



10 MILLION FUTURES

An urgent call to action to protect the futures of young women and girls.



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Report author:

Jennifer Moore

Report contributors:

**Emily Wilson, Lillian Bagala,
Calum Smith, Agnes Akullo,
Patricia Humura, Susan Aloba**

Design:

David Palmer, DP CREATIVE

Edit:

**Lorna Partington-Walsh,
Ideal Type**

Expert reviewers:

**Dr Dani Barrington, Lecturer,
School of Population and
Global Health, University of
Western Australia**

**Dr Kirstine Szifiris, Research
Associate, Policy Evaluation
Research Unit, Manchester
Metropolitan University**

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thewaterloofoundation*

SECTION 1:

FORWARD

“If we get help, many of us would go back to school, and we can achieve our dreams and become future leaders.”

– 17-year-old schoolgirl

The young women and girls whom Irise supports are painfully aware of what is at stake. They recognise that they are at crossroads in their journeys to achieve their dreams and ambitions for the future, and they know that they need the global community to support and stand with them if they are to succeed. Everyone who has invested in young women and girls over the last decade now faces a moment of reckoning. There has been immense progress since the Beijing Declaration; however, young women and girls have been hit hardest by COVID-19, especially schoolgirls living in rural areas, slum settings, and those with disabilities.

Young women and girls are calling for action to protect their futures. We cannot let this crisis undo a decade of progress towards gender equality. We must deliver on the promises that have inspired a whole generation of girls.

Critically, young women and girls also have a potentially transformative role to play in a rapid and resilient recovery from this global crisis. It is not just their futures at risk — urgent action to protect them now will enable them to become key players in supporting their families and communities to recover. If we abandon them to face school dropout and child marriage, we set the scene for a much longer and harder road to a prosperous and sustainable world.

If we act for young women and girls now, together, we can turn things around, and in doing so, we can catalyse a brighter future for everyone.



Emily Wilson
CEO Irise International



Lillian Bagala
Regional Director Irise Institute
East Africa

EXECUTIVE SUMMARY

“Many girls’ [futures] are getting spoilt because of the situation at hand, and if things were good, many would study. And now things are not good, many have been forced into early marriages, pregnancies. If we get help, many of us would go back to school, and we can achieve our dreams and become future leaders.”

– Rachael, 17-year-old schoolgirl

Progress towards gender equality over the last decade has been remarkable. More girls than ever before have been in school and are on track to realise their full potential, transform their communities, and build a better society for everyone. Since the pandemic began, a growing body of research, stories, and experiences have highlighted that this progress is in jeopardy. Irise’s review of this evidence, including primary research in Uganda with government and third-sector stakeholders who have supported thousands of girls over the last 12 months and in-depth case studies with 20 Ugandan girls and the people who support them, shines a spotlight on the impact of the global pandemic on the lives and futures of adolescent girls in low-income contexts. Our review reveals that their once-bright futures are under threat — along with a decade of progress towards realising the Sustainable Development Goals (SDGs) for girls.

We already know from previous pandemics that the disease itself may not discriminate, but existing inequalities and harmful social norms do. Women and girls face a disproportionate burden of negative impacts that threaten their futures for many years to come. And yet, these women and girls are often critical in lifting families and communities out of poverty. When girls stay in school and thrive, we know they marry later, earn more, and help their whole society to be healthier and more prosperous. The negative impacts they are experiencing now, if unaddressed, will slow down and hamper long-term recovery from this global crisis.

The potential of young women to transform the long-term prosperity of their communities and societies is at significant risk of being lost if urgent action is not taken to protect them and their futures:

- Young women’s ability to generate enough income to meet their own needs and support their families has been severely compromised by the economic shock created by the pandemic.
- In Uganda, young women feel they must recover their financial independence and generate sustainable income to participate in household and community decision-making, leaving them side-lined and desperate.
- Many girls are at risk of school dropout and early marriage because of school closures and the economic pressures created by the pandemic. They believe leaving school will mark the end of their dreams and hopes for the future.

“I am worried that I might not go back to school and I may end up marrying at an early age [...] As a girl, I know education is the key to success, but I am just here helpless [...] I don’t want to become a young mother and the suffering continues.”

– 15-year-old schoolgirl

- Girls face increased risk of emotional, physical, and sexual harm and violence. Most of the threats to the safety of girls originate from no longer being in the protective environment that schools offer.
 - In Uganda, girls who used to attend boarding schools must now walk long distances unaccompanied to benefit from limited school reopening, exposing them to sexual harassment.
 - An increase in and exposure to domestic violence is widely reported.
 - Unplanned pregnancies have increased, as have the number of girls being forced into child marriage due to resource constraints.

“Many girls are going to get married off, just like my sister who married at 12 years during pandemic.”

– 17-year-old schoolgirl

- Young women's ability to access adequate sexual and reproductive health services has been compromised. Most cannot afford the cost of travelling to access these services. The few that have been able to have been met with a shortage of supplies, such as condoms and birth control pills.
- The pandemic has worsened the challenges facing young women and girls when they are menstruating.
 - Access to preferred menstrual materials has been compromised due to the decline in household incomes and an increase in the price of disposable menstrual pads.
 - Young women and girls have resorted to using materials they would otherwise not use to manage their menstrual fluid, such as old clothes and rags.
 - The availability of soap and water to wash these materials has decreased due to increased demand elsewhere to limit the spread of the coronavirus.
 - Young women and girls who have lost their income feel distressed, anxious, and frustrated that they are forced to rely on men to provide what they need.
- Girls are taking on a high proportion of household tasks compared to boys and are feeling overwhelmed with the expectations being placed on them at home to generate income.

- There is evidence of a major mental health crisis among young women and girls who feel lonely, abandoned, and that they are losing their hope for a better future.

“Whenever, I think of what my father tells me about getting a man, I sit there and feel pain deeply in my heart. With no hope and lack of food to eat, I feel hopeless. I thought of becoming a nurse, and now I do not have hopes of going back to school.”

– 17-year-old schoolgirl

UNESCO have estimated that over 10 million girls may not return to school this year as a result of these disruptions: 10 million futures at risk.

“I am asking for help. Whoever has [...] heard my voice can come in and help me put right my future, and I go back to school because I want my dream of becoming a nurse to come true. The truth is we are many in this situation.”

– 17-year-old schoolgirl

What Must Be Done: Priorities for Supporting Young Women and Girls

Young women and girls know that if they stay in education, they will go on to thrive and help their families and communities recover from this crisis.

The following priorities are key:

- **Ongoing investment in young women and girls.** The global community must honour its commitments to women and girls and continue to invest in their futures. Private and public funding bodies who have been supporting young women and girls in low-income contexts must make them a priority.
- **Immediate action from everyone, including local and national governments and civil society organisations, to support adolescent girls and young women, protecting both them and the progress of the last decade.** Ugandan girls need access to education and urgent, coordinated safeguarding.
- **Support for women and girls to recover from the trauma they have experienced during the pandemic.** Policymakers, civil society organisations, and schools need to adapt and innovate to keep girls in school and deliver the Sustainable Development Goals (SDGs) for girls.

- **Refocus efforts by all stakeholders committed to realising gender equality on working together to rebuild a world where progress for girls is more resilient.** Ugandan women and girls' economic empowerment is critical to enabling their participation in decision-making spaces.
- **More studies and data collection by researchers, learning-focused institutions, and all NGOs working directly with young women and girls to quantify the scale of the challenges explored in this report and inform urgent action to address them.**

If we act now, together, we can protect a decade of investment in the lives of girls and stimulate a strong recovery that builds a more resilient future for them, their communities, and the world.





