



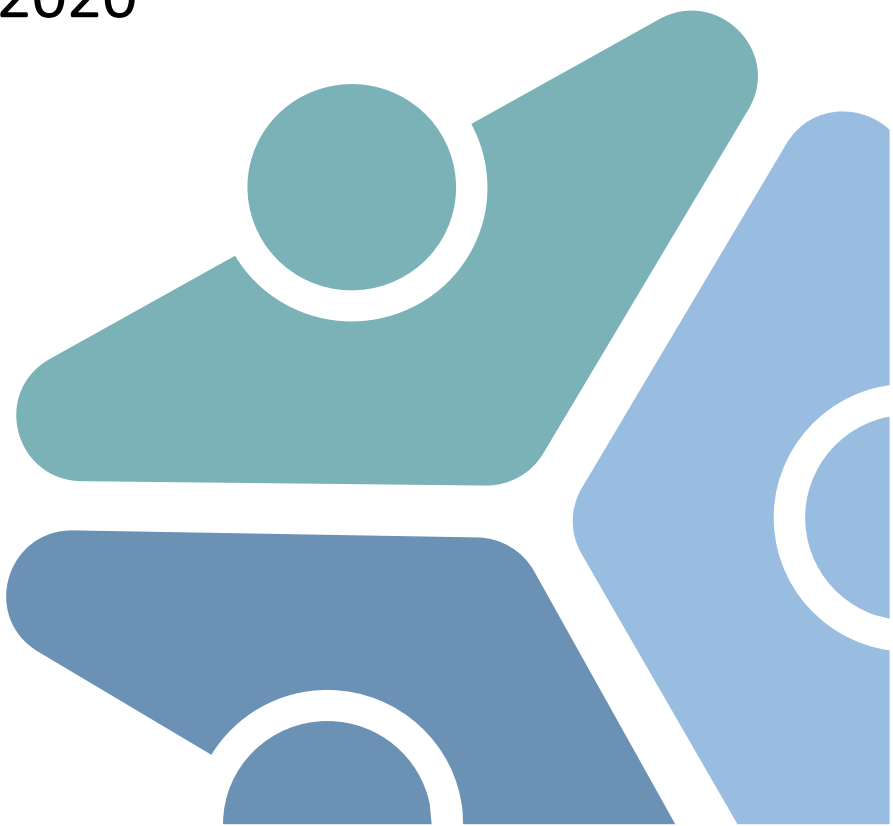
Inclusive Futures

Promoting disability inclusion

Covid-19

Income loss, risk of violence and the response of persons with disabilities and their representative organisations in Uganda

November 2020



Funded by the UK Department for International Development (DFID) UK Aid Connect, the Inclusion Works (IW) programme is a consortium of 11 partners, including ADD international, focusing on promoting formal employment of women and men with disabilities. It brings together a diverse range of partners to develop and test innovative approaches to improve the long-term economic empowerment and inclusion of persons with disabilities in Bangladesh, Kenya, Nigeria and Uganda, in line with the UNCRPD and SDG8. ADD International is an Inclusion Works consortium partner and has gathered this evidence together with leaders of Organisations of Persons with Disabilities in Uganda who are partners in the consortium.

This report draws on evidence gathered with members and leaders of Organisations of Persons with Disabilities in Uganda. Data was collected by ADD Uganda MEL Manager Eugen Emuron. Analysis and preparation of this report was done by Andrew Christensen, Learning and Accountability Advisor at ADD International. The views, thoughts, and opinions expressed in the text belong solely to the author, and do not necessarily to the author's employer, consortium, committee or other group or individual.

ACRONYMS

OPD - Organisation(s) of Persons with Disabilities

NGO - Non-Governmental Organisation

SHG - Self-help Group

USD - United States Dollars

VAWG - Violence Against Women and Girls

WGQ - Washington Group Questions

This report presents findings from telephone interviews with 40 members from five partner Organisations of Persons with Disabilities (OPDs) in Uganda in August 2020, to ask about the response to and impact of Covid-19 pandemic among persons with disabilities. We asked interviewees about their response to the Covid-19 outbreak and the impact the crisis has had on their livelihood and their risk of experiencing violence. We also asked about their access to Covid-19 relief and protection support, how their OPD or Self-Help Group have been helpful to them and what else government and NGOs can do during this time.

EXECUTIVE SUMMARY

Findings from this report show evidence that some persons with disabilities face multiple types of jeopardy during Covid-19: they are at an increased risk of violence and are suffering a dramatic loss in household earnings. They are also taking action: many plan to adapt their livelihood and are mobilising resources for their communities. Persons with disabilities ask government and NGOs to do more and to be more inclusive in their response to the crisis.

- **Three of four respondents report increased risk of violence since the pandemic began.** 77% of women and 80% of men report an increase in economic, physical, psychological and/or sexual violence after Covid-19.
- **One in three women respondents report experiencing an increased risk of physical and/or sexual violence.**
- **Livelihood support could reduce violence risk.** Three in four (76%) of respondents say livelihood support, such as start up capital for small business, would be very or extremely useful to them in order to reduce their risk of experiencing violence during Covid-19.
- **Respondents report losing 64% of their monthly household income since the outbreak.** After adjusting for purchase power parity, this is the equivalent of falling from 181 GBP to 65 GBP per month.
- **Covid-19 support is unequal and insufficient for many.** Where support has been distributed, one in two report that they do not receive the same protection support (ie PPE) as others; one in four report that they do not receive the same Covid-19 survival support (ie food); one in three report they do not receive the same Covid-19 information; and one in three say that support does not meet need.
- **Most respondents will try something new.** 59% indicate that they will start something new to make ends meet if the situation continues.
- **OPDs are obtaining food support through lobbying, providing vital psychosocial support and information.**
- **Some OPDs are not able to respond because they are capacity-constrained.**
- **Government and NGOs can do more.**

From these interviews and findings, some recommendations emerge for government and NGOs:

- **Support livelihood to reduce violence risk and increase survival strategies.**
- **Increase access to capital.**

- **Meaningfully engage persons with disabilities and their respective organisations in response planning and implementation.**
- **Ensure distribution of support reaches persons with disabilities, more specifically the underrepresented groups.**
- **Change attitudes toward and increase knowledge about persons with disabilities.**

These interviews were conducted to raise evidence during Covid-19, but they seem to also be tapping into something deeper than the crisis itself. The interviews expose three underlying patterns: one pattern of precarious livelihood, another pattern of discrimination and a third pattern of disproportionately high risk of violence. These patterns are exacerbated now, but they stretch before and beyond the pandemic.

METHOD

Selection and evidence gathering

Sampling was purposive in selecting 40 OPD members based on the following criteria: 1) The respondents were sampled from the OPDs that ADD International partners with in Uganda. The project coordinators were instructed to randomly select from their membership whom they felt could openly share information by telephone. Guidance was given for a mix in gender and disability type. During the process, and out of necessity, the team selected respondents who could communicate in English or Luganda to allow for the interviewer to understand. ADD's MEL Manager conducted the telephone interviews using [ADD International's Covid-19 Community Action Evidence Tool](#), a structured questionnaire with a mix of open-field response, multiple choice and closed questions. The data was gathered in August 2020.

