



*Our experiences immersing in communities in 15 different districts of Uganda can provide insights into some of the risks and opportunities for COVID-19 response.*

Empatika undertook two immersion studies in Uganda in 2017, for the Northern Uganda Transforming the Economy through Climate Smart Agribusiness Market Development (NU-TEC MD) programme and the Expanding Social Protection Phase II (ESP II) programme, both funded by UK Department for International Development (DfID).

In order to undertake these studies we trained a diverse and enthusiastic team of Ugandan researchers, nearly all of whom are still part of our researcher network. Using our immersion-based approach, these researchers lived with 50 families and had conversations with over 2,000 people in rural communities across 15 different districts across northern, eastern, and central Uganda.

Living with families in these communities allowed researchers to experience people's daily lives first hand, including following their hygiene and sanitation practices. They accompanied families to health facilities and helped with their planting and livelihood activities. These experiences provided a rich understanding of people's day-to-day realities.

Both studies provided insights into how people make a living, including the growing need for cash and changing trends in selling produce through middlemen and markets, preferred information sources and social interactions. The ESP study had a



**A man travels by bicycle to a larger trading center. Although larger centers such as this one often have health facilities, in some communities we stayed in they were over an hour walking distance so often necessitate needing cash for taking transportation like boda-boda.**

specific focus on the views of people and the elderly on healthcare and social protection systems. These insights have possible implications for COVID-19 planning and programming. Although some changes may have occurred since then, the following insights from these immersions have implications for COVID response, policies and programme planning.

## KEY INSIGHTS RELEVANT TO COVID PROGRAMMING IN UGANDA

1. People do not often visit health facilities because: 1) they don't have enough money to pay for care and particularly, medicines; 2) people believe that facilities are often lacking medicines (or medicines/services that are supposed to be free); and 3) the long distance of many health facilities from communities and the prohibitive costs of transportation.
2. Water is mostly accessed through communal bore holes. In some communities where we lived there were often queues at the boreholes, making them a likely center for COVID transmission.
3. Many families collect water from small streams, water holes, or rivers. While small streams and water holes are often nearby homes, we found many to be dirty and/or

containing stagnant water. While rivers were cleaner, they were often far away from homes. This means that government directives to wash hands more regularly may be difficult for many to follow.

4. Women's burden of work may be increased with schools closed. Daily chores such as collecting water are already time consuming and as women tend to also handle day-to-day education and health matters, they may be under increased pressure. This increased workload for women may increase stress levels and impact husband-wife relationships, as the NUTEC study had noted that, 'there are indications these [time intensive chores] also add stress to husband-wife relationships as the

division of labour in households is forced to adjust.'

5. Over 20% of the families we lived with were headed by women. These families may be particularly vulnerable during this pandemic time due to fewer income earners.

6. Farming was carried out in family groups or traditional reciprocal neighbourhood groups. Recent emphasis by agricultural projects to form farmer groups, though less preferred by people, has nevertheless become a requirement for many input programmes. Although planting times differ across agro-ecological zones, in some of the areas we lived in



Many of the mothers we stayed with spent a lot of time each day collecting water, either due to long walks to water sources including boreholes, or due to long queues at boreholes.

### 'Government programmes stop at the sub county. Here we're poor'

- A mother in Lira district describes a perception shared by many in more rural areas that they receive limited government support

'If you have the money, you get the service you want. So it's the money which speaks'

- A group of old people in Yumbe district discussing healthcare services

harvesting and planting the second season crop is active now (June–August) which means people will be working outside their homes together, potentially increasing the spread of COVID-19.

7. Middlemen generally buy produce at the farmgate. People consider this to be a convenient way to sell produce as it reduces transport and opportunity costs and provides ‘badly needed cash’ at the end of the growing season. Farmers may find it more difficult to sell their crops if the mobility of middlemen is restricted. Conversely, if middlemen continue to visit farmers/communities, farmers may be forced to accept lower payments if they are unable or unwilling to travel and thus lack other options for selling.

8. Nearly all families we lived with supplement their income from agriculture with activities such as selling honey, milk, fish or alcohol or engaging in seasonal

construction or farm labour work. These activities may be hampered by demand (less purchasing power) or because construction sites or commercial farming activities are curtailed.

9. Some agriculture programmes and contract grower schemes promote the use of chemical fertilisers and insecticides and the use of more expensive HYV seeds (which are also high input dependent). While families we lived with prioritised ‘feeding the family’ over engaging in commercial farming, the incentives offered may have shifted this balance for some. Farmers and families using these higher cost inputs may be vulnerable to shortage due to a lack of cash and/or transport and market restrictions.

10. With limited phone and TV access, radios are still widely used, particularly for older people who enjoy programmes in their local language. While local trading centres are the center of activity in many communities as they are visited for buying/selling foods and socialising, they did not seem to be used as information sharing hubs.

11. Most people shared that they preferred to receive cash assistance rather than in-kind assistance because it means that they can decide for themselves what to spend the money on, is good for meeting emergency needs, and as noted in the ESP report based on

conversations with old people, ‘it would be hard for the Government to provide appropriate ‘in kind’ assistance when context and needs vary so much.’



**In some of the communities we stayed in, people (and particularly old people) collected most of their water from streams or water holes like this one, which were often dirty.**

***‘We have eight cows but we’re doing badly because still no money’***

*- A grandfather in Kole district. In both studies people shared how having cash has become increasingly important for meeting daily needs*



**Although local trading centres like this one were often a main center of community activity, they did not seem to be used for much information sharing.**

## Insights particularly relevant for older people:

**12.** Many old people shared that they choose to live on their own and value their independence. They try to stay active during the day including, where possible, farming and collecting water. If mobility allows, they also like to socialise outside of their home. Portions of the Senior Citizen Grants were often used to facilitate socialising (such as buying sugar to be able to provide tea for visitors). Restrictions on mobility may have consequences for the mental wellbeing of elderly living on their own.

**13.** Like families in general, old people also prefer cash assistance. With cash they can pay for some medical costs, contribute to the costs associated with their families taking care of them, and give small 'treats'. Even though many old people we lived with had health issues, most preferred to prioritise use of cash assistance for other purposes, notably the education of grandchildren. Old people said they felt valued through this altruism and families often relied on this source of help.

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*'As long as I am still strong, I want to be independent'*

- A grandfather in Moroto district

## IMPLICATIONS FROM THESE INSIGHTS

1. The cost, access, and trust issues with local health facilities means that people with COVID symptoms may not seek treatment. Elderly who anyway tend to defer their own medical needs may be even less likely to seek medical attention. Outreach by health providers and officials is likely to be very important.
2. Hygiene and social distance messaging and 'nudges' need to be visible and understandable at points where people have to congregate, especially boreholes.
3. Since many families have poor access to clean water, the promotion of simple handwashing facilities at the home such as tippy tanks could be prioritised.
4. With limited mobility of middlemen, agricultural market linkages could be severely affected leading to lower prices for crops, which in turn has long term impacts on families' finances. Access to farming inputs may also be limited and/

or costly and future harvests may be adversely affected in areas where there is greater dependence on chemical fertilisers/insecticides and high yield seed varieties. Farmers shared with us that they did not trust government schemes involving distribution of free agricultural inputs as the inputs were often inferior, late or captured by favoured groups or those 'near the sub-county'. This means that cash assistance rather than in-kind agricultural assistance is likely preferable.



This private clinic nearby one of the communities we stayed in remained empty all day despite being attended by a nurse and stocked by medicines because people could not afford to pay.

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*'Cash is best, other things can be stolen'*

- A grandmother in Kaberamaido district discussing her preference for cash assistance

