

Rapid Briefing Note: Impact of the COVID-19 resurgence on the Karamoja region Uganda, July 2021

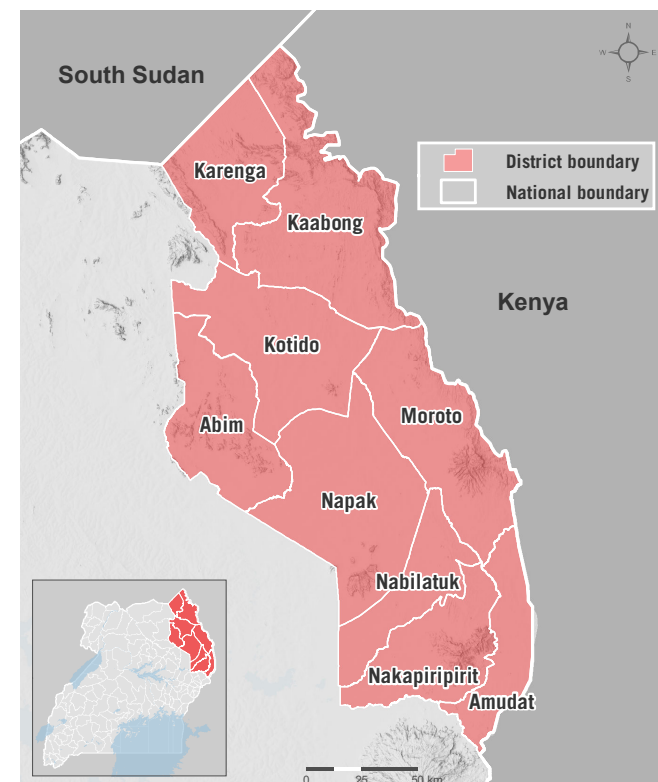
INTRODUCTION

Since May 2021, Uganda has been affected by a resurgence of COVID-19. The Uganda Ministry of Health (MoH) reported 89,080 confirmed cases on 13 July 2021, compared with 54,669 cases on 06 June – an increase of 63%. Active cases on admission at the health facilities increased by 13% from 754 to 853; in addition, there was a fourfold increase in COVID-19 deaths within the same period.

On 7th June 2021, the government re-imposed a 42-day nation-wide lockdown to prevent the spread of the virus. The lockdown has seen the closure of public and private transportation and restrictions of movement and business operations. This has negatively impacted the population's livelihoods in all parts of the country, including the Karamoja region which relies heavily on livestock markets. The impact of the virus, as well as related preventative measures such as movement restrictions, led to two, concurrent, country-wide crises: a health crisis and an economic crisis.

This rapid briefing note provides an overview of the impact of COVID-19 on the most vulnerable populations in the Karamoja region and evaluates the implementation, and constraints, of the emergency response. It is based on a rapid assessment, which included a review of relevant secondary data and 13 interviews with key informants (KIs), including members of COVID-19 district-level task forces and representatives of the civil society, conducted between 30th June and 11th July. **Given that this briefing note is based on secondary data and KI interviews, and does not include direct interviews with affected populations, the results provide an indication of the situation, but cannot be considered as representative.**

Figure 1. Karamoja region and its districts



KEY PRIORITIES

The review of primary and secondary data identified the following priority needs:

Health – KIs emphasised the need to increase the availability of Personal Protective Equipment (PPE), Intensive Care Unit (ICU) beds, oxygen supply, and isolation facilities in health facilities across the region and to improve COVID-19 testing services, the provision of home-based care, vaccination availability, as well as Risk Communication and Community Engagement (RCCE).

Food security and livelihoods – Given relatively high levels of food insecurity, exacerbated by the COVID-19-related loss of livelihoods, aid workers and district authorities suggested to scale up efforts to improve livelihoods and food security, through the provision of unconditional and conditional relief and activities to promote sustainable agricultural production.

Education and child protection – the closure of schools has heightened pre-existing education and child protection needs, and aid workers and district authorities reported increases in child labor, child marriages and child pregnancies.



