



22 January 2021

Aid Localisation in the Context of COVID-19 and Protracted Crisis

Assessing opportunities and challenges of aid localisation in responding to existing and emerging needs from COVID-19 for (agro)pastoral communities in Karamoja, Uganda



Thesis

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International Development Management Year 4
Major: Disaster Risk Management

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FABSTRACT

This research was conducted to understand the impact of COVID-19 and lockdown measures on communities in Napak, Karamoja region, Uganda, under the Children at Risk (CaR) project, realised by Africa Mission – Cooperation and Development (C&D) in a consortium with Uganda Change Agent Association and Dwelling Places. The research focusses on three impact realms: poverty, food security and the prevalence of violence, and employs a Gender, Age and Diversity (GAD) disaggregation. The far-reaching inhibition of restrictions set off by COVID-19 and lockdowns on the aid and development sector due to the Coronavirus pandemic and the resulting lockdown have led to accelerated calls for aid localisation, to achieve more relevant, effective, and accountable programming. Hence, the research also evaluates the opportunities and challenges arising from aid localisation to respond to pre-existing and emerging needs in Napak. For that, three dimensions, Participation Revolution, Coordination Mechanism and Capacity Enhancement from the Start Networks Seven Dimension of Localisation framework were chosen to guide the research.

The research utilised a mixed method approach of a literature review, household surveys in four sub-counties in Napak district, key-informant interviews with relevant district and sub-county governmental actors, in addition to field and national level staff from all consortium members, and lastly focus group discussions with community members, disaggregated by GAD variables. Findings of all research methods were triangulated to increase validity of the study and to draw more generalised conclusions.

Regarding poverty, it was found that the inability to sell or buy goods due to the closure of markets and inhibition of income generation strategies were results of the pandemic. Decreased availability and access to services, such as WASH and health were also observed, arising from lockdown measures and the closure of service providers. A rise in preventable diseases was also observed. Social groups, especially Village Savings and Loans Association (VSLAs) were impeded due decreased financial assets and social distancing measures. The closure of schools and children being at home led to increased pressures on household assets and a rise in teenage pregnancies and child marriages. This, together with people's restricted led to an increase in sexual and domestic violence as well as violence against children, including verbal and physical abuse. Insecurity increased due to a rise in armed raids and subsequent disarmaments by the government.

Food security in terms of economic access to diverse food on household level was found to be low and most households

employ multiple food-based coping strategies. The micronutrient intake of women and children (age 6-24 months) was found to be inadequate. Droughts, heavy rainfalls and plant pests, including desert locust affected the harvest negatively. The GAD disaggregation found in female-headed households (or women and girls) more impacted by the lockdown in multiple areas, in line with pre-existing gender roles and responsibilities in Karamoja. Similar, age groups of household heads were found to have experienced the lockdown differently. The sub-counties were found to influence certain conditions (availability and accessibility of strategies and assets) and occurrence of natural hazards. Lastly, few differences were found between CaR- and non-project households, but more data needs to be collected to safely draw conclusions on the projects influence on those findings

Relevant governmental actors were also found to be limited by lockdown regulations, due to lacking resources resulting from the closure of many other organisations, social distancing and fear of contracting COVID-19. In contrast, the consortium was at no time forced to stop the CaR program completely. Good connectivity between members and flexibility in terms of funding, enabled joint planning and coordination of the adaptations that allowed the project to continue. The longer-term and close cooperation of all three organisations at both the national and field levels led to mutual understanding and information sharing, including openly addressing challenges. C&D has been focussing on Karamoja for more than 40 years and working together with two Ugandan organisations is contributing to deep contextual knowledge and congruence with governmental actors.

Opportunities and recommendations regarding the three focus realms of aid localisation include a stronger inclusion of targets in the project design and implementation that increases the empowerment of affected communities. This addresses the underlying paternalizing structures of the overall development and aid sector, specifically in a historically marginalised region and creates empowering structures within the project. The already existing base of capacity enhancement could be improved by adopting capacity needs assessments to extend activities beyond thematic areas and adopting fewer frontal teaching methodologies. Moreover, the pre-existing coordination structures between the consortium members and relevant governmental actors should be extended to a greater regional coverage, to adapt to the emerging new routes of child migration within and outside Uganda. Lastly, recommendations for further research and general areas to respond to arising and pre-existing needs are highlighted.

ABSTRACT IN ITALIANO

La ricerca è stata condotta al fine di capire qual è stato l'impatto che il virus Covid-19 ed il relativo lockdown portato dalla pandemia hanno avuto sulle comunità del distretto di Napak, nella regione del Karamoja, in Uganda. Questa ricerca in particolare illustra l'influsso avuto sul progetto "Children at Risk - CaR" (Bambini a rischio), implementato da Africa Mission - Cooperation and Development (C&D), in consorzio con Uganda Change Agent Association e Dwelling Places.

La ricerca si concentra su tre temi: la soglia di povertà, la sicurezza sull'approvvigionamento alimentare e la prevalenza di violenza, disaggregando i dati ottenuti in base al sesso, età e diversità (GAD). Le restrizioni di vasta portata dovute alla pandemia ed il blocco dei settori di sviluppo e degli aiuti umanitari, hanno portato ad accelerare la richiesta di localizzazione degli aiuti, con lo scopo di ottenere una programmazione più pertinente, efficace e responsabile. Data questa situazione, la ricerca vuole anche valutare le opportunità e le sfide derivanti dalla localizzazione degli aiuti per rispondere sia alle esigenze preesistenti che a quelle emergenti nel contesto considerato. Pertanto per guidare la ricerca, sono state scelte tre delle sette dimensioni del framework "Start Networks Seven Dimension of Localization": rivoluzione della partecipazione, meccanismo di coordinamento e potenziamento delle capacità.

Lo studio ha utilizzato una metodologia mista di revisione della letteratura, indagini sulle famiglie in quattro sotto-contee di Napak, interviste con autorità locali, rappresentanti del governo a livello distrettuale e sub-distrettuale con compiti pertinenti, nonché personale locale presente sul campo di tutti i membri del consorzio e infine discussioni di gruppo con i membri della comunità, disaggregate per le variabili GAD. Le conclusioni delle diverse indagini sono state triangolate per aumentare la validità dello studio e per trarre conclusioni più generalizzate.

Per quanto riguarda la soglia di povertà, i risultati rivelano un'incapacità di vendere o acquistare beni, a causa della chiusura dei mercati e del rallentamento delle strategie di generazione di reddito. Inoltre è stata evidenziata una ridotta disponibilità ed un ridotto accesso ai servizi in generale, come servizi igienici, possibilità di accesso a fonti di acqua pulita, servizi sanitari, derivante dalle restrizioni e dalla chiusura di molti fornitori dei servizi. Legato a questo, è stato riscontrato inoltre un aumento delle malattie prevenibili.

I gruppi sociali, in particolare i gruppi di credito e di risparmio a livello di villaggio (VSLA), sono stati ostacolati nel loro funzionamento sia a causa della diminuzione delle risorse finanziarie sia delle misure di distanziamento sociale che non permettono aggregazione.

La chiusura delle scuole e la permanenza dei bambini a casa invece ha comportato non solo maggiori pressioni finanziarie sulle famiglie, ma anche un aumento delle gravidanze e dei matrimoni precoci nelle ragazze di età adolescenziale. Un'ulteriore conseguenza, dovuta anche dalla limitata mobilità delle persone, è stato l'aumento della violenza sessuale e domestica, nonché della violenza contro i bambini, compresi gli abusi verbali e fisici.

L'insicurezza è aumentata a causa dell'aumento delle razzie con incursioni armate e dei successivi tentativi di disarmo da parte del governo. Rispetto alla sicurezza alimentare in termini di possibilità di accesso a diversi alimenti a livello familiare è risultata minima e la maggior parte delle famiglie utilizza molteplici strategie per affrontare la mancanza di cibo. L'assunzione di micronutrienti da parte di donne e bambini (età 6-24 mesi) è risultata inadeguata.

Siccità, forti piogge e parassiti delle piante, come le locuste del deserto, hanno influito negativamente sul raccolto. La disaggregazione del GAD ha avuto come risultato un impatto maggiore nelle famiglie in cui il ruolo del capofamiglia è affidato alla donna, o famiglie all'interno del progetto CaR, rispetto a famiglie in cui il capofamiglia è un uomo o famiglie non coinvolte nel progetto. La residenza in diverse sotto-contee all'interno dello stesso distretto ha comunque portato a rilevanti differenze di percezione e di esperienza.

È stato riscontrato che gli incaricati del governo con compiti inerenti, erano limitati dalle regolamentazioni del lockdown, a causa della mancanza di risorse, della chiusura di molte altre organizzazioni, dal distanziamento sociale che non permetteva aggregazioni e dalla paura di contrarre Covid-19.

Il consorzio non è mai stato costretto a interrompere completamente il programma CaR. Una buona connessione tra i membri ed una buona flessibilità in termini di finanziamento, hanno consentito la pianificazione congiunta e il coordinamento di nuovi arrangiamenti che hanno consentito la prosecuzione del progetto.

La stretta collaborazione di tutte e tre le organizzazioni sia a livello nazionale che sul campo ha portato alla comprensione reciproca e alla condivisione delle informazioni e delle difficoltà. Il consorzio tra due organizzazioni locali e C&D, presente da oltre 40 anni in Karamoja ha contribuito in modo molto positivo grazie ad un'estesa conoscenza del contesto e congruenza con le scelte delle autorità locali.

Dopo un'analisi dei dati, le opportunità di miglioramento e le raccomandazioni riguardanti le tre aree di interesse della localizzazione degli aiuti suggeriscono: una maggiore inclusione dei beneficiari destinatari nella fase di stesura e di implementazione del progetto per aumentare l'empowerment delle comunità colpite.

Tale approccio riguarda le strutture paternalizzanti sottostanti del settore dello sviluppo e degli aiuti umanitari, in particolare in una regione che è storicamente emarginata che crea strutture di potenziamento all'interno del progetto. La base già esistente di capacità da valorizzare potrebbe essere migliorata adottando la valutazione dei bisogni delle capacità per estendere le attività al di fuori delle aree tematiche e adottando metodologie di insegnamento meno frontali. Inoltre, le strutture di coordinamento preesistenti tra i membri del consorzio e gli attori governativi interessati dovrebbero essere estese a una maggiore copertura regionale, per adattarsi alle nuove rotte emergenti della migrazione dei bambini dentro e fuori dall'Uganda. Infine, vi è la raccomandazione di ulteriori ricerche per rispondere ai bisogni emergenti e preesistenti.

ACKNOWLEDGMENTS

First, I would like to express my gratitude to Astrid van Rooij, who has been acting as my university's thesis supervisor and has guided the process, provided great input and challenged me to think a step further. I would also like to thank Annelies Heijmans, my study mentor, who over the last four years has supported me to develop to the person I am today.

Furthermore, I want to thank Pierangela Cantini, my external supervisor from Africa Mission – Cooperation and Development and Pier Giorgio Lappo, the regional representative for having provided me with the exciting opportunity to conduct this research on the impact of COVID-19 under their Children at Risk project. Thank you for having supported this process and introduced me to many relevant people who contributed to this research.

Moreover, I am grateful to all those with whom I have had the pleasure to live and work with during my four month in Karamoja, most especially the staff of C&D in Moroto under the leadership of Kul Chandra Timalina. You have all welcomed me with open arms and made me feel at home, supported me with the research and let me gain valuable experience. My gratitude is further extended to the team of enumerators and the M&E officer of Africa Mission – Cooperation and Development, Kayanja Ian Solomon as well as the motivated staff members in C&D's field office in Matany under Janet Akwang and Eisu Joshua, who have supported the logistical planning of the study and data collection. Without you, we would not have been able to finish the data collection on time. A special thanks to Bendetta Gallana, who as a colleague and friend during my time in Karamoja always had an open ear and went out of her way to provide the translation of the abstract for this report.

Thus, I would like to extend my thanks to Lucy Akello Ayena, the executive director of the Uganda Change Agent Association and Sarah Linda Kisakye, the deputy director child protection of Dwelling Places, who have taken the time to share their views with me and provided interesting inputs to the topic. Moreover, my thanks are extended to the Napak district and diverse sub-county officials who have provided valuable input and opened discussion points for this research. Furthermore, I would also like to thank the different individuals and communities of Lopeei, Lokopo, Matany and Ngoleriet, who have taken the time to participate in the data collection to help me to better understand their situation, perceptions and struggles, which was a key aspect of this research.

I would also like to thank Peter Heintze from Kennisuitwisseling over Noodhulp, who due to their interest in exploring the impact of COVID-19 on the humanitarian sector provided the first idea and starting point for this research.

Lastly, I would like to thank everyone who made this research possible and successful. I am not able to list all the names here, but I can guarantee that all the support was highly appreciated. A special thanks to my good friends and classmates who supported me through a variety of ways, from brainstorming to proof readings and practice presentations.



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ABBREVIATIONS

ACAPS	Assessment Capacities Project
ACT	Access to COVID-19 Tools
AIDS	Acquired Immunodeficiency Syndrome
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
BLM	Black Lives Matter
C&D	(Africa Mission -) Cooperation and Development
CAO	Chief Administrative Officer
CAS	Climate Smart Agriculture
CDDS	Child Dietary Diversity Score
CES	Community Engagement Strategy
CEPI	Coalition for Epidemic Preparedness Innovations
CFPU	Child and Family Protection Unit
COVAX	COVID-19 Global Vaccine Access Facility
DCDO	District Community Development Officer
DFID	Department for International Developments
DHO	District Health Officer
DP	Dwelling Places
ESCR	(United Nations) Committee on Economic, Social and Cultural Rights
FAO	Food and Agriculture Organisation
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FHH	Female headed households
FMD	Food and Mouth Disease
GAD	Gender, Age, Diversity
GAM	Global Acute Malnutrition
GAVI	The Vaccine Alliance (Global Alliance for Vaccines and Immunization)
(S)GBV	(Sexual and) Gender based violence
HDDS	Household Dietary Diversity Score
IASC	Interagency Standing Committee
ICCO	Inter Church Organization for Development and Cooperation
IFRC	International federation of the red cross
IPC	Integrated Food Security Phase Classification
KAYDA	Katwe Youth Development Association
KCCA	Kampala Capital City Authority
KCV	Katakwi Children's Voice
KIA	Kerk in Actie
KII	Key-Informant interview
KUNO	Kennissuitwisseling over Noodhulp (Humanitarian Knowledge Exchange Platform)
LDU	Local Defence Unit
L/NA	Local/National actor
MHH	Male headed household
(I)NGO	(international) non-governmental organisation
OHCHR	Office of the High Commissioner for Human Rights
PAG-KIDP	Pentecostal Assemblies of God – Karamoja Integrated Development Programme
PAR	Pressure and Release Model
PHEIC	Public health emergency of international concern
SAM	Severe Acute Malnutrition
SARS-CoV-2	Severe acute respiratory syndrome – coronavirus 2
SLF	Sustainable Livelihood Framework
SPLA	Sudan People's Liberation Army
SPSS	Statistical Product and Service Solutions
SQ	Sub-question
SRH(R)	Sexual and Reproductive Health (and Rights)
UCAA	Uganda Change Agent Association
UCRNN	Uganda Child Rights NGO Network
UGX	Ugandan Shilling



UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UNOCHA	United Nations for the Coordination of Humanitarian Affairs
UPDF	Uganda People's Defence Forces
USA	United States of America
US\$	United States dollar
VHL - UAS	Van Hall Larenstein – University of Applied Science
VHT	Village Health Team
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene
WDDS	Women Dietary Diversity Score
WHO	World Health Organization

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1 INTRODUCTION

The global COVID-19 pandemic and subsequent governmental lockdowns led to a halt of business-as-usual in most countries and sectors, due to travel restrictions, slowdown of economic activities, stay-at-home orders and social distancing measures (Jackson, et al., 2020). Africa Mission - Cooperation and Development (C&D) has commissioned this study to understand the impact of COVID-19 and the lockdown on communities in Napak district, which is the main target area for the Children at Risk project, implemented by a consortium led by the Ugandan Change Agent Association, including next to C&D, Dwelling Places and funded by Kerk in Actie (KIA).

C&D is an Italian, Christian faith-based non-governmental organisation (NGO), with over 40 years' experience working in Karamoja, Uganda. C&D is one of the European Union's main implementation partners in the region, while also partnering with multiple international, national and local NGOs as well as having a diverse portfolio of international donors (C&D, 2018).

Kennisuitwisseling over Noodhulp (Humanitarian Knowledge Exchange Platform, abbreviated as KUNO, is a Dutch knowledge sharing and reflection platform that brings together many different Dutch humanitarian aid actors. Throughout knowledge exchange and reflections on the developments, trends, opportunities and challenges arising within the humanitarian aid sector due to increased and protracted conflict, climate change and political developments, technological advantages and the rise of new humanitarian actors, KUNO aims to inform the sector to keep updated and offer solutions to effectiveness and nature of humanitarian work (KUNO, n.d.). Due to the global COVID-19 pandemic and possible impact on the humanitarian aid sector, the platform called for thesis research exploring the impact of COVID-19 on humanitarian actors and their response in May 2020. After the expression of interest by KUNO to the first proposal of this research, KUNO will be further involved as a third party, providing feedback and organising events to merge similar researchers to provide an overview and starting point for debates concerning the impact of COVID-19 on the humanitarian aid sector.

The investigation was designed and conducted independently by the researcher and next to provide information and recommendations to the involved parties also presents the final delivery to conclude the bachelor study program International Development Management, major Disaster Risk Management at the Van Hall Larenstein (VHL) – University of Applied Science in Velp, The Netherlands.

The report is structured as following: the background provides an overview of the course of the COVID-19 pandemic and lockdown in Uganda and highlights (expected) impact areas, as found in literature. The research location is introduced, including an overview of the pre-existing disaster risk in Karamoja through the Pressure and Release (PAR) model as well as introducing aspects of the Karimojong culture that are research relevant. A short history and overview of the Children at Risk project as well as of C&D, the consortium partners and the donor are provided. Afterwards the problem definition, research objectives as well as research main and sub-questions are given. Subsequently a first literature review highlights the history of and reasons behind aid localisation and introduces the Grand Bargain and the Seven Dimension of Localisation framework of the Start Network, which guide the research. Each sub-question is separately conceptualised, and an overall conceptual framework provided, which leads to the operationalisation of research relevant concepts. The methodology, including the research design, data collection, processing and analysis is laid out. Thereafter, the findings of the primary data collection are provided one after the other, starting with the household surveys, followed by focus group discussions and lastly the key-informant interviews with governmental actors and the consortium members, including the donor. After that, the discussion chapter triangulates the findings of the different data collection methods with those of the previous and additional literature reviews, organised by sub-question. The chapter also highlights the limitations of the research. Finally, the conclusion summarises the findings of the study according to the different research questions and leads to the recommendations. In total five recommendations are provided, with the first three addressing the opportunities of aid localisation for the project and the pre-existing and emerging needs of communities, while the last two recommendations include opportunities for further or improved research and generalised response opportunities.

2 BACKGROUND

This chapter provides the reader with an overview of the contextual background of this investigation, specifically the research location of Karamoja region, Uganda, and the course of the COVID-19 pandemic and related governmental lockdown in Uganda. Additionally, it introduces the commissioning organisation C&D as well as the history and members of the Children at Risk consortium, which is the case study for this research.

The global COVID-19 pandemic and subsequent governmental lockdowns led to a halt of business-as-usual in most countries and sectors, due to travel restrictions, slowdown of economic activities, stay-at-home orders and social distancing measures (Jackson, et al., 2020). COVID-19 also caused disruptions in the humanitarian aid and development sector. A quick impact survey amongst over 80 NGOs by the Assessment Capacities Project (ACAPS) at the beginning of the pandemic in March 2020 found that 60% of responders reported reduced access to target populations, 74% reported difficulties in continuing programming and accessing funding, while 5% had to halt operations completely. Mitigation measures employed by the organisations include focussing on essential services only, reallocating activities to COVID-19 -related actions and engaging in rapid capacity building of local partners and staff (ACAPS, 2020). However, limited direct access to target population as well difficulties and inflexibility in humanitarian funding and programming are not new challenges in the sector. In the past international organisations have been criticised regarding their dominance in comparison to local actors and undermining local efforts, while not being able to provide adequate and sufficient assistance to target communities. The localisation of aid has been on the humanitarian agenda for a long time, but due to a lack of consensus on conceptualisation and operationalisation amongst various actors remains underutilised (Patel & Van Brabant, 2017). Awareness regarding the need of localised aid was recently brought into focus again through the COVID-19 Global Humanitarian Response Plan (2020) by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) direct referral to it (IASC, 2020). Aid localisation could offer solutions not only for the challenges the sector is facing due to COVID-19, but improve developmental and humanitarian operations overall, by ensuring all people in need have access to rapid, quality, impactful and sustainable humanitarian assistance, which puts affected people at the centre, rather than pushing them in the role of passive aid receivers. Local actors, who are much closer to the field, can respond much faster and have a much deeper understanding for local circumstances (IFRC, 2018).

2.1 COVID-19 AND SUBSEQUENT GOVERNMENTAL LOCKDOWN IN UGANDA

This sub-chapter provides an overview of the course of the COVID-19 pandemic in Uganda, including steps taken by the government. Figure 1 visualises a timeline of key-events, to provide a concise overview of the course of the pandemic. The timeline also highlights some global events as a reference point.

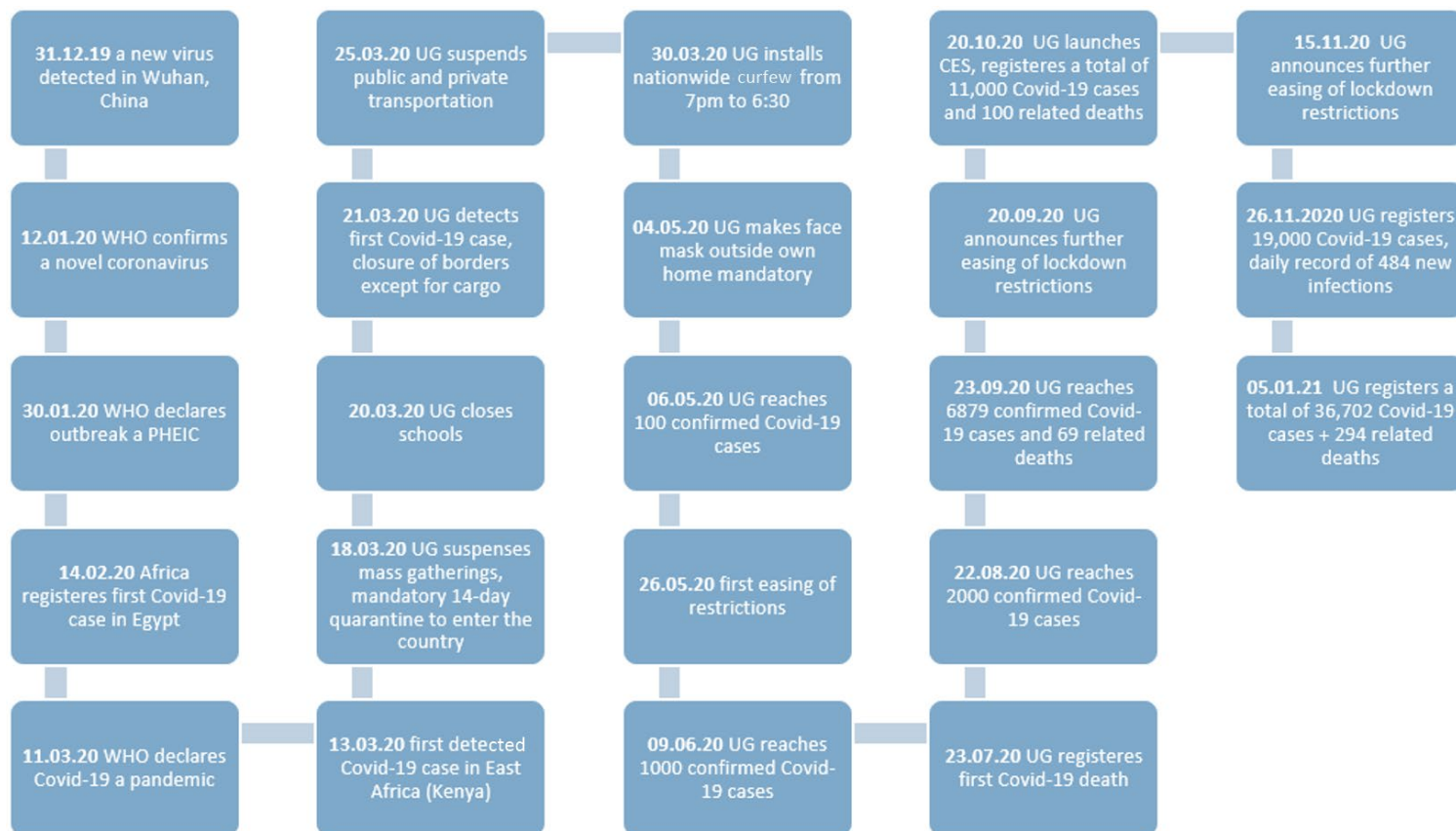


Figure 1 Timeline COVID-19 in Uganda¹

On December 31, 2019, China reported to the World Health Organisation (WHO) that it detected a pneumonia of unknown cause in Wuhan, Hubei Province. The virus began spreading to other countries and on January 30, 2020 the WHO declared the virus outbreak a public health emergency of international concern (PHEIC), which is the WHO's highest level of alarm. At that point, countries in the Americas, Europe, Asia and the Arabian Peninsula had registered their first cases of COVID-19.

On February 11, 2020, the WHO gave the name of COVID-19 to the disease caused by the newly identified beta coronavirus SARS-CoV-2 (hereafter referred to as COVID-19) (WHO, 2020). Coronaviruses are a large family of viruses commonly found in people and many different species of animals, including bats from which the COVID-19 virus is believed to have migrated to humans at a large seafood and live animal market (WHO, 2020). In Africa, the first registered COVID-19 case was detected in Egypt on February 14, 2020. The first detected case in sub-Saharan Africa was registered shortly afterwards in Nigeria, on February 28, 2020. COVID-19 was declared a pandemic on March 11, 2020. Soon afterwards, on March 13, the first case of COVID-19 in East Africa was detected in Kenya (Ministry of Health, 2020).

¹ Sources of figure content can be found in the text below

Box 1: Definitions: endemic, epidemic, and pandemic

The considered normal levels of a virus or disease in each population is referred to as *endemic*. If the threshold is exceeded and new cases are actively spreading, the scenario is described as an *epidemic*. An epidemic is usually limited to a certain region (Intermountain Healthcare, 2020).

A pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting many people” (Doshi 2009 cited as in Kelly 2011). Seasonal occurring epidemics, such as seasonal rises in influenza numbers in northern hemispheres are not considered pandemics even if affecting many people across a wide geographic area (Kelly, 2011).

Uganda started to impose its first COVID-19 related measures on March 18, 2020, prior to the first official case being registered in the country. Mass gatherings were suspended for 32 days and a mandatory 14-day quarantine rule was put in place for any person entering the country was put in place. Two days later, all schools were closed for 32 days. Other lockdown measures included a travel ban for Ugandan nationals to selected countries and the closure of all entertainment locations such as bars, cinemas and sport events (Africa Tembelea, 2020). The first positive registered case in Uganda was detected on March 21, 2020 from a Ugandan national returning from abroad. On the same day, land- and air borders were announced to be closed the following day, except for cargo and humanitarian operations.

On March 25, all public transport was suspended, and restrictions put on private transport, wherein only previously registered private cars with a necessary purpose of travel were allowed on the roads. Additionally, all non-food markets and shops were closed. On March 30, 2020, a nationwide curfew from 7:00pm to 6:30am was instituted put in place for 14 days. The time limits on each restriction were continuously extended until May 04, 2020 when the first easing of restrictions was announced, including opening of some shops as well as allowing restaurants to prepare food for take-away (Ministry of Health, 2020). On May 18, the further easing of measures was announced, while at the same time wearing a face mask became mandatory for everyone above the age of six years outside their private homes. Hence the announced easing of measures was tied to the distribution of free face masks to every Ugandan above the age of six, which meant that the easing came only into effect at the beginning of June. The eased measures included the opening of general merchandise shops as well as allowing public transport to operate at 50% passenger capacity (except in border regions) and private cars with a maximum of three people (Daily Monitor, 2020).

In May 2020, Uganda reached 100 confirmed COVID-19 cases (Ministry of Health, 2020). For comparison, neighbouring Kenya registered 1,745 COVID-19 cases and 62 related deaths by the end of May (UNOCHA, 2020). Italy, at that time a major hotspot in Europe had accumulated a total of around 210,000 cases and nearly 29,000 fatalities already at the beginning of May (Remondini, et al., 2020).

Further easing of the lockdown measures occurred on June 6 with the allowance of public transport (at half carrying capacity) in non-border districts. On June 09 Uganda surpassed 1,000 confirmed COVID-19 cases. The first COVID-19 related death in Uganda was registered on July 23, 2020 (Ministry of Health, 2020). Globally, until the end of July more than 17 million COVID-19 cases had been reported, with a total of around 670,000 related deaths (WHO, 2020). Up until August 22, 2020 Uganda reached 2,000 confirmed COVID-19 cases and 20 related deaths. On the same day, the country registered its highest daily increase of COVID-19 positive cases so far, registering a total of 318 people newly infected (Amamukirori, 2020). Therefore, it took around three months for Uganda to register its first 1,000 cases but the number doubled within the next 6 weeks. On September 23, 2020 Uganda registered its highest daily death toll of five people, amounting to a total of 69 COVID-19 related deaths within the country and a total of around 6,900 cases (The Observer, 2020), which indicated an exponential growth and sharply increasing infection rate.

Amidst rising COVID-19 numbers, but comparable lower morbidity and mortality impact than most other countries, including direct neighbour states (Johns Hopkins University, 2020), Uganda was declared as one of the 19 most successful countries to have handled the COVID-19 pandemic by the Lancet COVID-19 Commission in their Statement on the occasion of the 75th session of the UN General Assembly in September 2020. The Lancet Journal is one of the world's leading medical journals and widely accepted. The Lancet COVID-19 Commission was launched in 2020 to assist governments, civil society and UN institutions in responding effectively to the pandemic. The commission used four indicators to assess the success of countries' COVID-19 response: the number of newly confirmed cases per million population per day average over the days of August, the mortality rate measured as the deaths per million per day over the same period, the number of COVID-19 tests conducted in August relative to the number of cases in the same month (which functions as a proxy measure for the scale of testing) and the average effective reproduction rate (the effective reproduction number average over the month of August), indicating whether virus numbers were rising or falling. The commission found that many low-income countries managed the pandemic well and attributed it to their former experience with other epidemics, such as Uganda's extensive experience with AIDS (Acquired Immunodeficiency Syndrome) and Ebola outbreaks in neighbouring Congo as well as other factors, such as demographics and rural/urban population distributions (The Lancet Covid-19 Commission, 2020).

By the end of September 2020, the opening of land and air borders, including airports for regular commercial flights for October 1 was announced as well as the opening of places of worship (with a maximum of 70 people) and open-air sport events without spectators. Remaining movement restrictions in border regions were lifted as well. Additionally, schools for candidate classes opened on October 15, 2020. Furthermore, mobile markets and monthly cattle auctions as well as produce markets remain closed (Kizza, 2020). On October 20, The National Community Engagement Strategy (CES) for the COVID-19 response was launched by the Prime Minister. The strategy was set up as a response to Uganda entering phase four of the pandemic, which refers to widespread local transmission of COVID-19 across the country. Uganda had accumulated a total of nearly 11,000 positive COVID-19 cases with around 100 related deaths. The strategy aims to ensure that all people in Uganda are aware, empowered and participate actively in the prevention and control of the COVID-19 outbreak, according to the Prime Minister. Village committees on Covid-19 are supposed to be established that are tasked with case detection and management, which effectively moved the responsibility to fight COVID-19 to individuals and communities (Amamukirori, 2020).

The number of registered COVID-19 cases rose to nearly 19,000 and 191 total deaths by November 26 and registered, 2020, with a new record of 484 daily infections recorded. Having registered more than 6,000 cases throughout November 2020, the WHO warned that the epidemic situation in Uganda is likely to further worsen and that the country's health system is already overwhelmed by rising COVID-19 cases. Amidst the rising cases, the government launched a new door-to-door investigation strategy, executed by the Village Health Teams (VHTs), in which community members with basic healthcare knowledge perform door to door checks on the health conditions of household members and send potential cases to the nearest health centre, while also sensitising communities on following social distancing rules (Xinhuanet, 2020). Uganda's Ministry of Health blamed the rise of COVID-19 cases on a high level of complacency of the population to follow social distancing and lockdown measures in place, especially in Kampala (Mbewa, 2020).

Further easing of lockdown restrictions were announced in mid-November, including allowing mass gatherings for churches, political rallies, meetings and weddings for up to 200 people as well as re-opening casinos, gyms, massage parlours and mobile markets (Etukuri, 2020). Others pointed out the violations of COVID-19 regulations during the ongoing election campaigns ahead of the January 2021 general elections as the cause for the surge in infections (Anadolu Agency, 2020). Human Rights Watch pointed out that authorities have used COVID-19 regulations as a pretext for rights violations and suppression of the opposition and the media, including arresting journalists, opposition candidates and politicians, and dispersing crowds gathered at opposition rallies with rubber bullets and tear gas. On November 18, 2020, at least 45 people were killed and over 800 arrested in

protests erupting after the arrest of opposition candidate Robert Kyagulanyi, which presents one of the deadliest protests the country has seen during the past decade (Ntale, et al., 2020)

As of January 5, 2021, Uganda registered a cumulative figure of 36,702 COVID-19 cases, including 12,494 recoveries and 294 deaths. This indicates the continued surge in cases, as the positive COVID-19 cases increased overall by 88% in the last three months (CGTN Africa, 2021). It is argued that the increase in COVID-19 in Uganda and Africa overall, rather than a second wave is most likely a consequence of lockdown relaxations, which allowed the initially predominantly urban outbreak to spread increasingly into rural areas. Additionally, WHO-Africa stated that the pandemic and lockdowns have seriously impacted health services, such as immunisations, maternal health care and malaria treatment (Waruru, 2020). At the same time, the UN's Office of the High Commissioner for Human Rights (OHCHR) expressed concern about the deterioration of the human rights situation in Uganda ahead of the parliamentary and presidential elections scheduled for January 14, 2021 and for the post-electoral period. Reported rights violations include cases of arbitrary arrest, detention and torture of opposition candidates and supporters. OHCHR also raised concerns over the utilisation of COVID-19 restrictions to diminish and discriminate against opposition electoral campaign activities (UN News, 2021).

Regarding access to COVID-19 vaccines, in the beginning of January 2021 the Ministry of Health was still negotiating price, as talks between the COVID-19 Global Vaccine Access (COVAX) Facility and the different manufacturers continued (CGTN Africa, 2021). The COVAX Facility includes a total of 92 low- and middle-income countries and aims to guarantee rapid, equitable and fair access to COVID-19 vaccines by at least covering a part of the vaccine cost for low- and middle-income countries. The facility is part of the COVAX pillar of the Access to COVID-19 Tools (ACT) Accelerator, which is a global collaboration to accelerate the development, production and equitable access to COVID-19 tests, treatments and vaccines, co-led by the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance (previously the Global Alliance for Vaccines and Immunisation) (Berkley, 2020).

2.1.1 THE REAL IMPACT OF COVID-19 IN UGANDA

While the extensive governmental lockdown has led to significant lower direct morbidity and mortality numbers, the socio-economic impact is expected to heavily outweigh the public health impact of COVID-19 in Uganda (Development Initiatives, 2020). The prolonged closure of businesses and schools, restriction on travel, public and private transport, a night-time curfew and social distancing measures have had a severe impact on the economy and people's livelihoods and well-being. It is estimated that 3.15 million people could fall deeper into poverty, adding to the 8.7 million Ugandans already living below the poverty line. This would result in a quarter of Uganda's total population living below the poverty line, which symbolises the threshold of income deemed adequate in a particular country (World Bank, 2020). The decline in economic activity is expected to increase food insecurity, while simultaneously increasing other vulnerabilities, especially of marginalised and vulnerable populations.

Education has been identified as one of the main variables to reduce poverty and increase resilience at the household level, but due to the closure of all educational institutions, all school-going youths (in this case referring to all children and young adults that were enrolled in and regularly going to school before) in Uganda are not attending school in person. The loss of time in school is expected to hit the poorest the hardest, which due to the economic decline are struggling the most to pay school fees (UNDP-Uganda, 2020).

With over 8 million people are living below the poverty line in total, the governmental COVID-19 relief programmes, for example food aid have primarily been focussed on the 1.5 million urban poor people living in Kampala and Wakiso district. Additionally, governmental business support is focused on the formal sector, which means that they will not reach the most poor and vulnerable Ugandans, as most of them tend to work in the informal sector. This is expected to further increase the gap between urban and rural populations. Additionally, poor Ugandans are more likely to rely on governmental free healthcare programme and have experienced reduced access to primary healthcare during COVID-19. This resulted in an increase of preventable deaths during childbirths and deaths from preventable diseases like malaria. Access to family planning and other healthcare programmes has also been reduced (Development Initiatives, 2020).

Additionally, COVID-19 poses the risks of exacerbating existing gender inequalities as well as (sexual and) gender-based violence ((S)GBV) and violence against children. Prior to the lockdown, 46% of women in Uganda have experienced physical violence and live in fear of their current or most recent partner. Due to stay-at-home orders, many people are trapped with violent partners at home and due to security, health and income worries, tension in homes increased, increased alcohol consumption and have instigated a surge in violence and increased abuse of alcohol, which in turn instigated surges of violence at the household level (Lindgärde & Houinato, 2020). At the same time, abuse against men was reported due to their inability of providing for their families, including openly embarrassing them before their children. Increased rates of divorce or separation was noted as well as abandonment of terminal ill family members, for example due to cancer or diabetes as health facilities could not be easily accessed (Daily Monitor, 2020). Moreover, it is expected that COVID-19 will further exacerbate the inequalities that girls were already facing before the pandemic, regarding access to education and health care, livelihood opportunities and household roles. A survey conducted in Uganda by Plan International UK reported an increase of sexual exploitation of girls to obtain goods and money. Other findings include the increased burden on girls, due to being responsible for household chores and taking care of younger siblings as well as an increase in child marriage and teenage pregnancy (Plan International UK, 2020).

2.2 THE RESEARCH LOCATION: KARAMOJA REGION, NORTHERN UGANDA

The impact of COVID-19 and the governmental lockdown on populations in Uganda is expected to differ per region, due to existing disparities in terms of overall development, household income and opportunities (UNFPA, 2018). Figure 2 depicts the region of Karamoja and its districts, including the research district Napak, with the location of the region in Uganda inset.

Karamoja is an arid region in the north-east of Uganda, where 61% of the population were already living in absolute poverty before the COVID-19 outbreak. The region is classified as one of the world's poorest with high levels of food insecurity, stunting and lack of access to food (UNFPA, 2018). The Karimojong, a Nilotic ethnic group relying predominantly on (agro)pastoral livelihoods are the main group inhabiting the region. Karimojong are further divided into sub-ethnic groups, which are disaggregated by territorial sections. The origins and creation of those sub-groups can be traced back to migration patterns and clashes with other ethnic groups that led to the settlement of different groups in different territories. A total of 10 sections can be identified, including the Matheniko, Bokora, Pian and Jie (Novelli, 1988). The Karimojong follow traditionally pastoralist livelihood strategies. However, pastoralism is not only a production system, but closely linked with cultural identity, in which livestock are social and cultural assets as well as economic assets, by providing food and income for the family. Different forms of pastoralists exist but are united by depending largely on livestock for their food and income. The variations include aspects of ethnicity and socio-cultural set-ups, production forms and strategies. It also includes agro-pastoralism, which involves both, livestock production as well as crop farming (Waiswa, et al., 2019).



Figure 2 Map of Karamoja region and districts (UNFPA, 2018)

Box 2: Definition of (agro)pastoralism:

Pastoral systems are those in which at least 50% of the gross household income is derived from livestock related activities, while agro-pastoralism refers to a system in which more than 25% of the gross household income is derived from livestock related activities, but less than 50% and the remaining income is generated through agriculture activities (Swift 1988 as cited in Waiswa, et al., 2019)

The importance of either of the two systems on household level depends on factors such as rainfall, (cattle)market prices and household labour. Pastoral areas constitute around 44% of Uganda's total mass and around 10% of the country's population are pastoralists. While different pastoral groups exist in Uganda, the government has only recognised the Karimojong and the Karamoja region as pastoral. For pastoralists, livestock presents a central aspect to social, economic and cultural livelihoods and relies on strategies such as herd mobility, diversification (of livestock species), active management of age structure and sex ratio (most often a high proportion of female livestock) and herd splitting to be adaptive to scarce natural resources and climate, economic and political changes (Waiswa, et al., 2019). Due to several factors (further described in section 2.2.1), the region is impoverished and marginalised compared to the rest of Uganda and has experienced long-term insecurity and protracted crisis.

Box 3: Definitions of Conflict and Protracted Crisis

Conflict describes a situation in which one or more people or actors have, or perceive that they have, incompatible goals and act on this incompatibility in some way. Conflict does not have to be violent, but violence can be a response to a situation of conflict. A latent conflict describes a situation in which tensions exist, but the situation has not (necessarily) escalated into violence (Saferworld, 2010).

The term protracted crisis describes a situation in which significant proportions of the population is acutely vulnerable to death, disease and disruption of livelihoods over a prolonged period of time, with usually a weak governance and limited state capacity to respond or mitigate. Food insecurity is the most common manifestation of protracted crises (FAO, 2010).

2.2.1 THE PROGRESSION OF VULNERABILITY IN KARAMOJA

The Pressure and Release (PAR) model, depicted in Figure 3 is used to understand the progress of vulnerability in Karamoja, including the root causes, dynamic pressures and unsafe conditions, which together with the natural hazards lead to the existing disaster risk in the region. The model offers a structured overview of the analysis of the regions background and context provided below.

