The closure of schools to contain the COVID-19 pandemic has seen over 15 million children, including 600,000 learners in the refugee settlements in Uganda, have their education and school attendance disrupted.

The closure of schools has also awakened fears of school dropouts and various forms of violence against children, especially girls. It is estimated that 2 million girls in Sub-Saharan Africa will not go back to school because of teenage pregnancies and child marriages directly linked to COVID-19. A similar situation faces boys who are locked up in child labour, while others are engaged in other activities that might deter their return to school.

Civil Society Organizations convened a 3-day virtual national dialogue to discuss the future of education and children under the theme: “Education amidst COVID-19; Reflections from the Past, Realities of the Present and Perspectives for the Future,” aimed at finding strategies for education continuity and child protection given the lessons drawn from the 2020 school closure.

In her opening remarks at the dialogue, Hon. Sarah Mateke Nyirabatshisi, the Minister of State in charge of children, emphasized the need to invest in children’s wellbeing. She said that children are the foundation for the much-needed skilled human capital our country is yearning for to drive its economy and make it competitive in the region and world over.

It is important that that government and other stakeholders remain responsive to the COVID-19 realities and ensure that children continue to learn by ensuring that learning materials reach every child and that all children including refugees and children with disabilities are supported to learn. World Vision’s Programme Quality Director, Mr. Richard Rumsey, also urged stakeholders to find solutions and scale up interventions that will facilitate children’s continued learning even while at home.

The dialogue came at a time when the 3rd wave of COVID-19 is sweeping through the African continent. The uncertainty surrounding the manifestation of this virus can only be averted by an increase in vaccine access and uptake.

Oxfam in Uganda called for increased equitable access to COVID-19 vaccines for all teachers, including those in refugee settlements, to enable safe re-opening of schools. Oxfam also urged the government to prioritize increased budget allocation to the education sector, particularly education in emergency, and set up contingency capacities to mitigate and manage risks like the pandemic on education.

According to Oxfam, these measures will go a long way into maintaining access to learning and improving the welfare of teachers including those teaching in the refugee areas.
On 7 July 2021, Civil Society Organizations held a virtual dialogue with the International Monetary Fund (IMF) in Kampala following the June 2021 IMF Board’s approval of USD 1 billion interest free Extended Credit Facility to Uganda for three years, to support Uganda better its short-term response to the COVID-19 crisis and help sustain a post-crisis inclusive recovery.

This was additional support after the IMF Board approved USD 498.2 Million interest free Rapid Credit Facility in 2020 to help finance health, social protection, and macro economic stabilization measures in Uganda.

During the dialogue, CSOs put across a joint statement where they welcomed the IMF support extended to Uganda and other developing countries to respond to the COVID-19 pandemic.

CSOs expressed concern that whereas Uganda, just like all recipients of the Rapid Credit Facility, committed to fostering transparency and accountability for these resources, this commitment was not adhered to. On the contrary, the Auditor General’s report on the COVID-19 government interventions (February 2021) revealed that utilization of the USD 498.2 Million Rapid Credit Facility was marred with several irregularities which undermine the principles of prudent public finance management. For instance, the report revealed that public procurement guidelines were flawed, and as a result, UGX 143.83 billion was misappropriated.

CSOs asked the IMF to improve monitoring of the implementation of policy commitments made by Uganda on the emergency loan, including measures to ensure that disbursements of emergency lending are not wasted, and provide feedback on how the Ugandan government utilized the loan worth USD 498.2 million extended to Uganda in 2020 during the first wave of COVID-19.

CSOs also tasked the Fund to advise the government on the sustainable management of borrowed funds, given that Uganda’s public debt to GDP ratio is above the 50 per cent threshold, and they pledged to continue advocating for transparency and accountability from the government in relation to public expenditures, in a bid to realize inclusive and sustainable development processes.

The CSO statement and dialogue included Civil Society Budget Advocacy Group (CSBAG), Oxfam in Uganda, Centre for Health, Human Rights and Development (CEHURD), Southern and Eastern Africa Trade and Negotiations Information Institute (SEATINI), and Centre for Constitutional Governance (CCG).
85% of employed women in Africa have care responsibilities. After a day of work, usually, in informal and harmful environments, women go home to then become carers, leaving no time for rest or leisure. Women also spend 3.4 more time in unpaid care work than men, and this usually increases further during a crisis or disaster.

For many women in Africa, therefore, COVID-19 lockdowns mean an increase in their care work responsibilities, which affects their participation in paid work. Unpaid care work prevents women from getting into, remaining, and progressing in the labor force.

To celebrate this year’s African Women’s Day, the WE-Care Pan-Africa programme, including country teams and partners in Kenya, Ethiopia, Uganda, and Zimbabwe, delivered a social media campaign to reflect the pathways we need to take to create lasting change for women and girls in Africa.

The #LastingChange campaign focused on: Linking the issue of COVID-19 to care, spreading awareness on key WE-Care messages and approaches, and highlighting what works to address unpaid care issues.

While the COVID-19 pandemic has brought a sense of recognition to unpaid care as essential work, the WE-Care Pan-Africa programme called for the need to make unpaid care more valuable and visible. It urged all state and non-state actors to recognize and make care count as a public policy and development issue in order to create lasting change for African women and girls.
Uganda marked World Refugee Day this year amidst the second wave of COVID-19, with growing concerns for the well-being of refugees and host communities that have been already hit hard by the pandemic and have not yet recovered from the loss of income and livelihoods.

