

GEST ALUMNI SNAPSHOT

SOCIAL IMPACT OF COVID-19 RESTRICTIONS

ANALYSIS ON THE IMPACT OF COVID-19: A STUDY ON WOMEN AND GIRLS WITH DISABILITIES IN UGANDA

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1. INTRODUCTION

This report examines the impact of COVID-19 on women with disabilities in Uganda and the response measures intended to prevent the spread of COVID-19. The findings present the different experiences of women with disabilities who have been disproportionately affected by COVID-19. The findings have been

divided into different thematic areas to ensure that the readers understand the situation of women with disabilities in Uganda during the pandemic and how to bring about reforms in the response measures. This report will highlight the following,

- Background of the study
- Research objectives
- Research questions
- Literature review
- Presentation of key findings
- Critical analysis
- Recommendations
- Conclusion

2. BACKGROUND

In March 2020, the World Health Organization affirmed the coronavirus (COVID-19) as a global pandemic (World Health Organisation (WHO), 2020a). Since then, Uganda achieved notable recognition from the Medical Journal, The Lancet, for its sustained success in suppressing the spread of COVID-19 despite being a low-income country (The Lancet, 2020). This success, however, is not without costs for women with disabilities who experienced a multitude of human rights violations due to the exclusion of the Ministry of Gender, Labor and Social Development that is responsible for their welfare from the national COVID-19 taskforce (Tenywa, 2020), that was established by the President of Uganda and hosted by the Office of the Prime Minister of Uganda (DATA-POP ALLIANCE, 2021). This taskforce oversaw the issuance of a series of guidelines that generated significant mobility barriers, reduced access to basic needs and facilities, including food and medicine and checked involvement in income-generating activities that left persons with disabilities who are already in a vulnerable position - twice impacted by these constraints (Aga Khan Foundation, 2020).

A vital tool for governments to control and handle the pandemic has been strong data on cases and deaths. Data has helped to explain the disease's underlying drivers, which individuals are most at risk and how we can avoid or be better prepared for the next crisis or catastrophe (United Nations Department of Economic and Social Affairs (UNDESA), 2020a). However, even with the absence of basic health services, social, and economic data in many countries, vulnerable groups like women and girls with disabilities that require the most support, remain invisible (UNDESA, 2020a).

Given the impact of COVID-19 on lives, livelihoods, and the unavailability of sufficient data on the pandemic's effect on women with disabilities, there was need to analyze the different experiences of women with disabilities during the pandemic, assess the impact of COVID-19 and document recommendations for referral on effective disability inclusive response efforts.

Research Objectives

- To assess the impact of preventive measures due to COVID-19 on women with disabilities in Uganda.
- To explore the lived experiences of women with disabilities during the pandemic.
- To document good practices, interventions, and recommendations for effective disability inclusion during the COVID-19 response measures.

Research Questions

Key questions during the research were:

- What is the situation of women with disabilities during the COVID-19 pandemic (their experiences)?
- How inclusive were the response measures to women with disabilities?
- Were the security personnel aware of the situation of women with disabilities?

3. LITERATURE REVIEW

After declaration of COVID-19 as a global health crisis (WHO,2020a), there is an extraordinary situation in the global community where parallel challenges to health, economic and social crises have left countries struggling to control the epidemic (UNDESA,2020a). It has not only undermined years of progress in poverty, education, hunger, health care and education. But has also gone as far as to reveal strong and deep inequalities in our communities and further intensified current differences in and within nations (UNDESA, 2020a).

In efforts to reduce the fatal impact of COVID-19, countries across the world introduced numerous non-pharmacological public health policies, including isolation, quarantine, social distancing, and group containment, due to the lack of pharmaceutical interventions for COVID-19 (Chen, et al., 2020). Although preventive measures may reduce the risk of exposure, older people, indigenous people, persons with disabilities, migrants, refugees, and children (UNDESA, 2020a), may suffer negative effects from the preventive measures as they are already at risk (Chen, et al., 2020).

