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THE SOCIAL AND
ECONOMIC IMPACT
OF **COVID-19 POLICY
RESPONSES ON
WOMEN** WORKING
IN THE INFORMAL
URBAN ECONOMY IN
UGANDA

STUDY REPORT, MAY 2023



RURAL

Cereals trader at Owino market



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FREE

Juice vendors in Kireka Wakiso district

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MARKET

Beauty products trader at Usukuru Market in Busia District

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ACRONYMS AND ABBREVIATIONS

ANOVA	Analysis of Variance
CSO	Civil Society Organization
FGD	Focus Group Discussion
GBV	Gender-based Violence
IDI	In-depth Interview
IWWs	Informal Women Workers
KII	Key Informant Interview
SRH	Sexual and Reproductive Health



FIELDWORK

Vegetable vendor at Nakasero Market

EXECUTIVE SUMMARY

Introduction

The informal sector in Uganda is characterized by limited access to social protections, job and income insecurity, lack of access to formal financial services, and weak market connections. More than 88% of employed Ugandan women work in the informal sector. They face economic challenges including unequal gender relations that place them at higher risk of poverty than men and that result in their unequal burden of unpaid domestic work. The COVID-19 pandemic exacerbated these economic and social inequalities, including by disproportionately affecting women employed in informal businesses.

At the onset of the COVID-19 pandemic, the Ugandan government implemented substantial policy measures to contain the spread of the virus, such as the national lockdown and movement restrictions, which had particular effects on businesses and workers in the informal economy. Informal workers, most of whom are women, suffered immediate and medium-term economic losses from the pandemic itself and from the government's response, threatening their socio-economic empowerment and livelihoods.

This study aimed to uncover the impacts of the COVID-19 pandemic and related policy responses on women in the urban informal sector in Kampala, Uganda. It sought to understand COVID-19's impact on pre-existing gender inequalities and on the livelihoods of informal women workers (IWWs), IWWs' experiences related to sexual and reproductive health (SRH) and gender-based violence (GBV) during the pandemic, and the coping strategies they employed in response to the effects of the pandemic. The study addressed the following four research questions:

- I. What are the specific gender norms and practices (in the family, community, and businesses) that further intensified the vulnerabilities of women in the informal sector during the COVID-19 pandemic?
- II. How did COVID-19 policy responses specifically impact the livelihoods activities of IWWs in the service sub-sectors of trading and food?
- III. How did COVID-19 policy responses specifically impact IWWs' exposure to GBV and access to SRH services?
- IV. What were the coping and resilience strategies/mechanisms for the women in the informal sector amidst the impacts of the pandemic?

Research design

This study was implemented in three divisions of Kampala: Nakawa, Kawempe, and Rubaga. It employed a mixed-methods approach, including a quantitative survey and qualitative interviews. An individual-level survey involved women in the informal food services sector, both mobile and at fixed locations, and women in informal trading services, including vendors, hawkers, and temporary stalls selling short and long shelf-life products in the markets. We randomly selected 411 women for the survey from six markets clustered into one small and one large market in each division. We also conducted 23 key informant interviews (KIIs), five in-depth interviews (IDIs), and eight focus group discussions (FGDs) (all single sex, each with six to eight participants) with purposively selected respondents. KII participants included policymakers, civil society organizations (CSOs), SRH and GBV service providers, and influential community leaders such as local council leaders and market chairpersons. The IDIs were conducted with specific sub-groups of IWWs, including those who were pregnant just before and during the pandemic period, those with children under 10 years, those who accessed credit from unregulated financial institutions, and those with disabilities.

Summary of key findings

Socio-demographics of informal women workers

IWWs interviewed ranged in age from 18 to 65 years, with a mean age of 40. Fifty-nine percent had attained education above primary level. Over 60% were household heads and over half lived with children.

IWWs had pre-existing characteristics that made them particularly vulnerable to the impacts of the COVID-19 pandemic

Study findings show that prior to the pandemic, 94.4% of IWWs did not have any form of health-related insurance. During the pandemic, the number of insured IWWs increased slightly to 8.4%, but a vast number of IWWs remained uninsured, reflecting a lack of social safety net. Additionally, the majority of IWWs were financially excluded from the mainstream banking financial systems prior to the COVID-19 pandemic, making it difficult for them to access credit from formal financial institutions. Most (46%) keep their money in savings groups, 23% use mobile money accounts, and 25% keep their money in commercial banks.

COVID-19 policies exacerbated the care and domestic work burdens of IWWs

During the pandemic, IWWs were the primary caregivers at home in terms of cooking (57%), cleaning (49%), caring for children (58%), and caring for the elderly (31%). While IWWs received support for household chores during the pandemic, mainly from daughters, many had

taken on additional care duties for children who were staying home from school during the pandemic. Increased care burdens significantly reduced income for 76% of respondents.

COVID-19 policies negatively affected the livelihoods of IWWs

Commonly reported challenges stemming from COVID-19 included reduced spending power (67%), ability to pay bills (66%), and opportunity to earn a living (64%). These challenges led some business owners to lay off employees. Most (89%) of the women kept their jobs or businesses during and after the lockdown but with reduced economic activity. Among the 99% of IWWs who reported a reduction in income, 48% in the food service mentioned it was due to supply chain issues, and 51% in the trading service reported that their place of work was temporarily closed. IWWs reported coping strategies that included changing their place of residence (93%) and spending their savings (87%), and just over a quarter of respondents reported sending household members away from home (to upcountry) due to livelihood challenges.

When asked about the potential for improved livelihoods following the lifting of the lockdown and post-COVID-19, around 29% of IWWs did not expect a change in their current livelihood, while 36% felt optimistic about livelihoods improving. Twenty-seven percent expected their livelihood situation to get worse.

IWWs had inadequate access to official COVID-19 relief measures

Awareness of social support interventions implemented in the wake of the pandemic was high at over 80%, especially for food relief and cash transfers, but fewer IWWs accessed these social assistance measures. Nearly one-quarter of respondents knew of some social support programming but did not receive any support. Around 44% of IWWs had accessed a loan in the past 12 months, largely obtained from savings groups (33%), money lenders (22%), and relatives (17%).

COVID-19 policies aggravated GBV and SRH care gaps

Radio and television were the most common sources of information about health services during the lockdown. About 40% of IWWs reported experiencing challenges in accessing health services, mainly due to movement restrictions (79%) and financial challenges (70%). Some SRH service providers indicated that young girls and women had unwanted pregnancies due to a lack of access to family planning services, and that those with disabilities had even greater access barriers to SRH services. Over half of the women surveyed knew of someone who had experienced GBV at home or work, and 35% had a personal experience of GBV during this period. The GBV cases experienced at work were slightly higher than those at home. While some CSOs and local government programs offered support for GBV, support overall was limited.

Conclusions, emerging findings, and recommendations for policy and action

- **Test innovations that can enhance access to and increase investments in public, private, and community-based childcare facilities** to enable working mothers, including those in the informal sector, to devote more time to paid work while their children are in safe spaces.
- **Target macro-level and sector-specific policies and strategies to promote inclusive growth** within the informal sector, including addressing financial constraints through dedicated funding and negotiating with mobile data providers to reduce rates to promote the use of digital platforms for market transaction and business development.
- **Develop a comprehensive, all-inclusive social protection strategy** to guide the efficient implementation of social protection programs targeting the IWWs.
- **Implement a multi-sectoral approach for prevention and response in addressing GBV** by prioritizing the needs of GBV survivors and focusing on rehabilitation, financing existing GBV shelters, and setting up new ones. Adopt community-led participation in education and sensitization on GBV, as well as provision of psychosocial support at the community level.

1.0 BACKGROUND

More than 88% of employed Ugandan women work in the informal sector, which is characterized by a lack of access to formal financial services, connections to the market, product branding and development, and sustainable value chains¹ Women in the informal sector face multiple challenges, including limited access to bank loans to support and grow their businesses² as well as increased exposure to gender-based violence (GBV) and conflict. Additionally, they lack adequate access to and control of resources that are critical for starting and growing businesses.³ Finally, they bear unequal burdens of unpaid care and domestic work, including caring for children, grandchildren, the sick, the elderly, and people with disabilities, mentoring community members, and mediating community conflicts, among other roles.⁴ Most women go into the informal sector because of its flexible nature in terms of work, which enables them to easily multitask and balance their unpaid care and domestic work responsibilities.

The onset of the COVID-19 pandemic caused a global socio-economic crisis with profound social and economic implications that were particularly acute among women in the informal sector.

In some countries, including Uganda, rules and guidelines implemented to control COVID-19 spread were enforced by police, who harassed small informal sector business owners, especially women, confiscating their goods, taking bribes/imposing fines, or subjecting them to physical abuse.⁵

¹ Uganda Bureau of Statistics. (2019). The Annual Labour Force Survey 2018/19 – Main Report, Kampala, Uganda.

² UN Uganda (2020). Country results. <https://uganda.un.org/en/133773-one-un-uganda-country-results-report-2020>

³ Ramani, S. V., Thutupalli, A., Medovarszki, T., Chattopadhyay, S., & Ravichandran, V. (2013). Women entrepreneurs in the informal economy: Is formalization the only solution for business sustainability?

⁴ Economic Policy Research Centre (2021). Gender, unpaid care work in Uganda: Evidence from the 2017-18 Time Use Survey, Policy Brief, Issue No. 136, August, 2021.

⁵ Nanjala, S. (2020). Kenyans resume work as virus spikes. *Daily Nation*.

⁶ Sunday, N., Sserunjogi, B., Kahunde, R., & Paul Lakuma, C. (2021). The Plight of Micro Small and Medium Enterprises Amidst COVID-19: A Post-lockdown Analysis Based on Business Climate Survey.



Aerial view of Nakasero Market

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In Uganda, the lockdowns and movement restrictions affected economic activity, overwhelmingly impacting women working in the informal economy, including daily and hourly wage workers, task-based workers, and self-employed and home-based workers. Women engaged in this type of work suffered immediate and medium-term economic losses. Such economic shocks have profound implications on incomes and employment, ownership, and control of assets, decision-making, access to various resources required for economic well-being (food, security, shelter), and autonomy.

This study aims to fill several gaps in knowledge and research in this area. While the Ugandan government implemented several social protection programs during the COVID-19 lockdown, such as cash transfers to vulnerable households, little research has focused on whether and to what extent these interventions benefited women in the informal sector.

The coping and resilience mechanisms these workers employed also remain undocumented. The few studies that focus on business performance amidst COVID-19 have also not clearly documented the specific impacts of the pandemic and its containment measures on women-dominated informal economic activities. Thus, this study seeks to shed light on the impacts of the pandemic on women operating in selected sub-sectors of the informal economy. The evidence generated will be applicable to other situations of catastrophic breakdown in informal economies and informs recommendations for the most effective ways to support women in those economies.

2.0 STUDY OBJECTIVES AND RESEARCH QUESTIONS



Groceries vendor at Nakasero market

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The overall research objective was to understand the socio-economic impact of the COVID-19 crisis and policy response on women in the informal economy across a range of occupations in the services sub-sector. The study included three specific objectives:

1. To investigate how COVID-19 policies impacted pre-existing gender inequalities, including gender-based violence (GBV) and access to sexual and reproductive health (SRH) services among women workers in informal urban economies.
2. To understand the coping and resilience strategies of informal women workers (IWWs) in the context of the pandemic.
3. To assess women's GBV and SRH experiences, including access to related/ appropriate services during the pandemic.

