



# **THE PERFORMANCE OF THE COVID-19 DISTRICT TASK FORCES IN UGANDA**

**Understanding the Dynamics and  
Functionality**

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**ACODE Policy Briefing Paper Series No. 55, 2020**

## 1.0 Background

As the world is faced with the unprecedented challenges from COVID-19, the strain on many governments is extreme, and the impact on people all over the world continues to grow. Indeed, the COVID-19 pandemic has disrupted the social and economic structures of service delivery with significant consequences on lives, livelihoods and general economic development. As part of the response mechanisms to contain and manage the COVID-19 pandemic, the Government of Uganda (GoU) instituted national and sub-national COVID-19 Task Forces to implement the COVID-19 containment measures and manage recovery out of the pandemic. The Presidential Directives on COVID-19 recognized Local Governments as essential and that should continue operations along with healthcare and security, though with lean structure. The District Taskforces (DTFs) aided the local governments to contain COVID-19 and implement GoU COVID-19 containment. The District taskforces were involved in case management, surveillance, health promotion, resource mobilization and enforcement of control measures as well as for continued delivery of basic services. The assessment of the performance of the District Task Forces study comes in handy amidst the COVID-19 pandemic containment measures put in place. The main objective of the study was to establish the determinants and level of performance of District COVID-19 Task Forces to enhance their effectiveness.

This policy brief is a product of the assessment of the performance of the COVID-19 District Task Forces (DTFs) in Uganda. This study on the performance of the COVID-19 District Task Forces was conducted under the Local Government Council's Scorecard Initiative (LGCSCI), a social accountability project implemented in 35 Districts in Uganda. The main objective of the study was to establish the determinants and level of performance of District COVID-19 Task Forces to enhance their effectiveness. The specific objectives of this study included:

- a) To establish the level of effectiveness, efficiency and functionality of the district task forces;
- b) To establish the role of Central Government Support to District Task Forces and identify success stories for replication.
- c) To establish the level of participation of civil society organizations in the activities of the District Task Forces;
- d) To provide appropriate policy recommendations for establishing resilient, accountable and effective disaster response structures at the local government level

## 2.0 The Methodology of the Study

This study was implemented in 31 districts<sup>1</sup> geographically distributed across the country. This geographical scope was informed by the previous activities of the Local Government Councils Scorecard Initiative (LGCSCI), a social accountability intervention, implemented in 35 districts across the country. Kampala District which is not covered by LGCSCI was included in this study because it was the epi-centre of the interventions to contain COVID-19. The number of community members who participated in the quantitative survey in each selected district was done randomly while the key informants were selected purposively. The quantitative data collection was based on a scientifically determined sample size proportional to the district s' total population provided by the Uganda Bureau of Statistics. A total of 1,415 community members was determined for a quantitative survey and a total of 744 key informant interviews were conducted. Quantitative data was collected electronically using Open Data Kit (ODK) with the Computer-Assisted Programme Interviewer (CAPI), while qualitative data was captured using recorders and was transcribed verbatim, into text format. The quantitative data were analyzed using STATA. Atlas-Ti software was used to analyse qualitative data.

## 3.0 Key Study Findings

The key findings cover the broad analysis areas that include the context and the regulatory framework in which epidemics and other disasters are being addressed and managed in Uganda, the operational guidelines for the DTFs, DTF structures and processes, the structural capacity of the DTFs, outcomes of the DTF interventions, successes and challenges of the DTFs in Uganda and the perceptions of the community members on the performance and operations of the DTFs in Uganda.

### 3.1 Structure and Functionality of the COVID-19 DTFs

- Implementation of national guidelines: The findings indicate that much as there were provisions for the guidelines and/or Terms of Reference to the District Task Forces in Uganda, the implementation of these guidelines varied from district to district. These guidelines were passed on to the local governments from Central Government Ministries to guide districts on how to handle operational issues like utilization of resources, activating task forces, maintaining a lean staff structure, and conducting the business of councils among others. In many districts, the guidelines

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<sup>1</sup> These Districts included: Amuru, Apac, Arua, Bududa, Buliisa, Gulu, Hoima, Jinja, Kabale, Kabarole, Kaliro, Kampala, Kamuli, Kanungu, Kisoro, Lira, Luwero, Masindi, Mbale, Mbarara, Moroto, Mpigi, Mukono, Nakapiripirit, Nebbi, Nwoya, Rukungiri, Sheema, Soroti, Tororo, Wakiso

were very instrumental and helpful in the implementation of the activities of the DTFs.