Limitations

The study had several limitations due to travel restrictions, time and sampling constraints. Due to purposive sampling, this rapid study is not fully representative of the impacts on persons with disabilities in the target areas. Though there were some respondents that reported having difficulties hearing, there was a limitation of not being able to interview persons that are deaf. This was mainly caused by the time constraint of acquiring a sign language interpreter for the respondent and interviewer. The interview also had sections about access to information, access to medical care, infection rates, and Water, Sanitation and Hygiene access and behaviour. These have not been fully reported on due to time constraints.

Leaving No One Behind in Analysis

We followed a mixed qualitative and quantitative protocol for analysis that disaggregates by age, gender, and type and magnitude of functional difficulty. We report averages, but as averages can conceal inequities, we strive to use direct quotes from those in the minority wherever possible. We conducted thematic analysis of qualitative responses to open queries, and we conducted descriptive statistical analysis of closed questions.

We conducted tests to determine the extent to which results are due to chance or reflect underlying differences in the sample. We conducted correlational statistical analysis to test for statistically significant differences in the risk of violence before and during Covid-19 and the type and level of exclusions (from protection and survival support and access to information) experienced among people with different and multiple functional difficulties (as measured by the Washington Group Enhanced Set of Questions, which include questions about difficulties related to anxiety and depression). Because the sample size is small, we have decided not to report the results of this correlational statistical analysis as they may be misleading.

Description of interview participants

This report presents evidence gathered with 40 members of 5 OPD in the districts of Masaka, Kasese and Mbarara found in the western, central and Rwenzori region in Uganda. These locations were selected as these were areas where ADD International, an Inclusion Works consortium member, had direct ongoing engagements just prior to the onset of Covid-19. In addition to the member interviews, seven OPD leaders were also interviewed. Over half (55%) of the participants are women and 45% are men. Respondent ages ranged from 21 to 62, and the average respondent age was 34 years. Half of respondents were between 20 and 29 years old. The full gender-disaggregated age distribution is presented in the annex of this report.

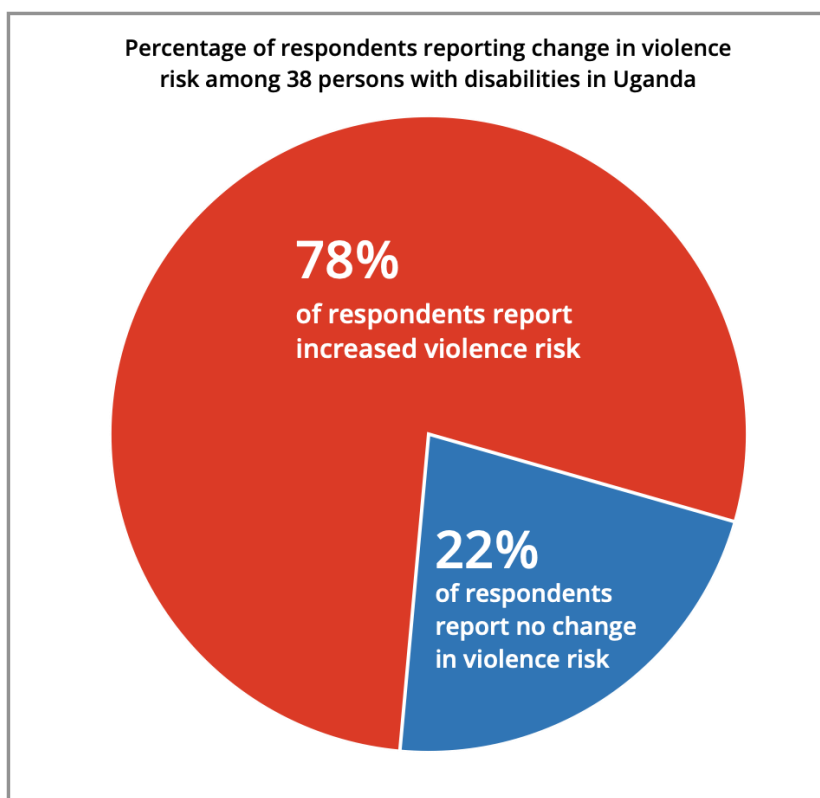
94% met the threshold for some or a lot of difficulty or cannot do at all, which is a lower threshold than that used by Washington Group convention, but more consistent with ADD's social model approach. Half (50%) met the narrower Washington Group threshold convention for 'a lot of difficulty' or 'cannot do at all.'

FINDINGS

This section presents respondents' answers to questions about violence risk, livelihood, future plans, survival support and OPD/Self-Help Group (SHG) support, and also presents what persons with disabilities would like others to do during this time.

INCREASED RISK OF VIOLENCE DURING COVID-19

3 of 4 respondents report increased risk of violence since the pandemic began. 78% of respondents (77% of women / 80% of men) report an increase in economic, physical, psychological and/or sexual violence after Covid-19. About one in four women respondents report experiencing an increased risk of physical and/or sexual violence. These reports of heightened violence risk is consistent with evidence from OPD leaders. Three of the four OPD leaders who were interviewed independently report that their members are at greater risk of experiencing gender-based violence due to Covid-19.



Most of the reported increased risk of violence is psychological and economic in nature for both women and men. About one in two male respondents report increased risk of physical violence, and ~10% report increased risk of sexual violence. About 75% of respondents say livelihood support, ie for small business and agriculture, would be very or extremely useful to them in order to reduce their risk of experiencing violence during Covid-19.

There is evidence of compounding risk of physical violence during Covid-19.

Respondents who were at medium to high risk of physical violence before Covid-19 were 1.7 times more likely to report increased risk than respondents who were at no to low risk of violence before Covid-19. Those who were at greater risk before are more likely to be at greater risk now. Further information is available in Annex C.

VIOLENCE IS LINKED TO LIVELIHOOD LOSS DURING COVID-19

Three of the four OPD leaders interviewed say that lack of food and finances during Covid-19 has created additional risks of violence.

“Some persons with disabilities were getting money from working - so now that they are seated at home there are very many quarrels because of lack of money.”

