

# **COVID -19 AND SEXUAL AND GENDER BASED VIOLENCE IN UGANDA:**

**AN ASSESSMENT OF CASES  
REPORTED DURING THE PANDEMIC  
IN VARIOUS DISTRICTS**



## FOREWORD

In the run up to the publication of this report, leaders and commitment makers met for the Generation Equality Forum (GEF) in Paris. The Forum was largely virtual because of the ongoing novel Coronavirus global pandemic, more commonly referred to as COVID-19. The pandemic is now in its second year of affecting the world as we knew it pre-March 2020, when the World Health Organisation declared the virus a pandemic, and it has affected not just how we meet but also compounded problems in our societies. One of these problems is sexual and gender-based violence, which widely affects mostly girls and women. Before the pandemic, UN Women reported that 1 in 3 women had experienced physical and sexual violence. This number is expected to be higher now, and the research will show the extent. It is therefore not surprising that one of the key commitments from the GEF is bringing an end to gender-based violence.

The Generation Equality Forum Uganda coalition of which Center for Health, Human Rights and Development (CEHURD) made a commitment in this direction. The commitment is to “Strengthen partnerships with government and work with Development Partners, likeminded Civil Society Organisations, Religious and Traditional/Cultural Institutions and the Private Sector on prevention and response to end Sexual and Gender Based Violence”.

This study report is one of many approaches CEHURD is taking to see this commitment to fruition. The findings should inform interventions in ending gender-based violence and upholding the rights of those who have been most affected by it, that is women and girls.

## ACKNOWLEDGEMENTS

---

The Center for Health, Human Rights and Development is indebted to the Danish Family Planning Association (DFPA) for the financial support towards the completion of this report.

CEHURD acknowledges its team which comprised of Judith Suzan Nakalembe, Paul Wasswa, Daniella Khanani, Shivan Alinda, Assumpta Nalukwago, Frank Ategeka, Angella Nairuba Kyagera, Edith Sifuna, Ruth Ajalo, Christopher Ogwang and Faith Nabunya for collecting data and compiling this report.

CEHURD also acknowledges Moses Mulumba, Fatia Kiyange, Nakibuuka Noor Musisi, Francis Serunjogi, Ibrahim Nsereko, Sarah Akampurira, Peter Eceru, Grace Kenganzi, Jacqueline Twemanye, Jordan Tumwesigye, and Joselyn Nakyeyune for reviewing, editing and providing guidance towards the completion of the report.

We are grateful to the people who agreed to the interviews and shared their stories with us. We specifically thank the Directorate of Public Prosecutions. CEHURD is indebted to the leadership of the District Local Governments of Hoima, Oyam, Kiboga, Wakiso, Mayuge, Buikwe, Iganga and Namisindwa where data forming this report was collected.



## TABLE OF CONTENTS

|   |    |
|---|----|
| FOREWORD  | 2  |
| ACKNOWLEDGEMENTS  | 3  |
| ABBREVIATIONS & ACRONYMS.   | 5  |
| EXECUTIVE SUMMARY   | 6  |
| 1.0 Background of the study   | 8  |
| 1.2 The Problem   | 10 |
| 2.0 METHODOLOGY   | 13 |
| 3.0 KEY FINDINGS  | 14 |
| 3.1.0 Registered cases during COVID-19 in sampled Health Facilities.  | 14 |
| 4.0 Gender and SGBV   | 17 |
| 4.1.1 Access to justice SGBV cases a myth during COVID Era.           | 18 |
| 4.1.2 Disability and access to SGBV services                          | 20 |
| 4.1.3 Non-Skilled Health Workers and Frustration of SGBV Cases.       | 20 |
| 4.1.4 Stock out of SRHR commodities for survivors of sexual violence. | 21 |
| 4.1.5 Safety and protection of SGBV survivors                         | 22 |
| 4.1.6 Access to Information on SGBV                                   | 23 |
| 4.1.7 Financial constraints and SGBV investigations                   | 23 |
| 4.1.8 Culture and SGBV  | 24 |
| 5.0 Recommendations   | 25 |
| 6.0 Conclusion  | 28 |
| REFERENCES  | 29 |

## ABBREVIATIONS & ACRONYMS.

|           |  |
|-----------|--|
| CEDAW:    | Convention on the Elimination of All Forms of Discrimination against Women |
| CEHURD:   | Centre for Health, Human Rights and Development                            |
| CID:      | Criminal Investigative Department  |
| COVID-19: | Novel Corona Virus Disease 2019  |
| CPS:      | Central Police Station   |
| CSO:      | Civil Society Organisation   |
| DFPA:     | Danish Family Planning Association   |
| DPP:      | Directorate of Public Prosecutions   |
| DV:       | Domestic Violence  |
| DVA:      | Domestic Violence Act  |
| FDGs:     | Focus Group Discussions  |
| FGD:      | Focus Group Discussion   |
| GBV:      | Gender Based Violence  |
| GoU:      | Government of Uganda   |
| HIV:      | Human Immunodeficiency Virus   |
| ICCPR:    | International Convention on Civil and Political Rights                     |
| JLOS:     | Justice Law and Order Sector   |
| LC:       | Local Councils   |
| KII:      | Key Informant Interview  |
| MGLSD     | Ministry of Gender Labour and Social Development                           |
| MOH:      | Ministry of Health   |
| NGO:      | Non- governmental organisation   |
| SGBV:     | Sexual and Gender Based Violence   |
| SRH:      | Sexual and Reproductive Health   |
| SRHR:     | Sexual and Reproductive Health and Rights                                  |
| UDHR:     | Universal Declaration of Human Rights                                      |



## EXECUTIVE SUMMARY

The outbreak of the COVID-19 global pandemic followed by key actions taken by the government to control its spread had a huge impact on the prevention and response to gender-based violence (GBV) in various parts of the country. Restrictive measures including the partial closure of schools, restrictions on movements, restriction of economic activity and general lockdown of the country had a unique impact and as a result, there was a spike in cases reported with the police and other justice actors. This study is aimed at analyzing the magnitude of sexual and gender based violence (SGBV) cases reported to various police stations and health centers across the country from March to July 2020 in Uganda. The study was conducted in eight districts of Hoima, Oyam, Kiboga, Wakiso, Mayuge, Buikwe, Iganga and Namisindwa. Data was collected from seven (7) Police stations and 10 health centers in the eight districts. In addition, two (2) focus group discussions of XX people, and 40 key informant interviews were held. Data collected in this study was juxtaposed with the cases reported in October 2019 to February 2020, when the country had not yet been hit by the pandemic, for comparison purposes.