- Quick response by LGs: The Local Governments responded very fast to activate an institutional infrastructure to respond to COVID-19. The results show that there were committees and sub-committees formed both at the district, Municipalities, town councils, sub-counties and villages in all districts to contain the spread of COVID-19. These committees were mainly formed along with the existing local government structure. The major sub-committees running were; security, surveillance and burial committees which are mainly composed of the health technical team. Much as different districts had varying subcommittees generally, the risk communication committee, psychosocial support, case management and testing committees, logistics committee were more prominent.
- Membership of DTFs: The membership of the core DTFs in several districts ranged from 19 to 22 members. Some sub-committees support the core team. The composition of these teams varies across the districts. In some districts, there was support for the sub-county committees.
- Structure of DTF vs Policy: Also, the guidelines provided to the LGs on the structure of the COVID-19 District Task Forces required the Resident District Commissioners to be the Chairpersons of the Taskforce. This, however, was not consistent with the *Disaster Preparedness and Management Policy (2011) which designates the District Chairpersons to be heads of such Task Forces*. The distortion of this institutional structure created some role conflicts in some districts that affected the performance of the Task Forces.
- Coordination between LGs and Central Governments: The findings also show that there was a lack of coordination of communication sent to the Local Governments from the central government Ministries and Agencies. The DTFs have been getting directives from several fronts that are; Ministry of Finance Planning and Economic Development (MoFPED), Minister for Presidency, Office of the Prime Minister, UPDF and each office sends the communication to its representative on the task force to implement most times without the knowledge of the line ministry.
- Role of LCIs and VHTs: It was noted that the community, LCIs and VHTs have been playing a key role in tracing contacts, alerts and suspected cases of COVID-19 with the support of surveillance sub-committee. This is attributed to the sensitization of the public on COVID-19. In some districts, the Village Health Teams (VHTs) which is the lowest level of the health system were trained and these became instrumental in the identification of the cases.

- **Use of ICTs:** Use of ICTs was found to be instrumental in the performance of the DTFs. The DTFs coordinate activities with different stakeholders using different mechanisms. For instance, the National Task Force (NTF) communicates with the different DTFs through social media particularly WhatsApp, zoom meetings, emails, and phone calls. The NTF shares official communication and gives guidelines during these meetings. Similarly, the committees within the DTF must report weekly on the progress they have made through the reports presented during the meetings. This, therefore, presents a case for intensifying e-governance in the local governments.
- **Role of Central Government:** In terms of the role of key stakeholders, it is evident that the central government played a critical role in providing regular information and updates about COVID-19 especially in the first three months after the country went on a lockdown and that this helped to contain the spread of the virus among the population. Also, the central government played a key role in facilitating the activities of the DTFs in the different local governments.
- **Most Local Governments appreciated the central government for allocating some resources to for LGs to respond to COVID-19.** While Parliament allocated UGX 165 million in the supplementary budget to Local Governments in April 2020, there were concerns that these monies were not released in time.
- **Civil Society Organisations (CSOs) Presence in LGs:** Further, local governments with a strong CSO presence were able to achieve more results. The CSOs played an important role in resource mobilization to supplement the efforts of the task force. Some CSOs facilitated meetings, movement, coordination, and other efforts of the DTFs. Others sponsored radio talk shows for the DTFs to sensitize the communities in their localities. Similarly, the results reveal that other stakeholders such as media, private sector, opinion leaders and religious leaders played a significant role to support the DTFs in the fight against COVID-19.
- **Coordination at LG Level:** The results of the study show that there was a coordinated structure from the district to the lowest level of the community. The utilisation of the local council structure that is also mirrored in the health care structure support with support from the security personnel was instrumental in reporting and tracing of contacts across the districts
- **Inclusion:** The results show that different districts had different strategies for inclusion targeting the vulnerable in their jurisdictions. Also, the categorisation of the vulnerable people seemed to vary from district to district. Most districts, however, targeted women, children and PWDs as vulnerable categories and provided minimal support to these groups.

