



THE SOCIO-ECONOMIC IMPACT OF COVID-19 ON YOUNG PEOPLE IN UGANDA

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MAY, 2022



CCRDA
Consortium of Christian Relief &
Development Associations



Canada 

**COVID-19 and the Youth Question in Africa:
Impact, Response and Protection Measures in the
IGAD Region Project**

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Table of Contents

List of Tables	ii
List of Figures	iii
Key Findings	iv
1 Introduction	1
2 Methodology.....	3
3 Socioeconomic Impact of COVID19 on Youths	5
3.1 Access to Medical Care	5
3.2 Access to Food	10
3.3 Access to Water and Soap	14
3.4 Access to Energy	16
3.5 Transport.....	17
3.6 Income and Livelihoods	19
3.7 Anxiety, Family Life and Social Ills.....	27
3.8 Environment.....	33
3.9 Governance, Crime and Human Rights.....	35
3.10 Social Service Delivery	45
4 Discussion, Conclusions and Recommendations	48
Acknowledgement	52
References	52

List of Tables

Table 1. Distribution of the youths surveyed by area, gender, age and level of education.....	3
Table 2. Reasons cited for lack of access to medical services	5
Table 3. Impact of COVID19 on access to medical care.....	7
Table 4. Access to food during the pandemic (% , n = 885).....	10
Table 5. Reasons cited for inability to buy food	11
Table 6. Experiences with food during lockdown.....	12
Table 7. Access to water and soap during the pandemic (% , n = 890).....	14
Table 8. Reasons cited for lack of access to drinking water and soap	15
Table 9. Sources of energy	16
Table 10. Sources of livelihood.....	19
Table 11. Sectors in which respondents stopped working	20
Table 12. Effects of COVID19 on sources of livelihood.....	24
Table 13. Mechanisms adopted to cope with impact of COVID19	25
Table 14. Support towards coping received from government and NGOs.....	26
Table 15. Challenges experienced in accessing support.....	26
Table 16. Stress, domestic violence, family separation and social ills.....	27

List of Figures

Figure 1. Ability to buy medicine.....	6
Figure 2. Ability to buy basic food.....	10
Figure 3. State of access to energy during the pandemic.....	17
Figure 4. State of income during the pandemic.....	21

Final Draft

Key Findings

This study delved into three questions: 1) How did COVID19 affect the social and economic lives of youths and their communities? 2) What explains the effects of COVID19 on youths and their communities? 3) What lessons may be drawn out of these effects, their outcomes and the factors underlying them for recovery and efforts to manage similar emergencies that may come up in the future? The findings were that youths, especially females, were exposed to lack of medical care; food insecurity; domestic violence, stress and family separation; delinquency and disorientation from education; human rights abuses; and drug abuse, mental health problems and social ills. Environmental degradation and loss of confidence in government's ability to deliver social services was also reported. These were found to have been due to highhanded, one-size-fit-all, enforcement of lockdown and failure of the safety nets that were devised to mitigate vulnerability. Imposition of lockdown was widely perceived as having been expedient. Indeed, it was credited for having controlled the spread of COVID19, improving hygiene, reducing the incidence of hygiene-related diseases like diarrhea, and drawing some men into domestic spheres of care, against unproductive traditional stereotyping of gender roles. However, gaps in its implementation and lack of attention to relevant social, economic and medical needs exposed youths and their communities to socioeconomic vulnerability and undermined the goals of the COVID19 response. Hence, it is concluded that for them to be effective, responses to emergencies should follow systemic, holistic and participatory approaches.

1 Introduction

Since its declaration by the World Health Organization (WHO) as a pandemic of international concern in March, 2020, COVID19 has impacted individuals, organizations, communities and countries in very many ways. Despite multifaceted responses to it, many people were exposed to the various impacts that the pandemic exacted. Many of these impacts were self-manifesting. And over the last two years, various impacts of the pandemic have been studied and widely reported in traditional and non-traditional media. Notwithstanding, some impacts of the pandemic may not have been overt, let alone reported. In addition, some of the information that has been reported on the impact of the pandemic (e.g. Atamanov et al., 2022; Magezi, 2022; Pietromarchi & Jeanne, 2021; PWC, 2020) is more of anecdotal than systematized. Yet even where studies like UNDP-Uganda (2020) overcome this particular limitation, it is notable that they were published very early in the pandemic, so their view of the impact of the pandemic is more of projected than actual. Moreover, they are based on macroeconomic perspectives, with the consequence of being very limited in their attention to the social impact of the pandemic not least the peculiarity of youths in the context of the pandemic. This is despite the fact that youths are not only particularly vulnerable to the pandemic but they are also in a particularly privileged position to contribute to the social accountability, and therefore effectiveness, of responses to the pandemic. Related studies (e.g. Doyle, 2021; Nuwematsiko et al., 2022) present similar contextual limitations. Therefore, efforts to promote recovery from the pandemic and to improve readiness for similar emergencies that may emerge beg recourse to systematized research and analysis of the impact of the pandemic on youths and their communities. This paper reports the findings of a study that was conducted in view of this need.

Conducted as the Uganda chapter of an IGAD regional project focusing on COVID19 and the youth question in Africa, the study delved into the socioeconomic impact of the pandemic in three parts of the country, namely, Gulu City, Kampala City and Masaka.

Justification for and the design of the study were based on related literature. This literature indicates that as a subject, socioeconomic impact assessment is richly subscribed in scholarship, development discourse and project management. Defined as a measure of changes in economic activity and social life as a result of some occurrence, socioeconomic impact assessment focuses on risk factors for these changes and their outcomes (Byrne, Resnick, Kilpatrick, Best, & Saunders, 1999; Asenso-Okyere, 1994; Esteves, Franks, & Vanclay, 2012). According to Budidarsono et al. (2012), socioeconomic impact may be positive, negative or both and study of the same is via characterization of changes in social and economic variables among individuals or communities of interest. The literature (e.g. Leistritz & Murdock, 2019) also indicated that socioeconomic impact is typically assessed among populations or in areas where the impact of occurrences of interest is particularly likely. Such assessment, Asenso-Okyere (1994) suggests, is key to efforts to maximize the positive, and minimize the negative, outcomes of occurrences.

In the context of this study, it was noted that the CHRR (2014)'s Health Rankings Model identifies the socioeconomic factors associated with health as education, employment, income, family and social support and community safety. Relatedly, Asenso-Okyere (1994) identified productivity loss, income, time lost, direct cost of disease, impact on family (e.g. children involved in taking care of the sick) as socioeconomic factors of disease. Several authors (e.g. Uganda Bureau of Statistics, 2021; WHO, 2020a) identify similar factors. However, it is noted that, across settings, these factors of socioeconomic impact are modified slightly, in view of relevant contextual idiosyncrasies. CHRR (2014) adds that these factors matter in the overall wellbeing of people albeit they are usually overlooked in designing health responses, as overriding attention is paid to the *medical* side of things.

In view of the foregoing, this study delved into the gendered socio-economic impacts of COVID19 and response strategies on youth and their communities. Specific focus was put

on areas that are particularly relevant to the socioeconomic welfare of youths in the context of COVID19 in the country. The main ones of these were identified as access to medical care, food, wash facilities, energy and transport; income, livelihoods and wellbeing; the environment; governance, crime and human rights; and social service delivery. The goal was to generate quality information on the changes the occurrence of COVID19 triggered in these areas for youths and their communities; the factors underlying these changes; and the outcomes of the changes and their implications for recovery and future emergency responses.

2 Methodology

The study was conducted in nine (9) sites in Gulu City, Kampala City and Greater Masaka. This was done following a cross-sectional survey design. The survey was based on questionnaire, focus group discussions and key informant interviews. A convenient sample of 890 youths, who were randomly selected, was reached. The distribution of these youths is shown in Table 1.

Table 1. Distribution of the youths surveyed by area, gender, age and level of education

	Categories	Frequency	%
Kampala	Central Division	104	12
	Rubaga Division	90	10
	Nakawa Division	117	13
Greater Masaka	Masaka City	113	13
	Lwengo	115	13
	Sembabule	57	6
Gulu City	Gulu Central	175	20
	Lacor	67	8
	Unyama	52	6
Gender	Total	890	100
	Male	425	48
	Female	460	52
Age	Total	885	100
	18-22	175	20

	23-26	267	30
	27-30	212	24
	Over 30	231	26
	Total	885	100
Level of education	Never attended school	24	3
	Primary incomplete	94	11
	Primary	113	13
	Secondary incomplete	251	28
	Secondary	221	25
	Undergraduate incomplete	49	6
	Undergraduate or higher	77	9
	Other (specify)	56	6
	Total	885	100

The youths responded to a semi-structured questionnaire. This was administered (face-to-face) by a team of trained research assistants in November, 2021. The quality of the questionnaire had been ascertained by the multidisciplinary research project team. The questionnaire was pre-tested by the research assistants during their pre-data collection training workshops held in Kampala, Masaka and Gulu. The questionnaire was programmed on SurveyCTO and, while in the field, the research assistants entered data directly into tablets. This ensured that the data collection exercise was speedy and that, upon uploading, errors were identified for rectification in real time—because the programmed questionnaire had inbuilt quality checks that ensured the completeness of responses. Subsequently, the data was exported to SPSS where it was subjected to descriptive analysis.

Three group discussions, involving 8 participants each, were conducted in each of the three research areas. The groups were designed as “male”, “female” and “mixed”—to triangulate the data set and tap into the gendered impact of the pandemic and responses to it. In each of the three study areas, a deliberate effort was made to ensure that urban, semi-urban and rural areas were involved in the study. In addition, key informants (including leaders of civil society, local government and cultural organizations; business people; teachers; and

journalists) were interviewed. The data from these interviews and group discussions was subjected to content analysis.

Ethical approval for the study was provided by the Research Ethics Committee of the School of Social Sciences, College of Humanities and Social Science, Makerere University, and, subsequently, the Uganda National Council of Science and Technology (Research Permit Number SS921ES).

