**

Remind respondent that this violence includes: physical, sexual, psychological (such as harassment), in both public and private.

1. A lot
2. Somewhat
3. A little bit
4. Not at all
98. Don't know
99. Refused

GBV11**. How often do you think that gender-based violence occurs in Uganda?**

1. Happens very often
2. Happens sometimes
3. Does not happen very often
4. Never happens
98. Don't know
99. Refused

GBV12**. Do you think the level of gender-based violence in Uganda has changed SINCE THE ONSET OF COVID-19?**

1. Yes, increased
2. Yes, decreased
3. No, stayed the same
98. Don't know
99. Refused

GBV13: What types of information, advice or support would you say you needed to prevent GBV, VAW/G or other harmful practices from happening during this COVID period?

1. Information about security/crime prevention
2. Practical help such as shelter/food/clothing
3. Someone to talk to/moral support
4. Help with insurance/compensation claim
5. Protection from further victimization/harassment
6. Help in reporting the incident/dealing with the police
7. Medical support
8. Financial / livelihood support
9. Legal support
10. Psycho-social support
11. Police support
12. Judge/prosecutor
13. None of these

14. Do not want any support
15. Don't know
16. Other, specify.....

Sexual reproductive health and rights

SRHR1: Have you received any information on sexual reproductive health and rights since March 2020?

(This includes child spacing/family planning, STIs/ HIV/Aids, contraceptives, condoms, ARVs)

1. Yes
2. No >> SRHR3

SRHR2: What was the source?

1. Family member
2. Friend
3. Neighbour
4. Community activist/Volunteer
5. Religious leader
6. Cultural leader
7. Radio
8. Television
9. Online/Social media
10. Other, specify.....

SRHR3: Did any member of your household need health services related to child spacing/family planning, STIs/ HIV/Aids, contraceptives, condoms, Antiretroviral services since March 2020?

(This includes child spacing/family planning, STIs/ HIV/Aids, contraceptives, condoms, ARVs)

1. Yes
2. No >> End of interview
3. Do not know >> end of interview

SRHR4: Did this member of your household get the SRHR services?

1. Yes
2. No >> SRHR6

SRHR5: From where did this member seek help?

1. Health facility
2. Helpline

3. VHT
4. NGO/CSO
5. Neighbour
6. Online platforms (Facebook, etc.)
7. Other, specify.....

SRHR6: Why didn't this member get help?

1. Lack of transport
2. Lack of money for transport
3. Couldn't get the travel permit from RDC
4. Long distance to the nearest support centre
5. Un availability of health workers, psychosocial counsellors, lawyers
6. Inability to meet the cost of treatment or to pay for the service
7. Lack of information/knowledge on where to access services
8. Fear of leaving home for those who may not be openly using family planning
9. Unavailability of commodities at the health facility
10. Other, specify.....

LG1: Which language was the interview conducted in?

1. Luganda
2. Lusoga
3. Runyankore/Rukiga
4. Luo
5. Lugbara
6. Lugisu
7. Ateso/karijong
8. Lunyoro/Lutooro
9. English
10. Other specify

LG2: Interview status

Complete.....1
Partially complete.....2
Refused.....3
Don't speak the language.....4
Nobody answering.....5
Number does not exist.....6
Phone turned off.....7
Don't know the household.....8
Reference person can't connect to household.....9

UN Women Uganda
P. O. Box 7184, Plot 2 Lugogo Lane, Naguru
Off Lugogo Bypass, Kampala, Uganda.
Tel: +256-417-201-000
Email: uganda.co@unwomen.org
Website: www.unwomen.org