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# Politics and Covid-19 in Kampala

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**Briefing Paper**

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**Abbreviations**

CSOs	Civil society organisations
GKMA	Greater Kampala Metropolitan Area
IEC	Information, Education and Communication
JTF	Joint Task Force
KACITA	Kampala City Traders Association
KCCA	Kampala Capital City Authority
LDU	Local defence units
NPA	National Planning Authority
NTF	National Task Force
OPM	Office of the Prime Minister
SAC	Scientific advisory committee
SMC	Strategic management committee
VHT	Village health teams

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## 1. Introduction

On 22 March 2020, a 36-year-old man returning to Uganda from Dubai through Entebbe Airport, became the country's index Covid case. During the pandemic's first year, Covid-19 in Uganda experienced a single wave (see Figure 1 below). There was an initial peak in September 2020, with 240 confirmed daily cases, and a second, higher peak in December 2020, with 719. The number of confirmed deaths, meanwhile, peaked in January 2021, at just over six a day. Even before the index case, Ugandan authorities had drawn on previous experiences of combating infectious diseases to institute vigorous measures to control the pandemic.

**Figure 1: Uganda's first Covid-19 wave, March 2020-March 2021**

### Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

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The fact that during the first year of the pandemic, Uganda ranked in the bottom 20 countries in the world for infections and deaths, suggests that they did so with some success (Sachs et al. 2020). Pundits have declared that the government handled Covid-19 admirably (Kirenga et al. 2020; Sachs et al. 2020), “a role model for pandemic containment in Africa” (Sarki et al. 2020).

In this note, we present a more nuanced interpretation by describing the response in Kampala, Uganda's largest and capital city and epicentre of the disease. We trace<sup>1</sup> the main contours of the Covid-19 policy response, its strengths and weaknesses, and explain how these can be traced to the politics of Uganda's health policy domain and the place of Kampala in Uganda's political settlement.

Among our key findings are the following:

1. At national level, Uganda was able to build on past experiences of tackling serious infectious diseases, such as Ebola, to rapidly convene a multisectoral Covid-19 leadership and response apparatus: this apparatus was highly successful in terms of curbing Covid infections and deaths nationwide, however.;
2. While highly centralised and uniform on paper, at city level, the policy response effort seemed to have been quite ad hoc, with some communities successfully self-organising multi-stakeholder health response activities with the support of village health teams (VHTs), but with confusion and rivalry among local actors in others.
3. In general, the pandemic and especially the policy response caused great economic hardships (especially for persons outside the realm of the government civil service and low- income communities), educational disruptions, social-cultural dislocations with a variety of related malign effects, such as an increase in gender-based violence, discrimination, spatial injustices and inequalities, and sex exploitation.
4. While there were attempts to provide social protection via food and financial relief to vulnerable populations, there were also reports of missing or inadequate resources, and some reports of politicised relief provision. Interventions further pivoted to protective gear, such as masks and sanitisers, provision of handwashing and hygiene facilities, behavioural change education and communication, and digital health service provisioning.
5. A number of entities, including development partners, industrialists, politicians, faith-based organisations, cooperative societies, and Ugandans of Goodwill, threw their weight behind the fight against the pandemic by donating items including, but not limited to, vehicles, mattresses, food and even money to the National Task Force (NTF).
6. Meanwhile, some state agencies such as the police, crime preventers and local defence units (LDUs – operating under the national army) used the pandemic

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<sup>1</sup> The study drew essentially on three methods: (1) reviewing a series of documentary sources, including but not limited to academic literature, media sources and other grey literature; (2) focus group discussions (FGDs) and key informant interviews with a range of key stakeholders across the city; and (3) a mini-survey in Kampala's less advantaged communities. The key informant interviews were carried out with 37 policy actors, including members of the National Covid-19 Task Force, Kampala Capital City Authority technical personnel and politicians, division mayors and councillors and local (village) council leaders. Covid-19 policy responses in Uganda were predominantly covered by Uganda's mainstream print and electronic media outlets. The analysis of media coverage of key policy developments for managing Covid-19 complemented the key government documents that were published by the Ministry of Health, Kampala Capital City Authority, Uganda Media Centre and (Uganda) State House.

as a pretext for harassment, arbitrary arrest of civilians, brutality and ruthless extortion.

7. The policy response was informed by strong scientific advisory structures. However, in at least some areas, policies were affected by political considerations and inter-agency rivalries.
8. Current and former military officers were intimately involved in the pandemic response, which seems to have gone hand in hand with an increased concentration of power in, and militarisation of, the state apparatus. The pandemic served as a pretext to stifle political opposition in Kampala and help secure the re-election of President Museveni.

## 2. The Covid policy response in Kampala

As the Covid-19 pandemic spread across the globe in early 2020, the response in the Ugandan capital of Kampala was driven by Kampala City's Covid-19 Task Force. This is the mirror image of the NTF – the official government of Uganda national-level structure that is explained in the next section. Cognisant that Uganda operates a decentralised system, government mandated sub-national governments to customise the response through the Covid-19 district and city task forces to coordinate and guide the response to the pandemic in the respective administrative units (Kirenga et al. 2020). Similar to the national structure, these sub-national task forces composed of political and technical experts that were drawn from within the respective districts (Kadowa 2020). The political arm of the Kampala City Task Force was headed by the minister for Kampala and Metropolitan Affairs, with members consisting of the resident city commissioners, lord mayor and division mayors, executive director and directors, town clerks and district medical officers, and Kampala Metropolitan Police. On its part, the technical side was headed by KCCA's director of public health and environment, Dr Daniel Okello. The city's health directorate's emergency response team had previously handled emergencies including spates of cholera outbreak in different areas of the city, the Ebola epidemic, and had offered emergence support to victims of the 2010 terrorist bombings in Kampala (Twinokwesiga 2020). At the community level, the technical arm was supported by NGOs, the private sector and community volunteers in the form of VHTs. The latter are a cornerstone of Uganda's epidemic surveillance and considered a key component in tackling infectious diseases, as they are the first health point of contact in the community. The local council chairpersons (LC I) were responsible for managing residents and ensuring compliance with national regulations (Federica et al. 2020). In this section, we will discuss the different forms of Covid-19 response in Kampala, before touching on some of the organisational aspects of the response.

Treatment options, it must be said, were limited. For serious cases, treatment centred on two main hospitals: Mulago National Specialised Hospital and Entebbe Regional Referral Hospital. Mulago is a tertiary health facility with a capacity of about 900 admission beds and only 36 adult intensive care unit (ICU) beds when Covid hit (Kirenga et al. 2020). An entire block of six levels was made ready and converted into a Covid-19 screening and treatment centre. Entebbe Regional Referral Hospital is in Entebbe city, about 45 Km from Kampala. As of March 2020, it had a capacity of 200

beds with four ICU beds. Critically ill patients from the latter would be referred to the former for specialised management.

These facilities were not easy to reach for all residents of the city, and as the number of cases rose, they became insufficient. By June 2021, there were many reports of patients falling back on private facilities. These were often ill-equipped to cope with the pandemic, yet there were no protocols for referring cases to public facilities. Some private health facilities reportedly used the crisis to exorbitantly charge for Covid-19 treatment (Agiresaasi 2021). In the second half of 2021, the media was awash with stories of private health facilities demanding cash deposits upfront before admission. Others were said to demand security items, such as title deeds, in lieu of cash (Muhumuza 2021) or going an extra mile to confiscate bodies of those who died from Covid-19 due to failure of relatives to clear bills (ISER 2021a).

Less serious cases were treated at home. By October 2020, with hospitals struggling to cope, the Ministry of Health introduced home-based care as an official policy, targeting Covid-19 patients who were asymptomatic or having mild sickness. Patients were offered medicines such as azithromycin, hydroxychloroquine, Panadol, vitamin C and zinc tablets. Either out of fear of the virus or the exorbitant prices charges in health facilities, many Ugandans pivoted to and experimented with everything from traditional medicine to new herbal-based traditional medicines or phytomedicines, including but not limited to, cannabis and different kinds of untested weeds, leaves and grasses of oranges, guava, mangoes, eucalyptus and a myriad of unclear plant materials to steam themselves (Nguyen 2021; Olukya 2021) and a series of concoctions of garlic, ginger, lemon, onions, salt and honey.<sup>2</sup> Ugandans switched to these measures, first to boost their immunity, but it was also a reaction to the high hospital charges that many Covid-19 patients incurred per day, especially those in need of medical oxygen. While in hospital facilities, many Ugandans diagnosed with Covid-19 were asked to pay to the tune of 3.5 million Uganda shillings (~\$1,000) up front before being treated (Nguyen 2021). This is a prohibitive sum for most Ugandans. In June 2021 the Government of Uganda, through the National Drug Authority, approved a local herbal medicine – COVIDEX – as a supporting treatment for viral infections including Covid-19 (Kyeyune 2021).