### **The key findings from this study are:**

- A reported increase of cases of GBV from 391 before the pandemic to 496 after the pandemic across 10 health centers. This accounted for an overall increase in cases of SGBV of 12 per cent.
- The most prevalent form of GBV reported was domestic violence. This was largely attributed to restriction of economic activities, which placed a strain on family's ability to meet their daily demands.
- An increase in SGBV from 953 to 982 cases reported at various police stations during the study period, representing an increase of 3.1 per cent .
- Domestic Violence registered the highest number of registered cases in both periods. In the pre COVID 19 period, there were 48 per cent (180 cases) registered cases of domestic violence while during the COVID 19 pandemic they were 52 per cent (196) of the Domestic violence registered cases, an increment of four per cent according to the study.
- The study also established that the most affected category are female adolescents aged between 13 and 18 years of age.
- Prior to COVID 19 pandemic, there were a total 103 (41 per cent) of Simple

defilement cases registered in the sampled health facilities. While during COVID 19 pandemic 148(59 per cent) were registered an increment of 18 per cent. Aggravated defilement registered were 39 (44 per cent) before COVID 19 in the sampled health facilities and during COVID 19 records show that a total of 49(56 per cent) were registered, an increment of 12 per cent. A total of 37(31 per cent) Rape cases were registered prior to COVID 19 compared to 84(69 per cent) registered during an increment of 32 per cent.

- It was observed that as a result of lockdown, families were willing to report only serious cases like aggravated defilement and any cases that were considered simple such as indecent assault were resolved in the community, due to restrictions in movement and accessing justice institutions.
- It was also found that community resolution of these cases came with financial benefits to the families who were in most cases facing financial challenges because of restrictions on economic activities.
- Access to justice for survivors of GBV was greatly compromised largely because of the lockdown and the economic meltdown arising from restrictions on economic activities.
- Most of the staff involved in access to justice including lawyers, magistrates, probation officers were not considered as essential staff until later, which impacted community's access to justice. During the study period, only essential workers were authorized to work; while doctors were considered essential workers and could access survivors, courts were unable to proceed on those matters.

It is evident that the COVID-19 pandemic, just like previous pandemics across the world, has had catastrophic consequences on the fight against gender-based violence. Steps that have been taken by the government to constrain the spread of the virus, such as the lockdown, curfew and restriction on economic activities have had a disproportionate effect on young girls and women.

In Uganda where there have been limited resources dedicated to the fight against GBV, even the little available resources were diverted to respond to COVID-19. <sup>1</sup>This left most survivors of GBV unable to access justice, protection and treatment, they have been left on their own.

---

1. Domestic Violence Against Women Increases in Uganda Amid COVID-19: Minister (April 28, 2020). XinhuaNet [http://www.xinhuanet.com/english/2020-04/28/c\\_139015384.htm](http://www.xinhuanet.com/english/2020-04/28/c_139015384.htm)



## 1.0 BACKGROUND OF THE STUDY

### 1.1 Introduction

As countries across the globe are moving towards vaccinating communities against the COVID-19 global pandemic, many are still struggling with the effects of the disease. The outbreak of COVID-19 left far reaching effects including those related and associated with gender-based violence. Whilst disaster affects everyone, inequality is exacerbated during a crisis. Women and girls and children are exposed to specific risks due to their age and gender — their voices often the least heard, and their rights and needs left unmet<sup>2</sup>.

Gender-based violence (GBV) is the most extreme expression of unequal gender relations in society. It is a violation of human rights and a global health issue that cuts across boundaries of economic wealth, culture, religion, age, and sexual orientation. While GBV is disproportionately affecting women and girls, it also affects men and boys. Wherever GBV occurs, it is a major obstacle for the achievement of gender justice, posing a serious threat to democratic development and public health and is a critical barrier to achieving sustainable development, economic growth and peace. If women, girls, men and boys are not safe, they cannot fully participate in the development of their own society.<sup>3</sup>“When women and girls are ‘locked down’ in their homes with abusive partners, they are at much greater risk than ever before.” – Mohammed. A, UN Deputy Secretary-General, 2020. <sup>4</sup>The additional impact of Covid-19 on their already difficult lives has the potential to be devastating<sup>5</sup>.

A number of reports have been written linking Gender-Based Violence (GBV) in the aftermaths of natural related disasters but the linkage with health-related emergency pandemic like COVID-19 to GBV scanty. Some studies have analysed GBV and Ebola and Zika virus epidemic in Liberia in 2014-16<sup>6</sup> and Democratic Republic of Congo (DRC) in 2018, GBV and HIV and gender/GBV and COVID-19. With the prevailing Coronavirus global pandemic, which has driven countries to declare lockdowns, cases of GBV have also spiraled. <sup>7</sup>In China, an anti-domestic violence charity in Hubei province reported that

2 <https://www.sida.se/contentassets/3a820dbd152f4fca98bacde8a8101e15/preventing-and-responding-to-gender-based-violence.pdf>

3 Ibid

4 [https://saiia.org.za/wp-content/uploads/2020/05/Covid-19-lockdown-statement-on-gender-based-violence\\_7May2020.pdf](https://saiia.org.za/wp-content/uploads/2020/05/Covid-19-lockdown-statement-on-gender-based-violence_7May2020.pdf)

5 <https://plan-uk.org/file/the-impact-of-covid-19-on-girls-in-crisispdf-0/download?token=vTGWYpuN>

6 Ibid

7 Ibid

intimate partner violence had nearly doubled since cities had been put under lockdown and that police stations in Jianli County registered three times more cases in February 2020 than in the same time in 2019. There was a huge increase in different forms of sexual and gender-based violence (SGBV), including intimate partner violence in many other countries including the UK, Brazil, Germany, Italy, Spain and the United States. In the UK, it is reported that there has been a 120 per cent increase in incidents of domestic violence.<sup>8</sup>

The United Nations (UN), in a statement released on 6th April, 2020, revealed that there had been a rise in incidents of GBV across the world as a result of the Covid-19 restrictions. According to the statement, national helplines have recorded a spike in cases of abuse across East Asia, Europe, South America and Africa<sup>9</sup> while a researcher in South Africa who collected data from every support call center revealed that the effect of lockdown on gender-based violence (GBV) has been laid bare. The government GBV and femicide command center alone recorded more than 120,000 victims in the first three weeks of lockdown.<sup>10</sup>

The International Conference on the Great Lakes Region, Regional Training Facility reported in an online article that sexual and gender based violence (SGBV) has been more prevalent during the Covid-19 pandemic due to the movement restrictions enforced by the presidential guidelines.<sup>11</sup> As a result there has been an increase in health care gaps to serve survivors of SGBV evidenced by the increased media and social outcries to the government to strengthen health care access for women especially during the COVID-19 lockdown.