To achieve these objectives, the study developed the following research questions:

1. What are the specific gender norms and practices (in the family, community, and businesses) that further intensified the vulnerabilities of IWWs during the pandemic?
2. How did COVID-19 policy responses specifically impact the livelihood activities of IWWs in the service, trading, and food sub-sectors?
3. How did COVID-19 policy responses specifically impact IWWs' exposure to GBV and their ability to access SRH services?
4. What were the coping and resilience strategies/mechanisms for the women in the informal sector amidst the impacts of the pandemic?

3.0 RESEARCH DESIGN

This study was conducted in three divisions of Kampala: Nakawa, Kawempe, and Rubaga. These three divisions (out of five) were purposively selected because they have the highest concentration of informal businesses.⁷ The study used a mixed-methods approach with quantitative and qualitative interviews.

Survey participants were women in the informal sector drawn from: 1) food services, including mobile providers and those with fixed locations such as restaurants; and 2) trading services, including women engaged in trading varied items such as short and long shelf-life products in the markets, vendors, hawkers, and women operating temporary stalls. The study adopted an infinite formula of sample size determination to calculate a representative sample (S) where $S = [Z^2 p (1 - p)] / e^2$. Where: $z = 1.96$ for a confidence level (α) of 95%, $p =$ proportion (expressed as a decimal), $e =$ margin of error, $z = 1.96$. Because of the unknown population size of the specific targeted group in the study sites, the study used $p=50\%$. Thus, $p = 0.5$, $e = 0.05$. Therefore, the sample size $S = 1.96^2 * 0.5 * (1 - 0.5) / 0.05^2$ $S = 384.16$. The sample for the survey was adjusted to account for non-responses, and the final sample size was 411.

We used a multi-stage sampling approach to identify the potential survey participants. We purposively selected two markets (one small and one large) from each division. This selection was made in consultation with the division's commercial officers, who are familiar with the size, structure, and location of the markets in each division. The research team conducted a pre-fieldwork mobilization visit to the divisions and met with the commercial officers, who provided phone contacts of the market leaders selected from each division. Working with the market leaders, we generated the sampling frame for the survey. This list included IWWs who were in operation at least 12 months prior to the COVID-19 outbreak, and from this list, 411 IWWs were randomly selected for the survey. These were clustered into 60% for the food sector and 40% from trading services, reflecting a proportionate representation of the IWWs in these two sectors allowed to operate during the COVID-19 lockdown. The markets selected from each division are shown in Table 1.

⁷ Uganda Bureau of Statistics (UBOS), 2021. Uganda National Household Survey 2019/2020. Kampala, Uganda.

Table 1: List of markets where IWWs were selected for the survey

S/N		Name of the Market
1	Rubaga	New Kasubi Market
2		Mengo Market
3		Nalukolongo Market
4		Nateete Market
5	Kawempe	Wandegeya Market
6		Wekembe Market
7		Farmer's Hall Market-Kalerwe
8		Bwaise Market
9		Nakawa Market
10	Nakawa	New Ntinda Market
11		Kitintale Central Market
12		Bugolobi Local Market

The study also included a series of qualitative interviews. Key informant interviews (KIIs) were held with 23 subject matter experts, including policymakers, civil society organization (CSO) service providers for SRH and GBV, and influential community leaders such as local council leaders and market chairpersons. Five in-depth interviews (IDIs) were conducted with IWWs and eight total focus group discussions (FGD) were held with men-only and women-only informal workers groups, with six to eight participants per group.⁸

Quantitative survey data were analyzed in STATA, and percentages, means, and standard deviations were generated to describe and detect patterns in the data based on the study questions and objectives. To establish statistical differences in study outcomes across the sector and other demographic characteristics of respondents, particularly education, marital status, and age group, two inferential statistical tests were employed: the t-test and one-way analysis of variance (ANOVA). The t-test was used to determine significant differences between means of the two groups and relationships, while one-way ANOVA was used to determine statistical significance of differences between the means of three or more independent groups. The one-way ANOVA analysis was conducted on only two outcomes: the involvement of women in household chores and family care, and resilience. Qualitative data were managed and analyzed using NVivo software.

⁸ See Annex A1 for further description of qualitative study participants.

4.0 STUDY FINDINGS

This section presents findings on the social and economic impact of the COVID-19 crisis and policy responses on IWWs. It includes findings on IWWs' socio-demographic characteristics, care and domestic work before and during the lockdown, financial well-being and inclusion, employment and livelihood resources, SRH access, and exposure to and support for GBV.

4.1 Socio-demographic characteristics of the survey respondents

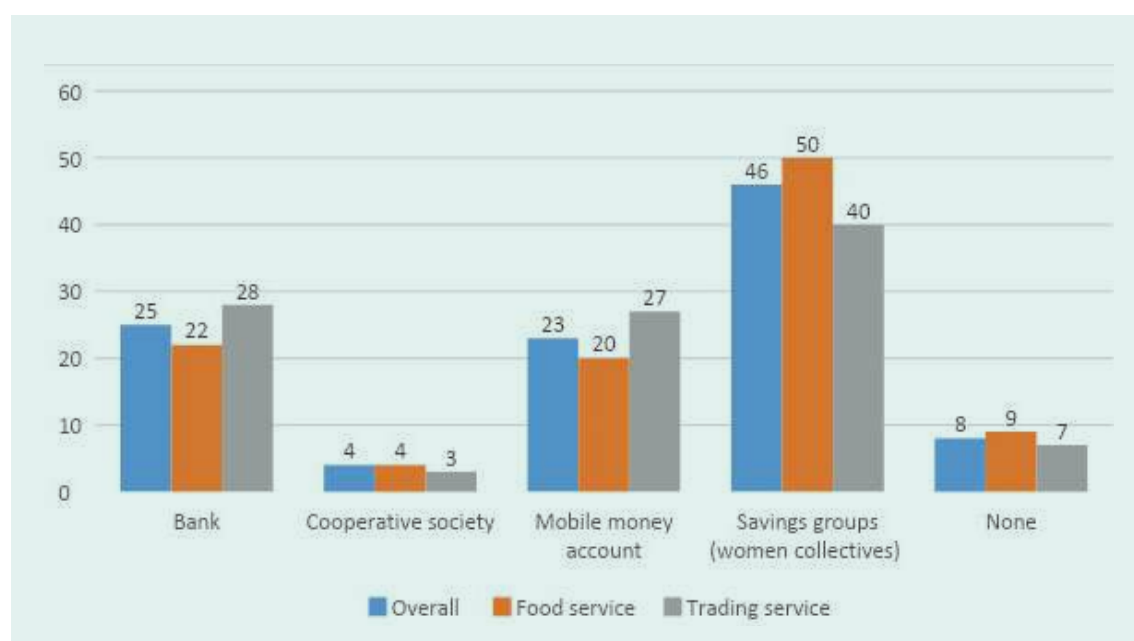
The IWWs interviewed ranged between 19 to 65 years old, with a mean age of 40 years. Fifty-nine percent had attained education above the primary level. Disaggregated by sector, women in trading services tended to be better educated than those in food services. Fewer than half of the IWWs (45%) lived with a partner, either legally married or cohabiting. Many women (55%) were single, divorced, separated, or widowed, making them household heads. Over half (56%) lived with children aged 0-5, and 81% lived with children aged 6-17. Only 1% worked for others as employees.

4.2 IWWs had pre-existing characteristics that made them particularly vulnerable to the impacts of the COVID-19 pandemic

4.2.1 Financial inclusion of IWWs

The study found that the majority of IWWs were excluded from mainstream financial systems prior to the COVID-19 pandemic, making it difficult for them to receive financial credit from formal financial institutions. A large number of women kept their money in savings groups (46%), followed by commercial banks (25%) and mobile money accounts (23%) (see Figure 1). The women in the food sub-sector were significantly more likely to keep their money in saving groups than those in trading services ($p=0.045$).

Figure 1: Places where IWWs keep their money (%)



4.2.2 IWWs' access to and uptake of insurance

Prior to the pandemic, only 5.6% (n=23) of the surveyed IWWs had some form of health-related (vs. commercial) insurance (see Table 2). During the pandemic, insurance uptake slightly increased by 2.8% (n=11). Four IWWs acquired private health insurance and three acquired life insurance. The very low uptake of insurance underscores the high level of risk assumed by IWWs and the lack of social safety nets available to them.

Table 2: Uptake of insurance before and after the onset of the pandemic (%)

Type of Insurance	Insurance Uptake before Pandemic (n=411)		Insurance Uptake after the Onset of the Pandemic (n=411)	
	No. of IWWs	% of IWWs	No. of IWWs	% of IWWs
Health insurance (private)	7	1.7%	4	1%
Health insurance (government)	1	0.2%	2	0.5%
Life insurance	7	1.7%	3	0.7%
Accident/disability insurance	5	1.2%	1	0.3%
Other type of insurance	3	0.7%	1	0.3%
Did not have any insurance	388	94.4%	377	91.7%

4.3 COVID-19 policies exacerbated the care and domestic work burdens of IWWs

4.3.1 Increased burden of care work

The pandemic exacerbated already highly gendered roles, saddling women with even greater levels of unpaid care and domestic work, especially for low-income women and those in structurally excluded groups. The pandemic increased the overall burden of domestic work. The lockdown increased the time that people spent at home, especially children who were out of school. IWWs also reported that due to economic hardship, domestic workers lost their jobs and were sent away to their villages; this increased the unpaid work burden for the IWWs in their homes.



... I sent the maid back to the village ... -Participant, **IWW FGD**, Kalerwe market

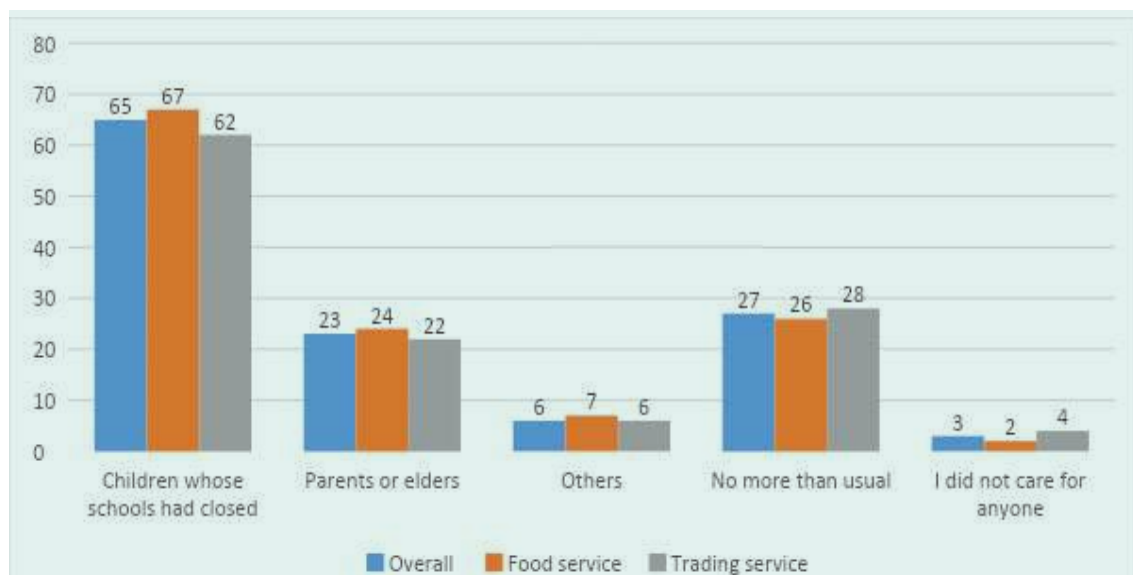


You had to cook, do the laundry, fetch water, and take care of the child if she/he was crying. So, one had to be working from morning till evening. -**Secretary to joint women collectives, FGD**, Kalerwe market)