Persons with disabilities confront equal risk of infection from COVID-19 as the rest of the population. However, pre-existing disparities in access to health care, mental health services, communication technology, and social safety services intensify the danger posed by the virus on persons with disabilities (UNDESA, 2020b). In addition, their pre-existing health conditions leave them at greater risk of developing other severe illnesses. Women with disabilities face structural obstacles to equity and inclusion, with insufficient representation in legislation, policies and procedures on disability and gender equality (UNDESA, 2020b). They are three times more likely to have unmet needs for healthcare, three times more likely to be illiterate, twice as less likely to be employed, twice as less likely to use the internet (UNDESA, 2020b), and are at an elevated risk of experiencing sexual violence. These underlying disparities have been revealed by the COVID-19 pandemic and have worsened the plight of women with disabilities (UNDESA, 2020b). During a pandemic, daily barriers such as physical accessibility, challenges to the application of basic hygiene, accessibility to healthcare, health insurance restrictions and discriminatory laws and stigma have proven to be life-threatening (UNDESA, 2020b).

In recognition of the vulnerability of women with disabilities, and in accordance with international human rights agreements such as the Convention on the Rights of Persons with Disabilities (United Nations (CRPD), 2008) and the Sustainable Development Goals (United Nations (SDGs), 2015), the World Health Organization released disability-inclusive guidelines (WHO, 2020b),to enable the protection of rights of persons with disabilities by States in the execution of COVID-19 response measures. The susceptibility of women with disabilities to numerous forms of discrimination is underscored by Article 6 (CRPD, 2008) and Sustainable Development Goals 5 and 10. With the outbreak of COVID-19 and its declaration by WHO as a global pandemic, Article 11 of the CRPD compels States Parties to take the steps necessary to ensure the health and welfare of persons with disabilities came into effect. However, the human rights and needs of women with disabilities were overwhelmingly overlooked during the execution of the COVID-19 preventive measures, despite the call for all countries to strike a fine balance between health protection, avoidance of economic and social disruption, and respect for human rights (WHO,2020a). Moreover, the COVID-19 pandemic illustrated how the CRPD has not been enforced by the countries that ratified it (United Nations Human Rights Office of the High Commissioner (OHCHR), 2020).

4. METHODOLOGY

4.1 General Approach

I used qualitative research methods to identify the unique experiences of women with disabilities during the COVID-19 pandemic. The qualitative methods included a focus group discussion guided by a questionnaire and observations.

The study design included desk reviews, interviews, and focused group discussions to identify the effects COVID-19 has had on each disability category and the commonalities shared as persons with disabilities.

The following assessment tools were developed to guide the research.

- Desk review guide to review available literature on COVID-19 and its effects on socio-economic conditions of under-represented groups like women with disabilities in different localized and national contexts.
- Interview guide developed and pre-tested on 5 women with disabilities.
- Interview guide administered for in depth discussion with 10 women with disabilities and 2 key informants.
- One focus group discussion held with 10 women with disabilities.

4.2 Sampling

I used purposive sampling while conducting the research. The research specifically targeted women and girls with disabilities that are a hard-to-reach population because of disability, gender, and location. The purposive sampling method met the objectives of the research, research question and subject.

Sample of women with disabilities

Ten women with disabilities aged between 24-31 were carefully selected to provide qualitative data for the study. They were identified through consultation with Program Officers from different organizations of persons with disabilities. Six out of eight recognized disability categories in Uganda, as enshrined in the Persons with Disabilities Act, 2020, were identified to ensure disability representation. Representation from the disability categories was as follows,

- a. Physical disability
- b. Hearing disability
- c. Visual disability
- d. Albinism
- e. Dwarfism
- f. Mental disability (including psychiatric and learning disability)

Due to limited resources and scope of the research, this research does not cover the effects of COVID-19 on women and girls with multiple disabilities and deaf-blindness as enshrined in the Persons with Disabilities Act, 2020 of Uganda.

4.3 Data Processing and Analysis

Qualitative data consisting of answered questionnaires and textual notes gathered from key informants and interviews with women with disabilities was transcribed and typed. Analysis involved identifying key themes and patterns of responses emerging from the data. Relevant quotations have been included in the report to reflect the voices of the respondents.

4.4 Ethical Issues

This study sought to adhere to all relevant ethical requirements for undertaking research among human subjects. The measures undertaken to fulfil ethical requirements included informed consent, voluntary participation, confidentiality, and anonymity, and respecting the privacy of participants.

5. PRESENTATION OF KEY FINDINGS

The following findings will address seven thematic areas namely, social stigma, inaccessible education, financial insecurity, food insecurity, gaps in communication, restrictions in movement and inaccessible health services as obtained from the focus group discussion and are in line with objective 2 of the study.

For women with disabilities, most of their concerns stem from past and ongoing systemic discrimination because they live at the margins of gender and disability. This implies that their health, wellbeing, and rights were unaccounted for both during and before the pandemic.