According to the UN Women 2020 Report, the COVID-19 pandemic has highlighted the many broken systems in our world, where those who are most vulnerable—whether through age, poverty, race and/or gender—become exponentially more so.<sup>12</sup> This has been more visible in Uganda following the Presidential directives on COVID-19. Important to note is in regard to the plight of women having to stay with their abusers due to curfew restrictions as they cannot escape their homes past or before curfew hours. More so, the directives issued indicated that people with health emergencies had to seek permission and consent from the Resident District Commissioners which limited the quick and effective access to

---

8 <https://www.ippf.org/blogs/covid-19-and-rise-gender-based-violence>

9 [https://saiia.org.za/wp-content/uploads/2020/05/Covid-19-lockdown-statement-on-gender-based-violence\\_7May2020.pdf](https://saiia.org.za/wp-content/uploads/2020/05/Covid-19-lockdown-statement-on-gender-based-violence_7May2020.pdf)

10 <https://www.timeslive.co.za/news/south-africa/2020-09-01-shocking-stats-on-gender-based-violence-during-lockdown-revealed/>

11 <https://www.icglr-rff.org/covid-19-and-domestic-violence-four-ways-out-of-a-double-pandemic-by-nathan-mwesigye-byamuka-ma/> accessed 5th August 2020 at 10:00am

12 <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/un-women-annual-report-2019-2020-en.pdf?la=en&vs=3903> accessed 5th August 2020 at 10:15am

health facilities for care after cases of Sexual and Gender-Based violence including rape, defilement, wife and husband beating among others.

The COVID-19 pandemic is likely to undermine efforts to end gender-based violence through reducing prevention and protection efforts, social services and care and increasing the incidence of violence. COVID-19 pandemic is likely to cause a one-third reduction in progress towards ending gender-based violence. The COVID-19 pandemic is affecting the entire world population, but in all societies, certain individuals, groups or communities, face greater marginalization, inequality and violence than others.

These differences are linked to existing socially constructed and ascribed factors: legal, cultural, gender-based or economic, that defines peoples' differences in status, access and influence over their own lives. The consequence of this is that some people are more vulnerable to the immediate health effects of the virus, some more to the increased risks of violence and discrimination, while some are more vulnerable to the socio-economic impacts. Many have a combination of these vulnerabilities and face multiple severe threats and consequences due to the pandemic. Women and girls often face a disproportionate compound of barriers and increased risks based on these factors

## 1.2 The Problem

The 32nd International Conference Resolution “Sexual and gender-based violence: Joint action on prevention and response” (2015) makes it clear that all emergencies lead to increased levels of SGBV. COVID-19 is no different. Worldwide preliminary evidence from the impacts of the pandemic show that GBV is rising rapidly, and that access to services and modes of delivery of services for victims/survivors of this type of violence are changing quickly due to measures to contain the virus at the international, national and local level.<sup>13</sup>

The Uganda Demographic and Health Survey (UDHS) 2016 highlights that 22 per cent of women and men aged 15-49 experience GBV with women twice as likely to experience sexual violence compared to men. These statistics are worsened by the fact that while the state has enacted laws like the Domestic Violence Act of 2010 and The 2016 National Policy on Elimination of Gender Based Violence (GBV) in Uganda that criminalise GBV,

---

<sup>13</sup> Ibid

implementation and enforcement are still a challenge thus hindering access to justice for SGBV survivors. SGBV is one of the key factors that expose women and girls to HIV infection, unwanted pregnancies, unsafe abortion, sexually transmitted infections and dropout of school.

The COVID epidemic has presented a more complex challenge to the fight against GBV. Key actions taken by the government, to curtail the spread of the pandemic have tilted the environment in which GBV prevention and response is implemented. The closure of schools, restriction of economic activity and general lock down of the country has had a unique impact and as a result, there was a spike in cases reported to police. According to the Minister responsible for Gender, 3,280 GBV cases were reported to police between 30th March and 28th April, 2020.<sup>14</sup> When Uganda, like other countries, introduced strict lockdown and restriction on movements to curb COVID spread, there arose increased emotional, physical and mental strain. The UN Secretary General noted,

“we know lockdowns are essential in suppressing COVID-19, but they can trap with abusive partners.... for most women and girls, the threat looms largest where they should be safest- in their own homes”

Service providers may not be physically accessible because of restrictions caused by COVID. Survivors are therefore finding it hard to seek help and are left isolated from the people and resources that could help them

### **1.2.1 Justification of the Assessment.**

Gender-based violence undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence. Victims of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV/Aids, and even death. Women and girls are likely to experience distinct challenges and risks associated with the COVID-19 pandemic, and as such the outbreak might exacerbate already existing risks of GBV.

<sup>14</sup> [http://www.xinhuanet.com/english/2020-04/28/c\\_139015384.htm](http://www.xinhuanet.com/english/2020-04/28/c_139015384.htm)

During previous outbreaks of viruses and disease, women were less likely than men to have power in decision making around the outbreaks, and their needs therefore were largely unmet. For example, during the Ebola outbreak, resources for reproductive and sexual health were diverted to the emergency response, contributing to a rise in maternal mortality in a region with one of the highest rates in the world.<sup>15</sup>

The outbreak of COVID-19 was not any different. During the reporting period, CEHURD received more than 20 SGBV cases from the communities, seeking legal support and intervention. These cases came in from women, girls and vulnerable groups who were at an increased risk of GBV during the epidemic. It was clear that the reported violence was partly due to limited involvement and control in decision-making by women in their households. At the time, schools were closed, men were at home, economic activities had come to a standstill and everybody was quarantined putting women and girls at a higher risk of sexual and gender-based violence. As the socio-economic situation of communities worsen due to loss of jobs and closure of business in respect of the Ministry of Health guidelines prohibiting large gatherings to avert infection of the virus, risks of intimate partner violence (IPV), survival sex, transactional sex and sexual exploitation and abuse by community members are heightened.

During this period, a few services were viewed as “essential” and lawyers were omitted from the list by the government. Unfortunately, a number of cases as discussed earlier were being reported. One could conclude that this was possible because of the lack of literature, at the time, on the number of SGBV cases reported at police and various health centres across the country. This justified why CEHURD collected this data and hence this report.

### **1.3 Objectives of the Assessment**

1. To determine the magnitude of SGBV cases reported during COVID-19 pandemic.
2. To identify the gaps faced by survivors of Sexual Gender-Based Violence in accessing services at the different referral points during this COVID-19 error.
3. To assess community perception of SGBV and identify possible intervention mechanisms to reduce or prevent SGBV during this COVID-19 pandemic.