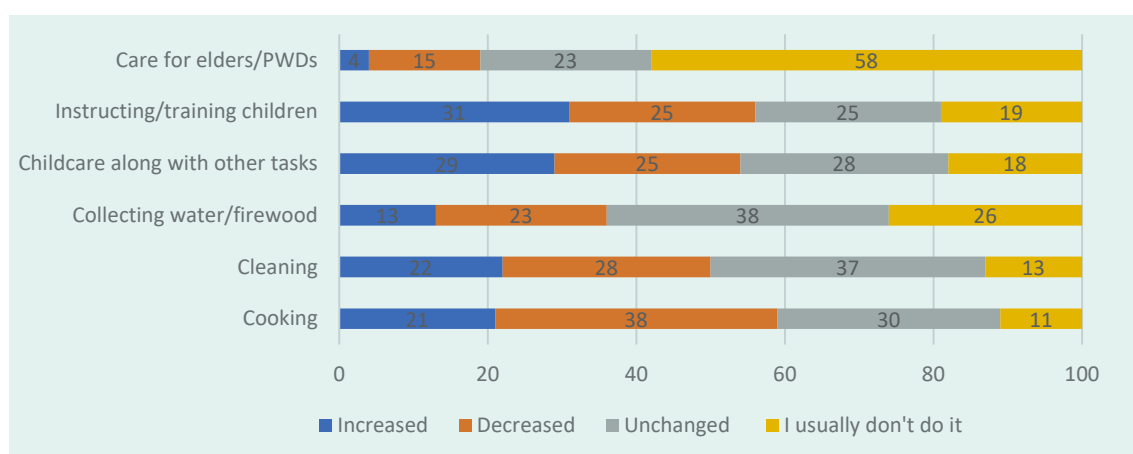
Thus, lockdowns, school closures, and economic hardship led to an increased burden of care work. Figure 2 shows the causes of IWWs’ increased care burden during the pandemic. The most prominent contributor to increased unpaid work burden was childcare due to prolonged school closures, as reported by 65% of IWWs. Twenty-three percent of respondents reported that the pandemic had increased the time they spent caring for parents or elders.

Figure 2: Percentage of IWWs reporting increased care for household members during COVID-19



Instructing and training children emerged as the most commonly reported unpaid care work activity (31%) to which IWWs devoted increased time. However, more than a third reported a decrease in time toward cooking. This could be due to the lockdown closing schools, and children, particularly girls, helping with various tasks at home. Additionally, a third of IWWs reported no change in time devoted to cleaning and collecting water/firewood. The experiences were similar between IWWs in the food sector and trading services (see Annex A2.2).

Figure 3: Percentage distribution of IWWs by changes in the time devoted to household chores during the COVID-19 pandemic



4.3.2 Support from others for unpaid care and domestic work

Findings show that, in spite of the overall increased burden of care in IWW households, women received limited support from their partners on unpaid care and domestic work (see Table 3). This is in line with societal gender norms where women are assumed to be the primary caregivers and domestic workers and men are the economic providers. This was echoed in the qualitative findings, where women described difficulty getting their husbands to support them in the home.



My husband was difficult, he could not touch anything, even if you were sick. He has hands but he cannot wash, he doesn't even buy soap, I buy everything.

-Participant, FGD with disabled women, Kalerwe Market



The study findings show that children, not spouses, took on additional care duties (see Table 3). Nearly two-thirds of the IWWs (65%) reported that their daughters participated in household chores and caring for family, followed by other family members (53%) and sons (49%). On the other hand, only 21% reported that their partners participated more. These results indicate that the COVID-19 pandemic mainly transferred the burden of household chores and family care to daughters as opposed to sons, other family members, and partners. This further manifests the imbalances in gender roles for home care, which were exacerbated during the COVID-19 lockdown.

Table 3: Responsibility for household chores and caring for family during COVID-19

Variable	%	Std. Dev.
My partner participates more with household chores and caring for family	21%	0.41
My daughter(s) participates more with household chores and caring for family	65%	0.48
My son(s) participates more with household chores and caring for family	49%	0.50
Other family/household members participate more with household chores and caring for family	53%	0.50
I am on my own; nobody helps with household chores and caring for family	10%	0.31



Second hand cloths trader at Usukuru Market in Busia District

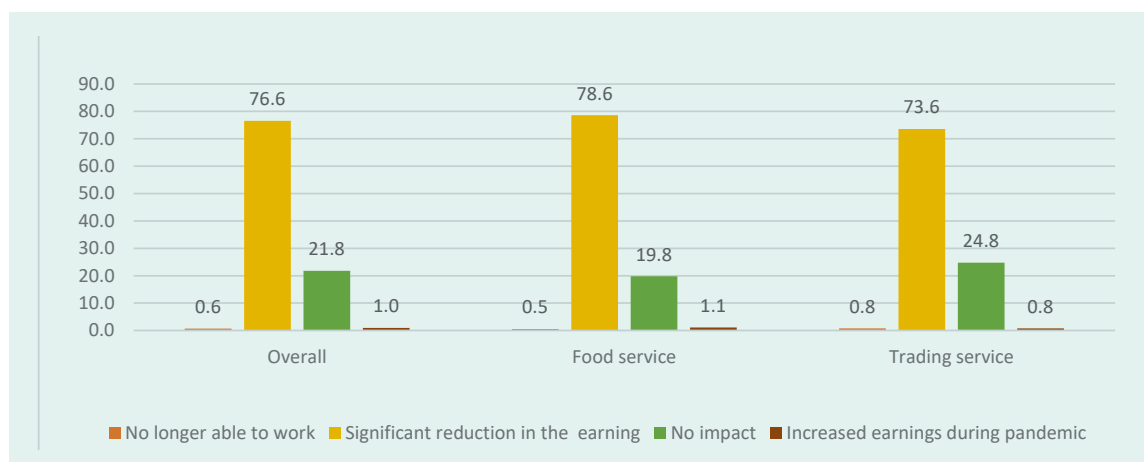
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One-way ANOVA results revealed that IWW's involvement in domestic and care work is statistically significantly different based on marital status ($F=7.27$; $p\text{-value}=0.000$); and age brackets ($F= 9.66$, $p\text{-value}=0.000$). This implies that marital status and a woman's age significantly propelled women's involvement in domestic and care work during COVID-19. Therefore, future crisis response measures aimed at addressing unpaid care work need to factor in marital status and age.

4.3.3 Increased care burden reduced access to income

The increased burden of care led to a significant reduction in earnings for over 76% of the women surveyed (see Figure 4). This impacted those in the food sector slightly more, with 5% more IWWs reporting a significant reduction in earnings than those in the trading sector.

Figure 4: Percentage of IWWs reporting changes in earnings due to increased care burden



4.4 COVID-19 policies negatively affected the livelihoods of IWWs

4.4.1 General challenges due to COVID-19

To understand how the COVID-19 lockdown affected the livelihoods of IWWs, we explored several livelihood dimensions, including employment status, income changes, and perceived welfare during the pandemic. As shown in Table 4, the most commonly reported challenges were reduced spending power (67%), reduced ability to pay bills (66%), and reduced opportunity to earn a living (64%). About 4 in 10 women reported increased emotional stress and mental health problems among family members as a major challenge (45%). IWWs experienced these challenges to the same extent in the food and trading services.

Table 4: Reported challenges to the livelihood of IWWs due to COVID-19

Challenges due to COVID-19	Overall	Food Service	Trading Service	p-value
Reduced opportunities to earn a living	64%	64%	64%	0.955
Reduced spending power	67%	66%	69%	0.491
Reduced access to credit	22%	22%	22%	0.833
Reduced ability to pay bills	66%	63%	71%	0.097
Disruptions to supply chains for necessities	13%	14%	12%	0.620
Increased cost of utilities	33%	30%	38%	0.072
Increased cost of business due to COVID-19 standard operating procedure measures	42%	46%	35%	0.027
Increased stress/worse mental health in your household	45%	43%	47%	0.482

Qualitative findings, summarized in infographic below, also revealed several ways COVID-19 affected women's livelihoods in the informal sector. Their testimonials reflect findings similar to those of the survey, including limited business opportunities and lack of access to capital, and not being able to feed their families properly. Due to economic need, women discussed having to travel long distances to get to the market and earn money to feed their families.

IWWs' descriptions of livelihood challenges they experienced during the pandemic

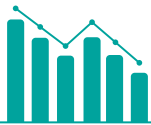
IWWs' Experiences due to COVID-19

01 REDUCED INCOME

IWWs experienced reduced income earnings during and after the lockdown due to **POOR BUSINESS PERFORMANCE** amidst high household expenditures

LOSS OF BUSINESS AND JOBS:

Some women's businesses failed due to limited capital.



FOOD INSECURITY: IWWs and low-income earning women generally experienced food insecurity, given the low earnings from the poorly performing businesses during the lockdown and limited government social protection in cash and food transfers.



INABILITY TO REPAY LOANS:

The poorly performing businesses affected the capacity of many IWWs with loans to pay back.

COVID-19 reduced my earnings to the extent that even up to now when there is no COVID-19, I do not earn as much as I used to earn before.

-Woman with disability, Nateete market



...financially, our stalls collapsed, and we could no longer sell tomatoes because there was no money, all the capital had been spent. Capital got done honestly and women went back to zero.

-Female respondent, secretary to joint women collective groups, Kalerwe market



Women were hit hard for the lack of food security aspects.....some were the main breadwinners for their families, especially in the slum areas. **-Key informant, Office of the Prime Minister**

... Food was scarce ... it reached a point when we were eating one meal a day, both children and adults. ... **-Participant, FGD for women with disabilities, Kajubi market, Kalerwe**



Women who had just taken loans from us [money lenders] were unable to return the money in time, and some totally refused to pay back.

-Female unregulated money lender, Nateete market



02 LOSS OF CLIENTELE AND REDUCED BUSINESS

THE LIMITED TRANSPORT OPTIONS TO ACCESS MARKETS REDUCED THE NUMBER OF CUSTOMERS, grossly affecting business sales.



IWWs in the food sub-sector dealing in **PERISHABLES WERE MORE AFFECTED** by the reduced number of customers at the onset of the lockdown.



COVID affected our businesses; even though some of us remained working, the number of customers reduced. ... **-FGD with leaders of women's collectives, Kasubi market**



You sometimes cooked food and literally no one comes to buy... people did not have money. **-FGD with young mothers aged 18-35 years in informal market, Nateete market**



People's merchandise like fish and tomatoes used to go bad because there were no buyers as people did not have money. **-Influential male leader, Bwaise market**



03 TRANSPORTATION CHALLENGES

IWWs WITH DISABILITIES, being particularly dependent on transportation for their commute, faced even a bigger challenge to continue working during the lockdown.



LONG DISTANCES FROM HOME TO WORKPLACES AND LIMITED TRANSPORT prevented some IWWs from being able to continue working.

Some IWWs resorted to **WALKING LONG DISTANCES** to get to the market to earn a living for their families.