- Preparedness of LGs: In terms of preparedness by DTFs, findings from the study reveal that most districts did not have response plans and budgets in place. It was mainly those districts that had experience epidemics like Ebola, Marburg that had such response plans. Even when most of the districts had a resource mobilization committee in place, they lacked a mechanism or clear strategy for resource mobilization. It is also revealed that most districts have not been able to equip the health facilities with hand washing equipment, personal protective equipment, create isolation and quarantine centres. However; where districts have made efforts to create the isolation and quarantine centres, the level of sufficiency of the resources needed in these units is lacking.
- Adhoc Response Measures: The measures to respond to COVID-19 seemed to be ad hoc. In districts where the response plans existed, they were not adequately financed. Further, it was established that there is no direct funding to LGs local governments to take care of emergencies like the break out of pandemic, epidemics, and natural disasters among others in local government budgets. Even when the Local Governments are at the forefront of dealing with disasters, prevention and preparedness, the LGs lack of funding directed towards disaster management, preparedness and prevention which has rendered the implementation of the District Response Plans an uphill task. Those that have some available local revenue often allocate this to respond to disasters, however, since these resources are meagre and the LGs often find themselves reaching out to development partners and OPM for assistance. There were significant responses that indicated a lack of coordination and awareness about contingency plans and activities. This should be strengthened as a cross-cutting issue in local government activities.
- Accountability and Transparency: Whereas there were such mechanisms in ensuring accountability and transparency within the DTFs, many key informants raised concerns about how the resources were used. Most of these concerns rotate around; failure by the DTF members to provide accountability for resources received and nepotism in identifying beneficiaries of food items.

### 3.2 Community Perceptions on Performance of COVID-19 District Task Forces

- Awareness of Members of DTF: It is established that **majority of the** respondents (67%) are aware of the existence and activities of the DTFs in Uganda with Resident District Commissioner (RDC), the District Health Officer (DHO), and the Police Officers as the most popular categories of the members of the COVID-19 District Task Forces. Most of the

respondents did not know that the District Chairperson was a member of the DTF.

- **Awareness of Services and Structures to Contact:** The results also reveal that Lower Local Council leaders are the most commonly contacted by the community members in case of any emergency or need. Among the most common services which community members reported about include; information sharing/sensitization by the DTF team (74%), and enforcement of the Ministry of Health guidelines (54%). Also, 33 per cent of the respondents reported that they are aware of the testing and quarantine/isolation centres in their respective districts.

### **3.3 Community Members Experiences with the DTFs**

- **Community Members' Benefits from DTFs:** In terms of experiences, the results indicate that overall, 58 per cent of the respondents reported that they have benefited from the different services offered by their respective COVID-19 District Task Forces. The study has established that 54 per cent, 45 per cent, 38 per cent and 28 per cent of the respondents had benefited from the information about prevention of COVID-19, sensitisation, donations and security respectively.
- **Means of Communication:** the results show that majority of the respondents (82%) reported that they received COVID-19 sensitization messages through radios. In terms of the urban/rural divide, radio is still the main channel of communication as shown by 78 per cent and 85 per cent of the respondents in the rural and urban areas respectively. It is also revealed that mobile telephones (54 per cent) and word of mouth (54%) were the most commonly used communication platforms by the DTF to pass on information to the members of the community.
- **DTF Interface with Community Members:** The results have revealed that 18 per cent of the respondents reported that they had interfaced with a member of the DTF team directly compared to 82 per cent who had not. It is reported that majority of the community members (48%) interfaced with the DTF core team through receiving food items and other forms of donations. In terms of their experiences, the majority (85%) reported that the DTF officials were friendly and happily offered assistance to the people. Concerning experiences of the community members who managed to get services with the testing and isolation centres, the majority (68%) reported that they experienced good services.
- From the regional perspective, the results established that Teso (31%) followed by Acholi (22%) sub-regions have the highest proportions of

DTFs that community members felt have not offered services to be the community members in their jurisdiction

- Concerning access to information, overall; 91 per cent of the community members reported that they have been sensitized on COVID-19 pandemic related issues from a wide range of relevant agencies and individuals. In terms of frequency of sensitization, it is revealed that 57 per cent of the respondents reported that they were receiving messages daily while 18 per cent received sensitization messages on prevention and containment of COVID-19 once a week. The results revealed that majority of the respondents (99%) reported that COVID-19 communication adverts contained information on preventive measures against COVID-19 while 17 per cent reported that the COVID-19 adverts contained messages on the emergency response by the health officials.