---

<sup>15</sup> <https://www.unfpa.org/gender-based-violence>

## 1.4 Scope of the Assessment

The scope of the assessment on the magnitude of Sexual and Gender-Based violence during this COVID-19 pandemic involved the geographical and time scopes. First, in terms of geographical scope, data was collected in eight districts of Hoima, Oyam, Kiboga, Wakiso, Mayuge, Buikwe, Iganga and Namisindwa. CEHURD carried out more data collection in Hoima District because of the unique challenges it had observed while implementing an SGBV project there. As such, the assessment covered all the six sub-counties of Kitoba, Kyabigambire, Kigorobya, Buseruka, Buhnika, and Kahoora in the district. A sample study was done in the other seven districts. A sample study was done in the rest of the seven districts, targeting at least two police stations and two health facilities per district.



## 2.0 METHODOLOGY

A purposive sampling technique was used to identify potential study participants who included police officers, focal point person gender, health service providers, local council leaders, adolescent girls and women. This sampling technique was adopted to enable the research team identify and select study participants with relevant knowledge, expertise and experience in SGBV prevention and response.

A total of 72 respondents were approached during the course of the study, of these 32 were adolescent girls, 19 police officers, 19 health workers and two probation and social welfare officers. A total of 40 Key Informant Interviews and two Focus Group Discussions were conducted. Data collection took place between August – October 2020.

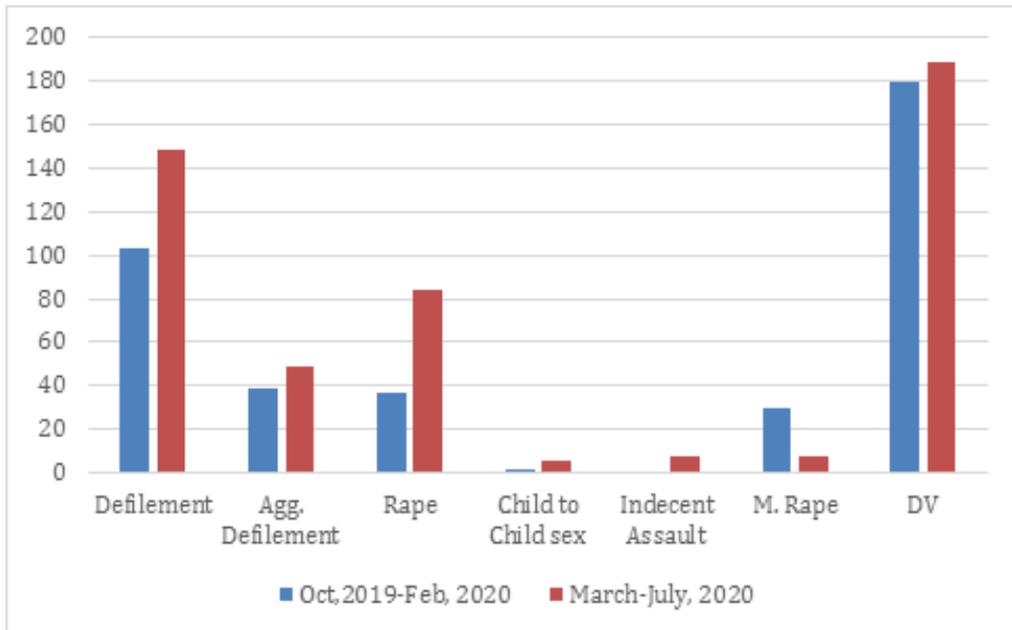
To ensure a fair comparison of cases of GBV before and during the COVID pandemic, SGBV data from health centres and police stations for the period October 2019- February, 2020 was collected and used as baseline data which reflected pre-COVID period. This data was compared with data collected between March,2020- July, 2020. March to July, 2020 marked the period when actions taken by the government to fight COVID were maximally enforced.



### 3.0 KEY FINDINGS

#### 3.1.0 Registered cases during COVID-19 in sampled Health Facilities.

GRAPH SHOWING A COMPARISON OF CASES REGISTERED BEFORE AND DURING COVID-19 IN 10 SELECTED HEALTH CENTRE IIIS



From the data collected in 10 Health Centre IIIs, there was a general increase in reported cases of Gender Based Violence from 391 prior to the COVID era to 496 during the COVID period. This amounted to an increase of 12 per cent in reported cases over the same period. (March- July, 2020), a total of 496 cases of GBV were reported to the sampled health centers. Domestic Violence-DV was the most reported, accounting for 52 per cent of the reported cases. Cases of Domestic Violence increased from 48 per cent before COVID to 52 per cent during COVID accounting for a four per cent increase in reported cases of GBV. Similarly, cases of simple defilement, increased from 41 per cent to 59 per cent over the same period. The increase in the cases of Domestic Violence was largely attributed to the effects of lockdown which affected the economic status of most households. The stress associated with not having any income generating activities resulted in Domestic Violence. This situation was exacerbated by having partners continually locked together at home.

### 3.1.1 Registered cases during COVID-19 in sampled police stations.

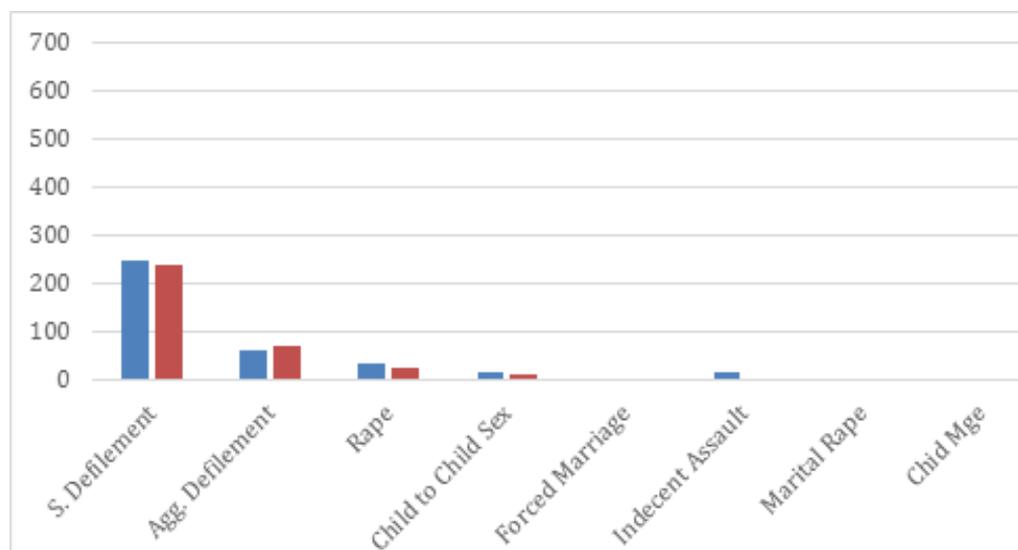
This information was collected from 7 police stations across districts as detailed in the table below