OPD RESPONSE ON VIOLENCE

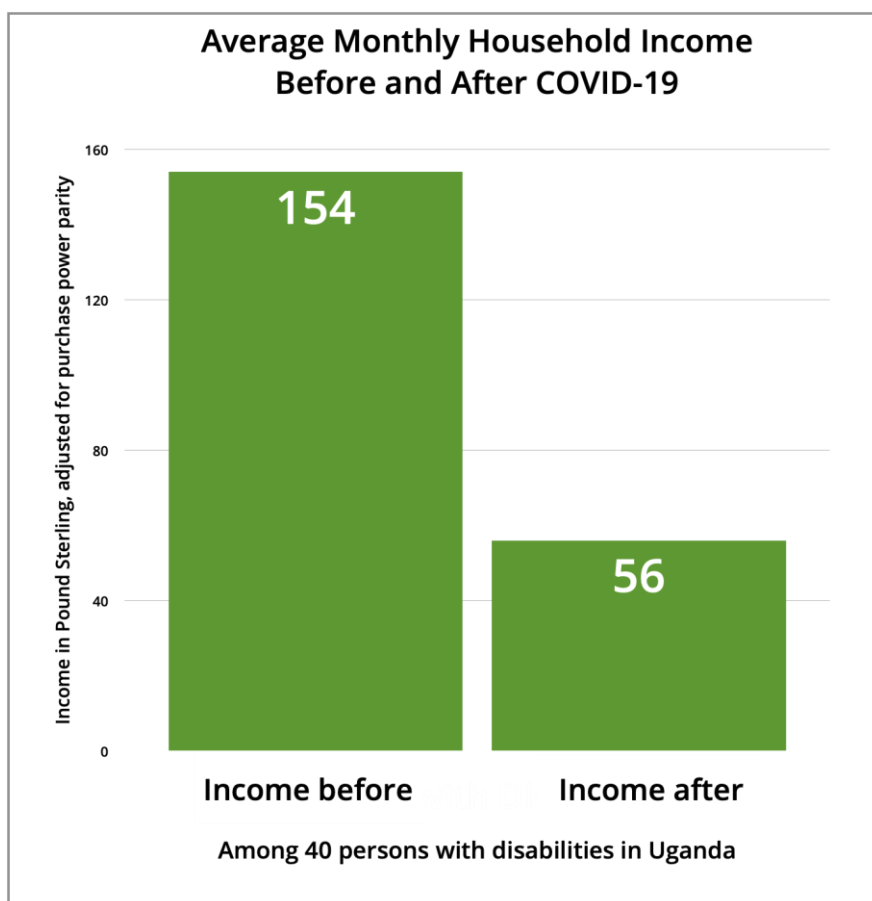
In order to support women and girls with disabilities who may be at risk of violence, OPD leaders say that their organisations encourage people to make a living with basic skills (ie shoe making), sensitise women and girls in urban centres on self-advocacy and on ways to be resilient. Another OPD leader says their organisation has a strong relationship with the police to respond in case any issues arise.

OPD LEADERS SAY SUPPORTING LIVELIHOOD CAN REDUCE RISK OF VIOLENCE

To reduce the risk of gender-based violence among their membership, OPD leaders stress the need for livelihood support, especially start-up capital.

INCOME LOSS DURING COVID-19 IS LARGE

Respondents have suffered a dramatic loss in income since Covid-19 began. Respondents report losing 64% of their monthly household income since the outbreak. Based on reported figures, in absolute terms, and after adjusting for purchase power parity, this is approximately the equivalent of moving from 154 GBP to 56 GBP per month.



Apart from income loss, some people have lost their livelihood entirely. Some of these lost livelihoods include operating kiosks, shop attendants, teaching jobs and contacts related to tailoring/knitting school attire for children.

Respondents report using multiple resources to meet their daily needs of food, housing costs and other support to survive. Respondents most frequently mentioned depending on family (30% of mentions), followed by friends (25%) and subsistence farming (20%). One in five say they are struggling and one in four rely on savings they had made prior to the outbreak of Covid-19. One says they at times engage in transactional sex in order to feed their children.

“I depend on the farming within my home growing crops and rearing animals”

“I am soon resorting to begging yet am not used to such life”

ACCESS TO COVID-19 SUPPORT IS UNEQUAL AND INSUFFICIENT

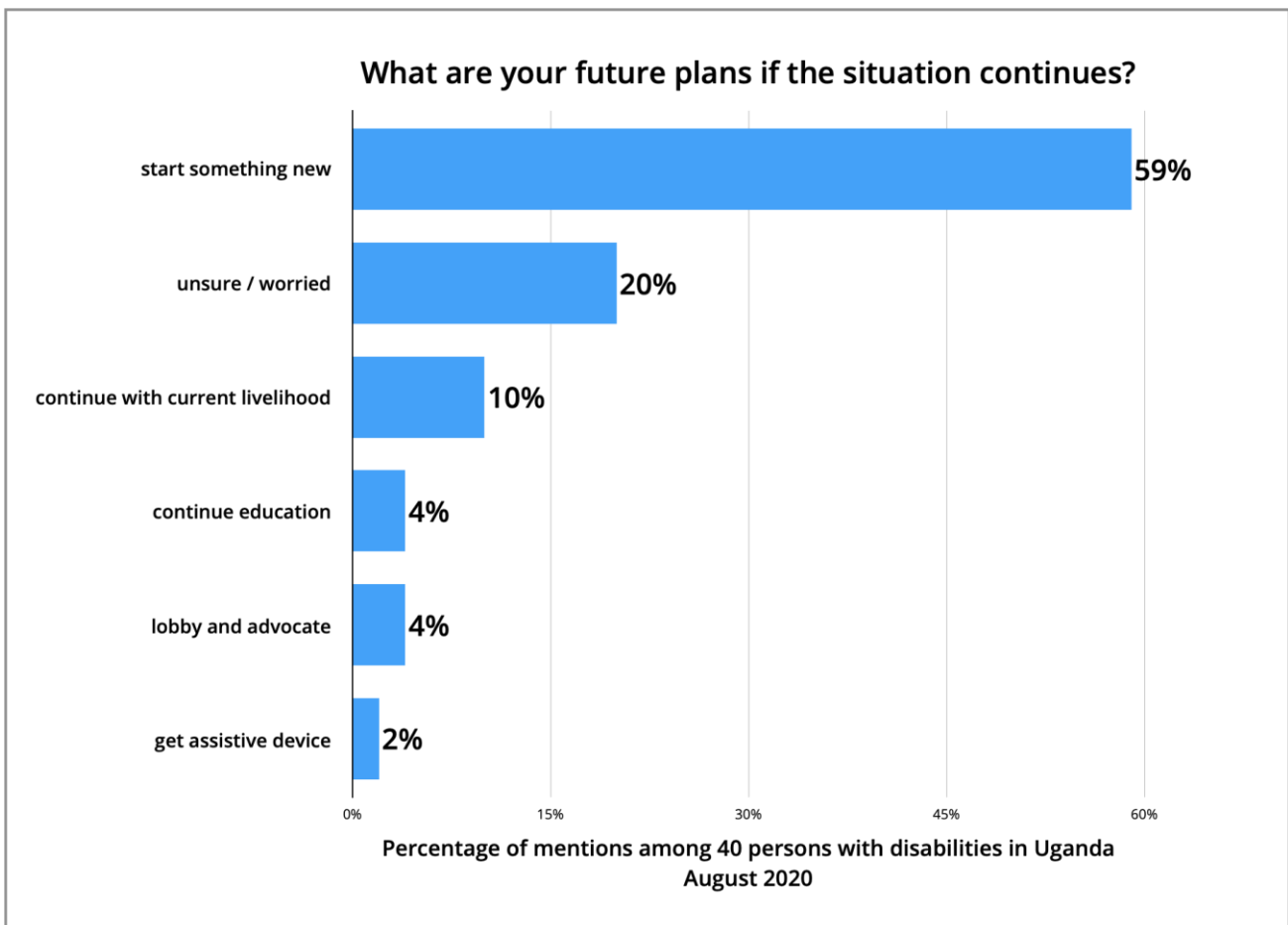
The major problem highlighted by the respondents regarding the mode of distribution of relief support is that it was never inclusive and persons with disabilities were expected to fight for the items with the other larger crowds.