3 Socioeconomic Impact of COVID19 on Youths

3.1 Access to Medical Care

Majority (71 percent) of the 890 respondents surveyed reported needing medical services during the pandemic. Of these, 74 percent had access to the medical services they needed. For 26 percent (representing 162) of them, however, access to required medical services was constrained by a host of reasons (Table 2).

Table 2. Reasons cited for lack of access to medical services

S/N	Reason	Frequency	%
1	Lack of money	125	77
4	Lack of transport	66	41
2	Lack of medical personnel	18	11
3	Turned away because medical facility was full	14	9
6	Fear of catching COVID19 on going to health facilities	11	7
5	Instructions to stay at home	9	6
7	Other	9	6

n = 162; Multiple responses elicited.

“Lack of money” was the main constraint to access to medical services. Indeed, 403 (representing 45 percent) of the sample as a whole reported incidence of lack of ability to buy medicine during the pandemic (Figure 1).

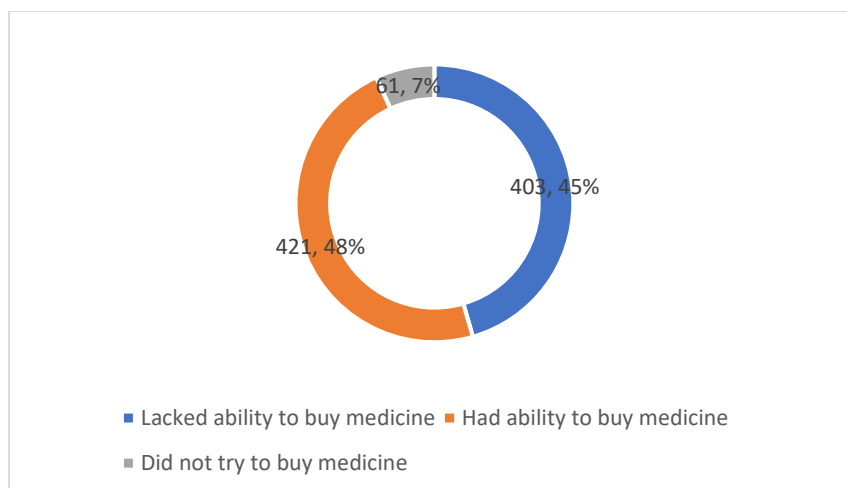


Figure 1. Ability to buy medicine

“Lack of money” was followed (quite conspicuously) by “lack of transport” (reported by 41 percent of the respondents) and “lack of medical personnel” (reported by 11 percent of the respondents). Notably—the experiences reported during the FGDs indicated—the three constraints were not only common to *all* the research sites and to *both* men and women; “lack of transport” (due to securitized and highhandedly enforced, wide-reaching, lockdown) exacerbated the lack of money and access to medical personnel (Table 3). People needing medical care either failed to reach the medical personnel/ facilities they required or they needed to spend a lot more to do so. At Nabugabo landing site, for example, a 1,400 percent rise in (water) transport fares was reported! Elsewhere, similar rises in the fares of motorcycle taxis—the improvisational means of transport to which many people in the country resort when other means of transport become unavailable—were reported. Hence, the inability of some of the people needing medical care to obtain it. It is also notable that among the people who had difficulty in accessing medical care was a special category: people living with HIV/AIDS, people living with diabetes (and similarly time-bound conditions like those of pregnant mothers requiring antenatal care and/ or maternity services) who required regular access to health services. Clearly, (blanket) lockdown cut them off their lifeline with devastating consequences (including, as one of the respondents at Kawala [Kampala] and another at Kyabakuza [Masaka] reported, death). Finally, the group discussions revealed that “lack of transport” and “lack of money”

concurrently compounded the respondents' predicament during lockdown. Where private providers of healthcare services were closer to the participants, high fees constrained (even prohibited) access. Yet, similarly, limitations on transport meant that the sick could not circumvent these fees by going to government-subsidized healthcare facilities. At Lwengo and in Gulu City, the Chief Administrative Officer and a cultural leader respectively corroborated these experiences, explaining that:

“Community programs like public health sensitization suffered because we normally rely on communities meeting together.”—**Chief Administrative Officer, Lwengo District Local Government.**

“[There was] limited access to sexual reproductive health [and] antenatal services because medical attention was directed towards COVID19.”—Cultural Leader, Gulu City.

Table 3. Impact of COVID19 on access to medical care

Area	Group	Experience(s)
Kampala	Nakawa (Men)	“COVID19 cases came; we were unaware and unprepared for the lockdown...The little money [I had] saved we ended up eating [using it to buy food]. When some family members became sick, I was unable to secure treatment.”—Participant.
	Kawala (Women)	“During the first phase of COVID19, I got COVID19 but I didn't get treatment because I could not afford.”—Participant.
		“Transport fare became a challenge to some people and sometimes some patients failed to have their medication...many pregnant women lost their lives because getting help or boda-boda [motorcycle taxi] was not easy.”—Participant.
		“Access to medical facilities was not easy due to [lack of] transport...There was another issue in health facilities: Doctors and nurses were overwhelmed...you'd see the health workers overworked and by the time they come to attend to you, it is approaching curfew.”—Participant.

		<p>“People with chronic illnesses (especially HIV/AIDS) suffered to the point of many of them dying because they could not access healthcare.”—Participant.</p> <p>“Those who could afford to get medicine during COVID19 had another hurdles...to take their medication [ARVs] amidst hunger since many were not working [and were] staying at home, where there was no food.”— Participant.</p>
Greater Masaka	Kiwangala (Women)	<p>“It became too difficult to collect medical supplies and drugs from Kiwangala Health Centre IV, because of transport. It wasn’t available. Even health workers who volunteered to distribute medicine to chronic[ally ill] patients were harassed by [the] security people [enforcing lockdown rules] on the road.”—Participant.</p> <p>“I used to attend the HIV Clinic at Kiwangala Health Centre from Buwunga [a distance of about 30 kilometers] [but] because of the very difficult means of transport [during lockdown], many times I found the clinic closed, missing my appointment.”—Participant.</p> <p>“I live near the Kiwangala Health Centre but it was also not easy to collect drugs. I would walk to the center but security people harassed me.”—Participant.</p> <p>“We could not access services in private [health care facilities]; there was a fee to pay yet we were not earning.”—Participant.</p> <p>“We depended on herbs.”—Participant.</p>
	Nabugabo (Men)	<p>“Transport fees increased because the president ordered vehicles to operate at half capacity...at the lake, canoes that normally load 15 passengers could only take 5 and instead of charging 10,000 shillings, they would charge 150,000 [an increase of 1,400 percent].”—Participant.</p> <p>“Security people did not allow people to move after 2pm [due to curfew requiring motorcycle taxis to stop at that time]. If you got a problem, the people with [transport] means could charge exorbitantly because they had to circumvent the security operatives [enforcing the curfew].”—Participant.</p> <p>“I lost a parent during COVID19. She had ulcers. Before COVID19 we could access health care normally but when COVID19 came, transport was a problem in addition to healthcare costs which went high. We could not afford it. The focus was only on COVID19.”— Participant.</p>

Gulu	Pece (Women)	<p>“Doctors were difficult to access; they had given their time to COVID19 patients and money. Even if you go to public health facility, they won’t attend to you or get drugs readily available.”</p> <p>“I am a diabetes patient and [I am] advised to get monthly treatment from the hospital. To my dismay, COVID19 made doctors to have a bad attitude towards patients even if you were not suffering from COVID19. I went to hospital and the doctor asked me “what are you doing here? For sure how would anyone ask patient what she/he is doing in the hospital?”</p>
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As the pandemic evolved (into the second wave), however, some of the bottlenecks in access to medical care were addressed:

“The first wave was a learning opportunity. In the second wave...we came up with various strategies that would not compromise access to routine health services. For people living with HIV, the government came up with the many-pill-package. Something lasting for about six months or three months. This service kept them away from the health units longer. Even those that needed to see their health workers would be given permission to use a motorcycle and move. Pregnant women moved without incident.”—District Health Officer.

This health officer also credited incidence of the pandemic for improvements in the district’s health care system:

“In our referral hospital, capacity to manage emergencies improved in terms of oxygen [facilities] and beds; new equipment for emergencies (e.g. ventilators) were procured. Staff are keener to manage emergencies. Much as we don’t have much space, they have designated corners for emergencies. The oxygen cylinders are full...KOFI foundation has trained health workers in [the offer of] emergency [services]. Ambulance services improved—hospital [now] has 4 ambulances [and] received a COVID19 pickup.”—District Health Officer.

3.2 Access to Food

Majority (51 percent) of the participants reported that, during the pandemic, their households lacked ability to buy food (Figure 2).

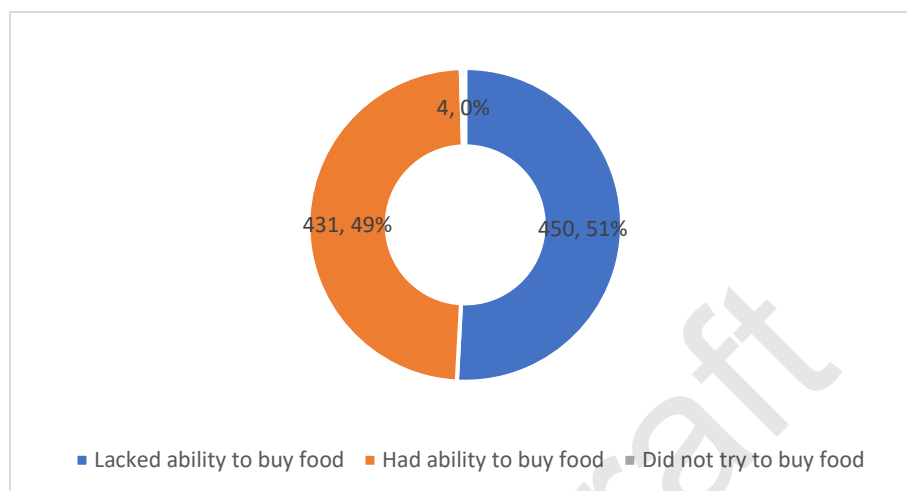


Figure 2. Ability to buy basic food

And aside from the basic (staple) food, 600, representing 68 percent, of the respondents reported experiencing various attributes of food insecurity during the pandemic (Table 4).