CONTENTS

SECTION 1: Foreword	3	SECTION 7: Protection	36
SECTION 2: Executive Summary	4	7.1. Mental Health and Wellbeing	36
SECTION 3: Introduction	10	7.1.1. Global Overview	36
SECTION 4: Needs Assessment Design	14	7.1.2. Uganda	37
SECTION 5: Power	16	7.2. Safety	39
5.1. Economic Empowerment	16	7.2.1. Uganda	40
5.1.1. Global Overview	16	SECTION 8: What Must Be Done	44
5.1.2. Uganda	18	SECTION 9: References	45
5.2. Leadership and Voice	21		
5.2.1. Global Overview	21		
5.2.2. Uganda	22		
SECTION 6: Provision	24		
6.1. Sanitation, Hygiene, and Menstrual Materials	24		
6.1.1. Global Overview	24		
6.1.2. Uganda	25		
6.2. Access to Education	29		
6.2.1. Global Overview	29		
6.2.2. Uganda	30		
6.3. Reproductive Health	33		
6.3.1. Global Overview	33		
6.3.2. Uganda	34		

SECTION 3:

INTRODUCTION

Public health emergencies exacerbate existing gender inequities.¹ The emergencies are worsened further if explicit acknowledgement of inequities is left out of subsequent crisis response.² Therefore, for women and girls to thrive in the wake of the disruption caused by the COVID-19 pandemic, we must actively acknowledge and address the gender disparities highlighted by the crisis.

There is a growing awareness that a gendered understanding is key to informing equitable policy, but as we look to recovery, a significant male bias in the media continues to marginalise female perspectives.³ If the voices of women and girls remain suppressed and questions are not asked now about how to protect their futures, years of progress towards gender equality will be lost.

This report details the challenges facing young women and girls in Uganda, providing a case study of the impact of the pandemic on the lives of adolescent girls and young women in low-income contexts. In each section, exploration of these specific challenges is presented in relation to the challenges facing women and girls across the world, revealing the extent of the threat to recent global gains in gender equality.

Irise International is committed to building a world where everyone can realise their potential, unlimited by their period. Period equality means a world where being born female does not hold you back from achieving your full potential. This is only possible when the structural drivers of inequality are explicitly addressed, and the gender-specific needs of women

and girls are met. Applying Irise's period equality framework to the experiences of young women and girls during the crisis provides a snapshot of the impact on their ability to reach their full potential and live the lives they choose.

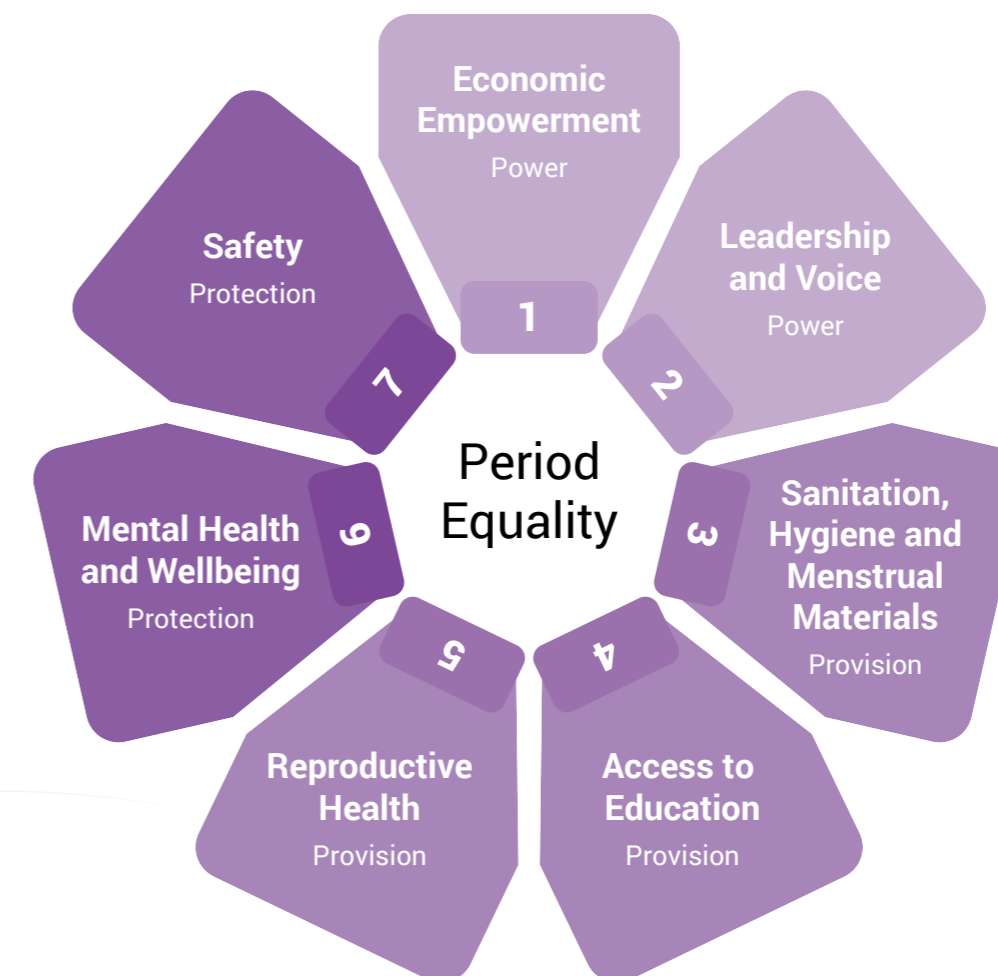
This serves as a needs assessment for the Irise team and those working with young women in Uganda, as well as a broader urgent call to action to protect the futures of the estimated 10 million girls experiencing similar challenges. In providing recommendations, Irise supports collective efforts to rebuild a world where being born female does not hold anyone back from realising their full potential.

Irise's Period Equality Framework

"The girls ... they are free."

– Ugandan community activist

Our Period Equality Flower sits at the heart of our global strategic work. Developed through consultation with board members, staff, partners, activists, funders, young women, girls, and their communities, the flower depicts what period equality means to them.



Period Equality means a world where being born female does not hold you back from realising your full potential.

The building blocks of this vision are the three strands of provision, protection, and power.

Provision: Providing products or services that are less available or accessible if you are female, or gender-specific services or products that are unavailable because they have been overlooked.

Protection: Protecting people from harm resulting from the negative norms and ideas associated with their gender or as a result of inadequate provision for gender-specific needs.

Power: Increasing the voice, choice, and control of people affected by gender inequality so that their priorities cannot be overlooked.

The “petals” or components of what this vision means for the lives of those affected by period inequality are summarised below:

Economic Empowerment means enabling those affected by period poverty to increase their economic independence so they can meet their needs long term.

Leadership and Voice means developing structures and spaces that enable diverse leadership and amplify the voice of those affected by period inequality so that their needs and priorities are mainstreamed.

Sanitation, Hygiene, and Menstrual Materials means ensuring menstrual needs are included in provision of sanitation and hygiene services in all contexts.

Access to Education means creating spaces and systems where being born female is not a barrier to accessing education.

Reproductive Health means enabling everyone who is born female to access the information and support they need to manage their menstrual and reproductive health with dignity and comfort and to seek and access help if they need it.

Mental Health and Wellbeing means addressing harmful social norms and attitudes that are linked to menstruation and being born female so that those affected are more comfortable and confident about their bodies, their identity, and their capacity to lead.

Safety means preventing gender-based violence (GBV) in all its forms and safeguarding those who experience it, as well as addressing period poverty and shame as perpetrator of and trigger for GBV.



NEEDS ASSESSMENT DESIGN

A rapid review was carried out of evidence from past public health emergencies, available data on the socio-economic impacts of the COVID-19 pandemic in Uganda, and 18 global and regional publications documenting the gendered impacts of the pandemic. Transdisciplinary peer-reviewed articles, reports, and papers were included if they met the following criteria:

- Utilised a gendered lens to analyse the global impacts of the COVID-19 pandemic.
- Focused on the impacts of the pandemic in Uganda or other contexts in sub-Saharan Africa.
- Evaluated policy responses to COVID-19.
- Provided gendered analysis of and/or commentary on the impacts of previous disease outbreaks, such as Ebola and Zika.
- Discussed the impact of the pandemic on achieving the Sustainable Development Goals (SDGs).
- Made efforts to develop recovery recommendations which explicitly incorporated gender-considerations.

Knowledge was subsequently synthesised and contextualised in a narrative summary that outlines the challenges facing the young women and girls.

Primary data collection was also carried out by the Irise team using focus-group discussions and semi-structured interviews with 20 adolescent girls and young women, 8 healthcare workers, 8 teachers, and 8 community activists supporting them. In total, 16 in-person interviews and 4 in-person focus-group discussions were carried out by the Irise Institute

East Africa (IIEA) team, 4 interviews were carried out electronically with staff from Uganda-based organisations, and 1 electronic interview was carried out with an Irise Institute East Africa staff member in their role as key informant. Staff were consulted at five other Uganda-based organisations who have experience supporting thousands of girls and young women over the last 12 months.