According to the 2020 Global Trends Report recently released by UNHCR, over 860,000 of the nearly 1.5 million refugees currently present in the country are children, mostly from South Sudan and the Democratic Republic of the Congo.

This year’s World Refugee Day campaign called for greater inclusion of refugees in education, health care, and sports under the theme: “Together we heal, learn and shine.” Uganda has made giant steps towards including refugees in national development plans and service delivery systems. According to Hon. Hillary Onek, Minister for Relief, Disaster Preparedness and Refugees, refugees are also included in the national COVID-19 response and vaccination plans.

“No doubt efforts must continue and increase to support and sustain Uganda’s inclusive approach to refugees. This means creating more synergy with development partners,” said Joel Boutroue, UNHCR Representative in Uganda. Joel added that while inclusion of refugees in national systems is crucial, it does not address the immediate needs of refugees, especially after the devastating effects of the pandemic and reduced food assistance.

“This year, we pay tribute to all refugees and nationals who lost their lives in this pandemic and celebrate all frontline workers who continue working tirelessly to save lives. I hope more resources will be made available to firstly help families and individuals pursue the dream of a better tomorrow, and to break the cycle of violence that robs children of a life of dignity.” Said Francis Iwa, Co-chair of the Humanitarian Platform for National and Local Organizations.

Improved Sanitation Practices Have Made Me Safer, More Confident, and Comfortable

My name is Nsabimaana Isaac, a refugee from Congo. I am 31 years old and the block leader for Kyebitaka block 70, where I live with my family. Together with my wife and our four children, I fled from Congo on 19th October 2014 during the war.

We spent four months in Kyangwali Refugee Settlement. During this time, a Pastor in Kasonga village provided shelter for my family. After four months, we were resettled in Kyebitaka Block 70 on 12th February 2015.

While we were being resettled, I did not have any source of income to support my family except for the allotted monthly allowance that we popularly called “Mupokero.”

Life was hard; even putting up a latrine for myself was difficult as I focused on providing food for my household. For a long time, we shared a latrine with the neighbors since I did not have resources to construct one for my household. I also realized that majority of the households in my community did not have latrines and therefore defecated in nearby bushes.
In 2019, AAH, a WASH partner, conducted community sensitization on the importance of latrines in our homes. We were encouraged and supported to dig a number of latrine pits in our community and only a few supported with latrine construction materials.

In 2020, Oxfam supported more households with materials to transform the pits into usable latrines. However, many pits remained open with no materials to construct them into usable latrines. On 19th February 2021, Oxfam provided logs and poles for 34 households in my village. After the distribution from which my household also benefitted, I took it upon myself to monitor latrine construction for the households that received materials.

The Oxfam team also continuously monitored my village to check on progress. By April 2021, all 34 latrines had been constructed and were fully in use. We were also supported with small jerrycans, which we installed as tippy taps to facilitate our hand washing after visiting the latrines.

The continued sensitization by the Oxfam team inspired me to maintain proper water and sanitation practices. I now have a rubbish pit, a hang line, kitchen and bathing shelter which have improved sanitation and hygiene at my household. I am now a role model inspiring my community members to replicate my actions and improve sanitation at their households.

With the improved sanitation and hygiene at my household, I have managed to save money that we used to spend on buying medicine because my children frequently suffered from diarrhoea. We now use the savings to buy other household necessities like food and clothes. The improved sanitation and hygiene at my household makes me feel confident as a person and a village leader, very safe and comfortable even when I get visitors at my home, I do not feel shy anymore.

I appreciate Oxfam and UNHCR for their continued support to us. This has helped me to become a clean household head. We continue to appeal for their support to sensitize the community and provide materials for latrine construction. I will continue promoting hygiene and sanitation in my community until every household in my block adopts good sanitation and hygiene practice.
In July 2021, while England and Italy celebrated being in the final of the Euros, the scene couldn’t be more different in Uganda, where the national football stadium was turned into a COVID-19 hospital.

In contrast to the scenes from Wembley Stadium, the Mandela National Stadium, on the outskirts of Kampala, was being kitted out with enough beds to treat over a thousand COVID-19 patients, as a steep rise in positive cases had stretched the country’s health facilities to breaking point. COVID-19 continues to pose a severe risk for people who have not had both doses of a vaccination course, but just over 1% people are fully vaccinated in Uganda, out of a population of over 45 million people.

On top of Uganda’s population, it is also the largest refugee hosting country in Africa with more than 1.45 million refugees and asylum-seekers who are also in dire need of COVID-19 vaccines. One dose of the Pfizer vaccine costs more than Uganda spends per citizen on health in a whole year.

Winnie Byanyima, Executive Director of UNAIDS, said: “What tiny vaccine supplies the country has are nearly finished, yet leaders of rich countries continue to ignore complaints about their pharmaceutical corporations fuelling vaccine apartheid. Vaccines are being artificially rationed worldwide as they are only being produced by a handful of Pharma corporations who have a monopoly and have mainly prioritised selling at high prices to rich countries.”

The People’s Vaccine Alliance called upon the EU, Germany, and UK to stop blocking proposals put forward by many developing nations—and backed by the US and France, to waive the intellectual property on COVID-19 vaccines, which would enable vaccine manufacturers in Africa and across the developing world to make their own vaccines. Read full press statement here.
Uganda drive to certify customary land runs into culture clash: Reuters 1st June 2021: https://news.trust.org/item/20210601112117-udjzv


The Great Vaccine Robbery: 29th July 2021: https://uganda.oxfam.org/latest/policy-paper/great-vaccine-robbery