

CORONAVIRUS AND DISABILITY: **LET'S TALK**

An interactive radio campaign on the impact of COVID-19 on the livelihood of people with disabilities in Uganda

REPORT

JULY 2020

TABLE OF CONTENTS



1 Introduction	4
2 Methodology	
Selection of Radio Stations	5
Reach of Radio Stations	5
Flow of Radio Stations	6
Data Collection	7
3 Findings	
Concerns during the COVID-19 lockdown	10
Knowledge and awareness on coronavirus	14
Effect of the lockdown on mental health	17
Effect of the lockdown on livelihoods	20
4 Implications of Findings	24
5 Conclusion	27

ACKNOWLEDGMENTS

The Let's Talk radio show was a limited series that run in April -May 2020 focusing on the impact of coronavirus on people with disabilities in Uganda with guest speakers including people with disabilities represented by Disability Inclusion Facilitators, regional authoritative figures such as COVID-19 taskforce members, district leadership and experts on the topics discussed. The series was produced by Light for the World in partnership with TRAC FM and the National Union of Persons with Disabilities in Uganda (NUDIPU) with support from the Civil Society in Uganda Support Programme which is implemented by GIZ and funded by the European Union and the German Government.

This report contains major findings from the data collected during the radio shows, results from the polls and phone surveys conducted.

We are immensely grateful to the radio show hosts, skit producers and actors whose contributions greatly contributed to the success of the show. We would also like to thank all the guest speakers, respondents of the poll questions and participants of the phone surveys whose experiences and recommendations greatly enriched the series.



1. INTRODUCTION

While the COVID-19 pandemic threatens all members of society, people with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response ([OHCHR 2020](#)). The needs and concerns of people with disabilities in the coronavirus pandemic, as in many other emergencies, are often an after-thought despite them being one of the most vulnerable populations.

Many people with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus and experiencing more severe symptoms upon infection. People with disabilities also often depend on assistance from others to perform their daily activities which makes them unable to enact some of the precautionary measures against coronavirus.

People with certain categories of impairments; especially those with hearing, visual and intellectual impairments often face barriers to or have limited access to up-to-date and accurate information about the pandemic, how to protect themselves and their livelihood during the crisis. Due to the lockdown measures put in place to curb the spread of coronavirus, barriers in accessing health and rehabilitation services are intensified. People with disabilities also continue to face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence.

In March 2020, following the confirmation of the first coronavirus case in Uganda, the president enacted a nationwide lockdown restricting the movement of people, mass gatherings and other activities considered as “non-essential”. These stringent measures worked to reduce the spread of the virus. This is evident in the relatively low numbers recorded in the country in comparison with neighbouring countries and other countries around the world (less than 1000 cases with no related deaths by the time this report was written).

Despite this, the effect of the global pandemic and lockdown measures has not spared the economy. Uganda has witnessed an economic downturn which has affected the livelihoods of many Ugandans and increased the vulnerability of certain groups, including people with disabilities.

Awareness of the particular risks and concerns of people with disabilities can lead to COVID-19 response programmes that are disability inclusive and alleviate the disproportionate impact experienced by people with disabilities during the pandemic.

Through the talk show and this report, Light for the World hopes to;

- bring awareness to the impact of COVID-19 on people with disabilities;
- identify key actions on disability inclusion that actors across government, civil society and the private sector can take in their COVID-19 response programmes; and
- provide data to inform the design and planning of COVID-19 response programmes and future recovery interventions post-pandemic.

2. METHODOLOGY

2.1 Selection of radio stations

TRAC FM identified and contracted six popular radio stations - Radio Wa, Radio Pacis, Open Gate, Mega FM, Radio West and Radio Simba - reaching listeners in the sub-regions of Lango, West Nile, Bugisu, Acholi, Ankole (including Bunyoro and Tooro) and Buganda respectively. These radio stations were selected based on their wide coverage within the respective sub-regions and use of widely spoken local languages.

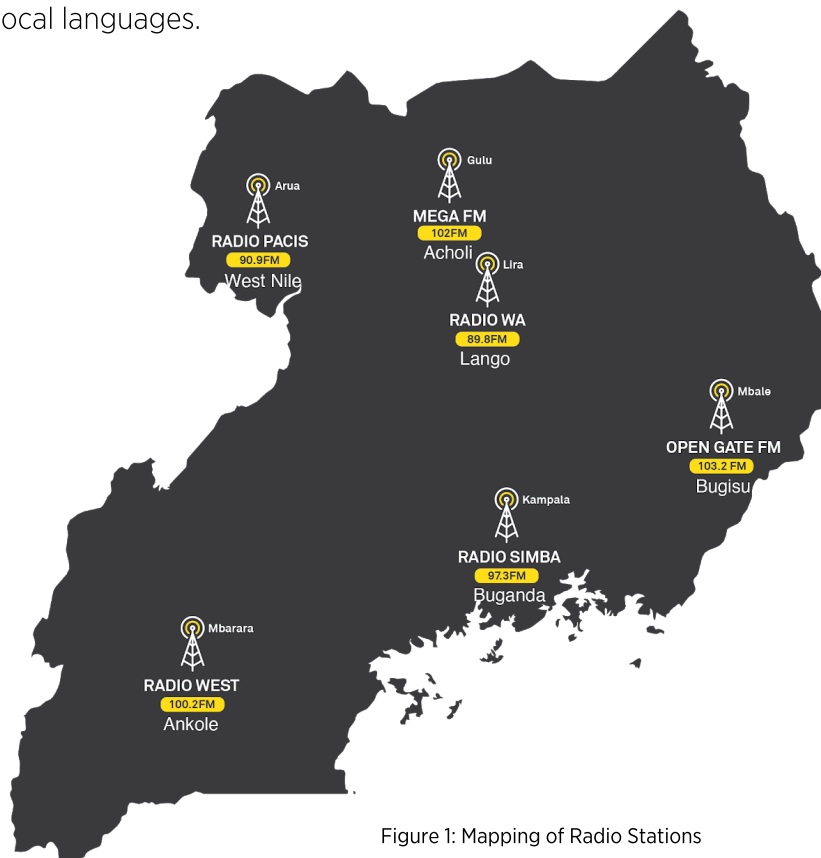


Figure 1: Mapping of Radio Stations

2.2 Reach of radio stations

Based on numbers received from the radio stations, the estimated reach is approximately 28 million people. However the listenership is more segmented, estimated at 15 million people per episode of the talk show countrywide (during the hours when the talk shows were aired).



Figure 2: Estimated listeners per radio station

2.3 Flow of radio shows

The radio shows across all stations had a similar flow; the radio host announced the show, stated its purpose and sponsors; announced the poll question and encouraged listeners to respond through the access line provided.

A short skit followed with actors portraying a community scenario; usually a dialogue between family or community members.