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<sup>2</sup> One of the popular medical doctors, opposition politician, and former presidential candidate, Col. Kizza Besigye, had on several occasions advised people on Twitter on how to make anti-Covid-19 concoctions to boost their immunity to prepare for fight with Covid-19 (See [twitter.com/kizzabesigye1/status/1335234535412408321](https://twitter.com/kizzabesigye1/status/1335234535412408321)). The prescription for the virus was one litre of hot water, four thumb-size ginger or powdered ginger, five red pepper, 10-15 pieces of garlic, one big fleshy onion, and two lemons and two tablespoons would be taken at eight-hourly intervals. Later, a survey conducted by Twaweza (2021) observed that one out of every three residents in Kampala city believed that taking vitamin supplements or using alternative remedies such as steam inhalation could cure patients of Covid-19. However, given that there was no herbal remedy that had been validated to manage Covid-19 across the country, the Government of Uganda, through the Ministry of Health, was quick to advise Ugandans to pay attention to government-endorsed, scientifically verified and approved medical information.

Conscious that treatment options were limited, government authorities focused much of their energy on prevention. Measures included contact tracing, isolation and quarantine, and lockdowns (Figure 2 contains a basic timeline). The government either closed all international entry points or instituted mandatory Covid-19 screening and testing at them, enforced institutional quarantine for all international visitors, including truck drivers to and from neighbouring countries – as well as instituting a surveillance team of health workers to track down returnees from abroad. Upon identification of positive cases, contact tracing and identification of community hotspots was conducted, coupled with a 14-day mandatory quarantine (Lumu 2020).

To allow for the return of Ugandans that were stranded following travel restrictions, the government gazetted 37 institutional quarantine centres with a total room capacity of 2,597 in Kampala and Entebbe (The Independent 2020). Unfortunately, each returnee was required and forced to pay for all their mandatory 14-day quarantines, which became too expensive and excessive for many to afford. Self-quarantining at home was also reportedly not possible in most households, due to the relatively small size of their housing units. Indeed, in the city, half of the dwelling units according to UBOS (2019) have one room for sleeping. The average room occupancy density is 2.6 persons per room in Kampala City, while the highest room occupancy density reported in single-roomed dwellings stands at 3.8 persons per room, which not only falls outside the two people recommended by the United Nations but would also not allow for proper social distancing as recommended by the Ministry of Health.

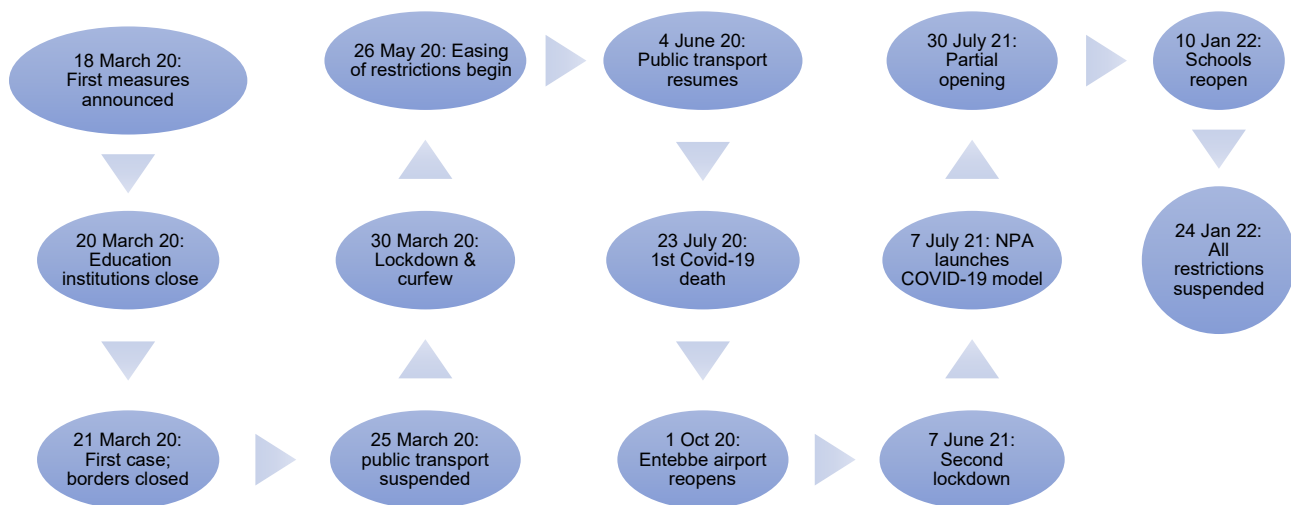
To further mitigate the spread of the virus, the President announced 35 actions, popularly referred to as the Presidential Directives and Guidelines, between 18 and 30 March 2020. And for the rest of the year, the country oscillated between tight lockdowns and relaxation of some of the measures. Lockdown measures included travel bans and other restrictions on movement; closing schools; closure of many markets or reduction in the items they could sell; augmented health measures in factories; and an enhanced level of vigilance and surveillance, including handwashing and use of temperature guns in various city venues. There was increased attention to disinfecting facilities, limiting the number of visitors, recording all personal details for persons visiting, and the use of personal protective equipment. A nationwide curfew was introduced, with pubs, bars and other entertainment venues effectively shut down. The stringency of the response was highest between the end of March and the beginning of May 2020, at about 90%, with no significant loosening until September 2020 (see Hale et al. 2021). Even then, significant restrictions remained, including the world's longest school shutdown.<sup>3</sup>

In most cases, these measures were implemented by City Division Covid-19 Task Force Sub-Committees, which pulled in a variety of actors, including the very important

<sup>3</sup> See [devex.com/news/devex-newswire-when-the-world-s-longest-school-shutdown-ends-102703#:~:text=Ugandan%20President%20Yoweri%20Museveni%20shut,Andrew%20Green%20reports%20for%20Devex](https://www.devex.com/news/devex-newswire-when-the-world-s-longest-school-shutdown-ends-102703#:~:text=Ugandan%20President%20Yoweri%20Museveni%20shut,Andrew%20Green%20reports%20for%20Devex) (accessed 26 April 2022).

VHTs.<sup>4</sup> However, in the poorer neighbourhoods that we studied, the pandemic preparedness teams did not comprise public health or medical experts. Although at divisional level there was a health expert on board, the local-level response was managed through semi-skilled volunteers who had received only the basics of emergency response in case of a suspected Covid-19 positive case. Relying on community disease surveillance, the VHT roles were expanded to not only visit homes and educate residents on Covid-19, asking them about their health and recording their health status and submitting it to the Division Task Forces for follow up, but also supporting the process of identifying and evacuating possible cases of Covid-19 in city neighbourhoods. Some communities set up their own teams that handled the situation based on knowledge from television and social media; further, a few of the medical personnel and practitioners in different communities voluntarily offered their expertise. For example, In the Kampala urban division of Makindye, active Covid-19 community surveillance was initiated on 23 March 2020. Coordination meetings were hosted routinely and remotely, most of the time via the internet on a WhatsApp platform dubbed “Makindye Covid-19 response team” (Nyende et al. 2020).

**Figure 2: Timeline of Covid-19 policy response in Uganda.**



Source: Uganda Covid-19 Response Info Hub.<sup>5</sup>

<sup>4</sup> Village Health Teams (VHTs) were established by the Ministry of Health to deliver basic health services and education, empower communities to take part in the decisions that affect their health; mobilise communities for health programmes, and strengthen the delivery of health services at household level (MoH 2010). Other specific roles of VHTs include: conducting home visits, managing mild ailments such as malaria, diarrhoea and pneumonia among children under five years, distributing health commodities, and conducting referrals to health facilities. However, Covid-19 raised a new challenge for them across the city.

<sup>5</sup> Available: [covid19.gou.go.ug/timeline.html](https://covid19.gou.go.ug/timeline.html) (accessed 26 April 2022).



Figure 3: Covid Stringency Index



While apparently effective in slowing transmission of the disease, lockdown measures created severe hardships, especially in low-income areas of the city. Cramped living conditions often made it impossible to stay indoors, leaving residents vulnerable to intimidation, extortion or brutality by the authorities. Key informants and the media showed how people residing in informal residences whose houses lacked perimeter walls were chased, flogged and compelled to remain indoors, especially during the first lockdown, in what Nkuubi (2020) refers to as “guns governing public health”. Many LDUs interpreted “staying at home” as “staying indoors” and, together with other enforcement personnel, became deadlier than the virus itself by abusing the terms of their deployment in enforcing Covid-19 Standard Operating Procedures and Curfew guidelines. Several media reports indicated that they illegally entered people’s homes in the guise of enforcing curfews.