All data collection tools were developed and administered by staff at Irise International and IIEA. Topics to be covered were defined prior to carrying out a focus-group and/or interview. The language used to communicate each question was tailored to the Ugandan context by IIEA staff members to ensure understanding.

Focus-groups were the primary tool used to engage young women and girls due to their participatory nature. Discussion was encouraged among participants and guided by an IIEA staff member to facilitate active engagement by all those in attendance.

Social distancing was adhered to at all times during in-person data collection by the IIEA team. All participants wore face masks. Modified participant information sheets and consent forms to include specific COVID-19 considerations were distributed to all participants involved with in-person data collection. If any party developed COVID-19 symptoms within 7 days of data collection (i.e., fever, dry or persistent cough, or a loss of taste or smell), they were instructed to inform an Irise staff member.

Primary data collection activities for this report were approved within the main working agreement between Irise Institute East Africa and authorities responsible for locally monitoring and regulating NGO activity. Informed written consent was obtained from all in-person participants, and their legal guardians for those under 18. Informed, verbal consent was given by all participants involved in electronic interviews.

Limitations

Due to the constantly evolving nature of the COVID-19 crisis, the quality of evidence and availability of sex-aggregated data showing gendered impacts of the pandemic is increasing over time. To ensure a smooth transition from the needs-identification stage to the planning phase, additional gender assessments with different groups should be undertaken and integrated into programme design and monitoring, in line with UN guidance.⁴

IIEA primarily engaged participants through existing project activities. This meant that young women and girls included in focus-group discussions were likely to be from some of the most marginalised populations. Consequently, they were likely to exhibit certain characteristics and/or have a greater awareness of challenges related to period equality.

COVID-19 posed challenges to achieving a representative sample. The experiences of those who are most vulnerable to the coronavirus are likely not to be reflected in data collected, as they are more likely to be self-isolating at home.

A data-collection guide providing structure for in-person interviews and focus-group discussions was adhered to by the IIEA team, allowing for some comparability across data-collection groups. However, narrative notetaking was the primary method of recording data (rather than audio-recordings), which negatively affected the accuracy of data collected.



SECTION 5:

POWER

“Now that we are not going to school, we are just there [at home], no food or pads ... we are so poor at home, no work and my parents are telling me to get work but where can I get it from?”

5.1. Economic Empowerment

5.1.1. Global Overview

Before the COVID-19 pandemic began, there was still much to do to achieve the full and equal participation of women in the economy envisioned in the 2030 Agenda for Sustainable Development. Although there were grounds for optimism based on innovation in digital technology and finance, and the increasing pace of reforms of land and property laws, the needs of the poorest women were at risk of being overlooked.

An awareness was growing that to ensure no woman is left behind in the mission to achieve gender equality by 2030 (Sustainable Development Goal 5), the focus should be on women at the base of the economic pyramid, regardless of their characteristics or circumstances.⁵

Across the political arena, the phrase “the coronavirus does not discriminate” has rightly been used to encourage people to take the necessary precautions to keep themselves and their communities safe. However, it also serves to side-line

those at the base of the economic pyramid.⁶ These individuals are at greatest risk of being left behind in the general progress towards achieving gender equality by 2030; progress that has been significantly hampered by the COVID-19 pandemic.

Lockdowns across the world have helped keep those with comorbidities safe, but if there is no simultaneous acknowledgment of how these measures impact the income generating capacity of the most economically vulnerable, policymakers risk inadvertently exacerbating the challenges facing the poorest communities.

People who are financially poorer are often employed in occupations that do not provide work-from-home opportunities,⁶ including those who work in warehouses, supermarkets, the informal sector, and public transport. This puts those who work in these settings at particular risk of financial hardship during periods of lockdown.⁷ Almost 60% of women around the world work in the informal economy and, as markets and businesses close, millions of women’s jobs, earnings, and savings disappear.⁸



Pre-pandemic, women historically performed on average three-quarters of the global total amount of unpaid care work (on average 201 working days for women versus 63 working days for men).⁹ The amount of unpaid care work has increased during the pandemic due to children being home from school, heightened care needs for older people, as well as overwhelmed health services. This burden disproportionately falls on women and girls, and it has a knock-on effect on their ability to generate

income from other formal and informal work. As health systems become overwhelmed, women bear the burden of caring for patients that the system cannot. This will have had particularly adverse effects on single-parent and low-income families, those who are engaged in informal or precarious employment, as well as those without access to employment benefits, as these groups are likely unable to afford childcare or to take time off work.

5.1.2. Uganda

The ability of young women and girls in Uganda to generate income has been limited by lockdown restrictions, and absolute poverty levels in their wider communities are increasing. This is causing a great deal of distress and self-reported feelings of hopelessness and despair.

The Ugandan informal sector has experienced a significant adverse shock.¹⁰ Many who work in this sector have lost their only source of income with likely long-term consequences. The informal economy in Uganda employs 84.9% of the population, and women employed in the informal sector are the main source of household income amongst the country's residents. In June 2020, the UN estimated that 40% of workers in the informal, micro-enterprise sector had experienced poverty during the pandemic. The situation has likely worsened as lockdown restrictions persist.

Women report that their small businesses have been forced to close so that existing capital and resources could be used over lockdown. Other members of the community no longer have the income to support these businesses, so the few enterprises that have survived lockdown are at high risk of closure. Many of the women who work with Irise have been forced to turn to other income-generating activities, such as small-scale cooking and gardening, to try raising money to meet their family's basic needs. However, this work has not generated sufficient income for women to support their families.

Women in refugee communities are more likely to live in the poorest households and work in the informal sector – two factors putting them at high risk of experiencing severe economic hardship as a result of the pandemic. The UN reports that these factors put women and girls in refugee communities at greater risk of engaging in “survival sex”, transactional sex, and sexual exploitation and abuse.

The most immediate consequence of increased poverty is rising levels of hunger. Many households are surviving on less than one meal a day, and women report regularly putting themselves and their children to bed hungry. Although food was previously supplied to the most vulnerable households by government actors and non-governmental organisations (NGOs), this provision was minimal and short-lived. School-age girls often go a day without food and, when they do eat, only have access to cheaper, poorer quality food. Some of these girls describe changes to their menstrual cycles because of this lack of food and other extreme stresses related to the impact of the pandemic. In their rapid assessment of the impact of the COVID-19 pandemic on menstruating women and girls in Uganda, WoMena also found that 35% of respondents reported changes in their menstruation as a result of the pandemic, with high-stress cited as the primary probable cause, followed by violence at home, low food-intake, weight loss, and restrictions on mobility.¹¹

The experiences of Uganda-based children's NGO Kids Club Kampala further demonstrates the impact of falling incomes and subsequent food scarcity. The organisation found that the most pressing issue for the predominantly female-headed families it works with has been a lack of access to food. Unfortunately, several individuals whom the organisation worked with have passed away due to starvation. In direct response to the need, Kids Club Kampala converted their education projects into food banks and distributed 1.5 million food parcels to 35,000 families in 2020, demonstrating the likely demand for ongoing food provision in 2021. This immediate and pressing need is reflected elsewhere in the country, specifically in Jinja, and in the experiences of S.A.L.V.E. International, which works with street children here. The S.A.L.V.E. team reports a significant increase in the number of children coming to the streets and accessing their services due to hunger caused by rising poverty at home. The data collected by Irise and the experiences of Kids Club Kampala also indicate a significant number of households who have been forced out of their homes because they cannot afford to pay rent.

Pre-pandemic, the UN advocated for a multi-pronged approach to address underlying structural barriers to the financial inclusion of the most economically deprived women, outlining how access to credit must be accompanied by financial and business education and access to savings and insurance products.⁵ The young women included in Irise's needs assessment advocate along similar lines. They want increased access to training in vocational skills, for example

hairdressing and catering; soft loans to reinvest in their small businesses; and the setting up of organised saving and investment groups where they can interact, discuss financial strategies, and learn from one another. With this support, they imagine a world where they have financial independence and can invest in the futures of themselves and their children.