The discussion of the main topic was held between the guest speakers and moderated by the radio host. Some guest speakers were present in the studio while a few interviews were pre-recorded. Listeners then called in with questions or to state their opinions on the topics being discussed.

Following the Q&A session the radio host concluded the discussion, thanked the listeners and guest speakers, reminded listeners to respond to the poll question and stated when they could expect the next episode.



Figure 3: Flow of radio shows

2.4 Data collection

A mixed-methods approach involving both quantitative and qualitative methods was used to collect data alongside the talk shows. TRAC FM collected the opinions of the radio listeners through SMS polls; this served to collect quantitative data while the phone surveys conducted with selected respondents collected qualitative data and enabled TRAC FM to gather more demographic data.

2.4.1 Poll questions

The poll questions, that accompanied each episode of the radio show, served to reflect how the general public thought or felt about the topics being discussed; also giving people who do not usually contribute to the discussion a chance to speak for themselves instead of letting only traditional media outlets or advocacy groups speak on behalf of all.

Radio listeners participated by sending a free SMS through an access line to respond to the poll questions aired in the different local languages. The radio stations regularly announced the poll questions to get more people to participate.

On average, 12,917 responses were received per poll question. TRAC FM's online polling software collected the responses per radio station per poll, summed and categorised the responses; and visualized them into simple graphs.

Poll	Number of respondents		
	Total	With Disabilities or caretakers of people with disabilities	Without Disabilities and not caretakers of people with disabilities
Poll 1: Concerns during the COVID-19 lockdown	12,550	4,810	7,740
Poll 2: Knowledge and Awareness of coronavirus	9,550	4,077	5,473
Poll 4: Effect of the lockdown on livelihoods	16,255	6,659	9,596
Poll 3: Effect of the lockdown on mental health		Male	Female
	13,311	9,522	3,789

Table 1: Number of respondents per poll question

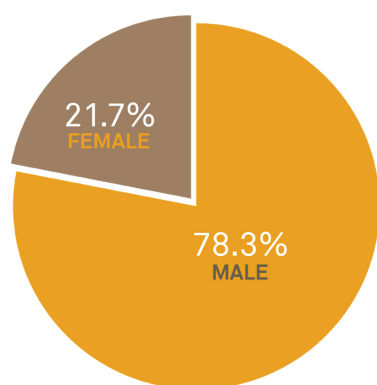
2.4.2 Phone surveys

Phone surveys were conducted to gain better insight into who was participating in the SMS polls and, for this particular campaign, to understand the experiences of people with disabilities during the COVID-19 pandemic.

Phone survey participants were randomly selected from TRAC FM's database. 100 respondents per radio station were selected out of thousands of respondents to the 4 poll questions. Overall, 600 radio listeners who participated in SMS polls related to this campaign were selected and called. Only respondents who stated either having some form of disability or being caretakers of a person(s) with disabilities were selected to participate in this survey. Quotes from some of the participants have been included in the discussion of findings in this report.

Phone survey participants

Gender

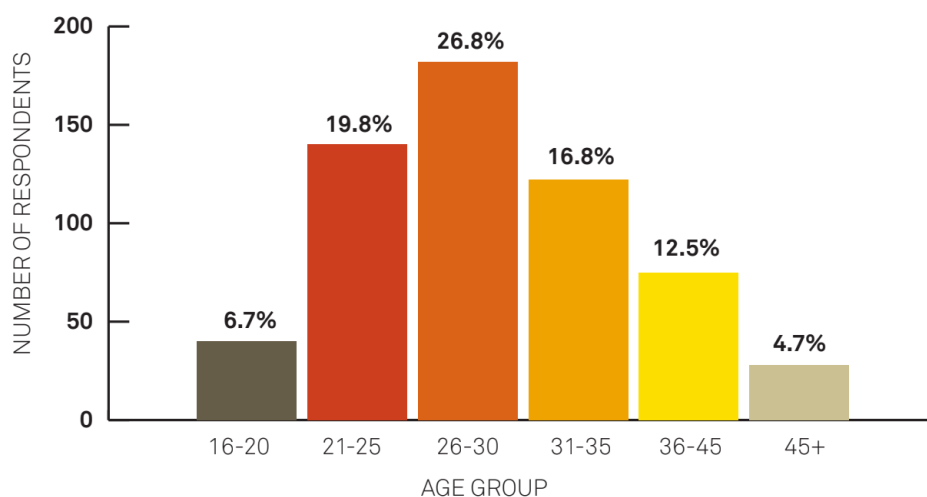


21.7 % of the phone survey respondents were female while 78.3% were male. Though the female percentage was much lower than male, the gender lens still enabled us to highlight the experiences of women and girls with disabilities.

Graph 1: Gender of survey participants

Age

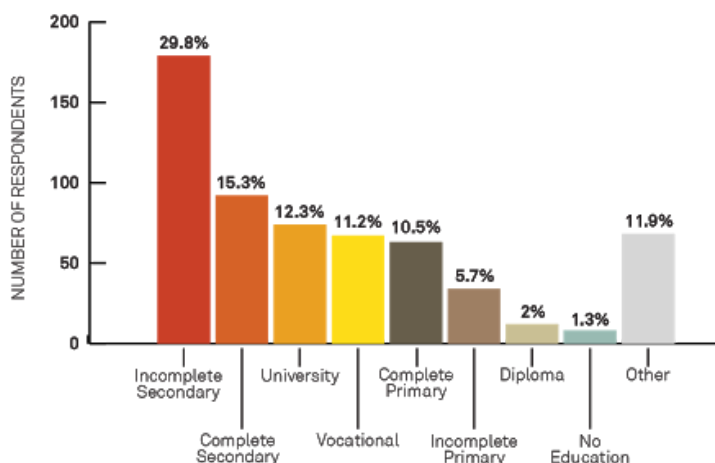
The majority (26.8%) of survey respondents were between the ages of 26-30; followed by ages 21-25 (19.8%). Youth make up 78% of Uganda's population (UBOS 2014) and are the most represented age group in livelihood activities, employment and education.



Graph 2 : Age of survey participants

Educational attainment

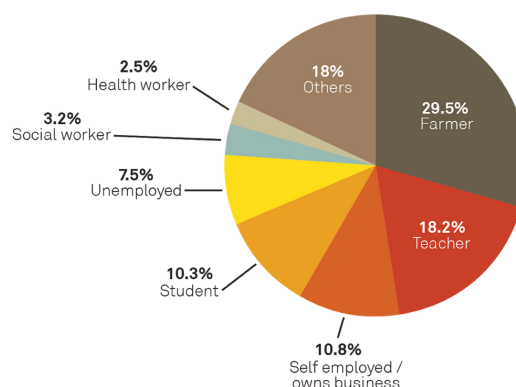
The highest education attainment reported by the majority of the respondents was secondary education (incomplete secondary at 29.8% and complete secondary at 15.3%). 12.3% of survey participants reported having a university degree; 11.2% had vocational training; 16.2% had primary education while 1.3% had no formal education.