Where support has been distributed, one in two report that they do not receive the same protection support (ie face mask, soap) as others; one in four report that they do not receive the same Covid-19 survival support (ie food); one in three report they do not receive the same Covid-19 information.

Support is not meeting survival needs. We asked respondents whether the support/supplies they have received meet their survival needs at present. Of those who responded to the question, 70% said no, that support has not met survival need.

FUTURE PLANS IF SITUATION CONTINUES

Much seems to be in flux and many are planning something new if the situation continues. As presented in the figure below, many respondents (59% of mentions) indicate that they will start something new if the situation continues, a fair portion of respondents are unsure or worried (20% of mentions) and a smaller number plan to carry on with their current livelihood (10% of mentions).



One quarter of responses mention plans to start or expand business if they had financial support, while others indicate plans to diversify livelihood (12% of mentions), relocate to town or village for food or livelihood (8%) and seek formal jobs or any jobs (8%).

“I plan to sell off the tools of my workshop and start another business.”

“I want to start a retail shop selling merchandise like sugar, soap and other household items. I can do this as I wait for a formal job.”

One respondent intends to move to a town:

"I will have to look for food within town because I don't want to return to the village. Life was so hard in the village"

In contrast, another respondent said they relocated to a village during this time:

“Currently I relocated to the village as I could not pay the rent costs in town. I plan to start a small business in the village.”

A fair portion of respondents (20% of mentions) are unsure about their plans or worried about the future, and most of these respondents also mention contingency plans.

“I am still just planning on how I can establish. It is very difficult. Maybe I may start doing laundry for people for money. “

“Things become worse. For example, now people have started dying - so I am worried. My worry is that this time around I may lose my job yet I don't have a side business.”

A smaller portion of respondents (10% of mentions) plan to continue with and even build on their current livelihoods.

"As a seller I need to get capital from somewhere so that I can increase my sales - customers buy based on what they see inside. The challenge is restocking."

Taken together, responses to this question seem to suggest that future plans are broader than a specific response to the pandemic, and perhaps more of a response to deeper, more entrenched issues (such as low access to capital, low access to formal employment and discrimination) that stretch before and beyond the present COVID-19 crisis,

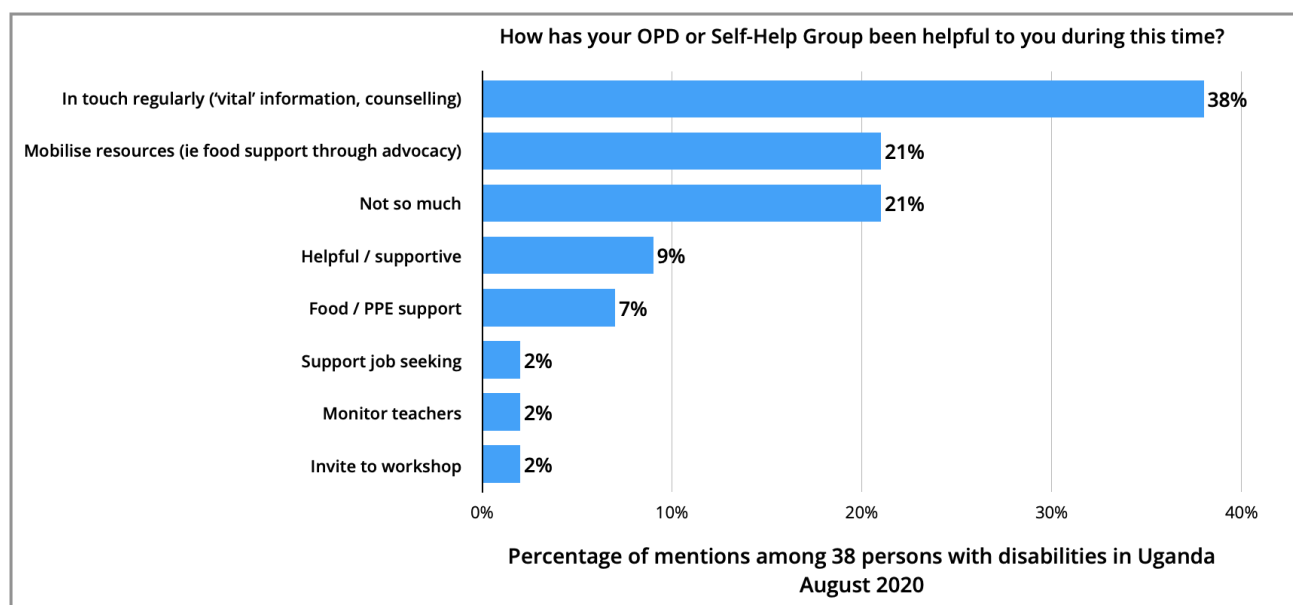
“Look for formal employment. As a person with disabilities I need to look for formal employment since there are some physical hard labour jobs I cannot do.”

"I will also be looking for formal employment. We still have a problem when we go to look for jobs - we are discriminated against based on our disability."

HOW HAS YOUR OPD OR SHG BEEN HELPFUL TO YOU DURING THIS TIME?

OPDs are in touch and mobilising resources. We asked participants how their OPD or Self-Help Group (SHG)¹ has been helpful to them during this time. In their response, participants most frequently mentioned (38% of mentions) that their OPD has been in touch regularly, with some saying their OPD provides emotional support as well as vital information.

"The OPD helped us through advice - telling us about covid and its dangers. It also mobilised for us, for example, the food we received was through the advocacy efforts of the DPO."



OPDs are mobilising resources through advocacy. 21% of mentions indicate that OPDs, through advocacy, are obtaining support (ie food, soap, masks) for their members.

"They have mobilized for us supplies like sugar, soap and a mask."

But not all respondents have found their OPDs to be helpful during this time: 21% of mentions indicate that OPDs have not been very helpful, and one respondent infers that this may in part be due to capacity constraints.

"Nothing because they [OPD] had not capacity - no funding"

For several respondents, OPDs provide psychosocial support.

"They taught me how to manage stress. This has made me stronger"

¹ 'OPD and SHG' hereafter will be referenced as simply 'OPD' for ease.