### **3.4 Satisfaction with Services of DTFs**

- Satisfaction with Community Sensitization: Results show that 27 per cent of the respondents were highly satisfied with the community sensitization provided by the District task forces, 32 per cent were moderately satisfied, and 28 per cent had low satisfaction while 12 per cent were not satisfied at all.
- Satisfaction with readiness of the DTF: The study revealed that 43 per cent of the respondents reported that their satisfaction with the level of readiness of the DTF was low. Also, concerning enforcement, 30 per cent of the respondents reported that they were highly satisfied with the DTFs, 35 per cent were moderately satisfied while 26 per cent reported low rates of satisfaction with the enforcement of the SOPs.
- Satisfaction with Accountability: Also, majority of the respondents were not satisfied with the level of accountability by the DTFs. Specifically, results show that 47 per cent of the respondents were never satisfied with the level of accountability while 44 per cent rated it low.
- Satisfaction with food Distribution: On food distribution, 20 per cent of the total number of the total respondents reported that they received this form of social assistance from the government. Out of those, 21 per cent were highly satisfied while 40 per cent reported that they were moderately satisfied. At a regional level, Mid-Western sub-region has the highest proportion of responses (80%) from community members reporting that food distribution was poorly handled and that they could not easily and timely receive it. This was followed by Teso sub-region at 78 per cent, Busoga Sub-region (63%), Lango (54%) and Western (51%).

Karamoja represents the highest proportion of community members reporting missing out on food distribution completely at 91 per cent, followed by Bugisu at 85 per cent, Mid-Western standing at 83 per cent, Teso and Lango both at 77 per cent. Further, in Buganda and Acholi Sub-regions 73 per cent and 72 per cent respectively did not receive any food items distributed by the COVID-19 Taskforces.

- **Satisfaction with Issuance of Travel Permits:** On the issuance of the travel permits, it is evidenced that the majority (61%) were never satisfied with the efficiency and timeliness of issuance of travel permits in their localities. Also, 22 per cent of the respondents reported that the level of satisfaction with this service was low.
- **Satisfaction with Enforcement of SOPs:** The results show that 30 per cent of the respondents reported that they were highly satisfied with the DTFs, 35 per cent were moderately satisfied while 26 per cent reported low rates of satisfaction with the enforcement of the SOPs. At the regional level, results from Lango Sub-region revealed that 62 % of the members of the community were highly satisfied with the enforcement of the Ministry of Health SOPs.
- **Ease and Timeliness of Accessing Services:** The results show that 20 per cent of the respondents were able to easily access services from the DTFs while 56 per cent were not. Further, results from Kampala, Mukono and Wakiso reveal that 70 per cent of the people who needed services from the DTFs were not able to receive them. It should be noted that given the high population in these districts and the relatively high demand for services, the supply side was overwhelmed.

### **3.5 Efficiency of the DTFs**

- About the efficiency of the DTFs in executing their mandate, 61% of the members of the public did not receive any information or communication on how the resources, supplies and other items in the hands of the DTF were utilised.
- Also, results reveal that 20 per cent of the respondents were able to easily and timely have access to services from the DTFs while 56 per cent were not.
- The services easily and timely delivered to the community were information and sensitization on COVID-19 as reported by 64% of those members of the community that received services from the DTF.

- In addition, 50 per cent of the community revealed that food distribution was inefficiently handled and that 72 per cent of the respondents reported that they did not receive food that was being distributed in their communities.

### **3.6 Effectiveness of the DTF**

- Relating to effectiveness in the DTF service delivery and operations, 33 per cent of community members reported that the COVID-19 District Task Forces achieved their objectives in managing and containing COVID-19 in their communities while 45 per cent reported that DTF objectives were not achieved. The largest proportion of the community members (69%) reported that education or sensitization on COVID-19 was the most significant benefit from the COVID-19 District Taskforce.
- Behavioural Change Aspects Attributed to the DTF: The results show that regular hand washing and improvement general household hygiene is the most significant change attributed to the DTFs in the local governments covered by the study as reported by 90 per cent. This was followed by wearing face masks in public reported by 70 per cent. Similarly, 70 per cent of the total number of respondents reported that they are now effectively wearing their face masks as a result of the DTF work in the containment of the spread of COVID-19

### **3.7 Drivers of Community Awareness and Satisfaction Rates**

The level of education is observed as the most significant driver of the community member's awareness and satisfaction levels towards COVID-19 DTF activities. It is evident that as one's education levels increase, one is more likely to be knowledgeable and aware of the DTF services compared to one with less or no education. There is no other significant factor that influences the satisfaction of the community members but there is quite a number that influences awareness. Gender positively and significantly influences one's levels of awareness whereby, male respondents were more likely to be knowledgeable and aware of the DTF activities and services compared to their female counterparts. On the other hand, the main source of income, age, and location are all significant drivers of one's knowledge and awareness of the COVID-19 DTF activities and services. Also, as one moves out of the central region, one becomes more likely to be knowledgeable, aware of and satisfied with the DTF activities and services.