To enable continued learning during the lockdown period, the government, development partners and communities explored different methods to try and help children keep learning while they were at home. Attempts were made to distribute home learning kits and packs through innovative radio and television programmes and print media. Their impact was, however, limited, with differential levels of access to these opportunities across city neighbourhoods. While the teaching and learning process for better-off households moved online, this was not a viable option for most low-income households, especially those resident in informal settlements. One of the key informants in Namuwongo aptly described the learning situation as:

“The reality is that our children are in no way learning at all while physically out of school. Many of my people have as we speak now not received any study materials as promised. Moreover, the lower part of my community don’t have access to radios and

televisions and there is a deliberate effort for our community to experience load shedding every day. Even the last remaining *kibanda* (makeshift video hall) that would double as a community television hall has been closed since the lockdown was instituted.”<sup>6</sup>

Some communities reported an increase in drug abuse amid fears that students would have dropped out of school permanently. While Covid-19 curbs like curfews reduced the night economy substantially, some types of criminal activities in local communities increased, especially domestic violence, which was at its peak during the first wave of the pandemic. Hunger reportedly increased, and there were many tales of families selling their daughters into prostitution or early marriage to fund basic living expenses. The situation around social risks was described by one of the key informants as follows:

“The situation has been so bad that parents are selling off their daughters into prostitution and into marriages to be able to get what to eat. So many young girls have been inducted into prostitution while young boys have now become hooligans, abusing drugs and terrorising the village. Even when schools open, not many children will go back to school.”<sup>7</sup>

While water provision and waste collection systems were considered as essential services, there were disruptions to their provisioning in several city neighbourhoods. It took several weeks for dysfunctional water networks and systems to be repaired, waste went uncollected, and sanitation facilities became overfilled. For low-income settlements like Namuwongo, Banda, Kiswa, Kinawataka, Wankulukuku and Central, there were dilapidated sanitation and waste management conditions, due to an increase in open defecation and failure to access toilet emptying services. Communities were forced to suffer the foul odour of full sanitation facilities. Moreover, enhanced handwashing, sanitisation and face masking were positively enforced and this greatly improved hygiene, especially in public places. Routine health services were also negatively affected. For example, the restrictions disrupted access to, and delivery of, routine child, maternal and HIV/AIDS services (Tumwesigye et al. 2021).

For much of the population, Uganda’s existing social protection mechanisms, including the National Social Security Fund and related initiatives, were inadequately prepared for the pandemic and therefore of limited help in mitigating Covid-19 socioeconomic impacts, since they did not target a larger proportion of informal sector workers and other vulnerable sections of society in the city. Instead, the government rolled out a food distribution programme to plug this gap. In April 2020, the government allocated about US\$17 million towards food distribution, targeting 1.5 million vulnerable persons in the Greater Kampala Metropolitan Area (GKMA) only, that also includes the municipalities of Mukono, Kira, Makidye-Sabagabo and Nansana, who were not able to earn a living during the lockdown. Although, it was estimated that about 23% of the

<sup>6</sup> Key informant in Namuwongo, Makindye Division.

<sup>7</sup> Key informant in Kinawataka, Nakawa Division.

urban poor in Uganda lost their income during and after the lockdown and that the number of food-insecure people in the country increased by 44% (Jerving 2020), the government argued that it was GKMA residents that had been most affected by the Covid-19 lockdown, due to their reliance on daily income. Each member of the approximately 683,000 targeted households was apportioned six kilograms of maize flour, three kilograms of beans and half a kilogram of salt (Owori 2020). Special consideration was given to female-headed households, elderly, sick, and lactating mothers, who received extra food, including two kilograms of sugar and two kilograms of powdered milk (Adiiki 2020). This was distributed with the help of local leaders like the Local Council I (LC1) chairpersons, defence secretaries, youth representatives and also the security forces, including Uganda police, prisons services, LDUs and the army. For the most part, local leaders, especially the opposition Kampala City leadership and Ministry of Local Government, were avoided altogether in this exercise. Meanwhile, in an exercise that targeted Ugandans aged six years and above, a nationwide door-to-door distribution of government masks coordinated by local community leaders was started on 10 June 2020 as another added effort by the government to mitigate the spread of Covid-19. Many critics argued that the food distribution campaign and face coverings in the GKMA were indeed manoeuvres for political gain as the country prepared for the January 2021 national elections. Indeed, partisan differences emerged along lines of colour and symbols associated with face masks (Anguyo 2020).

In a surprising development, however, in September 2020 the government indefinitely suspended a Covid-19 cash transfer programme worth US\$ 15m funded by USAID and UK Foreign and Commonwealth Development Office (FCDO) and meant to be implemented by GiveDirectly. It would target 190,000 households as part of those who lost income during the first lockdown in March 2020 as a result of the pandemic and who were at risk of food insecurity (Jerving 2020). They were identified and selected from the cities of Kampala, Moroto, Kabale, Gulu, Mbarara, Lira and Mbale and each was supposed to receive three transfers, each amounting to \$27 (Uganda shillings 100,000) (Kisakye 2020). The transfer was meant to cover both food and other essential non-food items. Beneficiaries facing eviction over failure to pay rent would get \$50 (about Shs 200,000) (The Observer 2021). Upon its suspension in September 2020, the programme has enrolled 48,000 individuals and 22,000 had already received at least one transfer, via mobile money. The cash grant was part of the US government's Feed the Future initiative that works to improve food security and stabilise markets in Uganda. It was pivoted to complement other USAID programmes that aimed at strengthening people's resilience and response to the impacts of Covid-19. Despite the engagement between senior government officials from the Ministries of Finance and Local Government and representatives of USAID and FCDO leading to the 17 April 2020 Memorandum of Understanding, the government cast doubt on the source and purpose of GiveDirectly's cash after some officials claimed that it was being used to fund opposition campaigns and activities (The Observer 2021). The US terminated the programme and withdrew the funding. According to Kisakye (2020), the government also claimed that cash handouts would result in undesirable social effects,

such as promoting idling, domestic violence, dependency syndrome and tensions between the targeted and non-targeted individuals and villages (The Observer 2021). More critically, the project's implementation period coincided with the 2021 election season – hence the government could have feared electoral backlash from the rural constituency excluded from these interventions (Jerving 2020). At the time of writing this research brief (April 2022), GiveDirectly had been okayed to resume distributing cash relief to vulnerable Ugandans.

Meanwhile FGDs suggested that between 75% and 95% of residents in their respective settlements received the government food relief. However, the food distribution exercise was marred by several irregularities. Several media reports and parliamentary sessions were filled with stories accusing the government of distributing food that was not fit for human consumption, including rotten beans and expired milk. Following numerous public complaints and social media pressures, the government, through the Uganda National Bureau of Standards (UNBS), withdrew over 100 tonnes of relief food, including both 63 tonnes of posho and 41 tonnes of beans, over poor quality. But the damage had already been made. Recipients of the government food also complained that the beans required a lot of energy (charcoal) and time to prepare, and yet the charcoal was not provided. Moreover, there were reports that food items such as milk and rice that were supposed to be given to the elderly and lactating mothers were often withheld and diverted to the open markets by the people that were distributing them, thereby allowing government officials to profit from the pandemic (see Musisi 2021).

Given the centralised nature of the food distribution exercise and door-to-door delivery of the food items, it was difficult to get an accurate picture of the actual recipients of the food items, given that most of the local leaders from whom information could be sourced were completely left out, and did not support the government in identifying and registering the beneficiaries or participating in the actual distribution of the food. In general, there is not clear data in the city on the number and exact locations of vulnerable and underprivileged persons how required food and therefore the exercise was grossly underestimated and conducted haphazardly. While the government claimed that over 1.2 million people out of the targeted 1.5 million people had received the food items, it turned out that the numbers were inaccurate and even getting adequate supplies of food items into existing government stores was difficult. The head of Uganda's Media Centre observed that it was when the items started getting delivered at the household doorsteps, that discoveries were made that many of the underprivileged in Kampala do not even have houses, let alone doors. Many in Kampala's informal settlements dwell in shacks, verandahs, taxis, sewerage tunnels, disused vehicles, under trees or abandoned structures, and reaching them by the men in uniform has been very tedious (Opondo 2020). Moreover, because of the extended lockdown period, even those who had received the food were having nothing to provide for their families. Further, some areas situated within the proximity of affluent settlements, like Kiswa and Mbuya, did not get food relief because of the perceptions amongst the distributors that they were well-off and did not need support.

