

Governance of Gender Based Violence, Domestic Violence, Health Status of Women and Child Abuse in Times of Covid-19 in Uganda

Nabukeera Madinah Sebyala (PhD)

Islamic University in Uganda Females Campus Kabojja

Senior lecturer -Department of Public administration

Faculty of management studies.

E-mail: nabmaidah@gmail.com

Abstract

The paper examined the family dynamics in times of COVID-19 in Uganda. The study was guided by a cross-sectional descriptive survey design. The investigations demonstrated that the prevalence of COVID-19 pandemic greatly affected the health status of women in Uganda. The study witnessed an increase in the number of maternal death cases between January and March 2020 and decrease in the number of child deliveries carried out at different health facilities. The study concludes that the increase in maternal deaths and decrease in the number of child deliveries in health facilities were attributed to the restrictions in the movement of public transport and private vehicles as well as curfew time during the lockdown.

Keywords: family dynamics, health of women, gender-based violence, domestic violence, child abuse, Uganda

Background of the Study

Uganda registered hard-won gains in dealing with fundamental vulnerabilities among children and women's health over the years but with prolonged lockdown to curb the spread of COVID-19 has increased the risk of negative impacts of non-COVID-19 disease burden hence the need to modify the COVID-19 responses to local disease vulnerabilities (Bell et al., 2020a). The COVID-19 pandemic is readdressing attention and arrangement of health structures internationally. Public health rejoinders have been subjected to imposed social distancing, locked away and stay-at-home conditions, branded as "lockdowns," promoted by the World Health Organization (WHO) (WHO, 2020a).

Many countries globally implemented measures including closure of all schools, academic institutions, workplaces, travel limitations intended to reduce transmission and forthcoming stress on exhausted health care system and intensive health care (Tobías, 2020). Uganda is measured vulnerable and high risk due to fairly dilapidated health infrastructure (McPake, 2018, Madinah, 2016), weak health referral system (Kyabayinze et al., 2012, Katende et al., 2015), inadequate health equipment (Izudi et al., 2017), fairly limited laboratory capacity (Davies et al., 2017), low clinician-population ratios (Bell et al., 2020a, Bell et al., 2020b) and higher rate of fundamental circumstances like malaria, anaemia, malnutrition, chronic respiratory conditions as a result of air pollution and tuberculosis and HIV/AIDs (Baker et al., 2020). While these conditions worsen COVID-19, they rise the dependence burden on the supply chain system as well as the health care admissions and access. The access to health services is vital in reduction of unfortunate antenatal and delivery consequences.

Uganda is among the sub-Saharan countries with a population estimated at 42.72 million as of 2018, its fertility rate bigger than 5, 50% of its population is projected to be younger than 17 years, and only 1.6% are 70 years in 2020 (UBOS, 2014, UBOS, 2016, UBOS, 2015). The mortality rate for malaria (12,356,577, 13,203) and tuberculosis (86,000 and 19,000, respectively) in 2018 reported a burden of 41 million people (WHO, 2019). The country's maternal mortality proportion was 368 per 100,000 live births in 2016 (WHO, 2019, WB, 2020a), while 100,000 women who are HIV-positive were reliant on antiretroviral therapy (ART) to avert mother-to-child transmission in 2018 (WHO, 2020c). The victory in the fight of HIV/AIDs and its related program has decreased AIDS-associated deaths from 43,000 in 1990 to 23,500

in 2018 (UNAIDS, 2020), consequential in a rising number of persons living with HIV (1,400,000 in 2019) and reliant on recurrent specialist care, ART, and treatment (UNAIDS, 2020). With small ratios of doctors to inhabitants (0.1/1,000 people) and beds in hospitals (0.5/1,000) (WB, 2020b), Uganda has a fairly delicate health system with inadequate ability to develop the much-needed care services in the country.

Since the outbreak of COVID-19 and its related seasoned restrictions, the weak health system and its related dilapidated infrastructure was over stretched due to limited resources which required putting in place COVID-19 emergency centres as well as continue providing critical health services to women and children. In order to allow the health sector to prepare well enough, this resulted into government enforcing social measures to reduce on spread of disease through lock-downs, curfews and banned both private and public transport making it impossible to access the much-needed health care. A taskforce was created to respond to COVID-19 and other critical health services related to women and children were ignored since permission had to be sought from the Residential District Commissioners (RDCs) for a pregnant mother to attend antenatal care or delivery services or faced rage from security personnel and this limited freedom movement and access to health care (Tusingwire, 2020).

Maternal health care given to women between 15-49 years throughout pregnancy, childbearing, and postnatal care and it's a period of life and death. It is very risky and comes along with health vulnerabilities to the infant and mother (UNFPA, 2012). The new-borns need good health care and improvement of their wellbeing (Bhutta et al., 2012, Bhutta et al., 2008, WHO, 2020b, UNICEF, 2019). In Uganda maternal health is provided by both private and public health centres that also offer family planning services. The health facilities are overwhelmed with attention to COVID-19 suspects patients and observing all the protections required to give care to the patient during COVID-19 pandemic period. Given the already-stagnated health centres, in relation with equipment, personnel, and supplies (Madinah, 2016), health facilities in Uganda are confounded with bearing extra problems of enduring with their usual maternal health services and while offering extraordinary exertion to fighting COVID-19.

On 21st March 2020, Uganda confirmed its first case of COVID-19 and measures and policies (compulsory mask wearing, curfew, quarantines, Residential District Commissioner (RDC's) permission to travel and use private transport, presidential speeches on how to combat the virus etc.) to Ugandans have been put in place to combat the pandemic and prevent its further spread and given its complex associations it has interrupted the country's available infrastructure. The taskforce together with technical operations against COVID-19 needed a multi-sectoral breadth such as presidential taskforce, ministry of health, ministry of local government, office of the prime minister, Uganda research institute, international agencies, joint research centre, private sector, Non-governmental organisations, community based organisations, district task force which included; RDCs, local governments, local council chairpersons, district health officer, district police commissioner, district central police the ensured the implementations of the standard operating procedures (SOPs) (Anderson et al., 2020).

The district task force dealt with emergencies and dealt with some inevitable health-related challenges like pregnant mothers or very sick people, permission could be given by the RDC to use private means of transport either a vehicle or boda-boda (*Motorcycle*) to take such a person to hospital. These procedures led to demises of some pregnant women since the procedure of getting authorization got too long, leading to difficulties and death (Reuters, 2020, Youtube, 2020). While Maternal Health Services are free of charge in government health facilities (Nabyonga-Orem et al., 2008, Nabyonga Orem et al., 2011, Xu et al., 2006, Tashobya et al., 2006), the costs related to transport doubled as a result of COVID-19 outbreak coupled with phone calling costs and long waiting hours and others lost confidence in RDCs since they were seeking for bribes. Since Uganda has a non-functional referral system (Madinah, 2016) but rather self-reporting system, some lucky women arrived in private hospitals while others delivered at home or on the roadside with no birth attendant and the for unlucky ones, either the child or mother died, or both mother and baby died. The health system lacks a dynamic structure that would have supported women and children seeking for the much-needed health care to avoid loss of innocent lives.