## 4.0 Key Successes and Challenges of the COVID-19 DTFs

### 4.1 Key Successes

The key successes of the DTF included the following:

- **Enforcement of Presidential directives:** Constant feedback from the members of the community reveals that enforcement of presidential guidelines on containing COVID19 was a resounding success in efforts to control the spread of COVID-19. This success was particularly visible in the strict enforcement of the lockdown and curfew.
- **Good Coordination, Leadership and Team Work:** In most districts, district taskforces had good coordination of their activities. They conduct regular meetings and harmonise their interventions in response to COVID19.
- **Sensitization and Awareness Creation:** Several stakeholders in the local governments undertook rigorous sensitisation campaigns about COVID19, how it spreads and how it should be prevented amplifying the information and communication messages provided by the Ministry of Health. The CSOs, private sector, media, religious leaders all amplified these messages alike to reach out to all segments of the community. Most districts reported having conducted hundreds of radio talk shows about COVID-19 for purposes of sensitising the community to prevent the spread of the virus. The results indicate that sensitisation and awareness creation is one of the successful interventions in containing the spread of COVID-19.
- **Surveillance and Contact Tracing:** The District Task Force with the assistance of the Health Departments had a surveillance system in place to immediately detect and report cases, alerts, contacts and suspected cases of COVID19. The members of the community were vigilant to enough to report any new member of the community coming in from hot spots of COVID19 or countries with high cases of COVID19. Upon reporting of such cases, there was a rapid response to investigate and conduct initial controls, getting samples and systematic contact tracing
- **Collaborations with Different Stakeholders.** There were several collaborations between the DTFs with other stakeholders including the CSOs, private sector, media, and religious leaders.

## 4.2 Challenges experienced by the DTF Core Team

While the Task Forces were found to have registered several achievements, they were found to be faced with challenges as discussed below.

- **Ill-equipped Isolation and Quarantine Centres:** The guidelines for quarantine is a transparent home or institutional restriction of exposed persons' activities when they are not ill or do not have symptoms of COVID-19 to protect unexposed members of the communities from contracting the disease.
- **Lack of Isolation Centres in some Districts:** The results revealed that most districts did not have isolation centres for alerts, contacts and suspected COVID19 cases. They thus had to transport most of the suspected cases to the regional referral hospitals.
- **Inadequate Personal Protective Equipment for Health Workers:** There were several reports of inadequate or lack of personal protective equipment for the health work in several local governments. This put health workers at the risk of contracting the deadly virus given that most of them had to improvise while handling patients.
- **Inadequate Medical and Other Supplies at the Health Facilities:** Several stakeholders reported about the inadequacy of the of health supplies for the health centres and health workers, and transport. These affected the response rate of the health workers to situations in the community.
- **Unclear Structure, Guidelines and Roles of the DTF Members:** It was noted from the findings that the structure, guidelines and roles of the different DTF members were not well understood by members of the DTF, other stakeholders and the general public. The results show that the constitution or membership of the COVID19 district taskforces was not uniform across all districts. This in some cases resulted in role-conflict.
- **Inadequate Resources:** Several members of the District Task Forces noted that inadequate resources for the taskforces were a major challenge in executing their mandate. This was reported in all the districts covered by this study.
- **Food Distribution and Coordination:** There were challenges associated with food distribution across all the districts which mainly related to criteria for selecting beneficiaries, inadequate proportions, failure to deliver food to some places, and poor quality of foods distributed, among others.
- **Corruption, Lack of Transparency and Accountability:** There were some reported cases of corruption, lack of transparency and accountability by the COVID-19 District Task Forces. There were reported cases of extortion,

corruption and lack of transparency, especially in food distribution.