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METHODOLOGY

- This rapid briefing note presents findings from a rapid assessment on the effects of the COVID-19 resurgence on the population of the Karamoja region in Uganda. It was conducted from 30 June to 9 July 2021 by REACH and ACTED, in collaboration with the Karamoja INGO Network.
- The rapid assessment is based on a review of secondary data, 13 structured KI interviews, and informal consultations with members of the government and development actors. Organisations and coordination structures that have been interviewed or consulted include Mercy Corps, Andre Foods International, Caritas, Office of the President, CRS, ZOA, RTI, GOAL and Farm Africa.
- The aid workers and district authorities have been purposively selected on the basis of their expertise on the current situation in Karamoja and the coordination of its response. Interviews were conducted remotely; via phone or by Internet with pre-developed and semi-structured questionnaires.
- Several organizations and coordination structures have been consulted to triangulate information and obtain specific information on their sectors or issues of expertise.
- The secondary data review included publicly available information sources (reports, press releases, meeting minutes, etc.) and information sources that have been distributed bilaterally.
- Due to the methodology used for the assessment, findings are indicative only, providing a general overview of the current situation and needs in the Karamoja region.

SUMMARY

COVID-19 and the related lockdown measures are affecting the needs and vulnerabilities of Karamoja populations across all sectors. KIs highlighted major challenges faced by the population in meeting their basic needs as a result of movement restrictions, limited market operations and business closures, reduced household incomes and increased commodity prices as well as long distances to access basic social services. These factors added to the already existing situation of food insecurity and malnutrition, coupled

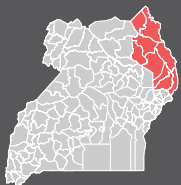
with increased cattle raiding in the region. The effects of the closure of schools, in particular on the wellbeing and protection of children, was also mentioned as a key concern by aid workers and district authorities.

According to KIs, the COVID-19 resurgence in May 2021 has exacerbated the pre-existing shortage of healthcare workers in the region, leading to higher patient-to-healthcare worker ratios, or to less experienced health care workers providing front-line care, and less attention on other patients with other medical conditions. The aid workers and district authorities also stressed that the current COVID-19 crisis has amplified the pre-existing shortages of Personal Protective Equipment (PPEs), oxygen, and access to ICU beds at health facilities, putting the lives of the health workers and patients at a greater risk.

The aid workers and district authorities also reported that the pre-existing food security situation in the region is worsening as a result of the stringent mitigation measures to reduce the spread of COVID-19. They stressed that increasingly unreliable rainfall patterns have resulted in a reduction in harvests over the past two years. Crop failure within the region is being accompanied by inadequate food supply from the neighboring regions of Teso, Bugisu and Acholi due the closure of public markets, which has contributed to the increase in the level of food insecurity in the Karamoja region. Some parts of Karamoja (in particular the south) have suffered animal quarantine following the outbreak of foot and mouth disease in November 2021. This has further contributed to reduced livelihood options for the population in the affected area.

Aid workers and district authorities also stressed that COVID-19 restrictions have aggravated the pre-existing cattle raids in the region, resulting in the loss of lives and increased violence from revenge attacks. More than three district authorities noted that deaths resulting from cattle raids in the region is higher compared to deaths related to COVID-19, while one estimated deaths from cattle raids to be over 200. Although it's still largely unclear why the occurrence of cattle raids is increasing, key informants suggest that it could be related to the increased economic hardships resulting from COVID-19 restrictions and the failure of crop yields.

Child protection was pronounced as a major need in the region, in particular in relation to high levels of child labour. Most KIs stressed that since the closure of learning institutions in March 2020, children have increasingly been engaged in production processes, in particular cultivating crop fields, looking after animals and doing domestic work such as cooking and fetching firewood or water. As a result, the time children should be spending on learning through platforms like radios is being replaced by forms of labour. This form of labour engagement could affect school enrollment with the resumption of education once restrictions are lifted.



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➤ PRIORITY SECTORS

HEALTH

All KIs reported that they were “very concerned” about the COVID-19 health crisis in the Karamoja region. The aid workers and district authorities pointed to very low testing and vaccination rates and overcrowded communal homesteads which are linked to increasing community transmission.