Most vulnerable people were unable to sustain livelihoods, since the food aid or relief could not last for the entire extended lockdown periods, and yet a majority of them indicated that they had consumed all their savings. Such groups initially resorted to moving around communities to look for casual jobs and begging from local leaders or households that had some food to survive on, hence increasing their exposure and risk to catching Covid-19. It was established that some local authorities moved to different households looking for the elderly people to offer counselling and sensitisation sessions on how to conduct themselves during the pandemic. Urban refugees usually found it difficult to comprehend curfew and lockdown directives, due to language barriers, something which led to their arrest by security personnel.

Some CSOs managed to pivot their programming to reach out to the most vulnerable communities to enhance their protection against the crisis and its impacts. Child Fund and Compassion Uganda helped in awareness creation and provided the most vulnerable with water jerry cans, kits and food and money for about three months in the area of Kiswa parish. Another agency, Infectious Diseases Institute (IDI), helped in the provision of airtime to the VHTs and the local authorities to aid their coordination activities. Other organisations such as Good Neighbours International, Plan International, Compassion Uganda, Sokowatch Uganda, Reach-out Uganda, Water Aid, National Slum Dwellers Federation of Uganda, Uganda Red Cross Society, Mercy Corps, ACTogether (the implementing arm of Slum Dwellers International – SDI) engaged local leaders to identify and provide support to the most vulnerable populations across the different areas of the city. Faith-based organisations, cooperative societies and schools partnered with KCCA and development partners to provide essential services like beddings, food and shelter to street children (ChildFUND et al. 2020).

At city level, KCCA deployed what many pundits considered to be a comprehensive and multidimensional Covid-19 Task Force and pandemic response plan (Figure 4).

Figure 4: Covid-19 Complete Response Plan



Source: Twinokwesiga (2020); in ICLEI-Africa (2020), p. 18.

Since March 2020, the task force at the authority developed and strengthened key Covid-19 interventions, including:

1. Setting up Division rapid response surveillance teams, comprising doctors, clinicians, lab technicians and surveillances officers – to respond to alerts from the communities and carry out patient assessments; and a total of 80 surveillance officers were committed across the five Divisions of Kampala.
2. Boosting the ambulance system to facilitate intercity facility transfers and out-of-hospital resuscitation, given that public and private transport was banned. This involved establishing 29 pick-up points for emergency response. Using the ambulance online/digital application, all Kampala residents would know all the obtainable transport options, including what ambulance service was available, the services it offered, and cost estimates of using it based on distances to be covered. All public, private not-for-profit and private ambulances in Kampala were hosted on the real-time Kampala Digital Emergency Transport System, which was linked to the emergency call and dispatch centre set up by KCCA, to identify best positioned health facilities and nearest ambulances to handle the medical conditions at hand (Magunda et al. 2020).
3. Engaging VHTs, comprising health educators, surveillance officers, Division task forces prepared for identification of suspects and health education of the community.
4. Case management and surveillance and sample collection of contacts and contacts of contacts.

5. Setting up a strategy to inform the population and keep timely monitoring, including coordination with the Ministry of Health to deploy “Community Drives” using five film vans across the city divisions for risk communication – sensitising communities on the Do’s and Don’ts on coronavirus and distributing Information, Education and Communication materials. Use was also made of community radios, mass and social media, and posters in all public places, including markets (Ahimbisibwe et al. 2020).
6. Setting up a response hub and dashboard to aid interactive access to Covid-19 pandemic spatial data, including health centre locations and ambulance coverage/availability. The response hub was also intended to catalogue GIS data that supports mapping and analysis, and to increase overall community preparedness with general public health resources and media stories related to Covid-19 outbreak in Uganda.
7. Setting up interventions for water, sanitation and hygiene plus infection prevention and control.
8. Provision of psychosocial support. A team with 23 providers were deployed to quarantine facilities located in the central region (Kampala).
9. Managing call centres. The KCCA Covid-19 response call centre was set up before the Ministry of Health call centres that have increased capacity to handle more calls concurrently and public awareness was raised through constant media coverage, short videos about the toll-free line and the 24-hour operationalisation of the services (Bua et al. 2020).
10. Provision of psychosocial support. A team with 23 providers were deployed to quarantine facilities located in the central region (Kampala).
11. Making handwashing a key Covid-19 priority intervention and the key interventions included the Identification of vulnerable communities, who included the transient public and communities in the informal settlements; mobilisation of internal and external resources for implementation of priority interventions; identifying locations to place handwashing stations in public spaces (Mutabazi et al. 2020).

A “seamless” working relationship between KCCA and the central government developed in dealing with Covid-19 pandemic. However, later in 2021, Cabinet suspended KCCA’s Covid-19 resurgence plan over limited funding (Ngwomoya 2021). Other commentators argued that the suspension of the plan was politically motivated, given that concentrating Covid-19 response activities at the city level would give political capital and mileage to KCCA political leaders as the country prepared for national elections planned for January 2021.

While a nation-level structure was in place to provide overall guidance (see Figure 5), this was more effective with regards to guiding the medical aspects of the response (Tallio 2021). Field research at city level indicated an absence of effective coordination amongst actors, especially between division task force teams, local task force teams, local political leadership structures and civil society organisations. There was a disaggregation of actions across the different levels of city government in the different localities. For instance, African Medical and Research Foundation (AMREF) approached communities through the division-level task forces, which highly prioritised response efforts in public spaces, whereas Uganda Red Cross Society (URCS)

engaged the VHTs and locally mobilised volunteers to reach out to a wider spectrum of community members and business enterprises operators. Generally, every actor had a different approach to responding to the crisis. The local authorities expected engagement by the division task forces but such hopes did not always materialise, which led to formation of parallel village- or parish-based task teams that often collided around issues of legitimacy, positionality and power asymmetries in relation to government institutional frameworks. One of the local leaders in Banda substantiated as follows:

“We were eagerly waiting the call from the division-level task team to coordinate on how to handle the situation of Covid-19 but they were not willing to cooperate, ... this made the local authorities to operate within its means ... the civil society organisations tried to cooperate with the local authorities through involving the VHTs to sensitise people and distributing the relief aid in terms of shopping vouchers or coupons to enable communities to buy food items including rice, posho, sugar and beans.”

During the second national lockdown that started on 18 June 2021, the government implemented a Covid-19 relief fund (~\$15m) targeting 501,107 urban households across the country with a one-off grant of \$25. The Ministry of Gender, Labour and Social Development, in a series of media briefings, indicated that it conservatively considered 38% of the population in cities and municipalities to be vulnerable, from which 13 categories of beneficiaries for the Covid-19 relief fund were identified. A lion's share (50%) was identified in the GKMA, while 31% of the beneficiaries were identified in Kampala City alone. While procurement- and distribution-related challenges that bedevilled the government food relief programme in 2020 were expected to be avoided by switching to a cash grant, new challenges emerged. The major one was that the registration and verification process of beneficiaries lacked transparency, as local government technocrats enlisted themselves, relatives and friends. Thus, on both occasions, government social protection interventions left out significant numbers of vulnerable people, while profiting others (ISER 2021a).

Vaccination rollout in the country started on 10 March 2020, as Uganda joined a host of countries in Africa to initiate the inoculations. The government was committed to providing free Covid-19 vaccinations to all persons aged 18 years and above. The main objective of the National Deployment Vaccination Plan (NDVP) was to vaccinate in a phased manner at least 49.9% of the country's population. This constitutes close to 21,936,011 persons. In each phase, the plan is to cover 20% of the target population, which is about 4,387,202 people (OCHA 2021). However, because of the shortage of the vaccines, the first phase of vaccination was given to key priority groups in a phased rollout, based on who was considered most at risk of getting Covid-19 due to their occupational risk of infection, at risk of developing severe disease or death from Covid-19, and population characteristics (age, gender, geographical location) (MoH, 2020b). The priority groups included the following:

1. Health workers in both public and private facilities – and all their support personnel, numbering up to 150,000 persons;



2. Teachers and staff in all education institutions – public and private, estimated to be about 550,000 persons;
3. Security personnel of all categories, numbering up to 250,000;
4. Persons aged 50 years and above across the country who were estimated to number 3.3 million;
5. Persons aged 18 to 50 with underlying illnesses such as diabetes, hypertension, heart, kidney and liver disease;
6. Essential service workers who interact with many people by the nature of their work.