... I did not work because all the vehicles were stopped from moving. So, I stayed at home because during COVID-19, Boda Boda refused to carry people. **-Woman with disability, Nateete market**



They [traders] remained working, but majority of them that came from distant places were not working. **-Pregnant woman, IDI, Mengo market**



.....I stay in Mukono. So, I had to commute from home to the market to work, I had to provide food to my children. **-Social protection service beneficiary, IDI, Nakawa market**



In light of long distances and limited transport, **GOVERNMENT POLICY** put in place to allow vendors to stay overnight at their stalls enabled some IWWs to work during the lockdown.



You would find people sleeping in here; we had like 120 people sleeping in the market since walking to and from their homes every day was difficult. -Influential leader, Bwaise market



04 HEALTH AND SAFETY RISKS

Overnight stays in the markets exposed IWWs to diseases such as **MALARIA, BACTERIAL INFECTIONS, AND COVID-19** with limited access to health services.



People who were sleeping in the markets were exposed to malaria and other diseases, yet they could not easily access hospital to treatment. The PLHIV on ARVs [antiretroviral therapy] could not get their medicines on time because of the distance. -GBV service provider, Nakawa Division



Some market vendors, including IWWs who stayed in the markets to work, **LOST PROPERTY AT HOME TO THIEVES.**



...our home was broken into, and everything was robbed leaving us with nothing. -Participant, FGD with men in informal sector, New Kasubi market



4.4.2 Impact on employment

Nearly 90% of IWWs indicated they kept their jobs or businesses during and after the lockdown, but with reduced activity, while less than 1% reported experiencing no impact. Job or business loss was significantly higher among IWWs in trading services (15%) than in the food sector (6%). This could be explained by the government allowing food services to continue operations during the lockdown, which was not the case for most trading services.

IWWs were asked about their employment status before and after the onset of COVID-19. Around 60% of IWWs owned businesses as sole proprietors and operators, while 28% owned businesses and employed others, and 12% were employees (see Table 6). The food service showed higher levels of IWWs as employers (31%) compared to the trade service (21%).

Table 6: IWWs' employment status before COVID-19 pandemic and after the COVID-19 lockdown (%)

IWWs	Type of Employment	IWWs' Employment Status before COVID-19 Pandemic	IWWs' Employment Status after the COVID-19 Lockdown
Overall	Employee	12.4%	11.4%
	Own business and I employ others	27.5%	15.6%
	Business owner without employees	59.6%	72.5%
Food service	Employee	7.6%	7.6%
	Own business and I employ others	31.3%	17.3%
	Business owner without employees	60.2%	74.7%
Trading service	Employee	19.8%	17.3%
	Own business and I employ others	21.6%	13.0%
	Business owner without employees	58.6%	69.1%

Findings show that COVID-19 pandemic and its policy responses impacted IWWs' employment status. There was a 12% reduction in IWWs who employed others, and IWWs who owned their businesses but did not employ others increased by around the same percentage, suggesting that those who had employees laid them off during the pandemic. IWWs in the food service sector recorded a higher increase in owning a business without employees (14.2%, compared to 10.5% in the trading sector). The shift from businesses with employees to those without employees could be attributed to several factors, including decreased revenue to pay employees, decline in business activity to warrant additional help, and employees finding it difficult to continue working given the high transport costs and a curfew during the lockdown.

4.4.3 Impact on work hours and income

Nearly all (99%) IWWs indicated they experienced a significant decrease in income due to the lockdown, with just a handful (less than 1%) reporting that their income increased during this period. A slightly greater percentage of IWWs reporting an increase in income were in the food sector (0.8%, compared to 0.6% in trading services reporting this).

Similarly, about 75% of the IWWs reported reduced hours of paid work as a result of business closures during the lockdown, higher transport costs than normal fares to reach places of work, and the curfew (See Figure 5). A few IWWs reported increased hours of work (14%), with more (16%) in the food services compared to the trading services (11%).

Figure 5: Change in the number of hours devoted to paid work (%)

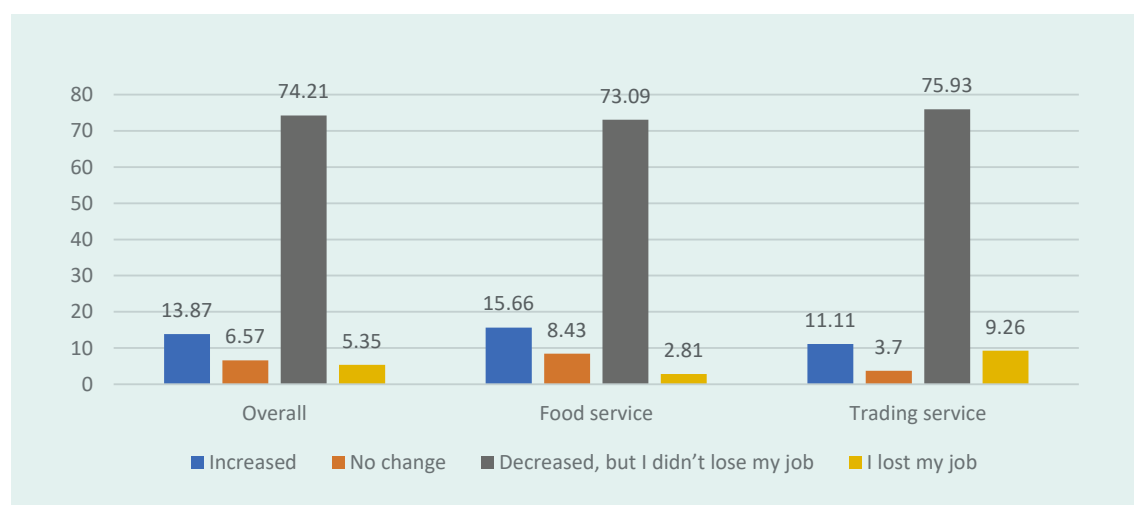


Table 7 shows IWWs' reported reasons for declined income, some of which are linked to the COVID-19 policy measures. IWWs in the food service sector were largely affected by supply chain issues (48%), while IWWs in the trading service sector were most affected by their place of work being temporarily closed (51%).

Table 7: Percentage distribution of IWWs by reasons for experiencing decline in income

Reasons	Overall	Food Service	Trading Service
Place of work was temporarily closed	41%	31%	51%
Supply chain issues	34%	48%	18%
Lost the job	17%	14%	21%
Business or market was closed (permanently)	6%	3%	9%
Ill health	3%	4%	1%

4.4.4 Outlook for the Future

IWWs had mixed perceptions of the potential for livelihoods to improve following the lifting of the lockdown (see Figure 6). Around 27% expected things to get worse or significantly worse and around 29% did not expect any positive or negative change in their livelihood, while 36% felt optimistic—either better or significantly better expectations—about livelihoods improving.

Figure 6: IWWs’ views of livelihood conditions post-COVID-19 lockdown (%)



IWWs were asked what their livelihood priorities were post-COVID-19. Their top priorities were food, followed by finance for business, children’s education, and health care (see Table 8).

Table 8: Reported livelihood priorities

Livelihood Priorities	Overall		Food Service		Trading Service		p-value
	%	Std Dev	%	Std Dev	%	Std Dev	
Health care	42	0.49	42	0.49	43	0.50	0.933
Food	53	0.50	52	0.50	56	0.50	0.458
Shelter	28	0.45	29	0.45	27	0.44	0.602
Finances for my business	51	0.50	49	0.50	52	0.50	0.544
Rent	16	0.36	16	0.37	15	0.36	0.734
Education for my children	51	0.50	51	0.50	50	0.50	0.781
Getting an income/working	14	0.34	14	0.35	12	0.33	0.543
Safety and security	13	0.34	13	0.34	14	0.35	0.696

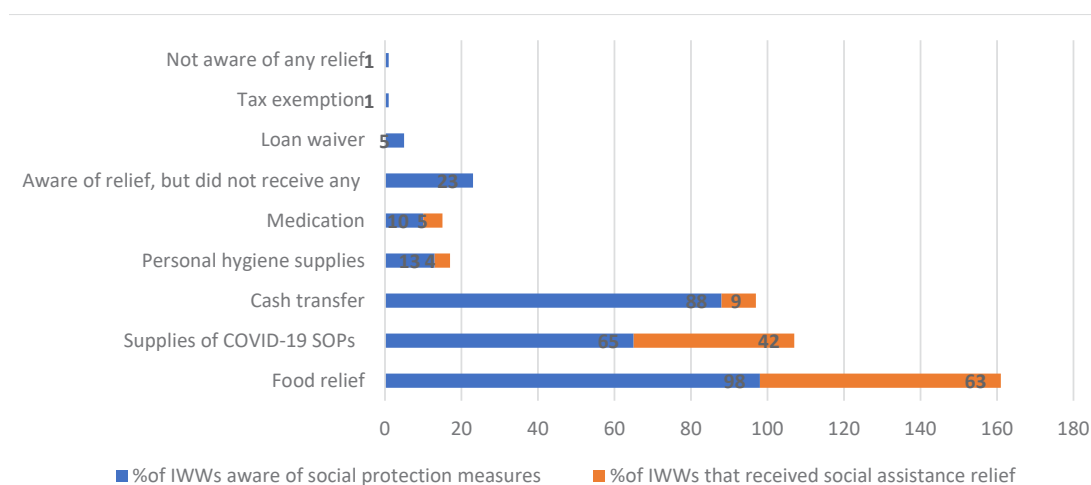
4.5 IWWs' access to official COVID-19 resilience measures

Formal and informal social protection programs are critical to addressing unprecedented emergencies and building resilience of all workers against any risks that might cause them to fall back into poverty. As a result of the nature of their businesses, IWWs and their families are prone to shocks exacerbated by a lack of operational capital and access to credit. The pandemic, together with associated government containment strategies, severely affected the IWWs, forcing them to devise their own coping measures to make it through the crisis.

4.5.1 Access to government relief mechanisms

Nearly all IWWs had knowledge of food relief (98%) and cash transfer (88%) social assistance measures. However, 23% of those who were aware of these measures did not receive any form of social protection from the government (see Figure 7). IWWs were less aware of some other government social protection efforts, such as tax (1%) and loan repayment (5%) waivers during the lockdown.

Figure 7: Percentage of IWWs aware of and receiving social protection measures



Among IWWs who received social protection during the pandemic, most reported receiving free food rations (63%) and supplies for COVID-19 standard operating procedures (42%). However, this support was spotty in breadth and geographical coverage. Anecdotal evidence shows that the distribution of free food did not cover all peri-urban and slum areas where the urban poor mostly live, and the quantities distributed (mostly of maize flour and beans) were small and in some cases, reported to be of poor quality.⁹ The limited scope of the support

reflects the weak social protection mechanisms from the central government.

In the survey, IWWs were asked to indicate their preferred form of government assistance during the pandemic. Most preferred a voucher (97%) to allow them to purchase a range of commodities, followed by cash transfers via mobile money (65.2%), and food rations (28.7%). A few women preferred cash transfers through a bank account (2.9%).

The findings from the survey on social protection were triangulated by the qualitative interviews with women in the informal sector and other stakeholders covered in the study below

IWWs' narratives on the social assistance during the COVID-19 pandemic

The support IWWs received from their **SOCIAL NETWORKS**, including family members, workmates, and friends, was important during and after the pandemic.



She [boss] used to send me some money and food. My workmates in the market would also send matooke [bananas], beans, charcoal, and other things since I was not working during the COVID-19 pandemic. -Woman with disability, Nateete market

The **GOVERNMENT'S CASH TRANSFER AND FOOD RATIONS** helped some IWWs meet their basic needs.