Before the pandemic, business as usual was not enough to improve economic opportunities for women. Stakeholders needed to take immediate action to make progress towards expanding women's economic opportunities.⁵ As we look to recover from the economic impact of the COVID-19 pandemic, championing the economic empowerment of the most deprived will be more important than ever. If not, any pre-pandemic progress made towards SDG 5: Gender Equality by 2030 may be lost for good.

“The majority of people that we support work in the informal economy. No one has an employment contract. Almost everyone works either at the market or selling goods at the side of the road, and the majority are women. So, when the pandemic and lockdown happened, everyone lost their incomes overnight. No one had any way of getting any work or any money.”

– Olivia, CEO Kids Club Kampala



Esther* is 19 years old and a single mother. Before the start of the pandemic, she worked as a hairdresser, but she has not been able to work because of COVID-19 restrictions. Her father used to support her, but he has lost his job because of the pandemic.

“We have no food and [are] eating just one meal. Sometimes we go without food, yet the baby wants to breastfeed but I don’t have the milk. I don’t have means of getting money to support the family. I would like to open a salon to make money and take care of my baby’s needs [...] but I don’t know when the pandemic will end.”

– *Esther (name changed)

“If we get help, many of us would go back to school and we can achieve our dreams and become future leaders.”

5.2. Leadership and Voice

5.2.1. Global Overview

For decades, feminist voices around the world have called out the absence of women’s rights advocates in decision-making. To facilitate a socially just and sustainable response to the current crisis, women’s leadership must be prioritised.

In several countries around the world, women are at the forefront of effective and inclusive decision-making regarding the COVID-19 pandemic and its fallout. Many women heads of government have been commended for going beyond measures to “flatten the curve”, and applying transparent and compassionate communication of public health information based on facts.¹² The leadership styles of these women have been described and praised as more collective than individual, more collaborative than competitive, and more coaching than commanding: characteristics of leadership that are normally devalued in favour of more traditionally masculine ones in the political sphere.¹²

These leaders show that women are not necessarily a vulnerable population when it comes to the impacts of the COVID-19 pandemic; rather, they can be powerful agents of change who can improve responses to crises and aid recovery. In a recent report, CARE found that the higher the number of women in leadership positions in a country, the higher the likelihood of implementing a gendered response that explicitly considers the needs of women and girls.¹³ Elsewhere, women continue to lead as activists, volunteers, and members of women-led groups and networks.

Unfortunately, women remain severely under-represented in decision-making institutions worldwide – a global trend which has persisted since before the pandemic. Progress towards target 5.5 of the SDGs (to ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life) has historically been slow. In 2017, the global proportion of women in national parliaments reached 23.4%, up from just 13.2% in 2000.¹⁴ Parity remained far from reality.

CARE found that the majority of national-level committees established to respond to COVID-19 do not have equal female-to-male representation. On average, women only comprise 24% of these committees.¹³ Governments with lower levels of women in leadership positions are at higher risk of creating and implementing responses to the pandemic which do not consider its disproportionate impact on women and girls. Women, therefore, must be supported in participating at all levels of decision-making fully and effectively to protect the futures of women and girls.

5.2.2. Uganda

“I am asking the government, and even those who are hearing my voice, to come and help us realise our future dreams and become future leaders just like our MPs and speaker of Uganda.”

– 17-year-old Ugandan schoolgirl

Analysis of previous disease outbreaks by ActionAid illustrates that when women are supported by their communities as respected decision-makers, resilience of the wider community to adapt and recover from shocks is greatly improved.¹⁵ In the communities Irise works with, this respect and inclusion in decision-making spaces is made possible when women have power over their own finances and/or household income.

This allows them increased autonomy and greater political sway in the overwhelmingly male-dominated decision-making spaces available to them.

The link between economic empowerment and being taken seriously in decision-making spaces is reflected in the opinions of young women and girls about what is needed to support themselves and their communities to recover from the impacts of the pandemic. Being able to “fend for themselves” without reliance on others would help these women afford the cost of travelling to decision-making meetings and to be taken seriously by other stakeholders once they arrived.

Women describe how access to capital to restart small businesses would allow them to cultivate this power and advocate for themselves and their children. Young mothers explain that if they had financial security, they would be able to equip their children with school materials and pay the school fees. Economically empowered women are, therefore, key to their children’s post-pandemic recovery.

In the more traditional sense of representation, young women raise concerns about having their voices heard in relation to the growing problem of domestic violence in their communities. When domestic disputes are discussed, subsequent decisions tend to favour the men of their communities and neglect the concerns of the women. In their own words, this means young women are “left silent and in pain”.



“We are making progress when it comes to engaging women in leadership positions, demonstrated in the 114 seats won by women in the 2021 election. The challenge is that it is very expensive to run [for office] and many women do not have the resources. Most people in leadership positions have businesses, the income from which supports them. Young women and girls can’t get involved [in decision-making] because they don’t have access to transport to participate in these spaces, often far away in Kampala. [...] The links between economic empowerment and leadership need to be invested in.”

– Patricia, Partnerships and Policy Advocacy Programme Officer, Irise Institute East Africa

If the challenges currently facing women and their children are to be addressed, supporting women’s participation in decision-making spaces must be a priority. In Uganda, this primarily involves economic empowerment. This is key to ensuring that no Ugandan woman or girl is left behind.

PROVISION

“I cannot even buy [menstrual] pads because there are no pads for 500 shillings so I and my siblings, we resorted to using clothes because we cannot afford pads.”

6.1. Sanitation, Hygiene, and Menstrual Materials

6.1.1. Global Overview

Sustainable Development Goal 6 — ensure access to water and sanitation for all — specifically targets the needs of women and girls. Although substantial progress had been made in increasing access to clean water and sanitation pre-pandemic, billions of people, mostly in rural areas, still lack these basic services.¹⁶

The pandemic has increased water demand for hygiene purposes that help prevent the spread of the coronavirus. However, households in resource-limited settings with poor access to water and sanitation services are likely to struggle to adhere to the recommended practice of handwashing with soap and water.¹⁷ In low-income countries, only 70% of the population have access to handwashing facilities at home, whilst in sub-Saharan Africa, only 26% of households have access to facilities with soap and water.¹⁸

Another essential aspect of inclusive water, sanitation, and hygiene (WASH) policy involves meeting the needs of the 800 million people who are menstruating on any one day during this emergency.¹⁹ Even in non-crisis times, the needs of the 1.8 billion people globally who menstruate are overlooked.²⁰ At least 500 million women and girls lack adequate facilities for menstrual management.²¹ In public places, in particular schools and workplaces, it is not just the lack of handwashing facilities that challenge the ability of women and girls to manage their menstruation. A lack of gender-specific toilets with doors that can be safely closed and locked, the unavailability of ways to dispose of used menstrual materials, and a lack of adequate lighting all limit the extent to which periods can be managed comfortably, safely, and without shame.²⁰

At least **500M** women and girls lack adequate facilities for menstrual management.

As resources are diverted away from providing these gender-sensitive facilities towards limiting the spread of the coronavirus, periods have become more difficult to manage. Menstruating individuals isolated at home may not have access to piped water to help them manage their periods. A global survey undertaken by Plan International with WASH professionals demonstrates that the pandemic has worsened key challenges for those who menstruate.¹⁹

- **73%** of WASH professionals agreed that access to menstrual products has been restricted.
- **58%** agreed that prices of menstrual products have increased during the crisis.
- **68%** agreed that access to WASH facilities to help change, clean, and dispose of menstrual materials has been restricted.
- **51%** agreed that access to and availability of clean water to help manage periods have reduced.
- **24%** agreed that stigma, shaming, or harmful cultural practices associated with menstruation have increased.

Access to disposable menstrual management materials in particular is likely to be disrupted due to panic buying and disruption in supply chains. Financial stress may also lead households to prioritise other needs over the purchase of menstrual management materials.¹⁹ More generally, however, gender-specific and menstrual-management questions are not widely integrated into baseline data collection or monitoring systems, leading to limited country-specific, contextual evidence on COVID-19 related menstrual management challenges.

The abilities of women and girls with disabilities to have safe, comfortable periods are particularly at risk. With social distancing restrictions in place, caregivers in communities or family members who normally assist those with disabilities to wash and go to the toilet are not able to help these individuals with menstrual management practices. Without assistance, the needs of those with disabilities who menstruate will not be met.