**TABLE A: SHOWING STATISTICS OF SGBV CASES REGISTERED PRE COVID 19 BETWEEN OCTOBER 2019 – FEBRUARY 2020 IN SAMPLED POLICE.**

| PRE COVID-19- BETWEEN OCTOBER 2019 AND FEBRUARY 2020 |                   |                   |                       |           |                    |                 |                  |              |                |                 |
|--|-------------------|-------------------|-----------------------|-----------|--------------------|-----------------|------------------|--------------|----------------|-----------------|
|  |                   | Simple Defilement | Aggravated defilement | Rape      | Child to child sex | Forced marriage | Indecent Assault | Marital rape | Child marriage | Others, specify |
| 1  | <b>OYAM</b>       | 31                | 12                    | 5         | 6                  | 0               | 2                | 0            | 0              | 56              |
| 2  | <b>KYANKWANZI</b> | 1                 | 1                     | 0         | 0                  | 0               | 0                | 0            | 1              | 1               |
| 3  | <b>MAYUGE</b>     | 82                | 6                     | 6         | 0                  | 0               | 0                | 0            | 0              | 194             |
| 4  | <b>KYANKWANZI</b> | 12                | 10                    | 4         | 0                  | 1               | 8                | 0            | 1              | 8               |
| 5  | <b>IGANGA</b>     | 68                | 12                    | 11        | 7                  | 0               | 0                | 0            | 0              | 109             |
| 6  | <b>HOIMA</b>      | 33                | 12                    | 4         | 0                  | 0               | 4                | 0            | 0              | 149             |
| E<br>X<br>C  | <b>BUIKWE</b>     | 21                | 11                    | 5         | 2                  | 0               | 0                | 0            | 0              | 52              |
| <b>GRAND TOTAL</b>                                   |                   | <b>248</b>        | <b>64</b>             | <b>35</b> | <b>15</b>          | <b>1</b>        | <b>19</b>        | <b>0</b>     | <b>2</b>       | <b>569</b>      |

**TABLE B: SHOWING STATISTICS OF SGBV CASES REGISTERED DURING COVID 19 BETWEEN MARCH 2019 – JULY 2020 IN SAMPLED POLICE STATIONS.**

## GRAPH SHOWING A COMPARISON OF CASES REGISTERED BEFORE AND DURING COVID-19 IN 7 SELECTED POLICE STATIONS



| DURING COVID-19 PANDEMIC- BETWEEN MARCH AND JULY 2020 |                   |                       |           |                    |                 |                  |              |                |            |  |
|---|-------------------|-----------------------|-----------|--------------------|-----------------|------------------|--------------|----------------|------------|--|
| Police Stations                                       | Simple Defilement | Aggravated Defilement | Rape      | Child to Child Sex | Forced Marriage | Indecent Assault | Marital Rape | Child Marriage | Others,    |  |
| 1 OYAM  | 29                | 8                     | 0         | 2                  | 0               | 0                | 0            | 0              | 65         |  |
| 2 HOIMA   | 33                | 14                    | 3         | 0                  | 0               | 2                | 0            | 0              | 186        |  |
| 3 KYANKWANZI  | 1                 | 1                     | 1         | 1                  | 0               |                  | 0            | 0              | 1          |  |
| 4 MAYUGE  | 79                | 13                    | 3         | 0                  | 0               | 0                | 0            | 0              | 99         |  |
| 5 KYANKWANZI  | 19                | 11                    | 7         | 1                  | 2               | 5                | 2            | 3              | 4          |  |
| 6 IGANGA  | 50                | 18                    | 6         | 9                  | 0               | 0                | 0            | 0              | 189        |  |
| 7 BUIKWE  | 27                | 7                     | 6         | 0                  | 0               | 1                | 0            | 0              | 76         |  |
| <b>GRAND TOTAL</b>                                    | <b>238</b>        | <b>72</b>             | <b>26</b> | <b>13</b>          | <b>2</b>        | <b>3</b>         | <b>2</b>     | <b>3</b>       | <b>623</b> |  |

## Fig 4

Table A and B research findings indicate that prior to COVID-19 pandemic, records from the sampled police stations showed a total of 982 GBV cases (50%) and during COVID-19 pandemic there was an increment of two (2%) of the total number of cases reported.

Data collected from seven police stations indicated an increase in reported cases of GBV. Overall, there was an increase in cases reported to police from 953 pre-COVID-19 cases to 982 cases during COVID-19, representing an increase of 3.1 per cent. The most prevalent case reported to police during the COVID-19 period was aggravated defilement which accounted for 47 per cent of reported cases. Child marriage, domestic violence and physical violence also registered increase during the reporting period.

There was, however, a marked reduction in registered cases of simple defilement, child to child sex, indecent assault and rape during the COVID-19 period. Key informants attributed the reduction of cases reported to quarantine and curfew. During the lockdown, a curfew was enforced. Movement of people was limited to between 5.30am and 7.00pm. It was observed that as a result of lockdown, families were only willing to report serious cases like aggravated defilement and all cases that were considered simple were resolved at community level. Community resolution of these cases also came with financial benefits to the families who were in most cases facing financial challenges because of restrictions on economic activities.

### **4.0 Women, adolescent girls and children most affected by SGBV during the COVID-19**

Research findings from the sampled police stations and the health centers in the eight districts, show that girls aged between 13 and 17 years, followed by women aged 19 to 36 years, and children aged 4 to 9 years are the most affected persons by SGBV. These are affected by various forms including defilement, rape, child to child sex, forced early marriage, marital rape and domestic violence.

During the KIIs, one respondent noted that.

*“It’s mainly the adolescent girls especially those between 13 to 18 years of age who report SGBV cases as per our records.” (police officer, Iganga police station).*

While in Mayuge District, health service providers revealed that mainly adolescent girls and young women have approached them for examination on police form 3 A in this COVID-19 era. It is important to note that Police form 3A is a medical examination form that health service providers fill out in cases of such nature following an examination of a survivor. The same are later filed at police stations as evidence of occurrence of the offence.

Some participants expressed that both girls and boys were affected. KII from Hoima stated that;

*“In this period of COVID-19 when children are not at school, they are under exposure by perpetrators and this applies to both girls and boys.” Medical clinical in one of the health center IIIs in Hoima district.”*

We did not receive any response on the abuse of men. This may be a clear indication that indeed the violence has been dispensed most on women, adolescent girls and children during the pandemic.

#### **4.1.1 Access to justice for SGBV survivors, a myth during COVID-19**

Study findings from the districts indicate that courts “locked down” during the lockdown. Particularly, since March 2020 when the first lockdown was declared in Uganda, the operation of Courts especially for cases of SGBV within the districts became minimal. Justice, law and order actors believe this has caused a case backlog.