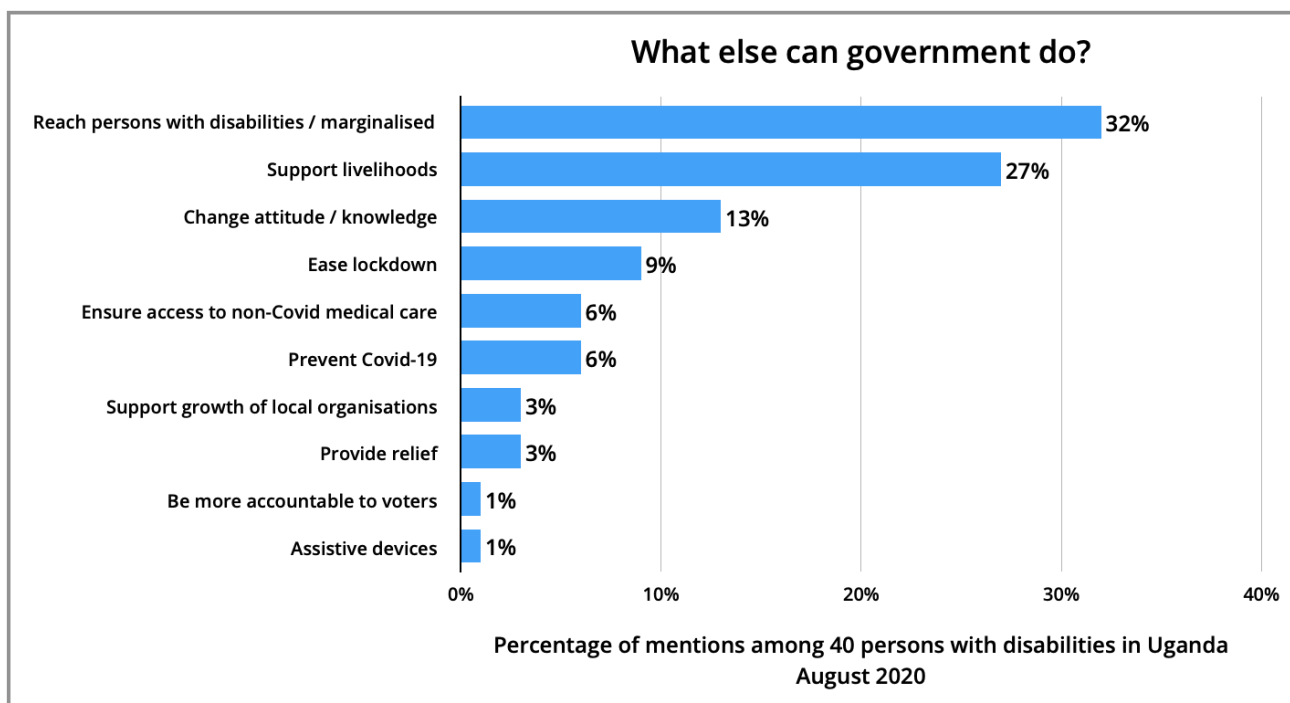
"I had just joined the OPD due to looking for how to survive. I went there looking for some aid. I went there but not for a long time. But they care. They called me and we spoke some encouraging words."

"They gave me hope"

"They make me feel that they are part of me."

WHAT ELSE CAN GOVERNMENT DO?

Government can ensure they reach persons with disabilities and support livelihood growth. Respondents request inclusion by government. Similar to interview results in Bangladesh, the largest portion of responses in Uganda (32%) spoke about the need to **reach and prioritise those who are marginalised and persons with disabilities**, as presented in the table below.



Respondents also say **government can provide livelihood support**. The second most mentioned response is that government could provide livelihood support (27% of mentions), including provision of financial support (ie through capital grants) [18% of mentions], creation of job opportunities (formal and informal) and provision of technical support / training.

Change attitude, increase knowledge. Exclusion by government stems from attitudinal and knowledge barriers. Thirteen percent of responses mention the need for government and others to change their attitude toward persons with disabilities and/or increase their knowledge about the situation of persons with disabilities, i.e. using data from OPDs.

Ensure access to non-Covid medical care. Some report low access to non-Covid medical care (6% of responses), and one reports that this low access has had fatal consequences for two persons with disabilities.

Government must ensure that they reach and involve persons with disabilities and the most marginalised.

“Government cares about the non-disabled yet we are [the] most marginalized.”²

As in similar surveys done in Bangladesh, respondents in Uganda acknowledge government efforts, but express concern about how distribution is controlled and executed.

"It was good the government came on board to assist, but because of how it was organized, it became difficult. Assistance could not even reach the population on the ground. The task force distributing the relief items did not do as expected."

Six said food distribution needs to be made accessible, and several say persons with disabilities have to fight for food when it is distributed.

“Food distribution should be smart. Not just throwing food and expecting persons with disabilities to fight for the food - and put a special way of supporting this food.”

"When [government] brings relief, they just bring to the whole village and expect us to fight for the relief."

Several said that government needs to include persons with disabilities in response planning and implementation.

“We don’t have members on the Covid task force right from the national level to the district level.”

"When it comes to a pandemic, like Covid when [government is] selecting a committee, they should at least value each and every person. They should not neglect anyone because of their status"

“They need to put persons with disabilities in all their planning and implementation.”

And some mentioned the need to ensure inclusion of people in rural areas.

² From the Luganda translation, marginalized has a connotation to "the poor", "those in hard to reach areas", "those in villages", and generally those lacking basic amenities. The interviewer did not probe further as to who was specifically being referenced.

"There is a special grant given to persons with disabilities, but this benefits those in towns ignoring those in rural areas."

Underlying barriers stretch before and beyond the pandemic.

"For us even if Covid was not there, we would not be able to move."

Government can provide livelihood support.

"We need jobs to be able to survive this pandemic which is hitting us very hard."

"Government should organize persons with disabilities in groups to give them financial and technical support."

Government exclusion stems from attitudinal and knowledge barriers, some of which can be overcome through the work of OPDs.

"Government has not cared for us persons with disabilities. Even when we go to government offices, they look at us as useless. They think we cannot do anything. So, we have not been supported adequately."

"Government should get data from the DPOs."

"Government should also do enough monitoring so that the support reaches everyone."

Strengthen grassroots OPDs.

"There are independent bodies like the National Union of Disabled Persons in Uganda. But if you go around to the lowest village level no one knows such an organisation, so government should identify independent bodies and empower them to support persons with disabilities."

Lack of access to non-Covid medical care has had fatal consequences.

"There should be enough medical support all the time. By the time government closed it became difficult to get medication plus food. As a result, two of my sisters died."

Sensitise men to reduce violence.

"Men should be sensitized not to abuse and abandon women with disabilities."

A small portion of responses (9%) ask government to ease lockdown, mostly so persons with disabilities can return to work.

WHO ELSE SHOULD SUPPORT AND WHAT CAN THEY DO?

We asked respondents: “Who else should support and what can they do?” Almost half of responses (48%) say that NGOs should support, and respondents most frequently mention that NGOs can provide relief aid (food, financial support), followed by livelihood support (ie create employment, provide job training, support job seeking), support (unspecified) and government support (project fund and sensitise).³

Some express criticism of NGOs and their response:

“[NGOs] can offer some jobs to persons with disabilities to survive better. NGOs need to be educated about persons with disabilities to stop ignoring persons with disabilities.”

"NGOs should also support other than NGOs going to TVs, talking, spending more money talking nonsense other than giving food. Persons with disabilities lobbied for food, but there were delays. Members of parliament also delayed to come they were as good as nothing."