Graph 3 : Educational Attainment of survey participants

Occupation

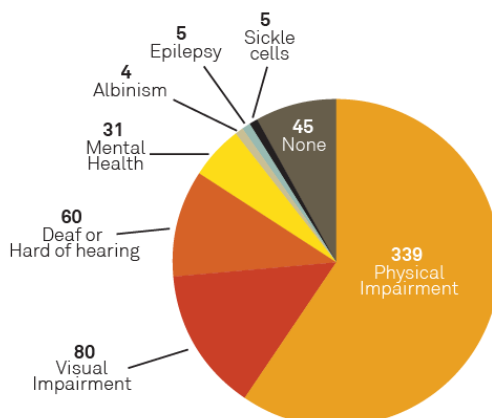
29.5% were farmers, teachers made up 18.2% while 10.8% of respondents were self-employed. Students made up 10.3% of respondents.



Graph 4 : Occupation of survey participants

Impairments

Majority of the respondents reported having a physical impairment or being a caretaker of someone with a physical impairment (60%); 14% reported visual impairments; 11% had hearing impairments while 6% reported having psychosocial impairments. Other impairments reported include Albinism (1%), Epilepsy (1%) and Sickle Cell Anaemia (1%).



Graph 5 : Impairments of survey participants

3. FINDINGS

3.1 Concerns during the COVID-19 lockdown



On 18 March, in an attempt to curb the spread of coronavirus in Uganda, the President put forward stringent measures including a nationwide lockdown. All businesses not included in the “essential” category were ordered to close down, private and public transportation was banned, and all gatherings of more than 5 people were suspended, to mention a few. Following a 21-day lockdown, these same measures were extended for another 14 days.

Since these guidelines took effect, the daily lives of Ugandans drastically changed.

In the poll below, we asked the general public what their biggest worries were during the lockdown.

THE IMPACT OF COVID19 ON PERSONS WITH DISABILITIES IN UGANDA

What is your main concern during the coronavirus lockdown?

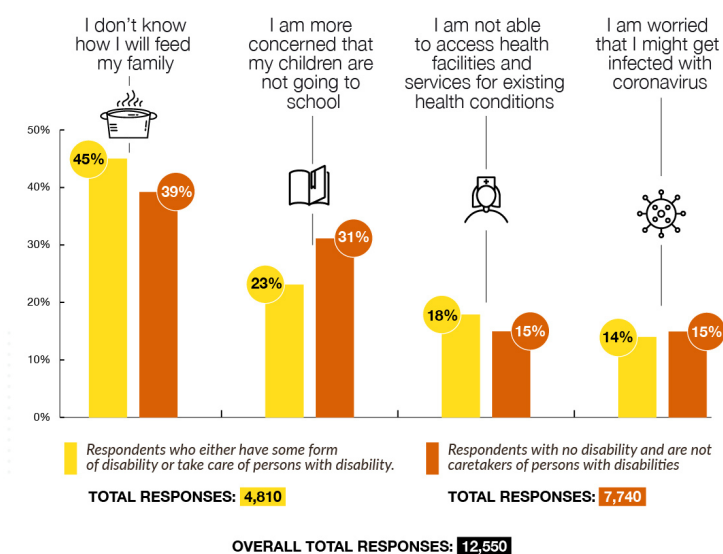


Figure 4: Results of Poll question 1

Daily sustenance

45% of respondents with disabilities (or caretakers of people with disabilities) and 39% of respondents without disabilities are most concerned about how to feed their families.

Over 80% of Uganda's labour force works in the informal sector (UBOS, 2015) largely characterized by a “hand-to-mouth” system; poor pay and little savings. Being unable to earn their daily wages during the lockdown leaves many burning through their savings.

Those in rural areas who rely on agriculture have experienced significant loss in income from not being able to sell their produce in local markets or transport their goods to urban areas where they usually have a bigger market.

Workers in the formal sector have also been affected by the coronavirus pandemic with salary cuts and layoffs. The insecurity resulting from this, coupled with the ever-rising cost of living, compounds these concerns.



I used to teach in a school which I cannot do now so I will not be getting my monthly salary which is making it hard for me to feed my family.

Jackson, Male, Physical Impairment, Teacher (Isingiro District)

I am an orphan. I look after my siblings. Before the coronavirus outbreak, I used to do business. I was employed by someone else but now, I have been left with out any payment (salary) and it has made us go hungry many times since we do not have anywhere to get food from.

Lillian, Female, Physical Impairment, Farmer (Arua District)

Disruption of studies

All educational institutions were closed during the lockdown with an uncertain opening date. This disruption has been a big concern to parents and students; 23% of respondents with disabilities (or caretakers of people with disabilities) and 31% of respondents without disabilities reported being concerned that their children were not able to go to school. E-learning, though presented as an option, is not easily accessible or affordable by some learners.

I am in senior three; my parents had paid off school fees for the whole year. Now, I am not sure how this is going to work out for me if we don't resume studies; will my parents pay for me school fees again? Also next year, I would have been a candidate (for O'level national exams)... I don't know what next now.

Christine, Female, Visual Impairment, Student (Isingiro District)

The teaching of the school syllabus through radio to our children is not effective at all!

Martin, Male, Physical Impairment, Health Worker (Bulambuli District)

Access to health and rehabilitation services

18% of respondents with disabilities (or caretakers of people with disabilities) compared to 15% of respondents without disabilities reported not being able to access medical services for existing medical conditions. People with disabilities often rely on rehabilitation services including physical therapy, occupational therapy, speech therapy and psychotherapy, assistive devices or regular check-ups by their physician to maintain their health and/or functional independence.

Access to these services has been cut off by the lockdown either directly by many health/rehabilitation centers shutting down or indirectly through the suspension of both private and public transportation.

I have no transport means to go to the hospital for treatment. I have run out of my drugs and have no way to get more.

Richard, Male, Psychosocial Impairment, Farmer.

I am caught up here in Arua and yet my family is in Jinja. My disabled child, due to his condition, needs special food which I can't afford to buy at the moment. I also can't take him for physiotherapy as advised by the doctors because there is no transportation means.

Innocent, Male, Physical Impairment, Engineer (Arua District)

Contracting coronavirus

In a surprising turn, concerns about contracting coronavirus are low; only 14% of respondents with disabilities (or caretakers of people with disabilities) and 15% of respondents without disabilities reported worrying about contracting the virus.

This could be explained by the fact that virus cases confirmed in Uganda have been low in comparison to other countries in Africa and the rest of the world. By the time the radio show (Episode 1) aired, Uganda had less than 200 cases with no deaths reported.