6.1.2. Uganda

Individuals included in Irise’s needs assessment unanimously agree that periods have become more difficult to manage because of the pandemic. In Uganda, the pandemic has increased demand for water for hygiene activities. Additionally, longer-term construction and maintenance of sanitation services have been deprioritised as the sector moves from inclusion and long-term sustainability of WASH services to immediate emergency relief. Not only is this shift in priorities likely to increase the prevalence of malaria and diarrhoeal diseases in the medium term but it also represents a significant barrier to individuals seeking to manage their period comfortably. Unfortunately, the UN predicts that the shift in WASH sector priorities has resulted in the loss of several years of progress towards gender and disability inclusion.¹⁰

“One cannot ask a husband for pads and yet there is no milk or food for the baby.”

– Young woman in an Irise focus group



Menstrual products are low on the list of priorities for households as they struggle to afford food and bills. Disposable menstrual pads, preferred by the women and girls included in Irise’s needs assessment, are no longer available at home or accessible through school. The price of menstrual products has increased during the pandemic, perhaps due to disruption in supply chains, which has exacerbated the problem of affordability further. At the district level, WoMena found that 72% of respondents to their rapid assessment survey reported an increase in the price of disposable pads in markets, stores, and pharmacies by up to 33%. And 34% of respondents reported difficulty in accessing menstrual products due to loss of household income combined with this price increase.¹¹

Women and girls included in Irise’s needs assessment have resorted to using materials to manage their periods they would otherwise not use, such as old clothes, baby clothes, and rags. Resorting to these materials is a lived experience for many, if not most, of the women and girls in the communities Irise works with. Women are struggling to communicate the essential nature of menstrual products to their husbands and feel frustrated with how they have been forced to depend on asking their husbands for access to preferred, disposable menstrual products, having lost most, if not all, of their own income.

Girls describe how access to soap and water has also become difficult as a result of COVID-19 restrictions. In their rapid assessment, WoMena found that due to increased use of water and soap, some households need to fetch more water more often from far distances.¹¹ This poses challenges for menstruating young women and girls who need greater access to water. Girls interviewed by Irise explain that some families are only washing their clothes once a week, using minimal soap and water. Using old clothes and rags during menstruation has, therefore, become intensely distressing because accessing ways to wash them effectively and in private is monumentally challenging. These hurdles are causing menstruating women and girls a significant amount of anxiety and fear. The challenge of managing periods is likely to have been intensified further as the pandemic has occurred simultaneously with heavy and sustained rainfall in Uganda, resulting in the collapse of some family pit latrines.¹⁰ If we are to “build back better”, the increased awareness of the importance of adequate WASH facilities for handwashing must be expanded to include maintaining and implementing menstruation-friendly infrastructure.

Access to menstrual products has been low on the list of priorities in the emergency response to the pandemic. Staff at AFRIpads were made aware that many of the quarantine centres in Uganda were not providing menstrual products. As people were not allowed to enter or exit due to COVID-19 restrictions, individuals in these government-funded centres were unable to access menstrual products. AFRIpads donated products to many of these centres and advocate for menstrual products to be considered one of the top priorities in emergency responses.

A good menstrual health response to the challenges of the pandemic aligns with recent UNICEF guidance that expands definitions of menstrual health beyond menstrual hygiene management^a (see note below) to include broader impacts of psychological, socio-political, and environmental factors on mental, physical, and emotional health that accompany menstruation.²² To effectively address barriers to period equality, efforts must be part of a response involving wider gender equality and social inclusion, seeking to tackle both practical (e.g., water and sanitation) and strategic barriers, such as women’s effective participation in decision-making at the household and community levels.¹⁹ This shift in perspective allows pandemic responses to support the wider transformation of the lives of those most marginalised, beyond immediate emergency provision.

^aDefined by UNICEF ‘as women and adolescent girls using a clean menstrual management material to absorb or collect menstrual blood that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials’.⁵⁰

Nadira* is 17 years old and has been struggling to access menstrual management materials away from school due to a lack of financial support from her family.

“Poverty is everywhere. At this time, I cannot even buy pads because there are no pads for 500 shillings, so I and my siblings resorted to using clothes because we cannot afford [pads]. The president should open schools and start teaching us, as we are badly off. We are forgetting things, and many girls are going to get married off, just like my sister who married at 12 years old during the pandemic.”

– *Nadira (name changed)



“[They] should open schools and start teaching us. We are badly off, we are forgetting things and many girls are going to get married off, just like my sister who married at 12 years [old] during the pandemic.”

6.2. Access to Education

6.2.1. Global Overview

The Sustainable Development Goal 4, of ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all by 2030, is at significant risk of not being met. Before the pandemic, progress was too slow. Over 200 million children were set to be out of school by 2030. COVID-19 school closures have exacerbated this challenge, and 90% of all students have been kept out of school. Remote learning remains out of reach for at least 200 million children, reversing years of what progress had been made on education.²³

Although 130 million girls were out of school globally before the pandemic,²⁴ more girls than ever were attending, increasing their prospects for employment, health, and well-being.²⁵ COVID-19 poses a significant threat to this progress. Girls are the most likely not to return to education after crisis situations have subsided. In contexts where girl's access to education is already fragile, the pandemic could mark the end of many millions of educations, which in some contexts puts girls at higher risk of

child marriage.²⁶ UNESCO estimates that 11 million girls may not return to education, demonstrating the extent of this challenge to decades worth of progress towards gender-equitable access to education.²⁴

The fragility of girls' access to education is a product of a patriarchal structure that deprioritises the needs of girls in crisis situations. We've learnt from the Ebola crisis that if we do not actively think about girls now, we could lose a whole generation.²⁷ Policymakers should see this as an opportunity to build back better for girls as we recover from the COVID-19 crisis, implementing gender-responsive measures that build resilience into education systems whilst addressing bottlenecks and barriers to girls' education.

Remote learning remains out of reach for at least **200M** children.



6.2.2. Uganda

Girls included in Irise’s needs assessment are becoming increasingly concerned about the risk of being married by their families due to resource constraints within their households. Some girls aged 15 to 18 in the Irise focus group explained that several of their friends were married off and they are afraid that they may be married off too since they are not sure if the situation will ever return to normal.

One individual described how her father continues to push her to marry because he cannot afford the cost of looking after her and her eight siblings. She explains, “Whenever I think of what my father tells me about getting a man, I sit there and feel pain deeply in my heart with no hope and lack of food to eat, I

feel hopeless.” Many girls are experiencing similar pressures to drop out of school and marry against their wishes. These girls are struggling with their self-worth as a result of being told that they demand too much money at home and must marry and leave their families.

Girls are exceedingly concerned about their progress in school, as they have missed out on being taught certain topics due to lockdown. This has led to a great deal of anxiety surrounding performance in end-of-year exams, including the Primary Leaving Examinations. Several girls do not anticipate finishing their respective levels in school this year, which will cause them to finish their education later than anticipated. Unfortunately, some report that this slowing of progress has made them lose interest

in learning, and they anticipate some of their peers dropping out permanently. Others fear that their dreams and aspirations are at risk because of lost learning time. One girl described how she wanted to become a nurse before the pandemic, but extended school-closures are making that seem an impossible dream.

For many girls, the lack of peer group support previously present in classroom settings has made understanding class materials more difficult. Others who have been able to return to school are frustrated with teachers who are in a rush to make up for time lost due to the lockdown. as they feel they do not fully comprehend class material as a result. This difficulty is compounded because most students are now attending school hungry. Teachers describe how many students are failing to concentrate in class because of a lack of food at home and the provision of only porridge for lunch at school. For many children, this meal is the only one they have each day.

The most disadvantaged group of students included in Irise’s needs assessment in terms of attainment loss are children without access to a television or radio at home. In Uganda, some lessons have been broadcast in an attempt to secure some level of access to education. Those from the most financially disadvantaged backgrounds have not benefitted from this initiative because their households do not have a television, radio, or access to relevant reading materials. This puts this economically deprived group at particular risk of dropout and loss of progress. Others who do have access to these digital lessons find that teachers often go too quickly for them to understand the content fully.