5.1 Social Stigma

The focus group discussion revealed that the latent social stigma against women with disabilities prevailed within their communities due to COVID-19. They faced forceful eviction from their homes, there was a breakdown in ongoing relationships and social distancing affected support services.

Support services in form of personal assistants for women with mobility challenges and physical disabilities, and guides for the visually impaired came to a standstill with the outbreak of COVID-19. For example, Shatra, a 27-year-old respondent with visual impairment shared that her guide was stopped from entering the banking hall with her, yet she needed his support. "I told the security guards that I need help to access the ATM machine because I cannot see..." but her pleas fell on deaf ears until one of the bank attendants "offered to help me."

The mental and emotional wellbeing of some women with disabilities suffered inexplicably due to the imposition of the stay at home and self-isolation directives. For Flora, a 28-year-old woman with dwarfism, the instruction to stay at home left her feeling traumatized and isolated because she was away from her family and her neighbors did not want to associate with her out of fear of contracting COVID-19. "I was traumatized by the outbreak of COVID-19 and felt more isolated since I was living alone and far from my family."

Forceful evictions from places of lodging affected the limited independent living some women with disabilities were accustomed. Penny, a 29-year-old woman with a hearing impairment reported that, "The landlord pushed me out of my house because of COVID-19 outbreak." This pushed many women with disabilities that had achieved independent living to return to their parental homes, effectively putting a stop to their independence as women with disabilities.

Relationships for women with disabilities are often plagued with negative societal norms and perceptions towards disability and sexuality making them fragile at best. With the outbreak of COVID-19, women with albinism and dwarfism both expressed that their relationships broke down due to COVID-19. "We wondered if COVID-19 was a genuine reason for the breakup or we had been used for convenience",

they said. The men in their lives used the outbreak of COVID-19 as an excuse to break up with them out of fear of self-isolating with them as women with disabilities.

Whereas some women with disabilities faced breakdowns in relationships, a few married women with disabilities dealt with spousal abandonment because of colorism. This was divulged by the head of an organization working with youth with disabilities in Uganda. She reported that “a young woman with albinism faced it rough with the husband running away and abandoning her for being with white skin like the Chinese who brought the virus.”

Women with disabilities experienced severe rights violations in form of police brutality from law enforcers who would beat them over their failure to observe COVID-19 Standard Operating Procedures like curfew time, yet they were unaware of the enforcement of curfew time because their disabilities prevented them from receiving information. For instance, Maggie, a respondent with visual impairment reported being beaten by the law enforcers. “My rights were abused by law enforcers. They kept beating us even when we had valid reasons for failing to meet curfew time.”

Returnees with disabilities confronted heightened risk of exposure along with discrimination during their return to the country. They were denied affirmative action and support staff upon their return at the airport, and they suffered indiscriminately. This was echoed by the head of the government agency for persons with disabilities who mentioned that “[the level of] discrimination and stigma experienced by returnees with disabilities at the airport, quarantine centers, family and at community level [was unprecedented until the outbreak of COVID-19]” and the measures in place.

5.2 Inaccessible Education

For women with disabilities in school, the pandemic cut off their access to education facilities which provide more than belonging and knowledge as they are also sources of protection for those from violent backgrounds and families.

The government of Uganda’s decision to close schools for an indefinite period compelled many students with and without disabilities to return to their villages. This, however, came with consequences for students with disabilities. Their return to and retention in school is likely to be affected because of the economic impact of COVID-19 on their families.¹ Doreen, a 28-year-old respondent with a physical disability conveyed “schools closing is affecting the education of girls with disabilities in school. Many have gone to their villages and may not return to school after COVID-19”.

In addition, Elizabeth, a 31-year-old respondent with a physical disability noted with great concern that “the rise in teen pregnancies and marriages [is] increasing numbers of illiteracy in girls with disabilities”, because female students with disabilities were left without the protection of the school environment and encountered sexual violation and exploitation due to schools closing.

To ensure continuity of education for students, the government of Uganda introduced the use of digital platforms such as online classes on television and radio stations. However, respondents with albinism and hearing impairments were upset over this. They expressed that, “lessons on TVs and radios were not disability inclusive” and “the online classes did not have a Sign Language Interpreter”, further stagnating the education of students with disabilities.

¹ The education of students with disabilities is fraught with limited finances. 78% of Persons with disabilities are engaged in subsistence farming (Uganda Bureau of Statistics (UBOS), 2019) and informal jobs which have disproportionately been affected by the pandemic, resulting in income insecurity (UNFPA and Women Enabled International, 2021).

