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# The global COVID-19 crisis from the perspective of communities in Uganda: Policy Brief

## EXECUTIVE SUMMARY

The COVID-19 pandemic changed societies across the world. In Uganda, COVID exacerbated preexisting vulnerabilities in communities in both rural and urban areas exposing the weaknesses of health and social assistance systems. What can be done to improve responses to emergencies the

future? This policy brief outlines recommendations and priorities for action. It is based on the findings of the research project Whose crisis? Which captured the impact of the pandemic on communities in sub-Saharan Africa



## BACKGROUND

The research project 'Whose crisis? The global COVID-19 Crisis from the Perspective of Communities in Africa' is made up by a team of researchers from Uganda, Malawi, Eswatini, Nigeria, Botswana and Glasgow; Scotland. It aimed at exploring the impacts of COVID-19 in Africa. Researchers used a combination of arts based data collection methods such as storytelling, song, poetry, role on the wall, role playing coupled with transect walks and interviews. The project was funded by the African Humanities Research Council (AHRC, UK) through the University of Glasgow. The research was conducted in Apala and Abia counties in Alebtong District in Northern Uganda, and Banda, Nakawa Division, Kampala District.

The major economic activity in Alebtong district is agriculture with over 80% of the population engaging in subsistence agriculture and small scale livestock production. Poverty levels are high in Alebtong, with about 85% of the population living below the poverty line. This was aggravated by the escalation of the LRA war which displaced people to Internally Displaced Peoples Camps (IDPS) from late 2002 to December 2006 (OPM, 2016). Banda, in Nakawa Division, Kampala district is a slum area where the majority of residents are in the informal sector and exchange their labour for wages in the neighbouring Kampala city.

Given the above socio-economic and political context of the research sites, community members are extremely vulnerable to shocks to their livelihoods as highlighted by the COVID-19 pandemic.

## THE EMERGENCY RESPONSE

In Banda, the government provided households with a food basket of beans, maize flour, and sugar and milk. Families with children and the elderly were prioritized. This assistance was provided only twice during the 2020 lockdown. The distribution was done by the Office of the Prime Minister and local council personnel who knew the residents of their areas of jurisdiction.

However, beneficiaries stated that the beans were dry and low quality and many families found it difficult to get access to firewood or charcoal to cook them. The amount of food provided was also not enough to sustain households during the lockdown. The government also provided masks to residents of Banda only once.

In Apala and Abia, Alebtong district, the government did not provide any food assistance. Its stance was to provide food to only people in urban Kampala and Wakiso district as people in rural districts had access to local food production. However, this was not the case because of urban-rural migration pattern during the lockdown. In the rural Apala and Abia casual labourers who lived from hand to mouth lost their jobs due to lockdowns and restrictions. Most families' food reserves were soon depleted, and some were at the brink of starvation. Even though the government provided masks to Abia and Apala residents, these came one year after people in the urban areas like Banda had received theirs.

The loss income and the lack of appropriate assistance forced many households to borrow money adding a debt burden to struggling families.

COVID-19 restrictions also affected access to vital services such as health and education. Public transport for example was suspended and people had difficulty accessing hospitals and health care facilities. The closure of schools left children without education. The government provided some educational materials so that school children could read. However, few copies of these materials were sent to Apala and Abia. Community based organizations such as the Apala Widows and Orphanage Centre took it upon themselves to photocopy the materials distribute them to children in their neighborhoods.

Students from better off households were able to continue with their education online, but most of the urban and rural poor were excluded. After schools opened, many children did not come back due to teenage pregnancies, and lack of financial means.

There was also a lot of misinformation about the virus circulated in the media. The absence of an effective awareness campaign undermined efforts to protect the population against infection. The security personnel mandated with overseeing COVID standard operating procedures (SOPS) in Banda, Apala and Abia used it as an opportunity to extort money and brutalize the people. Furthermore, people could no longer practice their cultural and religious traditions eroding communal living and support networks.

Generally, community members felt that they were forgotten by government in times of need; they were treated as second class citizens. As one respondent put it:

*“During the LRA war government and NGOs took care of us in camps. But corona is a problem. During the camp days people were able to do and get something. But with corona everything was locked down. Government and NGOs were not there to help us”.*



### UGANDA'S EMERGENCY RESPONSE BOTTLENECKS

- Government's dependence on unpredictable donor funds makes emergency responses slow and unreliable.
- Embezzlement of the limited funds available for emergencies.
- Top-down model of government's emergency interventions.
- Bureaucratic tendencies in the emergency procurement processes.
- Conflicts between different government emergency response agencies.



### REFERENCES

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- Public health campaigns must ensure access to timely and reliable information and involve national and local health authorities as well as community leaders.
- The food security crisis triggered by the pandemic highlights the need to develop effective food assistance programmes that can be scaled up during emergencies.
- Law enforcement must be trained to manage emergencies in a way that protects people's human and civil rights.
- Governments must adopt bottom-up consultative strategies to identify community needs and strategies to address them. Community engagement is crucial not only to ensure effectiveness but also to enhance trust on the crisis response. Strategies should take into account the distinct challenges that women and girls experience in their lives.
- The inadequacies of Uganda's health system were laid bare during the COVID-19 pandemic. The government must ensure that the system can respond to health emergencies. There is need to increase investment in health care and expand access to health services.
- Uganda needs an equitable education system that guarantees children's right to learn. Policies must be developed to ensure that children can continue their education during crises. Given the pandemic's devastating impact on access to education, governments must implement measures to encourage children to return to school.

## KEY MESSAGES