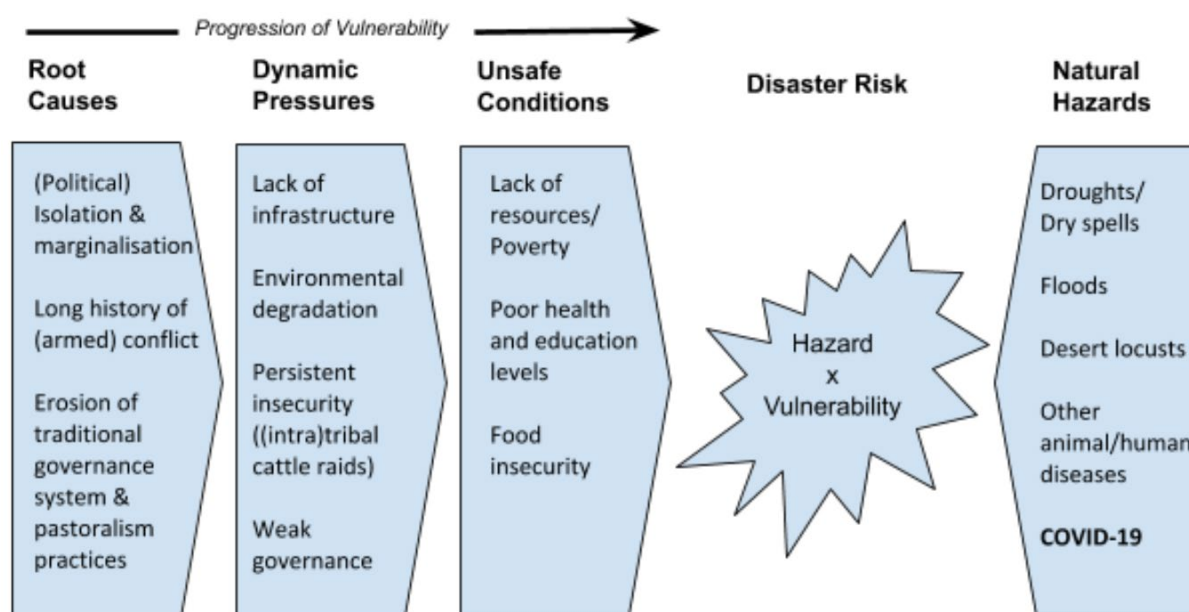


Figure 3 Pressure and Release Model of Karamoja

(Disaster) Risk can be defined as **Risk = Hazard x Vulnerability**. The right side of the model lists the prevalent hazards that occur in Karamoja, while the unsafe conditions, dynamic pressures and root causes form the vulnerability of people. This does not provide a quantifiable breakdown of the disaster risk, but provides a conceptual backdrop to understand the complex components of risk. In the case of Karamoja, the pre-COVID-19 disaster risk can be understood as high, due to the many different types of hazards, such as floods, droughts as well as human and animal diseases or plant pests regularly occurring in the region. People have a very limited ability to cope or withstand these hazards, due to the prevalent unsafe conditions of poverty, poor health and education levels as well as food insecurity. The dynamic pressures include a general lack of infrastructure, environmental degradation, persistent insecurity and weak governance further undermining people's ability to cope, withstand and recover from disasters. Root causes, such as the long history of (armed) conflict, (political) isolation and marginalisation which led to the erosion of traditional governance systems and pastoral practices

built the unstable foundation to the disaster risk landscape in Karamoja. When including COVID-19 and the lockdown into the equation, a further decay in conditions in Karamoja, based on the previously highlighted expected and already observed impacts of COVID-19 and the lockdown in Uganda can be expected. In the longer-term, especially together with the likely increase in extreme weather events and other hazards due to climate change can further deteriorating conditions in the region, including increased likelihood for conflict and further decreasing food security can lead in the longer term and worst cases to (wide-spread) famine or a further decrease of security until open, armed conflicts break out.

Below, the main points mentioned in Figure 3 are in detail explained and related to each other, to provide the reader with a better understanding of the historic developments and diverse factors that influence a persons life in Karamoja.

Historically, a hostile relationship between the Karimojong and other ethnic groups in Uganda, alongside various governments of Uganda existed and led to a long period of (armed) conflict in the region since Uganda's independence from the United Kingdom in 1962 (Odhiambo, 2003). However, the beginning of the conflicts in Karamoja can be traced back to colonial times when much of the land traditionally belonging to the Karimojong was lost to the British through pacification. The borders between Kenya and Sudan were redrawn, which left much of the Karimojong's grazing regions outside Uganda and lead to their expulsion from newly formed game parks, reserves and protected forests. Karimojong were forced to sell livestock as a coping mechanism and it was furthermore confiscated by the British to pay colonial taxes. This, together with the loss of access to important grazing areas can be seen as some of the historical root causes that led to the impoverishment of the region (Muhereza, 1998). Karamoja was isolated and marginalised by the British colonial rulers, as it was for much of the time under military occupation. Little changed under the newly independent government of Uganda, which passed the 1964 Administration of Justice (Karamoja) Act establishing the region as under military occupation, effectively allowing the government to treat Karamoja as a war zone, where the normal principles of democratic governance do not apply. The isolation during colonial times and the differentiation in treatment of the Karimojong by the political leadership both, pre - and post-colonial times resulted in the Karimojong having little affinity with a common sense nationality with the rest of the population in Uganda. In turn, the rest of the population have long upheld many stereotypes against the Karimojong, including perceiving them as 'marauding warriors' or 'backwards' (Odhiambo, 2003).

The collapse of the Amin regime in 1979 led to the proliferation of guns amongst the Karimojong from deserted military barracks in the region and was further enabled by the years of unrest and insecurity between 1979 and 1986, which included cross-border trading of arms by the Sudan People's Liberation Army (SPLA) from southern Sudan. It is estimated that by 1998 around 15,000-35,000 guns in Karamoja were owned by civilians (Wangoola 1999 as cited in Odhiambo 2003). Intertribal cattle raids have a long history in Karamoja, and different traditional motives for the practice exist, such as restocking after loss, needs for marriages or alliances and territorial expansion. However, the use of firearms escalated the situation. In addition to the intra-ethnic conflicts within Karamoja, cross-border conflicts between the Karimojong and the Turkana and Pokot in Kenya as well as Toposa and Didinga in South Sudan have been furthermore complicating and increasing the insecurity in the region. Firearms had been more widely available to the Turkana before the Karimojong accessed them. Due to this, for a long time the Karimojong had been more vulnerable for raids from neighbouring Kenya and felt the need to protect themselves with firearms in kind. Various government-led disarmament campaigns had been initiated to solve the persistent insecurity and gun-related violence in the region. Disarmament initiatives were launched in the years 1945, 1953, 1954, 1960, 1964, 1984, 1987, 2001 and in 2006, with each not only proving ineffective, but leading to escalations of violence. The campaign in 2001 proved to be especially damaging for the greater social cohesion between the different sub-ethnic groups of the Karimojong. Although the campaign was initially voluntary, it became forcible after some time and involved violence and human right violations, including the torture and killing of unarmed civilians by the Uganda People's Defence Forces (UPDF).

Disarmament was unequal between the different sub-ethnic groups. While the Bokora surrendered around 44% of their firearms, the Jie or Dodoth, surrendered only around 27% and 20% of their firearms, which increased the

unequal power relations amongst communities. The rapid departure of the army due to the deteriorating security situation in the west of Uganda led to many communities being without alternative protection and rendered the region and specific communities vulnerable to attacks and raids from other (sub-)ethnic groups. These negative experiences strongly influenced the success of the 2007 campaign and led to displacement in the region, in turn causing a further deterioration of social cohesion (Bevan, 2008). (Livestock -related) Conflicts and insecurities have persisted in Karamoja until today and are intensified due to anti-pastoral policies, political isolation and forced settlements (The Independent, 2020). A re-emergence of armed cattle rustling was noticeable during the second half of 2019, which is leading to a deterioration of security in the region once again. Napak especially has seen a strong increase of armed cattle rustling, which led to the displacement of over hundreds of people. Mostly housed in incomplete structures or community halls, which are often insufficiently equipped regarding sanitation and make social distancing difficult, which is threatened to increase the spread of COVID-19 (Wanyama, 2020). Inter-district and inter-tribal cattle raids have increased and the current unrest in Karamoja is furthermore impacted by raiders coming from neighbouring Kenya and South Sudan, which led to calls by local leaders to request the government to re-launch disarmament campaigns and provide protection (Opolot, 2020). In response the government employed 3,000 members of Local Defence Units (LDUs), which is a paramilitary troop consisting of local volunteers that receive a four -month military training and operate under the army, the UPDF. LDUs are supposed to primarily enforce the law in their own communities but are often faced with allegations of indiscipline and brutality, especially again during their enforcement of Uganda's COVID-19 restriction. Their redeployment, together with an increased military presence threatens to further reignite intercommunal tensions, as many come from rivaling groups (Meyerson, 2020).

In step with increasing insecurity in the public domain, violence episodes in domestic settings also increased. GBV and other forms of violence are widespread in Karamoja and disproportionately affect women and girls. Nearly 50% of Karamojong women and girls aged 15 and older have experienced physical and sexual violence, which to a certain degree is culturally accepted. Female Genital Mutilation (FGM) rates are relatively low (with around 6.4% of girls undergoing the procedure) but early child marriage is widely practised (UNFPA, 2018). A report by Save the Children assessed that while the risk of contracting COVID-19 is smaller for children, they are amongst the most vulnerable to the secondary social and economic impacts. Due to the closure of schools and other child friendly spaces, important protection actors are out of reach for many children. A sharp increase in violence and abuse at home against children has been noted, enabled by the increased stress and tensions regarding scarce household assets and resources. The rise in poverty reduced many children's access to food and forced them into often dangerous and exploitative employment to support their family's income. A survey concluded that 56% of responders noted an increase in child labour since the beginning of the lockdown, with Karamojong girls increasingly working in gold mines and boys looking after cattle. Additionally, the prevalence of child marriage and sexual exploitation of children is increasing as a way for families to receive extra income or dowry, which is expected to lead to an increase in teenage pregnancies (Save the Children, 2020).

The erosion of traditional authority and customs are additional root causes for the prevailing insecurity in Karamoja. While traditional authority bodies and justice systems had been suppressed during colonial rule, successive governments of Uganda have exacerbated this trend by establishing centralised governing bodies, which have proved to be ineffective at the local level and are often led by non-Karamojong, with little understanding for or interests in context -specific dynamics. Additionally, the proliferation of guns redefined power and authority structures within Karimojong society. Before, Karimojong elders were the decision makers and sanctioned raids executed by younger warriors. However, the gun changed the power dynamics and nowadays warriors act as both, the decision makers and executors of cattle raids (Odhiambo, 2003).

Years of insecurity and marginalisation by various national governments led to a neglect of the development of infrastructure. Compared to the rest of Uganda, Karamoja is lagging in terms of road networks, electricity coverage, water and sanitation, health systems and educational infrastructure. There is limited access to health facilities compared to the rest of Uganda, whereas 86% of the Ugandan population has access to health care within a 5km radius, this corresponds to only 17% of the population Karamoja. Limited coverage of health units

in Karamoja result in about 20,000 people relying on one unit on average, with one doctor per 50,000 people and nearly 17,000 people per midwife or nurse. Furthermore, Karamoja region is far below all other regions in Uganda in terms of access to and completion of education. Completion of primary school (primary seven) amounts only to 3.5% in Karamoja, compared to the 25% of national average, measured across children age 6-12 years old in 2018. This is influencing the enrolment rates at secondary and tertiary schools and reduces transition rates from primary to secondary education. Gender inequalities are noticeable in terms of access to and completion of education in Karamoja. Twenty five percent of the total population in Karamoja is literate, however 60% of all women are illiterate (UNFPA, 2018).

Environmental degradation is another dynamic pressure impacting Karamoja and further exacerbated by heavy reliance on natural resources. The drylands in Karamoja are classified as one of the most fragile ecosystems in Uganda, with low and unreliable rainfall as well as limited vegetation. Soil erosion and desertification are longer term existing issues and are further exacerbated by an increasing human population density and intensification of agriculture. Overgrazing by cattle, which is furthermore concentrated in smaller areas than traditionally practices (due to the previously explained loss of grazing areas of the Karimojong) is further intensifying the degradation (Olson & Berry, 2003). Moreover, climate change is and will continue to undermine limited resources and increase the frequency and intensity of natural disasters, such as droughts, flooding and prolonged dry spells. Karamoja has only one rain season per year (uni-modal rainfall pattern) in contrast to the two rain seasons (bi-modal rainfall pattern) in other parts of Uganda. The typical rain season in Karamoja lasts from March till October and is often followed by a prolonged and severe dry season. Over the last 35 years average monthly rainfall and temperatures have increased, with a corresponding increase in rainfall variability over the same period observed (Chaplin, et al., 2017).

In addition, the desert locust infestation, which has affected multiple countries in East Africa, the Arabian Peninsula and Southeast Asia since 2019 (Suri, 2020) has re-emerged in Uganda with a second wave at the end of July 2020. Unfortunately, this coincided with the start of Karamoja's only harvest season and poses a severe threat to food security. During August 2020, few swarms of immature locust entered Karamoja from northwest Kenya and specifically spread through the districts of Moroto, Napak and Amudat. It is expected that few swarms continue to arrive from Kenya as small and mobile swarms are persistent in the country's northwest counties of Turkana, Marsabit and Samburu. Undetected swarms are likely to mature and potentially lay eggs towards October, which aided by swarms arriving from Ethiopia, northern Somalia and Yemen could lead to a re-emergence of the threat (FAO, 2020). Besides the current desert locust infestation, multiple other crop pests can affect the region, such as the fall army worm or the maize stalk borer, two types of pest which can lead to widespread destruction of main staple crops (Eninu, 2017). Next to the COVID-19 pandemic the region is often affected by other human and animal disease outbreaks. From the beginning of 2020 until June, the region was affected by a cholera outbreak, which recorded a total of 700 cases and six deaths. The limited Water, Sanitation and Hygiene (WASH) infrastructure and widespread open defecation render the area vulnerable to such disease outbreaks (Taremwa, 2020). The highly infectious Foot-and-mouth disease (FMD) is one example of deadly animal diseases affecting Karamoja. FMD led to a livestock quarantine, which reduced the movement of animals and closed livestock markets from end of 2019 until the end of September 2020 in nine districts in Karamoja and Teso (Ogole, 2020).

The above-mentioned conditions led to persistent food insecurity in Karamoja. The Food Security and Nutrition Assessment of Karamoja from 2018 found that only 56% of households were food secure, with Napak being one of the districts to register the highest level of food insecurity. The prevalence of Global Acute Malnutrition (GAM) of 10.4% and Severe Acute Malnutrition (SAM) of 2.5% within Karamoja is classified as high/serious according to the WHO. Additionally, high prevalence of stunting and under-nutrition has been noted and a gradual increase of these percentages is noticeable since 2010 (Onyango, 2018).

2.2.2 THE GENDER DIVISION OF KARIMOJONG CULTURE

The social structure of the Karimojong is patriarchal and polygamous, with a visible gender and age division of labour. Due to that, conditions and experiences of people vary according to their age and gender. Thus, this sub-chapter will highlight the existing gender division, while Annex 1 provides an overview of the age structure of the Karimojong.

Box 4: Definition of Gender

Gender: refers to the socially-constructed differences and understanding of females and males. They are context and time specific and can change over time within and across cultures. Gender roles describe the socially understood appropriate activities and role for each gender (Global Protection Cluster, n.d.). Gender can vary from sex, which is defined by genetic factors, such as genitalia or type/level of hormones (Newman, 2018)

Gender roles define access to and utilisation of resources, including livestock. Women, supported by young girls are tasked with domestic duties, taking care of new-born livestock and dairy as well as sheep or goat herding, as they are kept closer to the family home. Additionally, agricultural production is traditionally the role of women. Men are owning the livestock and are the main decision makers. Elder ones are tasked with protecting the animals and communities from raids, attacks and other threats, while the young ones are responsible for herding the animals. Hence, gender relations have an impact on the lives of women, children and men at the household level (Waiswa, et al., 2019). Karimojong children are expected to contribute to their family's livelihoods through labour and income-generating activities, called *elejilej*, that are deemed gender- and age-appropriate.

Traditionally, boys from the age of five of six years old are responsible for herding calves, goats and sheep, overseen by older boys. From the age of 10 years, boys can follow men to the *kraals* and graze the cattle. Girls assume their work responsibilities at the same age as boys but are expected to stay with their mothers at the *manyattas* and take over household tasks or give water to livestock. From the age of 10 years, girls would also look after younger children and support boys with livestock grazing and can travel between *manyatta* and *kraal* without supervision. *Elejilej*, are traditionally associated with activities such as cattle grazing, but has recently been more and more associated with children begging in the streets of urban centres or some rural places (International Organization for Migration, 2014).

2.2.3 CHILD MIGRATION

Migration has always played a role in the Karimojong livelihood system, which is traditionally characterised by a dual settlement system. The practice of migration can reduce risks from recurrent shocks on food supply. During the wet season, the whole family traditionally stays at the *manyatta*, which is an enclosed residential area surrounded by a fence of sharp thorns and only one small point of entry. A *manyatta* can house several families and livestock herds and the wet season allows for agriculture and livestock herding close by the *manyatta*. During the dry season, men and livestock move to temporary camps called *kraals*. *Kraals* are in areas which receive more rainfall and provide pasture for livestock during the dry season. While some women and children join their husbands and fathers to the *kraals* to perform household duties and support the tending of animals, other women as well as elders stay at the *manyattas* to prepare for agricultural production and tend to children deemed too young to move to the *kraals*. Hence Karimojong children are exposed to periodic migration and occasional absence of their parents from a young age. Therefore, migration patterns are gender- and age-related. However, due to an overall decrease of access and control of resources in Karamoja and subsequent decay of traditional elements, the migration patterns and practices have evolved. Since the beginning of the 21st century, migration increasingly involves children moving to urban centres for income generation (International Organization for Migration, 2014).

The original rise in child migration to urban centres was enabled through the deterioration of security and stability in the early 2000s and further enabled by the perceived positive experiences of the first wave of child migrants, who returned to Karamoja (International Organization for Migration, 2014). Furthermore, several pull and push factors - what pushes people away from a location and what draws them to a new location - can be identified in the case of (child) migration from Karamoja to urban centres. Figure 4 provides an overview of those factors, with **pink** boxes visualising push factors, and the dark **blue** box referring to pull factors.

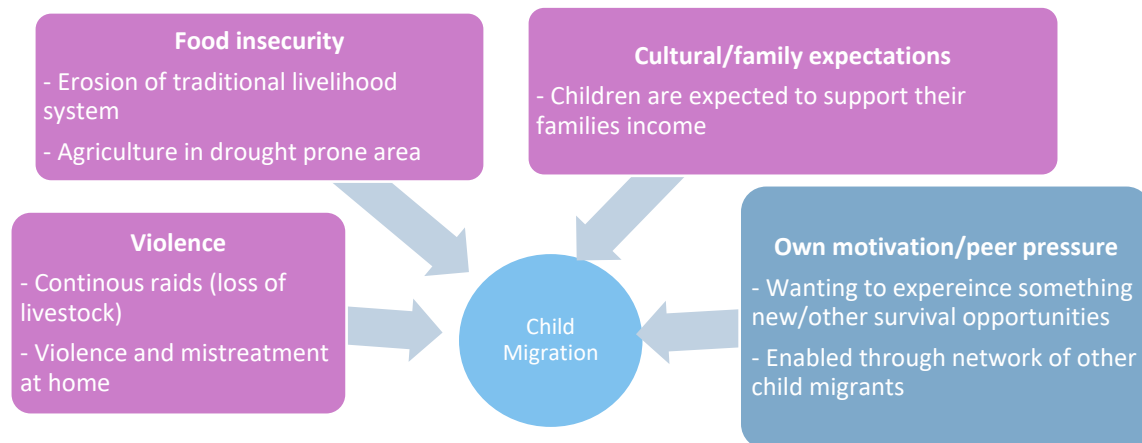


Figure 4 Push and Pull factors enabling child migration from Karamoja to urban areas (International Organization for Migration, 2014)

Child migration is rooted in historic migration patterns, but a rise to urban centres has been especially noticeable amongst communities in Napak, particular among the Bokora. The Bokora had been the first to be in contact with European missionaries which enabled the creation of linkages and economic partnership outside Karamoja and aided the establishment of regular migration routes to urban centres. Additionally, the disarmament was especially successful amongst the Bokora, which led to increased vulnerability against raids from neighbouring communities and subsequent increased losses of livestock and livelihoods (International Organization for Migration, 2014).

2.3 ABOUT AFRICA MISSION - COOPERATION AND DEVELOPMENT (C&D)

Against this backdrop, C&D is working since over 40 years in Karamoja and is currently focussing on the sectors of water development, food security, child protection, drought preparedness, GBV prevention, youth and women development as well as emergency aid. C&D's core thematic program can be structured in three parts, which subsequent overarching goals in each area, as presented in Table 1 (C&D, 2018).

No	Thematic Area	Goals
01	Water and Sanitation	<ul style="list-style-type: none"> Water for human consumption Water for production (livestock and agriculture) Hygiene and sanitation campaigns
02	Livelihood	<ul style="list-style-type: none"> Livestock management Food security Agro-business Disaster risk reduction Environmental degradation
03	Socio-educational	<ul style="list-style-type: none"> Child protection SGBV Women empowerment Health support Youth development and engagement Vocational skills and entrepreneurship

Table 1 C&D's core thematic program (C&D, 2018)

The history of the organisation began in 1972 with the founding of the Christian charity Africa Mission by Don Vittorione, who was inspired to provide relief in the form of material goods and through spreading the Christian faiths to East African countries. The former restaurant owner was inspired and influenced through his friendship with the bishop Don Erico, whom he followed in 1969 to Uganda to work as the administrative secretary in the diocese. He travelled through multiple sub-Saharan countries, met some African bishops and was deeply affected by the living conditions in Karamoja and the work carried out by the Catholic Church. In 1982, after the devastating drought in the late 1970s in Karamoja, the NGO Cooperation and Development was set up with the aim to extend the activities of Africa Mission to development programmes. Today, the organisation has a diverse partner and donor portfolio. In 2018, C&D employed 174 staff in Uganda, out of which were 158 Ugandan nationals. The organisation had around 50 local partners and estimated to reach 111,682 direct beneficiaries as well as 1,200,000 indirect ones. C&D maintains a close relation to their target communities and employs participatory, community-based approaches to deliver its programs and achieve its mission:

"Communities in Karamoja are more self-confident in demanding for their rights and more self-reliant due to sustainable livelihoods."

(C&D, 2018)

Amongst other projects, C&D, together with the Uganda Change Agent Association (UCAA) and Dwelling Places (DP), is part of a consortium implementing a Kerk in Actie (KIA) funded three -year project (2019-2021) called Children at Risk (CaR).

Box 5 The current CaR consortium partners

Uganda Change Agent Association: is a Ugandan, member based voluntary association of development workers, founded in 1993. UCAA provides capacity building for socio-economic development through self-reliant participatory development initiatives, as well as advocacy and networking for communities (UCAA, 2018)

Dwelling Places: is a Ugandan, Christian NGO focussing on the rescue, rehabilitation, reconciliation and relocation of street children, abandoned babies and high-risk slum families (Dwelling Places, n.d.).

The CaR project aims to support the sustainable resettlement of street children and their families back at home, through an empowered community able to demand and access social services and their rights. UCAA is the lead organisation of the consortium, while the project management structure includes the chief executives from all three partner organisations. The organisation oversees the action taken by the partners and manages the overall grant provided by KIA, including monitoring, evaluation and reporting as well as organising joint partner activities and meetings. DP is responsible for providing immediate rehabilitation services to children rescued from the streets, including the provision of shelter, medical care, food and counselling, while also providing support at the drop-in/transit centres in preparation for the children to return home. C&D takes over the reintegration of rescued children into their families, by providing family counselling, pre-visits and home assessments to consider safe integrations as well as supporting the children's return to formal education or access to vocational training. Next to DP and UCAA, C&D is working together with relevant local governmental actors, such as the Child and Family Protection Unit (CFPU) and Local Councils (LCs), which are a form of local elected governments within the districts of Uganda, to identify migrating children and their families as well as raising awareness on the issue of child migration (UCAA, DP, C&D, 2018).

However, COVID-19 and lockdown measures have hindered the consortiums normal programme delivery and reduced the direct access and exposure to target communities on the ground. As multiple implications are expected to arise for communities due to the pandemic and governmental lockdown, C&D is lacking in-depth information of the impact on their target groups, compared to non-target groups to be able to design an appropriate response to emerging needs for the final year of the project.

2.3.1 BRIEF HISTORY OF THE CHILDREN AT RISK PROJECT AND THE CONSORTIUM

The current project is a successor of two former CaR projects. Between January 2013 until December 2015, the first CaR project was realised through a consortium under the leadership of African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) Uganda Chapter. Additional partners were Uganda Child Rights NGO Network (UCRNN), Katwe Youth Development Association (KAYDA), Katakwi Children's Voice (KCV), DP and C&D. The program built upon the expertise from the different partners as DP and KAYDA were working with children in Kampala and transferring them to Karamoja, where C&D and KCV were working on reintegration and resettlement of the children in their communities. ANPPCAN and UCRNN were responsible for advocacy and lobbying to engage governmental actors on local, district and national level. The project was funded through the Inter Church Organisation for Development and Cooperation (ICCO) and KIA, which have been working with local partners in Karamoja and in 2006 began to focus on conflict transformation programs, focussing on non-violent change processes that build sustainable conditions for peace and justice (ANPPCAN Uganda Chapter, 2012)

The second CaR project was implemented between January 2016 until December 2018 again under the leadership of ANPPCAN, as well as with C&D, KAYDA, DP, KCV, UCAA and the Pentecostal Assemblies of God – Karamoja Integrated Development Programme (PAG-KIDP). Lessons integrated from the first CaR project included the prioritisation of child migration prevention by engaging governmental actors, strengthening parental skills and the awareness of child rights as well as providing basic services related to health, education, food security and peace. Additionally, families and communities were stronger involved in the reintegration process as well as education and trainings offered to support the creation of sustainable livelihoods. Former roles and responsibilities of the consortium partners mostly remained and the newly added partners, UCAA and PAG-KIDP were responsible for the development and maintenance of an up-to-date database of reintegrated children and the ones re-migrating to assess the effectiveness of the program. Additionally, UCAA was responsible to train reintegrated children in entrepreneurship and skills such as carpentry and tailoring (UCAA, 2016)

3 PROBLEM DEFINITION

The problem definition summarises the to be addressed problem by the research, based on the provided background.

The consortium of UCAA, DP and C&D represents a certain level of aid localisation in Uganda. However, the consortiums program delivery and coordination as well as access and exposure to its target communities of (agro-)pastoralists communities in Napak district, Karamoja, northern Uganda has been impeded due to COVID-19 and the governmental lockdown. Due to this, **information regarding impact on target communities as well as benefits, downfalls, arising opportunities and challenges for (further) aid localisation is missing**, to design adequate response strategies to the emerging needs, as well as offering possible long-term solutions for a region historically dependent on foreign aid, protracted crises and continuous marginalisation, poverty and food insecurity.

4 RESEARCH OBJECTIVES

For the research to address the above-described problem, interim and final research objectives are formulated to guide the process.

INTERIM OBJECTIVES:

- a) To analyse the impact of COVID-19 and the subsequent governmental lockdown on (agro-)pastoral communities in Napak districts, Karamoja regarding livelihoods, food security and the prevalence of violence, disaggregated by GAD.
- b) To evaluate the impact of COVID-19 and the governmental lockdown on C&D's, the consortiums and other relevant stakeholders' operational capacities and program delivery.

FINAL OBJECTIVE

To identify opportunities and challenges for the localisation of aid to adequately respond to the needs of (agro-)pastoral communities in Karamoja, exacerbated by COVID-19.

5 RESEARCH QUESTIONS

Following, the research objectives are broken down into main- and sub-research questions (SQ):

Which advantages and disadvantages does the localisation of aid provide to respond to pre-existing and emerging needs from COVID-19 and the governmental lockdown for (agro-)pastoral communities in Napak, Karamoja?

- **SQ1:** What is the impact of COVID-19 and the governmental lockdown on livelihoods and food security as well as the prevalence of violence amongst (agro-)pastoral communities in Napak, disaggregated by GAD?
- **SQ2:** What is the impact of COVID-19 and governmental lockdown measures on livelihoods and food security of as well as prevalence of violence amongst (agro-)pastoral communities in Napak, as perceived by C&D, its partners and other context relevant actors?
- **SQ3:** What is the impact of COVID-19 and the governmental lockdown on the organisational capacity of C&D, the consortium and other context-relevant stakeholders, and how did they adapt and respond to emerging needs?
- **SQ4:** What context specific opportunities and challenges exist for - and are perceived by - C&D, its partners and other context relevant stakeholders for the localisation of aid in Karamoja to adequately respond to the arising and pre-existing needs of (agro-)pastoral communities in Napak?

6 LITERATURE REVIEW AND CONCEPTUALISATION

To get a first understanding on the topic of aid localisation, a literature review was conducted, which leads to the conceptualisation of the research. For this purpose, a brief review on the history of the aid sector and of the concept of aid localisation including its most important definitions is provided to unravel research relevant elements. Additionally, a short review of the baseline study of the CaR project is provided, to give an overview of the conditions and the context at the beginning of the project. The baseline study is later one used as the main source to compare the findings of this research and come to conclusion about the impact of COVID-19. In the following, the sub-research questions, as stated in chapter 5, were used to structure the conceptualisation and unravel each relevant concept, which build up the research specific conceptual framework.

6.1 THE LOCALISATION OF AID, ITS REASONS AND BENEFITS

The idea behind aid localisation is not new but becomes increasingly accepted by international stakeholders and Civil Society Organisations (CSOs) **as necessary to deliver effective and adequate assistance to affected people as well as to support the empowerment of affected people and sustainable development**, by addressing multiple challenges the humanitarian sector is facing (Patel & Van Brabant, 2017).

During preparatory consultations for The World Humanitarian Summit 2016, the concept **of aid localisation was highlighted as a solution to the growing humanitarian funding gap** (Patel & Van Brabant, 2018). The High-Level Panel on Humanitarian Financing Report to the Secretary-General (2016) pointed out that the total amount spent today on life-saving assistance to crisis's and disaster affected people has sharply increased by 12 times over the last 15 years. However, the number of affected and in need people has also risen to about 125 million people, which results in a funding gap of an estimated US\$15 billion. In 2014, the biggest world humanitarian budget was spent, but it was also the biggest shortfall, resulting in only 62% of global needs being met (High-Level Panel on Humanitarian Financing, 2016).

The impact of COVID-19 on the humanitarian sector increased awareness once again and depicted the need for fast, local responses due to international travel restriction and lockdowns. The COVID-19 Global Humanitarian Response Plan (2020) by UNOCHA, refers through several links to the Grand Bargain commitments to effectively respond to the crisis (IASC, 2020).

Moreover, the pandemic also gave space to greater social discussions. It shed renewed light on the western monopoly on power and unequal global structures. The simultaneous occurring rise of the Black Lives Matter (BLM) movement, a global, but mostly focussed on the United States political and social movement renewed the humanitarian sectors focus on its own structural problems. Calls for the empowerment of global south-countries and to achieve fundamental structural changes within the aid sector to be able the meet the needs of the 21st century, are being raised (Currion, 2020). However, there is **no single definition of aid localisation and various actors translate the concept differently into actions**.

6.1.1 AN OVERVIEW OF THE HISTORY OF HUMANITARIANISM AND THE HUMANITARIAN SECTOR – ITS SHIFTS AND TRENDS

To understand trends and shifts in the humanitarian sector, specifically why aid localisation is being put on many current agendas, it is important to understand the sectors own (ideological) history. Different approaches to structure the history of the sector exist, and it is possible to identify different ideologies throughout the sectors history which separate different periods from each other. Barnett (2011) pointed out three distinctive 'ages of humanitarianism': from the early nineteenth century until World War II, in which an *imperial humanitarianism* was applied, from World War II to the end of the Cold War era, in which a *neo-humanitarianism* was present and from the end of the Cold War until now, where a *liberal humanitarianism* is applied (Barnett, 2011).

During the *imperial humanitarianism* period which coincided with colonialism and the great power war, the local sense of community was destroyed and enabled single persons to imagine new kinds of obligations to others. Based on the belief that Christianity and the West defined the values of the international community, humanitarians aimed to reduce human suffering through Christian compassion. The Geneva convention and the International Federation of the Red Cross (ICRC) mirrored the Eurocentric idea of the international community. World War I saw unreached (quantitative) suffering in Europe and led to states becoming involved in humanitarian action (Barnett, 2011).

With the end of World War II, the age of *neo-humanitarianism* began, which also saw the decolonisation period and the Cold War era, overlaying the delivery of aid to more populations by superpowers fighting about the world order. The end of colonisation and rapid withdrawal of former colonial powers left a vacuum in the newly independent states, which was quickly filled by superpowers and (I)NGOs aiming to bring 'development to backwards populations. While the ideology of the previous age could be described as infantilising (treatment of someone as a child or in a way that denies maturity), the new age brought with it a paternalizing ideology, the interference with a person's liberty of action, justified exclusively with the welfare, happiness or needs of the person whose liberty is being violated. The age also gave rise to the claim of universal jurisdiction, with principles such as impartiality, neutrality and independence. However, the power structure between northern and southern states was obvious and crimes against humanity, for example in Cambodia and Biafra, made it obvious that aid agencies were part of the war and that true impartiality was nearly impossible to achieve (Barnett, 2011).

After the end of the Cold War era and lasting until today is the age of the *liberal humanitarianism*, which aims to create liberal peace to remove the causes of violence in a context in which human security and ethnics, religious and nationalist conflict co-exist. After the attack in the USA on September 11, 2001, superpowers and international organisation identified poverty and despotism as breeding grounds for terrorism. Hence, saving 'failing' states became a human security issue. Globalisation made the gap between rich and poor obvious and the fear grew that the poor would revolt if their needs were not addressed. At the same time, globalisation led to a growing form of provincialism as an answer to the globalising forces that were seen as the destroyer of tradition and cultures. However, a heightened sense of global community was formed at the same time, exacerbated by technological revolutions regarding transportation and communicating (Barnett, 2011).

Next to Barnett, also other authors, such as Walker and Maxwell (2009) identify the world wars as distinctively shaping the humanitarian sector, by classifying the Cold War era as 'mercy and manipulation' and the 1990s as 'the globalisation of humanitarianism'. While slightly different, a working paper by the Humanitarian Policy group (2013) identifies four main periods of the modern humanitarian history. The mid-nineteenth century until the end of the First World War era in which humanitarianism was centred around the work of Florence Nightingale and Henry Dunant in emergency response. The 'Wilsonian' period between and including the two world wars, where the emphasis was put on self-determination of people and spread of democracy, followed by the Cold War period, when humanitarian actors focussed more towards non-Western countries and the development paradigm emerged and lastly, the post-Cold War period, when geopolitical changes reshaped the humanitarian landscape to the current order (Davey, et al., 2013).

While the humanitarian sector has always faced new, emerging problems, globalisation brought with it increasingly complex humanitarian emergencies, civil wars and protracted crises. Many different objectives are included under humanitarian action, such as saving lives and reducing human rights abuses, reducing poverty and inequalities or contributing to resilience and strengthen markets. All the different agendas tug the sector in different directions, and some have tried to establish boundaries for the sector, by distinguishing between humanitarianism and development work. However, humanitarian work, as the protection of life and dignity and development, as the attempt to create sustainable and enabling structures around peoples live, have little effect without each other, especially in protected crisis settings. In recent years, several attempts to close the gaps of the sector have emerged. After the introduction of the Sustainable Development Goals in 2015 and the attempt to link humanitarian action to them, the World Humanitarian Summit in 2016 proposed the adoption of a 'New Way of Working', which at a minimum, does not only involve addressing the immediate symptoms of a crisis, but

also the underlying dynamics and root causes (Maxwell & Gelsdorf, 2019). However, to adopt a new working approach, the ideals and underlying values of humanitarian actions itself must be understood.

POLITICS OF PITY

As the humanitarian sector developed and changed over the years in accordance with geopolitical events, so did the understanding of humanitarianism itself. While power hierarchies have always been present in humanitarian action, historically agencies focussed more on the power that others, specifically states and donors had over them, than on the power that they had over others. To avoid realising the interests of other actors and follow their own values, the sector came up with four principles:

- **Humanity:** giving attention to all humans
- **Impartiality:** providing assistance is not depending on factors such as nationality, religion or gender
- **Neutrality:** refraining from actions that either benefits or disadvantages a party involved in the conflict
- **Independence:** not connecting assistance to any of the parties directly involved in the conflict

These principles are used to create the humanitarian space, in which humanitarian organisations can operate outside political agendas and work in the interest of, and in solidarity with, their target populations, also often referred to as ‘the beneficiaries’. However, alone the notion of a beneficiary entails a power hierarchy between the one that chooses to be altruistic and the ones given no choice but to accept the support received gratefully. These ‘politics of pity’ create distance between the ‘observer’ and the suffering ‘object’. The paternalism of humanitarianism has been acknowledged in some form or the other over the years and it important to point out that paternalism is not always bad, as on many occasions local communities request aid. However, humanitarian agencies frequently act without asking the recipients what they want, which is often justified due to obvious needs, and time and resource constraints, and at the same time often arrive in highly deprived environments with various privileges and resources that make any attempt of consent inherently problematic (Barnett, 2011).

This has led to several calls and attempts to reform the sector as well as the development of several standards aiming to improve the work of the humanitarian sector. The Red Cross and international non-governmental organisations (INGO) Code of Conduct as well as the Sphere standards and The Core Humanitarian Standard all commit to supporting the build-up of local capacities and to build on community-based initiatives. Therefore, the notion of aid localisation, in the form of ‘building on local capacities’ has been present since decades in the humanitarian sector and is based on the increasing understanding of the limits of the sector itself to respond to the current needs and changing risk and crisis context of a globalised world (Patel & Van Brabant, 2018). It is also important to notice that the aid sector, as rooted in colonial history continues to uphold unequal power dynamics between (mostly) northern INGOs and donors towards the global south. The post-World War II era of international aid was built on unequal power relations and systemic racism. And while the system aims to be rooted in neutrality, it cannot be separated from the politic and power relations of the current world order. Hence, for the humanitarian sector to be effective in responding to the needs of the 21st century, and to support the empowerment of global-south countries, fundamental structural changes within the sector are needed (Currien, 2020).

6.1.2 THE GRAND BARGAIN AND THE LOCALISATION OF AID

The Grand Bargain is an agreement between some of the largest donors and humanitarian organisations to improve effectiveness and efficiency of the humanitarian sector. The agreement was set up after the World Humanitarian Summit 2016 and highlights within its strategy priorities and response approach the role of local and community-based actors as essential to foster participation to understand the situation and needs arising from COVID-19 for communities. Additionally, community engagement is seen as a key factor to ensure operations’ accountability to affected people and is seen as an essential part of the humanitarian response. Furthermore, national and local NGOs, as referred to in the Grand Bargain, should be at the centre of humanitarian operations.

Due to the global COVID-19 pandemic, and subsequent restriction on international travel and reduction of INGOs capacities to respond, this has become a necessity and has the potential to induce long-term change in the structure of humanitarian aid (IASC, 2020). While the previous set up standards all refer to the need for humanitarian responses to strengthen local capacities to avoid negative effects, three key rationales for aid localisation emerged during The World Humanitarian Summit 2016 again, three key rationales for aid localisation emerged::

- **The financial rationale:** refers to localisation being more cost-effective, as local and national actors are cheaper than international ones. The rationale is supported by the report of the High-Level Panel on Humanitarian Financing, which highlighted the growing financing gap between global humanitarian needs and available funding.
- **The principle rationale** refers to the need of accepting the valuable and necessary work local and national actors provide and that they deserve the same or more attention than international actors.
- **The strategic rationale:** refers to raising the capacity of affected and people to deal with such situations in the future themselves. While victims of violence deserve solidarity, more aid receiving citizens are asserting their pride and autonomy.
(Patel & Van Brabant , 2018)

But this still does not answer what aid localisation entails. Interpretation of the meaning of aid localisation can be broadly organised in two categories: decentralisation and transformation:

- **Decentralisation:** focusses on the issue of increasing centralisation of strategies and financial decision-making. Under this interpretation, localisation can be achieved through enabling strategies, operational and financial decisions to be made close to the affected areas, meaning at least 25% of financial resources should go directly to 'local' actors. Local in this regard refers to the actual proximity of actors to affected people, meaning that national organisations as well as international alliances could also be contributors to the 25% objective.
- **Transformation:** understands localisation as stronger national capacities and leadership. While also arguing that operational and financial decisions should be made by national actors (including the 25% commitment of direct local financing), but also considers the broader historical and systemic issues surrounding aid localisation. It is argued that the dominant presence of international actors directly hampers the build-up of strong and sustainable national capacities.
(Patel & Van Brabant , 2018)

Overall, the Grand Bargain can be related to a transformative interpretation of aid localisation. This becomes clear when considering the above explained history of the humanitarian sector as being rooted in paternalism and a strong north-south focus. The proposed changes under the Grand Bargain's aid localisation would not only address the unequal power structures between northern/international organisations and southern/local partners, but also provide an opportunity to address the underlying paternalism of humanitarian action, by giving more agency to affected communities.

But, while the need for aid localisation is gaining further momentum, a lack of awareness and confusion regarding operationalising the concept of aid localisation exist amongst different actors. This is caused by missing practical guidance as well as different operationalisation processes on global and regional level.

On global level, different reporting mechanism for progress against the World Humanitarian Summit commitments exist, which mostly include self-reporting methods. On regional level, the objective of localisation concerns the inclusion of localisation in design, implementation, monitoring and evaluation of humanitarian programming. Hence, one of the key challenges for successful aid localisation is the existence of indicators to use for action planning, assessing and monitoring progresses made by organisations and countries (Flint & Lia, 2018).

For this research, the START Networks Seven Dimensions of Localisation framework (Figure 5) was used to build the base to define context specific indicators to assess opportunities and challenges of aid localisation for the case study. The Start Network is a network of 50 aid agencies ranging from international organisations to national ones, with the aim to transform humanitarian action through innovation and localisation (Start Network, n.d.). The framework refers mostly to the relationship practices between international and national organisation at the operational level and is based on the network's own experience, research and the Grand Bargain commitments.

RELATIONSHIP QUALITY	PARTICIPATION REVOLUTION	FUNDING & FINANCING	CAPACITY	COORDINATION MECHANISMS	VISIBILITY	POLICY
Respectful and equitable Reciprocal transparency and accountability	Deeper participation of at-risk and affected populations	Quality Quantity	Sustainable organisations and collaborative capacities Stop undermining capacities	National actors have greater presence and influence	Roles, results and innovations by national actors	National actors greater presence and influence in international policy debates

Figure 5 Seven Dimensions of Localisation (Patel & Van Brabant , 2018)

As the research aimed to assess the opportunities and challenges emerging from the localisation of aid for the selected case study, the framework was deemed to be adequate. Its specific focus on the operational level of relationship practices between international and national organisation provides a fitting guide for the assessment of the localised advantages and disadvantages of the consortium to function within the context of COVID-19 and the lockdown in Uganda.

For this research, the researcher, together with C&D, agreed to focus on three of these dimensions, as they are considered to be the most interesting and relevant ones for the commissioner and research context, while they provided an adequate scope for the research's time frame. Following, the three chosen dimensions are briefly explained, and first assessment indicators are defined:

- **Participation Revolution** – fuller and more influential involvement of affected people in what the response provides to them and how.
 - Responses are designed, implemented and reviewed in an empowering way for affected populations.
 - People have an early say in the design and planning phase of the response as well as formal communication, feedback and response mechanism being it place in which communities regularly participate.
 - Donors and operational agencies plan for adaptation.
- **Capacity Enhancement** – more effective support for strong and sustainable institutional capacities, and less undermining of those capacities by international actors
 - Local/national/regional capacity-resource centres are supported and reinforced.
 - Capacity-strengthening efforts are purpose- and need-driven, not supply driven.
 - Organisational or network capacity-strengthening is an ongoing process, not an event – and must be followed by role changes.
- **Coordination Mechanism** – more presence and influence of national governmental and non-governmental actors in coordination mechanism
 - Local/national actors (L/NAs) are actively present in local and national coordination mechanism.
 - Coordination and collaborative environment are enabling for L/NA.

(Patel & Van Brabant, 2017; Patel & Van Brabant, 2018)

6.2 BASELINE STUDY OF THE CHILDREN AT RISK PROJECT

The baseline study was conducted by the three consortium partners in July and August 2019 to assess the status of vulnerability of the targeted children, their families and communities as well as community leaders in the project areas of Kampala, Moroto and Napak, including all five project sub-counties, Matany, Lopeei, Lokopo, Lorengecora and Iriiri. The study included quantitative surveys, Key-Informant Interviews and Focus Group Discussions. In the following, an overview of the main findings regarding asset base, violence against children and access as well as diversity of food² are presented as found in the baseline report. (C&D, DP & UCAA, 2019)

ASSET BASE

The study that 50% of respondents have no formal education, and 26% having stopped at primary level. Forty% of respondents stating that some children of their household, between five to 17 years, are not enrolled at school and that 31% of the enrolled children missed school for about 30 days per term.