As of 29 March 2022, a total of 17.6 million vaccine doses had been administered, with 8.01 million people fully vaccinated – the fully vaccinated are about 17.5% of total population (Ritchie et al. 2021). The Uganda government is now seeking to legally mandate vaccines in draft legislation aimed at boosting the country's drive to vaccinate more people. The proposed bill calls for a six-month jail term for failure to comply with vaccination requirements during disease outbreaks.

### 3. The Covid policy domain

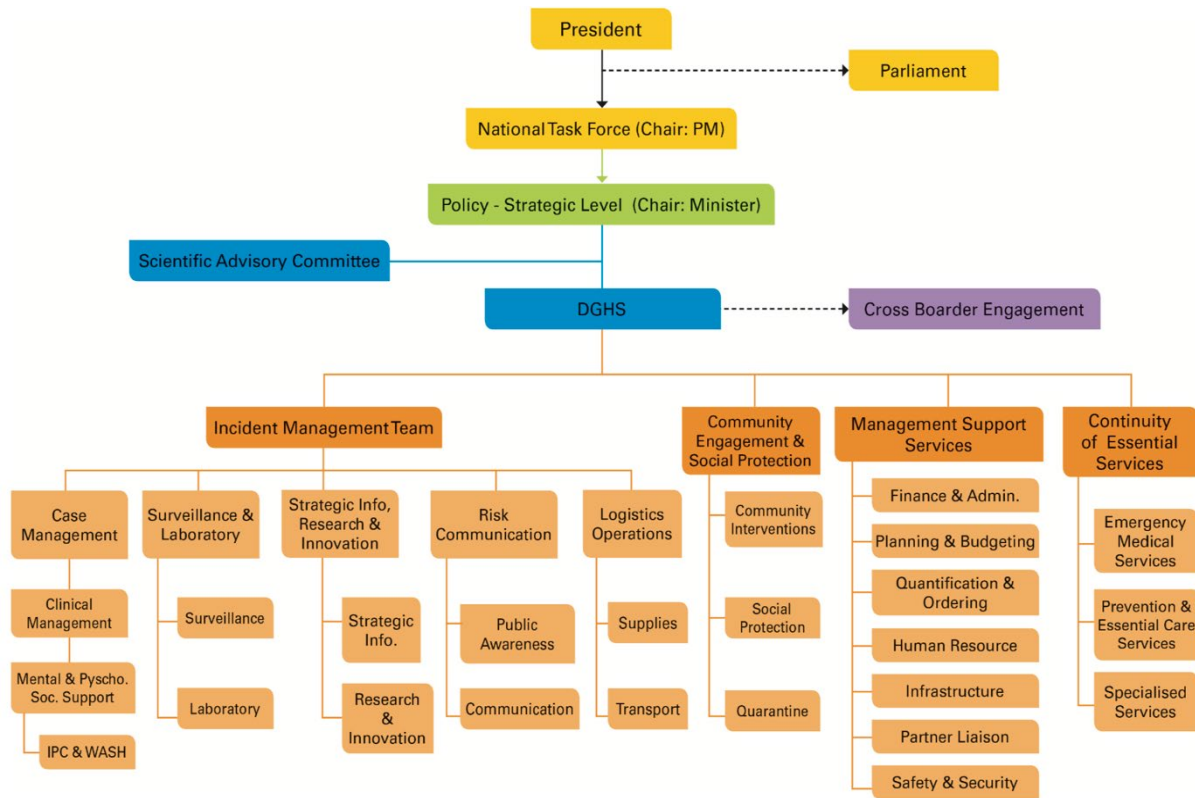
The previous section has presented evidence to suggest that the Ugandan authorities responded to the pandemic in a rapid and robust manner, with an emphasis on containment, yet with a less effective approach to securing the livelihoods of the most vulnerable city residents. In this section, we delve into the politics of Uganda's Covid policy domain to help explain this.

As background, we need to note that Uganda has a long history of managing outbreaks of deadly epidemics. These include the viral haemorrhagic fever outbreaks, starting with Ebola in 2000 and several re-occurrences thereafter, Marburg, Crimean Congo haemorrhagic fever, and cholera, as well as the HIV/AIDS pandemic that has ravaged the country since the 1980s (Mbonye et al. 2014; Kadowa 2020; Kirenga et al. 2020). Moreover, the country's geographical location and proximity to the Democratic Republic of Congo (DRC), an epicentre of viral outbreaks, provides a strong incentive for the Ugandan government to invest in building its capabilities in disease surveillance, testing and containment (Aceng et al. 2020; Nsubuga et al. 2021).

This history has allowed the government to develop a well-streamlined multilevel coordination mechanism for managing disease outbreaks in the country that is in stark contrast with its record in providing routine healthcare such as child and maternal services (see Bukonya and Golooba-Mutebi 2020). Uganda has an Integrated Disease Surveillance and Response (IDSR) strategy and provides for standing multisectoral and multidisciplinary committees at national and decentralised governments (Mbonye et al. 2014). As the Covid-19 pandemic hit, this structure was adapted to respond to the pandemic for the period March 2020 to June 2021 (Figure 5). Indeed, being adaptive played an important and proactive role in steering the development of the National Preparedness and Response plan for Covid-19, as well as the different guidelines and

standard operating procedures (SOPs) applied to guide the pandemic response at different levels (Kadowa 2020).

**Figure 5: Covid-19 response structure**



Source: MoH (2020a: 11).

As can be seen from Figure 5, the President took charge of the response, though largely delegating the day-to-day activities to the Office of the Prime Minister (OPM), who convened almost all the NTF meetings and activities. During previous infectious disease outbreaks, the NTF fell under the leadership of the minister of health, but for the Covid-19 pandemic it was upgraded to the OPM. The Covid-19 NTF comprised political and technical leaders from the most influential government entities, including Health, Education, Trade, Finance, Tourism, Public Service, and joint security agencies among others.

To support the Ministry of Health (MOH) in combating the Covid-19 epidemic across the country, the Uganda National Security Council also set up an inter-agency Joint Task Force (JTF) at national and regional levels. The JTF comprised officers of the Uganda Peoples Defence Forces (UPDF), Uganda Police Force (UPF), Uganda Prison Services (UPS), National Joint Intelligence Committee, Immigrations and Customs, National Water and Sewerage Corporation, UMEME<sup>8</sup> and KCCA. At operational level,

<sup>8</sup> Uganda’s main electricity distribution company.

the JTF was led by the chief of staff Land Forces, and it was stationed at the Police Joint Operation Centre in Naguru. The JTF coordinated direct support from the agencies to the MOH. For example, the UPDF and UPF attached 240 medical personnel to support the MOH, 40 of whom were already deployed at Entebbe Airport and Mulago Hospital. The JTF further monitored and ensured compliance on the measures issued by the President and Commander-in-Chief and the Ministry of Health on prevention of the spread of coronavirus (Kamusiime, 2020).

Considering the pandemic's potential to disrupt the economic activities and livelihoods of those living and working in GKMA, KCCA, through its director of public health and the Private Sector Foundation, were part of the NTF right from the outset. Other institutions with representation on NTF included civil society and the political parties with representation in parliament. The latter's inclusion came as a surprise, given that Uganda's ruling party tends to view its opponents as disruptive to its developmental agendas. Nonetheless, while seemingly inclusive at first sight, the NTF left out players that one would consider to be critical in an emergency with multifaceted implications. As we explain later, the omission of the National Planning Authority (NPA), the government agency with the mandate for economic and development planning, raised eyebrows.

Beneath the NTF was the Strategic Committee on Covid-19, headed by the minister of health. Its membership included key development partners, such as WHO, the Global Fund, CDC, and UNICEF; civil society representatives; and representatives of professional bodies, such as the Uganda Medical Association. The director general of health services, meanwhile, was tasked with overseeing the implementation/operationalisation of the decisions of this committee. As shown in Figure 5, DGHS worked with four teams, namely, the incident management team, community engagement and social protection team, management support services, and the team in charge of continuity of essential services. Each of these pillars was led by the commissioners responsible for the respective subject areas at the ministerial level, save for the incident management team. For this, the government seconded a serving Uganda People's Defence Force (UPDF) officer, Colonel Henry Kyobe, to head the incident command centre, deputised by its former head, Atek Kagirita. The implications of this will be discussed later.