“Perpetrators in sexual offences are only being remanded and no single cases have been fixed for hearing since March 2020 to-date. Our fear is what will happen when they overstay their remand period and are entitled to mandatory bail especially in simple defilement cases and in cases where the perpetrators are a threat to the survivors” (police officer Hoima police station).

This finding is further corroborated by a health worker who noted,

*“I have examined over 20 victims of sexual abuse in this period but no single time have I ever been called to witness in courts of law. I am not sure if these cases are being pursued in courts of law.” (Clinical medical officer in one of the Health Centre IVs in Hoima .)*

It was also noted that economic meltdown arising from the lockdown and the subsequent restriction of economic activities was a major obstacle to access to justice. Most members in the focus group interviews noted that reporting a case to both police and to health facilities required money to cater for transport and other illegal charges. The study found out that, high procedural costs, medical examination costs, transport expenses incurred as a result of the location of health facilities, courts and police denial of access to justice for survivors of sexual abuse and have rendered access to justice inaccessible.

*“Most survivors put on Post-Exposure Prophylaxis (PEP) medication do not come back to complete their dosage in this period. It is either they lack transport to come back or the stigma associated with being a survivor of sexual violence could be deterring them from coming back to complete their doses.” (Clinical medical officer in one of the Health Centre IVs in Hoima districts)*

One of the participants further revealed during the focus group discussions that;

*“When one of my relatives was sexually abused, we were forced to pay 50,000 shs (Fifty Thousand shillings) to the health service provider through the police officer who was handling our case. It took us four good days to get the money and that’s when the police officer took us to the health service provider for an examination.” - FGD Participant, Mayuge*

In addition, the restrictions in movement affected access to justice. Indeed, survivors of violence were reported to have sought medical examination extremely late. It should be noted that Uganda’s restrictions required one to get travel permission from a Resident District Commissioner (RDC). This applied to anyone seeking medical attention or justice from courts of law as well. The RDC offices are a great distance from the homes of a number

of survivors and a move to empower local council leaders to issue such permission came in rather late. This requirement coupled with the fear of being held up in police cells for failure to abide by the COVID-19 restrictions saw a number of survivors fail to turn up on time to report cases while others abandoned them.

*“Survivors reported cases more than 72 hours later. This delay has consequences including, inability to enrol survivors on emergency contraceptives/PEP and affects the chances of successfully prosecuting the case.” Key informant*

*“Survivors come late for medical examination and filling the medical police form. It makes it too hard to tell if she has just been recently sexually violated since some heal fast and others have bathed. - Health service provider Mayuge Health Centre III*

#### **4.1.2 Disability and access to SGBV services**

Study findings presented that SGBV survivors living with disabilities, especially the deaf, dumb and blind struggled more. Their challenges in accessing services during the COVID-19 pandemic were due to lack of knowledge, sensitivity, and expertise about how to serve them by the justice, law and order sector actors. Participants during the KII noted that women and young persons with disabilities whose rights were violated often lacked recourse because of exclusion from access to justice mechanisms. Such exclusion further perpetuates violence because it permits abusers to continue with impunity.

*“It is very hard to manage the deaf and blind survivors when it comes to translation and identification of perpetrators during this COVID 19. We used to utilise teachers from schools with disabilities in the district but since all schools were closed due to COVID 19 our hands are tied.” – police officer Buikwe district.*

#### **4.1.3 Non-skilled health workers and frustration of SGBV cases**

Health workers have a critical role to play in addressing sexual gender-based violence since they are the earliest point of contact for survivors. However, study findings showed that majority lack the required skill to manage survivors of sexual violence. One KII mentioned

that;

*“I am one clinical officer at the health facility and the only one with skills of examining survivors of sexual abuse. We have a midwife but she has not yet been trained on filling of the police form though the law permits her to examine”  
- KII in one of the health centers III in Hoima.*

*“To make matters worse, the lab technician has not been trained on what to do when it comes to samples from a sexual offence and the facility has limited equipment to carry out forensic examination like swabs”.*

Another KII participant said;

*“Since most of the survivors prefer seeking medication instead of reporting to police, they may often trust healthcare providers enough to disclose violence. It is therefore crucial we healthcare providers know what to do, and what to consider, when survivors of violence seek help.” - Clinical medical officer Namisindwa district.*

They added;

*“We need to treat not just the immediate complaints but also to pay attention to the cries for justice, which is often part of recovery”.*

Section 8 of the The Domestic Violence act stipulates that a licensed medical practitioner before examining and documenting IN Police form 3, should inform the victim of the options available within the judicial system but also appear as a witness in courts of law to ensure that the survivors access justice.

#### **4.1.4 Stock out of SRHR commodities for survivors of sexual violence**

The study findings noted that some government health facilities had stock out of emergency contraceptives, especially during this COVID-19 period.

*“We usually have a challenge when women and girls seek for emergency contraceptives after rape and there is a stock out. I usually refer them to private clinics yet the majority of them cannot afford the charges” - KII health service provider Mayuge Health Centre III*

Participants during the KIIs noted that even with availability of emergency contraceptives, health service providers are not vigilant to dispense it to survivors.

*“When the victims go to health facilities to be examined, most medical workers are not vigilant in providing emergency contraceptives and PEP unless the survivor or her parents are aware and insist on it.” – Police officer in one of the sub counties in Hoima*

From the above findings, accessibility of sexual and reproductive health (SRH) commodities remains a challenge as this is compounded by stock-outs. This forces patients to seek care in other sectors where there are availability and affordability challenges.

#### **4.1.5 Restrictions on movement and curfew impact on safety and protection of SGBV survivors**

Safety and protection of GBV survivors continues to be a major challenge, especially during the COVID-19 pandemic. Most survivors were incapable of reporting to police and medical facilities before curfew time, which was 5.30am to 7.00pm as explained earlier. In addition to this, those who managed to secure authorisation to travel from the RDC, were allowed to move for only one day. Furthermore, some parents of survivors abandoned them at police stations. Police officers were therefore stuck with those who could not return home due to the curfew hours or because there was a risk of further violation.

*“We have a challenge of custody of SGBV survivors whose parents have abandoned them at the station in search for medical examination fees and those whose lives are at risk for further abuse by their abusers. It is hard to spend our hard-earned salaries to feed, clothes and provide pads to these survivors since we are not facilitated to handle such concerns. - KII CID from one of the police stations in Hoima.*

This is also triggered by scarcity of health service providers at the health facilities.

*“There is scarcity of health service providers who can examine on police form 3 A and are also willing to appear in court as witnesses in SGBV cases. This contributes to delays in examination of survivors, especially if he or she is not available at the facility. We end up with survivors sleeping at the police counters or at times in the female cells for lack of a solution - Key Informant*

The findings reveal the need for SGBV shelters in all regions of the country to house survivors. From the findings, it is evident that survivors go through a lot of psychological torture, which necessitates rigorous counselling to ensure their right to health and life is not violated.