Others emphasise the value of NGOs and OPDs:

"Some of the NGOs even do more than government"

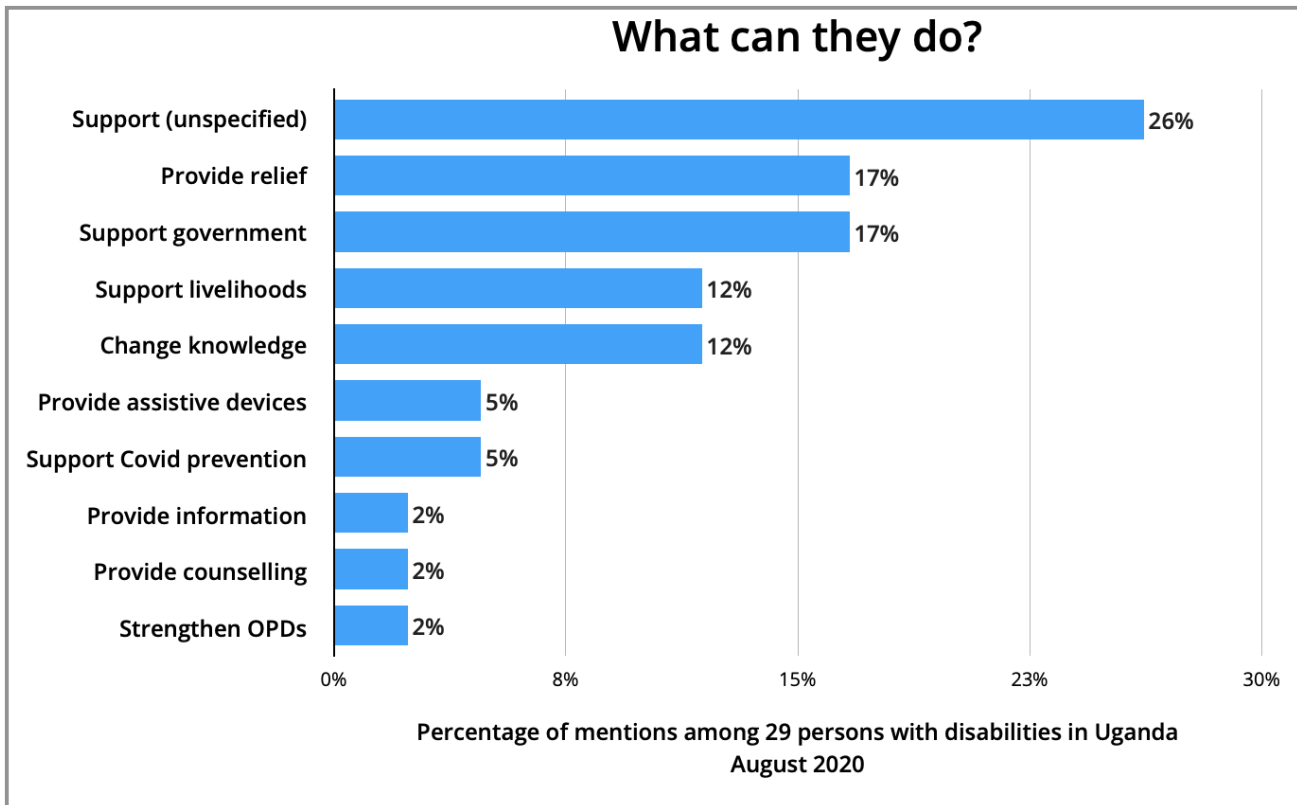
"NGOs can also support the government. These organizations can do a better job and support the government. For example, MADIPHA⁴, when they are in an area, they have all the evidence and data. They tend to map more data. So, they can reach out very well to the people without any political biases."

Several said that NGOs, people or other organisations should support government, with some mentioning the need to advise, sensitise and even project-fund the government.

"Other people can support the government and budget well. The problem sometimes is that the people that support the government, like advisers, don't inform the government of the right ideas"

³ Please note the interviewer was from an NGO, which influences response to this question.

⁴ Masaka Association of Disabled persons Living with HIV/AIDS



Many responses mention that others (ie NGOs, people, community, relatives, churches) should support, but did not specify further (26% of mentions).

"Most people with disabilities have talents within them which are untapped so people should work to support disabled persons."

Knowledge needs to change. Other respondents (17% of mentions) spoke about the need for knowledge to change - the need for NGOs and people to be educated themselves and raise awareness about persons with disabilities and, as mentioned before, to “stop ignoring persons with disabilities”.

GOVERNMENT RESPONSE DURING INTERVIEW REFERENCE PERIOD

During the time period in which interview participants were likely referencing in their responses, the Uganda government Covid-19 relief response involved distribution of food (posho/corn, beans) to homes within the urban centers of Kampala and Wakiso District. Households with vulnerable populations such as breastfeeding mothers were earmarked to receive additional supplies of powdered milk, cooking oil and sugar. Later on, individual donors, the private sector, and politicians pledged to support government with relief items and were guided to coordinate with the district Covid-19 task forces in their respective districts to offer more support to the population. Without specific standards, the relief items

distributed through the task forces mainly included food (posho/beans/rice), soap, face masks, and hand-washing facilities.

FINDINGS ARE CONSISTENT WITH SECONDARY SOURCES

This report's findings about income loss and lack of access to food are consistent with other studies conducted in roughly the same time period in nearby areas,⁵⁶ and also with the COVID-19 Disability Rights Monitor, which showed that one-third of respondents could not access food in their country.⁷

CONCLUSIONS

Persons with disabilities and their representative organisation are responding to this crisis, but a difficult (and sadly, perhaps unsurprising) picture also emerges from this evidence. The evidence from this report suggests that persons with disabilities, even in the pandemic crisis, continue to experience discrimination. Many are combatting large loss in income and higher risk of violence, and many are simply asking for equal access to support. They are also asking for government, NGOs and others to do more: Get smart about food distribution. Make it truly inclusive. But also, think about long-term support that fosters resilience to crisis - many say they could start businesses or diversify their livelihoods if they had access to capital.

RECOMMENDATIONS

Respondents had many recommendations for government, NGOs and others, some of them more specific than others:

For government:

- Put OPD members on Covid task forces from national to district level.
- Distribute food support in ways that persons with disabilities can access.
- Ensure persons with disabilities always have access to non-Covid medical care, even during crisis.

⁵ <https://www.prnewswire.co.uk/news-releases/new-research-reveals-alarming-drop-in-farmer-incomes-in-uganda-825901020.html>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7500897/>

⁷ https://www.internationaldisabilityalliance.org/sites/default/files/disability_rights_during_the_pandemic_report_web_pdf_1.pdf

To NGOs and others:

- Provide relief, such as food and financial support.
- Support job training, job seeking and job creation.
- Support government with sound evidence.

To all

- Change your attitude toward and increase your knowledge about persons with disabilities.
 - Strengthen the capacity of OPDs, especially at the grassroots.
 - Sensitise men and support livelihoods to reduce violence.
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ANNEX A: SAMPLE DESCRIPTION

Figure A depicts the number of instances each functional difficulty type is present in respondents' answers to the Washington Group Enhanced Short-Set, which includes questions about signs of anxiety and depression. This figure depicts that there are certain types of functional difficulties that are more common in the sample, such as walking; followed by communicating and seeing.