Table 4. Access to food during the pandemic (% , n = 885)

S/N	Attribute	Yes	No	Total
1	Was there a time when you or any other adult in your household were worried about not having enough food to eat due to lack of money or other resources?	77	23	100
2	Was there a time when you, or any other adult in your household, were unable to eat preferred foods due to lack of money or other resources?	78	22	100
3	Was there a time when you, or any other adult in your household, ate only a few kinds of foods due to lack of money or other resources?	79	21	100
4	Was there a time when you, or any other adult in your household, had to skip a meal because there was not enough money or other resources?	61	39	100
5	Was there a time when you, or any other adult in your household, ate less than you thought you should due to lack of money or other resources?	70	30	100
6	Was there a time when you, or any other adult in your household, were hungry but did not eat because there was not enough money or other resources?	59	41	100

7	Was there a time when you, or any other adult in your household, went without eating for a whole day due to lack of money or other resources?	61	39	100
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The respondents cited six main reasons for their inability to access *enough* food during the pandemic (Table 5).

Table 5. Reasons cited for inability to buy food

SN	Reason	Frequency	%
1	Lack of money	172	38
2	Increase in the prices of food	87	19
3	Lack of transport (to food markets)	53	12
4	Shop closures	30	7
5	Instructions to stay at home	25	6
6	Stock outs at food shops/ markets	14	3

n = 450; Multiple responses elicited.

The experiences that were reported during the group discussions (Table 6) and key informant interviews provide insight into these reasons and the contexts in which they affected food security. The experiences show that for people who lived in rural areas and for those who lived in urban areas but had money (via savings, ongoing employment/ business, etc.) food was available, sometimes plentifully. However, for people who depended on *casualised* earnings and/or remittances, access to food was, as shown in Table 4, inadequate. Majority of these people lived in urban areas (e.g. Kampala City) and semi-urban areas (e.g. Kiwangala Sub-County). The main safety nets against these people's food insecurity were: 1) urban-to-rural people flows; 2) food aid by government; and 3) charitable food aid by NGOs, faith-based organizations and individual philanthropists. However, only charitable food aid reportedly worked well. Urban dwellers who returned to rural areas created pressure on the food resources there. On the other hand, throughout the three research sites, both men and women reported that the food aid from the government failed to reach the people for whom it was intended, its distribution being

fraught with discrimination, corruption, logistical inefficiencies and politicization for political gain (in processes of the 2021 general election that coincided with COVID19/lockdown) (Table 6).

“Our news department sends reporters to follow up. The task force normally sends out information about a long list of what they have done. Following it up on the ground the story is different.”—Radio Station Manager in Masaka City.

“Many people gave to government. Not only the rich; even the poor gave to support government in fighting COVID19. The spirit of giving was affected by corrupt government officials. The donations disappeared with the people who were supposed to distribute them to the vulnerable.”—Businesswoman in Kampala.

Table 6. Experiences with food during lockdown

Area	Group	Experience(s)
Kampala	Katwe	<p>“I had some savings and [another advantage is that] my village is not far from where I lived. So the little money I had on the account, I also had a bicycle I could ride to the village and get food for the family.”—Participant.</p> <p>“COVID19 affected access to food—in physical terms, transport and even monetary terms.”—Participant.</p> <p>“There was a lot of politics in COVID19 [food] relief packages...one needed connection [to the people in government] to prove vulnerability. Packages were distributed according to connections and [perceived political] support for the ruling government.”—Participant.</p> <p>“We need to agree that whatever services or things that were given from government [they] were politically distributed...you needed to be afflicted to some party colors to get the money [relief package offered to vulnerable people by government].”—Participant.</p> <p>“...we were being helped by churches...some of them donated food relief to those in need.”—Participant.</p>
	Kawala (Women)	<p>“Food stuffs were plentiful in the market...food grew and people in the village harvested enough to eat and sell. However, some of us live in</p>

Kampala [city], the problem was getting money to buy the food.”—Participant.

“The government provided food but the food and money did not reach us. The food was given to known people and relatives of the local council leaders [who were in charge of the distribution].”—Participant.

“...government did not really come to protect us from hunger and starvation. One would only hear the president creating awareness about the pandemic on radio, and make empty promise to citizen as lockdown continues.”—Participant.

“...even when the president directed that food be distributed to those in need, I missed out on food and cash handout, those things ended up in the hands of the local council leaders. To get food and money you have to be known by them or bribe them to be included in beneficiaries list.”—Participant.

Greater
Masaka Kiwangala
 (Women)

“Food was a problem. We used to eat once a day.”—Participant.

“Nobody in our community ever got any food.”—Participant.

“Some...people depend on remittances from relatives in urban areas...During lockdown, these remittances either stopped or reduced—because the relatives in urban areas were not working and were also just trying to survive. In fact, many had returned to the rural areas.”—Participant.

“I was a teacher in Kampala. When I returned home to shelter for the lockdown, there wasn’t enough food. [My] parents were also disgusted with the increased burden of people to feed.”—Participant.

Kyabakuza
(Men and
Women)

“There was an announcement that food had been brought to the [local] council. People had been registered beforehand. We went to the council and a list was read for people receive. Some of were shocked to find that our names were not on the list.”—Participant.

“Whoever had a shop did not receive food. Even people with gates [to their homes] were not given.”—Participant.

“I went to the chairman and told him that I had nothing to eat. He asked me why I don’t support a certain candidate [for a political office]—Participant.

“We, the youth, were not being provided with food because we were not pro-government. We were told to wait for [the opposition] people

power [pressure group and, subsequently, National Unity Platform].”—Participant.

Nabugabo (Men) “Travelling to [food] markets necessitated motorcycles but which were not allowed to carry passengers. Motorcycle riders cheated too many people.”—Participant.

“The Prime Minister Robina Nabbanja said everybody would get 100,000/=. The information was on the radio. [But] we waited in vain. That money was for poor people. [It was sent via the mobile money phone application] But the real needy did not even have a phone.”—Participant.

“Posho [maize meal] was brought but very few people received.”—Participant.

Gulu Unyama (Men) “Food was accessible through the market...Those who do not have the money...were surviving on empty stomach as government officials were thriving on full stomachs.”

“I did not access any food or cash from government of Uganda. Those accessed the cash from office the prime minister were close relatives to local councilors and we know them.”

Pece (Women) “COVID19 came with a lot of restrictions on movement, life and work. I had challenges in finding what to eat, no food since I was not working.”

“We get food from the markets but they are very expensive because we also have low income. There is food in the village, but that again requires transport.”

3.3 Access to Water and Soap

For the vast majority of the respondents surveyed, water and soap were accessible during the pandemic. Even then, shortages were reported (Table 7). For 99 (representing 11 percent) and 152 (representing 17 percent) access to drinking water and soap (for hand washing) respectively was inadequate.

Table 7. Access to water and soap during the pandemic (% , n = 890)

Item	Had access	Lacked access	Total
Drinking water	89	11	100
Water for hand washing	93	7	100
Soap for hand washing	83	17	100

The respondents who reported these shortages cited several reasons for them. Flagship among these reasons was “lack of money” to buy the water; reduction/ discontinuation of supply; and inability to access communal sources of water (Table 8).

Table 8. Reasons cited for lack of access to drinking water and soap

SN	Reason	Drinking water		Soap	
		Frequency	%	Frequency	%
1	Lack of money	40	40	103	68
2	Supply reduced	29	29	-	-
3	Supply no longer available	28	28	-	-
4	Unable to access communal sources	21	21	-	-
5	Increase in price	15	15	49	32
6	Limited/ no transportation	7	7	9	6
7	Restriction to go outside	7	7	8	5
8	Local markets not operating / closed	5	5	8	5
9	Shops run out of stock	3	3	6	4
10	Afraid to get out and getting the virus	1	1	2	1
11	Other	10	10	4	3

Note: Multiple responses were elicited

For some of the youths, reduction in the availability of water during lockdown was associated with the movement of people from urban areas to rural areas. For example, one of the participants at the group discussion held with young women in Kiwangala reported that,

“Our water sources suffered from overuse due to the increased population of people who returned from urban areas. Distances to the water source increased for some communities after certain water sources dried up. There are a lot of risks and dangers along distant wells including rapists and defilers.”

These challenges notwithstanding, the emphasis on hand washing in response to the pandemic had the unintended benefit of improving hygiene. This had health benefits:

“There is increased awareness on important public health practices like washing hands...As a result, cases of hygiene related diseases like diarrhea have reduced very much.”—**Chief Administrative Officer, Lwengo District Local Government.**

“...there was an improvement in the hygiene condition due to washing of hands.”—
Resident City Commissioner.

3.4 Access to Energy

Majority (58 percent) of the survey participants indicated that the national (electricity) grid was their main source of energy (Table 9). This was followed by “solar” (21 percent) and “batteries” (17 percent).

Table 9. Sources of energy

SN	Source	Frequency	%
1	National grid	518	58
2	Solar home system	186	21
3	Dry cell battery / torch	150	17
6	Local mini grid	32	4
7	Generator	28	3
8	Other	96	11

For majority (74 percent) of the respondents, access to energy was not affected by the pandemic (Figure 3). In fact, for some (4 percent) of the respondents, access to energy reportedly improved.