People no longer think corona (virus) is real. Cases are there but no one has died. If you move all over town, very few people are wearing masks or social distancing.

Abdul, Male, Trader, Physical Impairment (Kampala District)

Regional differences in responses

Concerns about daily sustenance were highest in the central region (51%) where the majority of Uganda's urban population resides. The cost of living is evidently higher in urban areas than rural. Also, the majority of people living in rural areas have the opportunity to sustain themselves with food grown from their gardens which is not an option for most of the urban population.

Concerns on the interruption of children's education was highest in the Ankole (western) region (34%). Western Uganda (Tooro, Kigezi, Ankole and Bunyoro sub-regions) has the second highest educational attainment after the central region (UBOS, 2014). This reflects the importance laid on education in the region and possibly explains its interruption being a big concern.

There is a 24% difference in concerns relating to access to medical services between Lango and Acholi sub-regions of northern Uganda. Considering that these two sub-regions are in proximity, the disparity is quite notable.

These results could be explained by the fact that Acholi sub-region, which is the economic hub of northern Uganda, has a higher number (and arguably, better quality) of health services due to urbanization and higher demand. Lango sub-region is more inland and not as (economically) busy as Acholi sub-region; the downside to this is a lower urban population and fewer options of medical facilities.

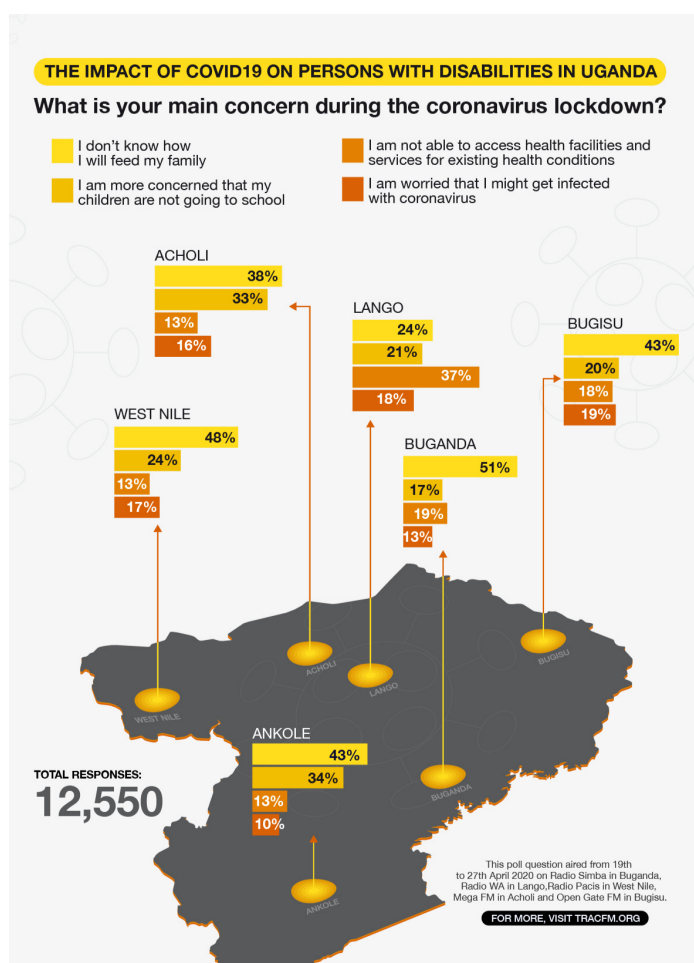


Figure 5: Regional differences in responses for poll question 1

Concerns on contracting the virus were reported highest in respondents from Bugisu/ eastern Uganda (19%). This is expected considering the eastern region borders Kenya, a neighbouring country that currently had over 1000 reported cases of coronavirus by the time the poll aired. Most of the latest cases reported in Uganda also happen to be coming from truck drivers bringing in cargo through the border towns of Busia and Malaba; all in the eastern region.

3.2 Knowledge and awareness of coronavirus

Since the start of the coronavirus outbreak, the airwaves and our newsfeeds have been filled with information about the disease; from causes, prevention, diagnosis and treatment to updates on the latest developments worldwide.

This too, however, has caused a contagion of misinformation.

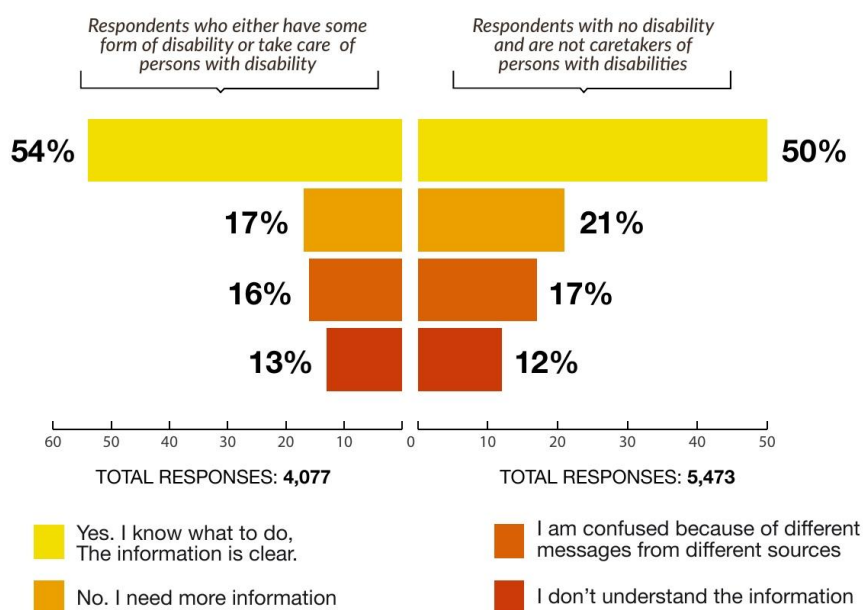
Traditional media like TV, radio and newspaper, that the majority of Ugandans still rely on to get credible information, have taken steps to increase accessibility for people with disabilities particularly those with hearing and visual impairments. However, many of these efforts have still fallen short.

In the poll question below, we sought to find out from the general public if the information they have received about coronavirus has increased their knowledge and awareness of the disease and if they felt confident that they knew enough to protect themselves and curb the spread.



THE IMPACT OF COVID19 ON PERSONS WITH DISABILITIES IN UGANDA

Do you know what you need to do to stay safe and reduce the spread of coronavirus?



OVERALL TOTAL RESPONSES: 9,550

Figure 6: Responses for poll question 2

Positive impact of the communication campaign on coronavirus

54% of respondents with disabilities (or caretakers of people with disabilities) and 50% of respondents without disabilities reported that they knew how to protect themselves based on the information they have received. This can be attributed to the communication campaign that has been carried out by the Ministry of Health, media sources, telecom companies and other bodies (the #Tonsemerera (Don't come near me) campaign). Even the entertainment industry has joined in; local artists including the world famous Bobi Wine have since released songs about the disease, stressing the precautionary measures.