The most suffered disease was found to be Malaria, followed by Diarrheal, Typhoid and worms, with Lopeei sub-county having recorded the highest frequency of each disease. Governmental units were used by 59% to access treatment. The majority (41%) had to travel 1.1km to 3km to access treatment, with Lopeei having the highest amount of people having to travel above 3km to access treatment.

Additionally, 61% of respondents were found to use open defecation and 53% where found to not have housing that is adequate safe and dry.

82% replied that the average total income for individuals over the last 6 months was between UGX50,000 to UGX500,000. Figure 6 depicts a summary of households' income sources over the last six months before the study. (C&D, DP & UCAA, 2019)

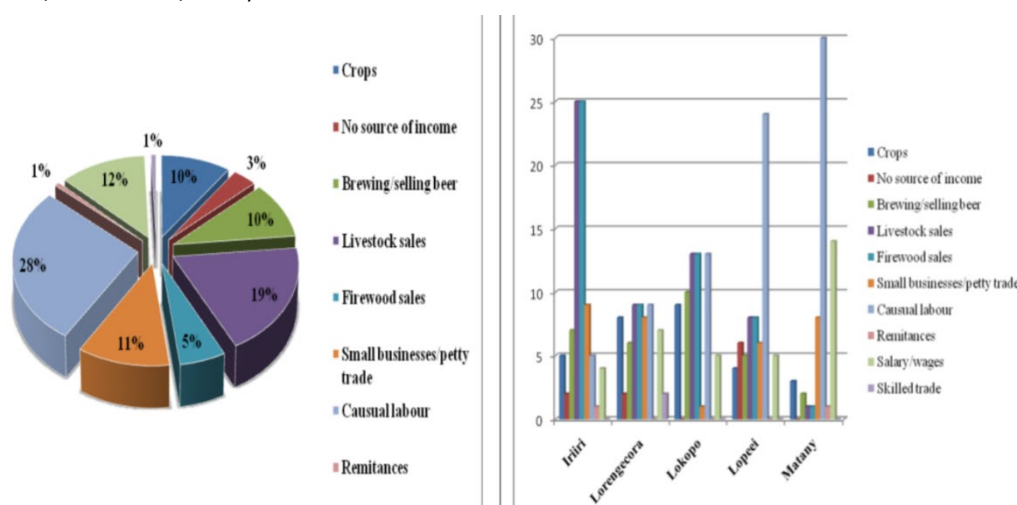


Figure 6 Greatest source of income during the last six months before the CaR baseline study (C&D, DP & UCAA, 2019)

The main sources households spent money on during the assessment period of the CaR baseline study (2019) were food, followed by education, clothes and household assets. Seventy two of all households borrowed money over the last 12 months, with the main reasons of buying food and paying medical bills. VSLAs were the most common source to borrow money from, followed by friends and relatives (C&D, DP & UCAA, 2019).

Overall, 80% of respondents owned some land, with 50% owning between 1.1 to 3.0 acres. The most used their land for crop production, followed by grazing of livestock. Fifty percent of the respondents replied to be in at least one community groups, with the majority belonging to a VSLA. (C&D, DP & UCAA, 2019)

² For more information about the livelihood model including the asset base as well as other research specific dimension refer to chapter 6.3.2

VIOLENCE AGAINST CHILDREN

Regarding Violence against Children, the study found that over the last 12 months, 32% of respondents experienced repeated physical abuse, 20% were involved in child labour and 13% experienced family separation, were chased away or neglected. Four% of all respondents replied to have children in their household who appear depressed, withdrawn or experienced trauma, while 34% indicated to have had a household member so troubled to have required spiritual, emotional or medical assistance. (C&D, DP & UCAA, 2019)

ACCESS TO FOOD AND DIETARY DIVERSITY

The baseline considered several different food-based coping strategies on household level and accessed whether those strategies were employed at all, and how often over a course of four weeks. For example, 79% of all households had to eat smaller meals because of a lack of resources over the last four weeks. Out of those, the majority with 50% worried rarely (1-3 times) over not having adequate. Moreover, 60% of all households replied to have gone a whole day without food, out of which 50% replied that that occurred rarely (1-3 times). (C&D, DP & UCAA, 2019)

Additionally, the study looked at which months households struggled the most to meet dietary needs (Figure 8) and the types of foods eaten by a household over the last 24 hours (Figure 7).

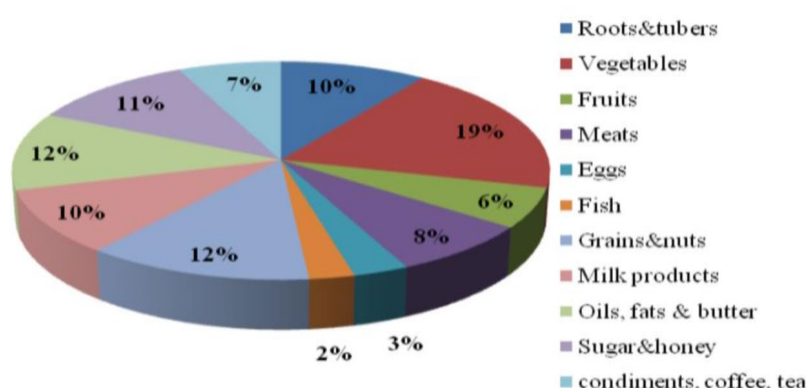


Figure 7 Food types eaten by a household over the last 24 hours (C&D, DP & UCAA, 2019)

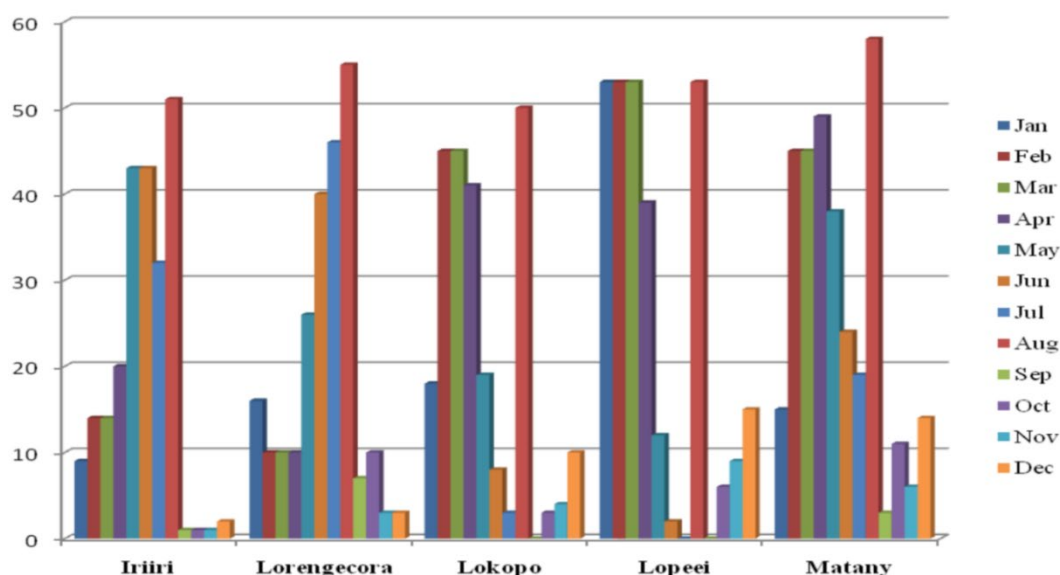


Figure 8 Months of the year in which household do not meet dietary needs (C&D, DP & UCAA, 2019)

The findings of the baseline study match in many aspects the conditions and context in Karamoja, as highlighted in chapter 2.2 and confirms the target groups expected vulnerabilities. For example, related to the prevalence of violence against children, the and overall low existent of assets, such as human, social, financial and physical².

6.3 CONCEPTUALISATION OF SUB-RESEARCH QUESTIONS

The following conceptualisation of each sub-research question provides further details and generates a joint understanding of terms and concepts used in the research. Figure 9 is an overview of this research's conceptual framework to better understand the (inter-)relations of concepts used.

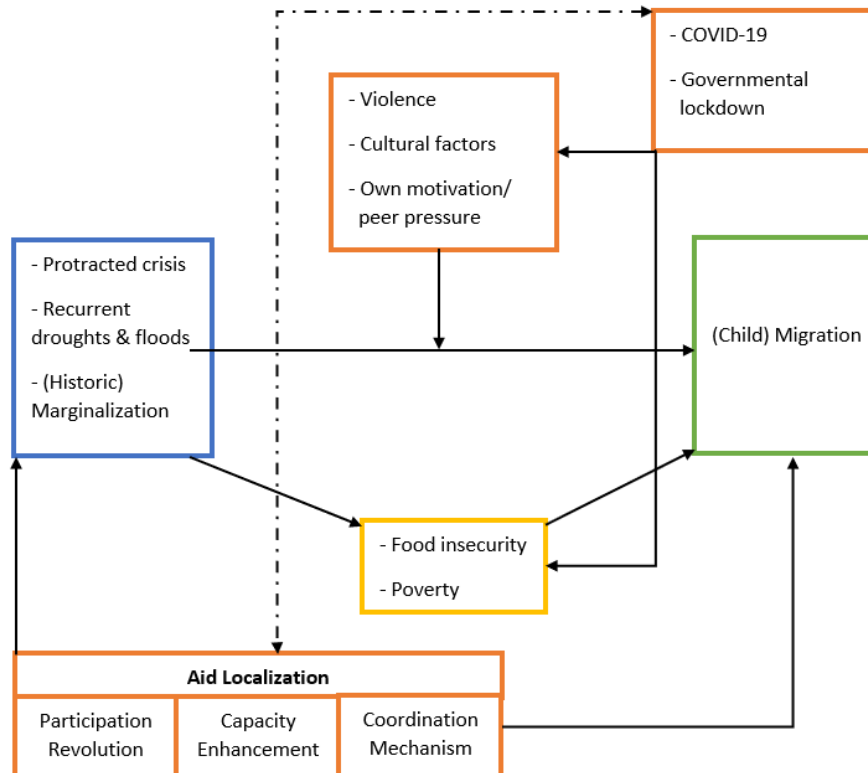


Figure 9 Conceptual framework of the research

Boxes present the variables³ that are being studied in this research, with lines depicting the correlation between the different variables and the arrows portraying the causality of the relationship. The blue box depicts the **independent variable**, which is the explanatory variable of the reason the cause-and-effect relationship exists, while the green box presents the **dependent variable**, which is the outcome of the cause-and-effect relationship. This (simple) relationship is linked through the **mediating variable**, which is depicted in the yellow box. The mediating variable allows for a better understanding of the relationship between independent and dependent variable. The orange boxes present the **moderating variable**, which alters the effect that the independent variables have on the dependent variable (Swaen, 2015).

The long history of protracted crisis and marginalisation (Odhiambo, 2003), as well as prevalence of recurrent droughts, floods and other natural hazards in Karamoja leads to a high occurrence of poverty and food insecurity in the region (FEWS NET, 2020). These factors are leading to the migration of children from the region to urban centres, such as Kampala. This phenomenon is further enabled by the prevalence of violence, both in domestic and public settings, for example in the form of SGBV, child marriage and pregnancies as well as violent cattle raids and general insecurity. The culture of the Karimojong is based on a dual-settlement system and hence a normalisation of migration exists because of families migrating (seasonally) between different locations, which in turn normalises that children spend time away from their parents or are used to travel (long) distances alone. Therefore, the process of child migration to urban centres is getting normalised as well. Moreover, the expectation towards Karimojong children to contribute to their family's livelihoods as well as the wish or need

³ The term variable in connection to the conceptual framework does not equal mathematical variables and are not the later used variables in the quantitative analysis. Variables in this case describe merely characteristics or elements of the conceptual framework. For more information refer to the source provided

of children to create and generate livelihoods for themselves are further enabling factors of child migration (International Organization for Migration, 2014). Migration often becomes a self-sustaining process and in the case of Karamoja, it is further accelerated through peer pressure by other child migrants that support other children to come with them or follow known routes, based on the experience that former migrants share upon their return (Castles and Miller, 2009, as cited in International Organisation for Migration, 2014).

The COVID-19 pandemic and lockdowns now constitute a new variable that may negatively impact child migration, food insecurity and poverty, as well as further exacerbating the prevalence of violence and expectations towards children to contribute to the family, because of increased poverty and food insecurity.

Aid localisation is not a new concept - but it has been highlighted again for the COVID-19 response and for long-term sustainable, adequate humanitarian aid and development. Hence, aid localisation, including the research focus dimensions of Participation Revolution, Coordination Mechanism and Capacity Strengthening, from the Seven Dimensions of Aid Localisation framework (Patel & Van Brabant, 2018), is understood as another (potential) moderating variable. Aid localisation offers the opportunity through more adequate, effective and efficient humanitarian and development work to better respond to the underlying causes of child migration: protracted crises, (historic) marginalization and recurrent droughts and floods as well as the prevalent food insecurity and poverty in Karamoja. Hence, aid localization could influence child migration. Moreover, aid localization has been highlighted during the UNs Global COVID-19 Response Plan (2020) as vital for the response. Therefore, could also potentially influence the impact of Covid-19 and lockdowns on the prevalent conditions in Karamoja (as described before) as well as the emerging needs due to the pandemic and lockdown.

The CaR consortium, consisting of one international and two national organisations, from which one is in the lead, presents already certain elements of aid localisation and is working on the issue of child migration. Hence, the case study is used to understand which advantages and disadvantages the localisation of aid brought to the response to the different push and pull factors of child migration already and how the consortiums localised structure has helped or hindered the consortium's work under conditions caused by COVID-19 and the subsequent governmental lockdown in Uganda. Based on that, the research also aimed to establish how the further operationalisation of aid localisation can contribute to the overall success of the CaR project, increase the consortium members capacities and help to transform the project into more accountable, empowering and relevant to local communities.

6.3.1 GENDER, AGE, DIVERSITY DISAGGREGATION

As individuals' roles and responsibilities as well as access to resources, opportunities and vulnerabilities depend on gender and age factors, data collected for the research employed a Gender, Age and Diversity (GAD) approach. By having applied a GAD approach, the research sought to ensure that all individuals, including their specific conditions in affected communities were accounted for. By analysing the GAD dimensions' interlinked characteristics, it was possible to better understand multifaceted risks, while promoting equality through the awareness of needs and abilities of different people (Global Protection Cluster, n.d.). Table 2 informs about the different elements of GAD, while providing first notes regarding its operationalisation for the research.

Gender	Due to the differences in gender roles, data will consider differences between women, men, girls and boys. While the researcher acknowledged the existence of more than two genders, the research was built on the male/female gender division and understanding in Karamoja. Hence on household level, female headed households and male headed households were accounted for, while on individual level differences between women, men, boys and girls were made.
Age	Due to differences in roles, opportunities and access to resources based on age, the factor was considered in the analysis. Distinctions were made between the following age groups of household heads: 18-35, 36-65 and 65+. Additionally, children were separated into the age groups: 0-5 years, 6-10 years and 11- 17. Adolescents were considered as being between 14 – 18 years, based on the WHO guidelines (WHO, n.d.) and Karimojong's understanding of age structures (Dyson-Hudson, 1963).
Diversity	The research considered three different diversity factors. Different locations (distinguished by the different research sub-counties. The marriage status of the household head (single (never married), married, separated or divorced) as well as considering whether households are CaR project households or not.

Table 2 GAD elements of the research

CONCEPTUALIZATION OF HOUSEHOLDS

Box 6: Definition of household

A household is classified as either:

- a) A one-person household, defined as an arrangement in which one person makes provision for his or her own food or other essentials for living without combining with any other person to form part of a multi-person household
- b) A multi-person household, defined as a group of two or more persons living together, who make common provision for food or other essential for living

(United Nations Statistical Division, n.d.)

For this research, a household was understood as the family unit which lives at the same place and prepares and eats the same food. Due to polygamy, a husband might stay with his second wife and children only, in this case, the first women and her children are considered their own household, as the husband does not regular eat and live with them.

6.3.2 CONCEPTUALISATION SUB-QUESTION 1

SQ1: What is the impact of **COVID-19** and the governmental lockdown on livelihoods and food security as well as the prevalence of violence amongst (agro-)pastoral communities in Napak, disaggregated by GAD?

In order to answer SQ1 and gain an overview of the impact of COVID-19 on communities in Napak, specifically considering the impact on people's livelihoods, food security and the prevalence of violence, the following terms and concepts used were defined as follows:

POVERTY

As poverty is widespread in Karamoja and one of the leading factors for child migration, expected to increase due to the direct and indirect impacts of COVID-19, the prevalence and changes regarding poverty on household level will be assessed. However, poverty is not only the lack of money, but a multidimensional concept that includes all kinds of deprivations experienced by people. Due to that, only measuring the changes in availability of funds is not enough to assess poverty (Oxford Poverty and Human Development Initiative, n.d.)

The Department for International Development's (DFID) Sustainable Livelihood Framework (SLF) (Figure 10) is one of the most widely used livelihoods framework in development practice, aiming to capture context and conditions of people's lives to understand poverty and peoples own understanding of poverty. People and not the resources they use are in the focus of livelihood approaches, since problems regarding development and vulnerability are often rooted in institutional structures and settings, which are impossible to overcome through simple asset creation. While the SLF provides a holistic overview and understanding of livelihoods, it does not aim to be an exact representation of the world. It visualises in a manageable model the main factors influencing a person's life (DFID, 1999).

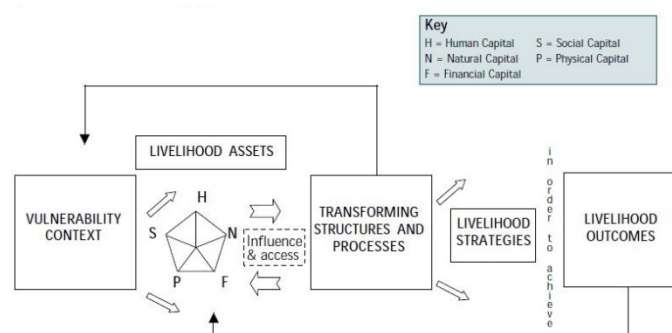


Figure 10 The Sustainable Livelihood Framework (DFID, 1999)

Box 7: Definition of Livelihoods

A livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future,, while not undermining the natural resource base (DFID, 1999).

The livelihood model is adaptable to fit specific research needs. Due to the model's people-centred and holistic approach it was deemed adequate to be used as a base to assess the impact of COVID-19 on poverty through changes in availability and accessibility of livelihoods assets, strategies and outcomes of communities in Napak. Due to the built up of the baseline studies survey, it was decided to focus on assets, livelihood strategies and related outcomes. The vulnerability context is briefly assessed as well and combined with the assessment of the prevalence of violence, due to the initial literature review resulting in (armed) cattle raids to be part of the vulnerability context, which are also part of the prevalence of violence in public setting. In the following, the main aspects of the SLF, which are considered during this study are briefly explained:

- a) **Livelihood assets** concern people's strengths (= assets), which are required to achieve a range of goals.
 - Human assets: include skills/knowledge (specifically relating to education), ability to labour and good health.
 - Social assets: refer to membership and usage of different networks and groups (formal and nonformal)
 - Natural assets: define (accessibility to) land, water and forest (as (agro)pastoral livelihoods are mainly based on livestock keeping, related natural capitals will be focussed on)
 - Physical assets: comprise the basic infrastructure and producer goods needed to support livelihoods, e.g., secure shelter, adequate water supply and sanitation, clean energy and access to information.
 - Financial assets: refer to the financial resources people use to achieve their livelihood goals and consist of two categories:
 - available stocks, e.g., cash, bank deposits and liquid assets such as livestock
 - regular inflows of money, e.g., labour income, transfer from institutions and remittances.
- b) **Livelihood strategies**: include the range and combination of activities that people undertake to achieve their livelihood goals.
- c) **Livelihood outcomes**: refer to the achievements of livelihood strategies, e.g., income, increased wellbeing, reduced vulnerability, improved food security or more sustainable use of resources.
- d) **Vulnerability context**: build the environment in which people live. Livelihoods and assets are affected by trends, shocks and seasonality, over which they usually do not have control.

(DFID, 1999)

FOOD SECURITY AND MALNUTRITION

Food security can be further conceptualised using four dimensions. *Availability*, the existence of food (regarding food production or stock levels); *Accessibility*, referring to the need of sufficient resources (economic and physical) to obtain food; *Utilisation*, the ability of the body to ingest and metabolize food and lastly *stability*, which refers to food intake needing to be adequate over a period of time to be classified as food secure (Gross, et al., 2000).

Box 8: Definition of food security and malnutrition

Food Security: Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. - 1996 World Food Summit (FAO, 2010)

Malnutrition: results from deficiencies, excesses or imbalances in the consumption of macro- and/or micronutrients. Malnutrition may be an outcome of food insecurity, or it may relate to non-food factors, such as: - inadequate care practices for children, - insufficient health services; and - an unhealthy environment (FAO, 2010)

Key findings of the Food Security and Nutrition Assessments in Napak in 2017 resulted in very high levels of food insecurity and Global Acute Malnutrition (GAM), which is the measure of acute malnutrition in percentage of children aged six to 59 months old. Especially women and children have been found to be disproportionately affected by malnutrition (De Bustos, et al., 2017). Additionally, most households in Napak have been found to be registered under one or more development assistance program regarding food and nutrition. Only a minority of households' own food stocks for an average of seven days and especially deficits regarding infant and child feeding practices and nutrition have been noted. COVID-19 and lockdowns is assumed to have affected food supply chains through closure of markets and (meat) processing plants, movement restrictions and border closures, which can inhibit harvesting, access to seeds and inputs, constraining transport of food items as well as inhibiting feeding programs (United Nations, 2020). Hence, the following main aspects were considered in this research to assess the impact of COVID-19 and the lockdown on the food security outcomes of communities in Napak:

- **Availability, accessibility, utilisation, and stability** of food on household level
- **Micronutrient intake** on individual level, specifically of women and young children

PREVALENCE OF VIOLENCE

Box 9: Definition of Violence

Sexual and gender-based violence (SGBV): refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships, and can be physical, emotional, psychological or sexual nature, as well as encompassing threats of violence (UNHCR, kein Datum)

Violence against children: includes all forms of violence against people under 18 years of age and can include physical, sexual and emotional abuse as well as neglect and deprivation (Unicef, 2015).

Cattle raids: is a (traditional) practice of stealing cattle. To increase herd size and to compensate for previous thefts. mostly orchestrated by young male warriors, sanctioned by their community leaders (Bevan, 2008).

For this research, the term covered several different factors, both in domestic settings and in the public space. In domestic settings the occurrence of SGBV including rape as well as violence against children, including child marriages and teenage pregnancies will be considered, while the public domain includes factors regarding general insecurity, such as cattle raids and violence perpetrated by different governmental security forces.

Violence is one of the leading factors causing child migration and can have long-term negative effects on children and adults. A rise in domestic violence has been noted in Uganda during the COVID-19 pandemic and the closing of schools and other related services further reduced available safe spaces. Child marriage disproportionately

affects girls and denies them their rights to health, safety and education, while also exposing girls to increased risks of violence from their partner, including sexual, physical, psychological and emotional violence. The greater the age difference between girls and their husbands, the more likely they are to experience violence, with on average 50% of girls married before the age of 15 experiences a form of violence. Teenage pregnancies and childbirths are the leading causes of deaths for 15 to 19-year-old girls globally, and early pregnancies increase the risk of suffering complications during pregnancy and childbirth (Girls Not Brides, 2019). Hence, the research assessed the following elements as of violence:

- **Violence against children** including verbal, physical and sexual abuses and punishment as well as teenage pregnancies and child marriages.
- **Sexual and domestic violence**, including verbal and physical abuse, rape and harassment, experienced by women and men.
- **Public violence**, including (armed) cattle raids and violence perpetrated by governmental forces, such as UPDF, LDU's and the police

6.3.3 CONCEPTUALISATION SUB-QUESTION 2

SQ2: What is the impact of **COVID-19** and governmental lockdown measures on livelihoods and food security as well as prevalence of violence amongst (agro-)pastoral communities in Napak, as perceived by C&D, its partners and other context relevant actors?

SQ2 is closely related to SQ1, due to assessing the same impact of COVID-19, but not based on reality and communities' perceptions, but as perceived by C&D, its partners and other relevant actors. Due to COVID-19 and the governmental lockdown, accessibility and respective exposure to the field and target communities has been reduced. Hence, this sub-question aimed to assess to which degree actors were aware of target communities' needs caused by COVID-19 and the subsequent lockdowns and to assess how they considered priorities for responses.

As aid localisation refers to the importance to recognize local different actors and include them, the perceptions of a multitude of different actors was considered in this study.

Box 10: Definitions of different types of Actors

Local actors: operate in a specific, geographically defined subnational area of an aid recipient country, without being affiliated to an international organisation. The category includes community-based organisations and local faith-based organisations.

National actors: operate in the aid recipient country in which they are headquartered, working in multiple subnational regions and are not affiliated to an international organisation.

Governmental actors and non-governmental actors: while varying definitions of non-governmental actors and governmental actors exist, this research broadly refers to all kinds of organisation, which are not for profit and service oriented as non-governmental organisations, and all entities connected to the government as governmental actors (Alliance for Empowering Partnerships, 2019).

6.3.4 CONCEPTUALISATION SUB-QUESTION 3

SQ3: What is the impact of **COVID-19** and the governmental lockdown on the organisational capacity of C&D, its consortium partners and other context-relevant stakeholders and how did they adapt and respond to emerging needs?

SQ3 aimed to assess the impact of COVID-19 on the organisational capacity of C&D and other actors and their ability to adapt to the changing context and respond to emerging needs. Organisational capacity is not a clearly defined term and lacks clarity regarding scope, while being much dependent on the context it is applied to.

Box 11: Definitions of organisational capacity

Organisational Capacity commonly refers to an organisations 'ability to perform work' or the enabling factors that allow an organisation to perform its functioning and achieve its goals (Cox, et al., 2018).

Organisational capacity is a multidimensional concept that incorporates more than just the financial resources an organisation requires to function. While many different tools exist to assess organisational capacity of actors in the non-profit sector, there are some common elements:

- resource availability
- robust organisational infrastructure and governance
- strong external networks
- (skilled) human resources

However, the relative importance of each element depends much on the context and aim of the capacity assessment (Cox, et al., 2018). To assess the impact of COVID-19 on the organisational capacity of C&D and other actors, the following topics, loosely based on the above-mentioned common elements of organisational capacity definitions will be considered:

- How did COVID-19 and the lockdown impact actors' abilities to continue their services/tasks? Which aspects were specifically hindering and which were beneficial for actors to keep operating?
- Have availability and accessibility of resources (including physical, financial and human ones) changed and how did that impact the organisation or actor?
- Have networks and connections to partners and other stakeholders been beneficial or impacted? How did actors maintain contact with their target groups?
- What did the organisation do to adapt to the changing context of COVID-19 and the lockdown and keep operating? Have new services/programmes been set up for the COVID-19 response?

As the current consortium partners have been members in previous consortiums regarding earlier CaR projects, it will be also assessed how C&D, UCAA and DP experienced those, and which differences they noticed. As many more (national and local) NGOs have been part of previous consortia, it was also assessed why changes occurred and what consequences arose from those changes, to understand how the current consortium was created and what possible underlying power structures exist.

6.3.5 CONCEPTUALISATION SUB-QUESTION 4

SQ4: What context specific opportunities and challenges exist for and are perceived by C&D, its partners and other context relevant stakeholders for the localisation of aid in Karamoja to adequately respond to the arising and pre-existing needs of (agro-)pastoral communities in Napak?

The last sub-question refers to context specific opportunities and challenges for aid localisation, arising from COVID-19 and subsequent governmental lockdown measures. 'Context specific' refers to the identified opportunities and challenges being specific to the situation in Karamoja, specifically related to the situation of C&D, UCAA and DP, relevant governmental actors and the target groups.

The question considered how already existing localisation approaches of the consortium have provided opportunities and challenges to respond to the emerging needs of the target communities as well as considering new opportunities and challenges, arising from COVID-19 and the lockdown in Karamoja for the consortium. As this research focussed on three different dimensions of aid localisation from the Seven Dimension of Localisation framework (Figure 5, page 22), opportunities and challenges related to those dimensions are considered. Table 3 provides an overview of components and related opportunities and challenges set out by the Start Network, which are assessed under this sub-question.

Dimension	Key-component	Arising opportunities and challenges
Participation revolution	Responses are designed, implemented and reviewed in an empowering way for affected populations	<ul style="list-style-type: none"> - was the project designed in an empowering way? What has changed during COVID-19? - what importance and level of understanding do consortium partners have in this regard?
	People have an early say in the design and planning of the response. Formal communication, feedback and response mechanism are in place, with regular community participation	<ul style="list-style-type: none"> - which mechanism to include affected communities exist and are used, arose or have been hindered by the impact of COVID-19? - why are they in place/not in place?
	Donors and operational agencies plan for adaptation	<ul style="list-style-type: none"> - how flexible has programming and funding been before and during COVID-19? - what were hindering or enabling factors for flexibility?
Capacity Enhancement	Capacity-strengthening efforts are purpose- and need-driven, not supply driven	<ul style="list-style-type: none"> - which pre COVID-19 capacity strengthening efforts have been beneficial in the context of COVID-19
	Organisational or network capacity-strengthening is an ongoing process, not an event – and must be followed by role changes	<ul style="list-style-type: none"> - has capacity development been followed by role changes? - did COVID-19 enable role changes?
Coordination Mechanism	Local/national actors (L/NAs) are actively present in local and national coordination mechanism	<ul style="list-style-type: none"> - what role and position did L/NAs play in coordination mechanism regarding COVID-19
	Coordination and collaborative environment are enabling for L/NAs	<ul style="list-style-type: none"> - has COVID-19 impacted the power position of L/NAs within the consortium and otherwise related?

Table 3 Overview of research relevant localisation dimension, key-components and arising opportunities and challenges (Patel and Van Brabant, 2018)

6.4 OPERATIONALISATION

Operationalisation refers to breaking down (abstract) concepts into measurable dimensions and indicators, to increase reliability of the research and decrease its subjectivity. The dimensions are characteristics of a concept, while indicators are the way of measuring or quantifying variables (Bhandari, 2020). The operationalisation is based on the previous conceptualisation and provided an understanding or 'road-map' of how the methodology was designed to collect relevant data to answer the research questions and achieve the research objectives.

The operational framework for SQ1 and SQ2 is provided in Figure 11.

Poverty, one of the concepts used in this research was assessed through evaluating the impact on livelihoods. For this purpose, the variables availability and accessibility of assets (human, social, natural, physical and financial), livelihood strategies and outcomes achieved were measured.

Food security was broken down into the dimensions of quantity and quality of food intake and measured by looking at the availability and accessibility of food on markets and on household level as well as the micronutrient intake of individuals, focussing on women and children. Additionally, the household survey assesses the employment of multiple food-based coping strategies as well as utilisation of food (cooking method) and market conditions, such as diversity, quality and quantity and price of available produce.

Violence is understood by looking at three dimensions: 1) violence in public settings, 2) sexual and gender-based violence (SGBV) and 3) violence against children. Violence in public settings utilises the variable occurrence of cattle raids and violence perpetrated by state actors, such as police, army and LDUs. SGBV is measured by the occurrence of rape, sexual abuse and harassment as well as physical and verbal abuse and fights in domestic settings.

The dimension of violence against children is assessed through the variables of occurrence of child marriage and teenage pregnancies as well as verbal and physical abuses and punishments of children.

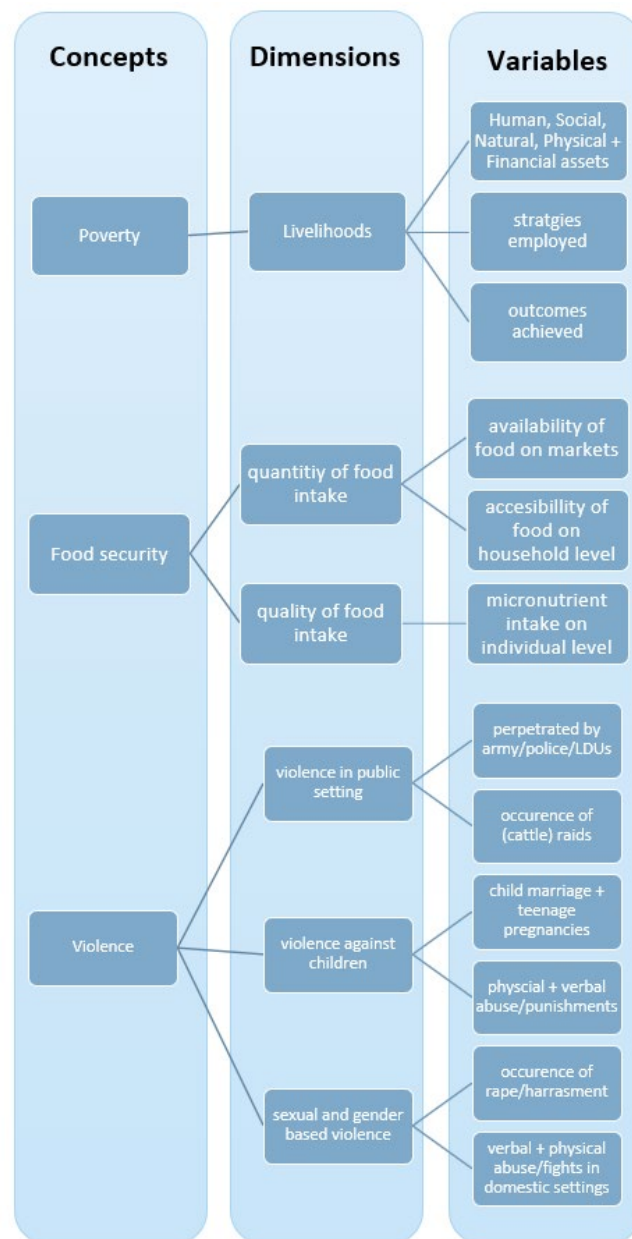


Figure 11 Operationalization of sub-question 1 and 2

Figure 12 provides the operationalisation of organization capacity for sq3 and for sq4 the operationalization of aid localisation, in accordance with the Seven Dimension of Localisation framework.

Organizational capacity was broken down into three dimensions, resource availability, program delivery and networks. To assess resource availability, the variable of availability of funds and materials was applied, while for program delivery, the variables access/contact to targets, continuous project implementation and adaptations for COVID-19 and the lockdown were looked at. For the network(s) dimension, the contact to consortium partners and the donor as well as contact to relevant governmental actors was considered.

Aid localization was operationalized in accordance with the Start Networks framework. Three out of the seven dimensions were chosen to be considered in this research: Participation Revolution, Capacity Enhancement and Coordination Mechanisms. The former was assessed through three variables: empowered project design for targets (in which they have a say), regular community participation in communication and feedback mechanism as well as the donor planning and allowing for adaptations. The concept of Capacity Enhancement was assessed through the variables of purpose- and need-driven capacity enhancement efforts as well as enhancements being an ongoing process, followed by role changes. Lastly, the concept of Coordination Mechanism was investigated by applying the following variables: active present of L/NAs in local, regional and national coordination mechanism as well as whether the collaborative and coordination environment is enabling for L/NAs.

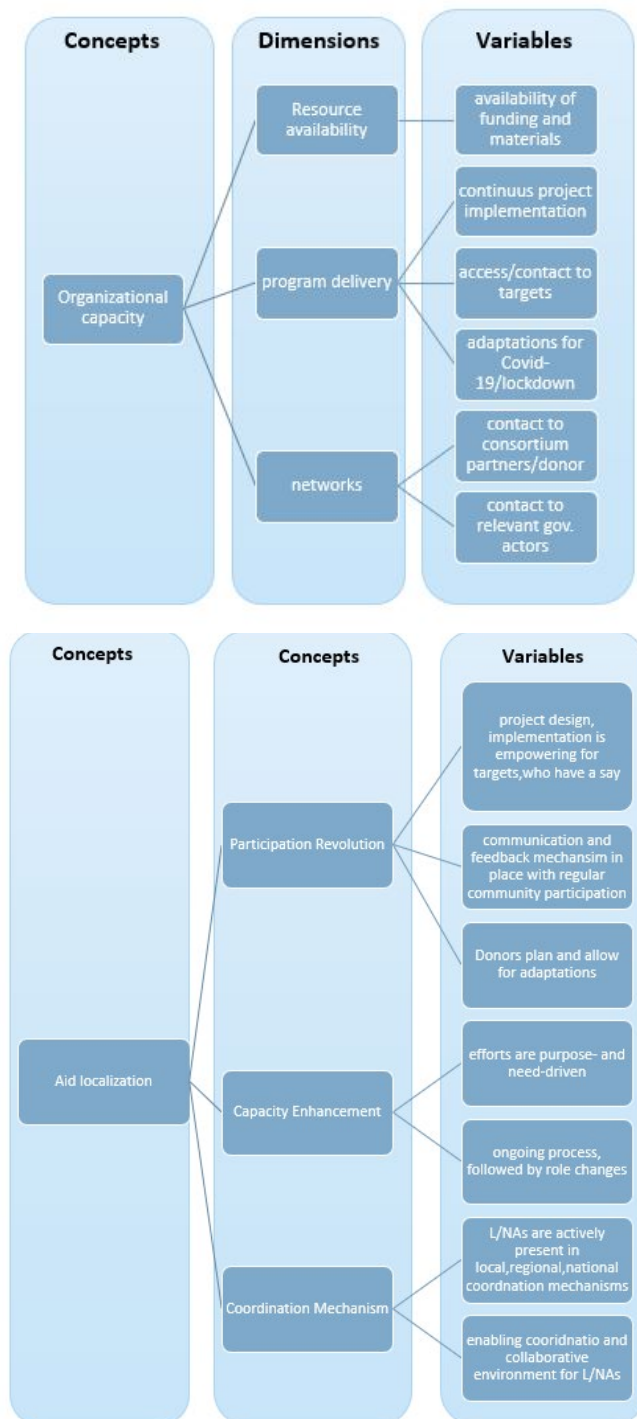


Figure 12 Operationalisation of sub-question 3 and 4

7 METHODOLOGY

This chapter outlines the methodology used in this research and is divided into subchapters that precisely describe the research design, data collection and processing thereof.

7.1 RESEARCH DESIGN

Overall, the research employed a mixed-method data collection approach, consisting of desk and field research, to utilise primary and secondary data. Data triangulation, which involves using two or more different sources of information, was used to increase the validity of the results. The operational framework from the previous chapter was used as a guidance to ensure that all required data was collected. Changes to the methodology as described in the proposal occurred due to more available information once the researcher reached the research location and due to limitations regarding scope, time and budget. Figure 13 below visualises the research design.

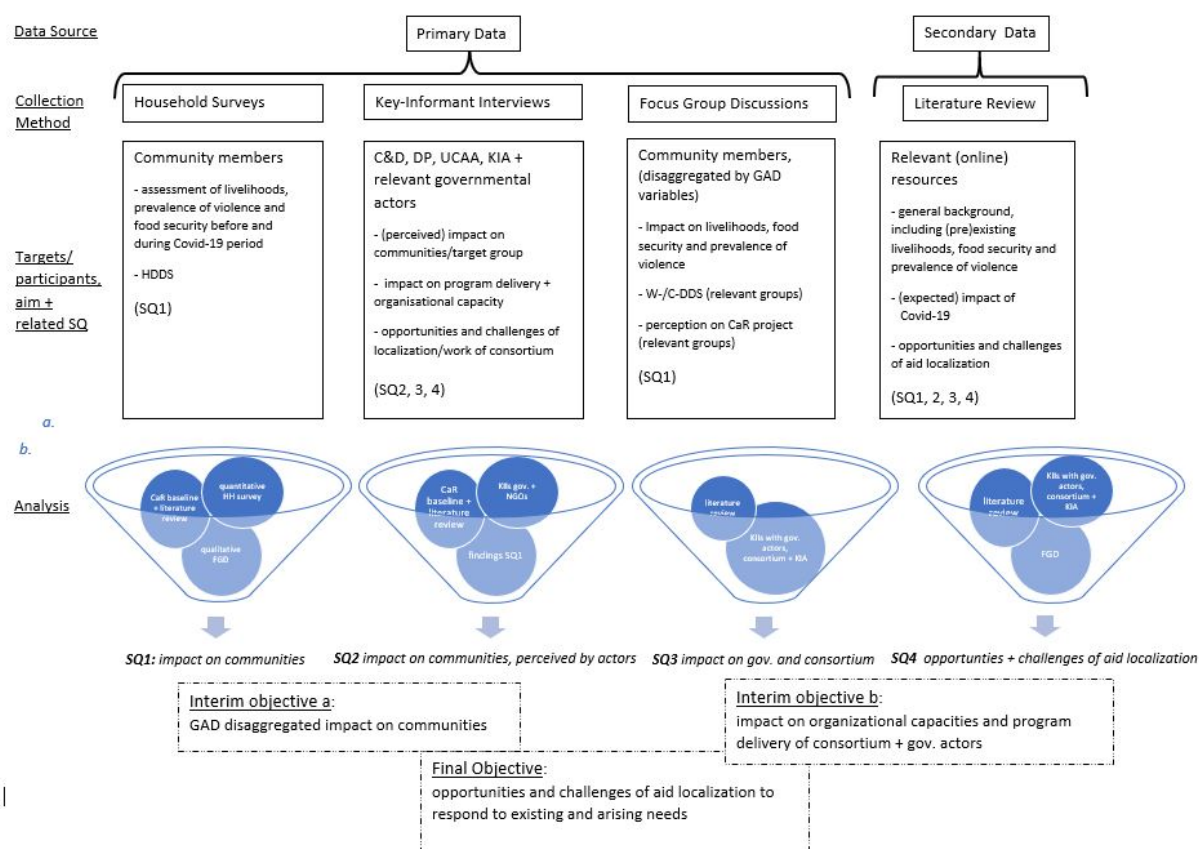


Figure 13 Visualisation of the research design

The data collection period was between October and November 2020 and focussed on four sub-counties within Napak district: Matany, Lokopo, Ngoleriet and Lopeei. Part of the data was collected by enumerators, which were provided by C&D but not connected to the CaR project to avoid possible biases from both, enumerators and research targets. Data amongst community members has been collected in the local language Ng'karimojong to enable participants to express themselves fully, feel comfortable and be able to understand the questions.

Due to the on-going COVID-19 pandemic and partial governmental lockdown in Uganda, data collection was designed in accordance with Standard Operational Procedures (SOPs), which are guidelines and rules set by the government of Uganda regarding social distancing. Group discussions and other group activities were conducted within the allowed number of participants and outdoors, to decrease the spread risk of the disease. Additionally, hand sanitizer and masks were provided to all participants.

7.2 DATA COLLECTION

Secondary data was collected through a literature review, mostly using online available, relevant literature and the baseline study of the CaR project from 2019. Below, the description of the primary data collection is structured according to the research objectives, to allow for an organised overview. Figure 14⁴ provides an overview of Karamoja region and its location within Uganda. The small red dot on the Uganda map indicates Kampala, for an easier orientation. Karamoja region, including main towns are depicted on the blue map. The thick outlined district is Napak, with the research specific sub-counties shaded with red lines. Clockwise starting from the biggest sub-county are Lokopo, Lopeei, Ngoleriet and Matany. Napak town (green dot) is the administrative centre and location of all district level Key-Informant Interviews (KIIs). Moroto (yellow circle) is the location of C&D's main office in Karamoja.