5.3 Financial Insecurity

Women with disabilities had their small businesses and incomes de-stabilized due to the outbreak of COVID-19 and the subsequent response measures put in place to reduce the spread of the virus. Penny reported being affected by income insecurity after closure of her chips making business when the government of Uganda ordered for the closure of markets. “My business closed because of COVID-19”.

The closure of schools did not only affect students with disabilities but also women with disabilities **who** ran schools as a form of business. Sammy, a 30-year-old respondent with albinism expressed that she lost her financial independence when she closed her nursery school out of failure to break even during the pandemic. “Businesses [including mine] failed and closed down.”

Some women with disabilities in formal employment fell victim to workplace survival tactics like downsizing and scaling down to mitigate the economic impact of COVID-19. For example, Doreen shared that “my work stopped due to the effects of COVID-19, and this reduced my income for my family”, because she was let go from her place of employment.

Although the government of Uganda permitted some market vendors to stay in the markets, observation of hygiene measures like maintenance of frequent hand washing and sanitization while in the markets proved challenging for female market vendors with disabilities. They opted to abandon their businesses. The head of the government agency of persons with disabilities conveyed that “during the lockdown, market vendors were directed to stay in the markets while operating their businesses. This did not go down well with women and girls with disabilities because of upholding sanitation and hygiene situations in those markets. They could not freely use the washrooms; most of the toilet facilities in the markets are not accessible and have poor hygiene. The working conditions became unbearable and women and girls with disabilities abandoned the business.”

Girls with disabilities in some districts were left to fend for themselves and their needs after abandonment by the caretakers because of the financial insecurity brought about by COVID-19. The head of an organization working with youth with disabilities in Uganda reported that “girls with visual impairment were abandoned by their caretakers in the house in Kween and Mpigi districts [because they] had no source of income to provide for their basic needs like food and yet they were not even able to take care of themselves without the support of the helper”.

The women with disabilities in this predicament all mentioned that they had to return to their families because they could no longer sustain the limited independent lifestyles they had acquired before COVID-19.

5.4 Food Insecurity

The physical health of women with disabilities was affected on account of dietary changes that were enforced because of the financial insecurity and limited access to markets caused by the pandemic. For instance, Doreen expressed that “COVID-19 affected my diet. [I] started to have 1 meal a day”. Her family like many others could ill afford to maintain the three meals per day because of limited resources and access to markets.

Episodes of hunger and starvation became the norm for majority of women with disabilities nation-wide and majority of the respondents were not spared from this experience. They admitted to suffering “episodes of hunger due to lack of what to eat” because of restricted movements and inaccessibility to markets for food. They were reduced to meal rationing “to save for another day”.

The government of Uganda implemented a relief food program to control the effects of hunger and starvation for vulnerable groups like persons with disabilities and the elderly. Unfortunately, most women with disabilities who were the main beneficiaries of the program missed out because of the government’s inaccurate statistical data on persons with disabilities and their locations. This was conveyed by the head of the government agency for persons with disabilities who shared that “[women with disabilities faced] food insecurity since most of them missed the food distributed by the government resulting from inadequate data on persons with disabilities who were the would-be beneficiaries of the food distribution program introduced by government for Kampala and Wakiso districts”.

Food insecurity amongst citizens worsened domestic and gender-based violence in families of women and girls with disabilities. Girls with disabilities were placed in vulnerable positions and less protected from sexual predators due to food insecurity brought about by COVID-19. For example, “a girl with epilepsy was defiled by the local councilor because of hunger which forced her to the councilor’s place in search of what to eat during the lockdown” and “a young woman with [a] hearing impairment was forced to leave by her husband because she was not able to provide food for the family during the lockdown”, shared the head of an organization for youth with disabilities in Uganda.

The closure of markets led to a substantial rise in cost of living yet many families of women with disabilities could barely afford to maintain regular and nutritious mealtimes because of the additional hike in transport costs to and from the open markets.

5.5 Gaps in Communication

It was observed that COVID-19 preventive messages were not customized nor translated using accessible format for women with disabilities.

Respondents with hearing impairment expressed that they experienced “[a] communication gap about COVID-19 as women with disabilities because of the lack of sign language interpreters”, during the dissemination of sensitization messages on COVID-19 preventive measures and updates. These messages along with monthly updates on COVID-19 to the Presidential address on the State’s endeavors to limit the spread of the virus were carried out on television without the provision of a sign language interpreter and captions on the screen for the hearing impaired.