- Non-inclusion of the vulnerable groups: There were reports of neglect of vulnerable groups in some districts of Nwoya, Rukungiri, and Mbale, especially during food distribution.
- Violation of human rights. The findings also revealed that there were cases of human rights violations especially in the Districts of Rukungiri, Kanungu, Wakiso, Kampala, and Mukono perpetrated by the Police and Local Defence Unit (LDU) personnel.
- Delay in the delivery government masks: As a COVID-19 containment measure, the government promised to deliver free face masks to all Ugandans above the age 10. The reports from the study indicate that the government delayed delivering these masks to communities and that those that were delivered were of poor quality. In places where they were delivered, all the targeted beneficiaries did not receive them.
- Limited involvement, facilitation and support of the lower local councils: The lower local government structures are required by the National Policy on disaster management to activate their committees and perform their functions as specified. It is envisaged that these committees would have resources to perform as expected. However, the lower local structures complained about the failure to facilitate them and their sub-committees in their response to the containment of COVID19.
- Slow response to emergency: The district task force was expected to respond to emergencies within the district. As such they pooled all the vehicles for the district and parked them at the district headquarters so that they can be able to respond to any alerts for emergencies. The members of the community were given contacts of the members of the District Task Forces to reach out to them in-case they needed any help, alerts, or emergency. However, the results show that the DTFs were slow to respond to emergencies reported by the communities.
- Limited channels for community sensitization: As part of the interventions to respond to the containment of COVID19, was to conduct community sensitisation on how to prevent transmission of COVID19 through channels like television and radios. The findings from several local governments revealed that most of the local radios have not intensively popularised the messages on controlling the spread of COVID19. It was also noted that district leaders have not been regular on the local radio stations, yet it is the most common channel that reaches the largest proportion of the people.

- Emerging Laxity in the enforcement of the SOPs: The District Task Forces have a mandate to enforce the Ministry of Health Guidelines and presidential directives on containing the spread of COVID19. There are results that show that enforcement of the results in many districts has relaxed. The onslaught of COVID19 came at a time when most elected leaders had started electoral campaigns for their next term of office. Political parties especially the National Resistance Movement were conducting their political party primary elections. This, therefore, posed a challenge for the DTF in regulating the political gatherings.

## 5.0 Policy Recommendations for Key Stakeholders

### 5.1 Response strategies on handling

- i. Local Governments should improve road and other communication infrastructure to facilitate timely access and response. Findings indicated that delayed response led to the loss of life.
- ii. DTFs/ District Disaster Management Committees (DDMCs) should develop effective coordination system with clear procedures for the entire response phase by strengthening the capacity of corresponding District Emergency Coordination and Operations Centres (DECOCs) and District Disaster Policy Committees (DDPCs).
- iii. District Disaster Management Committee (DDMCs) should establish rapid response teams under the DRR platform. A coordination mechanism involving all disaster responders (Governments, CSOs and local community members) should be strengthened and should have standards against which accountability should be based.
- iv. DDMCs should carry out training programs for local communities to actively respond to pandemics, epidemics and other disasters. Empirical evidence showed that local communities were usually the first responders and were less empowered to intervene in case of need. It is, therefore, necessary to empower local communities to be more effective in supporting efforts for containing such pandemics.
- v. There is the great capacity and potential within the existing local government structure including LCI, LCII, LCIII, and LCV. The utilization of this structure has not been optimal. There is, however, no doubt that resources both in terms of capacities and funding are needed to implement the disaster management plans.

## 5.2 Recommendations for the Office of the Prime Minister

- i. The study recommends that government makes use of the institutional framework established by the National Policy on Disaster Preparedness and Management in its disaster response programs. Structures like the National Platform for Disaster Risk Reduction, NECOC, Ministerial Policy Committee, District Disaster Committees, DECOC among others should be relied upon to provide disaster mitigation, aversion and management guidance as they are established with the right technical expertise, competencies and capabilities. Disaster management should not be ad hoc in nature as usually seen through the establishment of ad hoc structures like the National Taskforce on Coronavirus to the detriment of institutional response.
- ii. Office of the Prime Minister (OPM) should ensure that National Disaster Management Policies and Frameworks are prepared and communicated by districts to all stakeholders since they have a direct bearing upon recovery. This will enable awareness creation and preparations against disasters including pandemics like COVID-19.
- iii. OPM and DDMCs should create and provide disaster contingency funds to ensure quick response to landslides disasters. Funding is a key resource in disaster management. Therefore, funds should be made readily available for ease of managing disasters.
- iv. DTFs should encourage and empower local communities to actively participate in COVID-19 containment measures and all other processes. Local communities especially Local Councils have developed surveillance systems that can help in the dissemination of information, locating alerts and contacts and mobilizing communities. The DTFs can draw upon this capital to be more effective in implementing COVID-19 containment measures.
- v. DDMCs should ensure adequate manpower with technical competences in managing disaster is in place well in advance before landslides disaster occurrence. Findings indicated that technical officers in land management did not assist local communities on housing construction and agricultural practices as necessary mitigation measures in landslides disasters prone areas. Technical competencies are vital in helping people militate against landslides related disasters.
- vi. Interaction between the national and district level is one of the most important issues in ensuring the establishment of a well-functioning district disaster management and response system. The study has