Uganda has recorded an overall 1,115 confirmed cases of coronavirus with 2 confirmed death cases as of July 26, 2020.¹ The outbreak of COVID-19 in Uganda had several consequences on access to health services and family wellbeing in general. For example, the outbreak of COVID 19 in Uganda increased on the number of gender-based violence cases in homes since most of the families were staying together during the lockdown.² In the same vein, access to health services was also a challenge especially with pregnant women who could walk long distances in hunt for antenatal care from nearby hospitals. All of these problems were attributed to halting of public transport and private vehicles, curfew, and lockdown etc. to stop the spread of the virus in the country. Thus, it is upon this background that the study sought to assess the family dynamics in times of COVID-19 in Uganda.

Study Purpose

The study goal is to assess the family dynamics in the times of COVID-19 pandemic in Uganda.

Specific objectives

- i. To examine the effect of COVID-19 pandemic on the health status of women in Uganda.
- ii. To establish the effect of COVID-19 pandemic on Gender based Violence in Uganda.
- iii. To establish the effect of COVID-19 pandemic on domestic violence in Uganda
- iv. To establish the effect of COVID-19 pandemic on child abuse in Uganda

Research questions

- i. What is the effect of COVID-19 pandemic on the health status of women in Uganda?
- ii. What is the effect of COVID-19 pandemic on Gender Based Violence in Uganda?
- iii. What is the effect of COVID-19 pandemic on domestic violence in Uganda?
- iv. What is the effect of COVID-19 pandemic on child abuse in Uganda?

Literature Review

Maternal health services amidst Covid-19

Material health care is provided by both private and public but women prefer seeking for health care where there is privacy. Like many governments, the government of Uganda took measures to stop the wide spread of COVID-19 pandemic but the unpleasant feature of annoyance was the physical attacks i.e., whipping (kicking and hitting) of pregnant women in Busega Kibumbiro (Monitor, 2020f, Newvision, 2020a) and children. In Kampala, Rubaga Division, several cases of pregnant women were reported beaten by members of Local Defence Units (LDU) and a group of policemen conducting patrol, and where accused of defying presidential guide-lines on no-movement and no-congregation (Democracynow, 2020, Monitor, 2020e). Suspension of public transport on 25th March 2020 (Monitor, 2020b) and private transport on 30th March 2020 (Monitor, 2020d) hit transportation and movements were limited to walking, cycling, or self-riding of a motorcycle. Majority of women failed to reach hospitals walking on foot.

Women died in labour

The risk of no-access and related costs led to the death of some women in labour (Reuters, 2020) on their way to hospital, some had no idea on who to call for permission, some claimed they didn't have mobile phones, and one of the husband claimed that he did not have credit to call (Biryabarema, 2020, Reuters, 2020). They failed to get private motorcycle riders since they feared arrest as transport was suspended. While she managed to arrive on foot the baby did not make it and she too later died because the ambulance system is in sorry state the whole country has 421 ambulances of which 181 belong to government, 124 non-government and located in cities most rural areas live without (Amamukirori, 2020). Only 16

¹ Ministry of Health. (2020). Coronavirus (Pandemic). <https://www.health.go.ug/covid/> Accessed on 27 July, 2020.

² CNN. (2020). Available on: <https://edition.cnn.com/2020/05/15/africa/uganda-domestic-violence-as-equals-intl/index.html>

ambulances had the required health products and supplies needed for pre-hospital care and majority were below standard (Ningwa et al., 2020).

According to Biryabarema (2020) at least seven women in labour had been reportedly died on their way to hospitals. The non-accessible RDCs made it very tough for particularly underprivileged and uneducated women (Monitor, 2020c). An RDC is a stranger, the women do not know English because they did not go to school and cannot express themselves freely in English and not all RDCs knew the local language of the area and this increased the risk of maternal and new-born mortality. Failure to access contraception services increased the risk of unwanted pregnancies with a likely child boom in the near future. All these have an effect on the population pressures Ugandans are battling with. The former limitations may have resulted in home-based deliveries, inadequate medical care for postnatal mothers, less at-birth immunisations, failure to acquire family planning services, and increased risk of maternal and child mortality.

Methodology

The study was guided by a cross-sectional descriptive survey design with quantitative approaches (Hua and David, 2008, Busk, 2014). The study used secondary data obtained from Uganda Police Force³ and Ministry of Health⁴. The study findings were presented using descriptive analysis (Nassaji, 2015) to get an explicit image of family dynamics in the times of COVID-19 in Uganda.

Findings

This section presents findings on the effect of COVID-19 pandemic on the health status of women and Gender-Based Violence in Uganda. The findings are presented in preceding sections below;

The effect of COVID-19 pandemic on the health status of women in Uganda

The restrictions in movement and public transport as well as curfew time affected the health status of women in different ways. The evidence is presented below;

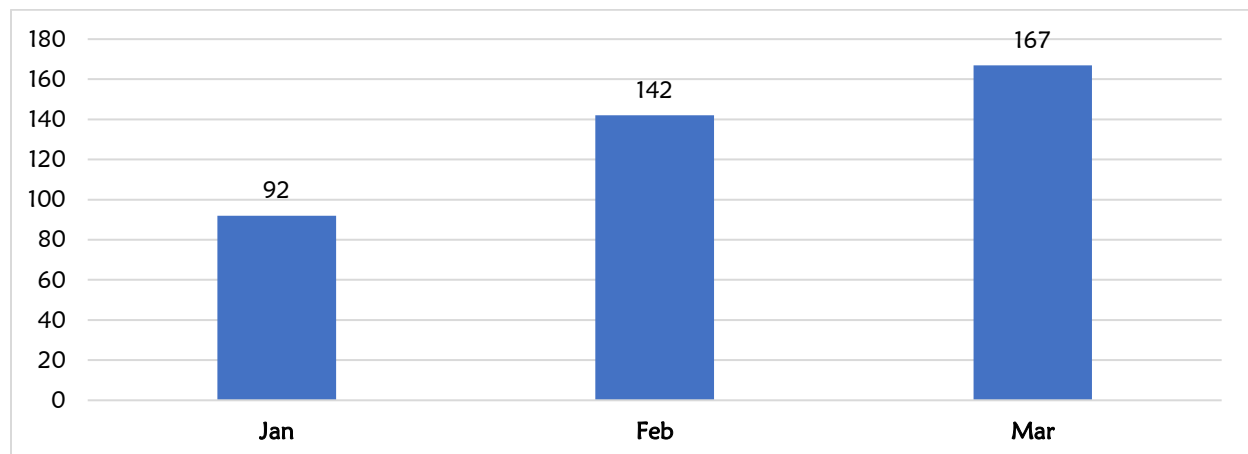


Figure 1: Trends in maternal deaths from January to March 2020

Source: Own Computations based on Uganda Ministry of Health (2020)

The study findings indicate that there was an increase in the number of maternal death cases (Biryabarema, 2020) from January to March 2020. Due to the outbreak of COVID-19 in March 2020, it is evident that the number of maternal death cases increased rapidly to 167 deaths from the 92 deaths in January the same year. The increase in maternal mortality may be attributed to the restriction in movement, ban on public

³ Uganda Police Force (2020). Police criminal investigations Directorate Report of January-May 2020.