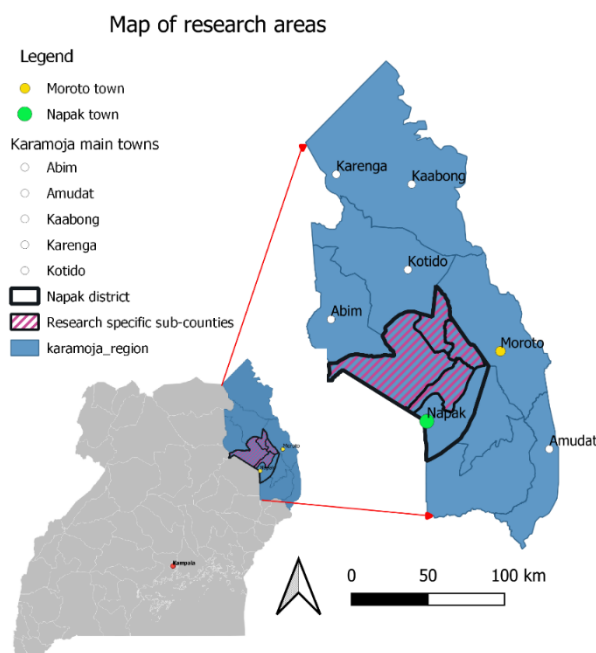


Figure 14 Map of Karamoja region and research sub-counties

Objective a) To analyse in-depth the impact of COVID-19 and the governmental lockdown on (agro-)pastoral communities in Napak districts, Karamoja regarding livelihoods, food security and the prevalence of violence, disaggregated by GAD.

Quantitative data was gathered through surveys on household level, to capture the impact of COVID-19 and the lockdown on household level on different dimensions and variables (in accordance with the operational framework in chapter 6.3).

Surveys generated an overview of livelihoods, both before COVID-19 and the lockdown (before March 2020) and the status (measured through October and November 2020). Information on livelihoods, disaggregated by GAD variables was further collected through Focus Group Discussions (FGDs) with groups of people that share specific GAD variables. The survey questions as well as the WDDS and CDDS questionnaire can be found in Annex 5.

The Household Dietary Diversity Score (HDDS) by the Food and Agriculture Organisation of the United Nations (FAO) was selected to assess food security, because of its ability to not only be utilised on household level, but individual level, specifically for women (WDDS) and children (CDDS⁵) (< 2 years of age). The tool was designed as an indicator to assess the quantity (energy) and quality (nutrition adequacy) of someone's food intake. As reference period, FAO proposes 24 hours due to the period being less susceptible to recall errors and less difficult for respondents. The HDDS provides an indication of the economic access to food on household level, while the WDDS reflects the adequacy of micronutrients of an individual. Hence, different scores for HDDS and WDDS are used to calculate the dietary diversity. Twelve food groups are used to calculate the HDDS and nine food groups are used for the WDDS, which is achieved by combining certain food groups of the questionnaire. An overview of the questionnaire and the aggregation of groups used for H/W/CDDS can be found in Annex 3 (Kennedy, et al., 2010).

Information regarding the HDDS was first gathered on tables in accordance with meal and snack times, and only afterwards entered in the data collection tool. This allowed survey participants to recall all their meals and snacks over the last 24h easier as opposed to asking participants directly about the different food groups. Surveys were

⁴ Map was created using the QGIS programme. Sources of data used can be found in the references

⁵ Also known as minimum dietary diversity (MDD), a population-level indicator designed by the WHO. The report will be referencing the child dietary diversity score as CDDS (INDDEx Project, 2018)

conducted in the homes of participants. When available, the head of the household was interviewed for the general impact while the HDDS was conducted with a person responsible for meal preparation. The surveys were conducted by 8 enumerators, provided by C&D and trained for data collection by the researcher in a two-day workshop. The action plan and program of the workshop can be found in Annex 4. The workshop included elements of aim and purpose of survey, understanding the survey questions and translation into local language, interview techniques, research ethics and biases as well as specifics on how to use tablets and the data collection tool. The Kobo Toolbox was chosen as the survey tool because it is specifically designed for data collection in challenging environments and widely used in the humanitarian sector.

Additionally, the survey collected part of the data for assessing the prevalence of violence in all its forms, but the main part of the data was deprived from the FGD, which, since they are disaggregated by GAD factors, provide participants with a more comfortable and safer context to talk about culturally or socially sensitive issues.

Between October 12 – 15 2020, a total of 103 household surveys were conducted in all four research sub-counties. At the end 99 survey were considered because of missing data in the other four. From the 99 considered household surveys, 45 were conducted among CaR project households and 54 with non-project households. Forty-five households are female headed-households (FHHs) and 54 are male headed-households (MHHs). The sample size was determined together with C&D and dependent on available time, resources and scope of the research. A total of 198 households had been reached with the CaR project since its initialisations in 2019 up to the start of the research. Hence, the 45 total CaR project households interviewed present 25% of the total project household, which is above the 10% sample size deemed appropriate. While trying to sample from both, FHH and MHH, the survey participants were otherwise randomly sampled by C&D's field staff in Matany. Due to the high mobility of people in Karamoja, survey participants had to be mobilised the day before the survey collection and few alternative households had to be included due to the absence of some previously identified households.

Qualitative data was collected through KIIs and FGDs. The KIIs were conducted by the researcher in the months of October and November 2020. Interviews were recorded and guided by topic lists. Interviewees were identified based on their relevance for child migration on district and sub-county level as well as their involvement with the CaR project. A total of 10 KIIs with governmental actors were conducted, each lasting around one hour and were recorded for the subsequent analysis. As key informants on Napak district level, the Chief Administrative Officer (CAO), The District Health Officer (DHO), The District Community Development Officer (DCDO) as well as the Gender and the Probation Officer have been interviewed. Additionally, the district officer of the Child and Family Protection Unit was interviewed. On sub-county level, it was aimed to interview all four Community Development Officers (CDOs). However due to maternal leave of one of them, the Agriculture Officer was interviewed instead.

10 FGDs were conducted with participants sampled through typical case sampling, which is the identification of individuals that are typical representatives of certain research relevant criteria. In the case of this research, focus groups were divided according to gender and age of participants, as well as CaR project and non-project households. The discussions were conducted from November 9 – 16, 2020 by the researcher and 3 enumerators provided by C&D. For that, the enumerators were trained in a one-day workshop. The topic list for the FGDs can be found in Annex 6. One enumerator acted as the main facilitator, while the two others took notes and supported the main facilitator. Additionally, all FGD's were recorded. After relevant FGDs, WDDS and CDDS were conducted with participants in the same fashion as the HDDS on household level.

b) To evaluate the impact of COVID-19 and the governmental lockdown on C&D's and the consortiums operational capacities and program delivery.

Primary data for objective b was collected through KIIs with field and national level staff from all three consortium members: UCAA, C&D and DP, which amounted to a total of 6 interviews. Furthermore, a relevant person from KIA was interviewed to gather data from the perspective of the donor. The prior conducted KIIs with governmental actors included questions regarding impact on operational capacities and program delivery as well, to capture the perspective of governmental partners. Each interview lasted around one hour, was conducted by the researcher either in-person or remotely and was recorded. All interviews were conducted in English and guided by a semi-structured interview protocol.

7.3 DATA PROCESSING AND ANALYSIS

Kobo allows for direct data transfer of the survey results into excel sheets, which were then transferred to the Statistical Product and Service Solutions (SPSS) programme. SPSS was used to create cross tabulations between GAD variables (independent) and the different dependent variables. In Microsoft Excel, the percentages of the answers per GAD variable were calculated. Notable differences within one GAD variable were subsequently mentioned in the results chapter.

The findings of the KIIs with governmental actors and consortium members were organised according to topic, summarised and filled into tables. Similar, the findings of the FGDs were organised according to topic and GAD variables, summarised and filled into tables.

To answer objective a), the findings of the household survey and FGDs, KIIs with governmental actors and consortium members were compared with each other to identify general findings and GAD distributions. Subsequently, findings were also compared to existing literature as well as the baseline study of the CaR project (2019).

To answer objective b), the findings of the KIIs with consortium members were reviewed and compared with findings from the KIIs with governmental actors. Additionally, literature was used again to triangulate findings

To answer the final objective, findings of objective a) and b) were compared with each other and analysed through the lens of the findings of the literature review. This allowed to identify opportunities and challenges of aid localisation to address arising and existing needs, taking several different fronts into account.

Finally, the insights won through the consultation with C&D, UCAA and DP - which presented findings and facilitated multi-stakeholder discussions - were used as the last input and to validate the analysis and specify recommendations.

7.4 RESEARCH LIMITATIONS AND CONSIDERATIONS

Before presenting and discussing the findings, it is important to consider which factors of the methodology, data collection and interpretation have influenced the findings and present constraints on generalizability of the findings. Below, the different limitations and their consequences are briefly explained.

SAMPLE SIZE AND METHOD

The number of people and households analysed was deemed adequate for the CaR project objectives and the available time frame and resources for the research. Still, the sample size used in this research limits its applicability to the general context in Karamoja or Napak itself. The sample includes too low numbers of the GAD variables relationship status and the age-group of household heads aged 65 and above. This has limited or made it impossible to analyse whether specific impacts are felt by either of the two diversity categories.

Additionally, research targets were sampled by C&Ds field staff in Matany. While this allowed to access different villages due to the local knowledge of the field staff, it also meant that personal biases could play a role in who was sampled. Whether aware or unaware, those biases might have led to not reaching the “most” vulnerable, but households that for example are known to the staff or are known for being responsive and open to participate.

The sampling of the focus groups presents the most hindering limitation to this study. Focus groups were aimed to be sampled disaggregated according to GAD factors, from multiple villages within one sub-count to be able to generalize findings of one group for the whole of Napak, but still stay within resource and time limitations. However, due to misunderstanding between the researcher and C&D staff, participants of each group are from the same village. This seriously decreased the quality of findings because events in one village, for example plant pests, will affect almost all households. Additionally, group thinking and need for conformity increased because all participants know each other, sometimes even living and eating together, which makes it highly unlikely that sensitive topics are mentioned, and conformity of answers decrease discussions. For example, the data for W- and CDDS was collected in only three villages, constraining the diversity of data collected and reducing the generality.

TIME FRAME

The data collection was conducted between October and November, which coincided with the traditional end of the lean season and harvest season in Karamoja. This means that people are highly mobile, which reduced the amount of certain focus group participants, for example women age 18-35, as many participants were working in farer away fields. Additionally, due to the seasonality of food security in Karamoja, the assessment of it at the transition period from lean to harvest season make generalised statements about the food security situation in the longer-term difficult.

The research time also coincided with the campaign season for Uganda’s general elections in January 2021. This meant that local politicians were increasingly handing out material or monetary donations to their voters, hence might have affected the perception regarding continuous service delivery and contact to other actors during COVID-19 and the lockdown. Moreover, some focus groups members, especially boys age 14-18 were engaged in campaign celebrations and therefore were not available in sufficient numbers for the discussion. Additionally, the increasing number of raids and subsequent disarmament efforts from the government brought unrest in communities and for example in the case of focus group men aged 65 and above meant that many of them where occupied locating their cows within military barracks or being held there, hence reducing their numbers as well. Rising insecurity also meant to not be able to reach more remote villages, due to safety regulation by C&D, which included being back at the office by 5pm.

Lastly, the research targets a relatively long-timeframe, from March 2020, the beginning of the COVID-19 pandemic and lockdown in Uganda until and including the data collection period until November 2020. In general, it is difficult for respondents to recall events precisely over such a long-time frame.

RESEARCH METHODS, LANGUAGE AND LIMITED COMPARABILITY WITH PRIOR RESEARCH

The chosen research methods applied in this research can each present advantages and disadvantages, and hence lead to different limitations. By combining several different methods and triangulating findings, the research aimed to minimize limitations arising from one single method and achieve greater validity. Nonetheless, limitations can arise from the single methods (Table 4).

Household Survey	Key-Informant interviews	Focus Group Discussions
<p>Respondents had to choose from specific answers or enumerators had to choose one or more pre-defined answers, which can lead to dishonesty or a tendency to choose answers in the middle of the spectrum. The option 'others', where enumerators could write down specific answers was provided, but almost no enumerator chose to do so, likely due to time constraints.</p> <p>As the survey was relatively long (45min-1h), fatigue both from respondents and interviewers is to be expected. This can lead to, skipping questions, choosing the shortest answer or enumerators answering questions that they expect to know by themselves.</p> <p>Different interpretations and translations of questions and answers, both from the interviewer and respondents are also a possible limitation, due to the survey being design and conducted in two different languages.</p>	<p>Interviewer bias, when an interviewer subconsciously influences the responses of the interviewee, for example through body language or the way questions are phrased is very hard to avoid and not possible to be excluded as a possible limitation.</p> <p>Interviews were designed in semi-structured with open questions. This allowed to have the same road map for each interview, however, also leads to different deviation in each interview and might lead to different focus points.</p>	<p>Being in groups, especially sampled from the same villages, leads to group thinking, where people conform to one another's opinions. Additionally, lack of participants anonymity can further influence their answers and prevent sensitive topics to be mentioned.</p> <p>FGDs are a new tool for the enumerators but depend highly on the moderator's abilities and facilitation skills to create fruitful discussions. Additionally, participants should be comfortable and used to discussions. The combination of inexperienced enumerators and participants being mostly used to frontal style teaching and answering questions directly, rather than discussion, led to a lot of groups depriving most of their information from monologues from group leaders, which can have decreased the diversity of answers gathered.</p> <p>Note taking and translation directly during the discussions has also likely contributed to generalize findings and details of answers might have been lost.</p>

Table 4 Overview of limitations of the single research methods applied in this research

Collecting data in the local language provided respondents with better understanding of the question and ability to answer. Data tools have been designed in English and translated during the enumerator workshops only verbally due to time constraints. Answers had to also be translated back into English, which was mostly done on the spot. During translations, each unique to the enumerators meaning of words can be altered or information being lost.

A lot of studies have been conducted in Karamoja, which enabled comparing findings to previous studies and hence come to conclusions regarding the impact of COVID-19 and the lockdown. However, one of the main sources for comparison was the CaR baseline survey. To increase comparability of current and baseline study, this studies survey was deigned based on the baseline. However, multiple aspects of the baseline were not applicable or not important due to a different aim of the study, and vice versa. Additionally, the baseline was conducted in five sub-counties in Napak, from which only three were also considered in this study, which decreased comparability further.

ENUMERATORS

Using enumerators to collect most of the data can also lead to several limitations. While enumerators were trained in workshops for the survey collection and for the FGDs, the workshops were relatively short and did not allow to pilot tools and enumerators abilities multiple times. Additionally, it was found out that enumerators often skipped conversations to obtain informed consent, including taking time to adequately inform respondents about the aim and confidentiality of the data collection as well as not asking for permission to take pictures. This led to the decision to not include any pictures taken during the data collection into the report. It is also likely that due to insufficient training or misunderstandings the intended meaning of questions, enumerators may have asked questions differently than intended by the researcher. This inevitable leads to wrong assumptions or of findings.

It is important to mention that the team of the enumerator conducting together with the researcher the focus group discussion had to be exchanged in the middle of the focus group week due to conflicts within the group as a whole and non-compliance to research procedures set by the researcher. Hence, serious differences in notes and style of conducting the focus groups were felt by the researcher and led to the decision to focus on general findings of the focus groups, rather than sourcing individual focus groups. This reduced the amount of quality findings that could have been achieved.

SOCIAL DESIRABILITY AND THE RESEARCHERS OWN BIAS

Social desirability bias leads respondents to provide the information they think is expected of them, cultural appropriate or beneficial to them. To minimize the risk, enumerators that are not connected to the CaR project directly were chosen and the bias was a part of the enumerator training. However, C&D is very well known in the area and respondents have their own expectations or experiences with previous data collection, which makes the risk difficult to avoid. An example for this is, that during the survey, nearly no respondent indicated to have pregnant or married girls below the age of 18 living in their households, while findings of the interview, focus groups and literature indicate the opposite.

Lastly, it is important to point out the researchers own bias. While the researcher did not try purposefully to influence the research findings, everyone has, based on their professional and educational background, cultural heritage or understanding certain biases, both positive and negative as well as certain expectations towards outcomes. The risk of the researchers own expectation and biased to influence the findings was tried to be minimised by triangulating multiple research methods. However, every interpretation entails the subjective lens of the researcher.

Box 12: Differences between this study and the proposal

Several differences between the investigation in this report and the proposal exist. Originally, it was proposed to conduct the study in two districts in Karamoja, Napak and Moroto. However due to time constraints and only a very small number of targets in Moroto, it was decided to focus on Napak district.

Additionally, the methodology deviates in several aspect from the original proposed one. Originally, it was planned to adapt the Delphi method to the study's needs, however, as more information about the context and structure of the actual study was gathered, it was decided that due to time constraints, the Delphi method would be cut out. The research design was emerging during the study, especially during September 2020 when the researcher reached Karamoja and consequently gained a deeper insight and better overview of the study context. This, for example, also led to involving KIA as an interviewee partner, although not previously planned in. Annex 2 provides the original research proposal.

8 RESULTS

In the following, the findings of the different primary data collection methods are presented factually and structured in accordance with the data collection methodology and in accordance with the operational framework in sub-chapter 6.3. The structure was chosen to first get an overview of the findings per research method to simplify the triangulation in the following discussion chapter. Additionally, as a second report was submitted to C&D about the impact of COVID-19 and the lockdown on communities before the completion of this report, this format allowed for an easier transfer of data from one report to the other.

First, the findings of the household survey are presented, organised according to research concepts and variables. The findings of the focus group discussions are presented afterwards using tables that structure the findings according to research guiding questions. Thereafter, tables are utilised again to depict the findings from the key-informant interviews, starting with the governmental actors and ending with the consortium members and KIA.

8.1 RESULTS OF THE HOUSEHOLD SURVEY

Due to the lack of variety within the survey participants regarding marital status, it was decided to not consider this diversity criteria under the GAD disaggregation. The results only accessed the GAD disaggregation where enough positive responses were available. A total of 25 positive answers was determined as the minimum to assess any GAD disaggregation. Subsequently, interesting GAD variation regarding the answer choices are mentioned.

8.1.1 GENERAL FINDINGS AND GENDER, AGE AND DIVERSITY VARIABLES

As previously conceptualised, the GAD variables applied for this research are

- the gender of the head of the household (FHH/MHH)
- the age (group) of the household head, separated into 18 – 35 years, 36 – 65 years and 65+.
- whether the household is a CaR project household
- the marriage status of the head of the household (married, separated, divorced and single)
- the sub-county of the household

Table 5 depicts the distribution of the count and percentage per sub-county of FHHs, MHHs and total amount of households, to provide an overview of distribution of the sample group.

			Type of Household		
			Female	Male	Total
Sub-county of households	Lokopo	Count	12	14	26
		% within sub-county of household	46%	54%	
	Lopeei	Count	14	20	34
		% within sub-county of household	41%	59%	
	Matany	Count	10	12	22
		% within sub-county of household	46%	54%	
	Ngoleriet	Count	9	8	17
		% within sub-county of household	53%	47%	
Total		Count	45	54	99
		% of total group	45.5%	54.5%	

Table 5 Distribution of total households, FHHs and MHHs per sub-county

The average number of people living in one household is 7, with a minimum of only 1 person and a maximum of 18 people. In total **37 out of the 99 households are headed by persons between the age of 19-35**, **56 households are headed by persons between the age of 36 and 65**, while **six are headed by persons older than 65 years**.

Figure 15 depicts the average distribution of female and male individuals per age group within a household.

On average 3.4 children (age 0 to 18) live in one household, compared to an average 2.3 adults and 0.5 elderly. The dependency ratio describes how many children in one household depend on how many adults and for the survey a **dependency ratio of 1.5** was calculated. This indicates that per average 1.5 children per household depend on 1 adult (excluding elderly).

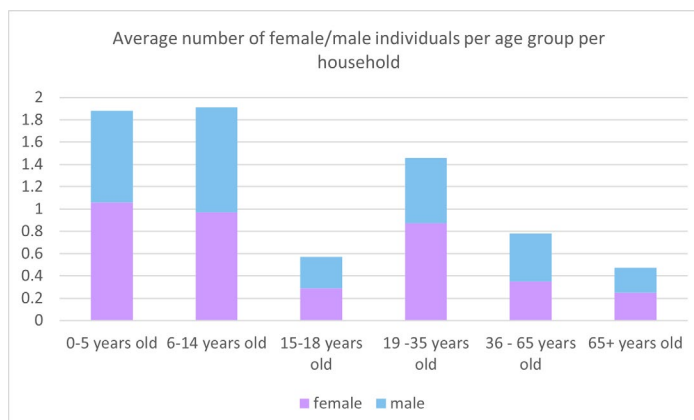


Figure 15 The average total number, including female and male individuals per age-group within a household

Seventy-seven percent of the household heads are married, 11% are widowed, 3% and 6% are divorced and separated and lastly, 1% is single, without having been married before. Due to the high number of married households compared to all other categories, it was decided to not include a marriage status disaggregation in the following results and analysis.

8.1.2 HUMAN ASSETS

Under human assets, the following findings were made. The sub-chapter includes child marriage and teenage pregnancies, child migration, education as well as diseases, chronic illnesses and pregnancies.

(TEENAGE) PREGNANCIES AND CHILD MARRIAGE

Only **seven households reported having at least one pregnant person** in their household. Out of those, **86% (six out of seven) were able to access maternal care** since March 2020. Out of those six households, **67% (four households) accessed government health units, and 33% (two households) have accessed private health units**.

9% of respondents reported to have married girls below the age of 18 living in their household, **7% reported to have girls below the age of 18 who have children** living in their household and **1% (1 household) reported to have a pregnant girl below the age of 18** living in their household.

CHILD MIGRATION

Eleven percent of households reported that since March 2020, children below the age of 18 to have migrated. Out of those 11% positive responses 82% (9 in total) are from MHHs and 73% (8 in total) are from households headed by people between the age of 36 to 65. No respondents indicated to know about any children in their household planning or having attempted to leave unsuccessfully.

EDUCATION

The average number of female and male children going to school per household is one of each and the same applies for the average of female and male children that are planned to be sent back to school once they open again.

However, **61% of respondents replied that the intention is that all female children** who were going to school before the closure shall return. Between the sub-counties, the greatest difference in answers was detected. In Lopeei, only 41% of the respondents plan to send all female children back to school, while the other sub-counties

varied between 59% to 65%. Additionally, 47% CaR project household respondents plan to send all female children back compared to 61% of non-project households and 67% (4 in total) of households with heads aged 65+ years compared to 54% of each, households with heads aged 19 to 35 and 56 to 65. From the ones who do **not plan to send all female children back, the most common reason (63%) was stated as financial shortcomings**. Forty percent of all MHHs stated that financial shortcomings are the reason, compared to 27% of FHHs. Highest positive response per sub-county was found in Lopeei (44%) and the lowest in Lokopo (23%). None of the households with heads aged 65+ years compared to 39% of households with heads aged 36 to 65 years stated financial reasons.

For male children, **49% of the respondents plan to send every boy back**, who was attending school before the closure. It was found that 42% of FHHs compared to 53% of MHHs and 46% of each, households with heads aged 19 to 35 years and 36 to 65 years compared to 83% of households with heads aged 65+ years planned to send all male children back. Fifty-seven percent of non-project households plan to send all their male children back compared to 38% of all CaR project households. The lowest percentage of respondents who plan to send male children back are from Lopeei (38%) and the highest in Lokopo (62%). For those who do **not intend to send all male children back to school, the majority (83%) indicated that financial reasons** are the cause. Regarding the sub-counties, Matany was found to have the highest percentage of stating financial shortcomings (45%) and Lokopo the lowest (19%). None of the households with heads aged 65+ years stated financial reasons, compared to 38% of households with heads aged 19 to 35 years and 36 to 65 years. Figure 16 depicts the reasons the household member chose as to why female and male children are not planned to be sent back to school.

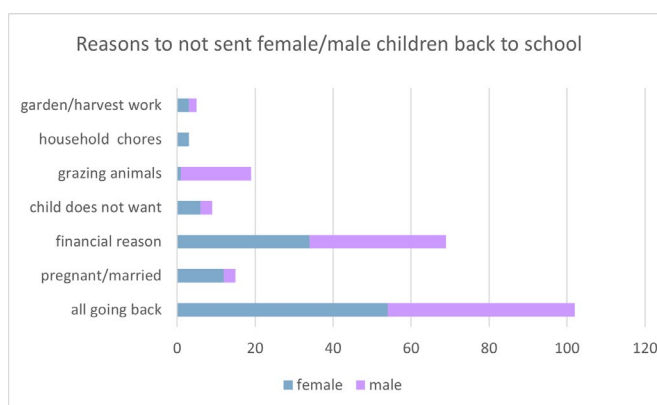


Figure 16 Reasons to not sent female/male children back to school

DISEASES AND CHRONIC ILLNESSES

Of all illnesses suffered by adults since the beginning of the lockdown and COVID-19 pandemic in Uganda in March 2020, **61% of all households had at least one adult who suffered from malaria, while 66% of households had at least one adult member that contracted scabies**. It was found that 69% of FHHs suffered from Malaria, compared to 53% of MHHs and 50% of households with heads aged 65+ years compared to 62% of households with heads aged 19 to 35 years. Regarding scabies, 78% of FHHs contracted the disease, compared to 55% of MHHs and 50% of households with heads aged 65+ years compared to 68% of households aged 19 to 35 years. In Matany, the lowest amount of scabies infection was found (53%) and the highest in Ngoleriet (76%).

From the households that had at least one adult (>18 years old) falling sick since March 2020, the majority of households with **74% was able to access treatment**. Seventy one percent of households with heads aged 36 to 65 years compared with 83% (5 in total) of households with heads aged 65+ years and 80% of all FHHs and 67% of all MHHs accessed treatment. Regarding the sub-county, the highest access was found in Ngoleriet (88%) and the lowest in Lokopo (65%). From the ones that accessed treatment, **73% went to government health units, followed by private health units which were accessed by 49%**. Eighty three percent of FHHs accessed government health units, compared to 62% MHHs. Per sub-county, the highest access was found in Lokopo (82%) and the lowest in Matany (67%). Private health units were accessed by 57% of CaR project households compared to 42% of the non-project households. Additionally, the lowest access to private health units was found in Lokopo (41%) and the highest in Lopeei (61%).

Moreover, **69% of households indicated to have had at least one child (<18 years old) suffering from malaria, while 67% of respondents reported that at least one child (<18 years old) in the household suffered from scabies**.

Seventy eight percent of FHHs compared to 58% of MHHs and 73% of households with heads aged 19 to 35 years compared to 50% of households with heads aged 65+ years had at least one child suffering from scabies. Furthermore, 78% of CaR project households had at least one child suffering from scabies, compared to 59% of non-project households. Additionally, the lowest amount of scabies amongst children was found in Matany (53%) and the highest in Ngoleriet (76%). For Malaria, FHHs were found to have more often affected children compared to MHHs (76% compared to 62%) Regarding sub counties, Lokopo was found with the highest amount (85%) and Matany with the lowest (59%).

Seventy seven percent of the affected children were able to access medical care. 87% of FHHs compared to 67% of MHHs with sick children accessed medical care and 86% of households with heads aged 19 to 35 years compared to 67% of households with heads aged 65+ years accessed medical care. 82% of all CaR project households compared to 72% of non-project households accessed healthcare for children. The sub-county with the lowest access was found to be Matany (73%) and the highest in Lokopo (85%). **Governmental health units** were the most often accessed health delivery with **79% of the sick children** accessing them, followed by **private health units which were accessed by 45% of the children**. 87% of FHHs with sick children accessed governmental health units compared to 70% of MHHs and all (6 in total) households with heads aged 65+ years compared to 75% of households with heads aged 36 to 65 years. Per sub-county, Ngoleriet had the highest percentage of households (85%) and Lopeei the lowest (72%). Regarding private health units, 54% of CaR households compared to 36% of non-project households with sick children accessed them. Lowest access was found in Matany (31%) and the highest in Lopeei (56%).

Out of the 99 households, **20 reported to have members that require regular medical care** for chronic illnesses. Out of those 20, **75% are suffering from tuberculosis**. Similarly, **75% were able to access their regular medical care**, while alternative medical services have been mostly accessed through governmental health units.

8.1.3 SOCIAL ASSETS

Social assets are further divided into (social) groups as well as assistance and programmes from external providers such as governmental agencies and NGOs.

GROUPS

Out of the 99 households, **54% indicated to be a member in at least one social group**. Sixty seven percent of all FHHs responded to being in at least on social group compared to 42% of MHHs. Per sub-county, Lokopo had the lowest (42%) percentage of respondents belonging to at least one social group and Lopeei as well as Ngoleriet the highest (each 59%). Out of the 53 total respondents that are member in at least one group, **74% are member in a Village Savings and Loan Association (VSLA), 38% are member of a social/drinking group and 34% are member in a cultural group**, such as music or dance groups. Out of the ones that belong to at least on social group 80% of CaR households compared to 68% of non-project households belong to a VSLA. The sub-county with the lowest percentage of VSLA members out of the ones that are in a social group is Lopeei (65%) and the highest is Lokopo (82%). **Sixty percent of the households who are a member of at least one group indicated that the VSLA is their most important group**. Fifty three percent of FHHs compared to 70% of MHHs and 76% of households with heads aged 19 to 35 years compared to 48% of households with heads aged 36 to 65 years indicated this. Additionally, 80% of CaR households compared to 43% of non-project households indicated the VSLA to be their most important group. In Matany sub-county the highest percentage was found (75%) and in Lopeei the lowest (50%).

Regarding which groups have been hindered due to COVID-19, **50% of the households which are member in at least one group reported that drinking groups have been hindered**. Twenty four percent of all CaR project households compared to 75% of non-project household and 62% of households with heads aged 36 to 65 years compared with 43% of households with heads aged 19 to 35 noted this. Matany was found with the lowest percentage (25%) and Ngoleriet with the highest percentage (70%) to indicate the impediment of drinking

groups. **Fifty four percent indicated that VSLA groups had been hindered and 41% reported that music and dance groups had been impeded.** Regarding the impediment of VSLAs, 60% of all FHHs compared to 48% of all MHHs that have been member in any group and 52% of households with heads aged 36 to 65 years compared to 67% (2 in total) of households with heads aged 65+ years noted their impediment. Lopeei was found to have the smallest percentage (50%) of respondents indicating the impediment of VSLAs and Ngoleriet the highest (60%).

ASSISTANCE AND PROGRAMMES

22% (22 in total) of all households indicated having received some form of assistance (excluding through the CaR project) **before the COVID-19 outbreak and lockdown** (from October 2019 to March 2020). Out of those 22 households, **91% received their assistance from NGOs and 91% received food assistance.**

Out of the 22 households having received some form of assistance before COVID-19 and the lockdown, **nine (41%) continue to receive the same assistance after March 2020.** Only **6% of all households indicated to have received new assistance or having become a project participant** since the first lockdown measures were put in place. **All those households received assistance from NGOs, and all received food assistance.**

8.1.4 NATURAL AND PHYSICAL ASSETS

Natural and physical assets include the type and amount of land ownership, the access and utilization of land, access to water and sanitation as well as housing.

LANDOWNERSHIP TYPE AND AMOUNT

Out of the 99 household respondents, **15% indicated to have** (which includes all forms of landownership and forms of land use) **less than 0.5 acre of land, 37% reported to have 0.5 – 1 acre of land, 19% indicated to have 1.1 – 2 acres, 12% reported to have 2.1 – 3 acres and 11% reported to have more than 3 acres.** Five percent of people do not have any land. It was found that 56% of all FHHs owned 0.5 to 1 acre of land compared to 22% of all MHHs and 17% (1 in total) of households with heads aged 65+ years compared to 41% of households with heads aged 19 to 35 years. Furthermore, Lokopo was found to have the least amount (31%) of households owning 0.5 to 1 acre of land and Ngoleriet the highest (47%).

Regarding the landownership of households that have land (Figure 17), **65% of respondent indicated that they would be owning their own land, 19% reported to borrow land and 8% indicated to rent land.** The rest combined different forms of landownership. Regarding land ownership, it was found that 57% of households with the head aged 19 to 35 years owned land compared to 77% of households with the head aged 36 to 65 years. Additionally, Ngoleriet was found to have the highest number (94%) of households owning land and Lokopo the lowest amount (46%).

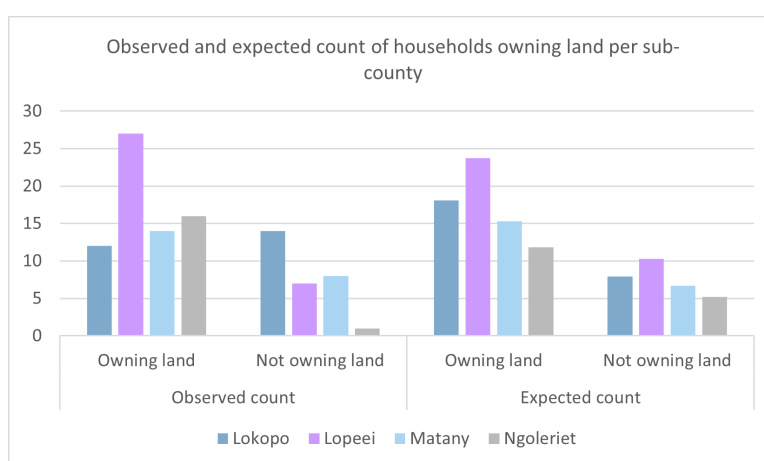


Figure 17 Observed and expected count of households owning land per sub-county

Out of the 94 households that own, borrow, or rent land, **77% reported that the amount of their land did not change since March 2020** (since COVID-19 measures were first put in place). **Seven percent indicated that the total amount of their land increased and 5% reported that their total amount of land decreased since March 2020.**

ACCESS AND UTILIZATION OF LAND

When asked whether household can access and utilise their land normally since March 2020 compared to the previous 6 months (October 2019 – March 2020), 81% of the 94 households that have land (all different types of landownership) **reported that they have normal access and are able to utilise their land as usual. Fourteen percent indicated that they had access but are no longer able to utilise the land as they did before, and 5% indicated to not have access and are not able to utilise the land normally** (Figure 18).

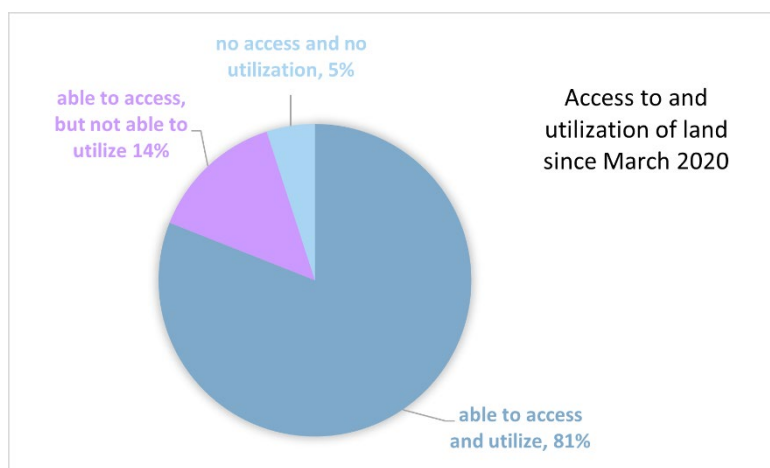


Figure 18 Access to and utilization of land since March 2020

Sixty five percent of all households currently owning, renting or borrowing land indicated to use their land for crop production only, 13% reported to use the land for crop production and either grazing, renting out to others, occupied by others or tree planting. 8% indicated to not use their land at all. For households using their land for crop production only, it was found that 93% of all CaR households compared to 76% of non-project households are using it for crop production only. Additionally, all households from Ngoleriet are using their land for crop production only, compared to 73% of all households in Lokopo.

Furthermore, **74% of respondents indicated that they did not change their land-use since March compared to the 6 months before (October to March 2020), while 25% indicated to have changed their land-use.** Sixteen percent of all FHHs changed their land-use since March compared to 31% of MHHs. Additionally, four out of the six households with heads aged 65+ years changed their land-use, compared to 16% of households with heads aged 19 to 35 years. Most households who changed their land-use since March 2020 have used it previously for crop production only and are now combining crop production with other land-use forms.

ACCESS TO WATER AND SANITATION

Regarding access to water, **63% of all households reported having accessed water through a borehole before March 2020. Eighteen percent used wells to access water, 12% accessed water through pipes and 9% accessed water through rivers and streams.** It was found that 46% of all households with heads aged 19 – 35 accessed water through boreholes compared to 77% of all households with heads aged 36 to 65 years. Moreover, 49% of all CaR project households accessed water through boreholes compared to 78% of non-project households. All households in Ngoleriet accessed water from boreholes while the sub-county with the lowest percentage of borehole users was found to be Lopeei with 50%.

Eighty five percent of all households interviewed indicated that they continued using the same kind of water source since March 2020. When asked about any difficulties accessing water now compared to before March 2020, **46% (46 total) of the total households indicated they were facing difficulties to access fresh water** since March 2020 compared to before. Out of those 46 households, **70% of people responded to have to walk longer distances, 13% indicated to have to wait longer periods at the water source and 17% stated other reasons,** from which having to share their water source with animals was named the most often. Twenty seven percent of all households with heads aged 19 to 35 years indicated to have to walk longer distances to access water sources compared to 50% (3 in total) of all households with heads aged 65+ years. Forty one percent of non-project households compared to 22% of CaR households had to walk longer distances. In Matany, the highest percentage (45%) of all households that had to walk longer distances was found and in Lopeei the least (21%).

Overall, **62% of the total respondents replied to access drinking and cooking water through boreholes, with 17% accessing water for consumption through wells.** Fifty three percent of all FHHs compared to 67% of all MHHs accessed their water for consumption through boreholes and 51% of all households with heads aged 19 to 35 compared to 68% of all households with heads aged 36 to 65 did so. Additionally, 51% of CaR households compared to 70% of non-project households accessed drinking water through boreholes. The highest percentage of households accessing drinking water through boreholes was found in Ngoleriet (88%) and the lowest in Lopeei and Matany (50% each).

Thirty seven percent of all respondents indicated that their water for consumption is treated for safety. Forty percent indicated to not use safe water for consumption and 22% did not know whether their water was treated. Fifty one percent of all FHHs compared to 25% of all MHHs treated their water, while 67% (4 in total) of all households with heads aged 65+ years did so, compared to 24% of all households aged 19 to 35 years. The highest percentage of households that treated their water for consumption was found in Ngoleriet with 71% of all households and the lowest in Lopeei with 24%. Out of the 37 respondents that implied to treat their water for consumption, **51% indicated use of chlorine or bleach to treat water 24% are boiling their water to treat it and 22% let the water stand and settle.**

When asked about which kind of latrine (or place) is foremost being used for relief, **81% of the total respondents replied to (mostly) use open defecation, 16% replied to use (mostly) latrines.** Eighty two percent of all households aged 36 to 65 years compared to 67% (4 in total) of all households with heads aged 65+ years and 93% of all CaR households compared to 70% of non-project households used mostly open defecation. All households in Ngoleriet were found to use open defecation, while the lowest percentage was found in Matany with 64%.

Only **5% of all respondents changed their place of defecation since March 2020,** the beginning of the pandemic and lockdown in Uganda. Those 5 people stated broken latrines as the major reason to change the place of defecation.

HOUSING

Sixty eight percent of the total respondents indicated to not have a stable house that is safe and dry. Three of the six households with heads aged 65+ do not have a stable house compared to 70% of all households aged 36 to 65 years. Additionally, 78% of CaR project households compared to 59% of non-project households do not have a stable shelter. The sub-county with the highest percentage of households not having a stable house was found to be Ngoleriet (88%) and the lowest to be Matany (59%). Only **3% indicated that their housing has been changing since March 2020,** when the pandemic and lockdown started in Uganda.

8.1.5 FINANCIAL ASSETS AND LIVELIHOOD STRATEGIES

This category includes income sources, monthly income and expenditures, cash reserves and lending out as well as borrowing money.

SOURCES OF INCOME AND THEIR IMPORTANCE

When asked about the different sources of income during 2019, **68% of the total respondents replied to have earned money by selling firewood or charcoal, 65% replied that they had earned money through casual labour, 41% replied to have earned money through brewing and selling alcohol and 27% replied to have earned money through crop sales. Four percent replied to have had no sources of income at all.** The majority (99%) indicated to combine two- or three-income sources. Sixty percent of all FHHs compared to 73% of all MHHs and 76% of all CaR households compared to 61% of all non-project households indicated to have earned money through selling firewood or charcoal. Ngoleriet was found to have the highest percentage (76%) of households earning money

through selling firewood or charcoal and Lokopo the lowest (58%). Regarding casual labour, 60% of all MHHs compared to 69% of FHHs and 33% (2 in total) of all households with heads aged 65+ years compared to 76% of all households with heads aged 19 to 35 years employed this strategy. Additionally, 60% of all MHHs compared to 69% of all FHHs and 82% of all CaR project households compared to 50% of non-project households engaged in casual labour in 2019. Ngoleriet was found to have had the highest percentage of households engaging in casual labour in 2019 with 88% and Lopeei the lowest with 53%. Brewing and selling alcohol was employed by 67% (4 in total) of all households with heads aged 65+ years compared to 38% of all households with heads aged 36 to 65 years. Lowest percentage of households having employed this strategy in 2019 was found in Ngoleriet (35%) and the highest in Lokopo (46%). Lastly, the selling of crops had been employed by 35% of all MHHs compared to 18% of all FHHs, while 22% of all households with heads aged 19-35 employed this strategy compared to 33% (2 in total) of households with heads aged 65+ years. Ngoleriet had the least percentage of households who engaged in crop sales with 12% and Lokopo the highest with 27%.

When asked to rank **their three most important sources of income for 2019, selling firewood or charcoal was the most often (by 31%) chosen first option, together with brewing and selling alcohol**, which was chosen as the most important source of income **by 24%**. The selling of alcohol was ranked as the most important source of income in 2019 by 13% of all CaR households compared to 33% of all non-project households and by 31% of all FHHs compared to 18% of all MHHs. Highest percentage per sub-county was found in Matany (32%) and the lowest in Ngoleriet (12%). Regarding selling of firewood and charcoal, the sub-county with the highest percentage was found to be Lopeei (41%) and lowest in Lokopo (23%). Thirty five percent of households with heads aged 19 to 35 years employed this strategy as their main source of income compared to 0 of households with head aged 65+ years.

The **second most important source of income**, most often chosen by respondents was **casual labour (by 32%) and selling firewood or charcoal (by 23%)**. Forty three percent of all households with heads aged 19 to 35 years indicated casual labour as their second most important source compared to 27% of all households with heads aged 36 to 65 years, while 40% of all CaR households and 26% of non-project households did so. The sub-county with the lowest percentage of households with casual labour as the second most important source of income in 2019 was found to be Ngoleriet with 24% and Lopeei the highest with 38%.

Lastly, the most often chosen **third most important source of income for 2019 was casual labour by 27%, while 17%** replied to either have **no third option of income or engaging in small business**. Thirty three percent of all FHHs compared to 22% of all MHHs as well as 18% of CaR households compared to 35% of non-project households indicated casual labour as their third most important source of income for 2019. The highest percentage per sub-county was found in Lokopo with 35% and the lowest in Lopeei with 21%.

Ninety one percent of the total respondents replied that their income sources did not change since March 2020, when the pandemic and lockdown started in Uganda. Ninety six percent of all FHHs compared to 84% of all MHHs did not experience a change in income sources. The sub-county with the highest percentage was found to be Matany with 95% and the lowest to be Lokopo with 77%. **The ranking of the three most important sources of income per household has not been changing regarding type of income sources, but the percentage of people choosing the options**. Figure 19, on the next page depicts the ranking of the three most important sources of income in 2019 (left) and since March 2020 (right).