I have #Tonsemerera written outside of my shop. Whenever I get customers, I ask them to wash their hands and sanitise before they come in.

I also educate my customers about coronavirus and how they can protect themselves.

**Aisha, Female, Physical Impairment,
Business Owner (Kampala District)**

We keep on sharing information with each other and we also stand to be corrected by others who may have understood better; for example; how to practice social distancing and proper hand-washing techniques.

**Samuel, Male, Hearing Impairment,
Farmer (Gulu District)**

The constant need for more information

COVID-19 is a new strain of coronavirus that, before 2019, had never presented in humans. Very little was known about the virus by the time it became a global pandemic. As scientists continue to study the virus, more details about its spread and precautionary measures emerge; sometimes contradicting earlier advice. For example; at the start of the pandemic, the use of face masks was only recommended for those who showed flu-like symptoms. With more research, it has emerged that if the majority of people in a population wore face masks, this could slow the spread significantly ([CDC, 2020](#)).

This contradictory information and ever-changing advice could explain why 17% of respondents with disabilities (or caretakers of people with disabilities) and 15% of respondents without disabilities felt that they needed more information.

Contradictory information prompts confusion

16% of respondents with disabilities (or caretakers of people with disabilities) and 17% of respondents without disabilities reported feeling confused by different messages from various sources. This can be attributed to the fear and panic caused by the pandemic that has fueled misinformation and conspiracy theories. Intentional disinformation has been spread through social media, text messaging and mass media including the tabloids and conservative forums. These usually aim to generate panic, push their agendas and sow distrust for certain groups, nationalities and countries. There is a great need for information in these times; however, the risk of misinformation is just as high resulting in confusion in the masses as seen by these poll results.

Access to accurate and timely information is one of the greatest challenges faced by people with hearing impairments in Uganda and I am sure, some other parts of the world. The latest myth that is causing panic in my community is about 5G internet spreading coronavirus - this is not true.

Robert, Male, Hearing Impairment, Disability Inclusion Facilitator (Kampala District)

Inaccessible information/ little comprehension

13% of respondents with disabilities (or caretakers of people with disabilities) and 12% of respondents without disabilities reported that they did not understand the information being put out about the virus. This could be accounted for by inaccessibility of information due to illiteracy and/or impairment. Despite tremendous strides taken by the government to ensure education for all, 27.8% of the population is still illiterate (UBOS, 2014); limiting access to information for this group to radio (in their respective local languages) and its availability.

Written information or sign language interpretation promotes access for people with hearing impairments; but the relevance of these formats is dependent on one's level of education. People with visual impairments could obtain information from radio or TV, as well as written information when provided in braille or in a format that can be accessed by a screen-reader.

However, all this depends on one having a radio, TV, screen reader software or the availability of Brailled information (and one being literate enough to read it).

Generally, very few attempts are made to make information accessible to those with intellectual impairments outside of their advocacy groups.

Access to information through the internet or social media is contingent on one having a phone with internet access, money to buy data to access the internet and paying OTT tax to gain access to some social media sites.

All these different scenarios and the varying challenges they present at individual level could explain why for 13% of respondents with disabilities and 12% of those without disabilities, the information provided has not been clear enough.

Assistive Technology is really helpful; it promotes access to information but unfortunately there aren't many people with visual impairments that use or even afford them.

Ralph, Male, Visual Impairment, Teacher (Kampala District)

Some deaf people who are not using social media because of their poverty levels and the few using it at times come across false information on coronavirus and by the time they get to know the right information, they have already endangered their lives or they have fallen victim to the existing guidelines. For example; the deaf man from northern Uganda who was seriously injured by the security for not following curfew guidelines yet it was also not his fault since his problem was not being able to hear the commands from the security personnel.

Melissa, Female, Hearing Impairment (Kampala District)

3.3 Effect of the COVID-19 lockdown on mental health

The World Health Organization, Centers for Disease Control and Ministry of Health, among other health bodies recommend social distancing as one of the precautionary measures against coronavirus. While social distancing has helped to curb the spread of the coronavirus, reduced contact with one's family, friends and other support systems has a negative effect on mental health.

This coupled with the ever-looming threat of contracting the virus and changes in routine has greatly affected the state of mind of many.

In the poll question below, we asked the general public what has caused them the greatest stress and had the most impact on their state of mind. Data for this particular poll was aggregated based on gender of the respondent rather than disability.

THE IMPACT OF COVID19 ON PERSONS WITH DISABILITIES IN UGANDA

How has the present lockdown affected your state of mind?

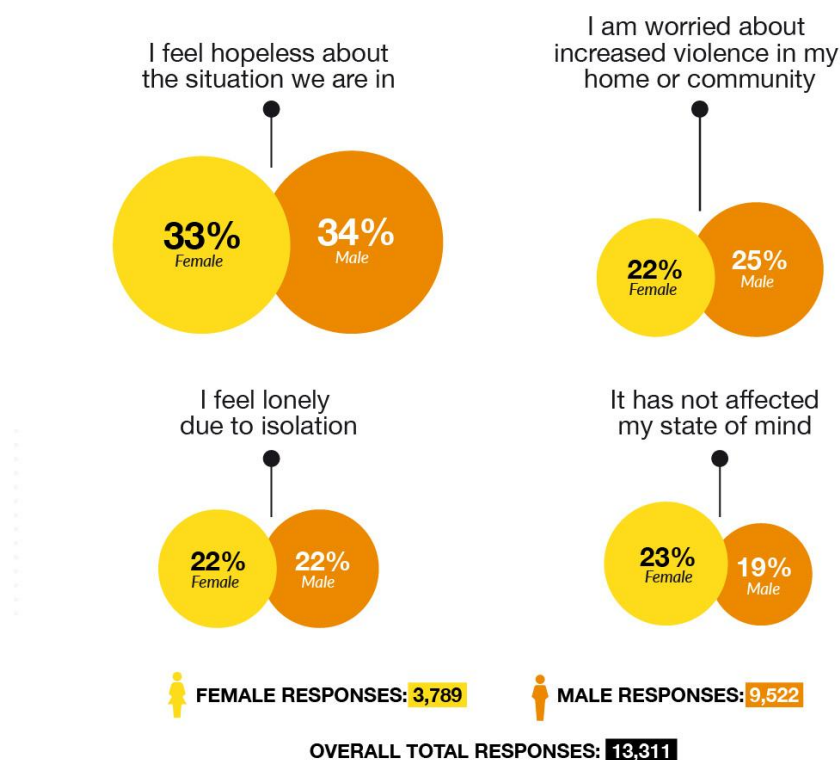


Figure 7: Responses for poll question 3

Feelings of hopelessness

34% of men respondents reported that feelings of hopelessness had the most impact on their state of mind. This was 1 point higher than reported by female respondents.