⁴ Uganda Ministry of Health Database. (2020). Available on: <https://hmis2.health.go.ug/#/ug>

transport and private vehicles which limited women from accessing antenatal services which consequently resulted into the growth in deaths when giving births (Kizito, 2020). During tough times babies and mothers’ lives matter and these services distracted by the presidential orders while responding against the deadly COVID-19 pandemic. The banning of public transport and requesting mothers seeking for permission from the RDCs before seeking for medical care caused an instant demoralization in the maternal and new-born care.

Mothers have lost their lives as a result of movement limitations and the blocking that came with in search of authorization to go see health workers or deliver their babies. Mothers decided to carry out home deliveries in support of traditional birth helpers and village drug shops exposing them to great risks of death and paying plentiful sums of cash for poor service delivery (Kizito, 2020). Mothers were stuck due to lack of transportation means to reach hospitals for safe deliveries (UNFPA, 2020a, Ahmed, 2020) because every delivery should be safe and all babies are needed since they are a blessing but majority of mothers could not afford private transport so resorted to trekking. While some hospital remained open, the antennal clinics remained closed even in the peripheries of Kampala like Entebbe and upcountry (Monitor, 2020a).

The increase may also be as a result of fear within the pregnant women to seek antenatal services in fear of contracting the virus (Achan, 2020) hence missing out on emergency care and because of failure to access transport means. On the other hand, some health facilities were turned into quarantine centres (Independent, 2020) which left some women hopeless and others delivering from home and other related places thus leading to more deaths.

Table 1

Comparison in Maternal Deaths between 2019 and 2020 in Uganda

	Maternal Deaths		% change in Maternal deaths	Comment
	2019	2020		
January	89	92	3.4	Increased
February	80	142	77.5	Increased
March	95	167	75.8	Increased

Source: Own Computations based on Uganda Ministry of Health (2020)

The study findings from table 1 indicate that there was a greater increase in maternal deaths in 2020 as compared to 2019. It is observed that in March 2020, the maternal deaths grew to 167 from 95 in the same period representing 75.8% increase compared to 3.4% growth rate in January 2020. The increase in maternal mortality especially in March 2020 was a result of the COVID-19 measures put in place to curb the spread of the disease like ban on public transport and private vehicles (Monitor, 2020b).

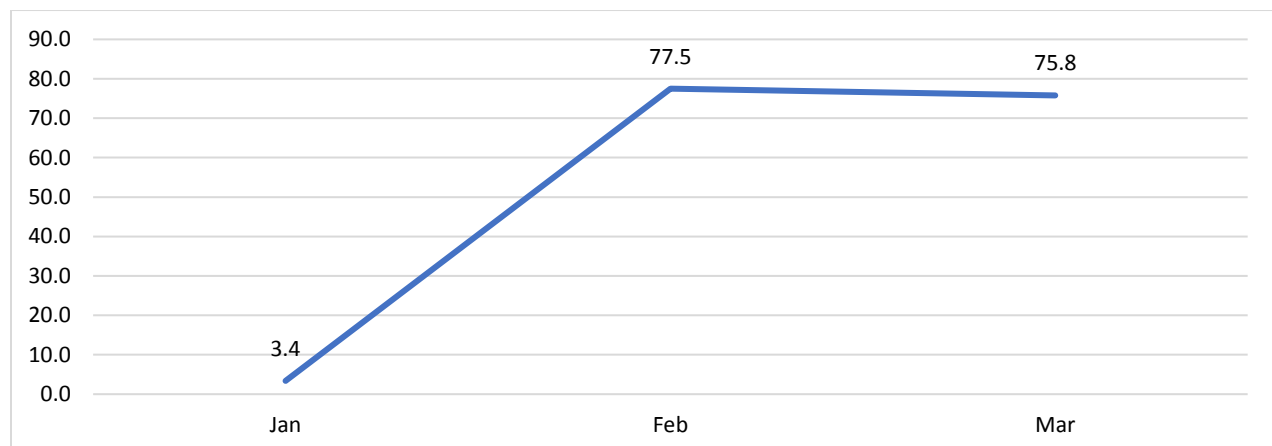


Figure 2: Trend indicating change (%) in the number of maternal deaths in 2020 compared to 2019 in Uganda

Source: Own Computations based on Uganda Ministry of Health (2020)

The study findings show a positive increase in maternal deaths from January to March 2020 compared to 2019. A growth rate of 75.8% in maternal deaths was observed in March 2020 which was significantly above the 3.4% in January 2020. This was a sign of increased maternal deaths during the period of COVID-19 in Uganda (Reuters, 2020, UNFPA, 2020a). This will lead to family breakdowns, maternal love will be lost, psychological effects since women are more closure and open to the children, some women are bread earners so it led to poverty in the families and women take care of home schools and can increase the level of school drop dropouts.

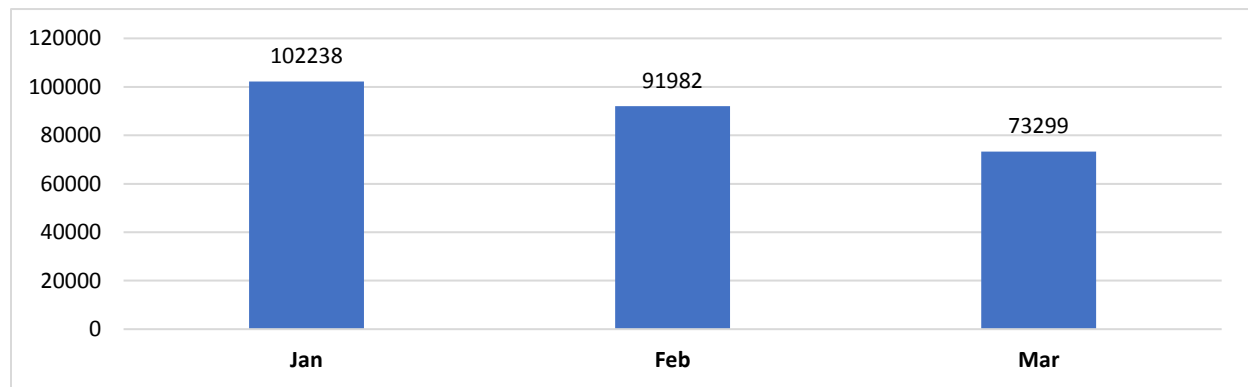


Figure 3: Trend in the number of child deliveries at different health facilities in Uganda between January and March 2020

Source: Own Computations based on Uganda Ministry of Health (2020)

The number of child deliveries from different health centres reduced in March 2020 during the outbreak of Coronavirus in Uganda. The observation from figure 3 above shows that there was a decline in the number of child deliveries at different health facilities from 102,238 births in January 2020 to 73,299 births in March 2020 in Uganda representing a fall in delivery rate of 28.3%. The decline in the number of deliveries may be as a result of limited access to health facilities due to the restrictions in movement and ban on public transport and private vehicles (Monitor, 2020b) as a measure put in place by government to curb the spread of the pandemic in the country. The decrease in the number of health facility deliveries may also be attributed to the curfew time put in place (Kyeyune, 2020, Monitor, 2020d, Monitor, 2020f) and the issue of first acquiring permission from RDCs before any private car movement which could have resulted into pregnant women delivering from their homes.