Access to COVID-19 related information was also delimited by the inadequate availability of accurate and useful information in accessible formats like Braille² and large print for the visually impaired. Shatra remarked that “information dissemination was not disability inclusive for example there was no material in Braille and also sign language interpretation was not considered.”

² Braille is a system of touch reading and writing for blind persons in which raised dots represent the letters of the alphabet. It also contains equivalents for punctuation marks and provides symbols to show letter groupings (Braille Works, 2021).

5.6 Restrictions in Movement

Women with disabilities were not able to move freely even after lifting of the total lockdown. This caused continued suppression and hardships in recovering from the effects of the pandemic and lockdown.

Women with disabilities reported that tripled transport fares and the ban on public transport affected their freedom of movement and access to services. For example, Norah, a 26-year-old respondent with a psycho-social disability explained that she found it difficult to access antenatal services due to the ban on public transport. “COVID-19 happened at a time when I was pregnant, I found it hard to access antenatal care, remember transport means were stopped.”

The restriction in movement undoubtedly affected the health and wellbeing of women and girls with disabilities on routine medication because they were unable to access the medicine necessary for their wellbeing. The head of the government agency of persons with disabilities reported that “persons with epilepsy, HIV/AIDs also missed their routine clinic attendance, and their lives were at a risk of illness or death.”

5.7 Inaccessible Health Services

The pre-existing barriers in access to health services for women with disabilities were amplified due to COVID-19. A Nation-wide lockdown had some health facilities operate at a bare minimum and without drugs in some instances. COVID-19 did not only affect the global supply chains for drugs because of the travel bans but also instilled fear in health workers who opted to flee from health facilities to protect their lives. This endangered the lives of women with disabilities that sought their services during the lockdown. For instance, Sammy reported that “I barely had access to sunscreens at the health facilities and pharmacies around my neighborhood,” while Maggie shared that “doctors were not also in the health facilities because of fear of contact with patients” due to the known mode of transmission.

Stringent measures put in place for access to facilities like permission from Resident District Commissioners (RDCs) who were difficult to reach and sometimes unavailable compounded the limited access women with disabilities had to health facilities and services. Doreen reported to have had difficulty in gaining permission to go to the health center. “I had to obtain a certificate from the RDC who was very hard to reach because I needed transport to reach the health center.”

The outbreak of COVID-19 led to the diversion of medical attention from existing health concerns like treatment of malaria and maternal health to COVID-19. This forced patients with existing health concerns to go without proper treatment from health facilities. One of the respondents affected by this practice was Elizabeth who contracted malaria during the lockdown. She expressed that “I contracted malaria while we were in the lockdown. I went to the health center for treatment and was told to go back because they were focusing on only COVID-19 cases.”

Furthermore, curtailed access to health facilities and services impacted the fragile hold women with disabilities had on their sexual and reproductive health rights and services. For instance, Faridah, a 24-year-old respondent with a hearing impairment noted that “scarcity in provision of family planning services decreased gains in Sexual and Reproductive Health Rights for women and girls with disabilities leading to rise in unwanted and unplanned pregnancies”.

The lives of women and girls with epilepsy and mental illnesses were severely at risk after the imposition of stringent measures to access both transport and health services. The head of an organization working with youth with disabilities in Uganda reported “girls with epilepsy and mental illnesses equally faced more difficulties with seizures and relapses because it was difficult to access medication on a daily basis”.

The findings above described the following challenges experienced by women with disabilities in attempts to access services:

5.7.1 Relief Aid

Women with disabilities highlighted that the food distribution exercise was tainted with instances of violence and long queues which placed their lives in danger. An example are the experiences of respondents with physical disability and dwarfism. They mentioned that there were long queues for government aid with a lot of fighting and grabbing, making it impossible [for them] to access the aid.

The scarcity of public transport on account of the government's ban on public transport discouraged some women with disabilities from accessing the relief aid. Transport means were not only scarce but expensive in case of availability. Norah reported that "accessing it [relief aid] because there was no transport means" was a problem. In the same vein, Maggie expressed that "transportation of food from sub-county to homes was hard and expensive."

Some women with disabilities had to endure sexual harassment from relief aid workers to obtain government aid. Flora shared that some of her friends in the community faced "sexual harassment from relief aid providers who asked for sexual favors in return for food" and that "law enforcers were collecting money from the locals promising that they will be the priority during relief aid distribution."