Bilateral and multilateral funding agencies, such as the World Bank, International Monetary Fund (IMF), the African Development Bank and the UN agencies such as WHO and UNICEF, provided both financial and technical assistance to Uganda's Covid-19 response right from the start of the pandemic (ISER 2021b; Margini et al. 2020). In some cases, the government negotiated with development partners to channel resources for ongoing projects to respond to emergencies caused by Covid-19. It is difficult to accurately track resource flows to Uganda, given that most projects were off-budget, but existing evidence suggests that most of the resources were channelled to logistics and laboratory services, for example, initially to support testing services and later vaccination (Margini et al. 2020). While some of the financial support

was in the form of grants the largest portion was loans with varied borrowing conditions, depending on the lender. It is on the accord of significantly enhanced borrowing that governments' debt-to-GDP ratios surpassed the 50% mark for the first time, which caused anxiety that it was no longer sustainable (ISER 2021b).

Another feature unique to the Covid-19 epidemic response structure was the creation of a scientific advisory committee (SAC). The minister of health invited eminent scientists in the country to form the SAC to lead research, innovation and generate scientific evidence to advise MoH and NTF (Kadowa 2020). SAC comprises 17 senior scientists drawn from outside MoH and from diverse disciplines, including immunology, public health, veterinary medicine, psychiatry and mental health, mathematics and psychology, among others. SAC played a leading role in the development of the different guidelines and standard operating procedures (SOPs) that the government used to guide its response in different sectors. It was structured in such a way that it had a team (sub-committee) looking at the different aspects of Covid-19. For example, there was a sub-committee looking at the biology of the virus, a clinical team, people from the lab to see to it that the therapeutics worked, and behavioural scientists. Each of these ad hoc committees worked independently, and could co-opt additional member(s) from the public if their expertise was needed. For example, when SAC needed to evaluate cinemas, taxis, buses, and opening up the central business district, it co-opted the director of health services of KCCA.

It is important to note that these modifications were not universally applauded. Professor Mbonye, the former director of health services at MoH, noted in various media outlets concern about the prominent role handed to politicians-cum-security operatives at the expense of technocrats, and also about exalting outsider and less-experienced scientists over the tried-and-tested cadres who had overseen "several devastating epidemics of Ebola Hemorrhagic Fevers, Yellow Fever and Cholera, which are more infectious and highly lethal [compared to Covid-19]" (Mbonye 2020). To him, the new committees comprised "acquittances [sic] and friends of some sort of kind" (Mbonye 2020).

While it may be true that – unlike Mbonye himself – none of the scientists had demonstrated disloyalty towards the President, and although all hailed from Makerere University, there is little evidence to suggest that the committee was, in fact, a clique. Rather, its members were highly qualified and energetic individuals. Informants spoke about working extremely long hours before discussing and preparing advice for the Task Force. For example, SAC continuously gathered evidence through rapid assessment surveys and synthesised evidence from international experiences, which then informed local responses (Kadowa 2020). The results from the first rapid assessment survey, for example, informed SAC's advice to the government to ease lockdown restrictions nationwide, except for border districts, which were kept on high alert to guard against the importation of the virus from neighbouring countries.

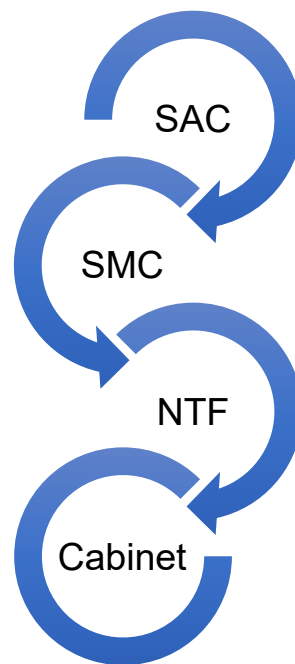
Quite how influential the SAC was, however, is what is interesting here. On the other hand, respondents explained that NTF's setup could not allow it to be an effective

forum for decision-making. It was pointed out that “the National Task Force is too big and amorphous”<sup>9</sup>. Instead, it was reported that the President, and government generally, relied heavily on the advice and recommendations of the small but quite influential SAC, which got full access to NTF, Cabinet and the President.<sup>10</sup> The President himself fondly described the SAC team as “my scientists”. In our interviews, members of SAC widely agreed that Ugandan authorities, technical and political, gave the committee a listening ear. Another respondent revealed that:

“We would meet the Minister of Health and then be given the time we wanted. She would ring, she would WhatsApp, and say “these are the issues, what should I communicate to the president?” ... we would sit with the Minister and advise her that let us do this, let us do that, and she could carry that position to the president. In the next few days you would hear the president speaking and somehow coming to what you had agreed upon.”<sup>11</sup>

This was corroborated by a senior official from the OPM.<sup>12</sup>

**Figure 6: Covid-19 decision-making chain**



Source: Authors

Yet others had a different perspective. Several respondents, including members of SAC, noted that Covid-19 policy advice was not purely premised on scientific evidence.

<sup>9</sup> Male member of NTF, 27 November 2021.

<sup>10</sup> The SAC chairperson has to be in close proximity to where Cabinet is taking place and frequently accompanies the minister of health when briefing the government on the status of the pandemic.

<sup>11</sup> Male member SAC, 10 November 2021.

<sup>12</sup> KI OPM, 22 November 2021.

Respondents observed that the reality of policy-making was such that their recommendations had to go through various modifications at several stages of the decision-making chain before they reached the President. Therefore, as reflected in Figure 6, a typical recommendation from SAC would first be discussed by MoH SMC, then it would go to the NTF at OPM before reaching Cabinet for the President to decide. One SAC member reflected thus,

“Science says this, but is it feasible? Is it manageable based on resources? Other considerations might be about people, might be money, it might be supplies and many other things [...] And then the Cabinet injects its realities. So that is how the decisions on Covid-19 were made. It is a loop and reflects not only what the scientists think, like what everybody has been saying, but reflects the realities of the technical arm of the ministry, the politics as well as the money and several things, so what you see at the end of the day is a result of that entire mix.”<sup>13</sup>

One of the other factors that influenced policy decisions appears to have been the role of lobbyists. Some of the dominant groups that would be described in this category of lobbyists included Kampala City Traders Association (KACITA), E-Trade Association of Uganda, the creative arts industry, human rights organisations, legal aid service providers, UWEZO-Uganda, school owners under their umbrella association, the Proprietors of Private Educational Institutions Association in Uganda (PPEIAU), Kwagalana Group<sup>14</sup> and an alliance of Catholic, Evangelical and Muslim faith representatives, along with parliamentarians. Key informants explained how the lobby groups worked.

“Some groups had bodies/organisations, like the traders, they have KACITA who would write to the committee that they needed their business and trading sector opened. They would give reasons why it should be opened. And then we would give the scientific perspective of opening that sector. What does it mean in terms of the number of cases?”<sup>15</sup>

Another respondent, from the NTF, observed that those sectors with well-organised groups were able to have their activities opened, while the less organised ones remained closed.

“In my view, the way the opening up of some sectors was done was based on who had strong lobbyists. Yes, there were those, like the real estate industry, the owners of business arcades, who were and continue to be very powerful. Some of the people at various decision-making levels, especially members of the National Task Force, were owners of arcades. Even the casinos had very strong lobbyists. You tell me, why would

<sup>13</sup> Female SAC member, 4 November 2021.

<sup>14</sup> The Kwagalana Group is an association of wealthy business entrepreneurs in Kampala City who donated collectively and in their individual capacities brand-new double cabin pick-ups to the Uganda Covid-19 Response Task Force. They also pledged to continue responding to demands for charitable contributions from their respective communities affected by the country's lockdown.

<sup>15</sup> Female SAC, 25 November 2021.

you open casinos and you close nightclubs, what is the difference? ... people go to church or to mosque, but children can't go to school, what is the rationale?"<sup>16</sup>

A concrete illustration of how lobbyists influenced policy decisions related to the way in which international schools were allowed to operate amidst continued closure of ordinary schools. In 2020, the Ministry of Education and Sports (MoES) justified the reopening of international schools when it indicated that:

"Given that these schools follow the international calendar of their international affiliates and their candidate's classes do not correspond to the standard education cycles in Uganda, international schools in Uganda may reopen with guidance from the Ministry of Health."

At the time of writing, several reports indicated that some 15 million pupils had not attended school in Uganda since March 2020, when classrooms were closed. And while the country experienced one of the world's longest school closures, the MoES further justified the exemption of international schools to opening before the second national lockdown in June 2021 on the premise that:

"The international schools have manageable numbers of learners. Social distancing in such schools is much easier than in other schools with much larger numbers ... The schools operating now have been granted authority to do so." (MoES circular 2021).

Yet respondents indicated that if MoES arguments were true then they should have allowed learners in the rural areas in day schools, since the kids in rural schools walk to and from school and are not congested, since "the classrooms for some of them have been trees...".