observed a huge commitment and enthusiasm within many of the DTF members interviewed. The study also establishes that there are variations in the levels of capacity among the DTFs. In some districts like Mbale, and Bududa there were reports of regular meetings for planning and response. This could be explained by their previous experience in handling disasters like landslides in their jurisdictions. In other districts capacity is more limited and DTFs rarely meet. Strengthening the capacity of the DTFs should be a priority task for OPM, Ministry of Local Government (MoLG) and Ministry of Health (MoH). This should include clear Terms of Reference for DTFs.

- vii. COVID-19 has affected all districts in Uganda. In this case, the issue of inter-district coordination is very critical. Therefore coordinating with several DTFs/DDMCs, each carrying out their parallel planning exercises and requesting the same resources from the national level will be a complex task. This issue can be addressed by cooperation, collaboration and coordination between districts at regional levels. Establishment of regional response teams may register more successes for regional cooperation of the districts.
- viii. Chain of Command. The OPM, who has the mandate to coordinate and manage disaster preparedness and planning response activities, is currently unable to fulfill its responsibilities as it lacks the full support of all key players, including resources. The absence of clear TOR/ legal framework and adequate resources has led to a lack of a unified and coherent system in the districts, resulting in the establishment of ad-hoc and personalized arrangements during disasters. The GoU should ensure that a single organization maintains the mandate and responsibility to manage disaster response. The chain of command at every level is identified and complied with.
- ix. There is need for a law to govern disaster risk reduction and management: Currently Uganda does not have a national law governing disaster risk reduction and management, and its alignment with international thinking although a National Policy for Disaster Preparedness and Management exists. The Uganda National Disaster Preparedness and Management Act, draft Bill should be fast tracked and enacted into law.
- x. There is a need to operationalize the Disaster Preparedness and Management Commission. Uganda's Constitution (Article 249) also provides for the establishment of a Disaster Preparedness and Management Commission "to deal with both natural and man-made disasters", which is yet to be operationalized. Without a law to govern government's work on disasters, the composition of the Disaster Preparedness and Management Commission and its duties, response to disasters will remain ad hoc and impractical.

### 5.3 Ministry of Finance, Planning and Economic Development

- x. There is need to operationalize the Contingency Fund provided for under Section 26 of the 2015 Public Finance Management Act so that the both the central government and the Local Governments are empowered to effectively respond to pandemics, disasters and other and risks adequately. This would also boost financing Uganda's Disaster response as detailed in the National Policy on Disaster Preparedness and Management.
- xii. There is a need to increase health sector financing for emergencies. Inadequate funding was reported as a major challenge affecting the functioning of the District Task Forces. It was evident that the country was not adequately prepared to handle the pandemic; most DTFs relied on contributions from individuals, the private sector and civil society to finance its response activities. It is recommended that Government of Uganda through the Ministry of Finance, Planning and Economic Development should increase health financing by increasing the share of Budget allocation to the health sector from the current 5.1 per cent to at least 15 per cent as it committed to during the Abuja Declaration in 2001. Uganda's health sector has to be well funded to quickly deal with such health pandemic. Regional testing labs should be put in place.
- xiii. Establish a Pandemic Response Plan and Contingency Fund. There is need to operationalize the Contingency Fund as provided for in Section 26 of the 2015 Public Finance Management (PFM) Act so that government efforts to avert risk and manage disasters are adequately funded.

### 5.4 Ministry of Health

- xiv. Mainstreaming pandemic preparedness and response within the broader context of health systems. Epidemics could be addressed through making contingency plans and structuring emergency health services. It is also important to establish develop early warning systems through routine surveillance and training in emergency operations. Success of this will depend on creation of an inventory of required resources. There is need to have Establishment of emergency units at the district levels like disaster preparedness strategies.<sup>2</sup> Have a permanent task response team in place for any emergency which should be well facilitated in terms of allowances and resources to use. This task force should have planning and accountability mechanisms in place. The lockdown magnified the need for local content and the need to develop local capacity.