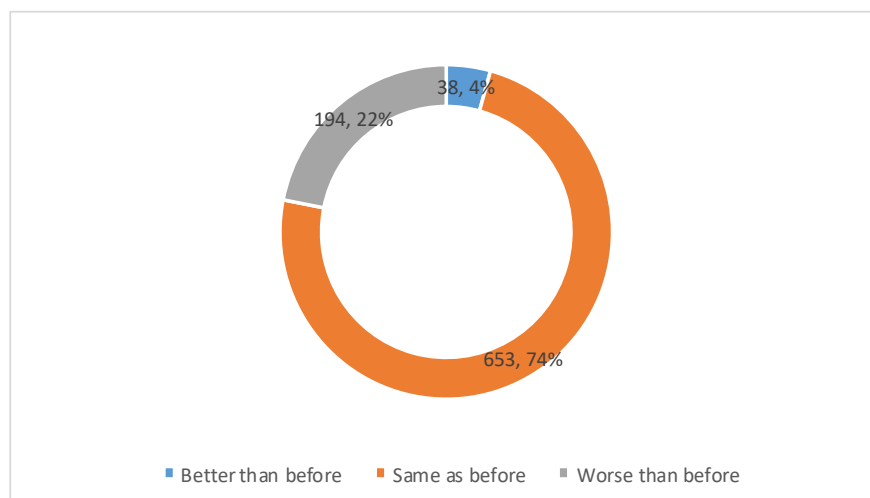


Figure 3. State of access to energy during the pandemic

For 22 percent of the respondents, however, shortages of money due to the pandemic situation worsened access to energy. At the group discussions, some of the participants who had been affected similarly explained that,

“Paying bills was a challenge for the case of electricity; some people stayed in darkness.”—Participant at Group Discussion in Kawala.

“The citizen had to forego some services like accessing electricity during COVID19 and the focus was how to get food not light or darkness.”—Participant at Group Discussion in Kawala.

“Some of us have grid electricity. But we could no longer pay for it during COVID19. Many of us survived on paraffin lanterns, candles and phone flashlights.”—Participant at Group Discussion in Masaka.

3.5 Transport

Majority (72 percent) of the respondents reported that they (and/ or members of their households) needed public transport during lockdown. However, only 6 percent of these accessed this transport without difficulty. For 50 percent, this transport was accessed with difficulty (and, consequently, reduced frequency) while 44 percent reported failing to

access transport altogether. The difficulty/ inability to access transport was attributed to three factors: cessation of service (28 percent); restriction of movement (90 percent); and fear of catching COVID19 (10 percent). The “cessation of service” was itself a corollary of restriction of movement. The experiences reported at the group discussions revealed that the restriction of movement/ transport affected socioeconomic welfare greatly:

“Transport was closed and it was difficult for a poor person to access the hospital. Transport affected many things and yet getting help from government was difficult.”—Participant at a mixed youths’ group discussion in Katwe.

“Getting a letter from [the Resident District Commissioner] RDC to permit one to move was another hell... Sometimes you would go to the RDC’s office and you find he/ she not there. The secretary asks you to pay 10,000 shillings so that she drafts the letter as she waits for her boss to come and sign it... you pay [but when] you return to pick the letter [you find that] the RDC denied you the letter. [If] you chance upon the letter [from the RDC], as you begin moving, you will meet policemen or local defense force [troops] questioning the authenticity of the letter.”—Participant at a mixed youths’ group discussion in Katwe.

“My two daughters got pregnant at home and their impregnators disappeared. I was left with the responsibilities of taking care of their antenatal. One day I hired a motorcycle to take my daughter to the hospital. I visited my local council leader who demanded 5,000 shillings to draft for us a travel letter. I gave the money [but] along the way to hospital, the police stopped us. [And] after presenting the letter permitting our travel, they rejected it and detained the motorcycle.”—Participant at a male youths’ group discussion in Unyama.

“Some people even failed to transport their sick family members to the nearest hospital.” —Participant at a mixed youths’ group discussion in Katwe.

“...sick people, for example, people living with HIV/AIDS faced problems of transport [to reach health care facilities for their routine medical needs].— Participant at a female youths’ group discussion in Kawala.

“My sister was pregnant and due for delivery. In order to move to hospital, we had to get permission from the local council chairman. When we failed to find him...we started moving to hospital. Security people stopped us and beat us up. We made it to hospital but after a lot of delay. My sister delivered but died. [Cries]”—Female participant at mixed group discussion in Kyabakuza.

“Accessing public services became an issue during COVID19, transport and accessing public roads was not easy unless if you want to be beaten or fined”. — Participant at a male youths’ group discussion in Unyama.

Clearly, the restriction of movement affected access to health services—because it was enforced highhandedly (and sometimes corruptly) by policemen/ women and paramilitary and military troops who commonly failed to respect the exceptions the President provided in the lockdown rules he issued on behalf of the COVID19 response taskforce.

3.6 Income and Livelihoods

At the start of the pandemic in 2019, 636 (representing 72 percent) of the respondents were involved in some economic activity from which they earned income (Table 10).

Table 10. Sources of livelihood

Source	Frequency	%
Family farming, livestock or fishing	291	33
Non-farm family business	377	43
Wage employment of household members	108	12
Unemployment benefits	18	2
Remittances from abroad	9	1
Assistance from family within the country	122	14

Assistance from other non-family individuals	42	5
Income from properties, investments or savings	65	7
Pension	3	0
Assistance from the Government	25	3
Assistance from NGOs / charitable organization	11	1
Other	118	13

n = 885; Multiple responses elicited.

However, 146 of these stopped working due to *closure* on account of government COVID19 restrictions (24 percent); closure due to other reasons (10 percent); being laid off (6 percent); inability to reach work due to travel restrictions (8 percent); and other reasons (10 percent). These had been working in a range of sectors, especially “buying and selling goods, repair of goods, hotels and restaurants”; and “personal services, education, health, culture, sport and domestic work” (Table 11).

Table 11. Sectors in which respondents stopped working

Sector	Frequency	%
Agriculture, hunting, fishing	9	6
Mining, manufacturing	1	1
Construction	5	3
Buying and selling goods, repair of goods, hotels & restaurants	85	58
Transport, driving, post, travel agencies	10	7
Professional activities: finance, legal, analysis, computer, real estate	9	6
Government/public sector	8	5
Personal services, education, health, culture, sport, domestic work	30	21

n = 146; Multiple responses elicited.

For these respondents, but also for many of those who continued working despite the pandemic, incomes reduced (Figure 4), which affected their welfare and that of their families.

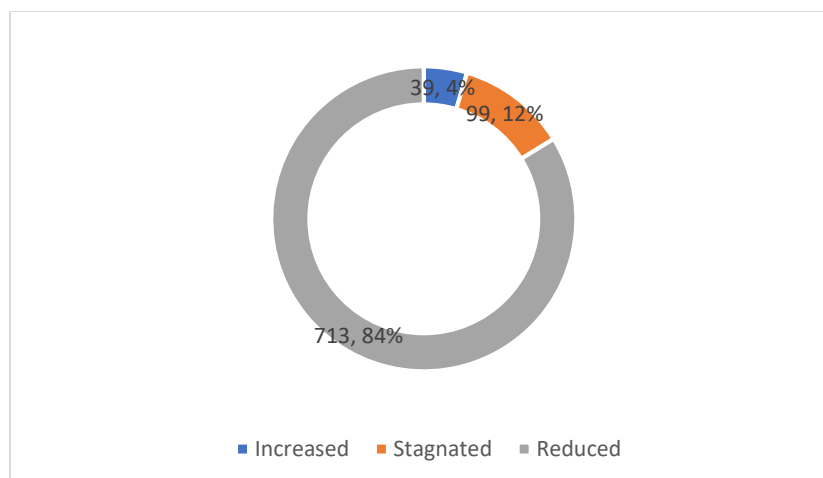


Figure 4. State of income during the pandemic

Overall, 84 percent of the respondents confirmed that their households' incomes were negatively affected by the pandemic. Some of these shared their experiences at the focus group discussions:

“When COVID19 came I lost my job, fell short of capital and turned to seek help from my family members but they reached time and got tired of helping me.”— Male participant at the mixed group discussion held in Katwe.

“I have a wife and two children. COVID19 made me to lose my job up to now, to make matters worse I can't even afford to feed my family. My wife sometime asks money from her family members but they also got tired...The situation is really bad.”—Male participant at the mixed group discussion held in Katwe.

“I had completed a course in hairdressing, then I chanced upon an opportunity to go and work abroad but due to lockdown traveling was prohibited.”—Female participant at the mixed group discussion held in Katwe.

“I invested in welding school beds but when schools were closed, the director of the schools did not...pay.”—Male participant at the mixed group discussion held in Katwe.

“I used to transport music systems [generators, speakers, etc.] to events but all these businesses were stopped by COVID19...we have been jobless, hopeless beggars.”—Male participant at the mixed group discussion held in Katwe.

“For me I am a special hire driver, when COVID19 came, government put in places measure to mitigate the pandemic such as lock-down...As a driver, I had no passengers and yet my boss expected me to be giving him money weekly. I was even lacking money to sustain my family members so I took some children to go and stay in the village. I lack money for their needs.”—Participant at male youths’ group discussion held in Nakawa.

“I was selling milk. My business peaks after 7pm. During COVID 19 that wasn’t possible. The following morning milk would be sour, pertaining to a loss.”—Participant at female youths’ group discussion held at Kiwangala.

“Those who had businesses in town, their business were closed, but they would go to financial institutions to request for loans with high interest to provide food and upkeep for the family. They failed to pay the loans, as the grabbed their property.”—Participant at female youths’ group discussion held at Kawala.

“We hairdressers lost our cosmetics which expired due to not being used.”—Participant at female youths’ group discussion held at Kiwangala.

“When COVID19 was first declared in Uganda, I was riding my motorcycle [taxi]. [Then] restrictions on transport were introduced. This stopped me from carrying passengers...Before COVID19 the motorcycle would give me daily income to provide the basics to my family, but COVID19 affected our operation.”—Participant at male youths’ group discussion held at Unyama.

“Before lockdown, I had acquired a loan from a microfinance institution to invest in my small scale farming. I deal in vegetable growing whose market narrowed because of COVID19. The loan officer invaded my market stall and my business was closed.”—Participant at male youths’ group discussion held at Unyama.

“I was a mason who used to earn from...building houses. When COVID19 affected many sectors, those interested in construction were affected since income itself was rare. The closure of hardware shops in the country [also] meant we were to stop going to construction sites because we use materials from those shops.”—Participant at male youths’ group discussion held at Unyama.

“I was to supply liquid soap to more than 20 schools...lockdown forced the schools to close and this affected my livelihood.”—Participant at male youths’ group discussion held at Unyama.