I received the money that was sent to our phones from the government. It helped me buy food and a few other items for the family. -Woman in the informal sector, Nakawa market

I got 9 kg of maize flour and beans from the government, plus masks. -FGD with young mothers aged 18-35 years

The **TRANSFERS FROM GOVERNMENT WERE LIMITED IN SCOPE AND GEOGRAPHICAL COVERAGE**, leaving some households out from receiving any form of support.

The government did not help us; it gave out food, but it did not reach us. We [disabled people] only heard about it but got nothing. -Disabled women, FGD with disabled women, Kalerwe market

Some **NONGOVERNMENTAL ORGANIZATIONS AND CULTURAL INSTITUTIONS OFFERED IN-KIND SUPPORT**, including food, bedding, and clothes, among other items.

...there is an organization that gave us mattresses. Their support mainly targeted children, women, and elderly men. -FGD with men in the informal sector, New Kasubi market

.... Kabaaka's organizations also gave us hand washing facilities. -FGD with informal male workers, Bwaise market)

⁹ AMWA (2020). The state of social protection in Uganda in response to Covid-19. Technical brief. https://www.akinamamawaafrika.org/wp-content/uploads/2020/10/akina_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf

SAVING GROUPS HELPED THEIR MEMBERS TO RESTART THEIR BUSINESSES after the pandemic and to buy necessities during the pandemic.



...we shared the small savings we had to help our members return to trading in the market. -Secretary to Joint Women Collective Groups, Kalerwe market



4.5.2 Coping strategies

As described above, IWWs did not have adequate access to government social protection schemes. To respond to the challenges resulting from the COVID-19 lockdown, IWWs adopted several coping strategies, from selling property and reduced meals per day to withdrawing children from school, as shown in Table 10.

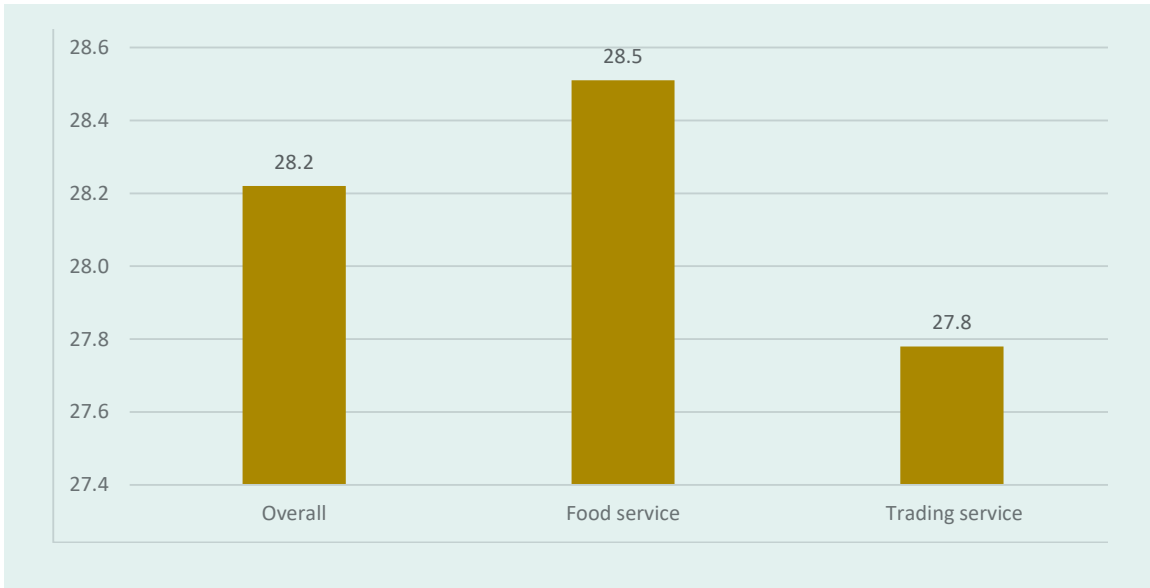
Table 10: Coping strategies of IWWs

Coping Strategies to Livelihood Challenges	Overall	Food Service	Trading Service	p-value
Selling household property	30%	32%	27%	0.312
Spending savings	87%	87%	88%	0.869
Buying food on credit through borrowed money	33%	32%	35%	0.628
Reducing expenditure on non-food items (health, education, clothing)	46%	47%	44%	0.588
Change place of residence to reduce expenses	93%	95%	91%	0.176
Children dropped out of school	26%	26%	26%	0.949
Children under 18 work to support family	33%	35%	30%	0.273
Reduced the number of meals per day	13%	15%	11%	0.270



A high proportion (93%) of IWWs reported changing their residence to reduce living expenses, especially house rent, and 87% depleted savings. Other common coping mechanisms included reducing expenditures on non-food items such as health and education (46%), borrowing money to buy food (33%), and sending children younger than 18 to work to support the family (33%). These strategies and livelihood adaptations represent an increasing vulnerability post-COVID-19 lockdown, mostly for children (e.g., school dropout, reduced meals, and child labor), and the future growth of the informal business, which may struggle to recover after having experienced a depletion of savings.

Just above a quarter (28%) of IWWs sent some household members to live elsewhere due to the economic hardships brought by the COVID-19 lockdown, including reduced earnings (see Figure 8).

Figure 8: Sent people away from households as a result of the pandemic (%)



Some IWWs reported that they adopted the use of digital platforms such as Facebook and WhatsApp for conducting trade/business transactions. Other IWWs reported that when the COVID-19 lockdown affected their core businesses (fewer customers), they resorted to selling items in high demand, such as face masks, sanitizers, immunity-boosting fruits like lemons.


 You would engage in businesses that you were not doing before as long as you saw it profitable.... **-Participant, FGD with young mothers aged 18-35 years, Nateete market**


4.5.3 Access to loans

About four in ten IWWs said they had borrowed money from either a formal or informal financial provider in the last 12 months (see Figure 9). On average, the loan sizes were UGX2.2 million (about US\$580). The main reasons for borrowing were for household consumption (25%) and education (26%). Due to the COVID-19-related economic crisis, about 42% of the women anticipated being unable to repay the loans within the required timeline. This was also shared by IWWs in the qualitative interviews.

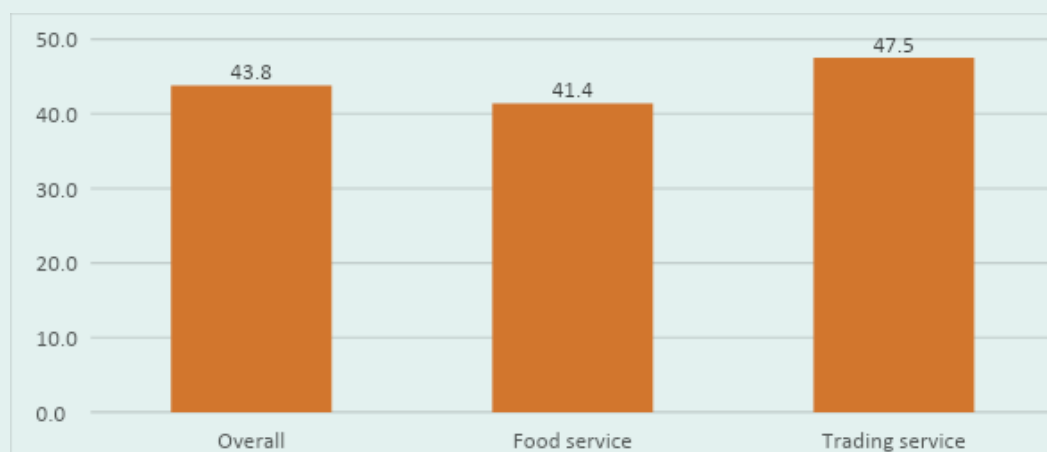


Fruits vendor at St. Balikuddembe market

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I went to the money lenders and pleaded to them to extend my repayment period so that I give them whatever money I earn. -**IWW**, Nakawa market

Figure 9: Accessed loan in the last 12 months (%)



IWWs obtained loans from various sources (Table 11). The major source of loans were savings groups (33%), money lenders (22%), and relatives (17%). Only 12% of the IWWs obtained loans from banks and 19% from microfinance institutions, reflecting the difficulty they face in obtaining credit from formal financial institutions, largely due to collateral requirements. As in most countries, credit from moneylenders in Uganda is very expensive, although it can be obtained quickly. Money lenders typically charge particularly high interest rates, which reduces IWWs' profits and curtails business growth prospects.

Table 11: Sources of credit for IWWs in the past 12 months

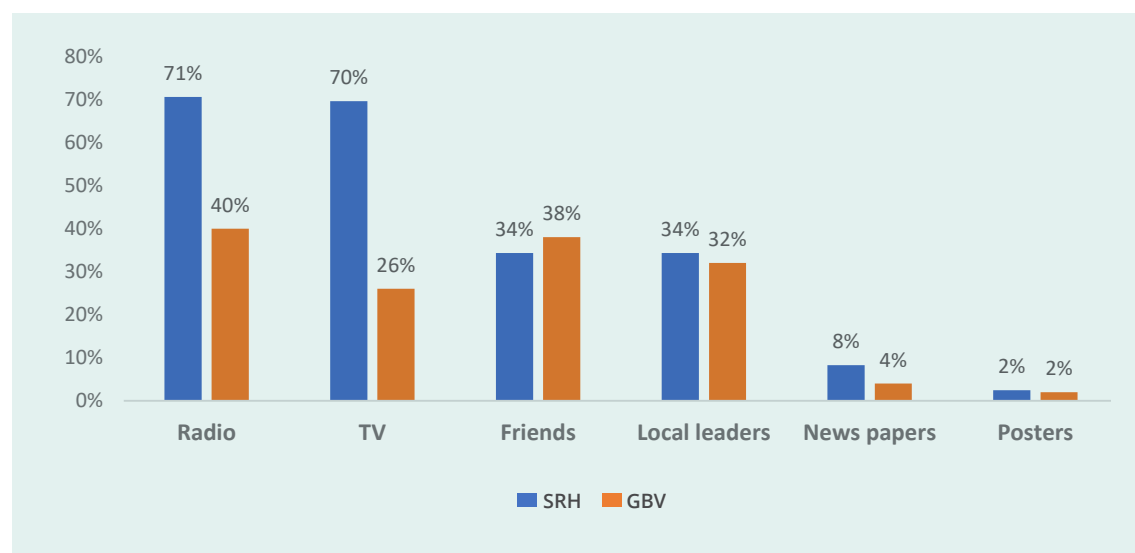
Options	Overall		Food Service		Trading Service		p-value
	%	Std Dev	%	Std Dev	%	Std Dev	
Bank	12	0.32	14	0.34	9	0.29	0.355
Microfinance	19	0.40	20	0.40	18	0.39	0.713
Savings group	33	0.47	30	0.46	36	0.48	0.378
Relative	17	0.38	15	0.35	21	0.41	0.277
Pawnshop	1	0.11	2	0.14	0.0	0.00	0.221
Digital lender	2	0.15	3	0.17	1	0.11	0.470
Local shop owner	4	0.19	6	0.24	1	0.11	0.122
Money lenders	22	0.41	21	0.41	22	0.42	0.908

4.6 COVID-19 policies aggravated GBV and SRH care gaps

4.6.1 Sources of information and services

The sources of information on SRH and GBV at the onset of and during the COVID-19 pandemic varied. Radio (71%) and television (70%) were the most common sources of information about health services during the lockdown (see Figure 10). Radio (40%) and friends (38%) were the most common sources of information about GBV services during the lockdown.