Figure A. Functional Difficulties among Respondents, by type and instance (n=40)

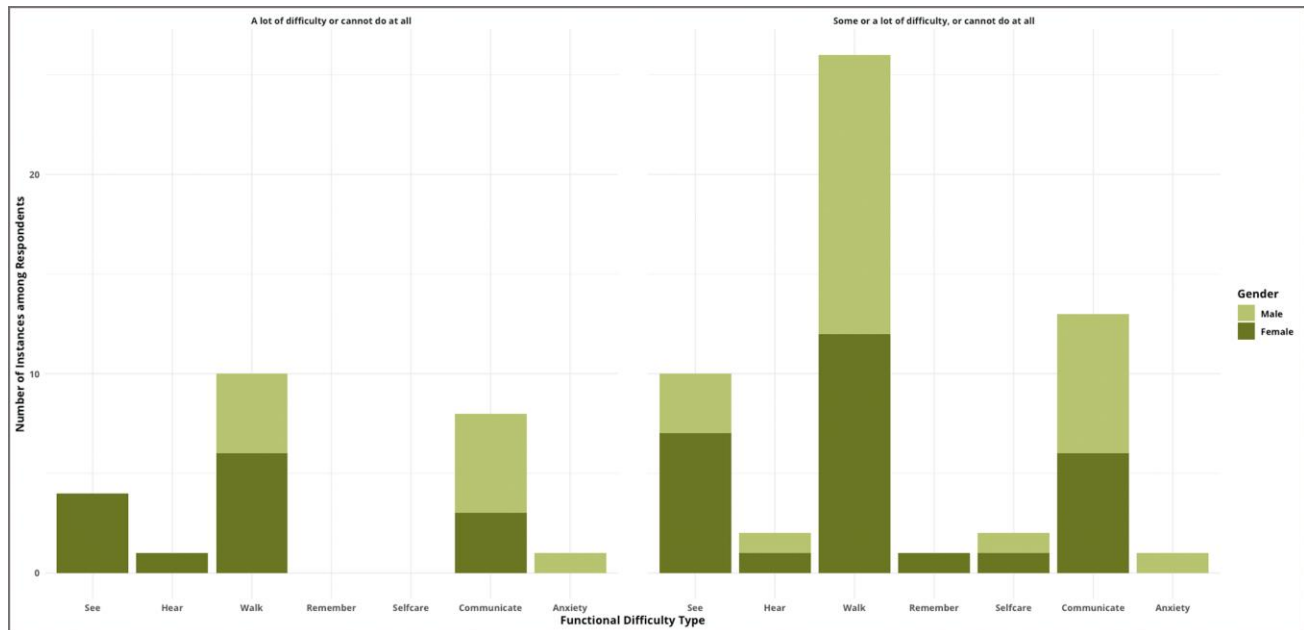
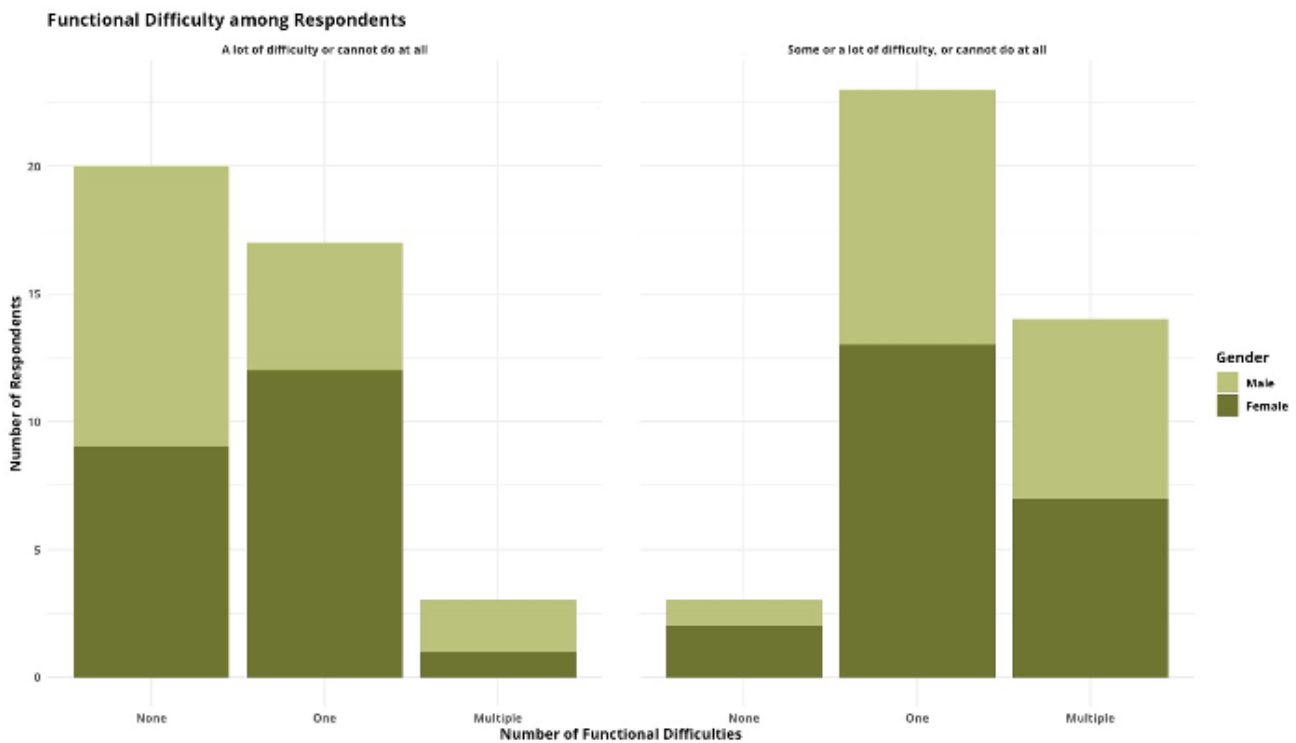


Figure A also shows the designations depending on two different ways to define functional difficulty. The left-hand side is for the conventional Washington Group threshold that considers functional difficulties to be present only when a respondent answered they have "a lot of difficulty" or "cannot do at all", while the definition depicted on the right designated a functional difficulty when the respondent answered "some difficulty" as well as "a lot" or "cannot do at all". Using Washington Group conventional thresholds would underestimate the prevalence of disabilities in this sample. Note that Figure A is not depicting the number of respondents with each functional difficulty type (because a large portion of respondents have functional difficulties of multiple types simultaneously) but instead the number of instances of each functional difficulty type among respondents.

Whereas Figure A indicates the prevalence of each type of functional difficulty in the sample, Figure B below describes the sample profile. It divides the respondents into whether they experience no functional difficulties, one functional difficulty or multiple functional difficulties-as per the two thresholds noted previously.