The KIs reported an increase in COVID-19 fatalities in the region over the past month, and added that some of the deaths in the community could not be confirmed due to the limited COVID-19 testing and referral capacity. This concern may be justified since Karamoja is one of the regions with the lowest population seeking health care (74%) in Uganda.¹ In addition, only 17% of the population of Karamoja lives within 5km of a healthcare facility, with the majority of the population having to walk between 20-30km to access referral services.¹¹

Despite these challenges, most of the aid workers and district authorities expressed confidence in the capacity of the healthcare services to manage the current COVID-19 caseloads and to continue managing the patient demand related to COVID-19 over the next month and beyond. In addition, the majority of KIs expressed that COVID-19 patients generally have adequate access to the required health care. They reported that only severe cases are being managed at Moroto Regional Referral Hospital and minor cases are under home-based care. However, the increasing number of COVID-19 cases among health workers was reported as a concern, as well as the need for oxygen, subsidised ambulances, medical supplies, and other support to Moroto Regional Referral Hospital and other treatment units in the region, including human resources. Moreover, the availability of PPE for healthcare workers and frontline community workers has been identified as a key priority in the region.

Aid workers and district authorities stressed the need for increased Risk Communication and Community Engagement (RCCE) efforts. In particular, they expressed that RCCE should target the most vulnerable population groups, be presented in local languages, include visuals and be displayed in otherwise crowded places such as *manyattas*.² That said, they noted that the provision of personal hygiene materials like soap and face masks are required to be able to ‘translate’ the information into practice. Although some KIs indicated that the general adherence to the established guidelines seems to have improved compared to the first wave in 2020, access to infection prevention and control materials is still considered a major gap.

The KIs also stressed the challenges in maintaining isolation for recommended periods and adherence to the guidelines for contact cases and patients under home-based care. They reported that COVID-19 patients and contacts break isolation rules as they struggle to find food or maintain their livelihoods. The

district authorities stressed the need to improve home-based isolation and care through provision of food rations coupled with regular monitoring by the district COVID-19 task forces.

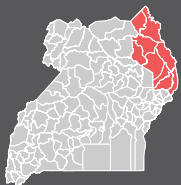
LIVELIHOODS

The lockdown has had a crippling impact on people’s ability to move in order to earn income. According to the 2019-2020 Uganda National Household Survey (UNHS),³ an increase in poverty has been pronounced in rural areas, and especially in the Karamoja, Acholi, Bukedi and Bugisu sub-regions. As livelihoods have come under pressure, the Ugandan government launched the COVID-19 Relief Fund on 8 July 2021 to support vulnerable groups affected by the country’s second lockdown.⁴ This relief package targets at least 500,000 vulnerable people from all parts of the country, including the Karamoja region. However, KIs noted with concern that the modality providing this relief fund (mobile money transfer) will limit accessibility for a number of eligible beneficiaries, since many people in the region do not own a phone and since mobile money services are mainly concentrated within town centers, which forces vulnerable populations to travel long distances on foot to access cash from mobile money agents.

The aid workers and district authorities noted that the COVID-19 restrictions and related challenges for livelihoods in Karamoja coincide with crop yield failures due to prolonged drought. The lockdown measures have severely affected the ability of the people of Karamoja to find food to supplement the low yields during the first harvest. Besides reductions in livelihoods and income, people are no longer able to travel to neighboring communities of Bugisu, Teso and Acholi to find work, and the aid workers and district authorities stressed that food has become less affordable due to increases in food prices in markets. Markets themselves have also become increasingly inaccessible due to the limitations on transportation.

COVID-19 preventative measures also affected the supply of agricultural labor, technical services, and the supply of inputs, such as improved seeds, fertilizer, veterinary medicines, animal and fish feed, insecticides, and pesticides. This is likely to pose critical challenges to food production and processing, and might further increase food insecurity. These factors are of particular significance in the Karamoja region, which has experienced desert locusts, an outbreak of foot and mouth disease and ongoing cattle raids.

Multiple district authorities and aid workers stressed that the previous restrictions of livestock movement due to the outbreak of foot and mouth disease, as well as the current closure of cattle markets, have negatively affected incomes from the sale of animals and their products, which is currently prohibited in the affected districts. A study conducted by Tufts University in August 2020 reported a drastic decline in income for households in the Karamoja region after the 2020 lockdown, as activities such as the sale of agricultural produce and livestock, casual labor, production and sale of local brew, and work and sales linked to markets were heavily affected.⁵



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KIs noted that the COVID-19 restrictions have limited opportunities for women and youth to participate in cash-for-work and food-for-work interventions that normally provides employment to unskilled and semi-skilled workers in the region. Labour-intensive projects, such as the rehabilitation of irrigation systems, soil conservation, and road construction and maintenance, have reduced greatly due to the funding challenges facing the development actors.