Inadequate knowledge about disability, its unique needs and challenges by relief aid workers prevented some women with disabilities from obtaining the relief aid. For example, Penny missed out on the food distribution due to the nature of her disability. She mentioned that "we were not counted as vulnerable among persons with disabilities".

Limited use of affirmative action during the food distribution exercise was an area of concern for heads of organizations of persons with disabilities. They realized that it was a point of exclusion for women with disabilities since relief aid workers failed to prioritize women with disabilities during the exercise. The leader of an organization working with youth with disabilities in Uganda reported that "COVID-19 brought more exclusion for women with disabilities for example, during food distribution there was no deliberate efforts by different stakeholders [to target women with disabilities]. Hence leaving them with starvation and hunger."

5.7.2 Information

The government of Uganda introduced the "Over the top tax", a tax on social media use and access. Majority of the women with disabilities revealed that subscription to this tax curbed their access to social media because it was expensive, yet they could barely afford additional expenses given their economic situations. This coupled with the high costs of data bundles to enable access to social media greatly affected their access to COVID-19 related information.

The continuous dissemination of COVID-19 related information in disability inaccessible formats such as lack of provision of Sign Language interpreters on TVs during the national Presidential and Ministry of Health COVID-19 updates, affected the understanding of COVID-19 and how to prevent it for women with hearing impairments.

6. IMPLICATIONS OF COVID-19 ON GENDER EQUALITY

Respondents noted that COVID-19 bore negative implications on gender equality, a sustainable development goal that espouses the observation of their rights as women with disabilities.

COVID-19 has had a significant effect on pre-existing social problems like gender-based violence, teenage pregnancies, and marriages. A notable effect as several respondents shared that “COVID-19 has increased domestic violence and gender-based violence”, “teenage pregnancies increased more so girl’s underage” and “sexual harassment increased among girls” because “advocacy in gender related issues reduced which increased GBV”. This observation was underscored by the head of an organization working with youth with disabilities in Uganda. She mentioned that “initially majority of the women would not work as their husbands would be working but during the lockdown many men stayed home for long and as result it caused a lot of domestic violence compared to before because people were idle with nothing to do.”

Some reported that the imposition of the lockdown and stay at home measures affected advocacy on gender related issues because “advocates for gender equality did not find it easy to do their work during the lockdown due to limited movements and the issues of social distancing.”

Women’s gains such as economic freedom and right to employment were threatened during the closure of markets because “women were not considered to be flexible to sleep at the workplace hence most of them lost their jobs and they were laid off”, and implementation of workplace survival tactics like downsizing that led to the unemployment of women with disabilities in formal employment.

6.1 Critical Analysis

The findings reveal the disproportionate impact of COVID-19 on the lives and livelihoods of women with disabilities. The persistent discrimination faced by women with disabilities exceeded normalcy during the establishment of COVID-19 response measures and distribution of relief aid. The intersectionality of gender, age and disability played a lead role in the discrimination of women with disabilities during the distribution of relief aid.

Organizations of persons with disabilities were instrumental in the provision of necessary equipment like facemasks and food relief to their communities because of their networks and technical expertise in the unique needs. However, lack of representation of persons with disabilities on the COVID-19 task forces at all levels such as the National Council for Persons with Disabilities (NCPD), a coordination mechanism for Disability in Uganda and organizations of persons with disabilities were not consulted to provide technical guidance on inclusion of persons with disabilities when COVID-19 was first announced in Uganda. This affected proper planning for the needs of women with disabilities.

Inaccessibility of information provided in relation to COVID-19 awareness and prevention to persons with disabilities most especially those who are deaf/blind, blind, deaf, those with multiple disabilities in general yet they are at high risk of contracting the virus since they depend on others for survival and movements.

Disability actors lacked coordinated advocacy to advance their concerns of inclusion in COVID-19 response programs. Often National Union of Disabled Persons of Uganda (NUDIPU) was seen on media demanding for inclusion, National Council for Persons with Disabilities (NCPD), Equal Opportunities Commission (EOC) and United Nations Human Rights Office of the High Commissioner (OHCHR) sent a statement to the National task force with recommendations for inclusion. This undermined their efforts to curb the enhanced effects of the pandemic on women with disabilities, yet they would have achieved better results if the advocacy were done in a coordinated manner to build synergies and promote disability inclusion.