“I am a single mother...Before COVID19 I was doing small business that can feed my family and have little to save, my business was affected since customers were not there to purchase charcoal. Now I stay at home and even lack money for food.”—Participant at female youths’ group discussion held at Pece.

“People lost jobs, their income reduced; the profitability of business that was operating was zero. There are stories from businessmen about business that shut-

down due to the impact COVID19 and such lost will never be recovered.”—Media Practitioner in Kampala.

“Mostly people are engaged into food vending, welding, mechanics, taxi driving, and scrap collection...COVID19 made many of these people switch roles. You find a teacher selling food in the market or roasting maize along the road. The youths joined the army and local defense units not because they wanted or have passion for the force but life was hard and they wanted paid jobs and space to survive during the pandemic. The girls who had the opportunity to go for domestic work abroad got married irrespective of the age. Marriage became an opportunity for parents to survive the hunger during the pandemic because they expect to call the in-law for some beans or money to buy food.”—Team Leader at CSO in Kampala.

The major ways in which the respondents’ livelihoods were impacted by the pandemic were also reported in the survey (Table 12).

Table 12. Effects of COVID19 on sources of livelihood

S/N	Effect	Count	%
1	Nonfarm business closure	347	43
2	Job Loss	299	37
3	Illness, injury, or death of income earning member of household	196	24
4	Increase in price of major food items consumed	151	19
5	Reduction of farming/business output	79	10
6	Increase in price of farming/business inputs	62	8
7	Fall in the price of farming/business output	56	7
8	Disruption of farming, livestock, fishing activities	27	3
9	Lack of availability of farming/business inputs	15	2

n = 811; Multiple responses elicited.

One of the key informants interviewed provided insight into the far-reaching nature of the impact of the business closures:

“I lost money...for two years we have not hosted a festival...We also had big loans which did not stop accumulating interest and all sorts of bank charges. **The onset of COVID19 found us preparing for the 2020 Easter Monday bash. We had already paid entertainers about Uganda Shillings 80,000,000/= to reserve them. All that went down the drain. The loss was not only mine. Other people (including waiters, bouncers, musicians, food vendors, security people, etc.) who were planning to earn from the opportunity lost too...** [in one business we] employed 15 permanent employees and 20 casual ones; [another business] employs 12 [and another] 4. When COVID19 came all were laid off.”—Businessman in Masaka City.

When lockdown forced businesses to close, it is not only the owners of the businesses that suffered. Their workers and backward and forward linkages suffered too.

Table 13. Mechanisms adopted to cope with impact of COVID19

S/N	Mechanism	Count	%
1	Engaged in additional income generating activities	381	43
2	Relied on savings	269	30
3	Borrowed from friends and family	243	27
4	Reduced food consumption	219	25
5	Received assistance from family and friends	214	24
6	Reduced non-food Consumption	158	18
7	Sale of assets	134	15
8	Took a loan from a financial institution	87	10
9	Credited purchases	81	9
10	Sold harvest in advance	46	5
11	Delayed payment obligations	18	2
12	Received assistance from NGO	14	2
13	Took advance payment from employer	9	1
14	Other	56	6

n = 885; Multiple responses elicited.

Table 14. Support towards coping received from government and NGOs

S/N	Nature of Support	Government		NGOs	
		Count	%	Count	%
1	Cash transfers	54	6	30	3
2	Food aid	158	18	62	7
3	Payment relief for services (e.g. electricity and water)	13	1	14	2
4	Non-food aid (e.g. face masks, sanitizer, soap, etc.)	410	46	124	14

n = 885; Multiple responses elicited.

Up to 215 (representing 24 percent) of the respondents reported that they encountered difficulties in accessing support towards coping with the pandemic. The main ones of these challenges are summarized in Table 15.

Table 15. Challenges experienced in accessing support

S/N	Challenge	Count	%
1	Lack of adequate information to access benefit	100	47
2	Mobility constraints due to lockdown	68	32
3	Rejection due to lack of national ID	19	9
4	Bribe was requested	16	7
5	Delayed payments	13	6
6	Other	70	33

Aside from the challenges experienced in accessing support, 164 (representing 18 percent) of the respondents indicated that they, or members of their households, had requested for support from government officials but were turned down. These respondents cited four main reasons for being turned down: inability to provide sufficient documentation (18 percent); inability to pay bribes as requested (19 percent); government officials giving priority to their relations (43 percent); and outage of support program(s) (16 percent). These irregularities in government's support towards coping were corroborated by one of the key informants interviewed:

“We hear there are ad hoc arrangements whereby...some sort of compensation [is being given] to organizers of entertainment events and musicians who lost business during the lockdown. But I do not know how it works. Nobody has told me to

participate. We hear the World Bank provided some money for business stimulus but nobody has called us to be supported. We are good tax payers and when they want tax they find us. And I don't know where to go to complain. But I am not alone. Imagine what school proprietors are going through.”—Businessman in Masaka City.

3.7 Anxiety, Family Life and Social Ills

In all the research sites, lockdown was reported to have caused strife in familial relations and, in many cases, domestic violence, separation or both. These tended to be due to anxiety and stress (particularly over shortage of food and similar essentials and boredom). In turn, the strife, anxiety and stress led to depression and other ills such as gambling, drug abuse and promiscuity, which some people resorted to as (maladaptive) coping strategies (Table 16).

Table 16. Stress, domestic violence, family separation and social ills

Area	Group	Experience(s)
Kampala	Katwe	<p>“During the first...lockdown, I decided to go to my village where I could have access to food...my husband remained in Kampala to keep his work.”</p> <p>“During the lockdown, there was pressure of loans [and] quarrels in the family because as a man the family expects a lot from you including providing them basics necessity of life on daily basis [yet] I had no money.”</p> <p>“Life at home was not easy; we watched TV and got tired, visited families and friends and got tired. Some youths [under peer influence] resorted to gambling and other dubious means to survive in the city.”</p> <p>“Families broke up due to lack of money. I have a friend that the wife left because getting food was really difficult and up to now she has never returned. Another thing was that there was no happiness in the families.”</p> <p>“I had to send my wife and children to the village. I remained in town to find food and send to them in the village.”</p>

"She even decided to deny me sex arguing that we can't have sex on empty stomachs."

"Men resorted to staying away from homes to avoid requests [for things] from [their] children."

"Adultery became normal in marriages as married men and women seek financial and basic needs assistance."

"I had to flee from home, leaving the woman because I could no longer pay house rent and buy food. I decide to go and stay in a friend's house."

Nakawa
(Men)

"My case was very traumatizing. The situation was really bad during lockdown: no food for the family... there was fear, stress and depression."

Kawala
(Women)

"I lost my marriage due to COVID19, the man just walked out of our rented home [and] he has never returned."

"Some of us were even thrown out of houses due to nonpayment of rent. The landlord could not tolerate anyone who is not working, and everyday fighting with the partners over survival."

"In families, cases of domestic violence and gender based violence continues to grow day by day as husband, wife and children demands for foods and other basics which could not be provided."

"Girls as young as 13 years old are being raped, impregnated and even abandoned by their so called lovers or men who deceive them with 500 shillings or offer a drink for them...Youths have resorted to drug abuse."

"Some men decided to get married to sugar mummies and abandon their wives' homes. This entire burden has to be shouldered by a woman."

"Government provided food relief which got done [used up] in a week's time. Married men decided to get married in the neighborhood and [us women] we resorted to prostitution to get for our children something to eat."

"There were cases of domestic violence from one home to another. In some homes, spouse became discontented and uncomfortable depending on one another. Marriages broke up, as spouse separate and look for someone who can provide for them food and get married with him/her."

		<p>“Due to stress brought about by COVID19, we have found that some boys resorted to drug abuse and girl use prostitutions to make end meet.”</p>
Greater Masaka	Kiwangala (Women)	<p>“Men became wild. They socialized [started affairs] with the many girls who were at home and that is why some of us decided to call family quits.”</p> <p>“Before COVID19, [both] men and women [would] contribute to family income. When COVID 19 came, income in homes became a problem. Expenses were many [yet there was] no income. This is a fertile ground for conflict.”</p> <p>“Youths in the community especially boys are abusing all sorts of drugs like marijuana, and alcohol apparently to manage their stress.”</p>
	Kyabakuza (Men and Women)	<p>“I used to live with my husband...in Kampala. COVID19 caused lockdown and my husband failed to provide for us. I was a mother with a six-month old baby. I decided to come [to my parents'] home in Masaka. That was the end [of the marriage].”—Female participant.</p> <p>“My family relations also ended with the onset of COVID19. When he [the husband] failed to provide [the things required for subsistence in the home], the result was domestic violence. He completely abandoned our home when he couldn't provide anymore. I came back home.”--Female participant.</p> <p>“I had a wife but could no longer take care of her. She decided to go back to her [parents'] home.”--Male participant.</p> <p>“Domestic violence has been rampant. Inevitably there are some things that don't go well while they are at home and the men who are at work never get to know. The men stayed to experience firsthand the wastefulness of women. This led to quarrels and fights.”—Male participant.</p> <p>“Since COVID19 came, men stay at home. They don't work and complain all the time. Women prefer men who go and return; but not stay-at-home husbands. Whenever a man stays at home 24 hours, it breeds quarrelling and fighting.”—Female participant.</p>
	Nabugabo (Men)	<p>“Domestic violence has been rampant. Normally women stay alone at home with the kids. Inevitably there are some things that don't go well while they are at home and the men who are at work never get to know. Now with curtailed incomes the men stayed to</p>

experience firsthand the wasteful practices of women. This led to quarrels and fights.”

“When men were forced to stay home, the women had opportunity to make incessant demands for home essentials. When some men failed to provide, the result was domestic violence. Some men completely abandoned the homes when they couldn’t provide anymore.”

“We used to go...and work on the lake, get some money and bring fish home. During COVID19 [lockdown] that was no more. When someone stays in your face nonstop, you are bound to get some conflicts.”

“Some of us use depressants like marijuana and alcohol to forget [our problems] but as soon as we become sober again the problems are still there, and we drink again. Some drink until they run mad.”

Gulu

Unyama
(Men)

“...my wife had to leave because I could no longer provide support.”