Even though the number of confirmed positive COVID-19 cases in Uganda are low when compared to many African countries and are significantly lower on the global scene with no deaths reported, the numbers of confirmed cases keep rising each day.

How this appears to the general public that have done their very best to follow the presidential guidelines is that the spread of the pandemic cannot be controlled despite their best efforts.

The lock-down has made costs of living very high for me. I cannot even afford to sustain my family for long. The little business I was doing has also been affected so I am feeling totally locked down.

Godfrey, Male, Physical Impairment, Teacher (Arua District)

These (COVID-19) cases keep increasing; I am losing hope that the lockdown will ever be removed.

Alice, Female, Visual Impairment (Mayuge District)

Worries about the increasing violence

22% of women and 25% of men reported that worries about increase in violence both at home and in the community had a big impact on their state of mind. Between 30 March and 28 April 2020, a total of 3,280 cases of gender-based violence were reported to police (Ministry of Gender, Labour and Social Development). This can, in part, be attributed to the lockdown that has interrupted the livelihood activities of many Ugandans resulting in stress, frustration and great financial pressure. The relationship between stress and violent behaviour has been well documented (Compas, B.E., 2006; UNICEF, 2015.)

Getting money is hard if you are seated at home and not working. In my community, there are many cases of spouses assaulting each other in their homes.

Atine, Female, Epilepsy (Lira District)

Loneliness due to isolation

22% of both women and men reported feeling lonely due to the isolation caused by social distancing. Ugandans are culturally social people; meeting friends and family is part of the daily routine for many. Social interactions tend to serve not just as entertainment but also stress relievers and emotional support sessions. Feelings of isolation could be more pronounced for people with disabilities, especially those with physical and visual impairments whose movements were restricted even before the lockdown.

I fear interacting with friends, neighbours and relatives who go to work and come back in the evening. I fear getting the virus from them as it spreads through close contact with others.

Rose, Female, Visual Impairment (Kampala District)



I am practicing the preventive measures set out by WHO particularly social distancing: my family and I have decided it's best to stay separate for now for our own protection. However as someone with a physical impairment, having to stay indoors, I feel even more restricted than usual.

Lydia, female, physical Impairment (Kampala District)

No significant effect on mental health

23% of women reported to be unaffected (psychologically) by the lockdown in comparison to 19% of men. Traditional gender roles are still prevalent in many Ugandan homes with men expected to provide financially and women taking care of household duties. The financial burden caused by the lockdown and its effect on the family's economic standing almost entirely falls on the man. One of the biggest stressors in these times is negated on the side of the woman; a possible explanation as to why more women reported being less affected.



My business was put to a stand still and yet I had very many debts so am getting frustrated because I have no way to pay them.

Gerald, male, physical impairment (Ntungamo District)

I encourage people, especially women, to stand in for their families and husbands who are no longer working.

Jennifer, female (Gulu District)

3.4 Effect of the COVID-19 lockdown on livelihoods

The nationwide lockdown imposed to curb the spread of the coronavirus in March 2020 has greatly affected small and medium sized enterprises where 70% of Ugandans earn their livelihood (UBOS, 2018). From limited access to transportation and the closure of commercial buildings to suspension of any services not considered “essential” by the government; earnings have significantly reduced for many.

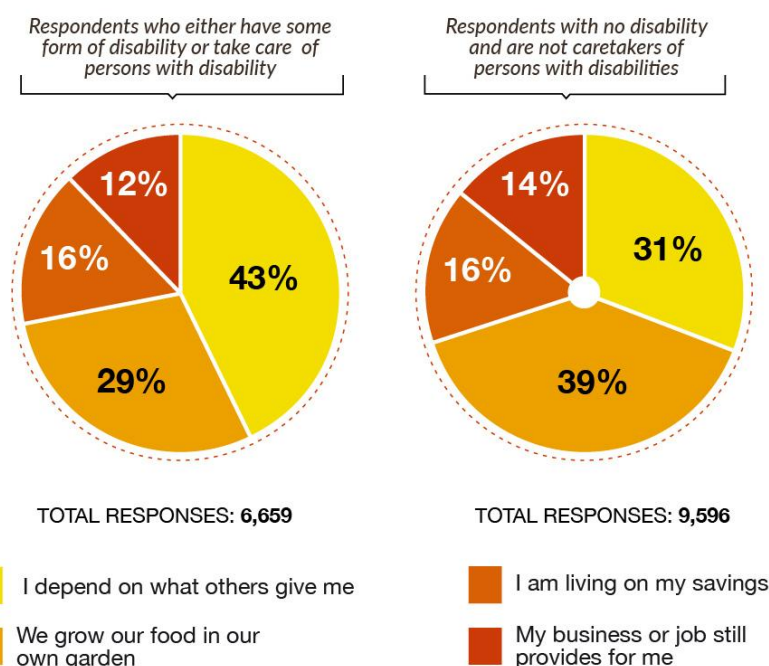


For people with disabilities who, even before the lockdown, faced barriers accessing employment and livelihood activities – the effects of the lockdown can be assumed to be even more pronounced.

In the poll question below, we set out to discover how the lockdown has affected the livelihood activities of Ugandans both with and without disabilities.

THE IMPACT OF COVID19 ON PERSONS WITH DISABILITIES IN UGANDA

How are you managing to cater to your basic needs during the lockdown?



OVERALL TOTAL RESPONSES: 16,255

Figure 8: Responses for poll question 4

Depending on assistance

43% of respondents with disabilities (or caretakers of people with disabilities) and 31% of respondents without disabilities reported depending on assistance from others to survive. Many people with disabilities in Uganda experience some degree of poverty.

Studies have shown that households headed by an individual with a disability are 38% more likely to live in poverty than households headed by an individual without a disability (1991 Ugandan Population and Housing Census and the 1992 Integrated Household Surveys, Hoogeveen, 2005).

The co-relation between disability and poverty is undeniable; in addition to physical, sensory and/or mental limitations, people with disabilities face negative attitudes and discrimination from others in their community which further limits access to education and employment (TRAC FM and NUDIPU, 2019).

This, in turn, decreases the options of livelihood activities available to them; often ending up relying on assistance from others.



We planted some crops but right now they are not ready for harvest so sometimes we lack food to eat. We share food with our neighbours. When they have, they give us, and when we have, we will also give them.

Ben, Male, hearing impairment (Manafwa District)

Living off home-grown produce

29% of respondents with disabilities reported growing their own food for sustenance in comparison to 39% of respondents without disabilities. In addition to poverty, people with disabilities face barriers to participation in agriculture including physical, sensory and/or mental limitations; as well as negative attitudes and discrimination from others in their communities.

This denies them and their families the opportunity to not only grow food for sustenance but earn a livelihood from agriculture.