COVID-19 has shown the importance of Information and Communication Technology devices in maintenance of social connectivity, psycho-social support, and work continuity. However, the introduction of Over-the-Top Tax and exorbitant costs of data bundle prevented women with disabilities from enjoying their right to access to information, yet social media is their preferred method of gaining useful information. Furthermore, the new means of dispensing court cases through zoom and other technology-based applications have not taken care of accessibility needs of persons with disabilities.

Information collected to inform embassies on Ugandans stuck abroad lacked disability indicators to collect information that would inform planning and preparations to receive returnees with disability with dignity. This inflicted rights abuse to persons who returned to the country and kept in quarantine centers that were not accessible and lack of personal assistants to those who are blind or needed a guide and sign language interpretation services.

The country lacks statistical data on persons with disabilities who have been affected by COVID-19 in Uganda. This goes against the principle of leave no one behind and affected effective planning for disability inclusion and service delivery for women with disabilities. For example, the food distribution program since the food distributors did not have adequate information on the numbers and location of women with disabilities, some of the beneficiaries missed out on the food.

6.2 Recommendations

Out of the findings from the research, several lessons have been learnt from the general situation of women with disabilities and the impact of COVID-19 on their lives. The following recommendations were drawn.

1. The government of Uganda should publish COVID-19 related information in disability inclusive and accessible formats that is Braille, Sign Language, captions etc.
2. Intensify advocacy on disability inclusion and provide avenues of meaningful engagement of women with disabilities in decision making.
3. The Ministry of Gender, Labor and Social Development in consultation with National Council for Persons with Disabilities (NCPD) and organizations of Persons with Disabilities' needs to develop guidelines and strategy for disability inclusion in the COVID-19 response programs.
4. The social protection services provided by the government should consider cash grants particularly for women with disabilities to support their welfare.
5. The Ministry of Gender, Labor and Social Development in consultation with NCPD and other partners should generate gender and disability disaggregated database that can be used to get information on all persons with disabilities to improve service delivery to persons with disabilities especially in situations of pandemic, epidemics, and humanitarian emergencies.
6. There is a need for massive capacity building on post COVID-19 to all persons with disabilities in Uganda. To help persons with disabilities to understand the Standard Operating Procedures and protect them from the infections that have reached communities in Uganda.

7. CONCLUSION

This report has highlighted the situation of women with disabilities in Uganda during the pandemic. It has also shown the importance of involvement of women with disabilities and their representative organizations during the development and implementation of response measures to ensure effective disability inclusion. COVID-19 does not discriminate but this report shows that it affects people differently and that gender and disability are important factors. The government of Uganda will not achieve the

sustainable development goal on gender equality if women with disabilities are left out in the response measures of the COVID-19 pandemic.

8. REFERENCES

Aga Khan Foundation. (2020). *Home: Press Center: Our Stories: Martha's story: Living with disability in Uganda during COVID-19*. Retrieved from Aga Khan Foundation Organisation Web site:

<https://www.akdn.org/our-stories/marthas-story-living-disability-uganda-during-covid-19>

Braille Works. (2021, June 30th). *History of Braille*. <https://brailleworks.com/braille-resources/history-of-braille/>

Chen, A. T., Ge, S., Cho, S., Teng, A. K., Chu, F., Demiris, G., & Zaslavsky, O. (2020). Reactions to COVID-19, information and technology use, and social connectedness among older adults with pre-frailty and frailty. *Geriatric Nursing*, 1-8.

DATA-POP ALLIANCE. (2021, June 26th). *COVID-19/C19globalsouthobservatory/Uganda*. Retrieved from Data-Pop Alliance Web site:

<https://datapopalliance.org/covid19/c19globalsouthobservatory/uganda/>

Tenywa, G. (2020, April 22nd). *Home: News: COVID-19: Sick, people with disabilities disadvantaged*. Retrieved from New Vision Corporation Web site: <https://www.newvision.co.ug/news/1518119/covid-19-sick-people-disabilities-disadvantaged>

The Lancet. (2020). Lancet COVID-19 Commission Statement on the occasion of the 75th session of the UN General Assembly. *The Lancet*, 1102-24.