FOOD SECURITY

According to the Uganda National Household Survey (UNHS) of 2019-2020 more than two-thirds (68.9%) of households in the Karamoja region are considered poor, with 66.3% of Karamoja's households participating in the subsistence economy.³ Most areas in the region are classified as phase 3 (crisis) as per the Integrated Phase Classification (IPC), with particular food security challenges in the Kaabong and Moroto districts, as the food security situation has been worsened by limited income to purchase food.⁷ Food insecurity in the region is driven by COVID-19 restrictions, a delayed and significantly below-average harvest, and livestock loss through raids, which have together reduced local food availability and household purchasing powers.⁷ The restrictions have disrupted trade and input and commodity supply chains for various sectors and led businesses to close or downsize their operations, resulting in a spike in formal and informal unemployment. According to the June 2021-January 2022, Famine Early Warning Systems Network (FEWS NET) food security outlook report, more than half of the population in Karamoja region has been using negative food-based coping strategies since late 2020.⁷ These included reduced meal portions and sizes, reduced meal frequency, and the consumption of less preferred food. COVID-19 restrictions are now further constraining household incomes from typical livelihood sources to meet food and non-food needs during the ongoing lean season (early February to September).

NUTRITION

According to the IPC, survey data collected in February and March 2021 suggest that in all nine districts of Karamoja, over 5% of children are affected by acute malnutrition.⁸ One district, Kaabong, is classified in IPC Acute Malnutrition (AMN) Phase 4 (critical), with a Global Acute Malnutrition (GAM) prevalence of 18.6%. High malnutrition rates seem to be driven by a combination of factors, including poor dietary quantity and quality, poor feeding and caring practices, poor sanitation facilities, the prevalence of malaria and diarrhea, and low water use. The COVID-19 restrictions could exacerbate the situation, as households may lose their incomes as a result of the lockdown, or have limited access to markets. In addition, the IPC suggests that high mother workload and economic stress caused by the pandemic have been leading causes of inadequate breastfeeding practices, which deprives children of essential nutrients.⁸

VULNERABLE GROUPS

PERSONS WITH SPECIAL NEEDS (PSN): KIs considered pregnant women and those with pre-existing or chronic medical conditions like persons living with HIV/AIDS, tuberculosis, lactating mothers under supplementary feeding systems, as particularly vulnerable. They further noted that such categories of people experience reduced access to proper nutrition and basic health services. With the ban on public transport, many of such categories find it difficult to access routine medical services, as common accessible means of transport like '*boda boda*'⁹ were affected by the COVID-19 restrictions.

WOMEN: KIs stressed that women may be at greater risk from gender-based violence when in lockdown due to the negative coping mechanisms adopted as a result of the COVID-19 restrictions. Women, who are primarily responsible for feeding the family, bear the pressure of engaging in farming and earning cash to buy food.¹⁰ Multiple aid workers and district authorities asserted that the traditional gender roles between men and women remain the major guiding tool for the division of labor at household and community levels: men are primarily responsible for looking after animals and providing security while the women take on the rest of the domestic work, including farming. The effects of crop failures, the closure of markets and the resulting food shortages increase the domestic burden on women, especially to provide sufficient food to members of the household.

CHILDREN: Food insecurity can have long-lasting effects on young children. KIs reported that the current inadequacy of food quantity and quality has had a significant impact on children. In the Karamoja region, almost a third (29%) of children below the age of five years are considered underweight.¹¹ Multiple aid workers and district authorities stressed that women's ability to earn and save some money has reduced significantly during the lockdown, hence making it nearly impossible to provide the required food quantity and quality for their children.

According to KIs, children are affected in multiple ways by the ongoing lockdown. The closure of learning institutions has reduced learning opportunities for children. Most schools in Karamoja offer school feeding programs and the closure of schools has affected nutrition programmes that benefited children under the school feeding programmes. With the closure of schools, learning time is being replaced by child labour. In addition, the school closures have resulted in an increase in the number of girls who have gotten married, which has also resulted in increased cases of teenage pregnancies.