Table 2

Comparison between Child Deliveries in Health Facilities in 2020 and 2019

	Total child deliveries in Health facilities		Percentage change in child deliveries	Comment
	2019	2020		
January	97800	102238	4.5	Increased
February	89084	91982	3.3	Increased
March	102262	73299	-28.3	Decreased

Source: Own Computations based on Uganda Ministry of Health (2020)

The study outcomes above indicate that before the outbreak of COVID-19 in January and February 2020 in Uganda, the percentage increase in child deliveries in health facilities stood at 4.5% and 3.3% respectively. However, the number of deliveries decreased by 28.3% in March 2020 after the outbreak of COVID-19 in Uganda. The decrease in the number of child deliveries in March 2020 was attributed to limited movements of public transport and private vehicles. In the same vein, some pregnant women could not access health centres in fear of contracting the virus since some health facilities were used as emergency centres for COVID-19 patients (Monitor, 2020b, Independent, 2020).

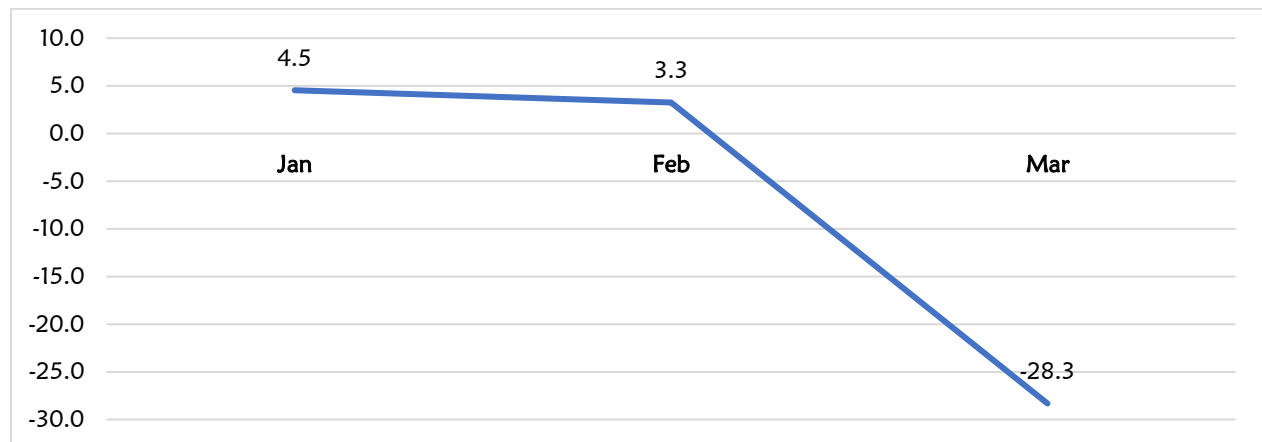


Figure 4: Percentage Change (%) in the number of child deliveries at different health facilities in 2020 compared with 2019 in Uganda

Source: Own Computations based on Uganda Ministry of Health (2020)

From figure 4 above, the findings indicate that during the outbreak of COVID-19 in March 2020, the number of child deliveries at different health facilities was negative showing a less proportion of child deliveries in March 2020 compared with March 2019. Meanwhile, before the outbreak of COVID-19 in January and February 2020, the child deliveries in health facilities were positive indicating that they were above the deliveries in 2019 in the same months. This may confirm that the transport restrictions really affected women from accessing health centres and receive safe deliveries (Monitor, 2020d, Monitor, 2020c).

The effect of COVID-19 pandemic on Gender Based Violence in Uganda

The outbreak of COVID-19 brought many families to stay together for a long period of time which was not the case before and this brought up several gender-based violence cases such as rape, defilement, indecent assault, and incest. Thus, the study presents how COVID-19 affected gender-based violence in Uganda;

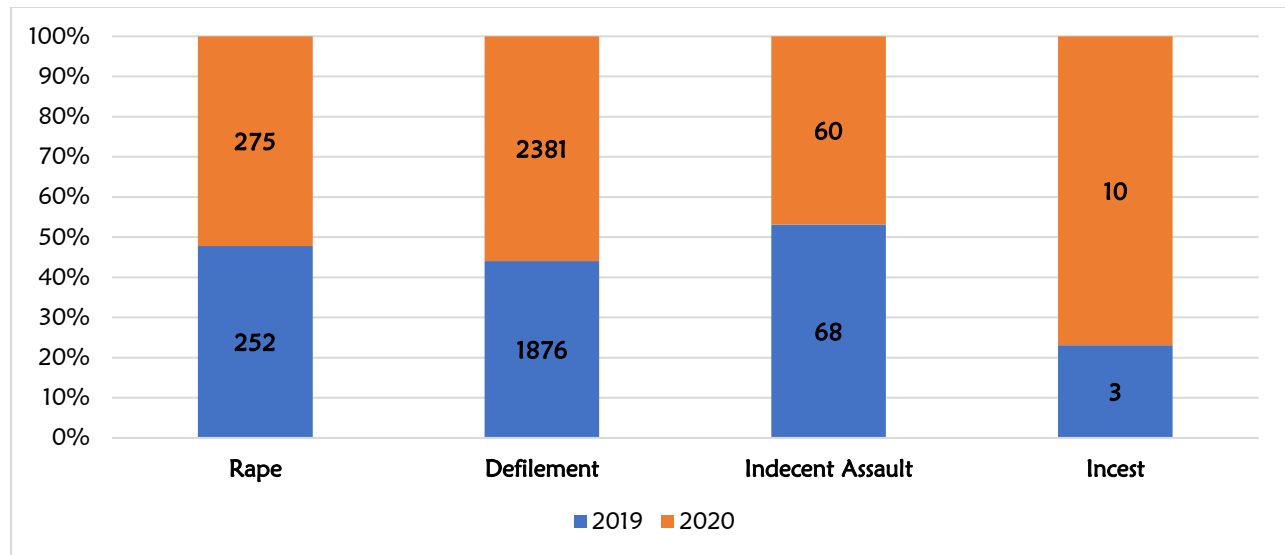


Figure 5: Comparison between gender-based violence (GBV) in 2019 and 2020 (March-April) in Uganda

Source: Own Computations based on Uganda Police Force (2020)

The findings in figure 5 above indicate that gender-based violence cases were more prevalent in 2020 during COVID 19 situation (March-April) compared with 2019 in the same month. The most prevalent cases of gender-based violence during COVID period included rape, defilement, and incest, and these were above the cases reported in 2019 by 9.1%, 26.9%, and 233.3% respectively between March and April. However, the cases on indecent assault in 2020 were less than the cases reported in 2019 between March and April. This generally indicates that the gender based violence cases increased during the period of COVID period given the fact that most of the families were living together (UNFPA, 2020b).

