

Vulnerability to drought: Building resilience for women and young people in Uganda

Uganda's Situation

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10.9M



people in Uganda experienced an acute food insecurity situation, of which

1.6M

were on the brink of famine.



Uganda like many other developing countries is vulnerable to the effects of climate change yet it contributes the least to global green house emissions. The effects of climate change including high temperatures, irregular rainfall, frequent droughts, floods and storms are already being felt across the country yet it is ill prepared to adapt and cope with its impact. Alongside other factors, rapid population growth increased the scale of vulnerability to the consequences of climate change including food and water scarcity, environmental degradation, and human displacement with women bearing the greatest toll. At the height of drought in 2017, an estimated 10.9 million people experienced acute food insecurity, of which 1.6 million were on the brink of starvation¹. The severe drought resulted into low crop and livestock yields, reduced availability and access to safe drinking water for both human and livestock consumption, and negatively impacted on household health and nutrition.

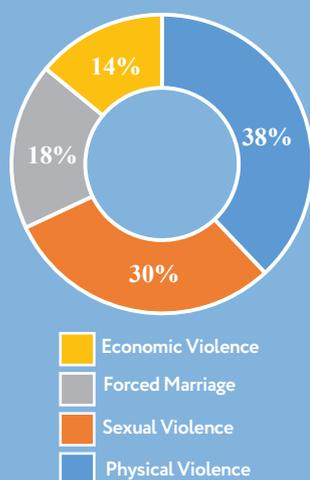
In 2017, the Office of the Prime Minister (OPM) in collaboration with United Nations Population Fund (UNFPA) conducted a study to assess the effects of drought on sexual and reproductive

health (SRH) and gender-based violence (GBV) with a focus on women and young people in 16 selected drought-affected districts spread across five regions. These included Central 1, Karamoja, Teso, East Central and South Western regions. Fifteen of the sixteen districts assessed experienced long periods of drought especially between June and November 2017.

The study focused on the linkage between drought and access to quality SRH and GBV services, occurrence, magnitude and the most common forms of GBV, drivers of GBV and existing community protection structures for promoting SRH and preventing GBV.

Quantitative and qualitative methods were employed to collect primary and secondary data. A desk review exercise, key informant interviews, focus group discussions and a minimum initial service package (MISP) readiness assessment were conducted. Forty focus group discussions with adult men, women, young girls and boys and 177 key informant interviews with national, district and health facility managers were conducted.

Common forms of GBV during drought

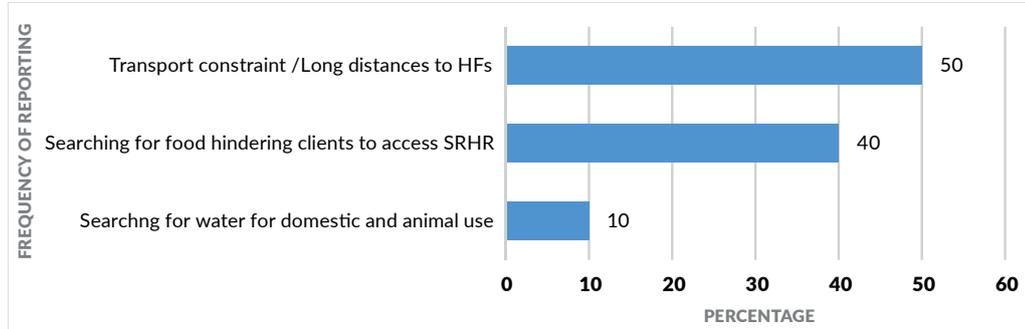


¹Integrated Food Security Phase Classification Analysis for Uganda, January 2017

Linkage between drought and access to SRH and GBV services

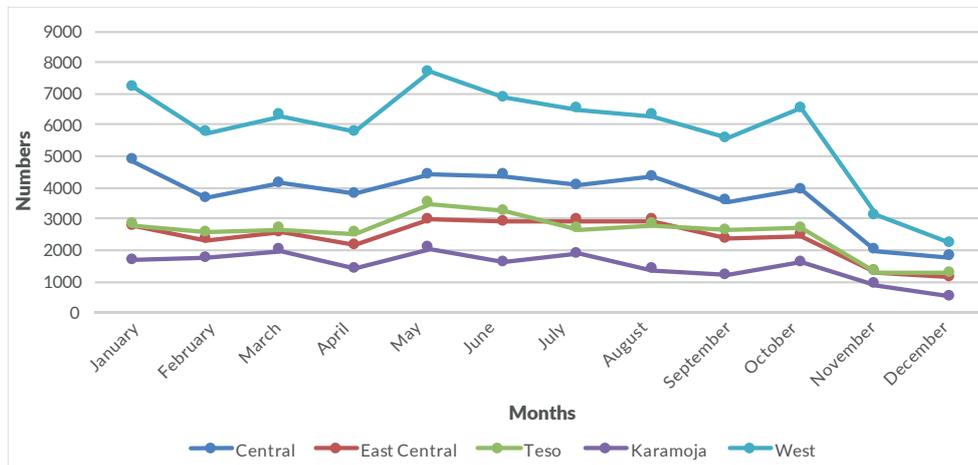
A number of drought related factors were mentioned by respondents as hindering access to and utilization of SRH and GBV services. Prolonged drought resulted into poor agricultural harvest for most of the affected areas. Fifty percent of the respondents reported that they did not sell any produce to earn money for transport to health facilities. Results from focus group discussions also showed that fetching of water in drought affected areas is traditionally undertaken by women and young girls who trek long distances. Forty percent indicated that they spend long periods of time searching for food, while ten percent indicated that they spend long periods of time looking for water.

