



Culture and COVID-19 response challenges among pastoralists of Kotido District in Uganda

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Authors:

Dr. Fiona Tumusiime

Peace & Security Expert, URAA Core Research Team.

Dr. David Pulkol

Executive Director, Africa Leadership Institute
and Social Development, Peace & Security Expert, URAA Core Research Team.

Frederick Ouma Bwire

Community Development Expert & Social Gerontologist, URAA CEO

Research Leadership:

Prof. Han Dorrusen

Principal Investigator – University of Essex (UK)

Mr. David Obot

Co-investigator – Uganda Reach the Aged Association (URAA)

URAA Core Research Team (CRT)

Prof. John K. Enyaru

Mr. Tobias Onweng

Disaster Management Specialist

Prof. Andrew A. Cula

Mr. David Bizimana

URAA Statistician

Dr. Fiona Tumusiime

Peace & Security Expert

Dr. David Pulkol

Social Development, Peace & Security Expert

Dr. Florence Ebila

Dr. Catherine Anena (RIP)

Dr. John Mugisa

Dr. Henry Opondo

Mr. Frederick Ouma Bwire

Community Development Expert & Social Gerontologist, URAA CEO

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University of Essex
Wivenhoe Park, Colchester CO4 3SQ
www.essex.ac.uk

Uganda Reach The Aged Association (URAA)
Plot 1685 Kireka – Namugongo Rd, immediately after the Northern bypass bridge, Abia Stage
P.O. Box 6775, Kampala Uganda, East Africa
www.ugreach.org

Africa Leadership Institute (ALI)
Plot 7 Kulubya Close, off Prince Anne Drive Bugolobi
P. O. Box 25898, Kampala
www.aliinstitute.net

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Karimojong warriors wearing masks to prevent the spread of COVID 19

Introduction

Coronavirus disease (COVID-19) is an infectious disease of humans caused by a coronavirus newly discovered in 2019-SARS-CoV-2. COVID-19 was declared a global pandemic by the World Health Organization (WHO) and continues to spread around the world. The response to COVID-19 in Africa is being led by the Africa Centre for Disease Control and Prevention, which is a specialized technical institution of the African Union. The World Health Organisation (WHO) provides guidelines for critical preparedness, readiness, and response actions (PRRAs) for COVID-19 (World Health Organization, 2020). Yet, these guidelines are not specific to particular communities but they are for the general public. According to Griffith et al (2020) human health programmes often fail to reach pastoralists due to their inherent mobility and marginalization as well as the limited health infrastructure. Since mobility restrictions have proven to be the most effective measure to control the spread of COVID-19, the management of the pandemic amongst pastoralists is likely to be particularly challenging (Kissler et al. 2020). It is therefore necessary to develop contextualized public health measures that are relevant for pastoralist communities. This policy brief arises out of both qualitative and quantitative analysis on how culture, information, attitudes and practices influence the risk of COVID-19 transmission in pastoralist community of Kotido district.

The Karimojong people are traditionally agro-pastoralists, who practice extensive livestock keeping with seasonal cultivation of cereals. The sub-region has one of the lowest socio-economic indicators in the country with literacy rate of about 20 %, and poverty at 65% (UBOS Household Survey, 2020). Limited access to education and health care services stands out prominently among the existing challenges faced by Karamoja region. In regard to health care, although there has been notable achievement of the key health indicators in Uganda

as a country, it is worth noting that generally the health sector in the Karamoja region is still lagging behind. The region has only 126 health centres of which, the majority of 63 percent are lower Health Centre IIs. There is only 1 regional referral hospital in Moroto and 4 general district hospitals, (Ministry of Health, 2015).

Kotido District is basically what used to be Jie County. The district has an area of 3,618Sq.km and comprises of 5 rural sub-counties, 25 parishes (LCIIs) and 168 villages (LCIs).The major ethnic group in Kotido District is the Jie from the Ngijie speaking group of the Karimojong.

There are also traces of Luo speaking people among other tribes in the district, mainly in areas of Kacheri Sub County and Kotido municipality.

The Study

Research on the “Uptake of Public Health Practices for Prevention of COVID-19 among Refugees, Pastoralist Communities, Truck Drivers and Urban Slum Dwellers in Uganda” - a collaboration between the University of Essex (UK) the Lead institution, and Uganda Reach the Aged Association (URAA) the Partner was conducted in Uganda. The UK government funded the study through the GCRF / Newton Fund Agile COVID-19 Rapid Response programme. A total of 5421 respondents consisting of female (42%), males (58%) participated in the study. Focus Group Discussions (FGD) involving 117 participants (49 female, 68 male), and 44 (19 female and 25 male) Key Informants.