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<https://blogs.worldbank.org/health/what-can-we-learn-uganda-fighting-deadly-disease-outbreaks>

- xv. Emergency funds like in the case of COVID-19 should be decentralized across the various levels of local governments in order to enhance response by all actors.
- xvi. There is need to build a resilient health care system that is better prepared to contain and recover from health crises. This calls for more pandemic preparedness for the health sector.

## **5.5 Ministry of Local Government**

- xvii. Revitalise District Disaster Management Committees. The National Policy for Disaster Preparedness and Management 2011 provides for the District Disaster Management Committee in the district. The committee is chaired by the Chief Administrative Officer (CAO) and comprise of heads of departments, District Police Commander (DPC), army representatives and representatives of other relevant government agencies and Partners within the district including Uganda Red Cross Society and relevant NGOs. However, findings from the study revealed that these were largely inactive and in some cases non-existent. It is recommended that these committees be revived and supported to remain functional to coordinate local government responses to future disasters.
- xviii. There is a need for the MoLG to mainstream e-governance in Local Governments. The Ministry of Local Government needs to work hand in hand with the Ministry of ICT to expand the ICT infrastructure across the country. This also calls for investment in expansion of access and provision of low cost internet services.
- xix. Compliance to accountability is often compromised in a bid to attend to emergencies during pandemics that arise every now and then as expedient disbursements and procurements are made. To curb this there is need to create a multi-disciplinary team that gives oversight to the core team especially of the resource mobilisation /logistics committee.
- xx. Training law enforcement on human rights. The study revealed that there were reports of human rights violations during the enforcement of the guidelines. This therefore calls sensitisation of the Police and the military on Human Rights issues during such operations.
- xxi. The DTFs should operationalize preparedness mechanisms to empower local communities handle pandemics, epidemics and other disasters.
- xxii. There is need to establish a single and unified preparedness framework by integrating prepared preparedness and management of pandemics and disasters into respective sector plans of government at the local level.

Many of the responses indicated a lack of coordination and awareness about contingency plans and activities. This should be strengthened as a cross-cutting issue in local government activities.

- xxiii. There is need for clear coordination systems. The Ministry of Local Government needs to set up effective coordination systems with clear procedures governing the entire response cycle. Results showed inadequate coordination mechanisms within and among DTFs, other organizations involved in response activities and affected communities. Coordination is a vital aspect in managing emergencies and needs improvement for maximum effect in handling epidemics, pandemics, landslides, floods and other emergencies.
- xxiv. The Ministry of Local Government should ensure facilitation and implementation of emergency response or plans geared towards mitigating their consequences by strengthening resource capacity at the local level. This would be instrumental in providing emergency equipment and materials for handling pandemics, epidemics and other disasters. Empirical evidence revealed inadequate emergency materials and equipment necessary in handling pandemics like COVID-19.

## 6.0 Conclusion

The COVID-19 District Taskforces have largely been hailed for containing the spread of COVID-19 in most local governments in Uganda. The Taskforces have however experienced several challenges that constrained their level of performance that include: inadequate funding for their activities; ill-equipped quarantine and isolation centres; inadequate PPEs for health workers; inadequate medical supplies to the health facilities; unclear structure and guidelines and roles of DTF members; lack of transparency, accountability and corruption; and role conflict among others. These challenges notwithstanding, the DTFs managed to register some outstanding achievements. This success is largely attributed to the leadership of the National Task Force that continuously provided guidelines for the local governments to implement. The district taskforces have been credited for conducting mass sensitisation of the public on COVID-19 and the strategies to prevent it. They have also been instrumental in implementing guidelines handed down from various Ministries, Departments and Agencies. The DTFs have been able to mobilise and bring on board several stakeholders to support their efforts in controlling the spread of the virus and taking care of the vulnerable members of the community. For effective emergencies response, it would important to follow the existing policy and take advantage of the other structures provided. The existing local government structure that is mirrored in the health care structure also demonstrated a high potential to effectively respond to emergencies and pandemics of this nature if well prepared and facilitated.

## About ACODE:

The Advocates Coalition for Development and Environment (ACODE) is an independent public policy research and advocacy Think Tank based in Uganda, working in the East and Southern Africa sub-regions on a wide range of public policy issues. Our core business is policy research and analysis, outreach and capacity building. Since it's founding 19 years ago, ACODE has emerged as one of the leading regional public policy think tanks in Sub-Saharan Africa. For the last 8 consecutive years, ACODE has been recognized among the Top-100 Think Tanks worldwide by the University of Pennsylvania's annual Global-Go-To Think Tank Index Reports.

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