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OUTLOOK

According to KIs, the current 42-day restrictions will likely achieve a reduction in COVID-19 transmissions in the short term and, in the medium term (from August to October 2021), COVID-19 transmissions will likely continue to reduce and case management at the health facilities will improve. However, multiple aid workers and district authorities expressed concerns about the emerging socio-economic and health impacts of the lockdown restrictions, and suggested a more concerted effort to contain such negative impacts from worsening the living conditions of the people of Karamoja.

The lockdown restrictions that are resulting in a reduction in the number of new infections are, on the contrary, accompanied by low levels of vaccination, according to aid workers and district authorities. This stresses the need to continue to reinforce the healthcare system and adapt to the ongoing COVID-19 situation and the likelihood that the situation will be prolonged.

KIs stressed that the lockdown restrictions are likely to negatively affecting the socio-economic welfare of the population of Karamoja in the future due to the loss of income-generating activities and business opportunities. These have added to the existing livelihoods challenges posed to the region by crop yield failures, animal quarantine and rising insecurity from cattle raids. According to KIs, the effects of the loss of livelihoods are likely to be felt well beyond the end of the current COVID-19 restrictions. As a result, KIs felt that humanitarian and development actors need to adapt to strategies that support communities to live with COVID-19 in ways that allow them to pursue their own livelihoods.

RESPONSE CAPACITY

According to aid workers and district authorities, the district-level, humanitarian and development actors are generally responding effectively to the emergency needs resulting from the COVID-19 lockdown in the Karamoja region through coordination meetings, as well as joint activity planning and implementation exercises. Activities carried out in the framework of the COVID-19 response include the capacity building of health staff and frontline workers, community engagement for COVID-19 prevention and control, logistics support to health facilities, the provision of PPE to healthcare workers, and COVID-19 surveillance, containment and tracking activities.

Yet, even with these activities in place, a number of gaps were reported by aid workers and district authorities, including the absence of a common platform to track the COVID-19 response activities in the region. Most districts reported not having activity tracking tools (who does what, when and where). The aid workers and district authorities also mentioned that coordination with other districts in the region needs to be further strengthened for better impact. Furthermore, KIs pointed out that a significant degree of flexibility is needed to adapt and implement the response given the context of COVID-19 restrictions, while partners usually operate within their established targets and are guided by available budgets. Generally, KIs explained that funding levels in the districts are inadequate, and that there is a need for additional development and emergency resources to address the situation in Karamoja.



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KEY MESSAGES

This rapid briefing note provides an overview of the main sectoral priorities, vulnerable groups, aggravating factors and response constraints. Across these areas, the following key messages have emerged from the analysis:

1. COVID-19 resurgence has exposed long-standing gaps in health system, with increasing numbers of COVID-19 cases amongst health workers and shortages of ambulances, medical supplies and oxygen. KIs noted that the provision of adequate PPE is a key priority, with shortages reported amongst frontline workers in particular. Community members struggle to self-isolate given the generally large household size and an increased capacity of isolation units at health facilities is needed. KIs pointed out that RCCE activities are not reaching excluded groups of population. There is a need to localise RCCE activities, incorporating visuals and local languages, and implementing RCCE activities at community level.

2. Livelihood is a key concern in the region; household wealth, income and their ability to cope with other pre-existing vulnerabilities such as cattle raids, floods and locust invasions has drastically been reduced as a result of the COVID-19 lockdown. The closure of markets has resulted in a decline in income from activities such as the sale of agricultural produce and livestock, casual labor, and the production and sale of local brew. according to KIs. Restrictions on cross-border movements have prevented casual laborers from seeking seasonal work in the neighboring regions. KIs stated the need for cash-for-work projects such as the rehabilitation of irrigation systems, soil conservation, and road construction and maintenance to provide temporary alternative livelihoods. KIs expressed concern that government cash assistance will not reach all vulnerable households in Karamoja; women and youth may find themselves excluded from cash- or food-for-work programmes.