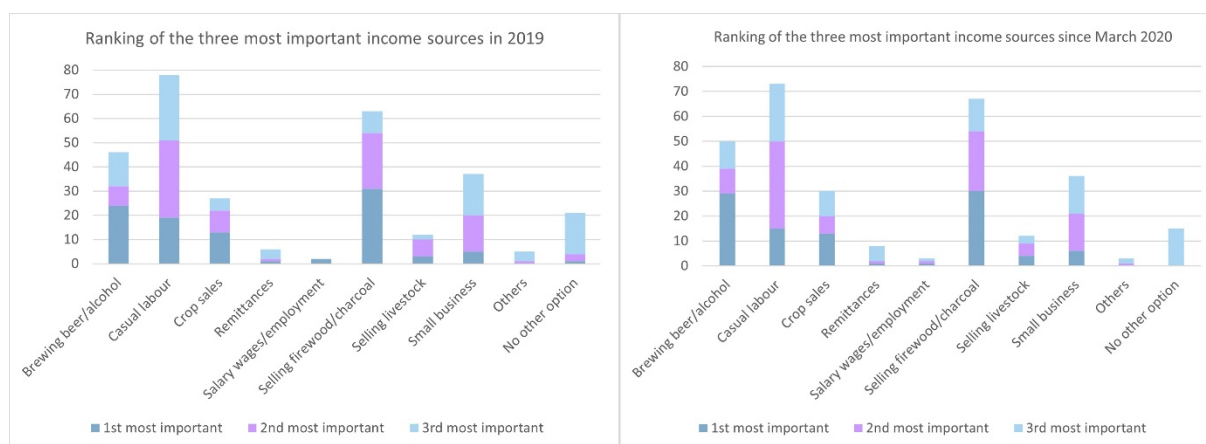


Figure 19 Comparison of ranking of the three most important income sources in 2019 and since March 2020

Therefore, the **most often chosen most important source of income since March 2020 was selling firewood or charcoal (by 30%) and selling of alcohol (by 29%)**. Charcoal and firewood as most important source were indicated by 41% of all households with heads aged 19 to 35 years compared to 27% of all households with heads aged 36 to 65 years (and 0% of households with heads aged 65+ years). Ngoleriet was found to be the sub-county with the lowest percentage (24%) and Lopeei with the most (35%). Brewing and selling of alcohol was chosen as the most important income source since March 2020 by 38% of all FHHs compared to 22% of all MHHs and by 38% of all CaR households compared to 22% of non-project households. Highest percentage per sub-county was found in Matany with 41% and the lowest in Ngoleriet and Lopeei, each with 24%.

The most often chosen second most important source of income was casual labour (by 35%) and selling of firewood and charcoal (24%). Forty four percent of all FHHs compared to 27% of all MHHs indicated casual labour as their second most important income source since March 2020 and 46% of all households with heads aged 19 to 35 years compared to 32% of all households with heads aged 36 to 65 (and 0% of the household with heads aged 65+ years) did so. Highest percentage per sub-county was found in Ngoleriet with 47% and the lowest in Lopeei and Matany, each with 32%.

The most often chosen third most important source of income since March 2020 was again casual labour (by 23%), while 15% each indicated their third most important source of income to be small business or not having any other source.

MONTHLY INCOME AND EXPENDITURE SOURCES

Sixty one percent of the total respondents replied that their average monthly income since March 2020, when the pandemic and lockdown started in Uganda was below 50,000 UGX per month and 2% replied that their average monthly income was between 50,000UGX and 250,00UGX. 36% indicated to not be able to estimate their average monthly income. Seventy three percent of all households with heads aged 19 to 35 years compared to 54% of all households with heads aged 36 to 65 years earned below 50,000UGX on average per month. Sixty seven percent of all non-project households compared to 56% of all CaR households earned per average below 50,000UGX per month. The sub-county with the highest percentage of households earning below 50,000UGX on average per month is Ngoleriet and the lowest is Lokopo.

The three main areas that people spent money on since March 2020 were indicated by respondents as following: **seventy two percent of the respondents indicated that food was their main expenditure**. Sixty four percent of all FHHs compared to 76% of all MHHs indicated food as their main expenditure, while 65% of all households with heads aged 19 to 35 years and 77% of all households with heads aged 36 to 65 years did so. Sixty percent of all CaR households compared to 81% of non-project households did so. Lokopo was found as the sub-county

with the highest percentage (77%) of households with food as their main expenditure and Matany the lowest (68%). Additionally, 23% indicated that health (treatment and/or medicine) was their main area of expenditure.

Health expenditures (treatment and/or medicine) was indicated to be the second main expenditure for 46% of the households and 25% indicated that food was their second main expenditure. Thirty two percent of households with heads aged 19 to 35 years compared to 57% of households with heads aged 36 to 65 years indicated health related costs as their second main expenditure and 53% of all CaR households compared to 41% of non-project households did so. Ngoleriet has the highest percentage (65%) of households with health as their second main expenditure and Lopeei the lowest (42%). Food was indicated as the second main expenditure by 31% of all FHHs compared to 20% of all MHHs and by 35% of all households with heads aged 19 to 35 years compared to 17% (1 in total) of all households with heads aged 65+ years as well as 38% of all CaR households compared to 15% of non-project households.

Clothes were indicated to be the third main expenditure for 31% of respondents, while 23% replied that saving money was their main expenditure (as payments for saving groups). Thirty-five percent of all households with heads aged 19 to 35 years and none of the households with heads aged 65+ years indicated clothes as their third main expenditure. Additionally, 38% of all CaR households compared to 26% of non-project households did so. Lokopo has the highest percentage of households indicating clothes as their third main expenditure with 42% and Matany the lowest, with 23%.

CASH RESERVES, LENDING AND BORROWING OF MONEY

Forty-three percent of the total respondents replied to have cash reserves. This was indicated by 39% of all households with heads aged 36 to 65 years compared to 49% of households with heads aged 19 to 35 years (and 50% (3 in total) of households with heads aged 65+ years). Additionally, Matany was found with the highest percentage (50%) of households with cash reserves and Lokopo with the least percentage (31%). **Twenty five percent of the total respondents indicated that their household has lend out money since March 2020.** Sixteen percent of all FHHs compared to 33% of all MHHs and 17% (1 in total) of all households with heads aged 65+ years compared to 27% of all households with heads aged 36 to 65 years did so. Additionally, Ngoleriet was found to have the lowest percentage of households having lend out money with 12% and the highest in Matany with 36%.

Sixty percent of the total respondents replied that they have borrowed money since March 2020. This was indicated by 44% of all FHHs compared to 71% of all MHHs and 57% of all households with heads aged 36 to 65 years compared to four of the six households with heads aged 65+ years. Fifty two percent of all non-project households compared to 69% of all CaR households borrowed money. Lokopo was found to have the lowest percentage of households borrowing money with 54% and Lopeei the highest with 65%.

Asked about the different sources to have borrowed money from, out of the 59 households that have borrowed money since March 2020, **58% (34 in total) replied to have borrowed money from friends or relatives, 49% (29 in total) replied to have borrowed money from saving groups and 12% (7 in total) replied to have borrowed money from a money lender.** Twenty percent of all FHHs compared to 34% of all MHHs borrowed money from friends and relatives and 38% of all households with heads aged 36 to 65 years compared to 17% (1 in total) of households with heads aged 65+ years did so. Forty-two percent of all CaR households compared to 28% of non-project households did so while 29% of households in Ngoleriet did so compared to 41% in Matany. Saving groups were used to borrow money from by 25% of households with heads aged 36 to 65 years compared to 50% (3 in total) of households with heads aged 65+ years. Forty-four percent of CaR households compared to 17% of non-project households did so, while Ngoleriet was found with the highest percentage (41%) of households and Lokopo with the lowest percentage (23%) to borrow money from saving groups.

Regarding the different reason households borrowed money for, out of the 59 total households having borrowed money since March 2020, **food was brought by 93% and medicine or other health expenditures were paid by 76%.** Additionally, **agricultural inputs (such as seeds, fertilizers, or garden tools) where bought by 17%.**

Food as reason to borrow money was indicated by 40% of FHHs compared to 67% of MHHs. Fifty four percent of all households with heads aged 36 to 65 years compared to four of the six households with heads aged 65+ years and 62% of CaR households compared to 50% of non-project households did so. The sub-county with the highest percentage of households borrowing money to buy food was found to be Lopeei with 62% and the lowest to be Matany and Lokopo, each with 50%. Borrowing money for health expenditures was indicated by 31% of all FHHs compared to 51% of all MHHs and 33% of all households with heads aged 65+ years compared to 49% of all households with heads aged 18 to 35 years. Highest percentage per sub-county was found in Lopeei and Matany, each with 50% and the lowest in Ngoleriet with 35%.

8.1.6 PREVALENCE OF VIOLENCE AND VULNERABILITY CONTEXT

This sub-chapter refers to the findings regarding the vulnerability context (disaster), violence against children, consistently sad or withdrawn people, domestic violence as well as public violence (raids).

VULNERABILITY CONTEXT

Eighty two percent of all respondents replied with having experienced some form of damage from natural disasters (hazards). Matany was found to have the highest percentage of households which experienced some form of natural disasters with 95% and Ngoleriet the smallest percentage with 59%. **Out of the 81 respondents that experienced some form of natural disaster, 58% experienced damages due to (flash) floods.** Fifty five percent of MHHs compared to 38% of FHHs and 59% of households with heads aged 19 to 35 years compared to 39% of households with heads aged 36 to 65 years experienced (flash) floods. Additionally, the sub-county with the highest percentage of households experiencing flash floods was found to be Lokopo with 58% and the lowest in Ngoleriet with 29%.

Forty percent of the total 81 households experienced damages due to plant pests. 24% of FHHs compared to 38% of MHHs and 24% of CaR households compared to 39% non-project households experienced plant pests. The lowest percentage was found in Ngoleriet with 12% of households and the highest in Lokopo with 38%.

Thirty six percent of the 81 households experienced damages due to animal diseases. Twenty four percent of all FHHs compared to 33% of all MHHs and 50% (3 in total) of all households with heads aged 65+ years compared to 27% of households with heads aged 36 to 65 years experienced animal diseases. The sub-county with the lowest percentage of households experiencing animal diseases was found to be Ngoleriet with 24% and the highest with 35% to be Lopeei.

Furthermore, out of the 81 households 30% experienced damages from each desert locust and droughts.

VIOLENCE AGAINST CHILDREN

When asked whether any children in the household had experienced different forms of abuse (mental and physical) since March 2020, **65% of the total respondent replied that their children did not experienced any abuse. Twenty one percent replied that they used abusive words towards their children and 17% indicated that their children had experienced repeated physical abuse.** Seven percent replied that they had withheld meals as punishments (Figure 20). Not having any incidents of violence against children within

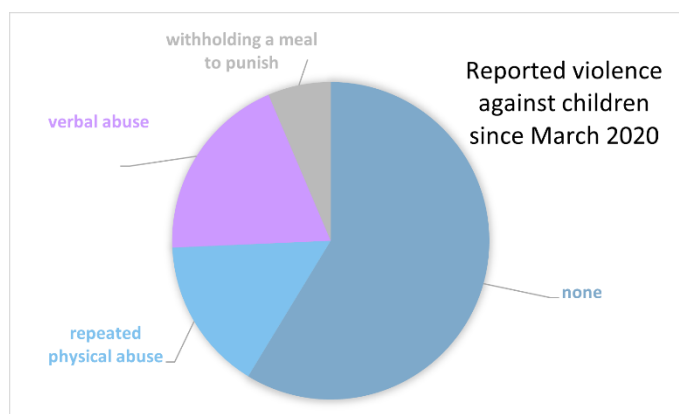


Figure 20 Reported forms of violence against children since March 2020

their households was indicated by 51% of all FHHs compared to 75% of MHHs. All (6 in total) households with heads aged 65+ years compared to 61% of all households with heads aged 36 to 65 years did so. Additionally,

53% of CaR households reported no violence against children compared to 74% of non-project households. The sub-county with the lowest percentage of households experiencing violence against children was found to be Ngoleriet with 53% and the highest with 77% to be Matany.

CONSISTENTLY SAD OR WITHDRAWN HOUSEHOLD MEMBERS

Forty seven percent of the total respondents indicated that at least one household member has appeared to be withdrawn or consistently sad or unhappy or depressed to the degree to not be able to participate in daily activities (including playing or spending time with family members) since March 2020. Seventy three percent of all FHHs compared to 24% of all MHHs and 57% of all households with heads aged 19 to 35 compared to 45% of households with heads aged 36 to 65 (and none of the households with heads aged 65+ years) indicated to have had members that appeared consistently sad. Additionally, 40% of CaR households compared to 52% of non-project households indicated this.

Thirty three percent of the total respondents replied that at least one member of their household has felt so troubled that it **was necessary to consult a spiritual, faith or traditional healer, counsellor, or health worker since March 2020**. Fifty three percent of all FHHs compared to 16% of all MHHs and 24% of CaR households compared to 41% of non-project households needed support through consultation. **Ninety four percent of the respondents that required consultation indicated that the consultation has helped** the affected people.

DOMESTIC VIOLENCE

Forty four percent of the total respondents indicated to have experienced some form of domestic violence within their household since March 2020. Fifty-three percent of all FHHs compared to 36% of all MHHs and 48% of all households with heads aged 36 to 65 years compared to 17% (1 in total) of households with heads aged 65+ years experienced some form of domestic violence. Furthermore, the sub-county with the highest percentage of households which experienced domestic violence was found to be Lokopo with 54% and the lowest with 32% to be Matany.

Out of the 44 households that experienced domestic violence, **86% replied that they experienced verbal abuse** between adults in their household since March 2020. Forty seven percent of all FHHs compared to 31% of all MHHs and 41% of all households with heads aged 19 to 35 years compared to 17% (1 in total) of all households with heads aged 65+ years experienced verbal abuses.

Additionally, 36% out of those indicated to have experienced physical fighting's within their household and **11% replied that they experienced the cast away or ran away** of an (adult) household member since March 2020.

Out of the 44 households that reported to have experienced some form of domestic violence between adult household members, **77% indicated to have accessed some sort of service to try to solve the situation**. Out of those, **74% replied to have consulted a trusted member of the community**. **Thirty two percent replied that they had received counselling from the local council or community elder**. Four respondents in total replied to have consulted more than one source.

PUBLIC VIOLENCE (LIVESTOCK RAIDS/THEFTS)

80% of all respondents replied that they had experiences raids or thefts since March 2020, when the pandemic and lockdown started in Uganda. Seventy three percent of all households with heads aged 19 to 35 years compared to all (6 in total) households with heads aged 65+ years experienced raids. Additionally, 91% of CaR project households compared to 70% of non-project households experienced raids. Lopeei was found to have the lowest percentage of households having experienced raids with 69% and Ngoleriet with the highest percentage of 94%.

Out of the 79 total households that experienced any raids or thefts, **78% indicated that livestock had been stolen**. Sixty nine percent of the FHHs compared to 86% of the MHHs that experienced raids and 80% of all households with heads aged 36 to 65 years compared to 67% (4 in total) of the households with heads aged 65+ years that experienced raids indicated a loss of livestock. The sub-county with the lowest percentage of households having lost livestock through raids was found to be Matany (44%) and the highest percentage in Lokopo the highest (89%).

Furthermore, 5% of the above 79 households replied that food items had been stolen and 4% of those households replied that household members were killed or that general household items (such as clothes or pans) had been stolen.

When asked about if and who they had contacted for help, **67% of the 79 households that experienced any raids or thefts indicated to have contacted the army/police/LDUs**. Fifty one percent of the FHHs compared to 80% of the MHHs who experienced raids contacted the army/police/LDUs and 80% of the CaR households compared 53% of the non-project households which experienced raids contacted the army/police/LDUs. Matany was found with the smallest percentage of households which had experienced raids to have contacted the army/police/LDUs with 31% and Lopeei the highest (79%). **Fifty two percent of the 79 households replied to have contacted local councils**. Sixty three percent of the FHHs compared to the 43% of MHHs which experienced raids contacted local councils. The sub-county with the highest percentage (69%) of households which experienced raids to contact the local councils was found to be Ngoleriet and the smallest percentage (38%) was found to be in Matany.

Moreover, 19% replied to have contacted community elders, 18% indicated to have contacted other trusted community members and 15% replied to have contacted no one. In 16% of the raid and theft cases it was possible to recover some of the stolen items and possessions. Only 4% indicated to have taken retaliation actions.

Out of the 99 total households, **82% indicated that they perceive the occurrence of raids and thefts to have increased since March 2020**, compared to the 6 months prior to that. All households with heads aged 65+ years compared to 76% of all households with heads aged 19 to 35 years and 91% of all CaR households compared to 74% of non-project households perceived an increase in raids.

8.1.7 FOOD SECURITY AND MALNUTRITION

In this sub-chapter, the findings regarding the main sources of food, availability and price of food on markets, food preparation methods as well as food-based coping mechanism are presented

MAIN SOURCES OF FOOD

When asked about the **main sources of food consumed during 2019** (from January to December), the majority replied **to buy food from markets (75%) and/or grow their own food (64%)**. Seventy one percent of households with heads aged 36 to 65 age compared to 83% (5 in total) households with heads aged 65+ years indicated the market as their main source for food. Lopeei was found with the highest percentage of households buying food mainly of the market with 85% and Ngoleriet with 59% the lowest percentage. Home grown food as the main source was indicated by 76% of households with heads aged 19 to 35 years compared to 55% of households with heads aged 36 to 65 years and by 69% of CaR households compared to 59% of non-project households. Additionally, Ngoleriet was found with the lowest percentage (47%) of households to grow their own food and Lopeei with the highest (74%).

Forty-four households out of the total 99 indicated to have **used only one main source for food, while the rest indicated to combine multiple food sources**. Relying on one main source only was indicated by 33% of FHHs compared to 53% of MHHs and by 38% of households with heads aged 19 to 35 years compared to 50% (3 in total) of households with heads aged 65+ years. Furthermore, Matany was found to be the sub-county with the highest percentage of households relying on one strategy with 50% while Lopeei and Lokopo were both found

to have the lowest percentage with each 38%. **Out of the households that only accessed one main source for food, 64% accessed food over the market.** Twenty two percent of FHHs compared to 33% of MHHs and 19% of households with heads aged 19 to 35 years compared to 34% of households with heads aged 36 to 65 years accessed food only through markets. Matany was found to have the highest percentage of households exclusively accessing food from the market with 36% and Lokopo to have the lowest percentage with 19%

Asked about the **main source of food consumed over the past month** (September 2020), **52% indicated to have mainly bought food on markets and 33% indicated to mainly have grown their own food.** Thirty eight percent of FHHs compared to 64% of MHHs and 43% of households with heads aged 19 to 35 years compared to 59% of households with heads aged 36 to 65 years mainly accessed food from the market. Ngoleriet with 71% was found with the highest percentage and Lokopo with 35% with the lowest. Food over the last month was mainly grown at home by 38% of FHHs compared to 29% of MHHs and by 50% of households with heads aged 65+ years compared to 25% of households with heads aged 36 to 65 years. Additionally, 42% of CaR households compared to 26% of non-project households indicated home grown food as their main source over the month of September. Lokopo was found with the highest percentage (50%) and Ngoleriet with the lowest percentage (12%) of households growing their own food as a main source (Figure 21).

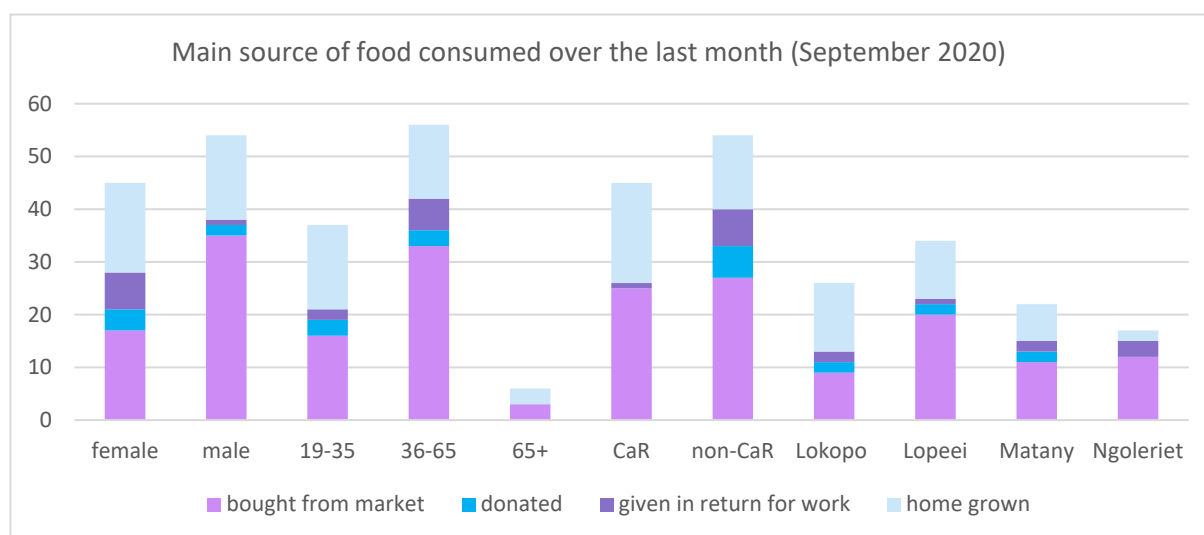


Figure 21 Main source of food consumed per GAD criteria over the last month (September 2020)

From the 99 total households, **38 received food for work or donated food since March 2020.** Forty nine percent of FHHs compared to 29% of MHHs and 33% of CaR households compared to 43% of non-project households received food for work or donated food in the timeframe. The sub-county with the lowest percentage of households to receive food for work or donations was found to be Lokopo with 19% and Ngoleriet with 44% to have the highest percentage. **Seventy six percent of the ones that received food for work or donations replied that they did not notice any changes** regarding increasing or decreasing food quality, quantity, and diversity. Out of the households that received food for work or donated food, none (2 in total) of the households with heads aged 65+ years compared to 74% of the households with heads aged 36 to 65 years and 87% of the CaR households compared to 70% of non-project households noticed changes. Ngoleriet was found with the highest percentage (89%) of households that perceived a change and Lokopo with the lowest percentage.

PRICES, QUANTITY, QUALITY AND DIVERSITY OF FOOD ON MARKETS

Out of the 70 households that indicated to buy food from markets, **79% replied that prices for food items had increased** since March 2020. Sixty seven percent of FHHs compared to 45% of MHHs noticed an increase in prices. Eighty eight percent (the highest) of households in Ngoleriet and 41% (the lowest) of households in Lopeei noticed an increase in prices.

Forty four percent of households perceived that the quantity of foods on markets had increased. Thirty eight percent of FHHs compared to 25% of MHHs and 24% of CaR households compared to 37% of non-project

households noticed an increase in quantity of foods. Ngoleriet was found to have the highest percentage of households who perceived an increase in quantities with 59% and Lokopo with 21% the lowest percentage.

FOOD PREPARATION METHODS

When asked about the usual method to prepare food, **95% of the total household replied to use exclusively firewood, 4% replied to use a combination of firewood and charcoal and only 1% replied to use only charcoal.** Five respondents replied to have changed their food preparation method since March 2020, from those 5 households, 2 indicated financial reasons for the change in preparation while 3 respondents indicated availability of firewood or charcoal as the reason for change.

FOOD BASED COPING MECHANISM

Figure 22 depicts the distribution of answers regarding three food-based coping mechanism. Below, the time of four week referenced refers to the whole of September 2020.

Ninety three percent of the total households indicated to have worried about not having enough food during the last 4 weeks. All (100%) of CaR households compared to 87% of non-project households worried about not having enough food and from the sub-counties. Ngoleriet was found with the highest percentage (100%) and Matany with the lowest percentage (86%). Out of those 92 households in total, **53% indicated that that happened sometimes (3-10 times).** Furthermore, **38% indicated that that happened rarely (1-2 times)** and **9% indicated that that happened often (more than 10 times)** (Figure 22).

Ninety two percent of the total households indicated to have not been able to eat preferred foods during the last 4 weeks, because of a lack of resources. Ninety five percent of households with heads aged 36 to 65 years compared to 67% of households with heads aged 65+ years indicated this, while Matany was found to have the lowest percentage of households (77%) and Lopeei the highest percentage (97%) to do so. Out of those 91 households in total, **60% indicated that that happened sometimes (3-10 times).** Moreover, **27% indicated that that happened rarely (1-2 times)** and **12% indicated that that happened often (more than 10 times).**

Ninety four percent of the total households indicated to having had to eat a limited variety of foods due to a lack of resources during the last 4 weeks. Eighty three percent (5 in total) of households aged 65+ years compared to 98% of households with heads aged 36 to 65 years indicated having to eat a limited variety while the sub-county with the highest percentage of households to do so was found to be Lopeei (100%) and the sub-county with the lowest percentage to be Matany (86%). Out of those 93 total households, **67% replied that that happened sometimes (3-10 times), 24% indicated that that happened rarely (1-2 times) and 10% indicated that that happened often (more than 10 times).**

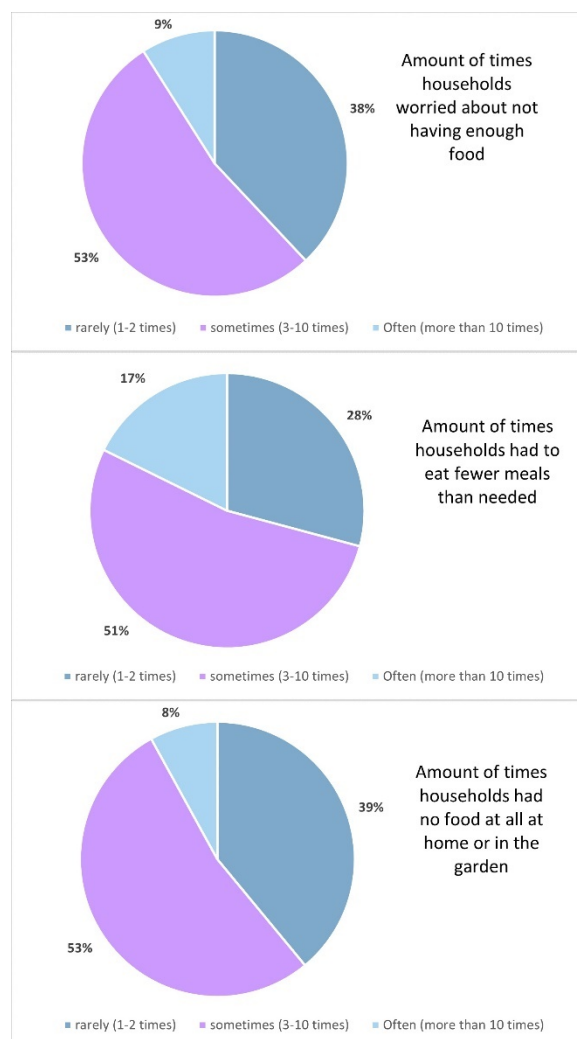


Figure 22 Amount of times households worried about not having enough food over a period of four weeks

Similar, **94% of the total households replied that they had to eat smaller meals than needed** during the past 4 weeks because of not having enough food. Out of the 93 total households, **57% replied that that happened sometimes** (3-10 times), **28% replied that that happened rarely** (1-2 times) and **15% replied that that happened often** (more than 10 times).

Ninety seven percent of the total households indicated that they had to eat fewer meals in a day during the past four weeks because there was not enough food. Out of those 96 total households, **51% indicated that that happened sometimes (3-10 times)**, 28% indicated that that happened rarely (one to two times) and 17% indicated that that happened often (more than 10 times) (Figure 22, previous page).

When asked whether **there was ever no food to eat of any kind in your house or garden** during the last four weeks, **76% of the total households replied with yes**. Eighty seven percent of FHHs compared to 65% of MHHs and 50% (3 in total) of households with heads aged 65+ years compared to 79% of households with heads aged 36 to 65 years replied this. The sub-county with the highest percentage of households having had no food to eat at all was found to be Ngoleriet (88%) and Lopeei with the fewest (68%). Out of those 75 total households, **53% indicated that that happened sometimes** (3-10 times), **39% replied that that happened rarely** (1-2 times) and **8% indicated that that happened often** (more than 10 times) (Figure 22, previous page).

Ninety three percent of the total households replied that they had to go hungry to bed at night sometimes during the last 4 weeks. All (100%) of FHHs compared to 85% of MHHs indicated this, while Lokopo was found to have the smallest percentage (88%) and Ngoleriet the highest percentage (100%). Out of those 92 total households, **50% replied that that happened sometimes (3-10 times)**, **39% replied that that happened rarely** (1-2 times) and **11% indicated that that happened often** (more than 10 times).

8.1.7.1 HOUSEHOLD AND INDIVIDUAL DIETARY DIVERSITY SCORE (HDDS)

This sub-chapter first informs about the findings regarding the HDDS in total and afterwards highlights findings regarding each food group

The **average HDDS calculated out of the total respondents amounts to 4.9** with a standard deviation of 2.7, indicating a rather wide level of spread of the single HDDS values around the average. When excluding the highest and lowest outliers from the average, **the HDDS average amounts to 4.7**. Figure 23 depicts the frequency of HDDSs in the blue bars while the black line depicts what a normal distribution would look like. The histogram shows that more households have an HDDS of 2 to 4 as well as a HDDS of 11 to 12 than expected under normal distribution. The minimum captured HDDS is 1, while the maximum HDDS is 12. The following groups have been created to group single HDDS values:

- lowest quarter (score 1-3)
- lower-middle quarter (score 4-6)
- upper middle quarter (score 7-8)
- upper quarter (score 10-12)

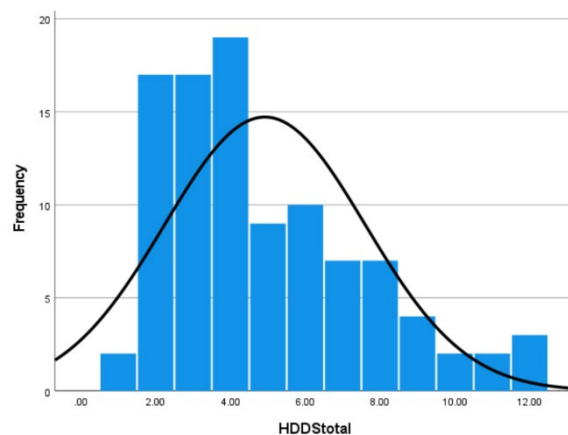


Figure 23 Histogram of the frequency of HDDS

The lower-middle quarter is the average. Thirty six percent of all households are in the lowest quarter of the HDDS, 38% are in the lower-middle quarter, while 18% are in the upper-middle quarter and 7% are in the upper quarter of the HDDS.

FHHs have a slightly higher average HDDS than MHHs, with 5.3 compared to 4.6. While FHHs and MHHs have nearly the same percentage of households in the lower-middle quarter of the HDDS (40% of all the FHHs and 37% of all MHHs) as well as in the upper quarter (FHHs and MHHs: 7%), the **biggest differences are in the**

distribution in the lowest quarter (FHHs: 27%, MHHs: 44%) and in the upper-middle quarter (FHHs: 27%, MHHs: 11%).

Households headed by a person between the age of 19 to 35 years have an average HDDS of 4.6, households with heads aged 36-65 years have an average HDDS of 5 and households with heads above the age of 65 have an average HDDS of 6.2. The biggest difference between the HDDS groups per age group of household heads is in the upper-middle quarter of HDDS between age group 19-35 and 36 to 65 years. Whereas in the 19-35 years group only 11% are in the upper-middle HDDS group, 25% (2 in total) of the age group 36-65 years are in that group.

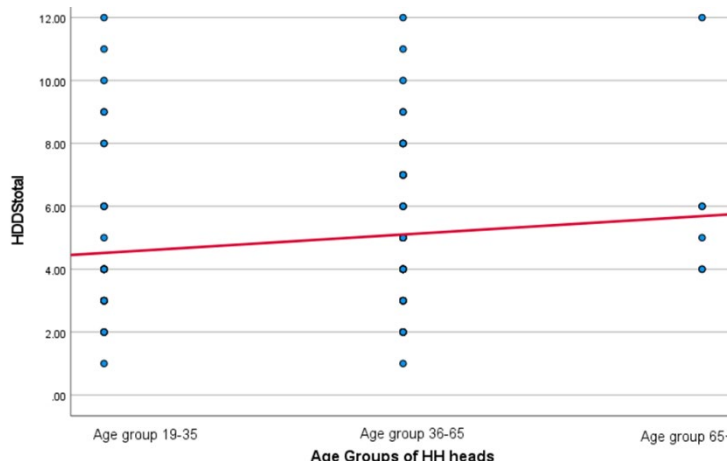


Figure 24 Distribution of HDDSs across age-groups of household heads

Figure 24, using a simple, scattered dot plot, depicts the distribution of HDDS per age group. The red line presents the Line of Best Fit, which is a straight line that expresses the relationship between the different points by having the same number of points above it and below it. The graph shows, that although the mean of HDDSs across age-groups of household heads is similar, households with heads aged 19 to 35 years and 36 to 65 years have a higher variety of HDDSs.

Lokopo has an average HDDS of 5, Lopeei 4.5, Matany 5.6 and Ngoleriet 4.7. Lokopo and Ngoleriet have the highest percentage of households in the lowest quarter HDDS group, with 46% of people in Lokopo and 47% in Ngoleriet being in that group. Most people in Lopeei and Matany are in the lower-middle quarter of HDDS groups, with 53% in Lopeei and 50% in Matany.

The average HDDS for CaR project households is 3.9, while the average score for non-project households is 5.8. Forty nine percent of CaR project households are in the lowest quarter HDDS group, while 26% of the non-project households are in that group. Thirty five percent of the non-project households are in the upper-middle and upper group, while 13% of the CaR project households are in those groups. Figure 25 visualises the distribution of HDDS for CaR and non-CaR households with the Line of Best Fit. The graph shows that the average HDDS from CaR project houses compared to non-project houses is 2 points lower.

INDIVIDUAL FOOD GROUPS

Table 6, on the next page depicts the percentages of the total households and GAD variables having consumed the single food groups which build up the HDDS. The red shaded rows are the two least consumed food groups, while the green shaded ones are the two most consumed food groups. The yellow boxes indicate which GAD group consumed the highest amount of a certain food group.

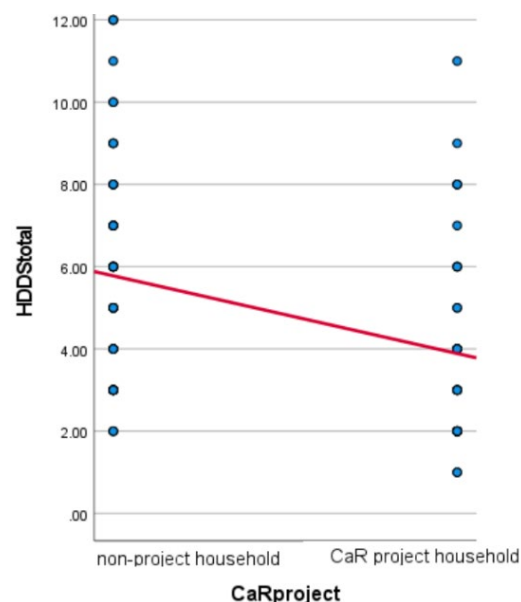


Figure 25 Scattered dot plot depicting the distribution of HDDS per project/non-project household

Food group	Total	Type of household		Age group of household head			Sub-county of household				(non-)CaR household	
		FHHs	MHHs	19-35	36-65	65+	Lokopo	Lopeei	Matany	Ngoleriet	CaR	Non-CaR
Cereals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
White tubers and roots	22%	36%	11%	22%	23%	17%	19%	12%	36%	29%	11%	32%
Vegetables	89%	93%	85%	87%	91%	83%	89%	82%	96%	94%	82%	94%
Fruits	31%	33%	30%	32%	30%	33%	35%	24%	23%	53%	27%	35%
Meats	18%	18%	19%	16%	18%	33%	19%	18%	27%	06%	13%	22%
Fish	11%	11%	11%	08%	13%	17%	12%	6%	23%	06%	7%	15%
Milk	25%	31%	20%	19%	27%	50%	27%	21%	27%	29%	16%	33%
Eggs	07%	07%	07%	08%	05%	17%	08%	0%	18%	06%	02%	11%
Legumes and nuts	51%	53%	48%	46%	50%	83%	50%	53%	55%	41%	36%	63%
Fats	57%	62%	52%	51%	59%	67%	58%	56%	73%	35%	29%	80%
Sweets	20%	29%	13%	19%	18%	50%	19%	12%	36%	18%	13%	26%
Alcohol	44%	44%	44%	41%	46%	50%	54%	47%	36%	35%	31%	56%

Table 6 Percentages of the total households and GAD variables having consumed the individual food groups.

It was found that **all households consumed at least one kind of starchy food over the last 24 hours.**

White roots and tubers were consumed by 22% of all households. Thirty six percent of all FHHs consumed this food group compared to 11% of all MHHs. Out of the age groups 19-35 and 36-65 years 22% and 23% consumed this food group, while 17% of households with the head above the age of 65 years ate white roots and tubers. Matany has the highest consumption of white roots and tubers with 36% and Lopeei has the lowest with 12%. Thirty-two of the non-CaR project households consumed white roots and tubers, while 11% of the CaR project households did. Sixty seven percent of divorced households consumed this food type, compared to the 14% of married and 33% of the separated households.

Vegetables were consumed by 89% of all households. 93% of all FHHs consumed vegetables compared to 85% of MHHs. Eighty seven percent of households with heads aged 18-35 years consumed at least one kind of food from the vegetable group, 91% from the age group 36-65 years and 83% from the age group 65 and above did so. Matany and Ngoleriet have the highest percentage of households having consumed white roots and tuber, with 96% and 94%, while Lopeei is the sub-county with the lowest consumption of this group with 82%. Ninety four percent of non-CaR project households consumed at least one kind of this food group, while 82% of project households did. All divorced and separated households consumed other vegetables over the last 24 hours as well as 87% of the married households.

Thirty one percent if all households consumed fruits over the last 24 hours. Thirty three percent of the FHHs and 30% of the MHHs consumed this group over the last 24 hours. Per age group, the percentages that consumed fruits are relatively similar, ranging from 30-33%. Households from Ngoleriet consumed the most fruits, with 53%, while the lowest consumption is in Lopeei with 24%. Twenty seven percent of all CaR project households consumed fruits, while 35% of non-project households consumed fruits over the last 24 hours.

Meat was consumed by 18% of all households over the last 24 hours. Similar percentages of FHHs and MHHs consumed meat, while the highest percentage per age group is within the group of heads above the age of 65, with 33% having consumed meat. Matany has the highest percentage of meat consumers with 26%, while Ngoleriet has the lowest with 6%. Twenty two percent of non-CaR project households consumed meat, while 13% of project households did. Seventeen percent of both married and separated household consumed meat and 67% of the widowed did.

Fish was consumed by 11% of all households, with the same percentage for both FHHs and MHHs. Eight percent of household heads age 19-35 consumed fish, while 17% households with heads of above the age of 65 consumed fish. Matany has the highest percentage of households consuming fish with 22%, while Lopeei and Ngoleriet have both the lowest percentage with each 6%. Fifteen percent of non-project households and 7% of project households having consumed fish.

Fats were consumed by 57% of all households, with 62% of all FHHs and 52% of all MHHs. Lowest percentage of households having consumed fats is in age group of heads age 19-35 with 51%, while the highest percentage is amongst the heads older than 65 years, with 67%. Ngoleriet has the lowest percentage of households having consumed fat, with 35% and Matany the highest with 70%. Eighty percent of non-project households consumed fats while 29% of the project households did.

Every fourth (25%) household consumed milk or milk products over the last 24 hours, with 31% of FHHs and 20% of MHHs. Highest percentages of households having consumed this food type is amongst the age group of household heads above the age of 65 with 50%, while the lowest is amongst households with heads age 19-35 with 19%. Highest percentage of consumption per sub-county is in Ngoleriet with 29%, while the lowest is in Lopeei with 21%. Thirty three percent of non-project households and 16% of project households consumed milk or milk products.

Fifty one percent of all households consumed at least one type of legumes, nuts or seeds over the last 24 hours, with 53% of FHHs and 48% of MHHs. Forty six percent of households with heads age 19-35, 50% of households with heads age 36-65 and 83% of households with heads older than 65 have consumed this food group. Matany has the highest percentage of households having consumed at least one kind of this group with 57%, while the lowest percentage is in Ngoleriet with 41%. Sixty three percent of non-project households and 36% of project households consumed this food type.

Eggs were consumed by 7% of all households, with the same percentages for both FHHs and MHHs. Lowest consumption of eggs is amongst households with heads age 36-65 with 5%, while the highest is amongst households with heads older than 65, with 17%. Matany has the highest percentage of households consuming eggs with 17.4%, while Lopeei has the lowest with no household having consumed eggs. Eleven percent of non-project household consumed eggs, while 2% of the project households did. None of the separated and divorced households consumed eggs.

20% of households consumed sweet products over the last 24 hours, with 29% of FHHs and 13% of MHHs having consumed sweets. Fifty percent of households with heads above the age of 65 consumed sweets, while 19% of households with heads age 19-35 and 18% of households with heads age 36-65 did. Lopeei has the lowest percentage of households having consumed sweet products with 12%, while Matany has the highest percentage with 35%. Twenty six percent of non-project households and 13% of project households have consumed sweets. None of the separated and divorced households had consumed sweets over the last 24 hours.

Alcohol was consumed by 44% of all households, with the same percentage for both, FHHs and MHHs. Lowest percentage of households having consumed alcohol is amongst the 19-35 years old with 41%, while the highest is amongst the above 65 years group with 50%. Lokopo has the highest percentages of households having consumed alcohol with 56% while Matany has the lowest, with 35%. Fifty five percent of non-project households have consumed alcohol, while 31% of CaR projects households did. Per marital status, the highest consumption of alcohol is amongst the separated household, with 67%.

Women Dietary Diversity Score (WDDS)

This sub-chapter presents the findings of the WDDS and is further divided into findings regarding the age group and sub-county

Table 7 on the next page provides an overview of the distribution of age groups of interviewed women per sub-county in absolute numbers and percentages. The food intake of 22 women age 18-35 was collected, out of which 5 are from Lokopo, 11 from Lopeei, 6 from Matany and none from Ngoleriet. From the 11 women between the age of 36 and 65, 2 are from Lopeei and 9 are from Matany. Three women in total are over the age of 65 and are all from Ngoleriet. This results in 61% of all women being between the age of 18-35, 31% of all women being between the age of 36-65 and 8% of all women being above the age of 65 years.

Age-groups	Sub-county					
		Total	Lokopo	Lopee	Matany	Ngoleriet
18-35 years		22	5	11	6	0
In %		61.1%	22.7%	50%	27.3%	0%
36-65 years		11	0	2	0	9
In %		30.6%	0%	18.2%	0%	81.8%
65+ years		3	0	0	0	3
In %		8.3%	0%	0%	0%	100%

Table 7 Overview of age-group and sub-county of women interviewed for the WDDS.

The average dietary diversity score for women is 3.3, with a standard deviation of 1.305, indicating that the average presents an adequate representation, without many outliers (low spread of values around the average).

WDDS PER AGE-GROUP

The average WDDSs per age group are as following:

- age group 18-35 has an average WDDS of 2.9 with a standard deviation of 1.231
- age group 36-65 has an average WDDS of 3.9 with a standard deviation of 1.136
- above age 65 has an average WDDS of 4, with a standard deviation of 1.732

The standard deviations indicate that the means have a low spread, with the age group of above 65 years having the widest spread of values or the most outliers around the mean and the age group of 36-65 having the lowest.

Figure 26 depicts the distribution of the WDDS per age group. The Line of Best Fit shows the varying averages of WDDSs across age groups of women. Age group 18 to 35 years and age group 36 to 65 years show the greatest variety in WDDSs.