“...lockdown was a good for family time, but the more we were locked inside as couple, domestic challenges intensified...Cases of domestic violence became a new normal in families.”

“Before COVID19 I was working in a big hotel in Kampala. [When] COVID19 came, I was laid-off from [the] job that used to pay rent for me and provide household necessity to my family. I was forced to flee Kampala and left my wife and children stranded. I never intended [it to be] that way but I was unable to pay for them rent, buy food or even transport them the Unyama.”

“Boys have resorted to smoking marijuana and alcoholic drinks as a remedy to cool down stress brought by COVID19.”

Pece
(Women)

“Men have left home and gotten married to other women as we remain single mothers but you have to look after your children. It’s really painful our daughters have engaged in sexual intercourse in exchange for food and money men are offering to them. This has made our children to even contract deadly diseases like HIV/AIDS.”

“During the second phase of COVID19 my husband deserted [the family] and the landlady chased me from her rental room because I had accumulated rent arrears to pay.”

“My husband and I lost jobs during COVID19. Our house was on fire, we were quarrelling and fighting over what to eat and give the children.”

“My husband left since the first COVID19 lockdown...he has not supported us...I will tell my children that ‘your father died of COVID19’.”

“The stress I am going through, one day will make me run mad. The man left to unknown destination and we haven’t heard from him except friends who say he is ok and happy with another expectant mother. I depend on borrowing food from brother, and because he understands my issue as single mother, he gives.”

The separation of families happened in three main ways. The man (usually the head of household) sent the wife and children to the village (because, under lockdown, sustaining them off-farm in urban/ semi-urban areas had become very difficult or impossible). Alternatively, the man abandoned his wife and children. In other instances, the family disintegrated upon eviction from their domicile, typically due to non-payment of rental fees. In all three instances, a disproportionately large duty of care (for children) was placed on mothers. In some instances, however, lockdown (and the inability of men to provide for their families) resulted into the altering of traditional gender roles, including a welcome increase in the involvement of men in the domestic sphere and vice-versa. Unfortunately, in some cases, this had the consequence of increasing strife in family relations and domestic violence:

“I started helping my wife to cook food for the family and washing clothes.”—Male Participant at the group discussion held in Katwe.

“Families lost their incomes and stability. Domestic violence has increased. The women and children have suffered most. Women normally do small-small things from which they earn. Many times they have found themselves becoming the main bread winners. Not only that, but imagine men not having an income, wanting a drink and knowing that the woman may have some small savings. [That is a] fertile ground for domestic violence.”—**Chief Administrative Officer, Lwengo District Local Government.**

“Gender roles were altered [with] men starting to perform domestic tasks such as cooking [and] washing clothes. There was division of labor and some sense of togetherness in families.”—Businesswoman in Kampala.

“There is an increase in gender based violence due to parent’s failure to provide for their families.”—Cultural Leader, Gulu City.

“COVID19 contributed to increase in gender based violence (GBV) cases. We have been reporting those cases of GBV and it was serious. COVID19 affected families’ finances and household decision making, which worsens GBV. The roles undertaken by men and women also changed. You would find men performing women’s role. Likewise, women [were performing men’s roles]. Men who lost their jobs due to COVID19 were now staying at home while some women who were lucky to be working could not tolerate their husbands just sitting at home. This kind of experience also leads to constant quarrels and fights at home. In one home, a woman was reported shouting to her jobless husband ‘wake up and think, go to work’. [But] how could he? This made many such men to lose their temper and you know what may come.”—Media Practitioner in Kampala.

“...men ran away from home because of fearing their responsibilities. It is us women who were left with the responsibility to look for food and give children, pay rent and others bills as they come, and yet we were also not making money.”—Participant at female youths’ group discussion held in Kawala.

“On one hand COVID19 has affected us negatively, on the other hand it has had a positive impact. Before COVID19 women depended 100% on men/ husbands, but COVID19 altered gender roles. Instead men feared responsibilities and many of

them fled from home to places where the demand was less. Women have learnt a hard lesson, they have arrived and have become good hustlers.”—Participant at female youths’ group discussion held in Pece.

“Curfew has really helped us a lot, because men who used not to appear home early, by 6pm they have to be home. Women were happy because curfew in one way helped their husbands who used to sleep past mid night, now are home as early as 6pm.”—Participant at female youths’ group discussion held in Kawala.

“Curfew was a blessing to some married women. My husband used to come home past night daily, but when curfew was launched, he had no options but to home by 6:00pm.”—Participant at female youths’ group discussion held in Pece.

“Although I lost money from closed business, I got to spend more time with family and look after my farms. Normally business takes up most of my time. [But] I got to know my children better.”—Businessman.

“The CSO that studied GBV discovered a lot stress. Depression and anxiety were rampant among the youths. Suicidal tendencies, especially among the few youths that had been abused and did not have anywhere to go.”—District Health Officer.

“...parents are away from home, leaving the children alone. The girls are in close contact with boys/men that they never used to be close to.”—Cultural Leader, Gulu City.

3.8 Environment

The relocation of people from urban to rural areas and the unemployment/ failure of livelihoods due to lockdown led to an increase in the quarrying of clay for brick-laying.

This led to degradation of wetlands. In many areas, it also accelerated the cutting of trees (for firewood to bake the bricks among other uses):

“Many people resorted to burning charcoal to earn a living. Men cut down all [the] trees around.”—Participant at females’ group discussion at Kiwangala.

“Many other people have also cut trees for charcoal and firewood.”—Participant at mixed group discussion at Kyabakuza.

“We didn’t have work to do so we made bricks and had to fire [bake] them [using energy from trees].”—Participant at males’ group discussion at Nabugabo.

“Many people lost their jobs and the sources of income became limited. They look onto trees as source to get income and buy food for their families. There was massive cutting down of trees for charcoal making.”—Participant at mixed group discussion at Amuru.

“During the second wave of COVID19, when a man sees trees in his compound or neighborhoods, the first and last thought is change it into money. The tress suffered and as people move urban areas to rural setting, bush burning was rampant since people were looking for a place to settle.”—Participant at mixed group discussion at Amuru.

“Me and my ten other colleagues were involved in illegal sand mining in-order to get some money. I don’t know how this will affect the environment.”—Participant at mixed group discussion at Amuru.

“People had to change livelihoods overnight and even people who would otherwise not be involved in environmentally dangerous practices were forced to [do so] for survival. Many people left urban areas and came to the rural areas and got involved in things like charcoal burning for income generation. We have lost so much tree covers particularly in the sub counties of Ndagwe and Malongo largely because communities resorted to charcoal burning. We have lost wetlands with people changing livelihoods to go into farming, brick making, and sand mining... We used to have a very big swamp just next to Kyazanga trading center. Today the local government is fighting with people looking to move their farms into the swamp. We have more than 100 private schools in Lwengo District [and] all the teachers employed there are out of work. They are trying their luck into all sorts of farming, wherever they can, swamps inclusive and [they] degrade them.”—**Chief Administrative Officer, Lwengo District Local Government.**

“Many people started charcoal burning and others started to trade in timber. A lot of tree cover was destroyed. We have a poor track record of waste management. With COVID19 it became worse.”—Executive Director at a CSO in Masaka City.

3.9 Governance, Crime and Human Rights

Lockdown and curfew suspended many people’s rights, especially freedom of movement, freedom of association, the right to work and the right to education (Table 16). This was in step with the situation most people faced worldwide. In Uganda, however, the experiences reported point to two governance-related idiosyncrasies that led to insecurity and aggravated the impact of the suspension of people’s rights. First, the enforcement of lockdown and curfew was fraught with bad police-citizen relationships and notorious for various abuses of human rights (e.g. torture, detention, violation of privacy, etc.):

“The local defense unit was violent and deadly while enforcing the curfew. Many women were sexually assaulted [and] some pregnancies were miscarried as women

fled the curfew enforcers, fearing to be beaten or thrown into jail.”—Participant at Group Discussion in Kawala.

“COVID19 had a big impact on human rights; human rights were violated under the disguise of implementing the COVID19 restrictive measures such as curfew. Some media practitioners sustained physical inquiries on duty.”—Media Practitioner in Kampala.

“Imagine you’re sitting at the veranda [of your house]...then...the police [come] ordering you to get inside and sleep or they [threaten to] arrest and fine you.”—Participant at Group Discussion in Kawala.

“...when the boda-boda riders started operating, security men were deployed along roads to enforce curfew and others policies. The relationship between the security people and the riders was not good. Some riders accused the police of extortion while performing their task.”—Participant at mixed group discussion held at Katwe.

“...police got a chance of torturing people who were got violating [the] COVID19 response policies.”—Participant at mixed group discussion held at Katwe.

“My mother stays in Kakere, when my brother was arrested and taken to Katwe Police Station, by the time she [went there] to see him they denied her a chance... We spent two days not knowing his whereabouts but later we found him dumped in Gaba full of bruises and unable to walk properly.”—Participant at mixed group discussion held at Katwe.

“Security people arrested [people] for anything...If they arrested you, you had to bribe your way out. If not, they would beat you up very badly.”—Participant at females’ group discussion held at Kiwangala.

“...security people are furious...all of them look money minded officers protecting law and order but with their eyes on citizens’ cash.”—Participant at mixed group discussion held at Katwe.

“Security situation was bad when election processes were launched. There was a lot political favoritism, in that some politician deployed police and army to guard against their interest and suppress the opponent. For example dress code was affected. If the police find any citizen putting on red attire, you are manhandled on suspicion that you support the opposition party.”—Participant at mixed group discussion held at Katwe.

“Some participants in the election process were tortured very much. Security people did not want people to congregate. Some died from torture or accidents arising out of people running from security people.”—Participant at females’ group discussion held at Kiwangala.

“Human rights were violated during COVID19. People were beaten and other sustained physical injuries while security enforced the standard operating procedures. Government did not discipline security officer who were beating [people] or soliciting bribes from the public.”—Businesswoman in Kampala.

“I also went to hospital during COVID19 [lockdown] and was beaten up on my way back. That was very painful. Government should give us our human rights.”—Male participant at mixed group discussion held at Kyabakuzza.