3. The combination of COVID-19 and concurrent factors exacerbates food insecurity; the increase in market prices combined with a low-yielding first harvest has resulted in a greater number of households becoming food insecure during the lean season. COVID-19 preventative measures have affected the supply and cost of agricultural labor, technical services, and inputs, such as improved seeds, fertilizer, veterinary medicines, animal and fish feed, insecticides, and pesticides. The worsening food security situation is compounded by increasing theft of livestock. Limited diet, inadequate breastfeeding and reduced caloric intake is likely to increase rates of global acute malnutrition across the region (currently estimated to average at least 5% in each district).

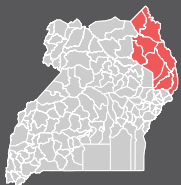
4. Closure of schools has resulted in increased child protection issues; youth and children are reportedly increasingly engaged in domestic labour and agricultural labour. Stress and psycho-social issues have contributed to increased reports of domestic violence, including sexual violence and violence against children. KIs reported rising levels of teenage pregnancy, early marriage and drug abuse amongst youth.

5. COVID-19 needs are exacerbated by pre-existing vulnerabilities: the COVID-19 crisis has emerged in the context of high levels of pre-existing needs and vulnerabilities among the population of Karamoja, with limited available resources to address these needs and vulnerabilities. The combination of a poor first season harvest, increased reports of cattle theft, income loss as a result of COVID-19 restrictions, and reportedly high market prices are together driving needs in multiple sectors, including food security, nutrition, and protection.

6. PSNs, women and children are particularly vulnerable; pregnant women and individuals with chronic medical conditions including tuberculosis and HIV/AIDs are impacted more severely by increased food insecurity and the inability to access health care facilities due to the restrictions on transport and the disrupted healthcare system. Women are at greater risk from gender-based violence as stress, fear and grief leads to negative coping mechanisms. Many women are being forced to 'lockdown' in crowded *manyattas*² with abusers, while social services to support gender-based violence survivors are being disrupted or made inaccessible. The effects of crop failures, the closure of markets and the resulting food shortages have increased the domestic burden on women who are traditionally responsible for feeding the family. KIs reported that youth who have lost informal livelihoods have few alternatives, leading to increased negative coping strategies.

7. While COVID-19 cases might decrease in the short term, resilience may be affected in the long term: KIs reported that they expect the current lockdown to reduce cases in the short term. However, given low levels of vaccination and existing stress on health services, KIs reported significant concern in the case of a new wave after restrictions are lifted. Restrictions are negatively impacting the population's capacity to cope with shocks, including lower levels of food security, lost livelihoods and missed education. Targeted, longer-term interventions are required to address food insecurity, insecurity and livelihood issues.

8. A need for flexible funding and a better coordinated COVID-19 response: KIs reported that current levels of resourcing across all sectors are inadequate and expressed the need for more flexible funding in order to allow humanitarian and development actors to respond to emerging issues. District Local Governments (DLGs) reported a need for greater coordination between government and non-governmental actors through a COVID-19 activity tracking system (4Ws) to ensure an efficient and coordinated response. Interventions will need to be flexible to be able to adapt to different scenarios, including on-going COVID-19 restrictions.



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NOTES

1. Uganda Bureau of Statistics (UBOS), Uganda National Household Survey (UNHS) 2016-2017; 2018.
2. “Manyatta” is a traditional settlement or compound surrounding a cattle enclosure.
3. UBOS, UNHS 2019/2020; June 2021.
4. Uganda Office of the Prime Minister; [“Government launches the COVID-19 Relief Fund”](#); 8 July 2021.
5. Tufts University, [Rapid Assessment of COVID-19 impacts in Karamoja, Uganda](#); August 2020.
6. Households have minimally adequate food consumption scores, but are generally unable to afford some essential non-food expenditures without engaging in negative (“stress”) coping strategies.
7. FEWS NET, [Uganda Food Security Outlook - June 2021 to January 2022](#); July 2021.
8. Integrated Food Security Phase Classification (IPC), [Overview of the IPC Acute Malnutrition Analysis of Karamoja](#); July 2021.
9. *Boda boda* is the local term for a motorbike taxi.
10. World Food Programme (WFP), [Situational Analysis of Food, Nutrition and Income Security in Karamoja](#); December 2020.
11. UNFPA, [Leaving no one behind in Karamoja](#); August 2018.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT)

As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently working to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. Updates regarding REACH's response to COVID-19 can be found in a [devoted thread](#) on the REACH website. Contact geneva@impactinitiatives.org for further information.