**Protecting Human Rights and After The Covid-19:**

**Response to Joint Questionnaire Of Special Procedures**

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Uganda embarked on preparations for prevention of Corona virus disease (COVID-19) as soon as it was declared by World Health Organisation as an International Pandemic in January 2020.

The Government of Uganda developed guidelines in Consultation with World Health Organisation. The first case of COVID-19 was confirmed in Uganda on March 21, 2020 and a country wide lockdown was declared a day later. The President of Uganda gave directives to implement the lockdown. The key measures included closing of the country’s borders to incoming and outgoing passengers in the bid to stop the importation of the disease into the country. The President also banned all public gatherings and closed schools, public and private transport. Social distancing was emphasized to curtail the spread of the disease. Only cross border trucks were allowed to continue transporting cargo. These measures worked well. According to the Ministry of health figures on 17th June, 2020, atleast 159, 324 samples have been tested so far and out of these, 741 cases have been confirmed positive and 486 have recovered. The active cases are 255 and Uganda has not registered any COVID-19 related death. The majority of the cases are cross border truck drivers. These transient members of the community traverse through different neighbouring countries where they get in contact with infected persons.

Uganda emphasizes community based management of older persons as opposed to institutionalization. Community transmission of the disease is minimal. This could be one of the reasons that Uganda has not registered any COVID-19 related death.

Uganda Virus Institute continues to be the main testing centre although 7 more testing centres have been established in various parts of the country.

Uganda has also two mobile laboratories for testing and diagnosing COVID-19. The laboratories are equipped with modern equipment. Those have been placed at border points to test truck drivers as they enter Uganda from neighbouring countries.

Training of health workers for management of COVID-19 patients has been conducted in all districts. This is aimed at ensuring competence, effectiveness and efficiency in handling cases related to the COVID-19 pandemic. The health workers have learnt about how COVID-19 is caused, effects, how it is spread, prevention and control. It has been found out that the patients who recover are discriminated against whenever they return to their respective communities. Community members have a belief that the recovered patients are likely to fall sick again any time.

Therefore the component of psychosocial support has been included in the training programme. The social workers who are trained are usually sent to the respective communities for awareness raising before the COVID-19 patients who recover are discharged. The Ministry of Health and other stakeholders provide megaphones, facilitate talk shows on radio and televisions. Information materials are printed in local languages and disseminated.

Personal Protective Equipment (PPE) have been procured and distributed to health workers although there is still a challenge of inadequate supplies. For purposes of controlling the spread of the disease government is making arrangements to purchase facemasks to be distributed to all persons aged 6 years and above.

The Ministry of Health and other stakeholders are currently distributing guidelines for use of masks. All educational institutions were closed before the total lockdown. Teachers have been engaged in teaching children through radio and television. Government is making arrangements to purchase and distribute radio sets to each household and TVs to each village. Atleast 10million radio sets and 137, 466 solar enabled TV sets will be purchased and distributed. Radio sets will be distributed to 137,466 households and the TV sets will be distributed in 68,000 villages to enable visual and audio learning of children and students. These facilities will also be used to disseminate COVID-19 related information to the community.

As regards the social economic impact of the economic downturn, there was drop in household income due to increased unemployment. Access to food was limited. A s a result, government purchased and distributed food to the most vulnerable.

Each individual in a household was given 6kg of maize flour and 3kg beans to last a whole month. Households with pregnant, lactating mothers and children were given 2kg of milk powder and 2kg of sugar. Very few older persons accessed the food as this food distribution was done in urban centres leaving out rural areas where the majority of older persons live. Approximately 2 million vulnerable people have so far received food. However, the food provided was inadequate and there is still an outcry for food.

The ban on public and public transport greatly reduced the support older persons were receiving from relatives and friends. Most older persons are living in isolation and suffering from stress and hunger.

Some older persons are now challenged by the closure of schools. They are unable to support the grand children academically and some children are out of control. Civil society organisations and other stakeholders are unable to support older persons due to the lockdown.

The monthly senior citizens grant was haulted due to the lockdown. Government is now working on delivery mechanisms to ensure that the processes for enrollment, registration and payment comply with the requirement standard. Issuance of monthly grants to older persons 80 years and above is expected to start by end of June 2020 and each older persons will be paid arrears for the last 6 months. When the rollout is completed the government will reach 358 older persons in all 135 districts.

During the lockdown, a number of older persons complained of land grabbing and elder abuse. The family protection unit of police reported about 114 cases of this nature during the last three months.

Two older persons, male and female, represent older persons in local councils at all levels. The local councils have been instrumental in taking decisions related to planning and implementation of COVID-19 related policies. However it was noted that older persons were involved at the lower levels of decision making and were left out on district and national COVID-19 taskforces. This means older persons are not fully involved in taking decisions at these levels on matters that affect their lives during this lockdown.