“Government might have been protecting people from COVID19 but the violence with which they did it—the beatings, teargas and tension—has caused people to be ill-treated, maimed and some have died.”—Male participant at mixed group discussion held at Kyabakuza.

“I was transporting my mother to hospital, but the police arrested and beat me seriously, you can see the scars still visible.”—Participant at male youths’ group discussion held in Unyama.

“The police’s enforcement of the curfew had many youths arrested [and] their motorcycles detained...it was not easy to get them back despite the president’s directive that police should release all motorcycles back to the owners.”—Participant at male youths’ group discussion held in Unyama.

“We had an incident during the lockdown. A bod boda man [motorcycle taxi rider] saw a police truck coming towards him after curfew. Without looking clearly, he made a U-turn to run away and he was instantly killed by the truck. Security people were not doing it in friendly manner. They would not listen at all to whatever reason [not even to] a pregnant woman. People just had to find their way out and many got accidents, which would not have happened. Many people were brutalized.”—District Health Officer.

“...there were a lot of beatings, arbitrary arrests [and] access to [police] bond was not there. But as soon as one paid a bribe the charges disappeared.”—Executive Director at a CSO in Masaka City.

“[security] people were used to handling criminals but now [they were] brought to civilians.”—Businesswoman in Kampala.

“COVID 19 was bit over-politicized. The opposition rallies were hit very hard when the security people enforced the [COVID19] standard operating procedures. The ruling party rallies went unperturbed.”—Executive Director at a CSO in Masaka City.

“During COVID19, response measures such as social distancing, mask-ups, and curfew were applied selectively to targets political people who opposed other politician’s view.”—Media Practitioner in Kampala.

Clearly, many participants had suffered from various crimes. Most of these, however, were reportedly committed against them by personnel of the Uganda Police Force, Local Defense Units and Uganda People’s Defense Forces. Two factors, namely, securitization and politicization of the pandemic, contributed to the transgression by the security personnel. Enforcement of lockdown and curfew, as well as the distribution of relief food aid, was done by men and women of the Uganda Police Force and paramilitary and military personnel of the Uganda People’s Defense Forces. The training of majority of these personnel is specialized for dealing with security threats and not matters involving civilians and their day-to-day living. Hence the highhandedness in restraining the people who were seen as violating the lockdown measures prescribed by government. Moreover, the highhandedness was exacerbated by the infamous culture of corruptness among the security forces. Implementation of lockdown measures was exaggerated with the view to intimidate and, subsequently, extort civilians.

Secondly, the participants at the group discussions explained that, at the end of 2020 and at the start of 2021, the security forces used the lockdown measures prescribed by

government as a pretext for foiling voter mobilization by the candidates of opposition political parties in the general elections of 2021. Among other things, lockdown measures prohibited canvassing for votes through gatherings of many people, especially campaign rallies. However, when the candidates of the ruling National Resistance Movement (NRM) Party violated these measures unencumbered, their opponents (notably from the National Unity Platform [NUP] and Forum for Democratic Change [FDC] political parties) also violated the measures but this attracted stern restraint (e.g. teargas, beatings, detention and even killings) towards them from the security forces.

The second governance-related oddity that hurt the human rights and security situation is that the safety nets that were hoped to safeguard people from the effects of suspension of their rights (e.g. government's relief food aid and online learning) did not work well. This compounded an already precarious human rights situation. For example, vulnerable people who were not covered by government's food aid program were forced to circumvent lockdown measures to eke a living. However, as some of the participants at the group discussions held put it, this led them into conflict with law enforcement and, ultimately, the insecurity and crime to which they were exposed:

“...people are spending too much [yet] they are not earning. And on top of those hardships whenever they tried to survive [make a living out of some work], they would be arrested or beaten up by security people.”—Participant at females' group discussion held at Kiwangala.

“For me where I work is where I eat but you find those officers enforcing curfew making you pay fine like 20,000-50,000 shillings daily. Those people would also follow you up to the eatery where you are working and order you to leave or they vandalize the food and disperse the customers who are eating”—Participant at females' group discussion held at Kawala.

“I am a sex worker but I have a child to feed. When COVID19 came, police sent us away from the road where we do business, some officer beat us and even forced us to go and sleep and yet we were looking for money to feed our family.”—Participant at female youths’ group discussion held in Kawala.

“I work in a bar as a waitress. COVID19 came and we saw government closing bars and lodges for good leaving us with no way to survive. Should you risk to open the bar, the police people beat and throw you in jail.”—Participant at male youths’ group discussion held in Nakawa.

“...we were preparing some take-away foods in the market. Some days you [would] meet policemen who beat up your workers and you inclusive till you give them a portion of what you have earned.”—Participant at mixed group discussion held at Katwe.

“They closed saloons for 60 days. I couldn’t afford to observe that so I decided to open the saloon at least to get some little money to buy food. That is when police came in my saloon and took all my machines.”—Participant at male youths’ group discussion held in Unyama.

The failure of government’s food aid program (in part due to corruption in the selection of beneficiaries) also led to crime in some areas:

“The government provided some relief packages to be distributed to the most affected persons but the local leaders would begin by registering their own relatives...This [also] affected security since some people resorted to stealing—

uprooting [other people’s] cassava and cutting matooke at night.”—Participant at mixed group discussion held at Katwe.

“Cases of crime rose up in this community. The youth became vulnerable and resorted to dubious means to survive COVID19.”—Participant at male youths’ group discussion held at Unyama.

“I failed to buy food from the market. They were expensive but the good thing my landlord had home garden nearby, I used to steal from her garden at night and prepare for child to eat in the money.”—Participant at female youths’ group discussion held at Pece.

Similarly, alternative modes of education, particularly online classes, were improvised to enable students to continue with their education despite the lockdown of educational institutions. Government endorsed these classes as expedient and promised to provide various kinds of support towards widening access to them. However, the alternative modes of education safeguarded only some of the children from the risks that were inherent in the lockdown of educational institutions. This is because, on account of lack of access—in turn due to the failure of the support government pledged to materialize—many children were left out. Some of these children were exposed to increased risk of the abuse, child labor, delinquency and disorientation from education that was reported:

“Government made a provision for radio and TV schooling. Not everybody could access radio school. Many people don’t have radios. And not all who have them can afford batteries [cells] to keep them on for school. Government radios did not reach us here.”—Participant at male youths’ group discussion held at Nabugabo.

“In the education sector, where I belong, schools were closed but the children of the rich continued to study. Those student under international curriculum had the classes and exams

running as normal. Those teachers were getting their salaries, for us who teaches student under Uganda National Examination Board, the schools remained closed.”—Teacher.

“When children don’t have anything to keep them busy, girls have got pregnant; some boys are stealing.”—Participant at male youths’ group discussion held at Nabugabo.

“I have a child who is a student at the university. They are studying online. He needs data which is very expensive.”—Participant at male youths’ group discussion held at Nabugabo.

“I am a student in a candidate class waiting to write my Uganda Certificate of Education [examinations] but I can’t afford e-learning. The gadgets such as smart phones or computers are not in our home.”—Participant at a male youths’ group discussion in Unyama.

“Some children have started to enjoy the feeling of being paid. They have no interest to go back to the trouble of schooling.”—Participant at male youths’ group discussion held at Nabugabo.

“At campus, the lecturers are using blended learning...the University now requires every student to have a personal computer...some of us cannot even [afford] money to buy food...how do you think a parent can afford to buy for you laptop yet there is no food at home?”—Participant at female youths’ group discussion held at Kawala.

“The online studies are not working here in Gulu District...We are too poor to afford the cost involved in accessing e-learning for our children. No money to buy required smart phones, computers, television, all this in amidst places where we have poor internet connectivity.”—Participant at a male youths’ group discussion in Unyama.

“Some [students] have already made up their mind [that] they are not interested in going back to school. Girls [feel] too big for the classes they were in.”—Youth Empowerment Manager at a CSO in Masaka City.

“Schools were closed and learning stopped. The girls either got pregnant or married; this narrows their chances to get to school even if schools reopen and the boys got involved in crime and they are in jail. Some the boys and girls are involved in child labor, exploited to get food and take to their starving parents.”—Businesswoman in Kampala.

It is noteworthy that government’s failure (to guarantee people’s rights in the context of the pandemic and the consequences of this failure) as discussed above undermined confidence in its magnanimity and utility:

“I think leadership ended in ancient period, now days we have leaders who can easily be compromised and lose their reason the moment they are given money. These leaders are close to their electoral areas during election to seek for votes. Once election is concluded you can’t see or even have access to their home. The citizen does not have the voice and young people’ voices are not considered in decision making. Instead we have leaders and politician who are self-interested.”—Participant at female youths’ group discussion held at Kawala.

“Personally this has made me lose confidence and trust in this government. During COVID19 government promised us (youth) a lot which they did not deliver. The school going children were send home and promised to be given radio’s per household and one television to be stationed at social point in the village, this did not happen. They told us foods will be given to the vulnerable but again those who got the food where able men and women. Because I feel they do not understand the needs of poor people. The bean that was supplied to the whole community was of poor quality. I had to just throw my beans away. People have lost trust in

government and further point that government does not care for the citizen.”—Participant at mixed group discussion held at Katwe.

“We don’t trust anyone in government. Whenever we send our voices to them, no one will respond positively. We are short of opportunity to voice and represent our issues.”—Participant at a female youths’ group discussion in Pece.

Increase in incidence of crime was also reported to have arisen out of the flow of people from urban to rural areas that was triggered by lockdown:

“Lockdown measures cleared criminals from urban centers that came back to villages to cause insecurity.”—Participant at a male youths’ group discussion in Unyama.

“Those [boys who returned to the village from the city due to lockdown] are the youths who abuse drugs and alcohol, steal goats and chicken; break into houses; borrow from our businesses and choose not pay...Those are the youths who have impregnated our younger sisters.”—Participant at female youths’ group discussion held at Kiwangala.