In addition to various agencies of the state and lobby groups, informants suspected that the President was taking advice from his own informal networks. According to one SAC member:

"because there are so many other interests that have been put into that advice ... So at the end of the day when the President is reading through his speech, you would listen and say 'haaa I am not sure we discussed this. I did not hear anything like this. Did we advise this guy like this?' You may feel the idea is there, but it has been processed and reprocessed severally and it has changed shape. It is like you give birth to a child and when the child grows you cannot recognize him/her."<sup>17</sup>

In addition to these considerations, it is important to note that scientists are not infallible, and have their own biases. It was reported that some decisions, for example about school closures and opening, were made on the basis of the personal interest of scientists rather than scientific evidence.

"You know that most of the learners in this country are day scholars ... in the rural areas, day scholars walk to their schools and walk back home, and never use a car ... But because most of the policy-makers have their children in Kampala, where they use

<sup>16</sup> Male member NTF, 27 November 2021.

<sup>17</sup> Male member SAC, 10 November 2021.

either personal cars or taxis [and therefore exposed to high risk of transmission]. So given that schools in Kampala are the minority [compared to the whole country], the policy of school reopening has been more to cater for the children in cities ... it is holding down the entire educational system because people want to think that the way children in Kampala go to school is the way all children in Uganda go to school.”<sup>18</sup>

The other revelation was that a lot of the advice SAC gave was driven by fear. This fear emanated from many sources, including how the committee was constituted and the securitisation of the committees and the response. Taking the same example of schools, one respondent explained that:

**“There has been actually more fear-driven evidence** ... the evidence we see in the entire world, we don’t see children dying from Covid-19. According to the evidence we have, children should go to school, and it is not a bad idea if they got infected. But to tell this to Ugandans, the President, and even fellow scientists, by the way, was so hard – so hard that everyone was thinking of their children as if they were going to die.”

Because of fear, school children were tagged by SAC as “super spreaders of the Covid-19 virus”, who would put their teachers and parents at risk.

In addition to these other influences, the outsized role of the SAC came to be challenged over time by another institution: the NPA. During the second national lockdown that commenced on 7 June 2021, the NPA emerged to reclaim what it considered as its rightful role of being the chief planning agency for the country. It did this by launching a Covid-19 model, whose projections provided a long-term/strategic view of the pandemic.

The launch triggered the attention of the key decision-makers in the country. The MoH, NTF, media houses and the President all became interested. Key informants revealed that that very month, on 30 July 2021, the President relied on the NPA model to ease restrictions. Indeed, the presidential address on Covid-19 of 30 July 2021 prominently features the scenarios modelled by NPA. Having proven itself as a relevant institution, NPA’s officials were gradually conscripted into the NTF and by October, after subjecting NPA’s model to serious scrutiny, MoH officially accepted that they should be in charge of providing the bi-weekly Covid-19 projections.

The entry of NPA significantly changed the nature of the government response to Covid-19; its recommendations seem to be in stark contrast to those from SAC. A case in point concerns how the two looked at the issue of lockdown and the attendant opening up of the economy in the second half of 2021. In particular, how Covid-19 containment measures in Kampala and other major towns affect millions of vulnerable people whose livelihoods depend on hand-to-mouth activities. To SAC, the decision was reduced to a simple question: what would kill people faster, poverty or Covid-19? As one respondent put it:

“... no country doesn’t want to care about its citizens ... but you have to take tough decisions because you comprehend the extent of danger that the people face if nothing

<sup>18</sup> Male SAC member 19 November 2021.



[or little] is done ... if it is war time, you can have one meal a day and survive [but] if you catch Covid-19, you die.”<sup>19</sup>

However, NPA questioned whether the “small health benefit” coming out of saving some lives justifies the economic cost arising from locking down the entire country or some sectors, as it has been the case for Uganda. According to NPA, the impact of the prolonged lockdown on the education sector alone was immense.

“By January [2022] we are going to have seven million children in Primary one, seven million! That means we need to have three times the usual number of inputs. Three times the number of teachers, three times the classes, three times the logistics ..., and that will go on for at least 15 years, [until that cohort graduates]. So, does the country have those resources that we need to recover? ... What does that say about the future?”

According to NPA, it is better to open up when the curve starts to flatten. On the other hand, SAC insisted that the best option was to open up when a significant proportion of vulnerable people had been vaccinated. Although Uganda’s approach continued to be comparatively stringent, the NPA does seem to have contributed to a more balanced approach.

Thus the arc of the policy response in Uganda in general, and Kampala in particular, can to a large extent be explained by the role and viewpoint of the SAC, diluted or inflected here and there by political considerations, and ultimately challenged by the NPA, whose views began to gain traction as Uganda entered a new phase of the pandemic, and, perhaps not coincidentally, a new political context. To understand better the role of political context in shaping the Covid response in Kampala, we turn now to a discussion of Uganda’s political settlement.

#### 4. The political settlement

Political settlements analysis (PSA) has become increasingly commonplace in academic and policy-making circles in recent years (Khan 2010; Kelsall et al. 2022; Levy 2014; Parks and Cole 2010). The idea of a political settlement has been defined in various ways, but we will adopt the Effective States and Inclusive Development Research Centre’s (ESID) definition, namely that a political settlement is *an agreement or understanding among powerful groups about the basic rules of the political and economic game that, by providing opportunities to those groups to secure a minimally acceptable level of benefits, prevents all-out warfare* (Kelsall et al. 2022).

Based on this definition and the wider corpus of political settlements scholarship, ESID has created a typological theory to help explain differences in elite commitment and state capacity for inclusive development. To do so, it pays attention to two key dimensions of the settlement. The first is the breadth and depth of the social foundation, which represents that proportion of the population that (a) has the power to make a significant difference in political struggles around the settlement, and (b) the

<sup>19</sup> Male SAC member, 4 November 2021.

ruling coalition tries to co-opt. The second is the configuration of power, in other words the degree to which power is concentrated in the top leadership, in the sense that the leader feels able to prevail over opponents, either inside or outside the ruling coalition, whether by constitutional or extra-constitutional means (Kelsall and vom Hau 2020, Kelsall et al. 2022).

In March 2020, when the Covid-19 pandemic arrived in Uganda, President Yoweri Museveni had been in power for 34 years. For the past decade or more, the social foundation of his National Resistance Movement (NRM) regime has included the “First Family” itself, key military personnel, NRM cadres, business cronies, and a large rural support base, especially in the south and west of the country. It has also enjoyed the less reliable support of NRM voters from a variety of other ethnic groups across the country. At the same time the regime has been opposed by various parties and coalitions, including the Uganda People’s Congress, Forum for Democratic Change, the Democratic Party, and, in 2021, the National Unity Platform. These oppositional elements have drawn support especially from Northern ethnic groups, such as the Acholi and the Langi, as well as from much of the middle class and urban poor in Kampala.

Despite Museveni’s ability to project an image of untrammelled authority throughout this period, the reality has been that when it comes to the configuration of power, his own bloc is not particularly cohesive, while rival blocs have over the years gained strength, in the sense of being able to make serious political trouble for him. Reflecting the breadth of potential disruptive influences in the settlement, together with the tenuousness of the President’s grip on power, previous political settlement analyses of Uganda have described its settlement as “weak-dominant” or “broad-dispersed”. The Covid-19 context allowed Museveni to further his stay in power through a skilful mix of patronage, intimidation and, in a handful of areas, performance-based legitimacy – strategies that he has successfully deployed in the past (see Muwanga, Mukwaya and Goodfellow 2020; Schulz and Kelsall 2021). That SAC performance relied in large part on the President’s personal relationship with its key members also parallels his approach to upping performance in specific parts of government, including the Ministry of Finance, the central bank and semi-autonomous agencies like URA and NWSC to get his agenda implemented (Hickey et al. 2021).

The Covid pandemic, which arrived in Uganda some ten months ahead of the January 2021 general election, appears to have been interpreted by President Museveni, never entirely politically secure, as both a threat and an opportunity. The disease itself was a threat to life but also to the security of his regime. Here, Kampala, the epicentre of the pandemic, seat of government, yet also stronghold for the opposition, was perceived to be a potentially dangerous and volatile entity. According to a key informant:

“Kampala is a densely populated area but also the capital city. We wanted to shield it. Any threat that starts with the city is a threat to the country. One must first secure the city, because if Covid comes and over runs the city, then what happens?”<sup>20</sup>

Yet the pandemic also provided an opportunity for the President to try and consolidate his power, enhancing his performance legitimacy, providing patronage to those in need, while suppressing the opposition. To achieve these aims, existing tendencies within the political settlement, namely an intertwining of family, state, and the military, were strengthened.