Map of Karamoja Sub-Region



Source: <https://idi.mak.ac.ug/usaaid-pact-karamoja/>, accessed on 23/2/2022



A man receives a COVID-19 vaccine in Karamoja, Uganda, during a February COVID-19 vaccination campaign in rural Uganda. (Courtesy of Catholic Relief Services/Kato Chrysestom)

The Key Findings

- Pastoralists of Kotido were knowledgeable about COVID-19 at 96.4%, and the respondents were able to describe the signs of COVID-19 and the most common ones were dry cough, fever and difficulty in breathing.
- In relation to the psychological, positive and negative impact of COVID-19, it was indicated that 39% of the respondents in Kotido were worried, afraid and stressed because of the situation caused by COVID-19.
- Performing certain activities as a community was unavoidable, so on various occasions, people met in groups to celebrate different cultural activities, without observing social distancing, and this practice was against the guidelines which the Ministry of Health had set to reduce the spread of COVID-19 in communities.
- Fear of vaccination was real as majority of the pastoralists did not embrace the vaccination drive in their community. The negative views on vaccination was strong because when the pastoralist Elders performed cultural rituals two years earlier, the 'Diviners' had received revelations that COVID-19 pandemic was going to happen, and Spiritual Leaders promptly performed various traditional rituals that the communities strongly believe 'chased away the corona virus.'
- Generally, Karamoja is a semi-arid region where communities face scarcity of water.



Following SOPs to lock COVID-19 out of Karamoja (Courtesy of UNICEF Uganda/2020/Bongyereirwe)

Regular hand washing with clean water cannot be practiced. Due to extensive water scarcity, majority of the community members use ash and urine from cattle as their traditional ways of sanitizing and keeping their hands clean.

- Proximity to the health centres was more than five kilometers, and the elderly often faced the biggest challenge because they cannot walk long distances to seek proper health care.
- Majority of pastoralists were not wearing masks, hence quite exposed to COVID-19 infection.

The recommendations

Based on the findings, we recommend the following:

1. Strengthen pastoralists' knowledge about COVID-19 by popularising cultural descriptions, expressions and understanding of health pandemics through interactive and community engaging radio programmes in traditional languages with focus on how to isolate and promote the identification of COVID-19 signs, and how those suspected to be infected can be assisted to obtain health services.
2. Intensive risks communication and community engagements (RCCE) be implemented at the district, subcounty and community levels, so as to address worries, fear and stress associated with COVID-19.

3. Translate into local languages guidance on social distancing published by the Ministry of Health (MoH) and continuously undertake risks communication and community engagements (RCCE) at all levels with emphasis on the benefits of maintaining social distance, mask wearing and handwashing, as a way of reducing the spread of COVID-19 in communities.
4. Target spiritual leaders for influencing them against negative views about vaccination, and gradually support them to talk to the pastoralist communities about the benefits of COVID-19 vaccinations
5. Efforts be made by the Government to increase water points including boreholes and valley dams to increase community access to clean and safe water for their domestic use, including hand washing, and for watering the livestock.
6. The Government should recruit more Village Health Teams (VHTs) to timely identify vulnerable people including the elderly for their access to health services.
7. There is need to consider integrating the indigenous ways of treating with viruses with the scientific way because the pastoralist community insisted that their local herbs treat viruses too. Perhaps a study on indigenous ways needs to be conducted in pastoralist community to ascertain whether the local herbs work or not. Pastoralists have developed a lot of interaction with natural environment especially in the use of local herbs. The Uganda team of researchers need to invest in Karamoja to discover the benefits of local herbs that are still available in the community as compared to other parts of the country.
8. There are specific groups of people within the local pastoral community who are always available to convey important messages to the community. They are opinion makers who cannot be questioned by the local people. Therefore, the government through ministry of health should work together with these people to send across the COVID-19 information that can help the community understand more about the deadly virus and how they can stay safe.
9. The traditional system of the pastoralists relays surveillance. For instance, COVID-19 rules were enforced in towns and highways by the security personnel. The security personnel should interact with the local people in the “Manyattas” to ensure that the health guidelines are implemented. Also, the Ministry of Health should invoke that kind of system and engage with the local people so that important issues regarding COVID-19 can be clearly shared with people.



Collecting a COVID-19 Test sample from a man at the Uganda-Kenya border, a make shift test point was set up at Nakaabat with the help of UNICEF. (Courtesy of UNICEF Uganda/2020/Taremwa)

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University of Essex

-  +44 (0) 1206 873333
-  enquiries@essex.ac.uk
-  www.essex.ac.uk
-   University of Essex
-  @Uni_of_Essex

Uganda Reach the Aged Association(URAA)

-  0393265317. Mob. 0706-265317
-  ugreach@gmail.com; info@ugreach.org
-  www.ugreach.org
-   Uganda Reach the Aged Association
-  @uraa123_uraa

Africa Leadership Institute (AFLI)

-  041 467 1857
-  info@aflinstitute.net
-  www.aflinstitute.net
-   Africa Leadership Institute
-  @aflaug