#### **4.1.6 Access to Information on SGBV**

The findings suggest that most communities lacked the required information to access services. This information includes the referral pathway to access justice and psychosocial support that survivors are entitled to.

*“Civil society organizations and other actors like police and probation office need to sensitise communities but also empower the district health educators using social media platforms with information on SGBV prevention and response.” - Client linkage facilitator in one of the Health Centre III in Hoima.*

Participants recommended need for sensitization

*“There is a need to carry out more media sensitization but also sensitize the community about the problems that may arise as a result of Sexual Gender-Based Violence.” - Medical Clinical officer in one of the health facilities in Hoima.*

#### **4.1.7 Financial constraints and SGBV investigations**

During the COVID-19 season, investigations into GBV were constrained by limited logistics. Most of the resources available to the police and local government were diverted to

enforcement of COVID guidelines and related activities. The office of the District Probation and Social Welfare officer which often supported the police in cases of juvenile justice had not been considered as essential staff. Study findings during the KII for police noted that whereas police have logistical challenges, COVID aggravated the situation. This was confirmed by a KII who observed thus,

“Due to limited resources like fuel, it is very difficult to follow up on girls after they have reported their cases and accessibility to the far parishes and villages for arrest is another very big challenge coupled by the bad roads, especially on a rainy season the situation is even worse in this COVID-19 lockdown.” - OCCID from one of the police out posts in Hoima

Law enforcement institutions are entrusted with a diverse set of tasks requiring a high degree of integrity within police agencies and their oversight. Where this does not function well, law enforcement officers may become vulnerable to acting unlawfully and outside their remit. The financial constraints faced by police that limit their implementation should be addressed by the respective ministry.

#### **4.1.8 Culture and SGBV**

The outbreak of COVID -19 came with restrictions including temporary closure of schools. This affected not just the education of the girl child but violation of this basic right. In Buyanga village Iganga District in Eastern Uganda, a 12-year-old girl was married off for only 150,000 Uganda shillings (USD 41).<sup>16</sup> This situation has worsened by economic restrictions imposed during the lockdown. The findings show that the vulnerability of women and girls to Gender Based Violence (GBV), especially sexual violence is deeply rooted in a culture where their level of access to power and resources, as compared to men and boys is very minimal. Practices such as polygamy, early/child marriage, at times forced marriage, such as widowhood practices, among others are common.<sup>17</sup>

---

16 <https://www.unicef.org/uganda/stories/through-national-child-helpline-young-girl-rescued-marriage>

17 Ibid



## 5.0 RECOMMENDATIONS

### Government

1. In cases of pandemics like COVID-19, it is important to ensure that prevention and response to GBV is prioritized both in terms of human resource and finances to respond to cases of GBV.
2. Adequate resources should be provided to respond to Gender Based Violence. Government should allocate financial, planning, and human resources to GBV service providers to ensure availability of culturally appropriate GBV services that are operational during the pandemic response and remain accessible even during physical distancing.

### Ministry of Health

1. Ministry of Health should Integrate GBV prevention and response into health systems to COVID-19 like specialized training to healthcare workers, including how to respond compassionately and appropriately to disclosures of violence, and updated GBV referral pathways so that primary and secondary health care facilities can play more of a role in providing clinical management and refer cases to tertiary hospitals only when a more specialized level of care is needed.
2. Localize existing Mental health and psychosocial support services by establishing community focal points and working with existing networks to provide services.
3. Encourage informal (virtual) social support networks.

### Government (Ministry of Gender Labour and Social Development)

1. Government must prioritize construction of government aided safe houses/shelters. Whereas the Domestic Violence Act provides for referral of survivors of DV, no safe house is available in the districts where research was done.
2. Update GBV referral pathways to include available Mental health and psychosocial support needs of GBV survivors.

3. Strengthen the capacity of existing GBV service providers to adapt case-management protocols, incorporate remote services, and ensure continued support for survivors, even during physical distancing
4. The Ministry of Gender needs to put in place toll free lines to be used by the victims in case of any violence SGBV and must make sure that these lines are available all the time.
5. The government through the Ministry of Gender and Labor should gazette centers where the survivors unite for counseling services as a way of rehabilitating them from the trauma
6. There should be a reserve fund to assist women who are victims of gender based violence to start up their own small businesses for self-reliance.

### **Civil Society Organizations**

1. Build the capacity of Police and Health workers on clinical management of GBV
2. Implement rapid assessments to identify context-specific GBV vulnerabilities during the COVID-19 pandemic and devise relevant strategies to mitigate and respond to those risks.
3. Include GBV prevention messaging in national or sub-national Risk Communication and Community Engagement strategies and action plans.
4. Implement targeted prevention programming that addresses triggers contributing to increases in GBV during the pandemic (e.g., economic support to families, counseling for women and men).
5. Provide spaces for and engage men and boys in social and behavior change activities across sectors to promote healthy masculinity, more gender equitable relationships, and shared caregiving roles.
6. A need to increase efforts to raise massive social awareness of the criminal nature

of gender-based violence and services available to victims. This should be done in form of seminars, workshops and massive sensitization over both traditional and social media platforms such as radios, televisions, facebook, YouTube and other media platforms.

## **Donors**

1. Fund action-oriented research on “what works” to prevent and respond to GBV in the context of COVID-19 and pandemics in general
2. Donors and humanitarian agencies should allocate direct funding to Non-Government Organizations (NGOs) and Civil Society Organizations (CSOs) whose services are geared towards curbing domestic violence. A follow up monitoring and evaluation exercise should be done to promote accountability and transparency in domestic violence funds management.



## 6.0 CONCLUSION

The COVID-17 pandemic and the measures taken to contain and mitigate the outbreak have contributed to the increase in SGBV risk among women and girls. Increased economic insecurity and difficulty in accessing SGBV care and support have further disadvantaged women and girls. While the pandemic has led to an increase in the cases of gender-based violence, it has also disconnected the survivors from their support networks. It should be noted that violence against women is both a cause and consequence of gender inequality and is an abuse of the power imbalance between women and men. No country has achieved gender equality while structural inequalities including those linked to gender persist.

To reduce the prevalence of the issue, it is crucial to acknowledge the extent of gender-based violence, reimagine government policies, and support networks to make it easier for the victims to access them and, lastly, create awareness about the issue as well as the resources available to tackle it.