The lockdown was predicted for families to bond, share accomplishments, problems and design a way forward but it was not the case for some families (Tumwebaze, 2020) reports specify amplified beating up of women in their homes, which triggered grave physical and emotional damage. Referring to Uganda’s Demographic Household Survey 2016, most of women encounter spouse violence and 22% are involved in sexual violence (Kato, 2020).

Table 3

Change in Gender Based Violence between 2019 and 2020 (March-April)

Forms of Gender Based Violence	No. of Cases reported (March and April)		Percentage change in Gender Based Violence cases	Comment
	2019	2020		
Rape	252	275	9.1	Increased
Defilement	1876	2381	26.9	Increased
Indecent Assault	68	60	-11.8	Decreased
Incest	3	10	233.3	Increased

Source: Own Computations based on Uganda Police Force (2020)

The evidence from table 3 above shows that between March and April 2020, there was greater percentage increase in Incest cases (233.3%), followed by defilement (26.9%), and rape (9.1%) while indecent assault recorded a percentage of decrease of 11% during COVID period. The exponential increase in incest cases was brought about by different family members staying together during lockdown which resulted into

sexual relations with family members who are not married. The defilement cases were also greatly reported because of the presence of many people in communities during the COVID lockdown which resulted into idleness thus leading to sexual relations with under aged girls.

The decline in earnings/income due to the closure of businesses could have resulted into family misunderstandings when it came to providing family necessities which resulted into conflicts thus increasing the different forms of GBV cases in different families in Uganda. The household environment of lockdown has occasioned into amplified cases of GBV and many cases have taken lives even before Covid-19 the period between 30th March, 2020-28th April, 2020 a total of 3,280 cases of GBV and 283 child-based violence were reported to police and 1,148 girls and 766 boys didn't report domestic violence related cases (Emorut, 2020, Abet, 2020).

The effect of COVID-19 pandemic on domestic violence in Uganda

According to the domestic violence Act of Uganda, domestic violence involves any act of harassing, harming, injuring or endangering and threatening someone⁵. Many cases related to domestic violence were reported during the COVID period and this study presents evidence from the Uganda Police Force (UPF) as shown below;

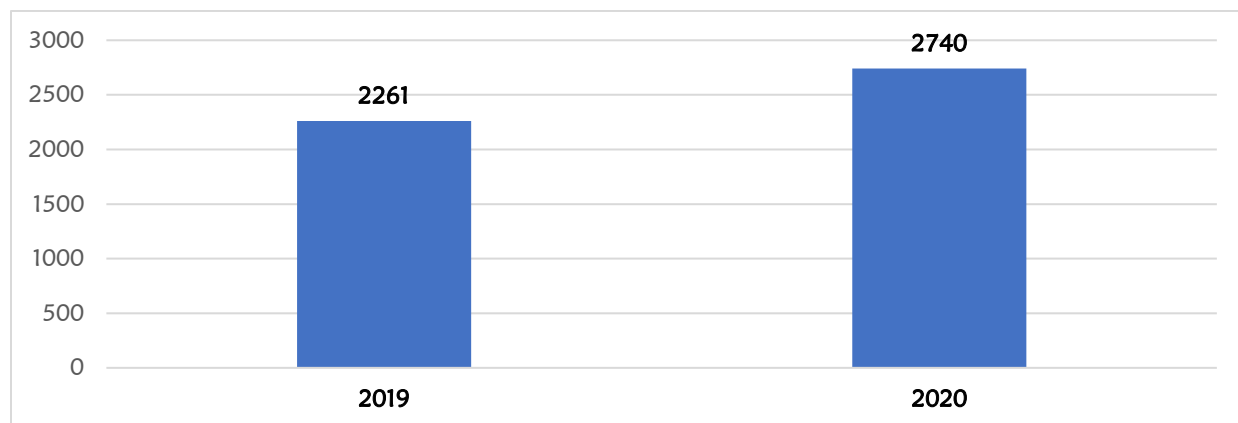


Figure 6: Comparison between domestic violence cases between 2019 and 2020 (March-April) in Uganda

Source: Own Computations based on Uganda Police Force (2020)

The evidence obtained from UPF revealed that between March and April 2020, Uganda recorded more domestic violence cases of about 2740 above the 2261 cases which were reported in the same month in 2019. The domestic violence cases increased by 21.2% in 2020 between March and April compared with the same base period in 2019. The increase in domestic violence cases were attributed to diminishing income among family members, idleness in communities, and disputes in families during the COVID 19 lockdown (Admin, 2020a, Admin, 2020b).

The effect of COVID-19 pandemic on child abuse in Uganda

The study also sought to investigate how the situation of COVID-19 affected child abuse in Uganda. The findings are more detailed in the figure below;

⁵ <https://ulii.org/ug/legislation/act/2015/3-9>

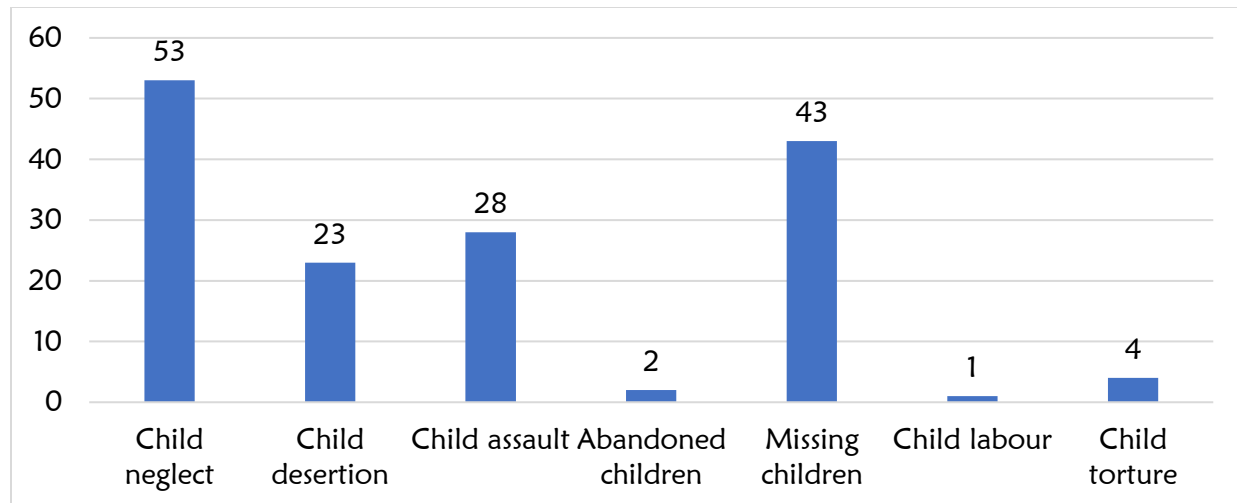


Figure 7: Cases of child abuse reported between March and April 2020 in Uganda

Source: Own Computations based on Uganda Police Force (2020)

The study found out that between March and April 2020, majority of the child abuse cases reported were related to child neglect (53), followed by missing children (43), child assault (28) while the least reported case was child labour (1). This may imply that since most the parents were not working during COVID period, it is important to note that some were unable to provide enough basic needs like food, clothing, and healthcare among which consequently increased child neglect in homes.