[Before COVID19] the street children used to sleep in corridors of towns like Gulu city, but during curfew most these boys relocated their base to the villages. They started snatching people’s phones, beating and raping girls, and engaging with several criminal issues in rural areas.”—Participant at female youths’ group discussion held at Pece.

3.10 Social Service Delivery

Lockdown made it difficult, and in some cases impossible, for several CSOs to implement their activities. This resulted into loss of funding.

“CSOs have been negatively impacted. Most CSOs do engagement with communities. Such work could not continue in the wake of SOPs for COVID 19...All meetings were suspended. Zoom is possibility but not yet readily feasible across the majority of the community. Many activities of CSOs have been reviewed and phased out. CSO funding has been affected negatively... [for] most funders if you cannot implement the work within a given timeframe, funding is withdrawn. Lwengo District has lost about three projects through withdrawn CSO funding. One CSO is supposed to have completed a school but they haven’t even started. Another CSO left the country before completing a health project streamlining emergency medical services. Now the project has reached the end of its life cycle but it is not complete.”—**Chief Administrative Officer, Lwengo District Local Government.**

“**COVID19 affected us so much both financially and in service delivery. Some funders reduced our budgets, which was tantamount to us revising down our budget from 1.5 to 1 billion. In my section I had 45 staff [but] with COVID 19, we had to reduce...to 22. Now we are 11...In the community, initially we had over 4340 beneficiaries...right now we have 3898. [We have] field staff in each and every sub county in Kyotera, Masaka and Rakai [Districts]. These people are always moving. With COVID19 SOPs their movement was curtailed at 2pm...The number of people we can reach every day reduced. We couldn’t break SOPs. Our vehicles could only take 3 passengers. It became more expensive to move staff to outreach [centers].**”—Youth Empowerment Manager at a CSO in Masaka City.

“**[Between] March and June 2020 there was total lockdown. We did almost nothing. It was so difficult. Many of our members lost their jobs and to get data and [to] travel was difficult...Monitoring of COVID19 [related activities] was**

only possible when lockdown measures were relaxed...About task force budgets, we found that it wasn't easy to access information. We were tossed around.”—Social Accountability Champion.

“Apart from Facebook and talking a lot, there is nothing going on, because I told you we are closed.”—Team Leader at CSO in Kampala.

“Before COVID19, we used to receive about 300 young people accessing our youths friendly services daily, but when [the COVID19] restrictions were put in place, we could get about 30 to 70 youths.”—Peer Educator at Health Centre in Kampala.

“COVID19 interfered with our work at [name of organization]. When lockdown was introduced, we had to reduce our working hours [and] workload, in-order to observe curfew. We now work for three days in a week which also reduces on [our] productivity.”—Monitoring and Evaluation Specialist at CSO in Kampala.

Social service delivery by departments of (local) government was affected similarly. This was the consequence of focusing almost exclusively on COVID19 and crippling limits on staff attendance at work:

At some point we had to have only 20 percent staff on station. What can they do? We have had massive disruptions [in our service delivery] but we have tried to offer critical services...Obviously our [other] routine services suffered. For example, when we checked on our routine immunization numbers they were way below target; all focus had been turned towards COVID 19 and we had re-allocated resources towards it.”—**Chief Administrative Officer, Lwengo District Local Government.**

4 Discussion, Conclusions and Recommendations

The findings of the study indicate that COVID19 led to one major change in the social and economic lives of young people: lockdown. Suddenly, people were forced to stay at home, which disconnected them from their work/ livelihoods, social support systems and services like medical care and education. In turn, this led to food insecurity; domestic violence, stress and family separation; child labor, delinquency and disorientation from education; crime and human rights abuses; drug abuse, mental health problems and social ills like prostitution; environmental degradation; and loss of confidence in government's ability to offer services. Yet it is remarkable that the data indicated that these were neither due to COVID19 nor lockdown per se. Rather, highhanded, securitized and one-size-fit-all enforcement of the lockdown coupled with failure of the safety nets that were devised to mitigate vulnerability.

By their very nature, many of government's responses to COVID19 threatened people's human rights. Justification for adoption of these responses derives from their recommendation by WHO among other centers for disease control. However, WHO also urged human rights based approaches to responding to the pandemic (WHO, 2020b). It is in this regard that the Uganda COVID19 response failed and impacted young people. The measures adopted to fight the pandemic were themselves appropriate but their implementation, particularly by abusive and inconsiderate members of the security forces, was not.

Strikingly, in all the research sites and across the various categories of respondents, severe illness, hospitalization and death due to COVID19 were hardly reported. In step with the country's (comparatively) impressive COVID19 statistics, this finding vindicates as effective, the country's response. Moreover, the COVID19 response had the additional, inadvertent, benefits of improving hygiene, reducing the incidence of hygiene related conditions like diarrhea and drawing some men into domestic spheres of care, contrary to traditional stereotyping of gender roles in the country. An important detail illustrated by

the findings, however, is that success in one area can have significant costs in other areas—defeating the very purpose of the response and hardening recovery. This was aptly illustrated in the finding that people died because, on account of lockdown, they could not access medical services. Similarly, lockdown brought with it anxiety, stress, family separation and social ills (e.g. drug abuse and sexual promiscuity). Lockdown also affected access to routine medical care (for conditions like HIV/AIDS) and pushed targets for immunization and similar services out of reach.

Yet the respondents indicated that COVID19 relief packages did not pay attention to any of these outcomes. Instead, lockdown continued to disconnect people from their extended families, religious groupings and similar networks from which they draw support in dealing with these problems. As well, when total lockdown was imposed, challenges inherent to families living together 24/7 were not borne in mind. This study has shown, however, that in many households, this would become a source of domestic violence and separation. Although it is understandable that the expediency and abruptness with which lockdown was imposed may not have allowed attention to some such details, upon exposure, this should have attracted remedy but this was not the case. For example, President Museveni, who led government's COVID19 response, just laughed off as funny the inability of couples to live together for long periods of time.

Fortunately, the study explains why this was the case. COVID19 was approached primarily as a medical condition, so due attention was not paid to the implications of responses to it for relevant socioeconomic factors and other medical conditions. The deprivation, familial distress, devastation and environmental degradation the respondents reported show that relevant medical, social and economic needs should have been thought through and effective exceptions to lockdown provided for in the COVID19 response. In particular, the enforcement of lockdown should have been more reasonable and it should not have been entirely entrusted with security forces whose training is at variance with dealing with

civilians and who are infamous for their corruptness. Steps should also have been taken to prevent the mass movement of people from urban areas to villages, where they would constrain life sustaining resources (particularly food and water) and, ultimately, degrade the environment.

On the contrary, *all* the respondents reported experiencing government's COVID19 relief efforts as erratic, stopgap, measures rather than methodical interventions that sought such broad and forward looking aims as forestalling risk of environmental degradation and aggravated vulnerability. The inference here is that response to future emergencies will benefit from systemic approaches that do not only address the emergencies themselves but also relevant (immediate and distant) social and economic factors surrounding the emergencies.

Additional reason for systemic approaches is deducible from the reasons some of the respondents cited for the violation of prescribed COVID19 rules: selective enforcement of the rules and abuse of the rules and government's relief aid for political gain. People got exposed to suffering because government's otherwise good plans for preventing this ended up as lip service. It was found that lenders attached borrowers' property and some people were disconnected from utilities despite the president's directives against. The promise to expand access to alternative modes of educational delivery through giving households radios/ television sets did not materialize and taxes on data bundles increased while government emphasized e-learning as a measure for coping with the lockdown of educational institutions. Similarly, presidential directives to release motorcycles and vehicles detained for violating curfew were widely ignored by the police. It is ironic that while other directives were enforced strictly, these were not. Crucially, however, it was found that when parts of the Covi19 rules that focused on preventing deprivation failed, many people returned to work against lockdown rules. The security forces enforced a clampdown on these people. Why, however, was continued compliance with COVID19

rules expected after the safety nets embedded therein failed to work? The experiences reported point to an answer to this question: *all* the rules would either work together or fail together as a system.

Government should have implemented lockdown and the relief food program for its stated objective—preventing the spread of COVID19 by making it possible for people to “stay at home”. Taking advantage of the pandemic situation and the food aid program to consolidate an edge over opposing political parties resulted into contestation of the COVID19 response, human rights violations, crime and a loss of confidence in the measures prescribed against the pandemic themselves. This is a lesson for future responses. Taking advantage of crises to make political gains dissuades people from cooperating with responses, with undesirable outcomes.

The COVID19 response was found to have been top-down. Yet the study showed that it would be people at the grassroots, especially women, to bear the consequences of the response. Even if many of the social and economic consequences of COVID19 and government’s response to the pandemic affected males and females similarly in a number of ways, gender based violence and the separation of families were reported to have affected women more. As well, sex-related violence (e.g. rape and defilement) were reportedly committed against women and girls. And, of course, it is women that lockdown blocked from accessing antenatal and maternity services, sometimes with fatal consequences. With these people left out of the design of the response, their circumstances and the implications of these circumstances for the success of the response could not have been adequately borne in mind. Although this may have been inevitable, an important lesson for future responses to emergencies is that leaving the masses out of the design of responses can result into adoption of counterproductive strategies. Hence, participatory approaches are recommended.

Relatedly, the finding that government's food aid manned by the security forces failed and that civil society organizations and philanthropists seemed to get the food aid distribution right highlights the edge the latter have over government in emergency responses. Yet, in a number of ways, the lockdown rules that the government promulgated prevented these organizations and philanthropists from operating. In a context of distorted livelihoods, the inability of CSOs to implement their activities (and their resultant loss of funding as was reported) would only exacerbate socioeconomic vulnerability. In the lockdown rules, exceptions should have been considered for CSOs, since they augment government's efforts to care for citizens, especially by reaching populations that, for some reasons, government fails to mobilize. In future responses, therefore, government should work with/through these organizations. In the case of COVID19, the locking out of these organizations and philanthropists as part of the lockdown rules aggravated the socioeconomic situation of vulnerable populations.

Acknowledgement

The authors gratefully acknowledge IDRC for funding the study. They also acknowledge the contribution of the data collection team led by Mr. Ronald Matanda and Mr. Kayinga Muddu Yisito.

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