Figure B. Functional Difficulty among 40 Respondents



Whereas Figure A indicates the prevalence of each type of functional difficulty in the sample, Figure B divides the respondents into whether they have no functional difficulties, one functional difficulty or multiple functional difficulties, as per the two definitions noted previously. In the broader threshold (as seen right hand side of the figure) a larger portion of respondents report multiple functional difficulties, whereas in the narrower threshold (WGQ convention on the left hand side of the figure) a much smaller portion of respondents experience multiple functional difficulties. As with Figure A, Figure B shows that using Washington Group conventional thresholds would underestimate the prevalence of those with disabilities in the sample.

Figure C. Age Distribution of Respondents

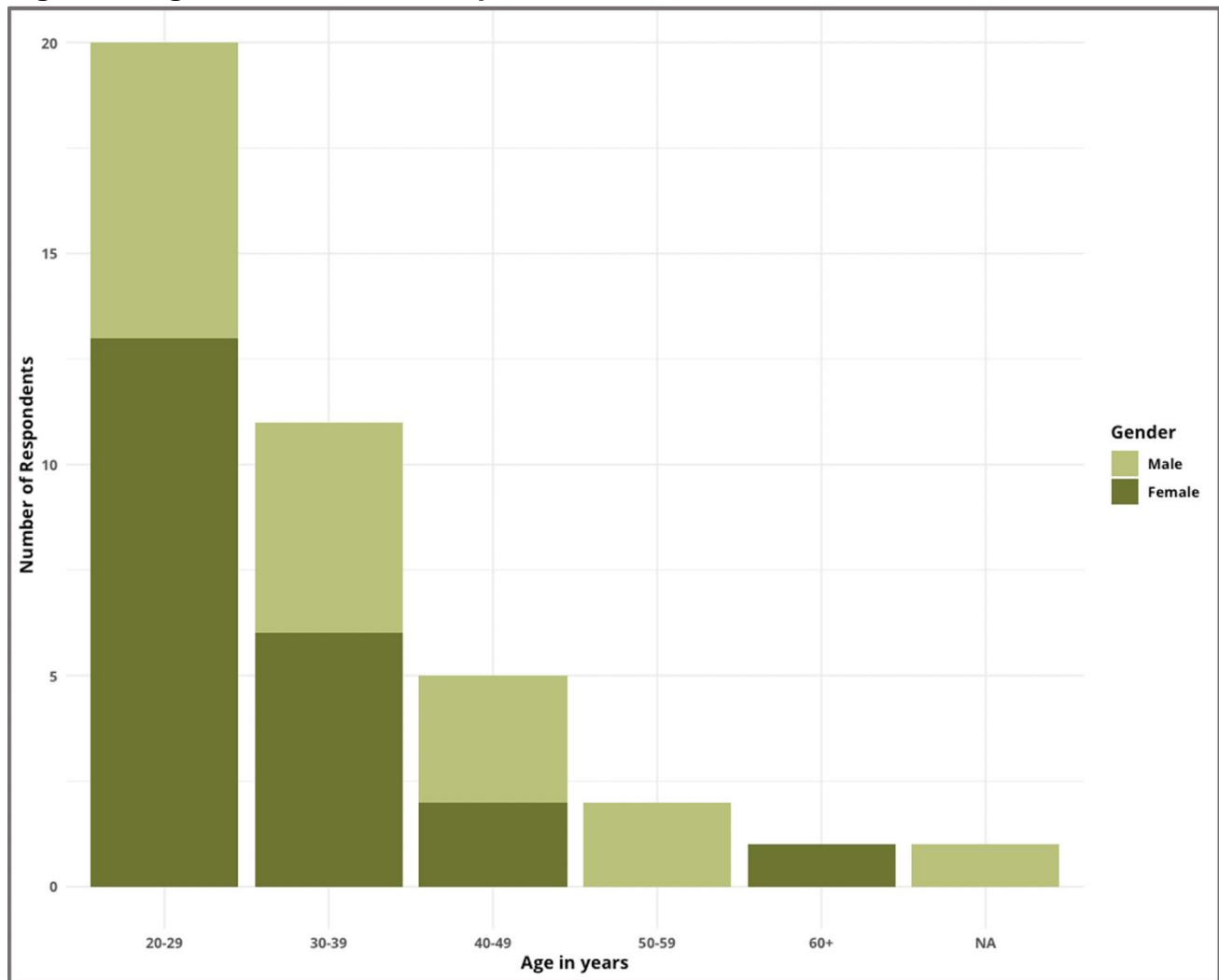


Figure C. Respondent ages ranged from 21 to 62, and the average respondent age was 34 years. Half of respondents were between 20 and 29 years old.

ANNEX B: ASSESSMENT OF RISK OF VIOLENCE

Before the interviewers proceeded to respond to questions on risk of violence before and during the Covid-19 pandemic, and after an informed consent protocol, interviewers shared basic information about gender-based violence mainly within the household, which includes violence against a wife or husband, dependent children or any persons living under the roof of the house, and those who are dependents of the household. Below are the key messages that were conveyed to the respondents about the types of violence.

- Physical violence - Acts to attempt to cause harm, e.g. pushing, rejection, beating, slapping, beating something, disposal of something
- Psychological violence - Shouting, cursing, insult, embarrassment, threats, jealousy
- Economic violence - Refusal to give partners basic resource management, refusal to provide funding, refuse to contribute to finances, refuse to meet basic needs and food, damage the household materials
- Sexual violence – Unwanted sexual harassment, unwanted exposure, forcing victims to commit sexual acts, show body to victim, forced to watch pornographic stories / images

After sharing these key messages, the interviewer asked the respondents: “Before Covid-19, how was your risk of experiencing physical violence?” and so forth for the four types of violence mentioned above. They repeated the same set of questions for their risk after Covid-19.

ANNEX C: CHANGE IN RISK OF VIOLENCE BEFORE AND AFTER COVID-19

Risk of Physical Violence before and after Covid-19 among 37 Respondents in Uganda		Violence Risk After Covid-19						
		NA	PNTS	No	Low	Mid	High	Very High
Violence Risk Before Covid-19	NA							
	PNTS							
	No			15	4	1		
	Low				6	5	3	
	Mid					1	2	
	High							
	Very High							

*PNTS = Prefer not to say

Risk of Psychological Violence before and after Covid-19 among 38 Respondents in Uganda		Violence Risk After Covid-19						
		NA	PNTS	No	Low	Mid	High	Very High
Violence Risk Before Covid-19	NA							
	PNTS							
	No			6	5	5	2	1
	Low				2	5	5	3
	Mid			1			2	
	High							1
	Very High							

Risk of Economic Violence before and after Covid-19 among 37 Respondents in Uganda								
		Violence Risk After Covid-19						
		NA	PNTS	No	Low	Mid	High	Very High
Violence Risk Before Covid-19	NA							
	PNTS							
	No			6	5	6	1	1
	Low				3	4	4	3
	Mid		1				1	
	High						1	1
	Very High							

Risk of Sexual Violence before and after Covid-19 among 38 Respondents in Uganda								
		Violence Risk After Covid-19						
		NA	PNTS	No	Low	Mid	High	Very High
Violence Risk Before Covid-19	NA							
	PNTS							
	No			19	4			
	Low		1	1	7	2	4	
	Mid							
	High							
	Very High							

Suggested Citation

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