The lack of access to education on menstruation and other sexual and reproductive health concerns is a particular challenge voiced by both teachers and girls of school age. Girls are no longer receiving the menstrual management training and support they used from organisations such as Irise, teachers, and peers. Both teachers and healthcare workers are particularly concerned about girls who have had their first period during the pandemic, as the lack of resources and education on menstruation will significantly increase their experiences of fear and shame surrounding their period. Many may not know what is happening to them or understand how to manage their menstrual fluid. Plan International recommends that menstrual management is included in remote curriculums to ensure that adolescent girls have the knowledge they need to manage their first period safely and comfortably.¹⁹

Immediate action must be taken to protect girls right to education, or else the aspirations of these girls, created by education, are at risk of being lost for good. Stakeholders have a responsibility to provide the protection that being in school offers girls, particularly against child marriage.

“There is pressing need for the government to open up schools fully so that children can go back to school. This will help protect them from the adverse social conditions in the communities.”

– Teacher interviewed by Irise

Rashida* is 15 years old. She lost her mother during the pandemic and has been finding it difficult to continue with school without her support.

“The most challenging thing during this pandemic is when my mother was alive, she was the person taking care of me, giving me school fees and all basic need. A difficult thing is to see my sister getting married off at 17 years because my dad could not take care of her needs. I am worried that I might not go back to school and I may end up marrying off at an early age because [it was] my mother who used to pay my fees. As a girl, I know education is the key to success.”

– *Rashida (name changed)

“Sometimes you go to public hospitals, but they will ask you to buy medicine from the clinic and if there is no money that means my [3-month-old baby] will not get treatment.”

– 20-year-old woman

6.3. Reproductive Health

6.3.1. Global Overview

Sexual and Reproductive Health (SRH) challenges vary between contexts. Indicators for measuring progress towards the SRH target included in the Sustainable Development Goals (ensuring universal access to sexual and reproductive health and reproduction rights) should be understood in relation to country-specific contexts.²⁸ As a general guide, however, reproductive health rights include a safe pregnancy, safe delivery with adequate care, timely and comprehensive sexuality education to help young people make informed decisions about their sexuality, and access to family planning counselling and a range of modern contraceptive methods.²⁹

Some progress has been made towards full and equal access to SRH services at the global level, particularly in terms of laws and regulations.³⁰ The rate of contraceptive uptake by women in the world's poorest countries has also increased over the last decade.³¹ However, this progress is at risk. Pre-pandemic, women and girls in the global south had

the least access to quality care during pregnancy and childbirth, and the least power to decide whether or when to become pregnant.³² The pandemic has worsened these challenges.

In responses to the pandemic, focus has been on immediate emergency healthcare provision. Meanwhile, entrenched gendered inequalities that underpin unequal access to healthcare and SRH services have been considered beyond the capacity of public health interventions.² Adolescent girls and young women have unique needs when it comes to accessing SRH services, but as so-called essential services are exempted from many national lockdowns, deliberations about SRH services are vulnerable to harmful political ideologies and beliefs around what constitutes “essential”.³³ An inability on the part of young women and adolescent girls to access services which prevent unintended and/or unwanted pregnancies (i.e., access to contraception) will lead to an increase in adolescent mothers, a group which is already at significant risk of dying from complications during childbirth.³⁴

6.3.2. Uganda

By July 2020, at least seven women in labour died on their way to Ugandan hospitals amid lockdown restrictions and transportation bans.¹⁰ The current figure is undoubtedly much higher. Healthcare workers included in Irise's needs assessment explain that during the complete ban on vehicle movement in the country, it was impossible for pregnant women to reach antenatal services. Many women resultantly experienced preventable complications with their pregnancies, with some giving birth on the roadside, losing their babies, their own lives — or both. Where transport services are available, fares have now doubled, meaning many women can no longer afford the cost of accessing essential peripartum and family-planning services. To make things more difficult, COVID-19 guidance in Uganda specifies that anyone accessing public health facilities must have identification and be wearing a mask before they are attended to by a health worker. These requirements have meant that many individuals have been unable to access services because they do not have the money to procure a mask, appropriate ID, or both.

The experiences of TUSC Uganda, an NGO which provides transport for those requiring healthcare in the Jinja district, depicts a similar story. Increased fares, the requirement to provide contact details to travel and the limit of 8 passengers on buses have left many individuals unable or unwilling to travel. Due to reduced access to transport services, staff at TUSC predict that the number of traumatic birth injuries is likely to have increased, as women struggle to get to hospital quickly and experience preventable prolonged labour as a result. Although quantifiable data on the scale of the problem is not yet available, pregnant women needing urgent access to delivery services are likely

to have been disproportionately affected by transport restrictions, impacting the already-high incidence of preventable childbirth complications in remote areas of the Jinja district.

Access to contraception allows women and girls greater autonomy over their own bodies in deciding when/if they become pregnant. Young women in Uganda who have been able to access SRH services have been met with a shortage of pills, condoms, and contraceptive injections as health centres struggle to maintain supplies due to lockdown restrictions. Lack of access to contraceptives will have long-term impacts on the number of unplanned pregnancies amongst young women and girls in Uganda.¹⁰

There are growing concerns surrounding the ability of mothers to access routine vaccination appointments for their toddlers. Healthcare workers are worried that a lack of access will increase the number of children suffering from preventable diseases in the future. Staff at TUSC expect the prevalence of measles to increase over the next several years.

Healthcare workers are also concerned that the funneling of resources away from the treatment of conditions such as HIV/AIDS and diabetes towards efforts to curtail the coronavirus will result in an increase in excess deaths from these conditions over the next several years. Staff at TUSC also report that people are now attending HIV clinics less often.

To ensure universal sexual and reproductive health and rights, there is urgent need for better access to SRH services in the wake of the COVID-19 pandemic. When combined with facilitating women's greater autonomy over their bodies, SRH outcomes will improve, and the progress towards gender equality lost in the past year can begin to be recovered.

Natasha* became pregnant during the pandemic and unfortunately lost her baby. This was a traumatic experience for her, both physically and emotionally. Natasha has since been experiencing complications and pain. Due to the rising costs of accessing sexual and reproductive health services, Natasha cannot access the care she needs to make a full recovery.

“My back is aching every day, and I am worried that maybe in the future I will not reproduce because my pain is terrible, and I don't have money to do a scan and treat myself.”

— *Natasha (name changed)



PROTECTION

“I sit there and feel pain deeply in my heart with no hope and lack of food to eat, I feel hopeless. I thought of becoming a nurse and now I do not have hopes of going back to school and I do not know if the schools will be open and now, they keep on increasing the opening dates. I am seeing my future is wasted.”

7.1. Mental Health and Wellbeing

7.1.1. Global Overview

The Sustainable Development Goals cannot be achieved without the inclusion and priority of mental health.³⁵ Under Goal 3, to ensure healthy lives and promote wellbeing for all ages, is target 3.4: to “reduce by one-third premature mortality from non-communicable disease through prevention and treatment and promote mental health and wellbeing”. Good mental health is a cross-cutting issue that contributes to the realisation of sustainability, equality, inclusion, and resilience.³⁵ Responsibility for promoting mental health and preventing mental health disorders extends across all sectors.³⁶

In the last decade, substantial progress has been made in the development and testing of innovative approaches within mental healthcare.³⁷ However, shortages in service delivery persisted. This shortfall has become more pronounced over the last year. The UN warns that the COVID-19 crisis has sown

the seeds for a major mental health crisis and predict a long-term upsurge in the number and severity of mental health problems.³⁸ Distress surrounding the immediate health impacts of the virus, the consequences of prolonged physical isolation, the risk of catching the virus, economic loss, frequent misinformation, and deep uncertainty about the future are increasingly commonplace experiences for people all around the world.³⁸ Historic underinvestment in mental health services is exacerbating the extent of the problem. There are calls to scale-up and reorganise existing mental health infrastructure on a global scale, taking the increased visibility of mental health conditions resulting from the crisis as an opportunity to build a mental health system fit for the future.³⁹

Specific populations are at particular risk of struggling with psychological distress because of the pandemic. Frontline healthcare workers, a high proportion of whom are women, are a group for concern because they increasingly take on heavy

workloads, are at a high risk of infection, and are expected to make life-or-death decisions.³⁹ More broadly, women juggling home-schooling, working from home, and unpaid care work, often with limited support from other household members due to social norms, are likely to be struggling.