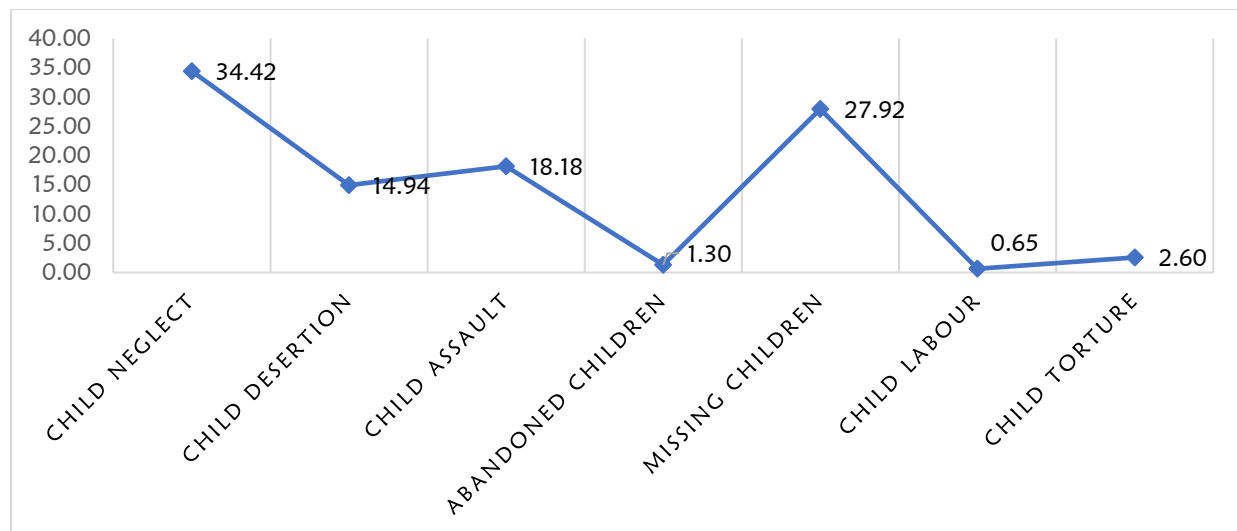


Figure 8: Proportion (%) of child abuse cases reported between March and April 2020 in Uganda

Source: Own Computations based on Uganda Police Force (2020)

Figure 8 above shows that child neglect cases were the most prevalent between March and April 2020 and were represented with a proportion of 34.4% while child labour was the least case reported with a proportion of 0.65%. This implies that the most prevalent case of child abuse was child neglect while minority was child labour during the COVID-19 lockdown. A number of cases have increased and records show that close to 21,000 of child abuse were reported to police during COVID-19 lockdown (Newvision, 2020b, Staff, 2020).

Conclusions

The effect of COVID-19 pandemic on the health status of women in Uganda

The prevalence of COVID-19 pandemic greatly affected the health status of women in Uganda. The study witnessed an increase in the number of maternal death cases between January and March 2020 and decrease in the number of child deliveries carried out at different health facilities. The study concludes that the increase in maternal deaths and decrease in the number of child deliveries in health facilities were attributed to the restrictions in the movement of public transport and private vehicles as well as curfew time during the lockdown.

The effect of COVID-19 pandemic on Gender Based Violence in Uganda

The outcomes from the investigation reveal that Uganda recorded an increase in most forms of Gender Based Violence during the period of coronavirus in Uganda. The most forms of GBV which increased include rape, defilement, and incest while those that declined included cases on indecent assault. Thus, it is concluded that Gender Based Violence was significantly affected by the outbreak of COVID-19 since it led to several measures that kept families together resulting into family disputes.

The effect of COVID-19 pandemic on domestic violence in Uganda

It is concluded from the study that there was a tremendous increase in the number of domestic violence cases between March and April 2020 compared with 2019. This was attributed mainly on diminishing income levels among family members, idleness in communities, and disputes in families during the COVID 19 lockdown.

The effect of COVID-19 pandemic on child abuse in Uganda

The study concludes that the most prevalent form of child abuse during the lockdown in Uganda was related to child neglect, followed by missing children, child assault, and the least reported was child labour.

Recommendations

The government should improve on access to health facilities by putting in place emergency teams, ambulances and also allowing operation of public transport and private vehicles past the curfew time especially in the case of emergencies since this may reduce on the maternal deaths and increase on child deliveries in health facilities.

The government should put up emergency call centres where families experiencing GBV should report rampant cases. The police should also be encouraged to act immediately when they receive cases from communities related to GBV. This may help to curb the rampant growth in GBV cases in the country during the period COVID-19.

There is need for economic empowerment programs in communities to boost the income levels of households. This may enable parents to support their families through providing basic needs and stop child neglect which is alarming.

References

- Abet, T. (2020). Covid-19: Fathers cited in violence against children. <https://www.monitor.co.ug/News/National/Covid-19--Fathers-cited-in-violence-against-children/688334-5553214-rawdo5z/index.html>, retrieved, June, 2020.
- Achan, J. (2020). Vouchers helping mothers get antenatal care under lockdown. reviewed 19, August 2020. <https://www.newvision.co.ug/news/1520912/vouchers-helping-mothers-antenatal-care-lockdown>.
- Admin. (2020a). COVID-19: Gender-based violence on the rise. <https://www.newvision.co.ug/news/1518495/covid-19-gender-violence-increase/html>, retrieved, June, 2020.
- Admin. (2020b). Gender Based Violence: When staying at home isn't safe. <https://www.newvision.co.ug/news/1518070/gender-violence-staying-home-isnt-safe/html>, retrieved, April, 2020.