Uganda Bureau of Statistics (UBOS). (2019). *Persons With Disabilities: Bridging The Gap Through Statistic*. Kampala: Uganda Bureau of Statistics. Retrieved June 30th, 2021, from

https://www.ubos.org/wp-content/uploads/publications/09_2019DISABILITY_MONOGRAPH_-_FINAL.pdf

UNDESA. (2020b, May 8th). News and Events: Home: UN/DESA Policy Brief #69: Leaving no one behind: the COVID-19 crisis through the disability and gender lens. Retrieved from United Nations Organisation Web site: <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-69-leaving-no-one-behind-the-covid-19-crisis-through-the-disability-and-gender-lens/>

UNFPA and Women Enabled International. (2021). *The Impact of COVID-19 at the Intersection of Gender and Disability: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights*. UNFPA and Women Enabled International. Retrieved June 30th, 2021

United Nations (CRPD). (2008, May 3). *CRPD: Home: Convention on the Rights of Persons with Disabilities (CRPD)*. Retrieved from United Nations Organisation Web site:

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

United Nations (SDGs). (2015, September 27). *Home: The 17 Goals*. Retrieved from United Nations Organisation Web site: <https://sdgs.un.org/goals>

United Nations Department of Economic and Social Affairs (UNDESA). (2020a, August 27th). *News and Events: Home: UN/DESA Policy Brief #81: Impact of COVID-19 on SDG progress: a statistical perspective*. Retrieved from United Nations Organisation Web site:

<https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-81-impact-of-covid-19-on-sdg-progress-a-statistical-perspective/#:~:text=COVID%2D19%20threatens%20to%20reverse%20progress%20on%20the%20global%20Goals&text=The%20pandemic%20abruptly%>

United Nations Human Rights Office of the High Commissioner (OHCHR). (2020, June 9th). *English: News and Events: Months in fear, anxiety and confusion: the life of people with disabilities in COVID-19*. Retrieved from United Nations Human Rights Office of the High Commissioner Organisation Web

site: <https://www.ohchr.org/EN/NewsEvents/Pages/CRPD-COVID-19.aspx>

WHO. (2020b). *Docs: Disability considerations during the COVID-19 outbreak*. Retrieved from World Health Organisation Web site: https://www.who.int/docs/default-source/documents/disability/eng-covid-19-disability-briefing-who.pdf?sfvrsn=963e22fe_1

World Health Organisation (WHO). (2020a, March 12th). *Home: WHO Director-General: Speeches: Detail: WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. Retrieved from World Health Organisation Web site: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

APPENDICES

Appendix A. A List of Interview Questions Asked Women with Disabilities for Additional information

1. What do you understand by COVID19?
 - a) How did COVID19 affect you as a person?
 - b) What are your best and worst experiences from COVID19 and the lockdown?
2. How have you overcome some of the challenges brought on by COVID19?
3. What can be done to change the current situation for girls with disabilities?

Appendix B. List of Interview Questions Asked Women with Disabilities for Quantitative Data

Name:

Age:

Disability Type:

Disability support:

1. Did you receive any assistance during COVID-19 and the lockdown?
2. Which assistance did you receive during COVID-19 and the lockdown? A) Face Masks b) Food
3. What challenges did you face while receiving assistance?
4. Were you able to access medical services during COVID-19 and the initial lockdown?
 - a. Yes
 - b. No
5. What challenges did you face in your attempt to access medical services?
6. In your own view, what is gender equality? Is it
 - a. Equality of the sexes
 - b. Equal opportunities
 - c. Supporting women to do businesses
 - d. Equal rights, responsibilities and opportunities of women and girls, men, and boys
7. In your own view, how has COVID-19 affected the progress of Sustainable Development Goal 5 Gender Equality?
8. What is your preferred reliable means of getting information?
 - a. Social media
 - b. Television
 - c. Newspapers
 - d. Radio
 - e. Relatives and friends
9. What challenges have you encountered from your method of information access during the COVID-19 period and initial lockdown?
10. Do you think there was enough information on how persons with disabilities could fight against COVID-19?
 - a. Yes
 - b. No
 - c. Maybe
11. Is it important to have information about COVID-19 tailored to persons with disabilities? Why?

Appendix C. List of Interview Questions Asked Key Informants

Name:

Disability Type:

Work Title:

Organization:

Questions for Key Informants

1. What are some of the COVID-19 related complaints you have received from girls with Disabilities? Organizations for Persons with Disabilities?
2. In your experience, what has COVID-19 revealed about Disability Inclusion? What are the observed challenges for disability inclusion?
3. In your own view, has COVID-19 affected the progress of Gender Equality? How has it affected it?
4. What do you think should be done differently to enable women and girls with disabilities survive a global health crisis?