Figure 10: Sources of information on SRH and GBV for IWWs during the pandemic lockdown as reported by the IWWs



IWWs obtained health care services, including SRH services such as family planning, antenatal care, and childbirth, from various sources. The two main sources of health care were home

Table 12: Sources of health care services for IWWs

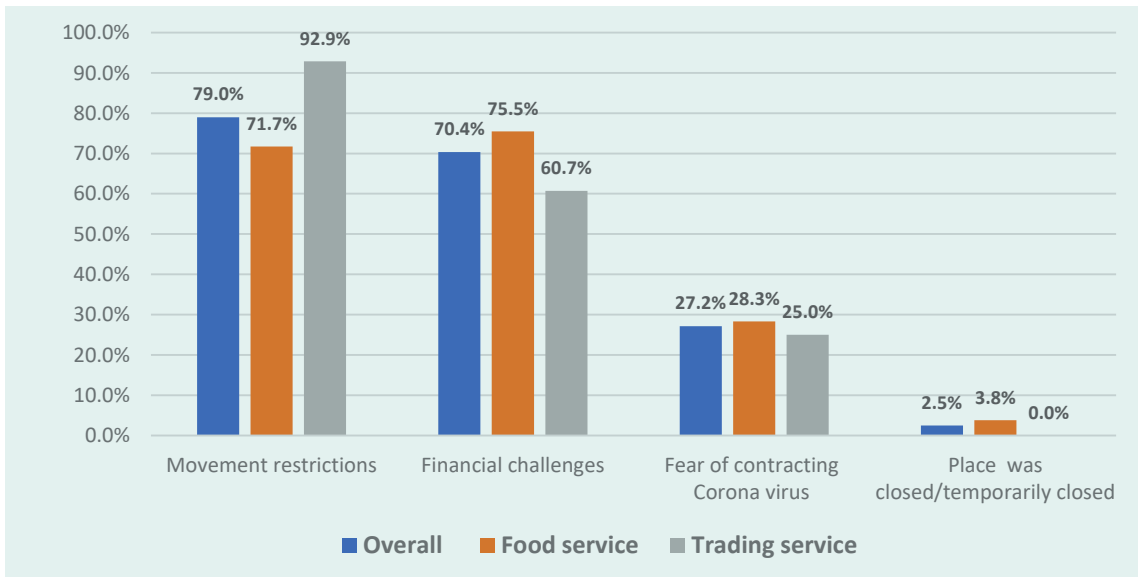
Source of Care	Overall	Food Service	Trading Service	p-value
No need to seek health care	4%	5%	3%	0.390
Visiting herbalists	16%	14%	19%	0.185
Procuring medication from pharmacies	53%	53%	52%	0.978
Praying for healing	15%	15%	14%	0.853
Using midwives	10%	9%	11%	0.537
Phone call to personal/family doctor for consultation and prescription	6%	6%	5%	0.641
Home remedies	85%	84%	87%	0.389
Reduced the number of meals per day	13%	15%	11%	0.270

remedies (85%) and pharmacies and drug shops (53%) in communities (see Table 2). Though not many respondents reported consulting with a doctor over the phone (6%), this reflects an interesting trend of adapting to the use of technology to obtain health care services.

4.6.2 Limited access to SRH services during the COVID-19 lockdown

IWWs reported a need for SRH services and care during the lockdown, including pregnancy testing, counseling, contraceptives, treatment of sexually transmitted infections, post-abortion care, and clinical management of rape survivors and intimate partner violence, among others. About 40% of the IWWs reported experiencing challenges in accessing health services; of these respondents, 79% said it was due to movement restrictions, financial challenges (70.4%), and the fear of contracting COVID (27.2%), as shown in Figure 11.

Figure 11: IWWs reporting challenges accessing health services during COVID-19



The government made exceptions to movement restrictions, allowing persons, vehicles, and motorcycles to transport patients to health facilities. This enabled pregnant women, mothers taking children for immunization, or women seeking SRH services to access health care. Through the Ministry of Health, the government put ambulatory services in place to ensure that sick people, including pregnant women, could access health facilities. For people with

My neighbor was pregnant when the government put the lockdown. A few months later, she was due. On the day of labor pains, we ran to the local chairman's home to get a letter to allow us to go to the health center. It was past curfew time, and it was not easy, to get a boda boda to take us to the health center ...

-IWW FGD group participant, Nalukolongo market

HIV, some hospitals deployed nurses to move into suburbs and villages to provide services, including antiretroviral therapy.

Despite provisions for ambulances to attend to medical emergencies, interviews with SRH service providers and IWWs indicated that access was limited given the requirement to obtain a letter from the local council leader of the resident district commissioner, which was difficult for most IWWs due to the movement restrictions, curfew, and high transport costs to reach these officials.

I was on injection contraceptives, and I could not go to the health center during the lockdown ... but where was I going to get permission to go for contraceptives? I was not going to tell the local chairperson that I needed a letter to go and get a family planning injection. No.... **-IWW IDI participant with children under 10 years**



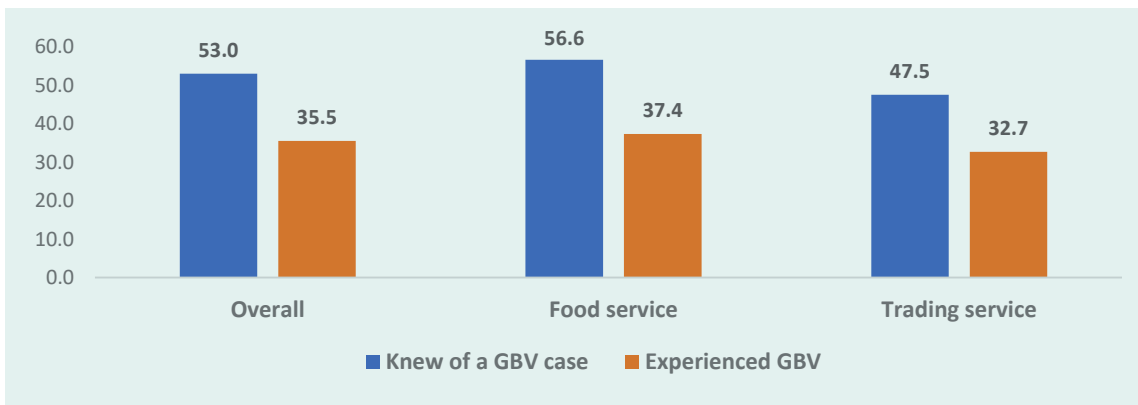
Fish vendors inKabalagala Trading Center

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4.6.3 Exposure to GBV during the pandemic

Over half of the IWWs knew someone who had experienced GBV at home or work, and 35% had experienced GBV themselves (see Figure 12). Women reported experiences of physical, sexual, and emotional GBV.

Figure 12: Proportion of IWWs who knew of or experienced GBV during the COVID-19 lockdown (%)



Women in the FGDs and IDIs gave several accounts of the underlying causes of GBV during this period and specific cases of violence involving women and children. Most notably, they specified economic hardships due to lost incomes from business and job losses, traveling long distances to work, staying in the markets overnight, and curfew as key aggravating causes.

◆ ◆ ◆ ◆

.... Women who were financially unstable were more prone to all sorts of violence. **-GBV service provider, Nakawa Division**

◆ ◆ ◆ ◆

There was a lot of sexual, physical (battering), and economic violence. You find partners fighting in many communities... there would be no money, and no food in the house. **-GBV service provider, Nakawa division**

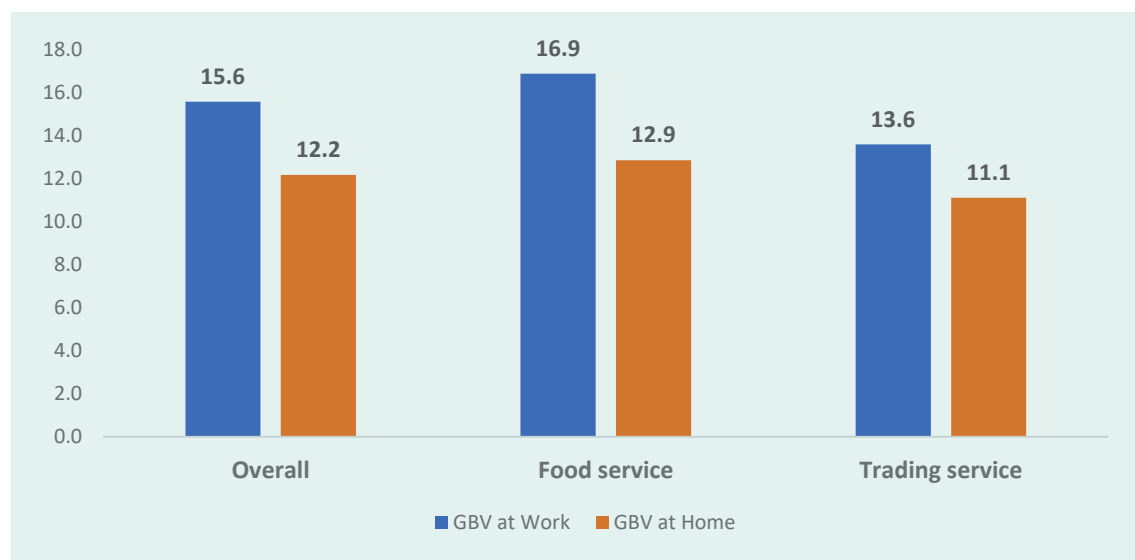
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Some husbands left their families because they could not provide for them ... **-Influential leader, Nateete Market**

◆ ◆ ◆ ◆

IWWs experienced GBV at home and work, though more reported this in the latter category, particularly those in the food sector (see Figure 13). The government's policy, enacted to balance livelihoods with public health safety, allowed market vendors to continue work during the lockdown if they stayed at the markets overnight. According to qualitative findings, this was particularly common for IWWs in food services. However, staying overnight in the markets unintentionally exposed IWWs to a higher risk of GBV at their place of work.

Figure 13: Proportion of IWWs who experienced GBV during the COVID-19 lockdown



As shown in Figure 14, the most common form of GBV that IWWs experienced both at home and work was emotional violence, followed by physical violence. Cases of sexual violence were fewer and mostly experienced at home versus work.¹⁰

There were no significant differences in exposure to GBV experienced at home by sector. However, physical violence was significantly more common among IWWs in trading services compared to those in the food sub-sector ($p=0.06$), and emotional violence was more common in the food sector ($p=0.01$). It is noteworthy that cases of sexual violence were higher at home (10%) than at workplaces (6%). This underscores the high level of vulnerability of IWWs faced during the pandemic period, given the lockdown.

¹⁰ Though reported cases of sexual-related GBV were relatively low, stigma associated with rape likely results in underreporting.