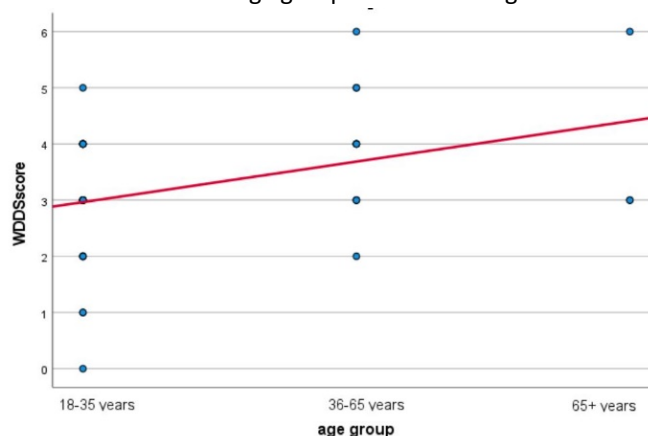


Figure 26 Distribution of WDDS per age group

WDDS PER SUB-COUNTY

Per sub-county the average WDDS is as following:

- Matany has an average WDDS of 1.7 with a standard deviation of 1.211
- Lokopo has an average WDDS of 2.6 with a standard deviation of 0.548
- Lopee has an average WDDS of 3.5 with a standard deviation of 0.877
- Ngoleriet has an average WDDS of 4.14 with a standard deviation of 1.115

Generally, a standard deviation below 1.5 is considered to indicate a low spread of the values around the average. The standard deviations for each sub-county indicate the highest variety of WDDSs in Ngoleriet and Matany.

Figure 27 depicts the distribution of the WDDS per sub-county. The graph indicates that women from Matany have the lowest WDDS and women from Ngoleriet have the highest WDDS. All sub-counties except for Lokopo have a WDDS that varies between 4 scores, but with different minimum and maximum scores.

SINGLE FOOD GROUPS OF WDDS

When looking at the single food groups, it was found that **no women stated to have consumed eggs over the last 24 hours and only 14% of all women stated to have consumed either meat or fish over the last 24 hours.** Organ meat was not consumed by any women.

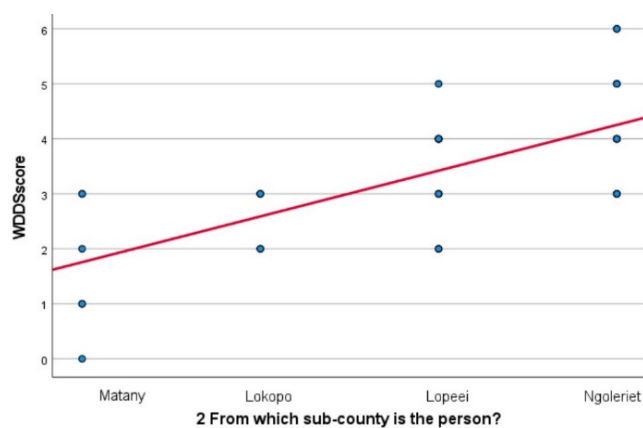


Figure 27 Distribution of WDDS per sub-county

The most often consumed food group is the starch food group, with 86% of the total women having consumed at least one form of starch over the last 24 hours. **At least one kind of vitamin A rich fruits and vegetables was consumed by 28%** of all women over the last 24 hours while **53% of all women consumed at least one kind of other vegetables and fruits** over the same period.

Leafy greens were consumed by 70% of the total women over the last 24 hours and **69% of all women consumed at least one kind of legumes, nuts or seeds** over the last 24 hours. **Milk and milk product were consumed by 11%** of all women over the last 24 hours.

Matany sub-county has the smallest percentage of women having consumed starchy foods over the last 24 hours with 33%, while also having the highest proportion of women having consumed at least one type of vitamin A rich vegetables of fruit, with 67%. Additionally, Matany is the only sub-county without any women consuming at least one kind of fish or meat products over the last 24%

Ngoleriet sub-county has the highest proportion of females having consumed at least one kind of other vegetables and fruits, with 83% while also having the highest percentage of women having consumed milk or milk product over the last 24 hours, with 25%

The age group of women 36-65 years has the highest percentage of women having consumed at least one type of other vegetables and fruits over the last 24 hours, with 82%. Leafy vegetables were consumed by all women from Lokopo and all women from the age group 36-65 over the last 24 hours.

Lopeei and Ngoleriet sub-county have the highest percentage of women having consumed at least one type of legumes, nuts or seeds over the last 24 hours, with 80% and 92% each. The lowest percentage of women having consumed this food group is the age group of 18-35 years old women.

Child Dietary Diversity Score (CDDS)

Out of the 36 women questioned during the FGDs, 14 had at least one child that was below the age of 2. Hence, 14 CDDS have been collected for this research. **Ten out of the 14 children are in the age group of 6-12 months and four are in the age group of 13-24 months.** Five children are from Lokopo, two from Matany, four from Lopeei and three from Ngoleriet.

The average CDDS amounts to 2.4 with a standard deviation of 1.277 which indicates a low spread of values around the average and therefore a relative accurate depiction. The minimum CDDS value captured is one and the maximum is four. The average CDDS per sub-county is as following:

- Matany has an average CDDS of 2, with a standard deviation of 1.414
- Lokopo has an average CDDS of 1.8 with a standard deviation of 1.304
- Lopeei has an average CDDS of 2.5 with a standard deviation of 1.291
- Ngoleriet has an average CDDS of 3.3 with a standard deviation of 1.155

The standard deviation shows that Matany has the highest variety in CDDS, followed by Lokopo.

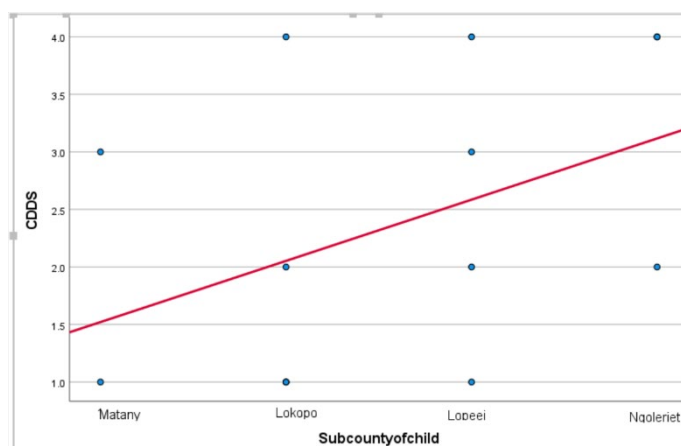


Figure 28 CDDS per sub-county

The average CDDS per age-group is as following:

- Age group of 6-12 months has an average CDDS of 2.1 with a standard deviation of 1.287
- Age group of 13-24 months old has an average CDDS of 3 with a standard deviation of 1.155.

The standard deviations indicate a low spread of values around the average for both age groups

SINGLE FOOD GROUPS

It was found that **71% of all children consumed breast milk over the last 24 hours**. All children from the age group 6-12 months consumed breastmilk and no child of the age group 13-24 months did. At least one kind of **starchy foods was consumed by 64% of all children** over the last 24 hours, with all children in the age group 13-24 months having consumed at least one kind of starchy foods and 50% of children between 6-12 months having consumed at least one kind of starchy foods. Lopeei is having the smallest percentage of children having consumed at least one kind of starchy foods over the last 24 hours, with 40%

At least one kind of legumes, nuts or seeds was consumed by 14% of all children over the last 24 hours. No child in Matany and Lokopo consumed any kind of legumes, nuts or seeds. **Ninety three percent (13 out of 14) of all children have not consumed any kind of vitamin A rich fruits or vegetables.** However, **43% of all children consumed at least one kind of other fruits and vegetables** over the last 24 hours. All children of the age group 13-24 months old consumed other fruit and vegetables and 20% of 6-12 months old did so over the last 24 hours. Lopeei has the highest percentage of children consuming other kinds of fruits and vegetables, with 50% of the children.

Twenty one percent of all children consumed milk or milk product over the last 24 hours. Out of those three total children, two are in the age group of 13-24 months old and Ngoleriet has the highest number of children having consumed milk or milk product over the last 24 hours, with 67% (two out of three). **Eggs and flesh products were only consumed by one child each.**

8.2 FOCUS GROUP DISCUSSIONS

In the following sub-chapter, the findings of the FGDs are presented in summary. Results are organised according to topic. Mutual findings of different FGDs are presented together, while in the case of findings of one specific FGD, the type of FGD is indicated. It is not possible to reference in text the specific FGDs due to diverse notetaking formats and generalised statements that arose from the translation of Ng'karimojong into English as well as the limitations and challenges during the FGD conduction, as explained in sub-chapter 9.5. The last two questions have been only asked to relevant focus groups: return girls and mothers of return girls (CaR project) as well as girls and boys (both 14-18) focus groups.

How have you experienced COVID-19 and the lockdown?

What are you fearful of, what worries you?

How were your normal tasks impeded and how did you adapt?

All FGDs resulted in participants expressing their fear of the disease because of having heard of many deaths in other countries. Additionally, all answered that hunger and starvation are one of their main worries next to other illnesses that arose during the time (scabies and cholera). Moreover, traditionally greetings and interactions were impeded as well as general disorder in their social life.

The government sensitised them a lot about social distancing and adequate behaviour but all FGDs expressed their worry that they are not able to adhere to those guidelines because of missing masks, sanitizer and crowded conditions at home.

Women FGDs expressed that people started to fear outsiders and sick family members and that many stopped caring about their relatives who are in hospital out of fear to contract the disease. Furthermore, those groups pointed out that casual labour, for example in Teso region became impossible and other business activities, such as collecting and selling firewood and agricultural products in markets were impeded due to their closure, and if the women went they got chased away by the police due to not having masks. When able to sell something, they had to accept a lower price due to less customers and the need to earn some money. Lastly, it was pointed out that visiting friends and relatives became more difficult and people started to fear each other. Especially the group of girls expressed the impediment of social groups.

Men FGDs pointed out more that money lost its meaning because one could not go anymore to the market to buy food and other items. Moreover, men and boys' groups pointed out that business, especially trading cattle was impossible due to closed border (cross-border trade with Kenya) and due to the closure of (monthly/weekly) cattle markets. When selling cattle, the prices they get are much lower than before.

Older FGDs with participants between the age of 36-65 as well as FHHs pointed out that the closure of churches reduced social cohesion and brought sin into the communities.

All FGDs stated to not have accessed many alternatives to their impeded usual activities. Boys and men groups indicated to having started to hunt wild rats and women and girls group collecting wild greens to substitute their diet. Additionally, they stated to have taken small children to kraals to avoid overcrowding the villages. Women and girls' groups stated that they tried to focus on agriculture and accepted food in exchange for casual labour in other people's gardens. The group of women (age 18-35) specifically explained that they often got chased away without receiving the agreed payment for their casual labour because of being threatened to be exposed to having moved.

How was the social cohesion and prevalence of violence impacted by COVID-19 and the lockdown?

Domestic and gender-based violence

All FGDs pointed out the rise in violence (domestic and gender based) within families and their communities due to increased tensions at home because of (increased) alcohol consumption, lack of food and money. This included using abusive language and physical fighting's. Men groups indicated that the reason for the fighting's was their inability to provide for their families and the constant 'quarrelling' of their wives. Women groups indicated that the reason for the fighting's was due to men deciding to spend money on themselves or on the family of their favourite wives, which also led to a lot of tension between the different wives of one man.

All FGDs except men (18-35 + 36-65) child-mothers (<18) and girls (14-18) stated that child marriage and pregnancies increased due to girls being out of school and seen by elder men as ready to be married. Boys (14-18) and mothers of return children (CaR project relevant)

<p><i>Sexual violence, child marriages and pregnancies</i></p> <p><i>Alcohol consumptions</i></p>	<p>pointed out that girls were also given away by their families because of receiving cows as bride prices.</p> <p>Additionally, eating separate and trying to stay distant from each other increased mistrust within the villages as well as increasing greed and theft.</p> <p>The group of child mothers and men (36-65) indicated that alcohol consumption decreased because of a lack of money and social distancing, but all other FGDs indicated that alcohol consumption increased because of hunger and boredom. The group of boys pointed also out that alcohol consumption especially increased for out-of-school children.</p>
<p>How has COVID-19 and the lockdown impacted your food security?</p> <p><i>Availability and accessibility (at home and on markets)</i></p> <p><i>Regular and diverse meals</i></p>	<p>All FGD resulted in participants agreeing that food security decreased, most often giving the example of only eating once per day compared to before COVID-19, when they used to eat 2-3 times per day. Additionally, all FGDs indicated that the prices for food on markets increased. Mothers of return children (CaR project) indicated that prices stayed the same at first, but when lockdown was partially lifted the prices started to increase.</p> <p>All FGDs stated that the quality and diversity of foods on the markets decreased. They all also stated that movement restrictions and closure of bigger (weekly or monthly) markets made it difficult to access markets in general, hence they had to buy from the nearest seller no matter the price. Brew is used by many to curb hunger. All FGD stated an increase of deaths due to lack of food within their communities, specifically the elders.</p> <p>Men (18-35) pointed out that they were unable to buy seeds for cultivation due to the closure of markets.</p> <p>The focus groups of women (18-35), child mothers (<18), return girls (CaR project) and men (36-65) specifically pointed out the increased demand of food at home because of children being out of school, and that women lacked milk in their breasts to feed babies.</p> <p>Women (36-65) specifically mentioned the failed harvest due to floods, pests and droughts as another reason why food security was further reduced.</p>
<p>What is the impact of children being home due to the closure of schools?</p> <p><i>Short and long-term impact</i></p>	<p>All FGDs except the one with return girls (CaR project) (because of never having been in school) stated that children being at home increased their household's food need and subsequent led to challenges feeding everyone. As children were used to eat three times a day, they cry/complain a lot at home due to the lack of food. Similar, all FGDs resulted in participants saying that they are planning to send their children back to school once they open because of varying reasons, including: less stress at home and the importance of knowledge and skills.</p> <p>Women (36-65) stated that while children would sometimes study at home, parents are unable to help them because of being illiterate.</p> <p>Girls and Boys (both 14-18) both pointed out that while they would like to go back (the ones that were going before the lockdown), however are having now responsibilities to feed and care for their families, hence are not sure if they can go back. They also pointed out that due to child marriage and pregnancies, some of their peers would not return.</p> <p>Boys also stated that their and their peer's alcohol consumption increased while being out of school because of boredom and hunger.</p> <p>Mothers of return girls (CaR project) and women (18-35 + 36-65) stated that the stress of having all the children at home and not being able to feed them led to more violent conflict between them and their children (both physical as well as verbal)</p>
<p>How has the contact to ((non-)governmental) service providers been impacted by the lockdown and COVID-19?</p>	<p>All FGDs stated that their contact to NGOs strongly decreased, to the degree that no NGO except few exceptions had visited them or continued their program since the lockdown started. Most commonly, C&D was mentioned as one of the NGO's having kept the contact and continued their programs. Most FGDs focussed on the stop of water and sanitation programs, while some also mentioned the impeded agriculture/vocational skill trainings.</p> <p>Men (18-35), women (36-65), FHHs return girls and mothers of return girls (both CaR project) stated that governmental programs continued to reach them, including some visits by Members of Parliament (MPs). Governmental services focussed mostly on COVID-19 related information and sensitisation, while MPs distributed goods.</p>

<i>Which other events have been impacting you?</i>	<p>All FGDs stated that raids had increased and led to the killing of household and community members as well as loss of livestock. At the same time, the disarmament was mentioned by all groups and described as the roundup of all their cows in the military barracks as well as bringing a lot of violence in the form of beatings to the communities. Some groups still had household and community members arrested by the army.</p> <p>Additionally, events mentioned include disease outbreaks such as scabies and cholera, as well as plant pests affecting crops and locust specifically, Furthermore, heavy rains and flash floods were mentioned, which destroyed crops and human lives. Famine was also mentioned as an extra event</p>
<i>Child Migration</i> <i>Roots and current development</i>	<p>The group of women (18-35) and adolescent girls (14-18) explained that they used to go to Teso for work, but that it has become difficult or impossible since the lockdown. The girl group further pointed out that, while accepting food for work, they get oftentimes chased away before receiving their payments. In addition, when found by the police they often get beaten and their payment is taken away. Explained that they are migrating because of having to acquire income or food for their families and if there would be work at their home place, they would not move.</p> <p>The group of adolescent boys (14-18) stated that more girls than boys migrate because of their duty to support their families through business. They explained that since the lockdown both school-going and non-school girls would be migrating. They indicated that some children who migrate disappeared and that they fear to di alone in an unknown place, without their families knowing. They pointed out that if girls would be able to do business close to their home place, they would not need to migrate and that sensitisation of both the children and parents about the dangers of life on the street is key to reduce migration. Moreover, they explained that they are not migrating because they either have something to do at home (casual labour for neighbours or trapping wild rats) or having to take care of old or sick parents.</p>
<i>Experience with CaR project</i>	<p>Both, the focus group of the return girls and mothers of return girls (CaR project) stated that the CaR project continued during the lockdown and pandemic by C&D though sensitisation on child marriage and benefits of enrolling children at school as well as the distribution of food, scabies medication, soap books and jackets. While the group of mothers indicated that they are involved in the project by acting as community sensitizers (what they learned from the CaR project), the girl group indicated to not feel and be involved.</p>

8.3 KEY-INFORMANT INTERVIEWS WITH GOVERNMENTAL ACTORS

In this sub-chapter the results of the interviews with governmental actors, both on district and sub-county level are presented. Findings are organised according to topic and not interview respondent to focus on overlapping thematic findings.

How have actors been impacted by COVID-19 and governmental lockdown?

All interviewees reported that most tasks and activities had been limited by social distancing measures and restriction in transport, diverting resources from standard activities to COVID-19 activities as well as being personally restricted by the lockdown and concerned about their own and family members health.

Additionally, most (I)NGOs closed or scaled down their activities and support a lot, hence inhibiting governmental actors further because of their reliance on development partners to provide transportation or organize joint events. Even when organisations started to open again, most have reduced their staff and activities significantly.

What have actors done because of COVID-19 and the lockdown?

Overall, the strategy of the district is to focus on prevention and sensitisation.

A COVID-19 task force was set up on district level (as ordered by the government), which is meeting once a week and includes all essential positions. However, Gender and Probation Officers were only integrated in task force meetings after reports of increasing levels of violence (especially GBV). Sub-counties also established COVID-19 task forces, however due to missing resources are only able to discuss about issues and not able to act.

Many actors started utilising radios to spread information and carry out sensitisations. It was pointed out that radios are mostly owned by men, who move with them around. Therefore, many women's access to those radio shows was strongly limited. Moreover, radio shows had to include COVID-19 as a direct topic for most of the time, so other information, for example regarding GBV or other health issues had much less time. Toll-free help lines for survivors of violence were promoted as well. Additionally, megaphones were distributed to some government official which have been used for sensitisation as well. However not every sub-county received megaphones and limited transportation opportunities further hindered the utilisation of the megaphones.

Most interviewees pointed out that their main activities before COVID-19 are concerning mobilisation and sensitisation of communities as well as delivering trainings. While most activities had been disrupted due to COVID-19 and the lockdown, it was tried to continue providing services by reducing the number of participants or visit individual people at home. However, together with the need to provide masks and hand-washing facilities, this increased the cost for each activity a lot.

Perceived impact on communities in Napak from COVID-19 and the lockdown

Communities are perceived as not being open to follow the guidelines and lockdown orders. This is also attributed to the Karimojong culture being perceived as very social, where people share many activities and spent time together.

Karimojong returning home from elsewhere or as child migrants are stigmatised by community members as bringing the virus. Additionally, most communities avoided health centres due to the fear of contracting the virus there. Hence, also health workers were stigmatised and avoided.

It was perceived that the production level and income generation of most community members has been strongly impacted and overall decreased. The closure of markets, and the simultaneous occurrence of a livestock quarantine due to Food and Mouth Disease (FMD) led to many community members losing their income, which negatively impacted their food security.

An increase in violence in domestic settings (including (S)GBV) has been pointed out by most interviewees. This is consistently by all interviewees explained due to people not able to fulfil their roles. In Karimojong culture, men are supposed to provide for their families. Their inability to do so during the lockdown (because of loss of income) led in many cases to tension and fighting, as women would complain or tease their husband about their failure to provide.

Expected long-term impacts for communities due to COVID-19 and the lockdown

Due to the closure of schools, all children were at home, which increased the stress on already limited available resources (specifically food) on household level. Additionally, many more child marriages (both from girl and boy children) have been noticed as well as a strong increase in child pregnancies. It was pointed out, that children also started to forget the discipline and knowledge gained from school. Many youths started to engage in small businesses, hence are showing little interest in returning to school.

Moreover, the lockdown forced families to stay together for a long time. Since the Karimojong culture and lifestyle normally includes regular movement patterns, this increased tensions on household level a lot. Together, this led to an increase in domestic violence, SGBV and violence against children.

Additionally, alcohol and drug consumption increased, which furthermore increased the prevalence of violence. It was also pointed out, that because of some marriage partners being locked up in different places, men would rape younger female family members because their wives could not fulfil their conjugal rights. Due to families staying very close together, an increase in incest has been noted.

Because of all the tensions, an increase in separations and divorces has been noticed as well. While girl children were more exposed to violence at home, the traditional role of (younger) boys to care for animals has brought them out of their homes where they are less exposed to domestic violence. However, the increased insecurity, persistent rains and prevalence of COVID-19 exposed them to several other risks. Especially the rise in cattle raids is putting boys at risk as they are the ones sleeping with the cattle inside the Kraal.

While insecurity had been increasing before the offset of COVID-19 and the lockdown in Uganda, raiding's are perceived to have increased exponential ever since, which is partially related to the government having to focus on other issues, as well as the lockdown also restricting courts and police forces.

Especially due to the increase in violence and decrease in food security, the number of street children has been rising. However, as police interference to control movement also increased, many were intercepted before being able to leave Napak or Karamoja, hence further increased the number of street children within the region. Since the lockdown has been eased, a rise in child migration has been noted as well. But due to increased fees for public transport, it is more difficult for those children to afford the means to migrate.

Furthermore, it was noted that many elderly people died during the lockdown, which was related to the missed social payments. Normally, elderlies are supposed to receive bi-monthly payments to support their food security. But as payments usually attract crowds, hence payments had been stopped for over 5 months.

Being married young and having children puts a lot of responsibilities in children hands, which is expected to increase school dropout rates even further, because of the need of boys to earn money to support their wives and because child mothers are not usually able to return to school, because of changed responsibilities and stigmatisation of peers.

It is also expected that the older children, who started to engage in business while being out of school and hence are not willing to go back will negatively influence their younger siblings and school dropout rates could drop even further. Additionally, it is expected that many parents were not able to support the home schooling of their children due to illiteracy or missing interests, hence it is expecting that children will either have to repeat classes or will permanently suffer from the gap in schooling.

Many respondents expect to see a rise in STD's soon, enabled by teenagers being out of school and access to health services and availability of programs being limited due the lockdown.

Child marriage and pregnancy are also expected to increase the number of polygamous marriages or divorces. This is reasoned by (young) children not knowing what they want in live yet. So, with increasing age will likely change and want other partners.

It was pointed out, that while food security has been negatively affected by COVID-19 and the lockdown, long-term impacts are difficult to assess, due to malnutrition and food

	<p>insecurity occurring periodically in Karamoja. Lowest prevalence of malnutrition can usually be found after the harvest season and the highest spike in food insecurity usually occurs around January to March. Hence, whether COVID-9 and the lockdown have impacted the food security in Karamoja in the long-term can only be assessed later.</p>
Most at risk	<p>All respondents agreed that it was foremost women and girls (females) that have been affected by COVID-19 and the lockdown. While men and boys, due to their increased movement have been identified as the most at risk due to increased insecurity and to contract COVID-19, the indirect impacts of COVID-19 and lockdown have been felt disproportional by females.</p> <p>When specifically ask for age groups at risk. Adolescent teenagers (specifically girls) were identified, because of the closure of schools, the increased workload of household chores and due to childhood marriage and pregnancies.</p>
Understanding of root causes and enabling factors of child migration	<p>The historic roots of child migration have mostly been linked to the persistent insecurity in the 1980s and the long period of failed harvest in the 1990s. During the same time, people started to move for business purpose to bigger cities and hence developed migration routes. Nowadays, the neglect by families as well as widespread poverty and food insecurity are seen as the main factors enabling child migration from Karamoja to urban centres. Additionally, it was pointed out that returnee children brought with them many nice things, such as good clothes and mattresses, which motivates other children to migrate as well. Furthermore, parents expect children of a certain age to provide for themselves and/or their siblings, which also enables child migration as a livelihood strategy. Hence, children perceive the migration to urban centres not as unsafe, but as an opportunity for a better life. Child migration gets further enabled through child-traffickers, which help children move to Kampala or Nairobi alongside established roots and connect parents to receiver of the child.</p> <p>That Napak district and the Bokora have the highest rates of child migrants is believed to be due to the Bokora having been very vulnerable to raids from neighbouring communities, due to their location Napak, which borders several other groups areas and due to their higher compliance with previous disarmament campaigns. Additionally, attitude was pointed out as one of the causes of child migrants coming mostly from the Bokora, as poverty and insecurity persist in other districts as well.</p>
Entrance points and challenges when addressing child migration	<p>All interviewees pointed out that the insecurity, poverty and food insecurity must be addressed so that migrating outside of Karamoja is no longer seen as a better option compared to life in Napak. Hence, livelihood support and income generating activities should be provided so that returnees have a real alternative at home.</p> <p>Many returnees sell the starter kits or livelihood support they received upon their return so that they get money to move to the street again, hence more need to be done. Especially when children migrated when they were very young, they lost the connection to their family and home place and it becomes more difficult to settle in that place again.</p> <p>Hence, protective structures need to be created and existing ones strengthened to limit child migration. This can include the local councils as well as child protection committees on village level. Additionally, the work on child migrants should be better coordinated between different police forces, not only in Uganda, but in Kenya as well, as an increase in migrant to Nairobi was noted. Another much pointed out factor is seeing and addressing the family as a unit, meaning that support must be offered to the whole family, including counselling and raising awareness on topics surrounding good parenting and dangerous of children living in the streets.</p>
How is the work together with the consortium perceived?	<p>Most respondents pointed out that they perceive their inclusion in the consortium as deeper than with other development partners. This is due to C&D being one of the most reliable partners that continuously participates in joint meetings on district level and informs governmental authorities about their plans and achievements. It was also pointed out that C&D has been one of the most consistent partners over the years and has kept participating in the COVID-19 task force meeting, where many other development partners dropped out after some time. All relevant respondents pointed out that they feel</p>

***(differences
compared to
other
development
partners)***

appropriately included in the CaR project activities and receive support (for example in terms of transportation) to be able to join activities. All relevant interviewees were also able to explain the aim of the CaR project and are aware of the different roles of UCAA, DP and C&D. Additionally, the quick response and hands-on attitude of the consortium partners was pointed out.

It is perceived that the consortium can provide a more holistic project, as the members have different expertise and due to the location of consortium members in Kampala and Karamoja, can accompany project participants every step of the way. It was also pointed out that the long-term support given by the consortium, e.g., in the form of vocational trainings for former street children, allows for a more comprehensive and sustainable approach.

Furthermore, it was pointed out that the consortium partners can coordinate better their activities than individual partners, hence less repetition, for example during advocacy days are happening than if each development partner wants to do their own program. In that regard it was also pointed out that usually the district should be responsible to coordinate all development partners but is restricted in this responsibility due to missing resources and funding as well as willingness of development partners to openly share information and work together with governmental authorities. However, the consortium is perceived to work within the structures of the local government, while many other partners are seen as creating parallel structures.

***Differences to
previous
consortiums***

It was pointed out that some activities were reduced compared to previous consortiums and that due to the reduced number of partners, not all sub-counties are reached/included in the project.

Besides that, interviewees did not perceive many changes between the different consortiums or regarding their own work with the consortium.

8.4 KEY-INFORMANT INTERVIEWS WITH CONSORTIUM MEMBERS AND KIA

This sub-chapter presents the findings of the KIIs with the consortium members, both on national and field level as well as the interview with the donor KIA. Findings are again organised according to topic, rather than respondents, to provide a thematic overview and to summarize overlapping and generalised responses.

Perceived impact of COVID-19 and the lockdown on communities in Napak

Who are the targets?

Impact on women, men, girls and boys

Most at risk

Impact of livelihood strategies and assets

Impact on food security

Impact on the prevalence of violence

Impact on street children in Kampala

All respondents explained that street connected children (the ones migrating from Karamoja to urban centres such as Mbale, Busia, Kampala or Nairobi) are their direct targets. However, they are focussing on the whole family or wider communities for many of their activities. Additionally, all pointed out that people lost their livelihoods, in the form of casual labour (collecting firewood, garden work, selling local brew) and that the closure of markets impeded peoples' ability to do business. This increased poverty levels on household level and resulted in less access to food, in terms of less economic resources and closure of markets themselves.

The lockdown led to many people being trapped at home, which increased violence on household and community level in the form of GBV and domestic violence as well as child abuses. Women and girls are seen as more affected by violence because of their weaker position in Karimojong society as well as homebound activities. Additionally, the closure of schools led to many child marriages and pregnancies. This is explained by men viewing girls at home as being ready to marry and the motivation by the girls' families to receive a bride price when marrying off their girls (as a coping strategy). It was pointed out that girls who are pregnant will be unable to return to school once they open again. Moreover, the lost knowledge for children from being out of school was highlighted several times and that parents are unable to help their children study because of being illiterate often themselves. The closure of schools also led to a decrease in supervision and guidance of children (including counselling) as parents are unable or unwilling to fulfil that role. Additionally, more children than before are involved in casual labour or other forms of income generating activities and this is expected to decrease the number of children going back to school as well because they learned that they already could earn some money. The increase in alcohol consumption was mentioned as well and explained by people having nothing to do but drink as well as limited available food. The increase in alcohol consumption also led to more violence.

The majority highlights the increased burden on women and girls as they are traditional the one responsible for domestic chores as well as income generation. As they are unable to go to markets or work in gardens somewhere, they are mostly trapped at home and must take care of children and/or younger siblings, which led to a lot of stress. Additionally, it was pointed out that the closure of most NGO's led to decreased service delivery and accessibility, for example seed distribution or water, sanitation and hygiene support.

The most at-risk group was differently described by interviewees. While most consider women and girls the most impacted by secondary impacts from COVID-19 and the lockdown, others pointed out men's and the elderly higher risk of getting infected and dying from the disease because they are the ones spending the most time out of the home or the weakest. Since boys are tasks with grazing livestock, the insecurity which was rising simultaneously since March 2020 has affected them the most. The rise in raids and general insecurity was explained due to the election season, which sees politicians focus more on being in favour of their voters and the overall focus on COVID-19 prevention and containment. The lockdown restrictions also impacted security forces and other actors; hence raiders have an easier time moving undetected in the evening.

Street children in Kampala were unable to beg, because of measures of the government, hence lost their source of income. The older girl teenagers were able to find more employment in markets (e.g., sorting beans) but boys and younger children not, due to the believe that only girls are suitable for this kind of work. This led to a lot

Understanding of child migration

*Root causes, push & pull
factors*

*- Why has Napak the
highest amount of child
migrants?*

*Expected increase or
decrease due to COVID-
19 and the lockdown.*

*Entrance points to
address child migration
effectively*

of starvation amongst the street connected children and it was noted that this led in some cases to increased prostitution amongst desperate children.

Child migration is by everyone described as children who alone or with their parents/other family members migrating out of Karamoja for a period to earn money for their families or sustain themselves.

The food insecurity, general violence and insecurity as well as poverty at home are pointed out as some of the biggest enablers for child migration. Moreover, the peer pressure, both on parents as well as children is quoted often as a reason. Parents and children see returnees bringing nice things (mattresses, beads, money) and supporting their families. This makes other children want to follow them or other families to expect their children to support their families as well. Some interviewees pointed out the increasing professionalisation of child migrants through a network of traffickers, which aid children moving to different urban settings and take a fee to do so. However, opinions regarding the severity of organised trafficking were rated differently amongst interviewees. It was also pointed out that due to increased interceptions by the police on traditional routes used by child migrants, alternative routes started to come up and children increasingly migrating outside the country, e.g., to Nairobi, which makes it more difficult to intercept them.

Many more girls than boys migrate because they have an easier time finding employment on markets, gardens or as maids as well as being culturally responsible to provide for their families and younger siblings. Girls are furthermore influenced to migrate because of their families plan to marry them off and deciding to escape and try to make their own live somewhere else.

One aspect that was pointed out as well was the overall loss of cows and subsequent increase in poverty, which leads to less traditional marriages between adults who have children. In turn, more separations of couples occurred and societal wise men are not responsible to care for the children from those un-official marriages, hence child migration gets increased by children having to fend for themselves.

Napak being the district with the most child migrants got explained by the district location and good connectivity in terms of (public) transportation and roads to other areas. Additionally, Bokora communities were the first to get in contact with missionaries and education, hence have longer established connections outside of Karamoja and have been more open to give away their arms during past disarmament in the believe that the government in return would provide needed infrastructure, such as schools. However due to the government's failure to provide adequate protection and other ethnic groups having kept more of their weapons, Bokora became more vulnerable towards raids, which increased their poverty. Historically, many men of the Bokora died due to raids, which is believed to have contributed to the empowerment of women and their higher likeliness to migrate in search for work.

Mixed opinions whether there would be an increase or decrease in child migrants were recorded, with some interviewees believing that migration will increase due to the increase in poverty, food insecurity and raids, while others pointed out the increase in transportation costs (due to the lockdown and passenger restriction on public means) as well as increased interceptions by police both in Karamoja and Kampala as factors that are likely decreasing the amount of child migrants.

Consortium in general

Reason for existence

Benefit of partnership.

*Challenges and how they
were overcome.*

*Differences felt between
international and
national partners.*

From the donor side, the existence of the consortium was explained due to KIA's thematic area on children and cooperation with ICCO, who as an institutional donor was interesting in moving away from classic bilateral aid and instead promoting programmatic cooperation between local partners in line with international agendas. Hence the consortium was initiated, and local partners integrated based on the goal of the donor. While cooperation between KIA and ICCO came to an end and the project is since January 2020 again under KIA's funding alone, the donor believes that close cooperation enables local partners to fully develop their potential and maximise their strength to achieve better results. The initial consortium structure was much developed by KIA and ICCO and based on the findings of an external research at the beginning

*Differences between
current and previous
consortium versions*

regarding opportunities and feasibility of a consortium in Uganda. Due to problems in leadership and with certain members of the consortium, the members itself proposed a reduction in numbers, which was confirmed through the consortium partner interviews. The donor was also the one appointing the lead organisation and subsequently changing the organisation in charge after problems with the first one.

All consortium partners pointed out that through the consortium, different strengths and expertise as well as resources from the different members are combined, which gives the consortium more abilities as well as increasing the partners voice when working together on national level, than if they would act alone.

All partners also agreed that the current consortium did not phase many challenges (besides COVID-19 and the lockdown), but that previous versions struggled due to the higher number of members, which made coordination difficult. The leadership by UCAA is described as better as its predecessor because of focusing on joint activities with all members and taking on leadership properly. Previous partners did not pull their weight in accordance with agreements which negatively impacted the other partners, as they had to wait for delayed funding or had difficulties connecting their own activities. Additionally, during previous consortia, fewer joint activities were conducted, and members felt less informed about each other's, tasks, responsibilities and progress, which led to the impression of limited overall coordination. On field level, some interviewees remarked that sometimes the transition between activities from different partners can be challenging when partners do not provide adequate hand over and documented information.

Furthermore, all interviewees perceived the connectivity between the different partners as well as field and national level as good, based on the regular, quarterly joint meetings, the regular contact through joint activities and general good relationship with one another. Additionally, that monitoring and evaluation as well as planning are all done jointly is perceived as very beneficial to establish mutual understanding and agreement. It was also pointed out that the cooperation and contact to external partners, such as the CPFU or other governmental actors is perceived as good due to the consortiums long history of being involved in the thematic in Napak and Kampala, as well as close contact through active participation of governmental actors in activities and meetings – if relevant

C&D, although acknowledged as an Italian international organisation is perceived amongst all interviewees as an equal and to a certain degree national partner, due to its long-standing history in Uganda and Karamoja as well as good local connections and overall working structure. Hence differences in terms of power or working processes amongst international and national consortium partners are not perceived.

Impact of COVID-19 and the lockdown on the consortium, CaR project and individual organisation

Overall, the implementation of different activities and specifically the active rescue and rehabilitation of street children in Kampala were impacted by the lockdown restrictions. Especially activities within communities and with high number of participants, such as community talks were impacted due to social distancing and restriction in movement. DP reported the most challenges with their tasks, due to being based in Kampala where the city authority limited their access to street children a lot and hence the organisation could not rescue street children anymore and subsequent could not hand over those children to the partners in Karamoja. It was also mentioned that direct contact between partners reduced during the time and that general access to communities was reduced as well. However, it was pointed out that due to being a consortium of national actors, the organisations all new how to manoeuvre within Uganda and its governance structures and were able to receive special permits to keep partially operating. At no time where activities completely stopped. Additionally, with all organisation based in Uganda, contact could be kept easier and everyone stayed informed about the situation, as none of them closed completely or left the country.

It was reported that the partners started to increasingly use online communication tools to keep in touch and that they were able to still meet on a regular basis (online or in-person). As DPs tasks in Kampala were impossible to fulfil, the consortium agreed on

Impact on activities

Contact to each other.

Adaptations

*Benefits of consortium
under COVID-19 and the
lockdown.*

Longer-term impact

Funding structures

letting DP also start working for the CaR project in Karamoja. After initially not succeeding with community-based rehabilitation due to communities fearing activities by outsiders because of COVID-19 and difficulties in clearly separating the roles of all partners now that DP joined in Karamoja, it was decided that DP would directly work with the police intercepted children in Karamoja and hence was able to still reach its CaR targets.

Additionally, all partners started to utilise radios to reach communities and integrated sensitisation about COVID-19 into their regular programs and activities once the first easing of lockdown restriction (after May 2020) allowed a re-start of activities. The field staff from the partners pointed out that while radios allowed to spread some information, they are aware that not everyone has access to radios and while they offer the opportunity for listeners to send messages with questions during the talk shows, community members would need money for airtime to be able to do so.

Due to the general impact of COVID-19 globally, the donor is collecting less donations than usual and it was pointed out that that could lead to a stop or reduction of the program in the coming year.

Funding structures were mentioned often during the initial interviews with consortium members and hence it was decided to include KIA as an interview partners and provide a short overview of findings regarding the funding structure of the CaR project.

All consortium members pointed out that the flexibility in their budget allowed them to quickly readjust activities and objectives. KIA being a mostly privately funded donor (through individuals and church related groups) was given by themselves as the explanation for their ability to keep their funding objectives flexible. One aspect highlighted about the funding structure was that KIA allowed the consortium to divert funds to other activities and only inform KIA about it afterwards, instead of having to ask permission up-front like usual (if changes do not exceed 10% of the total budget). This allowed for quicker and more adequate response to the emerging needs and circumstances according to the consortium partners and enabled them to stay flexible in a fast-changing context.

Understanding of aid localisation

What is it and what are its main parts?

Benefits and challenges

Is consortium a form of localisation/how to localise further

Two of the national level interviewees reported to have heard about the term aid localisation, while the other one did not. However, explanations differed and included a greater focus on local organisation than the donor and the direct cooperation of international donors and local organisations. Moreover, it was pointed out that INGO's tend to attract more funding, and hence localisation would be needed to create equal opportunities for national and international organisations.

None of field level interviewees were aware of the concept but one respondent interpreted it as focussing on local resources and funding.

KIA explained to be aware of the concept and described it as focussing on supporting local actors directly. It was also pointed out that this is not a new concept to them but that the current discourse on localisation makes it seem new. However actually it would be a proof of the typical, still existing top-down structure and thinking within the sector. It was explained that through the former cooperation with ICCO, the focus had been put on supporting local actors directly for adequate and sustainable north-south development cooperation and that the consortium was a direct product from this aspiration. Additionally, the concept was more related to emergency aid than longer-term development assistance.

Benefits pointed out included achieving greater coverage of programs because local actors are closer located to the field and able to reach and keep contact with remote communities, while also being able to respond much quicker. Moreover, local organisations have a much better understanding of local cultures, conditions and needs. Additionally, localising aid is believed to enable more sustainable projects because local organisations stay in their areas and continue their work, while international ones tend to leave once their projects are finished. Additionally, the issue of greater self-reliance and independences of southern-based organisations was raised in connection to aid localisation as local organisation would no longer always depend

on their international partners to be connected to funding. Overall, local ownership of development projects would increase, which was mentioned by all interviewees as important for the empowerment of local organisation as well as target communities.

It was pointed out that local organisations might lack the capacity to work under international donor requirements directly, especially considering the often-complicated application processes and overall required internal processes. Furthermore, it was pointed out that, the larger amounts of funding provided by many international donors could overwhelm local organisations as well and potentially lead to more corruption or embezzlement due to the funding for one program by international donors exceeding the annual overall budget from some national organisation. Local fundraising was pointed out as difficult because of the average low income in Uganda and missing habit of philanthropy.

Even though not everyone indicated to be aware of the term aid localisation, when asked directly, every respondent indicated that their consortium would present a form of aid localisation, due to the Ugandan organisation UCAA being the lead organisation and working directly together with KIA and receiving the funding directly. In addition, it was pointed out that all three organisations are national ones (while C&D is an internal one, their history was quoted as putting them in the position of a national organisation). Ideas to further localise the consortium differed and included: a stronger inclusion of target groups and giving them a say in project design, more community events to raise local funding as well as involving local churches as important institutions in the local context and extending the scope of the program to include more districts in Karamoja.

Participation Revolution

Understanding of empowerment through participation

How are target groups seen and included?

- any downward reporting mechanism

Benefits and challenges when including targets.

How could they be included further

It was noted that all consortium interviewees referred to their target groups as beneficiaries.

Empowerment through participation was described differently by all respondents. Most explained the term as actively working on raising individuals (target communities) ability to speak up, increase their general knowledge and awareness of their rights. Others mentioned that it was about working with targets by including them in every step of the project journey and not dictating every aspect of the project.

Interviewees expressed to involve their targets to varying degree. The current CaR programming was informed through FGDs with participants of former CaR projects to improve the current phase. Additionally, a baseline was conducted which includes surveys amongst (former) target communities, to understand their needs. Reviews through surveys are also conducted after each quarter year. Other reported to include the feedback gathered through talks with communities into their programming. Another respondent explained that children would be invited to camps where they learned what was achieved through the project and what next year's programmatic plan is. Furthermore, some information would be distributed back to their targets for example during 'back home' campaigns or community talks, where partners inform communities of relevant achievements. The field level interviewees highlighted that people do not feel much ownership of the project, especially the children themselves and that when they return to their village they forget what they were taught and go back to their old habits and ways. Many respondents pointed out that the inclusion and active participation of their targets under the current consortium could be improved.

Benefits regarding including targets were perceived as a guarantee that the money spend is helping communities and that activities are relevant and wanted. Furthermore, inclusion of target groups is expected to increase ownership feelings of communities and enable more sustainable impact and change, because it comes from the communities themselves. Additionally, inclusion of communities is believed to enable a more diverse understanding of the local situation due to the presence of multiple voices of affected people.

Challenges perceived to arise when trying to involve targets include their too high expectations and too demanding attitude as soon as being tried to be more included in planning steps. Additionally, remote communities would be specifically challenging to

include regular because on limited contact to them. Additionally, the high expectations of local governments make it difficult to consult them during project planning. While some feedback mechanisms exist for communities under the CaR project, it was pointed out that people might be reluctant to share their true feelings because of facilitators being from the same community and people could fear that their critique would stop the support given to them. Additionally, the mostly underaged direct targets (street connected children) were pointed out as a challenge when trying to include them because of the need to include their guardians and limited possibilities with underaged people in general. Additionally, targets move relatively fast from one project phase to another (rescue on the streets, rehabilitation, transfer to Karamoja, long-term support) which are executed by different partners, and hence it would be difficult to keep contact with them for some organisations for adequate feedback and inclusion in programming.