## REFERENCES

1. <https://www.sida.se/contentassets/3a820dbd152f4fca98bacde8a8101e15/preventing-and-responding-to-gender-based-violence.pdf>
2. <https://plan-uk.org/file/the-impact-of-covid-19-on-girls-in-crisispdf-0/download?token=vTGWYPuN>
3. <https://www.ippf.org/blogs/covid-19-and-rise-gender-based-violence>
4. [https://saiia.org.za/wp-content/uploads/2020/05/Covid-19-lockdown-statement-on-gender-based-violence\\_7May2020.pdf](https://saiia.org.za/wp-content/uploads/2020/05/Covid-19-lockdown-statement-on-gender-based-violence_7May2020.pdf)
5. <https://www.timeslive.co.za/news/south-africa/2020-09-01-shocking-stats-on-gender-based-violence-during-lockdown-revealed/>
6. <https://www.eac.int/gender/gbv/gbv-and-covid-19>
7. [https://reliefweb.int/sites/reliefweb.int/files/resources/IFRC-SGBV-COVID-19-Technical-Guidance-Note-final\\_14May.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IFRC-SGBV-COVID-19-Technical-Guidance-Note-final_14May.pdf)
8. Domestic Violence Against Women Increases in Uganda Amid COVID-19: Minister (April 28, 2020). XinhuaNet [http://www.xinhuanet.com/english/2020-04/28/c\\_139015384.htm](http://www.xinhuanet.com/english/2020-04/28/c_139015384.htm)
9. <https://www.cehurd.org/gender-based-violence-and-its-linkage-to-sexual-reproductive-health-of-women-and-young-girls-in-uganda/>
10. [http://www.xinhuanet.com/english/2020-04/28/c\\_139015384.htm](http://www.xinhuanet.com/english/2020-04/28/c_139015384.htm)
11. <https://www.cehurd.org/gender-based-violence-and-its-linkage-to-sexual-reproductive-health-of-women-and-young-girls-in-Uganda>
12. Rose C. Plague and violence in early modern Italy. *Renaissance Q.* (2018) 71:1000–35. doi: 10.1086/699602
13. UNFPA. As Pandemic Rages, Women and Girls Face Intensified Risks. (2020, March 20). Retrieved from: <https://www.unfpa.org/news/pandemic-rages-women-and-girlsface-intensified-risks>
14. Ghanotakis E, Mayhew S, and Watts C. Tackling HIV, gender-based violence in South Africa: how has PEPFAR responded and what are the implications for implementing organizations? *Health Policy Plann.* (2009) 24:357–66. doi: 10.1093/heapol/czp024 PubMed Abstract | CrossRef Full Text | Google Scholar
15. Godbole S, and Mehendale S. HIV/AIDS epidemic in India: risk factors, risk behavior & strategies for prevention & control. *Ind J Med Res.* (2005) 121:356–68. PubMed Abstract |

16. 18. Silverman JG, Decker MR, Sagurti N, Balaiah D, and Raj A. Intimate partner violence and HIV infection among married Indian women. *J Am Med Assoc.* (2008) 300:703–10. doi: 10.1001/jama.300.6.703 PubMed Abstract | CrossRef Full Text | Google Scholar
17. 19. Haneef C, and Kalyanpur A. *Global Rapid Gender Analysis for COVID 19.* New York, NY: CARE and International Rescue Committee. (2020).
18. Menéndez C, Lucas A, Munguambe K, and Langer A. ‘Ebola crisis: the unequal impact on women and children’s health. *Lancet Global Health.* (2015) 3:e130. doi: 10.1016/S2214-109X(15)70009-4 PubMed Abstract | CrossRef Full Text | Google Scholar
19. 21. Okur P. Sexual and reproductive health and rights of people on the move. *MT Bull Netherl Soc Trop Med Int Health.* (2016) 54:8–9. Available online at: [https://www.rutgers.nl/sites/rutgersnl/files/PDF/nvtg\\_mt\\_2016-8-9.pdf](https://www.rutgers.nl/sites/rutgersnl/files/PDF/nvtg_mt_2016-8-9.pdf)
20. 22. World Health Organizations Global Ethics Unit. WHO Ethical Guidance for Managing Epidemic Outbreaks. In: 11th Global Summit of National Ethics/ Bioethics Committees, Conference Report, Global Health, Global Ethics, Global Justice. Berlin. (2016). p. 118–151.
21. 23. John N, Casey SE, Carino G, and McGovern T. Lessons Never Learned: Crisis and gender-based violence. *Dev World Bioeth.* (2020) 20:65–68. doi: 10.1111/dewb.12261 PubMed Abstract | CrossRef Full Text | Google Scholar
22. 24. Palermo T, and Peterman A. Undercounting, overcounting, and the longevity of flawed estimates: statistics on sexual violence in conflict. *Bull World Health Organiz.* (2011) 89:924–26. doi: 10.2471/BLT.11.089888 PubMed Abstract | Cross Ref Full Text | Google Scholar
29. Fisher S. Sri Lankan Women’s organizations responding to post tsunami violence. In: Enarson E, Chakrabarty P, editors. *Women Gender and Disaster Global Issues and Initiatives.* New Delhi: SAGE Publications India Pvt. (2009). doi: 10.4135/9788132108078.n18 CrossRef Full Text | Google Scholar
23. 30. Sikira A, and Urassa JK. Linking the twin pandemics: gender based violence and HIV in Serengeti district, Mara, Tanzania. *Int Asian Soc Sci.* (2015) 5:324–34. doi: 10.18488/journal.1/2015.5.6/1.6.324.334 CrossRef Full Text | Google Scholar
24. 31. Davies SE, and Bennett BA. Gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies. *Int Affairs.* (2016) 92:1041–60. doi: 10.1111/1468-2346.12704 CrossRef Full Text | Google Scholar
25. 32. Onyango MA, Resnick K, Davis A, and Shah RR. Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak. In: Schwartz D, Anoko J, Abramowitz S, editors. *Pregnant in the Time*

of Ebola. *Global Maternal and Child Health (Medical, Anthropological, and Public Health Perspectives)*. Cham: Springer (2019). doi: 10.1007/978-3-319-97637-2\_8 CrossRef Full Text | Google Scholar

26. 33. Yasmin S. The Ebola Rape Epidemic No One's Talking About. *Foreign Policy News*. (2016). Retrieved from: <https://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic-west-africa-teenage-pregnancy/> (accessed March 28, 2020).
27. 34. Arthur C, and Clark R. Determinants of domestic violence: a cross-national study. *Int J Soc Family*. (2009) 35:147–67. Retrieved from: <http://www.jstor.org/stable/23070721>
28. 35. Alon TM, Olmstead-Rumsey J, Doepke M, and Tertilt M. The Impact of COVID 19 on Gender Equality. Cambridge: Working Paper National Bureau of Economic Research. (2020) 26947. doi: 10.3386/w26947