Children and adolescents are at high risk of psychological distress as a consequence of disruption to their school and home lives and being less able to meet friends and play. In a recent report, Save the Children presents a comprehensive picture of the extent to which children’s mental health and wellbeing have been affected.⁴⁰ Across 46 countries, the majority of girls and boys aged 11–17 (83%) reported an increase in negative feelings, and just under half (46%) of parents/caregivers reported observing signs of psychological distress in children. In the same report, 1 in 5 girls describe how an increase in household chores is preventing them from learning compared to 1 in 10 boys, demonstrating the gendered impacts of school closures at home.⁴⁰

7.1.2. Uganda

Among all organisations who contributed to this report, there is growing concern for the declining mental health of women and girls in Uganda, as well as those in their wider communities. Due to increased poverty, isolation, loneliness, and grief, a sense of hopelessness has impacted the mental health of many individuals, young and old, women and men. Excessive drinking has become a coping mechanism for many individuals, and drug use for some. As high levels of alcohol consumption are

strongly linked to increased occurrence and severity of intimate partner violence,⁴¹ increased alcoholism in communities is cause for concern in relation to the wellbeing of men, women, and children. This potential correlative link is reflected in data collected by Irise with many young women reporting their unease at the amount that male family members are drinking. These women feel unsafe at home.

Young women are frustrated that heads of households have been prioritising alcohol over other basic necessities, such as menstrual pads. However, gendered norms prevent them from communicating their own needs at home. This is reflected in the experiences of some school-age girls who describe how heads of their households have resorted to drinking excessively to cope with the devastating impact of the pandemic, disregarding the need for food and menstrual products. There are rumours spreading through some of the communities Irise works with that drinking alcohol protects individuals against contracting the virus. The damaging and incorrect belief that alcohol kills the coronavirus has also been reported elsewhere.⁴²

Girls are deeply missing the experience of being in the classroom. Loneliness is a significant challenge for girls of school age. As their communities struggle with poverty and a sense of hopelessness permeates many aspects of daily life, the loss of their school support network has left girls feeling extremely isolated. This is in line with global findings by Save the Children, which illustrates how happiness decreases significantly amongst children are not in touch with their friends because of COVID-19 restrictions.⁴⁰



Girls are overwhelmed with the expectations being placed on them at home in terms of generating income, looking after young siblings, or helping with household chores. Those who have lost family members during the pandemic due to COVID-19 or other factors are at particular risk of their support systems collapsing and losing their homes, education, family members, or their own lives. Girls from these child-headed households convey the despair that they have experienced in relation to generating enough income to be able to feed themselves and their younger siblings whilst attempting to stay engaged with school.

The mental wellbeing of young women and girls in Uganda is at significant long-term risk. If we are to build back better for girls, stakeholders need to acknowledge the extensive trauma that they have experienced in the last year as a result of their needs and rights being rapidly deprioritised. To support our collective recovery, stakeholders across sectors must collaborate to provide holistic support.

“The girls are more exposed to physical harm because of the societal established gender roles and responsibilities. The girls are, therefore, overworked in the community. For example, girls are tasked with fetching water, cleaning around the home, taking care of the younger siblings and the elderly, cooking, and digging. The boys, however, do not always engage in these activities. These chores put a lot of strain on the young girls.”

– A teacher’s comments in a focus group discussion led by Irise

“We were left helpless. I decided to get a boyfriend and whenever I asked him for some money, he would give me and that is the money I would use to support my siblings. When my Dad got to know he stopped helping me and asked me to leave home, but I had nowhere to go.”

7.2. Safety

Significant progress has been made over the last 25 years to eradicate violence against women. However, it has historically proved challenging to address root causes of gender-based violence, such as gender-based discrimination, social norms that accept violence, and gender stereotypes that continue cycles of violence.⁴³ Despite growing awareness pre-pandemic that gender-based violence is a violation of human rights, much more remained to be done to achieve SDG 5: Gender Equality, specifically in protecting women’s rights as human rights.⁴⁴ What progress had been made is now under threat. The COVID-19 outbreak has heightened the risk of violence against women. Increased anxiety and stress, decreased access to support services, and disruption of key protective networks can all increase a woman’s risk of experiencing violence.⁴⁵

Intimate partner violence is likely to have increased due to social distancing measures. As women in abusive relationships are encouraged (or mandated) to stay at home whilst experiencing additional stress, childcare responsibilities, and potential job losses, those in abusive relationships are at increased risk of violence from their partner; partners who also have more opportunities to exercise power and control over them due to restrictions on movement.⁴⁵ Save the Children has found that where schools are closed, children report violence at home at higher rates (17%) compared to when children are attending school in person (8%).⁴⁰

Although social distancing and lockdown measures are crucial to the protection of healthcare systems, it is vital to acknowledge the extent to which they may have increased gender-based violence. This will aid in informing gender-sensitive policies and the creation of support networks and services to make it easier for survivors of domestic violence to access help.⁴⁶

The welfare of women and girls with disabilities has been particularly affected by lockdown measures, which have left millions without access to disability-friendly services such as face-to-face support, specialised therapeutic services, and inclusive education services.⁴⁷ Without these services, many of these girls are not able to access information on how to protect themselves from the virus, as many messages surrounding preparedness are not packaged in disability accessible formats.

Of particular concern for Plan International and ACPF are girls with disabilities who live in African countries. Lockdowns and quarantines have increased these girls' exposure to sexual and physical abuse (when they are already up to 10 times more likely to experience abuse than girls without disabilities), as well as forced abortions and sterilizations.⁴⁷ Given that in non-crisis times, girls with disabilities lack access to SRH information and services and are often denied the right to make decisions themselves about their reproductive health, the impact of the pandemic on these girls' autonomy is likely to be severe. In terms of education, girls with disabilities who rely on specialised and individualised education services are likely to be excluded from new distance learning formats as disability-friendly support is not available or a priority.⁴⁷

“My father told me to go get a man and leave because I am old enough to have a baby, but I told him I cannot work, and I cannot just leave like that because I want to go back to school. But he insisted that I will leave because I demand a lot of money when there is none at home.”

– 17-year-old girl

7.2.1. Uganda

Of utmost concern moving forward should be the physical safety of adolescent girls. The data collected by Irise depicts multiple instances of young women and girls being sexually exploited or forced into sex work as a result of financial hardship. Young women describe how themselves or their peers are resorting to transactional relationships with men who offer money, menstrual pads, clothes, food, and/or some level of security in return for sex.

Community members are particularly concerned with teenage girls who are sent to sell food to generate income, as they are particularly vulnerable to rape and sexual assault. More broadly, local development officials and healthcare workers describe how instances of rape have significantly increased in addition to the prevalence of sexually transmitted infections, including HIV/AIDS.

A unique challenge faces girls who previously attended boarding school but have now returned home and must travel to school. These girls often have to walk long distances to school without the company of others. This is extremely anxiety inducing for these individuals, as they are often harassed by boys and young men during this journey, making them feel unsafe and vulnerable to physical and sexual abuse. Teachers also note the severity of this problem and are extremely concerned for the safety of these girls.

The stigmatization of pregnant adolescent girls has reportedly worsened during the pandemic, and as the number of unplanned and unwanted pregnancies increase, this stigmatization is becoming more visible and more dangerous. Community members report that young girls who have inadvertently become pregnant during the last year (through consensual sex or rape) are being chased away from their parents' homes for fear of shame and ridicule by their communities. Local development officials report instances of girls and young women performing at-home abortions because of this stigmatization, and there is anecdotal evidence that some young women and girls have bled out and lost their lives during these attempted procedures.

Young girls are being forced into marriage in greater numbers than before the pandemic, either because they are pregnant or because their family need money to survive. This is a growing problem reported by both Irise staff and those included in this needs assessment. Many girls are concerned that their families will soon force them into marriage because they can no longer support them.

A number of girls have lost their mothers during the pandemic. For these girls, their mother was who looked out for them most, paying for school, taking care of their basic needs, and protecting them from child marriage. Several girls report feeling extremely worried for their futures without these protective figures in their lives and do not anticipate male heads of households looking out for them.

Young mothers feel frustrated with the fathers of their babies, as they are not getting the support they require. Due to increased scarcity of employment, some men have abandoned these young women in their homes, which is causing them a great deal of anxiety and stress.