Opportunities pointed out for the inclusion of targets included the need for more requirements/regulations from the donor side and more activities on community level that would allow everyone to join. The donor also indicated that participation of local communities would be essential for adequate and effective programming, as well as presenting an important step in empowerment. However, no specific requirements are given by KIA on how or to which degree include local communities in programming and design. Due to KIA and the CaR project working closely together with local (protestant) churches it is expected that people are automatically involved through their local churches and leaders, while it is acknowledged that this is not a guarantee for the actual participation of targets. It was also mentioned that due to the long-term experience working within the region and with local partners, it is assumed that target communities are automatically included and empowered. But, since the discourse of inclusion and participation changed during the last years, it might be necessary to review those assumptions. While inclusion of target groups has been part of former talks with the consortium, KIA is not providing monitoring or evaluation criteria to assess the success of involving local communities.

Coordination Mechanism

*How are power relations
amongst partners
perceived*

*- Changes in leadership
due to UCAA being
leader?*

*Coordination between
field and national level*

*Joint activities and
connections between
partners (before and
during COVID-19)*

All consortium interviewees stated that they felt an equal and trusting (power)relation amongst themselves and attributed it to their joint goals, budgets, activities and planning. While UCAA is in the lead, decisions are made in consensus with the other members. If partners could not come to an agreement, they would consult KIA, but this did not happen yet.

As a new development under the leadership of UCAA, the increased joint activities, rather than just visit each other project activities were pointed out, which increased mutual understanding and relations. In general, the leadership of UCAA is perceived as much better than from the previous organisation. However, respondents also stated that at the beginning of UCAA's leadership, as they had been chosen by the donor, the organisation first had to proof itself to be accepted by the others as a leader and some confusion, why UCAA had been chosen existed.

The quarterly meetings on field and national level as well as vertically joint meetings were also highlighted as an important tool to keep the cooperation alive and provide opportunities for regular close contact and exchange. The close relation and trust were especially highlighted on field level in Karamoja. Additionally, harmonised reporting and monitoring procedures made the joint working much smoother.

Additionally, it was reported that the CaR partners are regularly taking part in relevant coordination meeting on national level. This can include joining tasks force meetings or national consortia concerning (street-connected) children, where information is shared, and activities are coordinated.

However, during COVID-19 and the lockdown, both joint activities as well as capacity enhancement workshops were restricted or not feasible at all due to social distancing and movement restrictions. While some activities were moved online, the limited connectivity of governmental actors, especially in Karamoja as well as the field staffs made it difficult to fully transform all joint activities online.

**Capacity
Enhancement**

Structure and realisation

*Inclusion of other
(governmental) actors*

Perceived benefits

Capacity enhancement is mutually understood by all respondents as the strengthening of one's ability, both related to organisation as well as individuals (target communities).

Within the consortium, capacity enhancement of the members is its own objective for which specific funding is available. The activities and focus areas are not predetermined by the donor, but consortium members are supposed to identify their own needs and gaps. No capacity assessment of members is necessary or was conducted before the start of this consortium phase, but by working together members can help each other identify gaps and points to improve. Most often, thematic capacity enhancement, for example through workshops on child rights and protection were conducted as well as few general procedure and structure enhancement workshops, such as financial reporting and monitoring standards. There has been no evaluation of gaps which became visible during COVID-19 and the lockdown; hence no specific capacity enhancement was conducted for that reason.

It was also reported by some interviewees that capacity enhancement is perceived to be often more relevant and valuable for field staff due to its thematic focus and general structure including front-row teaching and repetition rather than active participation.

External governmental partners, such as district and sub-county officials as well as the CFPU are invited and participate in relevant capacity enhancement workshops and exercises.

Regarding target communities, respondents replied that they are aiming to erase self-pity and instil confidence in their targets by raising their capacities, for example through parenting classes and vocational skill training as well as raising awareness on rights and social issues. The donor confirmed that while they aim to actively provide opportunities in terms of allocated budget for capacity enhancement, they are not taking over the role to identify their local partners gaps but expect them to do so by themselves to raise their own capacity and self-reliance even more.

9 ANALYSIS AND DISCUSSION OF FINDINGS

This chapter provides a further analysis of the findings that were presented in the previous chapter, as well as relating them to findings of the literature review and additional literature to make sense of the data and provide meaningful insights. The chapter is organised according to the sub-research questions (chapter 5) and combines findings from different collection methods to achieve triangulations of data for each sub-question.

9.1 DISCUSSION OF SUB-QUESTION 1:

What is the impact of COVID-19 and the governmental lockdown on livelihoods and food security of as well as the prevalence of violence amongst (agro-)pastoral communities in Napak, disaggregated by GAD?

For the discussion of the first sub-research question, the findings of the household survey and FGDs are utilised and compared to the findings of the CaR baseline study. It is important to point out that comparisons between baseline and this research are limited because of the different research locations focussed on and because the baseline did not include a GAD disaggregation. The baseline included a target group of 303 households and focussed on the sub-counties of Iriiri, Lorengecora, Lokopo, Lopeei and Matany, while the current study targeted 99 households from the sub-counties Matany, Lopeei, Lokopo and Ngoleriet. However, it can still be used to draw some comparisons between pre-COVID-19 and the lockdown as well as the current state as it can indicate changes for CaR-project households. To increase comparability between the two studies, the questionnaire of this study has been developed based on the one used for the baseline. Additionally, relevant other literature is utilised to be able to draw conclusions on changes enabled by COVID-19 and the lockdown. Following, the three focus realms: livelihoods, food security and prevalence of violence will be discussed one after the other.

9.1.1 IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON LIVELIHOODS

The impact of COVID-19 and the lockdown on each asset as well as on livelihood strategies is discussed. At the beginning of each sub-chapter, mind-maps highlight the relevant GAD findings, and tables at the end summarize the GAD discussion.

HUMAN ASSETS

One of the most highlighted indirect consequences of COVID-19 and the lockdown, especially in fragile states or areas impacted by disasters is the potential increase in child marriage, specifically amongst poor and marginalised households. With the closure of schools, many girls are left vulnerable to teenage pregnancy, child marriage and GBV. Additionally, girls are increasingly pushed into transactional sex to obtain necessities like sanitary towels. Furthermore, the rise in poverty on household level forces many parents to consider marrying off their daughters as a coping strategy to obtain a bride price (Global Girls Glow, 2020). The household survey found that 9% of all interviewed households have married girls below the age of 18 as members and 1% reported to have pregnant girls below the age of 18 living in their households. During the FGDs, multiple groups pointed out the increase in child marriage and teenage pregnancies due to the closure of schools. The limited numbers in the findings of the survey could be explained by the cultural sensitivity that surrounds the topic and people being aware that it is frowned upon, so are less likely to indicate the true numbers of pregnant girls or age of their wives. This kind of bias is also important to consider in regard to forms of violence (including GBV, domestic and sexual violence as well as violence against children) (UNICEF, 2014). Additionally, culturally girls are perceived as women once they start to menstruate, are married or pregnant (Waiswa, et al., 2019), hence asking specifically for teenage pregnancies and marriages could also lead to different answers due to a different understanding of who a woman is. However, considering the combined findings of survey and FGDs, as well as literature, it is possible to highlight **increased teenage pregnancies and child marriage** as one of the impacts of COVID-19 and the lockdown on households in Napak. Especially women FGDs also pointed out that **pregnant or**

A majority of survey respondents and FGDs indicated that they **want to send their children (both male and female) back to school** once they open again. However, the **increase in teenage pregnancies and childhood marriages will make this less likely, especially for female children**. Additionally, all FGDs indicated a **rise in poverty**, which makes it questionable whether it is realistic that all children will be sent back to school. This is further validated by the survey findings that **indicate financial reasons to be the most common cause of not sending children back**. This assumption is further supported by literature findings, which point out that Sub-



Aid Localisation in the Context of COVID-19 and Protracted Crisis

Saharan Africa has the lowest rate of children in school globally and that the economic decrease due to COVID-19 is expected to lead to many children not being able to return to schools once they are re-opened (Muhumuza & Odula, 2020). The FGDs with adolescent boys and girls specifically resulted in the participants explaining that they would like to go (back) to school, but that they are **missing funds to pay school pays as well having to support their families through several tasks at home**, such as domestic chores or trapping wild rats. While all FGD highlighted the importance of going to school for their children's future economic possibilities, adult FGDs could be more inclined to reply to plan to send all child back to school, because they know it is the right or expected answer, even though household funds make it unlikely to be able to afford school fees.

Another much pointed out indirect impact of COVID-19 and the lockdown during the FGDs, specifically by women focus groups is the **decreased access to health services**, because of movement restriction and fear of contracting COVID-19 by being close to health centres. Furthermore, **families would be afraid to care about sick members** due to the fear of contracting COVID-19. Findings of the literature additionally indicate that the COVID-19 pandemic led to a **redirected focus and prioritisation of health systems**, with more attention on the pandemic and less towards regular services. In Uganda, right after the beginning of the lockdown in March 2020, numbers of newly HIV detected cases and administered therapy declined by 75%, Malaria case detection, admissions and inpatients deaths also declined in similar numbers. Additionally, a 29% reduction in babies born in facilities and an 82% increase in maternal mortality was recorded, which indicates a decreased use of regular health care services (Bell, et al., 2020). Regarding diseases suffered over a period of 12 months in 2019, the baseline survey found the most common suffered illnesses by household members to be malaria, followed by diarrhoea and typhoid (C&D, DP & UCAA, 2019). The findings of the current survey indicate that **the most common illness suffered by both, adults and children since the beginning of March 2020 are scabies and malaria**. Especially scabies was highlighted during the FGDs as an issue that arose during the lockdown period and negatively affected many communities. The findings of a scabies outbreak in this study are confirmed by different reports on a scabies outbreak in June 2020 in Abim district (Dispatch, 2020), which is bordering from the north-west Napak district and was also reported to have reached Napak (New Vision, 2020). While this scabies outbreak cannot directly be linked to have arisen from COVID-19 and the lockdown, the reduced access to and investment in WASH and health infrastructure due to the lockdown measures and longer term expected socio-economic impacts arising from the lockdown can be linked to a likely increase and faster spread of diseases⁶.

However, as opposed to reports from the World Health Organization (2020), which indicate a decline in access to health services due to COVID-19 and the lockdown (Edmond, 2020), findings of this study **indicate a relative high access to medical services** by people in need. The survey found that 74% of households with sick members were able to access medical treatment, the majority through governmental health units. Seventy seven percent of households with sick children were able to access medical care, again the majority through governmental health units. Similar six out of seven pregnant women indicated that they were able to access maternal care since March 2020 and 75% of households with chronical ill members indicated to have been able to access their regular medical treatment. While those findings indicate high access to health services, it is **important to note that the coverage of health services in Karamoja is under proportional low compared to the rest of Uganda and mostly consist of lower-level health units** with limited services (UNFPA, 2018). Additionally, medication and consultation for minor diseases and symptoms may have been available with the Village Health Teams (VHT)s. VHTs were established in Uganda to increase access to community-based health service in rural areas (Perry, et al., 2019). Hence, **the closure of bigger medical facilities might not have affected the access to health services by people in Napak** if they used predominantly VHTs beforehand, due to the low pre-existing converge of health centres in the whole region. However, no data has been collected during the research to confirm this. The findings of the survey do not show which level of health care was accessed nor was it possible to determine pre-COVID-19 data on health access in Napak and specifically in the research sub-counties. Nonetheless, the findings of the FGDs indicate that communities avoided health centres and noticed the reduction in health service deliveries by external providers, such as NGOs.

⁶ More in detail discussed in the analysis part Natural and Physical Assets (p. 85 - 87)

Human Assets	
GAD variable	Impact and Consequences
Gender	FHHs were found with a higher likeliness for scabies and Malaria, both for adults and children as well as being more likely to access (governmental) health units. While gender is not a direct factor that determines the likeliness to get sick, the existing gender roles and gender division of labour in Karimojong society leaves women (and FHHs) with a disadvantage compared to men (or MHHs) and in a more vulnerable socio-economic position (Waiswa, et al., 2019). The socio-economic status has been identified as a fundamental cause of disease (Flaskerud & DeLilly, 2012), for example by limiting the access to quality WASH infrastructure. Hence, the findings of this research suggest that FHHs are at an increased risk of falling sick due to their higher socio-economic vulnerability. Additionally, the expectation towards women and girls to do domestic chores and nursing sick family members exposes women and girls to greater health risks (Care, 2020). Together with the general higher health related needs of women and girls for example due to their reproductive capacity (Vlassoff, 2007), it can also explain the higher access to health units by FHHs compared to MHHs.
Age	The group of households with heads aged 65+ years has been found the least likely to attract any kind of disease, both amongst adults and children. And households with heads aged 19 to 35 were found with the highest likeliness to have children with Malaria or scabies. As the number of households with heads above 65 years was very small, it could be related to only the strong ones having survived ⁷ . That children from households with heads 19 to 35 years are more likely to have scabies or Malaria can be explained though their age demographic. Younger parents have younger children, which are generally more susceptible for diseases due to the limited built up of their immunology defence and higher exposure by playing with others as well as decrease likeliness to practice good hygiene (Infoplease, n.d.). As previously highlighted, education levels in Karamoja are low compared to the rest of Uganda and only a small percentage of children is going to secondary school (UNFPA, 2018). Hence, it makes sense that households with heads aged 36 to 65 are least likely to send their children back to school, as it can be assumed that their children are older already. The higher economic status of households with heads aged 65+ years is further indicated by the small percentage that indicated financial reasons as reasons to not sent their children back to school.
Sub-county	The occurrence of diseases, access to health units and plans to send children back to school were found to differ across the sub-counties. This can be related back to the differences in infrastructure, such as the availability of health units or distances to such, as well as the availability of clean water and sanitation. Availability and accessibility to WASH and health units are key for good health status of people, hence, their limited occurrence across the sub-counties impact the occurrence of diseases. Similar, the availability of schools or the distance to them differ across sub-counties. Lastly, availability of income strategies and distribution of financial assets was found to differ across sub-counties ⁸ . As households must pay school fees to send their children to school, it can be assumed that a variation in financial assets and strategies leads to variation in school enrolment and going
CaR project household	Not many differences between CaR and non-project household were found under human assets. Children from CaR household were found to be more likely to contract scabies, while non-project households are more likely to send their children (both male and female) back to school. Those could be indicators for CaR households having a lower economic status than non-project households. But rather than a result of being in the project, it is likely that due to their reduced (economic) status became members of the project. Based on the previous highlighted push and pull factors that lead to child migration, it can be expected that children from more vulnerable or poorer households are more likely to migrate. During the research consultation from December 16, 2020, the consortium members discussed the reasons as to why CaR project households seem to be more affected not only by illnesses but also by other impacts. They agreed that pre-existing greater vulnerability of CaR project households could be the factor, as child-migrants most likely come from the most vulnerable households, and hence became project targets.

Table 8 GAD disaggregated impact of COVID-19 and the lockdown on human assets

⁷ Refer to the discussion on social assets (p. 82 - 84)

⁸ see Table 10 (p. 87) and Table 11 (p. 93)

SOCIAL ASSETS

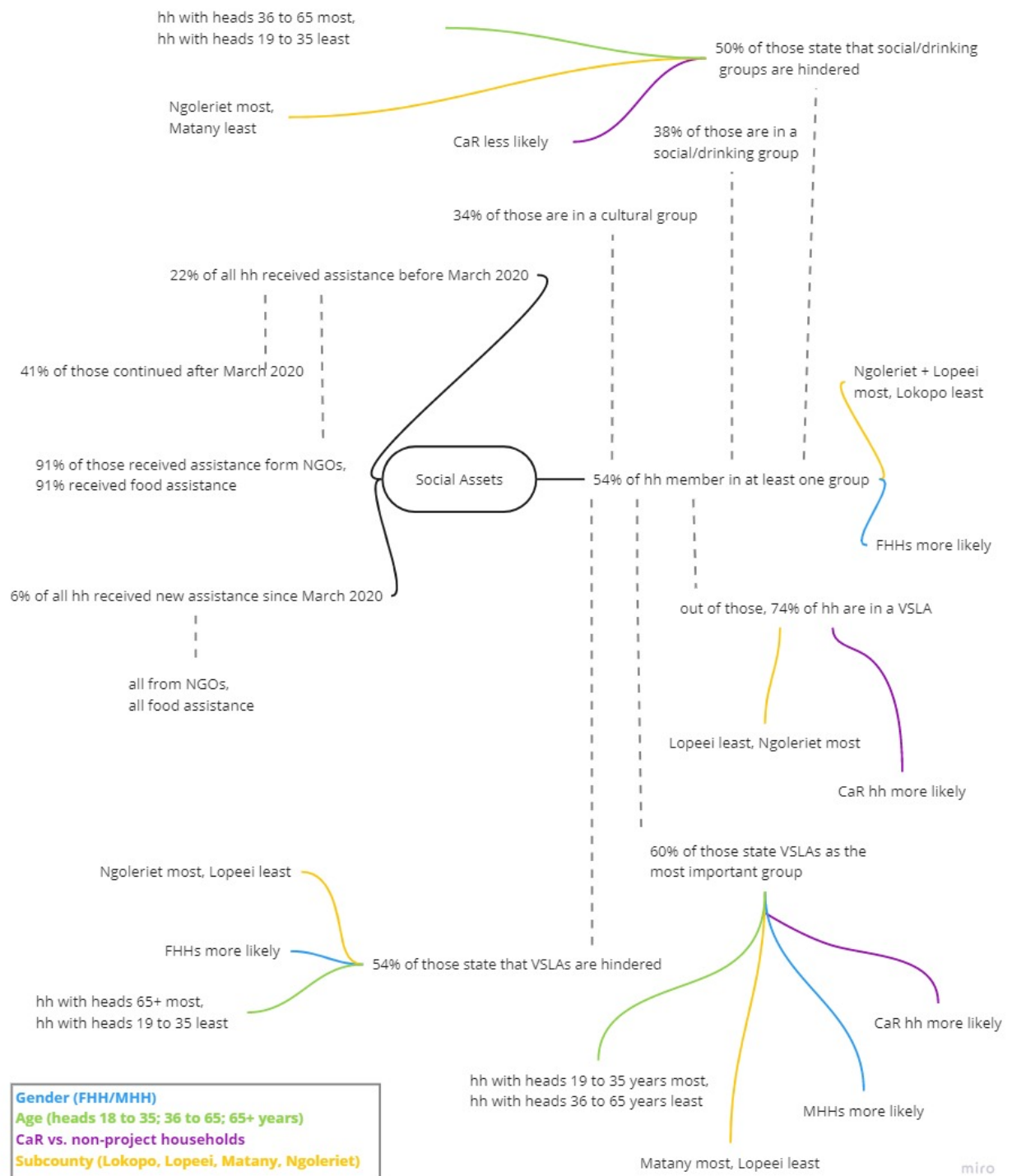


Figure 30 Overview of social assets findings in relation to GAD variables

Both studies, the baseline and the current one had similar respondent rates of about 50% of their targets being in at least one social group. The current survey found, **from the households being in at least one social group, 74% are in a VSLA, 38% are in a social/drinking group and 34% are in a cultural group**, such as music or dance group. In the base line, 68% of households that were in at least one group indicated to be part of a VSLA, 16% to be in a social or drinking group and 5% replied to be in faith-based group (C&D, DP & UCAA, 2019). Figure 31, on the next page depicts the different distributions of groups in the current study (left) and baseline (right).

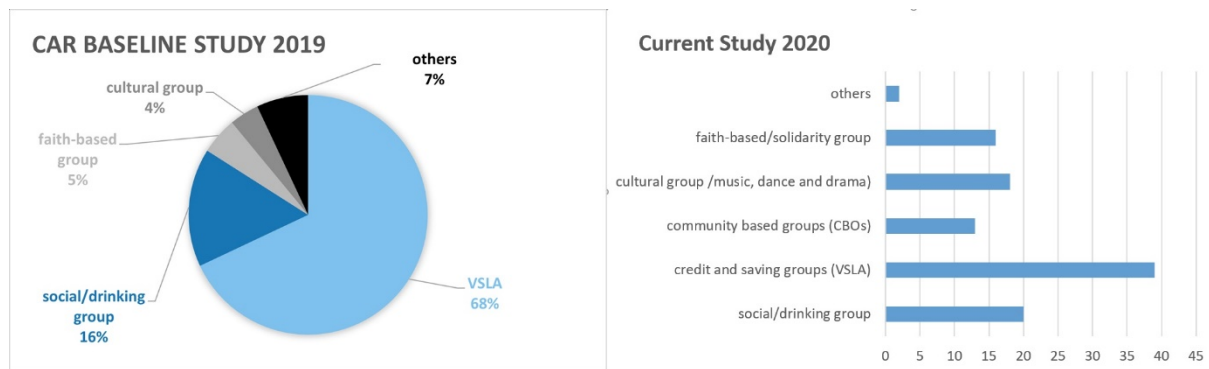


Figure 31 Comparison of social group memberships in the current study (2020 right) and the baseline (2019 left)

The differences in group membership percentages between the current survey and the baseline can be mainly explained through the different research locations, as the baseline included Iriiri and Lorengecora, which have not been considered in the current survey. Nonetheless, the findings of the survey indicate the importance and reliance of community members on social groups. During multiple FGDs, the importance of groups and especially VSLAs were mentioned. Men and women FGDs pointed out the impediment of most of their social groups due to fear of others and the possibility to contract COVID-19 as well as the lockdown restrictions on transportations and meetings. **Especially VSLA groups were pointed out to have been impeded during the lockdown** due to their members inability to earn and subsequently save money as well as social distancing and movement restrictions.

Further, the survey found that only 41% of households which received assistance by non-governmental and governmental actors before March 2020 continued to receive assistance after March 2020. This got further confirmed during FGDs, which all indicated to have noticed **a strong decrease in services and goods provided from different stakeholders and an overall decline in or full stop of contact with different organisations and governmental agencies**. The FGDs also revealed that a majority of the households that continued receiving assistance did so through another project by C&D. In general, **C&D was highlighted by many FGDs as one of the few organisations who kept regular contact with communities** since March 2020. The findings of survey and FGDs correspond with literature findings, which point out that a majority of (international) aid and development organisations had to reduce their activities due to COVID-19 and subsequent lockdown measures or temporarily close completely (ACAPS, 2020). The high reliance on non-governmental assistance further matches with pre-existing conditions in Karamoja, such as the reduce attention of local and national governments on the region (UNFPA, 2018) and historic marginalization and exclusion (Odhiambo, 2003). As pointed out by the interviews with local governmental officials and the FGDs, fear of gatherings and COVID-19 led to the stop of bi-monthly support payments to elderly by the government, which reportedly (during interviews and FGDs) led to increased numbers of deaths by starvation amongst the elderly in Napak.

At the same time, FGDs also revealed that governmental actors, especially **Members of Parliament, started to distribute tools and other assistance since October 2020**. The research time coincides with the campaign season for the general elections in Uganda, to be taken place in early January 2021 (Mubiro, 2020) and hence, an increased focus of governmental actors on their voters likely.

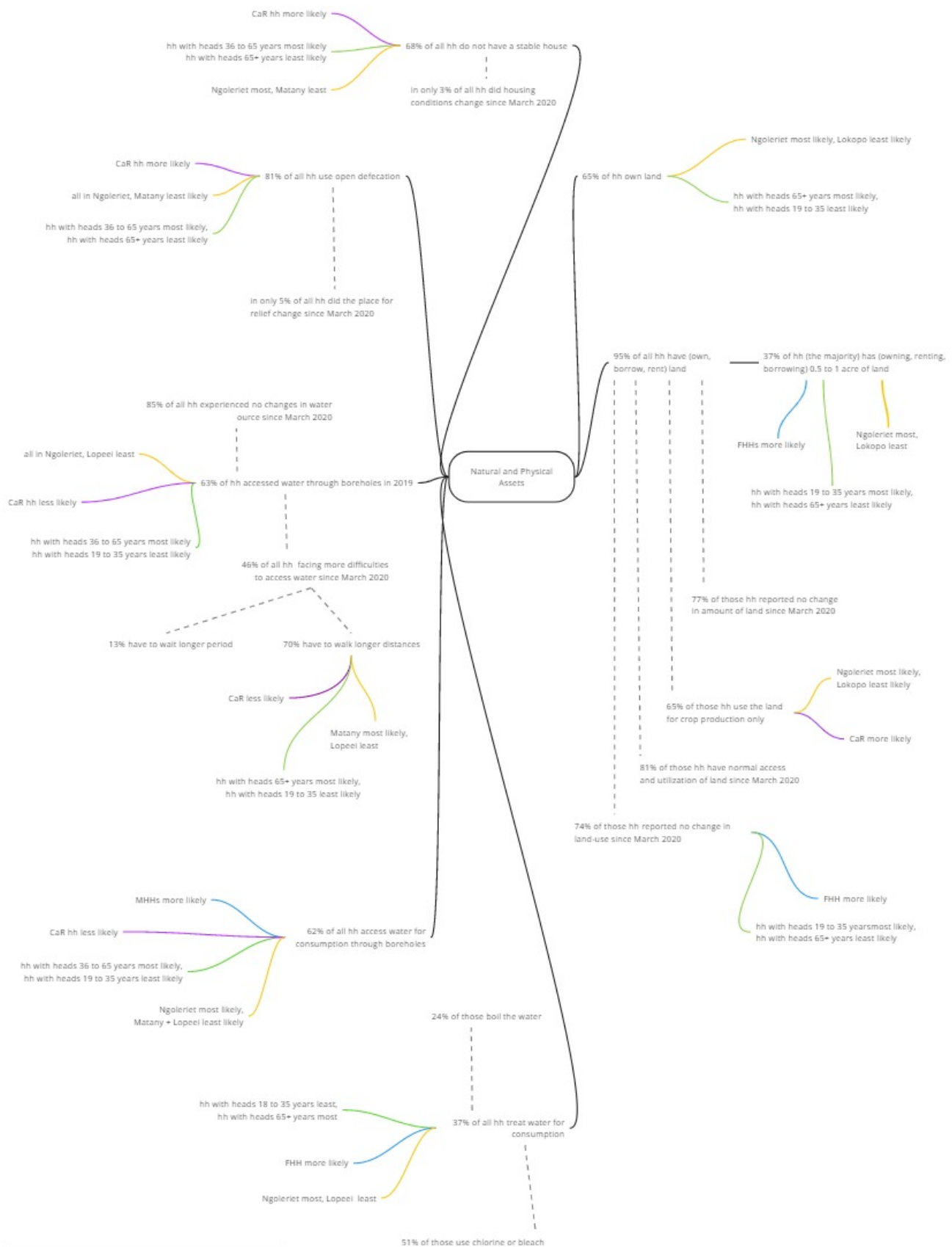
Social Assets	
GAD variable	Impact and Consequences
Gender	According to the findings of the current study, FHHs are more likely to be part of social groups, specifically of VSLAs. This can be explained by VSLAs traditionally foremost targeting women, sometimes exclusively because of the expectation that empowering women financial will have a positive impact on the household overall, as women are the main caretaker of children and are more likely to spent money on household needs, rather than on their individual ones (Wheaton, 2019). Hence, FHHs might be more included and focussed on the saving groups and are therefore also more aware of and affected by their halt due to COVID-19. While MHHs in absolute numbers are less likely to be in a VSLA, MHHs are also percentual more likely to see VSLAs as their most important group. This can be related back to two factors, one being MHHs being less often in groups makes VSLAs automatically more likely to be seen as the most important and two being the absence of other official banking and money lending system apart from family and friends ⁹ which automatically increased saving groups importance.
Age	Not many differences between the age groups of household heads and their social assets where found. A slight difference between age groups and their social group belonging was found, which can be most likely related back to different social circles, goals and conditions of different age groups, which can be traced back to the age division of roles and chores in Karimojong society ¹⁰ . The age group of heads aged 65+ years was specifically impacted by the loss of governmental payments, which is another indicator for the decrease in overall services during the lockdown, but also shows the limited alternatives available.
Sub-county	Like age, the sub-county of a household was not found to make a lot of differences regarding social assets. Ngoleriet was found with the highest percentage of households being in a group and being in a VSLA and therefore also had the most household who indicated the VSLA to be hindered. Matany, with the highest number of households indicating that VSLAs are their most important group. Sub-counties define the geographical and infrastructural context of households living in them, and hence define which groups are available to households. Matany, the most urbanized sub-county shows a higher need for money, as markets and shops are more often to find than in other sub-counties.
CaR project household	CaR households were found to be more likely to be in a VSLA and seeing the VSLA as their most important group. This could be an indicator that the project achieved some of their action points, including the set up and management of VSLA to support households of returning child migrants economically (UCAA, DP, C&D, 2018).

Table 9 GAD disaggregated impact of COVID-19 and the lockdown on social assets

⁹ Refer to the discussion of financial assets and livelihood strategies (p. 88 – 93).

¹⁰ See Annex 1

NATURAL AND PHYSICAL ASSETS



Gender (FHH/MHH)
Age (heads 18 to 35; 36 to 65; 65+ years)
CaR vs. non-project households
Subcounty (Lokopo, Lopeel, Matany, Ngolieriet)
hh = household

Figure 32 Overview of natural and physical assets findings in relation to GAD variables

miro

The current survey and the baseline interrogated both the total amount of land that a household has (including owning, borrowing and renting). In the baseline, nearly 50% of respondents had 1.1 - 3 acres (C&D, DP & UCAA, 2019), while in the current study over 50% have 0.1 – 1 acre. This can be attributed to the different research areas the studies assessed, as the most households that had 1.1 to 3 acres and more than 5.1 acres in the baseline came from Iriiri and Lorengecora, the two sub-counties which were not assessed in the current study. This indicates that **COVID-19 and the lockdown did not have a direct impact on household's land ownership**, which gets further confirmed by the 77% of households in the current survey that reported no change in the amount of land since March 2020.

Land-use has remained in both studies similar, with the majority both times indicating to use their land predominantly for crop production, with secondary uses being both times animal grazing, tree planting or renting out their land. This indicates that **COVID-19 and the lockdown did not have a direct impact on land use**, which is further confirmed by the 74% of households which reported no change in land-use since March 2020. However, multiple FGDs pointed out that **due to the lockdown restrictions many service deliveries** from governmental and non-governmental actors, **such as seed distribution and agricultural trainings were hindered**, which **negatively affected respondents' ability to cultivate crops and could negatively impact the next harvest season**.

Boreholes are the most often accessed water sources in this research, which is in accordance with findings of the baseline study (C&D, DP & UCAA, 2019). However, this study found that 46% of the 63% households that accessed water through boreholes in 2019 are facing more difficulties to access water. The majority of the households has to walk longer distances. Through FGDs it was confirmed that this mostly arose due to broken boreholes. This can be interpreted as another indicator for the halt of many services, as well as a confirmation for the often pointed out **decrease in WASH services** due to COVID-19 and the lockdown. A decrease in availability or accessibility to quality WASH services poses many long-term risks, such as an increase in diseases (Bell, et al., 2020). Additionally, **due to the halt of many external service providers activities, COVID-19 and the lockdown are (expected) slowing down investments in the WASH sector in the shorter- to medium-term future**, not only in Karamoja and Uganda but worldwide. Factors contributing to this include the supply disruptions and various emergency COVID-19 measures which diverted attention from WASH service delivery to measures to cope with the pandemic, although it presents a vital aspect of mitigating the spread of COVID-19 (Butler, et al., 2020). This could potentially lead to a decline in progress regarding WASH infrastructure in Karamoja, which coverage of quality services was already low (UNFPA, 2018), and hence **in the long-term can have consequences such as increased risk of disease spreads and limited access to clean drinking water, while making it harder to contain the current COVID-19 outbreak**. First indication for this has been found during the FGDs, which pointed out the decrease in WASH service delivery as part of the general decline in external service providers led to an increased spread of scabies. Additionally, outbreaks of cholera were reported in Karamoja during the lockdown (Taremwa, 2020).

Open defecation was also found during both studies to be the most often utilised mode of relieving. However, while in this study 81% of the total respondents replied to (mostly) use open defecation, only 60% did so in the baseline study. As only 5% of the current respondents indicated to have changed their latrine since the beginning of the lockdown. This discrepancy can be explained through the focus on different sub-counties. The baseline study indicates that the highest distribution of open defecation was in Lokopo, followed by Lopeei and Matany (C&D, DP & UCAA, 2019), which are the three overlapping research areas of the baseline and the current study. Hence, the exclusion of Irri and Lorengecora, the sub-counties with the highest access, the average percentage of access was reduced.

The current study also found **that 68% of the total respondents indicate to not have a stable house that is save and dry**. The baseline study found that 53% of their total respondents indicated to not have a stable house that is dry and save. With only 3% of the current study respondents indicating that their housing conditions have been worsening since March 2020, it can be understood that **COVID-19 and the lockdown did not have a major impact on peoples housing conditions**.

Natural and Physical Assets	
GAD variable	Impact and Consequences
Gender	It was found that FHHs are more likely to have 0.5 to 1 acre (smallest size of land) than MHHs, which confirms the previous highlighted existing gender inequalities in terms of access and availability of land (Waiswa, et al., 2019). Women in Karamoja require the support of a male relative to secure land, and due to their vulnerable economic situation, are less likely to own land and more likely to own small scale plots. A study by the Makerere Institute of Social Research in 2014 examined over 93,000 land titles issued between 1980 and 2002 and reported, that 63% of all titles were hold by men only, and 16% by women only (Burke & Kobusingye, 2014).
Age	Age was found to influence natural and physical assets quite a lot. Households with heads aged 19 to 35 years are most likely and households with heads aged 65+ years are least likely to have the smallest land size (which was assessed during the research), which indicates a connection between age and land ownership. A study by Oxfam from 2014 on Women's Land Rights in Northern Uganda highlights this connection and found an increase of ownership with age. For example, only 49% of women under the age of 30 reported to own land, compared to 89% of women aged 45 years or older. (Burke & Kobusingye, 2014)
Sub-county	The sub-county of a household was also found to be an influencing factor for natural and physical assets. The sub-county provides the context of people's lives, for example whether boreholes are available or what kind of soil. The researched sub-counties show multiple differences regarding natural and physical assets, such as Ngoleriet having the highest number of households without a stable house and practicing open defecation, households in Lopeei having the least access to boreholes and treat their water for consumption the least while households in Lokopo have access to the biggest plots. Multiple literature sources confirm the different conditions in the sub-counties, for example the Food Security and Nutrition Assessment of Napak (2017) Lopeei and Lokopo has the highest number of households with access to land, and Ngoleriet and Matany the lowest (De Bustos, et al., 2017).
CaR project household	It was found that non-project households had better access to boreholes, and that CaR households were less likely to have a stable house, practices more often open defecation as well as using their land for crop production only. The higher vulnerability and poverty, which led households to have migrating children and become a member of the CaR project was identified during the consultation on December 16, 2020, as one of the factors that led to the above described findings. Additionally, the CaR projects focus on agriculture/livelihood support might also be the reason for the increased focus on crop production only by CaR households.

Table 10 GAD disaggregated impact of COVID-19 and the lockdown on natural and physical assets

FINANCIAL ASSETS AND LIVELIHOOD STRATEGIES

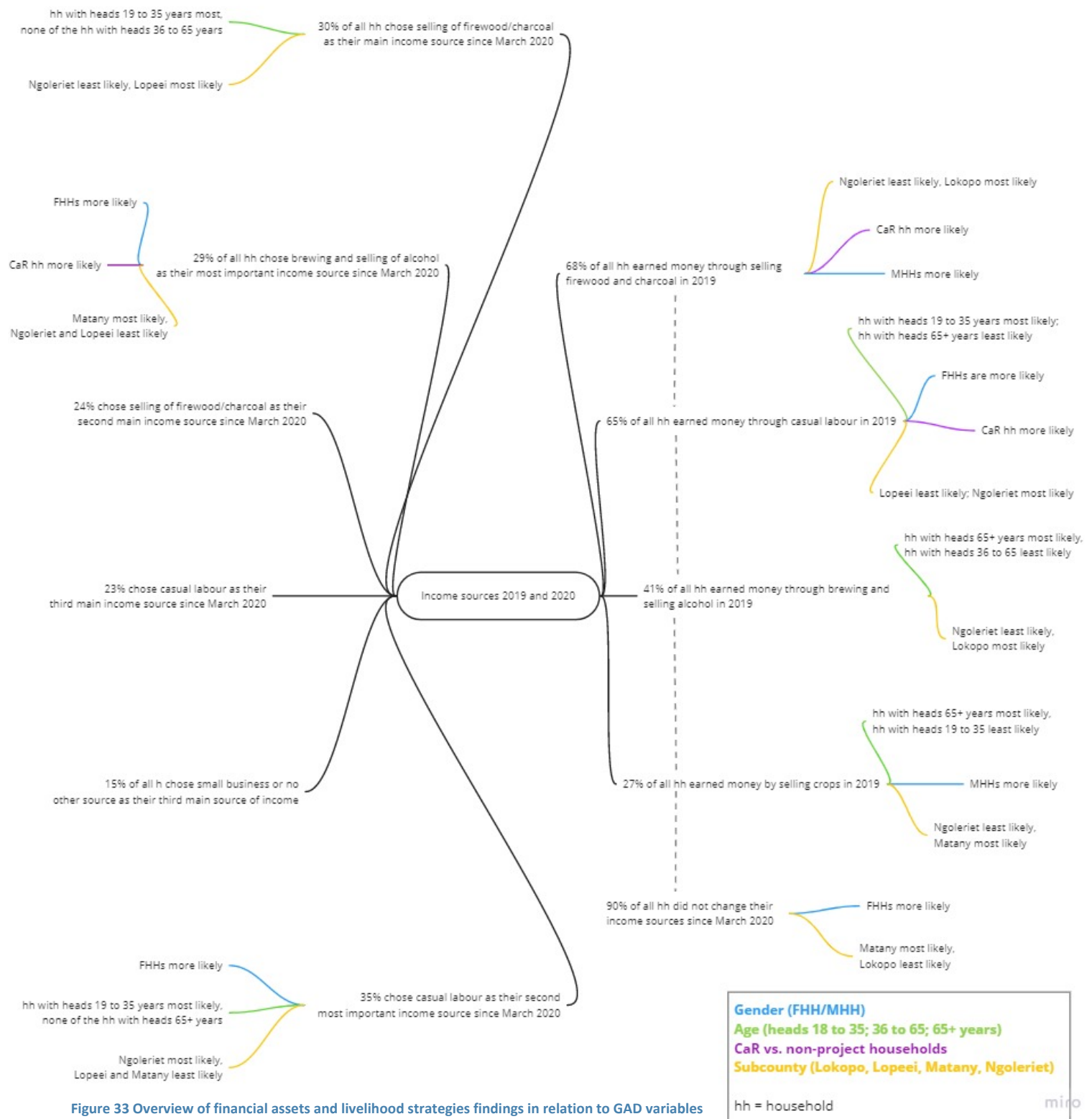


Figure 33 Overview of financial assets and livelihood strategies findings in relation to GAD variables

The current study found that **in 90% of the total households their main income sources did not change**. The three main income sources throughout 2019 and since March 2020 have stayed constant, although with some changes in utilisation of the income. The **first most important income sources are selling firewood or charcoal as well as brewing and selling alcohol**, **second most important sources are casual labour and selling firewood or charcoal** (if not chosen as the first most important source) and **if a third most important source is available, it is indicated to be small business**.

While selling firewood and charcoal remained the most important income source, a decrease in households employing this strategy throughout 2019 compared to since March 2020 was found. FGDs pointed out that the closure of markets led to being unable to sell firewood or charcoal as well as alcohol or that **they had to sell their goods at a much lower price from their home**, because buyers were aware of their increased negotiation power due to no regular influx of customers.

Moreover, a **decrease in earnings from casual labour was found**. This got further confirmed during FGDs. Especially female FGDs pointed out the decrease in casual employment options since the lockdown **due to movement restrictions and the fear of potential employers to contract the disease from strangers**. FGDs also pointed out that although income strategies such as selling of alcohol, firewood or charcoal, especially women continued to employ those strategies for income generation as they **were not able to identify alternative income sources**.

Earning from crops was not chosen as one of the main income sources since March 2020 while it was chosen by 27% of all households as part of their income sources during 2019. Indications for a loss of agricultural services, including trainings and seed distribution were mentioned during FGDs and KIIs with local governments. **This could also lead potentially to longer-term negative impacts on crop production and food security**. However, it is also important to consider Karamoja's uni-modal rainfall period which only allows for one harvest period per year, usually around August to October, but due to climate change started to shift (Olson & Berry, 2003). As data for the study was collected from October to November, data on crop sales might have been missed.

Furthermore, men FGDs highlighted their **inability to sell livestock due to the Foot-and-Mouth Disease (FMD) livestock quarantine** (Ogole, 2020) as well as closure of monthly markets (Ministry of Health, 2020). This explains why the current study did not find a significant percentage of households to have earned money from livestock, which the baseline from 2019 did (C&D, DP & UCAA, 2019). Figure 34 depicts the different sources of income during 2019 and since March 2020, as found in the current study.



Figure 34 Overview income strategies baseline study, 2019 (left) and baseline, 2020 (right)

On the next page, Figure 35 depicts the next second mind-map for the financial assets and livelihood strategies findings in relation to GAD variables.