For example, from an early stage in the pandemic, it became clear that the President was going to use it to maximise his visibility and demonstrate to voters that he could address the problem effectively, as he had done with previous epidemics. He completely overshadowed the minister of health and used televisual addresses in particular to show to his supporters and critics alike that,

“he is in charge of the situation ... Museveni and his allies in government [enjoyed] hours of TV and radio airtime which they use[d] to enumerate government interventions and their effectiveness.” (Buluba 2020).

Typical of Museveni’s patronage style, the relief effort involved calling in favours from regime-linked businessmen. For example, one of the President’s closest business associates and strongest allies, Emmanuel Katongole, was appointed as the chairperson of the Covid-19 Fund.<sup>21</sup> The President took pains to associate himself with the relief effort, reading out the names of private citizens and corporate bodies that donated materials, cash and relief items. By 24 May 2020, it had raised Shs30 billion in cash and kind (UMC 2020). At the same time, the pandemic created opportunities to earn new kinds of rent. For example, family members of the President were said to be handling the Covid-19 procurement deals, including for hotels and hostels to be used as quarantine centres, while we have already seen that the relief effort provided opportunities for self-enrichment for officials lower down the chain of command.

In terms of increased militarisation, the Uganda National Security Council set up an Inter-Agency Joint Task Force (JTF), led by the then UPDF Deputy Chief of Defence Forces (now Chief of Defence Forces), Lt General Wilson Mbasu Mbadi (Masaba 2020), to monitor and enforce the Covid-19 SOPs and directives issued by the President and the Ministry of Health. The JTF, including the LDUs, were deployed to enforce lockdown measures, including but not limited to issuance of movement permits, enforcing movement restrictions and curfews, etc. along critical road intersections, stopping social gatherings at the urban and neighbourhood scale, including spaces that would attract crowds and the “invisible” night economy. In Kampala City, the JTF was operationalised at KCCA and supported by presidentially appointed resident city commissioners (RCCs), most of whom were military personnel,

<sup>20</sup> Male member SAC, 4 November 2021.

<sup>21</sup> A detailed list of the 15-member Covid-19 Fund Committee announced on 8 March 2020 is provided by the Uganda Communication Commission at [ucc.co.ug/wp-content/uploads/2020/05/Press-Release-Covid.pdf](http://ucc.co.ug/wp-content/uploads/2020/05/Press-Release-Covid.pdf) (accessed 26 April 2022).

whether retired, reservists or in active duty. The regional police commanders, who ideally should have been in command of operational teams, were subordinated to the RCCs, which many commentators have referred to as the gradual but deliberate colonisation of the police force by the military (Kamoga 2019; Nkuubi 2020). Angry-looking police reportedly sat at street corners watching people's every move, while others, suspected to be secret government operatives, patrolled the streets in search of people violating lockdown rules (da Silva 2020). Thus, critics argued that Uganda's Covid-19 emergency response mechanism was placed under the superintendence of the military while side-lining and subordinating the civilian health system leadership at the periphery (Nkuubi 2020). For the most part, opposition politicians were supportive of most of the measures that objectively aimed at stopping the spread of Covid-19, except those that curtailed their political freedoms.

Indeed, the pandemic was used by the ruling government as a pretext for intimidating and suppressing the opposition. Potentially disruptive groups thought to be sympathetic to the opposition, such as bodaboda drivers, were subject to some of the most enduring restrictions, while the President on occasion castigated Kampalians for allowing their "indiscipline and confusion" to drive Covid cases, in contrast to the vigilance of people in villages.<sup>22</sup>

In the run-up to the 2021 election, the security forces arrested journalists, opposition party leaders and dispersed or blocked opposition campaign rallies with tear gas and live bullets for allegedly flouting Covid-19 guidelines. Despite attracting similarly large crowds, security forces allowed rallies and processions for the ruling National Resistance Movement (NRM) party to continue uninterrupted (HRW 2020). Interview excerpts reveal that some members of NTF and SAC were themselves baffled by these developments. According to one:

"One group was doing exactly what the other group was doing, but then the other group got punished. From then on, the Covid-19 guidelines became politicised."<sup>23</sup>

On 18 November 2020, Kyagulanyi Ssentamu was brutally arrested, ostensibly for contravening the SOPs. This prompted his NUP supporters to the streets for at least three days. As recounted by Friesinger (2021), the police and military responded with maximum force, leading to at least 50 deaths and hundreds of youth thrown in prisons. And on 30 December 2020, Kyagulanyi's entire campaign team members were rounded up and incarcerated for several weeks. Still in December 2020, the Electoral Commission, working on the advice of the Health Ministry, stopped campaigns in the populous central Ugandan districts with claims that Covid-19 infections there were fast rising. Critics interpreted this as a deliberate move to block campaign rallies in opposition strongholds, while giving the incumbent advantage (Lucima 2021). Meanwhile, Museveni used his prerogative as the sitting president to launch

<sup>22</sup> Presidential Address on Covid-19, 20 September 2020. See [mediacentre.go.ug/media/updates-matters-regarding-corona-virus-covid-19](https://mediacentre.go.ug/media/updates-matters-regarding-corona-virus-covid-19) (accessed 26 April 2022).

<sup>23</sup> Male member of NTF, 29 November 2021.

government projects, especially on road construction in the restricted districts, as his opponents were placed under house arrest.

While the alternative interpretation of the pandemic response in Kampala is that the city was vigorously locked down in order to prevent the virus spreading to rural areas, the heartland of the regime, the evidence presented heavily points to political expediency (Were 2020). Museveni and his government anticipated early on the political costs of enforcing Covid-19 SOPs and/or not being in charge of the relief response in the city. The collateral damage of lockdown policies hung heavy on low-income urban residents and settlements, most of whom lay outside Museveni's support base. To prevent open revolt, there was a visible military and police presence, with tear gas and live ammunition on the major city road junctions, such as Wandegaya traffic lights, Clock Tower, Bwaise roundabout, Kalerwe roundabout, Shorite traffic lights, Kibuye roundabout, Bombo Road junction, Nsambya traffic lights, Jinja Road, Lugogo bypass and several sections of Ntinda-Nakawa area; in the main commercial zones of the city that are considered as hotspots and hives of demonstrations, such as Kisekka Market, Namirembe Road, Constitutional Square; and particularly in the informal settlements, while the same agencies supplied food relief to further secure compliance. Petrol stations across the city were being guarded by military, general duty police, Field Force Unit and some counter-terrorism personnel. There was also a strong police and military presence at entrances of markets such as Wandegaya, Kasubi, USAFI and St Balikuddembe (commonly known as Owino). Across the many suburban areas, including Kawempe, Mpererwe, Klreka, Bweyogerere, Kyengera, Kajansi, scores of military police and LDUs were stationed there, while mobile military and police trucks were seen patrolling other potentially risky hotspots. Meanwhile, the government tried to minimise the expression of popular discontent through electoral channels, by preventing the opposition campaigns, including locking up its leaders.

That is not to say that Uganda's policies were entirely determined by political logic. The stringency of its lockdown measures follows the curve of the pandemic more closely than it follows the electoral cycle, peaking, as Figure 1 shows, in April 2020. And Uganda is certainly not alone in using authoritarian measures or foisting the burden of the response onto the urban poor. Yet the average level of stringency is higher in Uganda than for the other countries in our study (Malawi, Somalia and Kenya), and this is conceivably explained by the predominantly rural social foundation of its ruling coalition, not to mention its personalised and militarised nature (see Hale et al. 2021).

By early 2021, the government had succeeded in comfortably "winning" the general election, and, with the increased penetration of the state by the military, potentially concentrating power, Museveni seemed to have been successful in containing the threat of the city. Yet he has not won it over. Despite voter intimidation, harassment, torture and detention of opposition politicians, arbitrary abductions and arrests by non-uniformed government persons, safe houses functioning as torture chambers and suspension of political campaign meetings in selected opposition strongholds, including Kampala City (on the premise that they had become Covid-19 hotspots), Kampalans

voted overwhelmingly with the opposition in the 2021 general election, regardless.<sup>24</sup> Moreover, the structures that the regime tried to assemble to respond to the pandemic frequently malfunctioned amid rampant fraud, power rivalries and contestation. Kampala continues, then, to present a governance challenge to the regime, and is likely to continue to do so.

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<sup>24</sup> NUP, the four-months-old party, netted nine of the ten parliamentary seats in Kampala City, and out of the 44 seats for the directly elected and woman councillors to Kampala Capital Authority – KCCA – NUP won 41 out of the 44 seats.

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