Figure 14: Forms of GBV experienced by IWWs during COVID-19

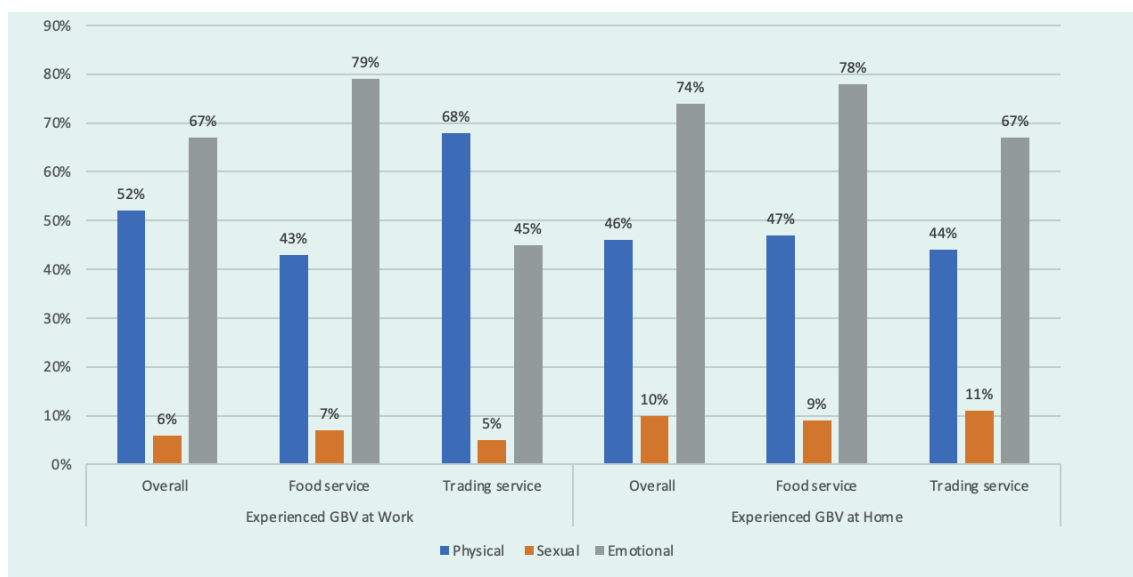



Table 13: Perpetrators and forms of GBV experienced by sector of IWWs

Forms of GBV	Overall	Food Service	Trading Service	p-value
Physical beatings/slap by spouses/ partners	23%	27%	17%	0.18
Physical beatings/slap by council Askaris/police	81%	81%	81%	0.94
Rape	2%	0%	6%	0.02
Emotional abuse by spouses/ partners	23%	22%	25%	0.68
Sexual exploitation in exchange for a service	4%	6%	0%	0.06
Sexual harassment	3%	3%	4%	0.86
Child marriage in IWWs' households	3%	4%	2%	0.44
Reduced the number of meals per day	13%	15%	11%	0.270

Physical beatings by government security personnel (Local Defense/Askaris and police) were the most common form of violence reported by the IWWs, followed by physical beatings and emotional abuse by spouses and partners (see Table 13). The abuse of IWWs by security personnel was mainly during the curfew time, while the abuse by partners was mainly attributed to the economic hardships and related stress during the lockdown because of decreased income due to business closures and job losses. The requirement to have working/movement permits after curfew and walking long distances was associated with new risks such as mistreatment from security personnel. The qualitative interviews also found abuses by security personnel.




...the security personnel mistreated people, someone would be walking a long distance to go to work, and the security would stop them and sometimes harass them. **-Influential leader, Bwaise Market)**

4.6.4 Limited GBV grievance mechanisms during the pandemic

During the COVID-19 lockdown, IWWs who were exposed to GBV had few options for seeking and receiving care. Some survivors sought counseling from friends and family members, others decided to separate from their families, and some kept silent about their plight. At the community level, most women reported incidents to the local leaders/authorities such as local area chairperson, while some would report to the GBV service providers within the divisions and the family and child protection unit in the police department.

Some CSOs were permitted to move without restrictions during the pandemic, which enabled them to go into the community and provide support to survivors of GBV, offering shelter and vocational training to ensure they could survive independently once they returned to the community.



We provided some trainings—skills like soap making, tailoring, hairdressing, and some capital, so that as they get out of the shelter, they can have beneficial work to do. **-Legal Officer, Uganda Network on Law, Ethics and Child Aid**



SELLER

Skin Guard
GUARANTEED SKIN PROTECTION

Crafts and decorations trader in Katwe Market

5.0 CONCLUSIONS, EMERGING FINDINGS, AND RECOMMENDATIONS FOR POLICY AND ACTION

Since the outbreak of COVID-19, several research efforts examining the pandemic's impact on various socio-economic outcomes have suggested that impacts vary considerably across different socio-economic groups, genders, occupations, regions, and countries.^{11,12,13} Yet, few studies have focused on women who work in the informal sector. The heterogeneity in impacts necessitates focused studies to identify specific consequences of the pandemic to inform appropriate design of policies to target particular groups. This section highlights the key conclusions and policy responses arising from the study findings.

Gender norms increased the vulnerabilities of IWWs during COVID-19.

With the high burden of care and domestic work, especially childcare, due to school closures for two years in the country, IWWs had to divide their time between business and domestic activities. We found evidence that the pandemic reinforced and exacerbated long-standing gender roles and African social values where the woman is the perceived primary caregiver in the home while the man provides for the family in other way, especially income generation outside of the home. Even though most men were not working during the lockdown, they still did not support their partners. Women were expected and obligated to manage the additional burden of care.

Recommendations

1. Governments and stakeholders should test innovations that can enhance access and increase investments in public, private, and community-based childcare facilities to enable working mothers, including those in the informal sector devote, to spend more time in paid work while their children are in safe spaces.
2. Responses to emergencies and economic crises should be gender-sensitive and responsive with the aim of supporting women and other groups facing similar gender-related vulnerabilities.

¹¹ UNDP_Uganda (April, 2020). Socio-economic Impact of COVID-19 in Uganda: Short, Medium and Long-term Impacts on Poverty Dynamics and SDGs Using Scenario Analysis & System Dynamics Modeling COVID-19 Policy Brief #1.

¹² Margini, F., Anooj, P., Tapley, J., Angellah, N., & Sarah, B. (2021). Uganda's emergency response to the COVID-19 pandemic: a case study.

¹³ Sitko, N., Knowles, M., Viberti, F., & Bordi, D. (2022). Assessing the impacts of the COVID-19 pandemic on the livelihoods of rural people: A review of the evidence.

COVID-19 and related policies increased the economic vulnerability of IWWs' livelihoods.

Though government lockdown measures to contain the spread of COVID-19 reduced IWWs' business earnings, some segments in the food sector and some trading services remained operational. However, even for these workers, the lockdown measures still resulted in reduced earnings and/or job losses, forcing many women in the informal sector to deplete their savings and business capital. Consequently, many are struggling to resume their businesses post-pandemic and to repay the loans acquired in the pre and during the COVID period. The government's financing arrangements to support businesses through the Uganda Development Bank is currently inaccessible to such groups.

The use of digital technologies (particularly the phone) to connect with clients and traders during the lockdown opened opportunities for increased use of digital platforms such as Facebook, and WhatsApp. However, the high cost of mobile data in Uganda poses a challenge for IWWs and other low-income groups to adopt these marketing platforms.

Recommendations

1. Macro-level and sector-specific policies and strategies are needed to promote inclusive growth within the informal sector. In particular, the government should address the financial constraints women in small businesses face by providing dedicated, accessible, and flexible funding to micro and small businesses through the Microfinance Support Center and women's collectives.
2. The government should negotiate with mobile data providers to reduce rates to promote the use of digital platforms for market transactions and to more easily access other social and business development services. This is because the high cost of mobile data in Uganda poses a challenge for women in the informal sector (and other low-income groups) to adopt digital technologies.

Evidence shows weak public social protection systems.

Many women adopted unsustainable coping and resilience strategies, such as selling household property, depleting savings, and reducing expenditure on non-food items. These adaptations further exacerbated IWWs' vulnerability during and after the COVID-19 lockdown. Only 40% of IWWs believed their life and household would bounce back after the pandemic. Social protection mechanisms for women in the informal sector and the general population remain weak with ad hoc interventions. Though the government provided some food and cash transfers to vulnerable households in urban areas, the poor coordination of these support programs meant that many IWWs were overlooked, and the support to those who benefited was insufficient.

Recommendation

1. The government should develop a comprehensive all-inclusive social protection strategy, in addition to the existing social protection policy of 2015, to guide the efficient implementation of social protection programs. More specifically, effective social protection frameworks for the urban poor should be developed to provide adequate support to vulnerable households, including women, during emergencies.

COVID-19 lockdowns affected access to SRH and GBV services and increased exposure to GBV.

The forms of GBV experienced during the COVID-19 lockdown and the limitations in obtaining needed SRH and GBV support services reflect how the existing gender norms exacerbated IWWs' vulnerabilities during the height of the pandemic. Because most of the IWWs were the heads of their households and had limited social protections, they had to continue working during the lockdown to provide for their families. This exposed them to the risk of contracting COVID-19 and increased their risk of exploitation. IWWs and other marginalized women reported severe levels of harassment by the security personnel enforcing the curfew and movement. The emotional and physical abuse by partners and the sexual exploitation through rape and exchange for services reflect the vulnerabilities which stem from gender norms in many African societies, particularly among low-income groups, which accord women a lower social status with limited protection.

Recommendations

A multi-sectoral approach for prevention and response in addressing GBV is required. The government should:

1. Strengthen and finance implementation of the GBV legal framework.
2. Prioritize the GBV survivor approach, which focuses on rehabilitation for the victims, financing existing GBV shelters and improving their services, and setting up new GBV shelters, especially given the overwhelming numbers and overflow of victims at the few existing shelters.
3. Adopt community-led participation in education on social norms and GBV and sensitization against GBV.
4. Establish a system that supports and encourages the provision of psychosocial support, such as counseling, and treatment at the community level, which is more accessible to all potential victims and can be easily sustained.



GREEN

Greens vendor at Nakasero Market.