An increase in domestic violence is a key theme that emerges in existing literature on the impact of COVID-19 restrictions in Uganda. A Ugandan taskforce doing a rapid assessment of selected districts in Uganda found that physical/domestic violence, psychological torture/emotional violence, and sexual violence are on the rise.²⁶ Within 2 weeks of lockdown, there were 53 reported cases of child neglect, 25 cases of child abandonment, 28 cases of child abuse, 43 cases of missing children, and 4 cases of torture of children.²⁶ Undoubtedly, these figures are now significantly higher. In addition to these cases, 70% of girls contacted in this study report having witnessed incidents of domestic violence at home.⁴⁷

The breakdown of families and increased domestic violence is also depicted as a crucial challenge in data collected by Irise. As families look to new ways of generating income in the face of rising poverty rates, tensions within households have risen and instances of violence against women have increased. Young women are becoming increasingly afraid for their safety as COVID-19 restrictions on movement continue. They request door-to-door visits by counsellors who can give them guidance on reducing tensions with their husbands to prevent violence.

Teachers attribute the rise in violence to the decline in men's ability to generate income, threatening their traditional role of breadwinner. This results in their lashing out against their families. Some men have abandoned their families due to the pressures of scarce resources, and there has been an increase in the number of women running away from home in fear of violence. The refugee population in Uganda should be of particular concern in this regard, since 82% of the refugee population are women and girls and existing data demonstrates the pre-pandemic existence of deeply rooted discriminatory gender norms in these communities in Uganda.¹⁰

82%

of the refugee population are women and girls and existing data demonstrates the pre-pandemic existence of deeply rooted discriminatory gender norms in these communities in Uganda.

The risk of harm to children with disabilities was highlighted by teachers. They explained that caring responsibilities have been increasingly deprioritised as people in the community struggle to generate enough income to support their wider families. As children with disabilities struggle to access services, the risk of harm to these individuals has drastically increased because not all households have the capacity to take care of these children.

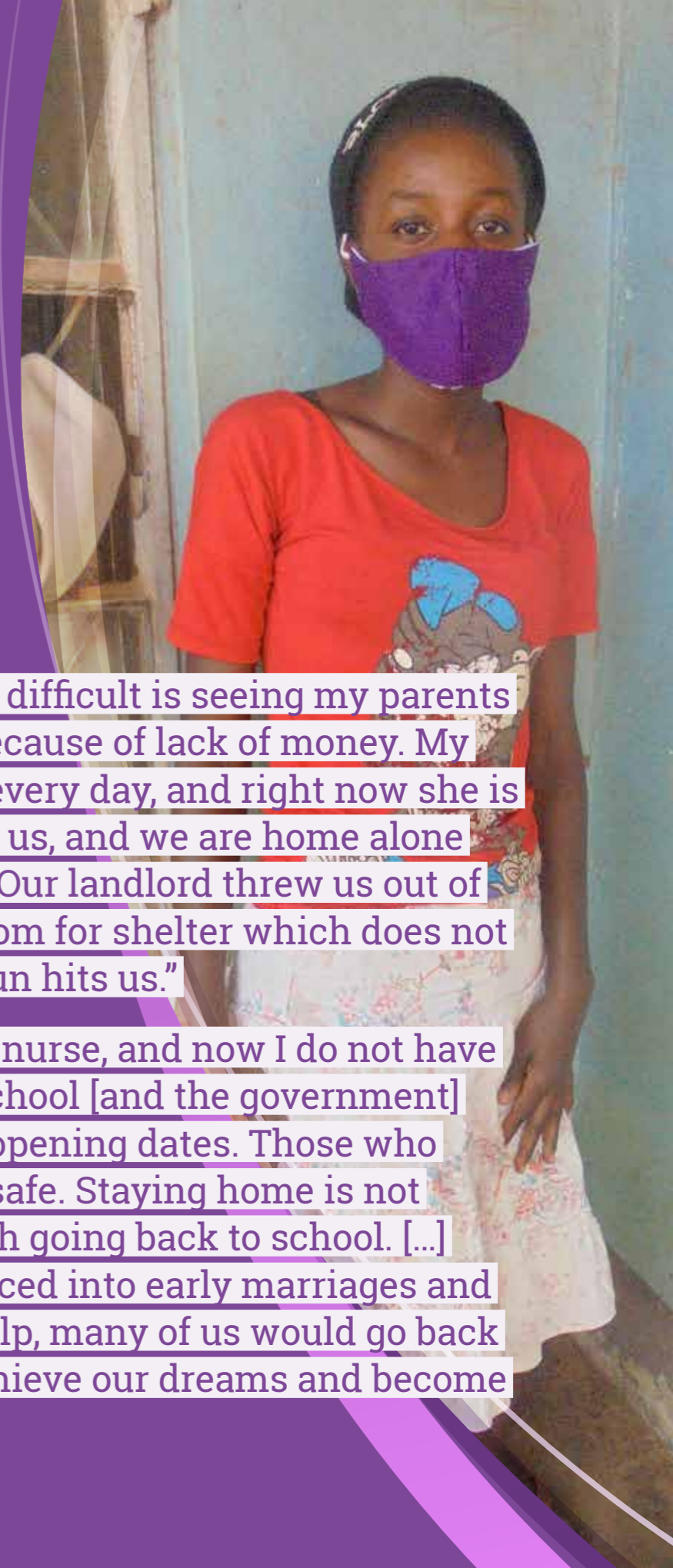
There is a need for a system-wide approach to addressing violence against girls and young women as we look to recover from the COVID-19 pandemic. Only when women's rights are fully protected as human rights can progress towards gender equality be resumed.⁴⁴

Rachael* is 17 years old and has experienced extreme financial hardship with her family during the pandemic. She is under pressure to generate income to support her and her 8 siblings instead of returning to school. Rachael is struggling intensely with feelings of despair and hopelessness about her future.

“One thing that has been difficult is seeing my parents fighting day and night because of lack of money. My father beats my mother every day, and right now she is lame after he abandoned us, and we are home alone and things are not good. Our landlord threw us out of the house, so we got a room for shelter which does not have windows and the sun hits us.”

“I thought of becoming a nurse, and now I do not have hopes of going back to school [and the government] keep on postponing the opening dates. Those who went back to school are safe. Staying home is not good; I have given up with going back to school. [...] Many girls have been forced into early marriages and pregnancies. If we get help, many of us would go back to school, and we can achieve our dreams and become future leaders.”

– *Rachael (name changed)



SECTION 8:

WHAT MUST BE DONE

Young women and girls know that if they receive the support they need to stay in education and earn an income, they will go on to thrive and help their families and communities recover from this crisis.

The following priorities are key:

- **Ongoing investment in young women and girls.** The global community must honour its commitments to women and girls and continue to invest in their futures. Private and public funding bodies who have been supporting young women and girls in low-income contexts must make them a priority.
- **Immediate action from everyone, including local and national governments and civil society organisations, to support adolescent girls and young women, protecting both them and the progress of the last decade.** Ugandan girls need access to education and urgent, coordinated safeguarding.
- **Support for women and girls to recover from the trauma they have experienced during the pandemic.** Policymakers, civil society organisations, and schools need to adapt and innovate to keep girls in school and deliver the Sustainable Development Goals (SDGs) for girls.

- **Refocus efforts by all stakeholders committed to realising gender equality on working together to rebuild a world where progress for girls is more resilient.** Ugandan women and girls' economic empowerment is critical to enabling their participation in decision-making spaces.
- **More studies and data collection by researchers, learning-focused institutions, and all NGOs working directly with young women and girls to quantify the scale of the challenges explored in this report and inform urgent action to address them.**

If we act now, together, we can protect a decade of investment in the lives of girls and stimulate a strong recovery that builds a more resilient future for them, their communities, and the world.

SECTION 9:

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Irise (UK)

18-20 Union Street
Sheffield
UK
S1 2JR

Tel: +44 (0) 7519459582

Irise (East Africa)

PO Box 1237
Plot 1 Mvule Crescent
Jinja
UGANDA

Tel: +256 (0) 781966521

www.irise.org.uk

UK Registered Charity
Number: 1157722

Uganda NGO Registration
Number: 11946