- Ahmed, K. (2020). Seeking Maternity Care in a Pandemic: Navigating Travel Restrictions. *reviewed 15 August 2020. Seeking Maternity Care in a Pandemic: Navigating Travel Restrictions.* <https://www.whiteribbonalliance.org/>.
- AmamukirorI, B. (2020). Gov't to regulate ambulance services under new policy. *viewed 16 July 2020. Gov't to regulate ambulance services under new policy.* <https://www.newvision.co.ug/news/1509978/ambulance-services-regulated-policy>.
- Anderson, R. M., Heesterbeek, H., Klinkenberg, D. & Hollingsworth, T. D. (2020). How will country-based mitigation measures influence the course of the COVID-19 epidemic? *The Lancet*, 395, 931-934.
- Baker, T., Schell, C. O., Petersen, D. B., Sawe, H., Khalid, K., Mndolo, S., Rylance, J., Mcauley, D. F., Roy, N. & Marshall, J. (2020). Essential care of critical illness must not be forgotten in the COVID-19 pandemic. *The Lancet*, 395, 1253-1254.
- Bell, D., Hansen, K. S., Kiragga, A. N., Kambugu, A., Kissa, J. & Mbonye, A. K. (2020a). COVID-19 in Uganda: Predicting the impact of the disease and public health response on disease burden. *medRxiv*.
- Bell, D., Hansen, K. S., Kiragga, A. N., Kambugu, A., Kissa, J. & Mbonye, A. K. (2020b). Predicting the Impact of COVID-19 and the Potential Impact of the Public Health Response on Disease Burden in Uganda. *The American Journal of Tropical Medicine and Hygiene*, tpm200546.
- Bhutta, Z. A., Ali, S., Cousens, S., Ali, T. M., Haider, B. A., Rizvi, A., Okong, P., Bhutta, S. Z. & Black, R. E. (2008). Interventions to address maternal, newborn, and child survival: what difference can integrated primary health care strategies make? *The Lancet*, 372, 972-989.
- Bhutta, Z. A., Cabral, S., Chan, C. W. & Keenan, W. J. (2012). Reducing maternal, newborn, and infant mortality globally: an integrated action agenda. *International Journal of Gynecology & Obstetrics*, 119, S13-S17.
- Biryabarema, E. (2020). In Uganda, mothers in labour die amidst coronavirus lockdown. *Viewed 4 August 2020. In Uganda, mothers in labour die amidst coronavirus lockdown.* <https://www.reuters.com/article/us-health-coronavirus-uganda/in-uganda-mothers-in-labour-die-amidst-coronavirus-lockdown-idUSKCN21R2FA>.
- Busk, P. L. (2014). Cross-sectional design. *Wiley StatsRef: Statistics Reference Online*.
- Davies, J., Abimiku, A. L., Alogo, M., Mullan, Z., Nugent, R., Schneidman, M., Sikhondze, W. & Onyebujoh, P. (2017). Sustainable clinical laboratory capacity for health in Africa. *The Lancet Global Health*, 5, e248-e249.
- Democracynow (2020). In Uganda, Pregnant Women Die as Lockdown Cuts Off Hospital Access. *Viewed 21 August 2020. In_uganda_pregnant_women_die_as_lockdown_cuts_off_hospital_access.* <https://www.democracynow.org/2020/4/23/headlines/>.
- Emorut, F. (2020). Women church leaders decry rising cases of GBV. <https://www.newvision.co.ug/news/1520595/women-church-leaders-decry-rising-cases-gbv/html>, retrieved, June, 2020.
- Hua, Z. & David, A. (2008). Study design: Cross-sectional, longitudinal, case, and group. *The Blackwell guide to research methods in bilingualism and multilingualism*, 88-107.
- Independent (2020). Kitgum district runs out of quarantine space for Covid-19 suspects. *viewed 9 August 2020.* <https://www.independent.co.ug/kitgum-district-runs-out-of-quarantine-space-for-covid-19-suspects/>.
- Izudi, J., Ninsiima, V. & Alege, J. B. (2017). Use of personal protective equipment among building construction workers in Kampala, Uganda. *Journal of environmental and public health*, 2017.
- Katende, D., Mutungi, G., Baisley, K., Biraro, S., Ikoona, E., Peck, R., Smeeth, L., Hayes, R., Munderi, P. & Grosskurth, H. (2015). Readiness of Ugandan health services for the management of outpatients with chronic diseases. *Tropical medicine & international health*, 20, 1385-1395.
- Kato, G. (2020). COVID-19: Gender, human rights perspective for community-led response. <https://www.newvision.co.ug/news/1518022/covid-19-gender-human-rights-perspective-community-led-response/html>, retrieved, April, 2020.
- Kizito, F. (2020). Coping with provision of maternal, newborn health care during COVID-19 lockdown in rural Uganda. *viewed 1 September, 2020. Coping with provision of maternal, newborn health care during COVID-19 lockdown in rural Uganda.* <https://www.mnh.musph.ac.ug/blog/coping-with-provision-of-maternal-newborn-health-care-during-covid-19-lockdown-in-rural-uganda/>.
- Kyabayinze, D. J., Achan, J., Nakanjako, D., Mpeka, B., Mawejje, H., Mugizi, R., Kalyango, J. N., D'alejandro, U. & Talisuna, A. (2012). Parasite-based malaria diagnosis: Are Health Systems in Uganda equipped enough to implement the policy? *BMC public health*, 12, 695.
- Kyeyune, H. (2020). Uganda declares curfew to curb spread of COVID-19. <https://www.aa.com.tr/en/africa/uganda-declares-curfew-to-curb-spread-of-covid-19/1785775/html>, retrieved, March, 2020.