ANNEXES

Annex A1: Study Participants for Qualitative Study

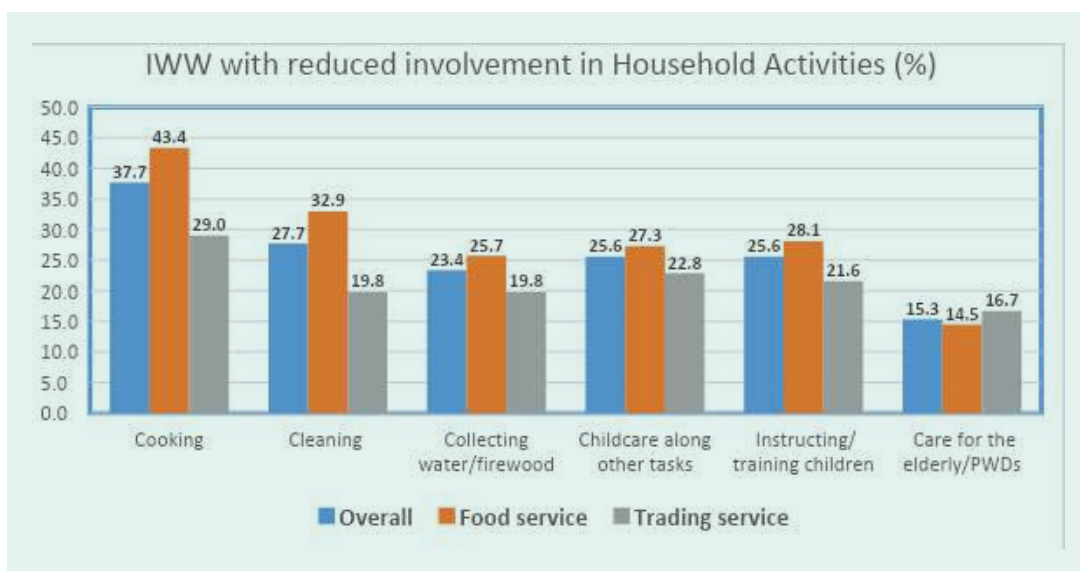
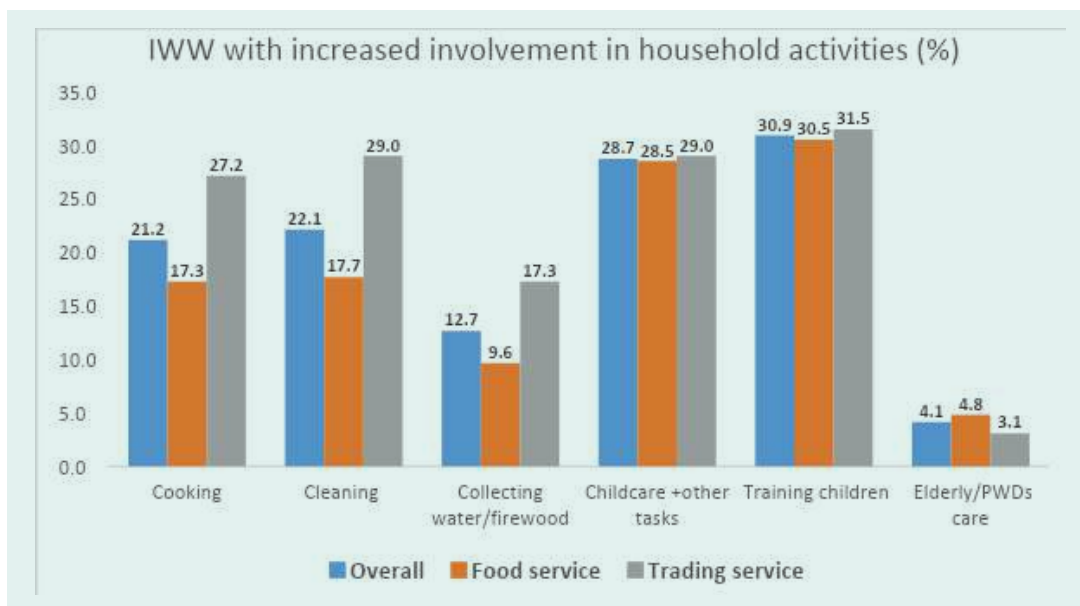
S/N	Category of KIIs Participants	Age	Target Gender of Participant
1	<p>Key experts (men and women)</p> <ul style="list-style-type: none"> • Rapid response team/COVID-19 Task force • National-level policymakers (social protection, GBV, SRH) • Subject matter experts (social protection, GBV, SRH) • Informal business owners (targeting those with a higher proportion of female workforce) • CSOs (those engaged in social protection, GBV, and SRH initiatives) • Researchers (who have undertaken surveys on the informal sector and women’s economic empowerment) • Women’s collectives • Influential community leaders 	18 years and above	Male and Female
2	<p>Service providers that participated in KIIs</p> <ul style="list-style-type: none"> • GBV focal persons in health facilities and probation officers at the police stations • Community health volunteer/Village Health Teams, to capture frequently requested/accessed SRH services • GBV hotline providers to capture information on cases of GBV reported during the pandemic • Coordinators of rescue centers or GBV shelters • SRH service providers in health facilities • Women’s saving group leaders • Unregulated financial service providers (e.g, shylocks, FinTech) • Essential service providers 	18 years and above	Male and Female

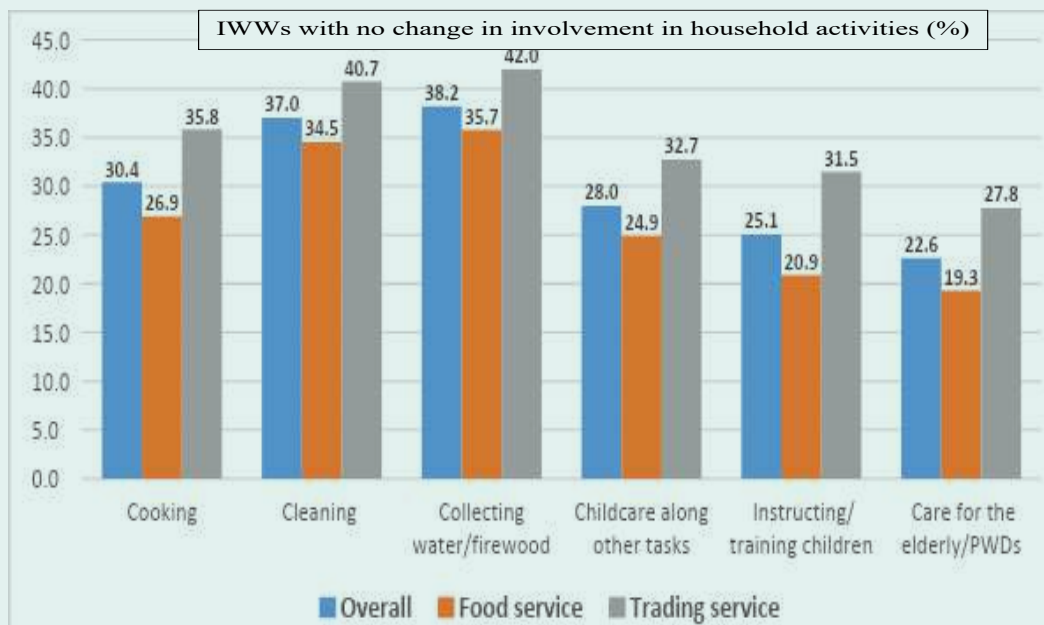
S/N	Category of KIIs Participants	Age	Target Gender of Participant
3	<p>Women in informal sector that participated in the IDIs</p> <ul style="list-style-type: none"> • Women and young girls who were pregnant pre-COVID and during COVID, to establish their access to SRH or reproductive maternal, newborn, child, and adolescent health services • Women who accessed credit from unregulated financial institutions • Women working in the selected service sub-sectors at the onset of COVID-19, with children under 10 years old • Women working in the informal trading and food service sub-sectors who accessed social protection, mainly cash transfers • Young women and girls with diverse vulnerabilities e.g., living with disabilities/HIV, engaged as street vendors, prostitutes where applicable 	18–70 years	Female
4	<p>Informal workers (men and women) who participated in the FGDs</p> <ul style="list-style-type: none"> • Men-only groups • Women-only groups <p>These workers were those who offer food-related services in informal food establishments and those engaged in trade (markets, stalls, or as mobile vendors)</p>	18–70 years	Male and Female

Annex A2: Socio-demographic Characteristics of the IWWs by Sector

Characteristics	Food service		Trading service		Mean Diff	t-value	p-value
	Mean	Std Dev	Mean	Std Dev			
Age	41.02	11.05	37.28	10.65	3.74	3.40	0.001
Single	0.13	0.34	0.12	0.32	0.01	0.34	0.737
Married	0.22	0.41	0.33	0.47	-0.11	-2.50	0.013
Cohabiting	0.19	0.39	0.20	0.40	-0.01	-0.22	0.826
Married but separated	0.18	0.39	0.17	0.38	0.01	0.31	0.760
Divorced	0.18	0.39	0.14	0.34	0.05	1.30	0.193
Widowed	0.10	0.30	0.05	0.22	0.05	1.74	0.083
Owner	0.92	0.27	0.82	0.38	0.10	3.04	0.003
Employee	0.08	0.27	0.18	0.38	-0.10	-3.04	0.003
No formal education	0.08	0.28	0.05	0.22	0.03	1.35	0.177
Primary	0.42	0.49	0.21	0.41	0.21	4.45	0.000
Secondary	0.44	0.50	0.57	0.50	-0.13	4.45	0.009
Tertiary	0.06	0.23	0.17	0.37	-0.11	-3.70	0.000
Disability	0.10	0.30	0.06	0.24	0.04	1.37	0.171
Household head	0.67	0.47	0.51	0.50	0.17	3.46	0.001
Living_alone	0.04	0.19	0.06	0.23	-0.02	0.35	-0.938
Livng_children_0_5yrs	0.56	0.50	0.56	0.50	0.00	0.01	0.992
Living_children_6_17 yrs	0.81	0.39	0.76	0.43	0.05	1.27	0.206
Living_adults_18_64yrs	0.74	0.44	0.75	0.43	-0.01	-0.23	0.818
Living_elderly_65yrs	0.03	0.17	0.05	0.22	-0.02	-1.12	0.262
No_child_5yrs_below	1.61	1.43	1.55	1.08	0.06	0.37	0.712
No_child_6_17yrs	2.55	1.62	2.32	1.55	0.23	1.28	0.203
No_adults_18_64yrs	2.26	2.32	1.98	1.28	0.28	1.24	0.218

Annex A3: Changes in IWWs' time allocation to household activities before and during the Pandemic

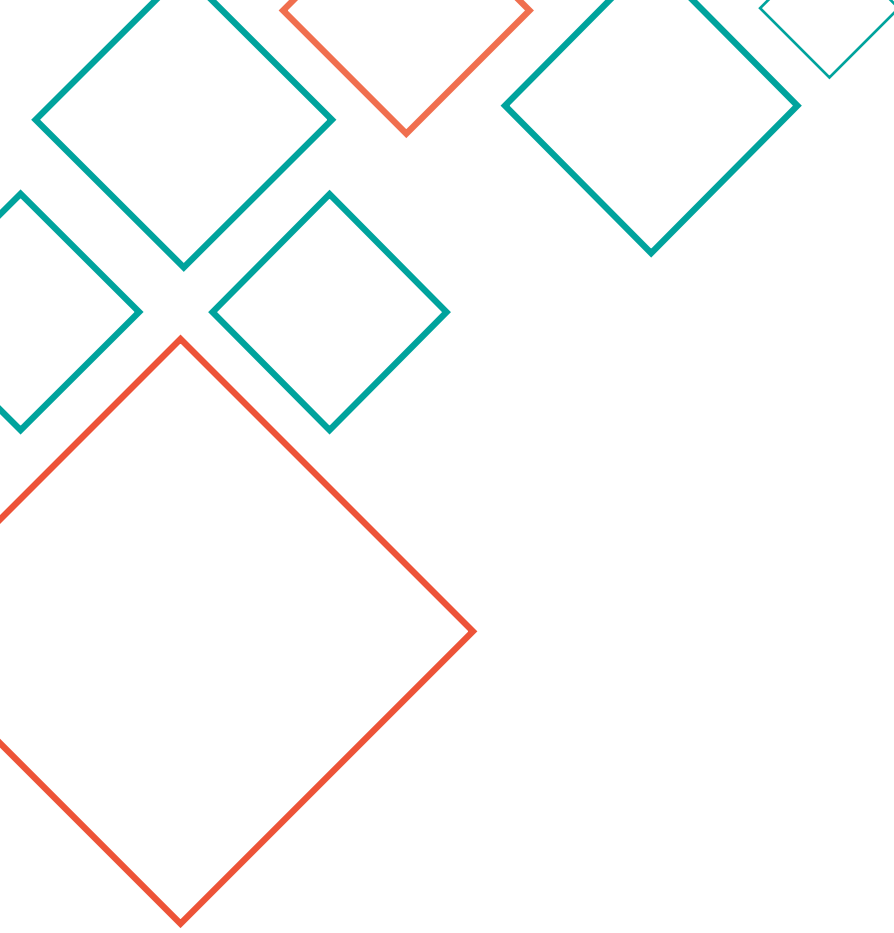






FIELDWORK

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