Figure 1: Drought related factors affecting access and utilization of SRHR and GBV services



Utilization of antenatal (ANC) services - 1st visit - reduced from May to September and from November to December for all regions as shown in the figure below.

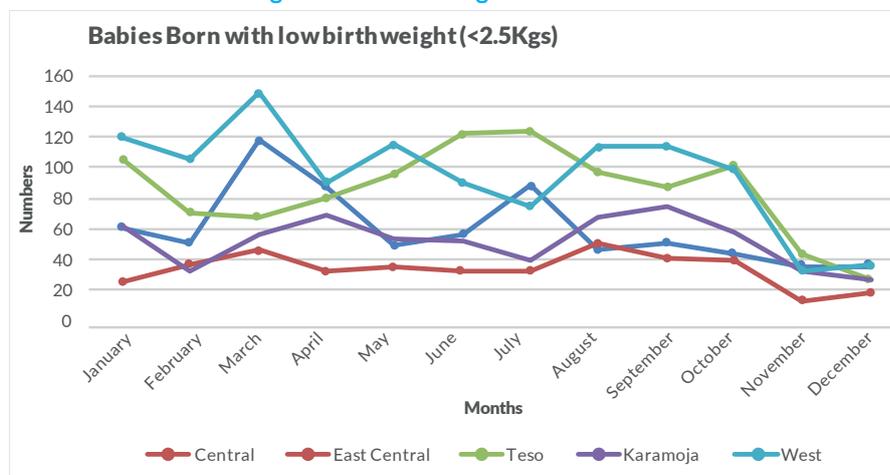
Figure 2: Utilization of antenatal care services - 1st visit



Source: 2016 and 2017 HMIS Data

Low birth weight was closely linked to the months most affected by drought, that is, from June to September for Karamoja, Teso, Central and Western regions as shown in figure below.

Figure 3: Low birth weights versus seasons



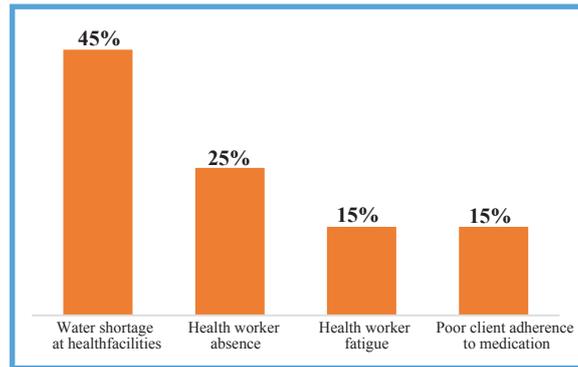
Utilisation of health services is affected due to women having to move long distances in search for water and food - Key informant, Moroto District

Effects of drought on availability of quality SRH and GBV services

Health facility managers at each of the 80 health facilities were asked about how the drought has affected the quality of available SRH and GBV services.

- Nearly half (45%) indicated that drought was a major cause of water shortage at health facilities. As a result, mothers arriving for maternal health services or their care givers were required to fetch water before any procedure or examination was carried out.
- There was increased health worker absence from workstations, as mentioned by 25% of the respondents.
- Additionally, those health workers who turned up for work would be fatigued as a result of walking long distances searching for food and water for their own consumption.
- Food shortage contributed to the poor adherence to treatment by clients especially those living with HIV/AIDS since some drugs particularly ARVs require to be taken after eating food.

Figure 4: Effects of drought on the quality of SRH and GBV services as reported by respondents



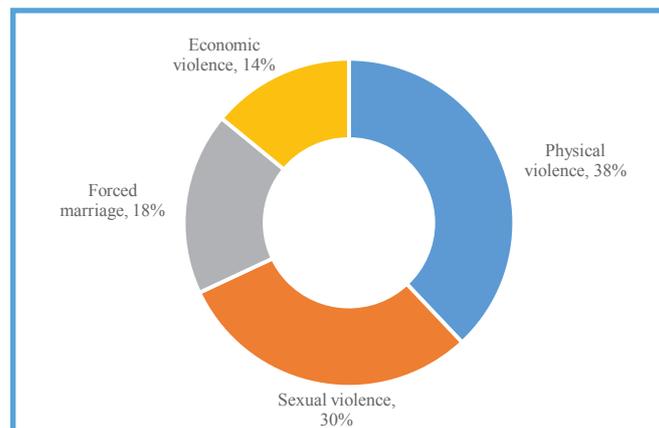
People are too weak to walk, ARVs are not used because of lack of food hence no drug adherence - Key Informant in Rakai district.