- Madinah, N. (2016). Challenges and barriers to the health service delivery system in Uganda. *IOSR Journal of Nursing and Health Science*, 5, 30-38.
- Mcpake, B. (2018). Health Systems Reforms in Uganda: processes and outputs. Institute of Public Health, Makerere University.
- Monitor (2020a). How Covid-19 is affecting reproductive health efforts. *reviewe 28 August, 2020*. <https://www.monitor.co.ug/Magazines/Full-Woman/How-Covid19-is-affecting-reproductive-health/689842-5533118-umkxsoz/index.html>.
- Monitor (2020b). Museveni suspends public transport for 14 days *Viewed 28 August 2020*. *Museveni suspends public transport for 14 days*. <https://www.monitor.co.ug/News/National/Museveni-suspends-public-transport-for-14-days/688334-5504246-wtuum70z/index.html>.
- Monitor (2020c). Pain of getting RDC permit to hospital. *viewed 17 August 2020*. *Pain of getting RDC permit to hospital*. <https://www.monitor.co.ug/News/National/Pain-of-getting-RDC-permit-to-hospital-/688334-5523846-pvubciz/index.html>.
- Monitor (2020d). President Museveni bans private cars, declares curfew. *viewed 11 August 2020*. *President Museveni bans private cars, declares curfew*. <https://www.monitor.co.ug/News/National/President-Museveni-bans-use-of-private-vehicle/688334-5509474-livggw/index.html>.
- Monitor (2020e). Uganda: Ldus On the Spot Over Rights Abuses. *Viewed 22 August 2020*. *Uganda: Ldus On the Spot Over Rights Abuses*. <https://www.monitor.co.ug/News/National/LDUs-spot-over-rights-abuses/688334-5548826-fpq9/index.html>.
- Monitor, D. (2020f). Coronavirus curfew: Police officers detained for torturing pregnant woman. *Viewed 16 July 2020*. <https://www.monitor.co.ug/News/National/Coronavirus-Police-officers-detained-torturing-woman/688334-5514396-6q1j5z/index.html>.
- Nabyonga-Orem, J., Karamagi, H., Atuyambe, L., Bagenda, F., Okuonzi, S. A. & Walker, O. (2008). Maintaining quality of health services after abolition of user fees: a Uganda case study. *BMC Health Services Research*, 8, 102.
- Nabyonga Orem, J., Mugisha, F., Kirunga, C., Macq, J. & Criel, B. (2011). Abolition of user fees: the Uganda paradox. *Health policy and planning*, 26, ii41-ii51.
- Nassaji, H. (2015). Qualitative and descriptive research: Data type versus data analysis. Sage Publications Sage UK: London, England.
- NEWVISION (2020a). Museveni orders arrest of Policemen who assaulted pregnant woman. *Viewed 10 August 2020*. *Museveni orders arrest of Policemen who assaulted pregnant woman*. <https://www.newvision.co.ug/news/1517514/museveni-arrest-policemen-assaulted-pregnant-woman>.
- Newvision (2020b). Uganda records 21,000 child abuse cases during COVID lockdown. *reviewed 14 August 2020*. <https://www.newvision.co.ug/news/1524328/uganda-records-21-child-abuse-cases-covid-lockdown>.
- Ningwa, A., Muni, K., Oporia, F., Kalanzi, J., Zziwa, E. B., Biribawa, C. & Kobusingye, O. (2020). The state of emergency medical services and acute health facility care in Uganda: findings from a National Cross-Sectional Survey. *BMC Health Services Research*, 20, 1-10.
- Reuters (2020). In Uganda, mothers in labour die amidst coronavirus lockdown. *viewed 9 August 2020*. <https://www.reuters.com/article/us-health-coronavirus-uganda/in-uganda-mothers-in-labour-die-amidst-coronavirus-lockdown-idUSKCN21R2FA>.
- Staff, C. (2020). Lockdown leads to rise in child abuse cases in Uganda. *reviewed 16 August 2020*. <https://cruxnow.com/church-in-africa/2020/06/lockdown-leads-to-rise-in-child-abuse-cases-in-uganda/>.
- Tashobya, C. K., Mcpake, B., Nabyonga, J. & Yates, R. (2006). Health sector reforms and increasing access to health services by the poor: what role has the abolition of user fees played in Uganda. *Health systems reform in Uganda: processes and outputs*. Tashobya CK, Ssenooba F, Cruz VO, editors *Health systems development programme*, London: London School of Hygiene & Tropical Medicine, 45-57.
- Tobías, A. (2020). Evaluation of the lockdowns for the SARS-CoV-2 epidemic in Italy and Spain after one month follow up. *Science of the Total Environment*, 138539.
- Tumwebaze, F. (2020). Effects of COVID-19 on the social and labour sector. *Newvision*, April 30, 2020, <https://www.newvision.co.ug/news/1518397/effects-covid-19-social-labour-sector/html>, retrieved, April, 2020.
- Tusingwire, A. M. (2020). COVID-19 IN UGANDA: The Fates and Futures of Maternal Health. *viewed 20 July 2020*. <https://www.kas.de/documents/280229/8800435/COVID-19+in+Uganda+-+The+Fates+and+Futures+of+Maternal+Health.pdf/028f3de4-7b67-86c9-99e0-88dabc8c73b5?version=1.0&t=1587482730417>.

- UBOS (2014). National Population and Housing Census 2014. viewed 3 September, 2020. https://www.ubos.org/wp-content/uploads/publications/03_20182014_National_Census_Main_Report.pdf.
- UBOS (2015). National Mid Year Population Projections by Single Age 2015–2050. viewed 25 August, 2020. <https://www.ubos.org/explore-statistics/statistical-datasets/6133>.
- UBOS (2016). The national population and housing census 2014-main report. viewed 20 August, 2020. https://www.ubos.org/wp-content/uploads/publications/03_20182016_UNHS_FINAL_REPORT.pdf.
- UNAIDS (2020). UNAIDS Global HIV & AIDS Statistics–2019 FactSheet. Geneva, Switzerland: UNAIDS. viewed 20 June 2020. <https://www.unaids.org/en/resources/fact-sheet>.
- UNFPA (2012). Providing Emergency Obstetric and Newborn Care. Viewed 10 August 2020. United Nations Population Fund. <https://www.unfpa.org/resources/providing-emergency-obstetric-and-newborn-care?page=24>.
- UNFPA (2020a). Safe births amidst COVID-19: Midwives are saving lives of mothers and babies. reviewed 12, August, 2020. *Safe births amidst COVID-19: Midwives are saving lives of mothers and babies*. <https://uganda.unfpa.org/en/news/>.
- UNFPA (2020b). Surviving Gender Based Violence during the Corona virus outbreak: How UNFPA’s SafePal App is connecting survivors to services. <https://uganda.unfpa.org/en/news/surviving-gender-based-violence-during-corona-virus-outbreak-how-unfpas-safepal-app-connecting/html>, retrieved, May, 2020.
- UNICEF (2019). New born Care Viewed 10 August 2020. Geneva,Switzerland: World Health Organization. <https://data.unicef.org/topic/maternal-health/newborn-care/>.
- WB (2020a). The World Bank, 2020. Fertility Rate, Total (Births Per Woman) -Uganda. Washington, DC: The World Bank. viewed 25 June 2020. <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=UG>.
- WB (2020b). The World Bank, 2020.Hospital Beds (Per 1,000 People). Wash-ington, DC: The World Bank. reviewed 12 July, 2020. <https://dataworldbankorg/indicator/SHMEDBEDSZS?view=chart>.
- WHO (2019). Global Tuberculosis Report 2019. Geneva, Switzer-land: World Health Organization. viewed 25 June 2020. <https://www.who.int/tb/global-report-2019>.
- WHO (2020a). Coronavirus Disease (COVID-19) Pandemic. viewed 12 August 2020. Geneva,Switzerland: World Health Organization. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
- WHO (2020b). Newborns: improving survival and well-being. viewed 14 July 2020. <https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>.
- WHO (2020c). WHO, 2020.WHO Global Health Observatory: Uganda StatisticsSummary (2002–Present). Geneva, Switzerland: World HealthOrganization. viewed 18 July 2020. <https://apps.who.int/gho/data/node.country.country-UGA>.
- Xu, K., Evans, D. B., Kadama, P., Nabyonga, J., Ogwal, P. O., Nabukhonzo, P. & Aguilar, A. M. (2006). Understanding the impact of eliminating user fees: utilization and catastrophic health expenditures in Uganda. *Social Science & Medicine*, 62, 866-876.
- YouTube (2020). In Uganda, women in labour die amid Covid-19 lockdown. viwed 9 August 2020. *In Uganda, women in labour die amid Covid-19 lockdownyoutube video*. <https://www.youtube.com/watch?v=R25n7UWVwNI>.