As a farmer, I grow sweet potatoes, matooke (green banana), cassava, etc. But the food is still in the garden and is getting rotten since people have no transport means to come and pick it up due to the lockdown measures.

Douglas, male, physical impairment

Depending on savings

16% of respondents both with and without disability reported living off their savings. This is indicative of the percentage of Ugandans who depend on earning their daily wages to survive and sustain their families. To save requires a disposable income and a disposable income requires having an amount left-over after covering all fixed expenses. This is not the reality of the 70% of Ugandans working in the informal sector (UBOS, 2018).

Those working in the formal sector are not spared either; with average monthly salaries ranging from 50,000 (\$13) to 500,000 (\$133) UGX per month (Balloon Ventures, CITI, 2018) and the ever-rising cost of living; having a surplus to save is a luxury for many. The recent salary cuts and lay-offs as companies try to stay afloat during the COVID-19 pandemic and lockdown restrictions have also greatly affected those in the formal sector.

I was employed by someone but currently I am using my savings to bring food to the table since I have a family to look after.

My savings are not enough and we have not yet received food from the Government. I do not think that I will be able to sustain my family's needs with the little savings I have left.

Edward, male, psychosocial impairment (Wakiso District)

Little/no impact on livelihood

12% of respondents with disabilities reported that their jobs and/or businesses still provided for them (2% less than respondents without disabilities). This could be explained by the fact that not all workers have been affected negatively by the lockdown. A few workers in sectors that were considered by the government as essential (medical, media and communications, construction, retail, agriculture, etc) have been able to keep their jobs and/or their businesses running.

Those having jobs where they could still work at home or those having businesses that could run just as efficiently online have been spared from some of the negative effects of the lockdown. However, as seen by the percentages, this is a minority of the population.

I am now able to stay home with my family so it is good. Also, I am able to do farming which is good because before I could not get time.

Geoffrey, male, physical impairment (Lira District)

It has not affected me much since I still receive my salary, however I used to find other ways of making more money like riding a bodaboda* (motorcycle) but now that transport has been stopped, the weight of feeding my family is becoming heavy.

Joel, male, physical impairment (Arua District)

* means of public transportation in Uganda

Regional differences in responses

57% of respondents from Buganda/Central region reported depending on assistance to survive during the lockdown compared to only 9% of respondents in Lango region. Central region is the most urbanised region in the country and draws the most investment in public and private resources. This in turn attracts a large number of workers both in the formal and informal sector. Both sectors have been affected greatly by the COVID-19 lockdown as earlier discussed.

This could also explain why central region reported the least percentage of respondents living on their savings (11%).

54% of respondents from Acholi region reported living off home-grown produce compared to 23% of respondents from Buganda/Central region which is indicative of access/availability of land for agriculture in northern Uganda compared to central Uganda.

Overall, respondents from western and eastern region reported experiencing the least impact on livelihoods from the COVID-19 lockdown. According to the Uganda census of agriculture (2008/2009), the Western region of Uganda holds the highest number of agricultural households (28.5%) closely followed by eastern region at 25.2%.

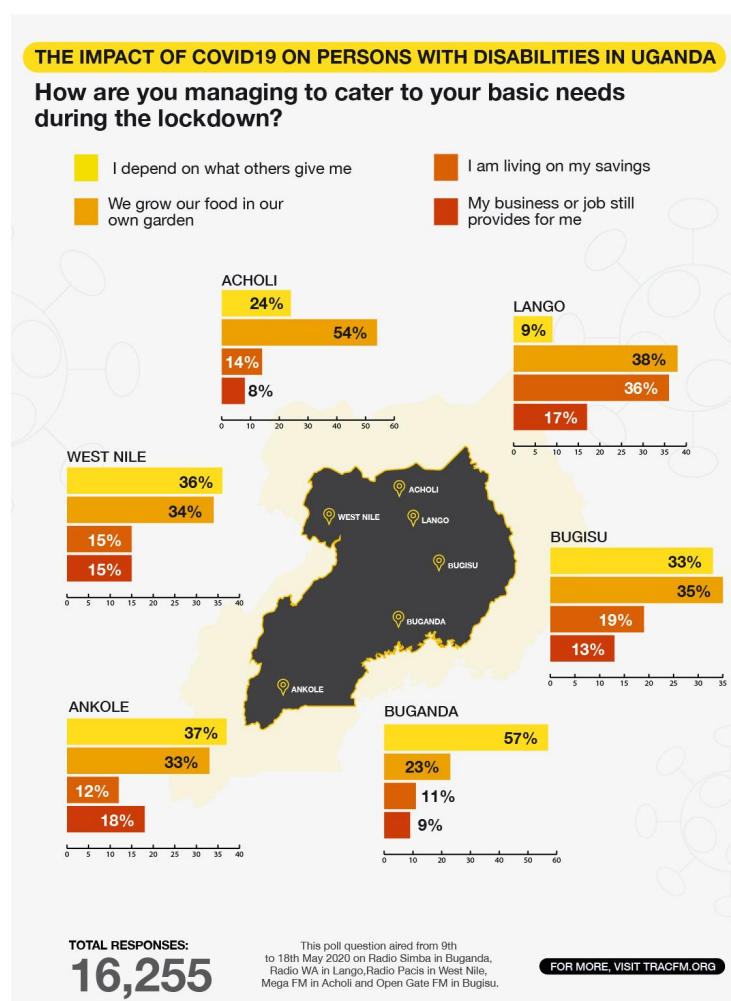


Figure 7: Regional differences in responses for poll question 4

Agriculture offers food for sustenance as well as income and was one of the sectors that was allowed by the government to remain operational during the lockdown.

4. IMPLICATIONS OF FINDINGS

4.1 Consolidated effort on provision of relief

Providing the most vulnerable groups in the population (which includes a majority of people with disabilities) with food assistance reduces the financial burden on households and is bound to promote a quicker economic recovery for them post-lockdown.

With the most basic need catered for, adherence to lockdown measures and other precautionary measures against coronavirus is bound to increase. People with disabilities and their families can also focus more on setting up alternative enterprises or finding solutions to keep their existing livelihood activities afloat.

4.2 Attention to mental health and the provision of psychosocial support services

Fear caused by the ever-looming threat of contracting the virus, isolation caused by the lockdown, the breakdown of social support structures, the increase in violence and disruption of everyday life has an impact on mental health and should be an anticipated outcome of the pandemic. Therefore, recovery programmes should include plans to address mental health issues for both health workers and the general public; with added focus on people with psychosocial impairments as well as interventions to address issues around gender based violence.

4.3 Skills development for people with disabilities

The precautionary measures recommended by WHO and the Ministry of Health such as washing hands regularly and wearing face masks has increased the demand for face masks and sanitisation products like liquid soap. This has presented a viable business opportunity that people with disabilities could take advantage of to keep earning a living during the lockdown and/or minimize the effects of the lockdown on their existing livelihood activities.