Forms and magnitude of GBV

The most common forms of GBV prevalent in drought affected areas were identified as physical (38%) and sexual violence (30%). Physical violence was attributed to limited productive activities during the drought which results in idleness, with some men reportedly spending their meagre incomes on drinking alcohol. In Karamoja, men move long distances and stay away for extended periods of time looking for pasture and water for their animals. When they return, conflicts begin because they have not provided for their families. Women and girls are at high risk of sexual violence as they travel long distances to fetch water, firewood and food. On arrival at home rather late, they are further subjected to physical abuse by their spouses or parents.

Scarcity of food in homes creates tension that ends up into physical violence between spouses and children. Forced marriages of girls by their parents in exchange for dowry, food or money were also reported by 18% of respondents. These marriages increase young girls' vulnerability to GBV, school dropout, teenage pregnancy, and other associated consequences. Economic violence is also prevalent as a result of people struggling for food and other limited resources. Land is mostly owned by men who are at liberty to sell whenever they wish without the consent of their spouses. Some women engage in commercial sex to get income for survival and food.

Figure 5: The common forms of GBV are summarized below:



Common perpetrators of GBV during drought

In all the districts where the study was conducted, women and girls were reported to be the most affected group by GBV during drought. On the other hand, almost all respondents (92%), cited men especially husbands/male partners, motorcycle taxi cyclists (boda-boda) and male traders as the main perpetrators of GBV. Boda-boda riders and traders were particularly singled out for using money, gifts, food among other incentives to lure young girls and women into transactional sex. Husbands/male partners were identified as the most common perpetrators of physical and economic violence in households. However, some key informants (14%) mentioned that women were perpetrators especially in polygamous homes where men were perceived to only care about the favourite wives which culminates into physical fights. The scarcity of food during drought was reported to be worse in polygamous homes where there are many mouths to feed.

Existing community protection structures for addressing GBV

The study showed that there are limited non-medical facilities/structures and networks that offer GBV prevention and response services in drought affected districts. There are only 19 safe homes/shelters country-wide mainly built by non-governmental organizations with support from various donors. At the district level, a number of structures are in place to prevent and respond to GBV including Police, especially the Child and Family Protection Units, District Probation Offices, District Education Offices, District Health Offices, Community Development Offices, as well as District orphans and vulnerable children coordination groups, among others.

At community level, the structures mentioned by respondents include Local Council Offices, Village Health Teams, Sub-county GBV committees, Faith Based Organizations, Cultural Institutions as well as Families.

Health facility capacity to provide GBV prevention and response services

All the 80 health facilities that participated in the study were assessed for capacity to provide GBV services. Almost all district hospitals and health centre IVs (94%) reported offering GBV prevention and treatment services including psycho-social care. However very few health centre IIIs (16%) had capacity to offering GBV prevention and treatment services including psycho-social care, HIV testing, screening and treatment of sexually transmitted infections, provision of emergency contraception and post exposure prophylaxis. The major challenges mentioned include shortage of medical personnel to offer GBV services, periodic stock outs of antiretroviral drugs and family planning methods.

Recommendations

- Government needs to integrate reproductive health, GBV prevention and response into disaster preparedness and emergency programming. In times of drought and other emergencies, it is vital to provide life saving reproductive health supplies², medicines, dignity kits³ and service provider training for the health system to deliver quality prevention and treatment.
- There is need to strengthen the capacity of government institutions, civil society and community based organizations to effectively prevent, respond and manage cases of GBV including making referrals of survivors to services. Such institutions include police, local leaders, women groups, male action groups, among others. This should also address negative social norms that fuel GBV and other harmful practices.
- The Ministry of Water and Environment (MWE) and Ministry of Agriculture Animal Industry and Fisheries (MAAIF) should invest in affordable irrigation and water harvesting technologies as well as re-forestation so that the affected population especially the women have alternative source of water and wood fuel during drought.
- In addition, MWE needs to extend water infrastructure such as dams/water reservoirs, protected wells and taps to drought prone communities in order to reduce the distances travelled by women and girls to fetch water. This will reduce exposure of women and girls to sexual and other forms of violence.
- Uganda National Meteorological Authority, the Office of the Prime Minister, the Ministry of Disaster Preparedness and Refugees and other partners need to strengthen contingency planning, risk analysis and early warning systems to plan for and provide regular updates on the evolving drought situation. Information on drought patterns should be regularly disseminated so that affected districts and communities are able to put in place mechanisms to withstand climate change shocks.

²Supplies for facilitating normal deliveries, caesarean sections, blood transfusion, management of obstetric complications, family planning provision, post rape treatment etc.

³ These kits contain soap, bathing sponges, toothbrushes and other toiletries, sanitary supplies for menstruation and other items based on local needs and preferences.



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