However due to poverty and other financial constraints presented by the COVID-19 lockdown, many people with disabilities are not able to fund this skills development out-of-pocket or gather enough capital to start these businesses.

The need for partnership between government, private sector and civil society is greater than ever to not only facilitate skills development in such business opportunities but also increase the likelihood of success by providing start-up tool kits and regular monitoring.

4.4 Increased support to entrepreneurs with disabilities

The negative impact of the COVID-19 lockdown on certain small and medium enterprises could easily be reversed or controlled by the provision of bridge funding. Bridge funding can serve to;

- Pay off fixed business expenditures or loan repayments and reduce on overall expenditure especially when income is reduced.
- Set up alternative enterprises to compensate for the loss of income from the existing business.
- Keep business cash flow and operations running even if at a smaller scale.

4.5 Attention to accessibility of information

There is no doubt that the need for accurate and timely updates on coronavirus is crucial for all including people with disabilities.

Though the Uganda Communications Commission has taken steps to address accessibility (provision of sign language interpretation for news briefings and presidential addresses), there is need to pay more attention to accessibility of information taking into account the various impairments and their needs.

These gaps could also be filled by advocacy groups and various organisations of people with disabilities (DPOs) who have closer contact and reach within the disability fraternity in Uganda.

4.6 Accessibility of distance education for learners with disabilities

The current steps taken to promote distance learning for learners present a number of challenges for learners with disabilities. Radios are not accessible for learners with hearing impairments; while television could be an avenue to promote accessibility for all, sign language interpretation is not provided for these programmes. Also, impoverished families most often cannot afford to have a TV let alone keep up with the educational programmes given the power-cuts that are rampant all over the country. There is need for the Ministry of Education and other organisations with a focus on Inclusive Education to promote accessibility on all distance learning programmes especially since schools are expected to remain closed for a longer period of time.

4.7 Building capacity of medical staff on disability inclusion

Discrimination, negative attitudes towards people with disabilities and general lack of knowledge on disability inclusion often spill over to medical care. Educating medical staff on disability, communicating with people with disabilities and adjustments they can make in their health centers and clinical practice to effectively include patients with disabilities will go a long way in ensuring that people with disabilities receive adequate medical attention in the event that they contract coronavirus.

4.8 Representation of people with disabilities in COVID-19 taskforces and response programmes

Involving people with disabilities in the planning, implementation and monitoring of COVID-19 response programmes will ensure that the programmes respond to the needs of the different categories of impairments. Representation can be secured through establishing collaborations with Organisations of People with Disabilities (DPOs) as well as other organisations with expertise in disability inclusion. These collaborations can serve not only to secure representation of people with disabilities but support COVID-19 response programmes with technical advice on disability inclusion.

4.9 Collection of disability-disaggregated data

Including information on disability on data collection forms in COVID-19 response programmes serves to monitor the participation of people with disabilities and track efforts made on disability inclusion which can then inform future interventions.

CONCLUSION

COVID-19 touches all our lives. However, for some vulnerable populations, like people with disabilities, the effects of the ever-growing pandemic can be especially damaging. Not only do people with disabilities have a higher risk of falling severely ill from COVID-19, they also suffer devastating effects as it cuts across their often fragile daily sustenance, livelihood and mental health.

This report brings together thousands of opinions and daily experiences of vulnerable groups and their caretakers as they try and deal with the impacts of the pandemic. Through a series of local language radio debates, over 55,000 people participated in a national conversation on COVID-19 in Uganda and how it impacts their lives. Their voices are represented in clear graphics in this report and will be used to advocate for decision makers to consider and understand the situation in remote locations across Uganda.

All partners involved in this initiative support the "Leave No One Behind" agenda, as set out in the Sustainable Development Goals. People with disabilities must be included in the planning, implementation and monitoring of all COVID-19 response programs. Through our adopted motto "Nothing about us, without us", this program seeks to hear directly from the affected populations. This is why additional demographic data is collected on those respondents who have a disability or take care of a person with a disability.

This report gives one of the earliest insights into the effects of COVID-19 on the general population in both the city centers but especially in the rural areas of Uganda. The quick turn-around time of the data collection and the wide national reach of the program are unprecedented. Not only is this data valuable to sketch a picture of the plight of people with disabilities during COVID-19, it also gives an insight into the challenges of those without disabilities.

Based on the collected data, it seems that restrictions that came with the lockdown have so far had more impact on livelihoods than the virus itself. Sentiments of fear focus on the loss of livelihoods instead of contracting the virus. This indicates the need for clear and fact-based communication of the crisis situation by authorities to avoid people from diverting away from virus-controlling restrictions in pursuit of basic needs. It also shows that COVID-19 response measures should factor in the special needs of people with disabilities and it is essential that the representatives of disability structures are included in the planning, implementation and monitoring of the interventions.

This report should enable policy makers, CSOs, health workers and other stakeholders to get new insights on the COVID-19 situation on the ground in Uganda. Through this project, over 15 million radio listeners, even in the most remote parts of Uganda, were informed on the virus and consulted on their current situation.

Over 55,000 people took the time to express their views.

We hope their voices will be heard by you, the reader of this report.
Thank you for reading.

ABOUT

LIGHT FOR THE WORLD

LIGHT FOR THE WORLD is a global disability & development organization aiming at an inclusive society. The organisation currently supports more than 185 programmes in 19 countries in Africa, Asia, Latin America, and Oceania dedicated to the restoration of eyesight, prevention of blindness, rehabilitation of people with disabilities and promotion of their human rights.

In Uganda, Light for the World focuses on eye health and disability inclusion; partnering with mainstream development organisations to support them in including more people with disabilities in their programmes and organisational structures. One major project being implemented directly under the organisation is the Make 12.4% Work Initiative.



TRAC FM

TRAC FM is an NGO that enables citizens to take part in a meaningful public debate on public policy and governance. TRAC FM reaches out to the most remote and excluded citizens through the use of basic mobile phones, free SMS and interactive FM radio talk-shows broadcast in local languages. Through this, TRAC FM collects valuable real-time data from citizens throughout Uganda which helps to identify socio-economic and political trends. The collected data assists policymakers and practitioners on the ground to respond in more flexible ways to emerging opportunities and risks.



THE CIVIL SOCIETY IN UGANDA SUPPORT PROGRAMME (CUSP)

The Civil Society in Uganda Support Programme (CUSP) offers to strengthen and improve the capacity of Civil Society Organisations in Uganda, by ensuring that they operate within a conducive environment, have meaningful and structured participation in domestic policy processes and that they have the capacity to efficiently perform their roles as independent actors. CUSP is co-funded by the German Federal Ministry for Economic Cooperation and Development (BMZ), and the European Union.