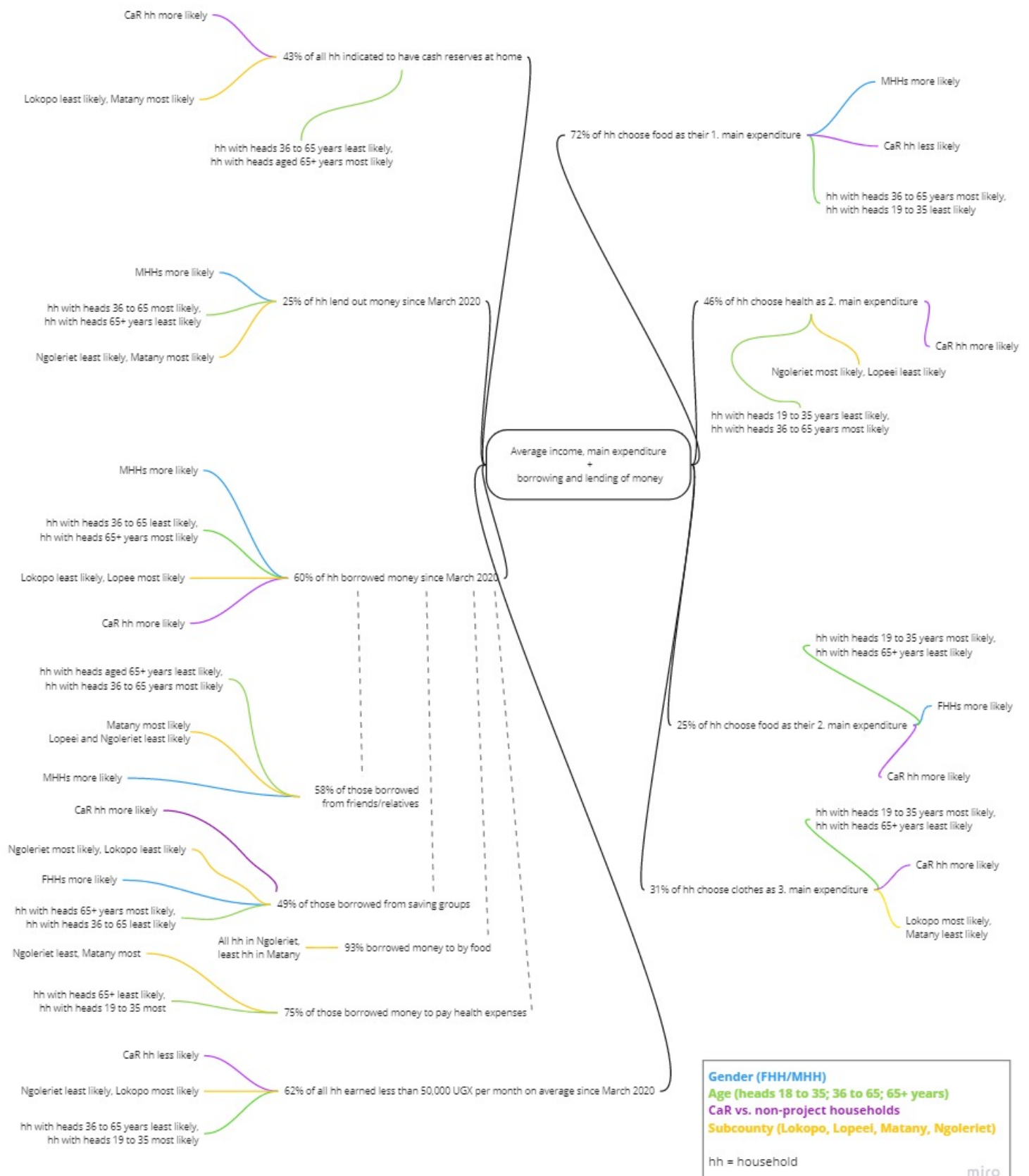


Figure 35 Overview of financial assets and livelihood strategies findings in relation to GAD variables 2

Both, the current study and the baseline (2019) looked at the average monthly income in UGX of households over the last 6 months. In the baseline 82% indicated to have earned between UGX50,000 and UGX500,000¹¹ and 15% indicated to have earned per average between UGX500,000 and UGX3,000,000. Lorengecora had the highest number of people with an average monthly income above UGX500,000 (C&D, DP & UCAA, 2019). The current study found that **62% of the respondents earned less than UGX50,000 on average over the last 6 months (since March 2020)** with 36% not able to estimate at all and only 2% indicating that their average monthly income was between UGX50,000 - UGX250,000. Six months present a relative long-time frame, which can make it difficult for survey participants to remember their average monthly income precisely, especially without regular income, as the findings regarding income sources of target households indicate. Depending on who of the household is interviewed, answers might differ as well, because of the gender and age disaggregation of asset ownership within Karimojong culture. (Waiswa, et al., 2019). The possibility of inflation since the baseline study was conducted has to be considered as well (although expected to be very small, as inflation becomes only noticeable after a longer time and the baseline was generated in 2019) as well as the different income groups used by the two studies before concluding on an increase in poverty because of COVID-19 and the lockdown.

However, already in April 2020, the World Bank pointed out the severe impact of the lockdown on the economy in Uganda, estimating an additional 3.15 million people to fall into poverty (World Bank, 2020). Additional, the focus of governmental relief programs on urban poor people and the formal sector, means that they are not reaching the most poor and vulnerable, which tend to work in the informal sector (Development Initiatives, 2020). Supported by findings of the FGDs, it can be said that **people's livelihood strategies and income generating activities reduced, and poverty levels increased due to the pandemic and lockdown**. With the pre-existing high poverty level in Karamoja of 61% of the total population living in absolute poverty (UNFPA, 2018), **a further increase in poverty level, although small, could pose a great impact on households and could lead to the inability to fulfil basic needs, as achieving this has already been before COVID-19 and the lockdown problematic in Karamoja** (UNFPA, 2018).

Forty three percent of all households in the current study reported to have cash reserves at home compared to 34% of households during the baseline in 2019 (C&D, DP & UCAA, 2019). FGDs, especially with men concluded that **money lost its value during COVID-19 and the lockdown, because of the closure of markets and businesses**, which made it impossible to use money. This could explain the higher prevalence of cash reserves amongst households, rather than it being interpreted as a decrease in poverty.

Twenty five percent of all respondents in this study replied to have lend out money since March 2020, compared to 33% during the baseline. Money having lost some of its meaning to research targets could explain the decrease in households lending out money. Additionally, **the increased economic pressures on households and increasing poverty are likely stopping households from lending out money**.

During the baseline study (2019), 72% of all households indicated to have been borrowing money during the past 12 months (C&D, DP & UCAA, 2019), while during the current study, **only 60% indicated to have borrowed money during the last 6 months** (since March 2020). In the baseline, the highest distribution of households having borrowed money was found in Iriiri and Lorengecora, which are both not included in the current study. The baseline and current study both found that the **main reasons for households to borrow money are as following: food expenditures, health expenditures and buying agricultural inputs**. That borrowed money is used predominantly to fulfil basic needs implies and confirms the overall high poverty levels and prevalent needs in the region even before COVID-19 and the lockdown, which is confirmed by the findings of the literature review (UNFPA, 2018). Additionally, the overall increase in poverty levels can lead to households having less opportunities to borrow money. Money having lost its meaning from the closure of markets, could decrease peoples need to borrow money, but rather borrow food or other items directly. Not enough data was found to sustain any claims on this finding. While Uganda's economy reportedly escaped the worst effects of COVID-19

¹¹ Official conversion rate from Ugandan Shilling (UGX) to Euro (EUR) on December 1, 2020: UGX100,000 = EU22,18 (Exchange Rates UK, 2020)

and the lockdown compared to other Sub-Saharan countries (The Independent, 2021), little data has been recorded for the economic impact on rural households, predominantly relying on subsistence agriculture.

While the sources from where to borrow money from stayed the same throughout both studies, **small changes in how many households accessed the different sources to borrow money from can be noted.** During the baseline study (2019), the most often used source to borrow money from have been VSLAs (41%), followed by friends or relatives (29%) (C&D, DP & UCAA, 2019). During the current study **borrowing from friends and relatives became the most common source (58%), followed by VSLAs (49%).** As indicated in FGDs, (social) **groups and specifically VSLAs were impeded especially in the beginning of the lockdown when much more restrictions were in place for social distancing and movement restrictions.** Additionally, members were fearing to contract the disease from each other and due to the loss of income were not able anymore to contribute to saving groups, which was especially highlighted by women FGDs.

Furthermore, the main expenditure areas pre COVID-19, as found in the baseline study are food, education and clothing (C&D, DP & UCAA, 2019), while the **current study found main expenditure areas to be food, health related expenditures and clothes .** The pre-existing, high levels of poverty in Karamoja (UNFPA, 2018) lead to **households focussing on basic needs as their main expenditures both before and after March 2020.** The absence of expenditures related to education can be explained by the closure of schools since March 2020. FGD pointed out that school fees paid for the time since March 2020 have not been reimbursed to households. Additionally, the increased expenditures in regards to food due to children being at home and not in boarding schools which includes feeding have been pointed out during all adult FGDs, which is another indicator for **rising poverty levels and struggles to fulfil basic needs on household level due to the lockdown and COVID-19.**

Financial Assets and Livelihood Strategies	
GAD variable	Impact and Consequences
Gender	Overall, it was found that the gender of a household head influences the likeliness of certain income strategies to be employed and subsequently, how impacted a person or household is from the obstruction of those strategies due to the lockdown and COVID-19. As already described in previous tables, gender is pointed out in literature as a decisive factor in Karamojong culture. The gender of a person (or household head) influences which income strategies are considered appropriate. Especially rural women rely foremost on brewing alcohol and selling of firewood and charcoal as well as (casual) agriculture work. Men on the other hand have more wage labour opportunities, such as construction labour, loading/offloading goods, mechanism and security guards, as well as their traditional role of owning and taking care of livestock. The underdeveloped secondary and tertiary sectors in Karamoja furthermore reduce income opportunities and coping options (Iyer & Mosebo, 2017). This also explains the survey's findings that MHHs were more likely than FHHs to have changed or adapted their sources of income since March 2020. Due to the higher reliance of FHHs (and women in general) on income strategies that were over-proportional affected by COVID-19 and the lockdown compared to male dominated income strategies, they are stronger impacted in terms of financial assets. As women are traditionally in the role of providing for the household needs and especially for children, the increase in poverty of them is expected to impact the wider household, especially dependants, such as children.
Age	Similar, the age of the household head was found to influence the likeliness of certain income strategies to be employed, which again can be explained by the age division of labour and responsibilities in Karimojong culture ¹² (Dyson-Hudson, 1963). Findings show that households with heads aged 19 to 35 years rely predominantly on casual labour, households with heads aged 36 to 65 years foremost rely on selling of alcohol and households with heads aged 65+ years on crop cultivation. Younger people are not only able to work harder manual jobs, but do also have less access to productive assets, as highlighted in the previous GAD tables. The reduced economic assets of younger households gets confirmed by the findings that households with heads aged 19 to 35 years old are the most likely to have earned less than 50,000UGX per month on average over the last 6 month.
Sub-county	The data also suggest that the sub-county influences which income strategies are employed by households, where households lend and borrow money from and what households spend their money on. While not going in detail about each sub-counties specific conditions, the findings highlight that Lokopo and Lopeei, the more rural sub-counties (see map X) are earning less monthly income on average compared to Matany and Ngoleriet, the more 'urban' sub-counties. And that they employ less diversified strategies, As the sub-counties provide the context for household's lives.
CaR project household	CaR project households are more likely to have borrowed money and to do so from a VSLA, which could indicate a better connectivity of project households to others through project and group memberships as well as being an indication again for the success of the aimed at VSLA support of the CaR project. The project also aimed to support income generating activities amongst project households, and as findings suggest that non-project households are more likely to earn less than UGX50,000 per month on average per month since March 2020. While being an interesting finding, the research did not collect sufficient data to clearly support conclusions of whether being in the CaR project let households to having increased financial assets, compared to non-project households.

Table 11 GAD disaggregated impact of COVID-19 and the lockdown on financial assets and livelihood strategies

¹² See Annex 1 for a brief overview of the age structure within Karimojong society

9.1.2 IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON THE VULNERABILITY CONTEXT AND THE PREVALENCE OF VIOLENCE

Below, the impact of COVID-19 and the lockdown on the vulnerability context, as part of the SLF as well as the prevalence of violence are discussed. The vulnerability context was combined with the prevalence of violence due to some overlapping factors and similarities.

VULNERABILITY CONTEXT

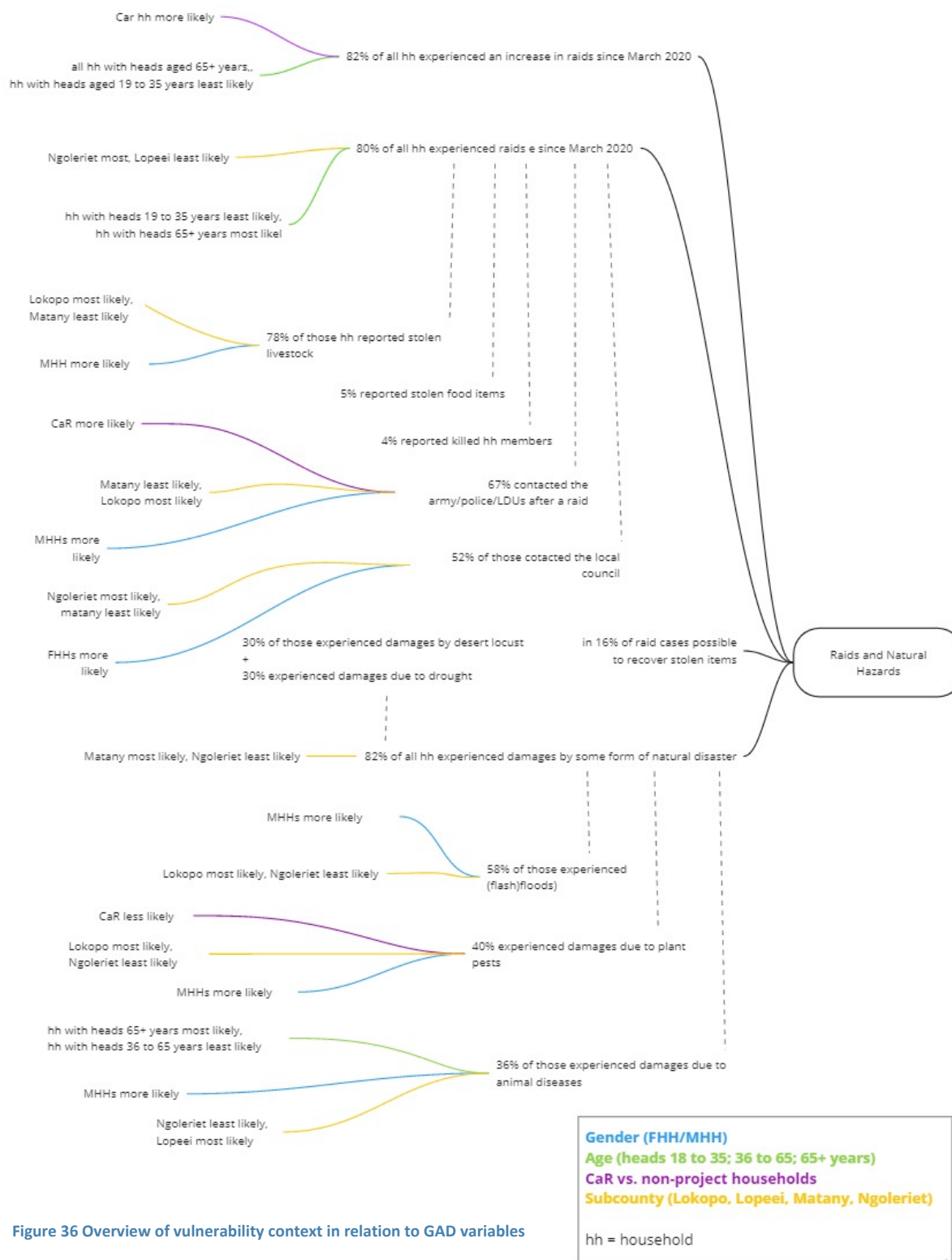


Figure 36 Overview of vulnerability context in relation to GAD variables

The current study found that **82% of the total households experienced damages by natural hazards** since March 2020, with the **most often occurring hazards being flash floods (58%), plant pests (40%), animal diseases (36%) and locusts as well as droughts (both 30%)**. The Napak District Hazard, Risk and Vulnerability Profile (2014) corresponds with the findings of the current study as it records flood risks, plant pests and animal diseases all as likely to occur within Napak due to its geographical conditions (Napak District Government, UNDP, 2014). Figure 37 provides the risk assessment of the profile, which corresponds with survey findings. Ngoleriet was found the least affected by flash floods and plant pests while having a 'low' score in the risk assessment and Lokopo was found with the highest likeliness to experience flash floods and plant pests while having a 'medium' score in the risk assessment.

Hazard	Ngoleriet	Lokopo	Lotome	Lopeel	Lorengecora	Lorengecora TC	Iriiri	Matany
Flood	L	H	L	M	M	N	M	M
Crop, animal disease	L	M	L	M	M	M	M	M
Land conflicts	M	M	M	N	M	M	M	L
Drought	H	M	M	M	M	M	M	M
Hailstorm, lightning	N	L	N	N	L	L	M	L
Strong wind	M	L	M	M	M	M	N	N
Bushfire	M	M	M	M	M	L	M	M
Pest infestation	M	M	N	M	L	N	M	N
Cattle theft	N	L	L	L	L	N	L	L
Environmental degradation	M	L	M	M	H	L	M	M
Vermin	N	L	N	N	M	L	H	N
Human disease	M	M	M	M	H	H	M	M

L: Low
M = Low
L: Low

Figure 37 Risk Assessment of Napak's sub-counties
(Napak District Government, UNDP, 2014)

Figure 38 visualizes the geographics conditions that influence the flood risk in Napak, as Lokopo with the highest flood risks also has the highest concentration of rivers.

80% of all households indicated to have experienced raids or thefts since March 2020, with 82% of those households indicated to have perceived an increase in raids and thefts since March 2020. During the FGDs, all groups pointed out the **(increasing) raids as one of the main events that besides COVID-19 and the lockdown impacted them negatively since March 2020. The upcoming presidential elections (January 2021) and with that, a stronger focus of politicians on being favoured by their voters (and hence not intervening or stopping raids) were stated during FGDs and KIIs with governmental actors as part of the reason for the increase.** The FGDs also revealed a **steady decline in raids since the end of September 2020, because of an on-going 'silent' governmental disarmament campaign.** Multiple groups reported that the UPDF rounded up most of the livestock in multiple sub-counties in Napak within their barracks with the goal to re-distribute it back to the rightful owners. At the same time, FGDs reported that men from their different villages were arrested and beaten within the barracks to find and confiscate illegal firearms. (Human) Rights violations by the UPDF and the use of excessive force are known to have occurred in past disarmament campaigns, which confirms those findings and highlights the contradicting nature of decreasing insecurity of cattle raids by state actors using excessive forms of violence against their citizen (Bevan, 2008). Especially male FGDs pointed out their loss of cows due to the raids and the UPDF round-up, while doubting to receive their own livestock back. Literature findings support their expectations, as past disarmament has led to widespread loss of cattle and insecurity amongst communities

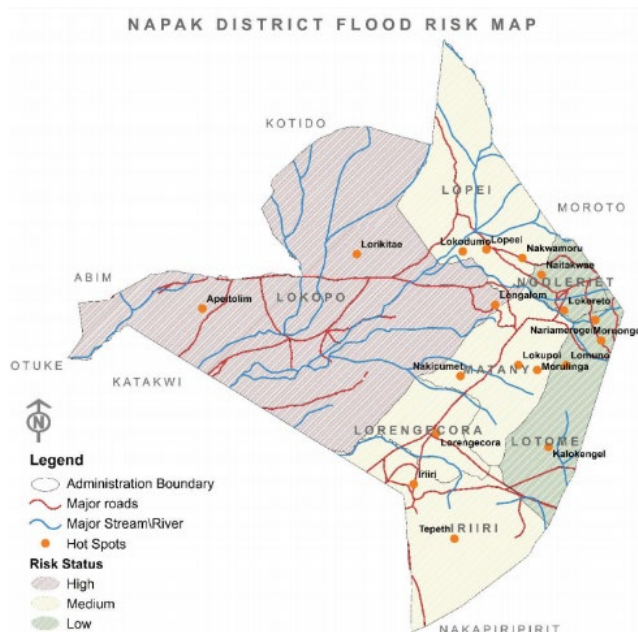


Figure 38 Napak Flood Risk Map (Napak District Government, UNDP, 2014)

The Vulnerability Context	
GAD variable	Impact and Consequences
Gender	The survey found MHHs being more often affected by (flash) floods, animal diseases and plant pests. As men are the traditional owner and care taker of livestock (Waiswa, et al., 2019), it is likely that MHHs are more often affected by livestock diseases because they have (more) livestock. Additionally, as MHHs were found to own bigger plots of lands and engage more often in crop production for income generation, plant pests and floods are more likely to affect them. The higher likelihood of owning livestock can also explain the higher experience of raids.
Age	Households with heads aged 65+ years were found most likely to be affected by animal diseases by the survey. Previously, the discussion found that financial and other assets of households are increasing with age. As livestock in (agro-)pastoral societies is an important financial asset, it can be assumed that households with older heads are more likely to own more livestock and hence are also more likely affected by livestock diseases. This again also explains the increased likeliness found during the survey of households with heads aged 65+ years to be affected by raids. Not many differences between the vulnerability context of households with heads aged 18 to 35 years and heads aged 36 to 65 years were found. Households with heads aged 36 to 65 years reported most often stolen livestock in the case of raids. However not enough data was collected to draw conclusions.
Sub-county	The sub-county of households, or better their geographic location was found in most cases relevant for experiencing certain natural disasters. This is explainable by natural hazards occurring under certain conditions in specific geographic areas. For example, the survey found different proportions of households in all sub-counties except Ngoleriet affected by desert locust infestations. This corresponds partially with FAOs Desert Locust Situation Report (August, 31 2020), which reports swarms of locusts arriving throughout August 2020 through Kenya's Turkana county into Napak district (FAO, 2020). Similar, plant pests spread from place to place and flash floods appear under certain geographical conditions, such as rivers, which makes them appear frequently in the same locations (Napak District Government, UNDP, 2014). Inter-clan raids are based on traditional relation between certain groups and hence are also experienced in different locations with varying intensity. In addition, the location of military barracks as well as favourable geographic conditions of certain routes make different communities within sub-county more likely to experiencing raids (Bevan, 2008).
CaR project household	No noteworthy differences between CaR and non-project households were found regarding experiencing natural hazards.

Table 12 GAD disaggregated impact of COVID-19 and the lockdown on the vulnerability context

PREVALENCE OF VIOLENCE

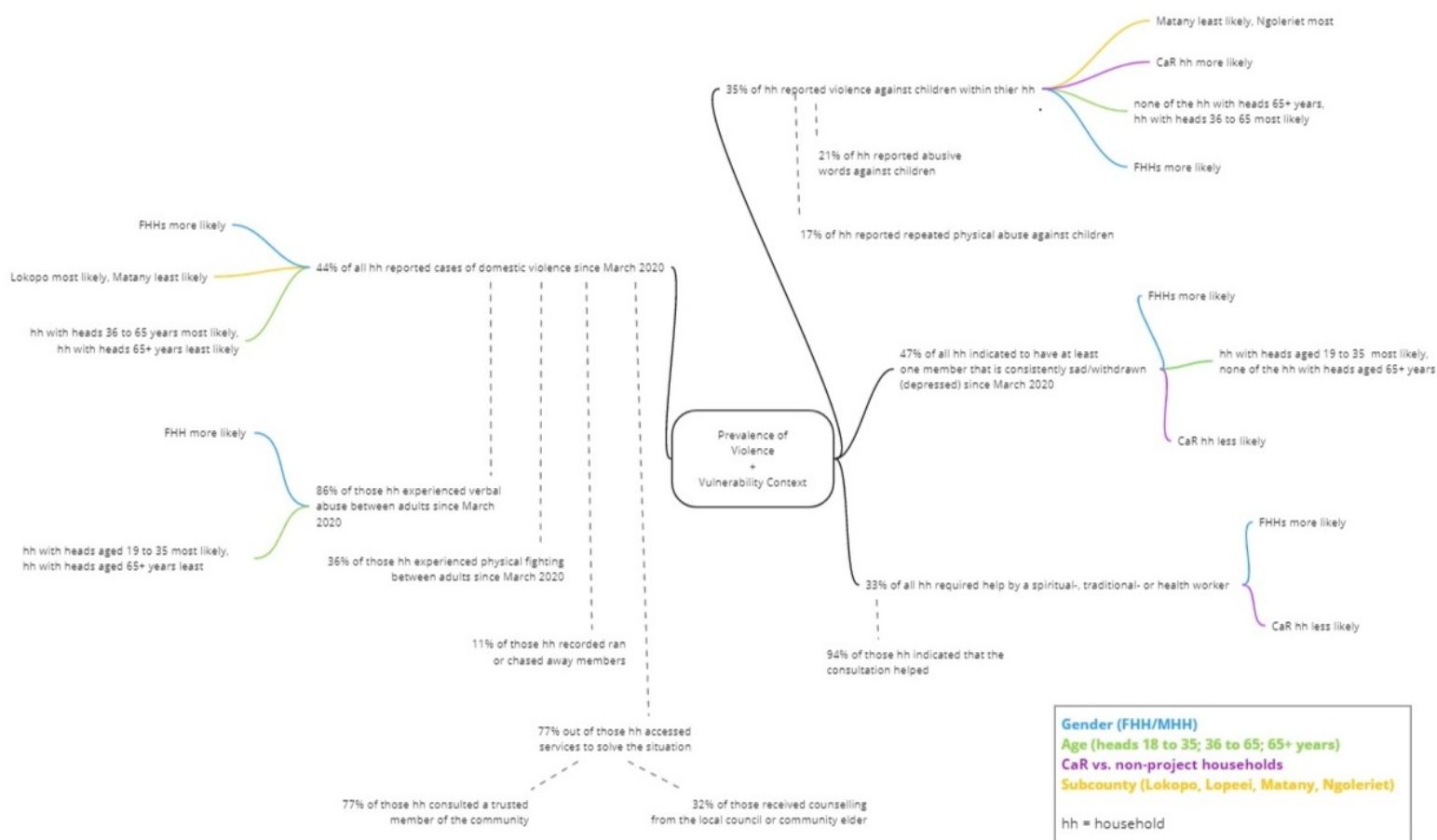


Figure 39 Overview of the prevalence of violence findings in relation to GAD variables

Comparing the findings regarding violence against children in this study to the baseline leads to several findings. The current study **found an increase in repeated physical abuse (from 14% to 37%) as well as withholding a meal as a punishment (from 10% to 15%)**. The percentage of respondents indicating the use of abusive language against children remained nearly the same (from 47% to 46%) as did the percentage of children in conflict with the law (from 1% to 2%). However, compared to the baseline, the current study found a reduction in children involved in child labour (from 29% to 0%) ran or chased away and neglected children (from 19% to 0%) as well as sexually abused or defiled children (15% to 0%) and a reduction in discrimination and stigmatisation against children (from 12% to 0%). Figure 40 depicts the findings of the current study (left) and the baseline (right) regarding the prevalence of violence against children. The scale of the x-axis presents the size of the research group of each study.

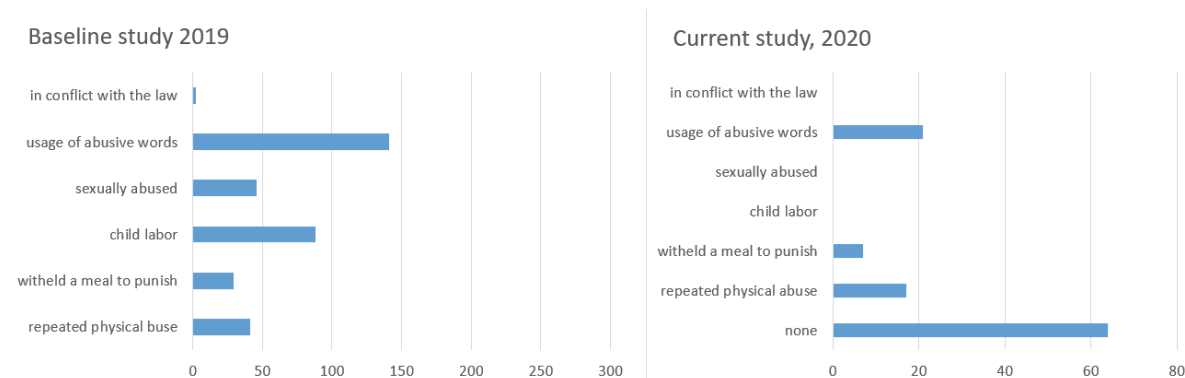


Figure 40 Comparison of baseline, 2019 (left) findings and the current study, 2020 (right) for the prevalence of child abuse amongst the research groups

The current study did not include missing birth certificates as a form of violence; hence no data is available. While the research acknowledges the absence of having a birth certificate as a right violation, as it is a right and grants access to other fundamental rights such as health and education services. But, multiple other factors than the unwillingness of parents to obtain birth certificates would have needed to be included to paint a complete picture, as multiple other reason might have hindered them in obtaining birth certificates, including the coverage and completeness of the health birth registration systems, which is under proportional low in Karamoja compared to the rest of Uganda (UNFPA, 2018). **The reduction in child labour can be seen as another confirmation for the previously explained decrease in available income strategies,** but it should also be noted that social or cultural definitions of child labour differ. Under the Karimojong system, children are supposed to contribute to their family and while those children are involved in labour, the definition differs from the westernized concept of (forced) child labour (Waiswa, et al., 2019), and hence can lead to different answers.

Overall, findings **indicate a rise in violence against children since the start of the lockdown in Uganda.** This is confirmed by literature findings, which point out the rise of all forms of violence, including GBV, sexual violence and violence against children due to COVID-19 and the lockdown. **Children being at home and not in school puts additional pressure on already stressed household asset, which further enables an increase in violence** (Plan International UK, 2020). Especially women FGDs highlighted the rise in verbal and physical conflicts within their homes because of their children not being in school. This is reasoned by children not being used to that and unwilling to follow parental orders. Simultaneously, **parents are not used to children being at home and having to constantly raise them, while being already stressed themselves due to the lockdown restrictions.** Hence, they are more inclined to use physical punishments in an effort to discipline their children. That women are more likely to point that out during the discussion is in line with their social role to take care of children and the house (Waiswa, et al., 2019).

However, the findings of the current survey suggest, a strong decrease or even non-existence of sexual violence against children. This does not correspond with findings during the KIIs and some FGDs as well as the general literature findings, which point to an increase (risk) of sexual abuse and violence against children due to lockdown measures. This include amongst others restricted movement and decreased available services (Plan International UK, 2020). Additionally, the KIIs with governmental actors as well as the Report on Gender Based Violence Status in Napak (2020) indicate an increase in sexual violence against children, due increased alcohol consumption, and increased exposure of children to potential perpetrators (family or community members) by not being in school (District Community Development Office of Napak, 2020). Additionally, the stark increase in teenage pregnancies and child marriages was pointed out. Governmental interviewees also pointed out that Karimojong men, who are used to live in polygamous relationships were not able to visit all their wives (and therefore could not get their conjugal rights fulfilled) due to lockdown restrictions, which is seen as one a main factors that led to the increase in sexual violence against children. **Altogether, there are strong indicators for an increase in sexual violence against children,** but due to social and cultural taboos, norms and different understanding of sexual violence, it is difficult to generate exact numbers.

Additionally, the current survey found **44% of all households to have experienced cases of domestic violence since March 2020, with verbal abuses (86% of the 43 households) and physical fighting's (36% of the 43 households) being the most common forms of violence reported.** Multiple FGDs and KIIs point out an increase in violence within and between households. The most common reasonings for that include the **increased tensions due to children being home and households general movement being restricted, the out of that resulting increased pressure on households assets as well as an increase in alcohol consumption due to people lingering around or trying to suppress their hunger.** Literature points out the increased risk of violence, especially in domestic settings and with intimate partners during crises such as COVID-19. Due to age, gender and other inequalities, women and girls are at a much higher risk to experience violence. Especially movement restrictions or quarantine regulations may increase the prevalence of violence by increasing tension within households and trapping vulnerable individuals with the violent person. The simultaneous decrease in external service providers, especially SRHR related ones further increases already vulnerable groups to face a heightened

risk of violence (Care, 2020). Moreover, GBV was already before COVID-19 one of the most widespread human rights violations in Uganda and especially in Karamoja (UNFPA, 2018). Based on those factors, **an increase in domestic violence in Napak because of COVID-19 and the lockdown can be assumed.**

The current study examined how many households had at least one member that appeared to be withdrawn, or consistently sad to the degree of not being able to participate in daily activities including spending time with family members or playing with friends, while the baseline looked specifically at how many households had children who appeared to be depressed or consistently sad. The baseline found that only 4% of all households indicated to have a child that appeared depressed or consistently sad, with the highest concentration of positive answers in Lopeei. Thirty four percent of baseline respondents indicated that someone in their household has felt so troubled (over the last 12 months) that it was necessary to consult a spiritual, faith or traditional healer, counsellor, or health worker, with the highest concentration of positive answers in Matany and Lopeei (C&D, DP & UCAA, 2019). **The current study found that 47% of the total respondents indicated to have at least one household member (adult or child) that appeared consistently sad or depressed**, while 33% of the total respondents indicated to have consulted a spiritual, faith or traditional healer, counsellor, or health worker (since March 2020). Findings of the literature review indicate that COVID-19 and the **lockdown resulted in several mental health challenges and negatively impacted the emotional wellbeing, due to increased stress on assets and tensions within households being forced to stay together for extended periods of times.** (Lindgärde & Houinato, 2020)

The Prevalence of Violence	
GAD variable	Impact and Consequences
Gender	The survey found that the majority (89%) of those people appearing to be sad or having required mental support are female and that overall, FHHs reported sad members and the occurrence of violence more often. This corresponds with findings of the literature, which points out the overburden and challenges of women or FHHs during the lockdown and COVID-19 due to their traditional responsibility to take care of the household and its needs (Lindgärde & Houinato, 2020). Additionally, especially women FGDs reported to increasingly experience verbal and physical altercation with their children since they are home due to closed schools as children would not respect their parents.
Age	Different age groups of household's heads were found to experience forms of violence and sadness differently. Households with heads aged 18 to 35 for example reported more often to feel consistently sad and reported the most often to experience verbal abuses within their household the most often. Literature suggest that especially the youth in Uganda experience a lot of stress from the lockdown and COVID-19, as they are traditionally in the role of bread-winners and are no longer able to provide basic needs to their families (Save the Children, 2020). Additionally, households with heads aged 65+ years reported the least incidents of violence against children, which can be explained by their households having less likely younger (usually school going) children, and hence have not been affected by the tensions arising from children being home as much as other households.
Sub-county	The few findings regarding differences in violence amongst the sub-county partially correspond with the report on Gender Based Violence by the District Community officer of Napak, which recorded slightly different numbers of incidents per sub-county (District Community Development Office of Napak, 2020). However, no certain conclusion between the sub-county and the prevalence of violence can be made.
CaR project household	Non-project households were found to be more likely to have consistently sad or withdrawn members and subsequently, also having consulted more often a spiritual or faith-based healer. The CaR projects works through field officers closely with their target households together and provides check ins and support. Hence, this could be a positive outcome from the project. Additionally, CaR project households were found with more incidences of violence against children. But similar to the previous point, not sufficient enough data was collected to make confident statements on the direct impact of the project on this status.

Table 13 GAD disaggregated impact of COVID-19 and the lockdown on the prevalence of violence

9.1.3 IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON FOOD SECURITY AND MALNUTRITION

As the last part of the discussion of sub-question one, findings regarding changes in food security and prevalence of malnutrition on household and individual level from women and children aged six to 24 months old are discussed.

HOUSEHOLD LEVEL

In the following, the findings of the current study and the baseline study (2019) regarding the employment of food-based coping strategies amongst households in Napak are compared, and then compared with findings of the literature. Figure 41 depicts findings regarding food-based coping strategies and GAD variables.

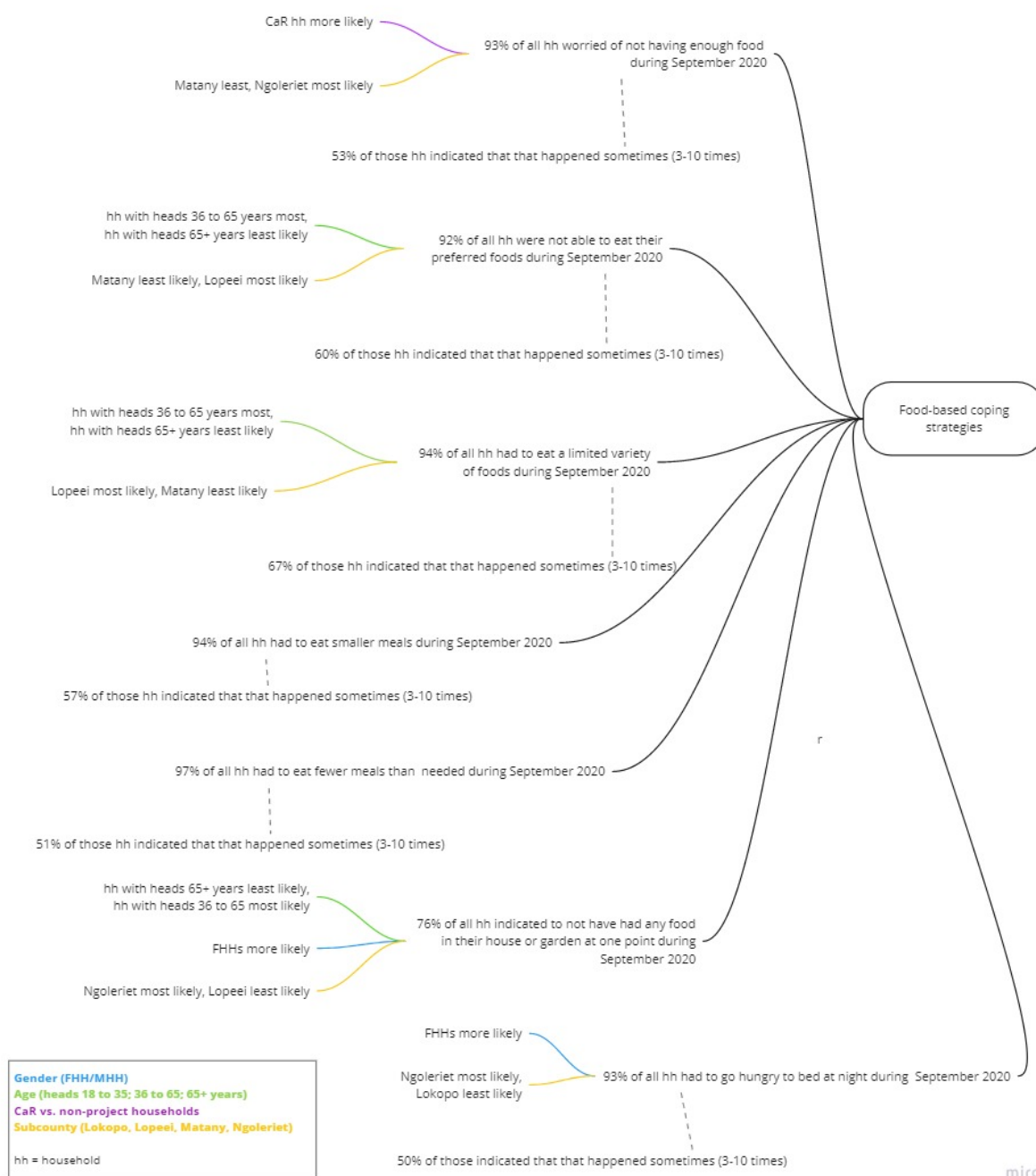


Figure 41 Overview of food-based coping strategies findings in relation to GAD variables

While **81% of the baseline respondents indicated to have worried over not having enough food during the past four weeks** (C&D, DP & UCAA, 2019), **92% of the current survey respondents did so**. Figure 42 depicts the different distribution of answers in the current study (left) and baseline (right) regarding how often households worried over not having enough food over a period of four weeks.

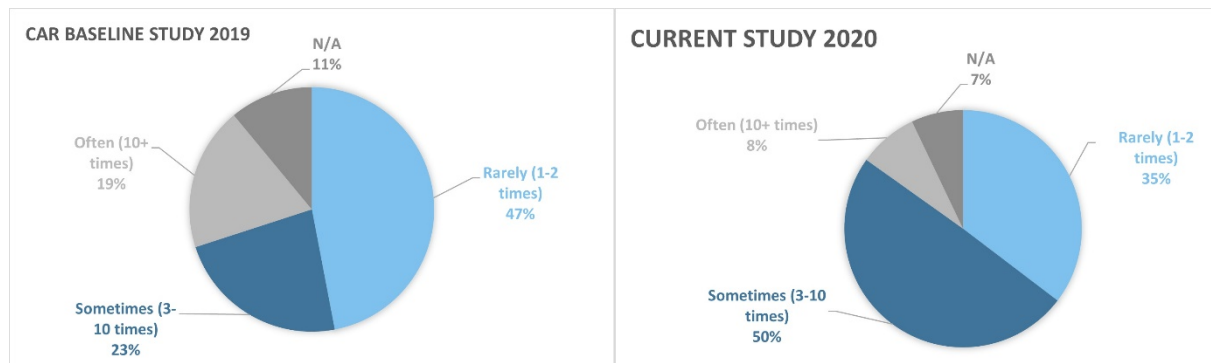


Figure 42 Comparison of how often households worried about not having enough food over a period of four weeks, in the current study (2020 right) and the baseline (2019 left)

Figure 42 shows that the percentage of households worrying often or rarely compared from the baseline (2019) to the current survey decreased from 19% to 10% and from 47% to 35%. But **the percentage of households worrying sometimes (3-10 times within 4 weeks) increased from 23% to 50%**. Additionally, the number of households not worrying at all about having enough food over a period of four weeks decreased in the current study compared to the baseline from 11% to 7% (C&D, DP & UCAA, 2019).

92% of all households in the current study indicated to not have been able to eat their preferred foods over the last four weeks compared to 78% in the baseline. Compared to the baseline, the percentage of households indicating that that happened rarely decreased from 41% to 25% and often decreased from 17% to 11%, while **the percentage of people that indicated that that happened sometimes increased from 27% to 56%** (C&D, DP & UCAA, 2019).

Having to eat smaller meals during the last four weeks was indicated by 87% of the baseline respondents and by 93% of the current study respondents. While the percentage of households indicating that that happened rarely decreased from 50% to 26% and often from 19% to 14% from the baseline to the current study, the percentage of **households indicating that that happened sometimes increased from 18% to 54%** (C&D, DP & UCAA, 2019).

97% of households in the current survey, compared to 79% in the baseline study indicated to having had to eat fewer meals during the last four weeks. Only 4% in the current study indicated that that had never happened during the last four weeks, while 13% of the baseline respondents did. Compared to the baseline study, the percentage of households indicating that eating fewer meals within the last four weeks happened rarely and often decreased from 50% to 27% and 19% to 16%. However, the percentage of **households indicating that that had happened sometimes increased from 18% to 49% from the baseline to current study** (C&D, DP & UCAA, 2019).

In the baseline, 56% of the total respondents indicated that they had ever no food of any kind at home or in the garden during the last four weeks, compared to 76% in the current study. The percentage of households indicating that that happened rarely and often decreased from the baseline to the current study, from 51% and 9%, while **the percentage of household indicating that that happened sometimes increased** (C&D, DP & UCAA, 2019).

93% of the respondents of the current study indicated that they had gone hungry to bed at night, while only 65% did so during the baseline in 2019. Once again, the percentage of households indicating to have experienced this rarely decreased from 53% in the baseline to 36% in the current study, **sometimes increased from 12% in**

the baseline to 46% in the current study and the percentages of households experiencing this often remained unchanged at 10%.

The comparison between the current study and the baseline shows a trend of decreasing food security on household level based on the employment of food-based coping strategies. The assumption of correlating the employment of food-based coping strategies with decreasing food security is supported by the findings of the Food Security and Nutrition Assessment for Karamoja Sub-region (2018), which revealed that several coping strategies are commonly applied within Napak in the case of low food security. On average, 76% of households are eating less preferred foods in case of low food security, 47% borrow food, 52% reduced their number of meals per day, 50% reduced the portion sizes and 56% reduced specifically the adult quantities (Onyango, 2018).

The decrease in food security got further confirmed during the FGD's, where all groups reported to have reduced their meals to once per day, compared to the previous two to three times per day (reference period: throughout 2019). Furthermore, KIIs with governmental actors revealed that they had stopped by-weekly payments for the elderly due to the fear of COVID-19, which reportedly led to an increase in deaths by starvation amongst them.

But, before relating a decrease in food security, it is important **to highlight the seasonality of food security in Karamoja**. Due to the regions uni-modal rain season, months right after the harvest are typically the months with the highest food security (usually after August/September), while the lowest food security usually occurs before the start of the planting season (usually around February/March). The data gathering period on food security for this study (September/October 2020) coincided with a period in which food security should have been increasing and malnutrition decreasing. However, findings of the study indicate low food security and high malnutrition levels amongst the research group. This corresponds with literature findings, which point **out that a delayed main-season harvest, persistent livestock quarantine, rising insecurity and below-normal income levels led to classifying the food security situation in Karamoja as a Crisis** (Integrated Food Security Phase Classification (IPC Phase 3)). At the same time, the above-average rainfall in July and August poses to increase sorghum yields, which is expected to improve the food security situation to Stressed (IPC Phase 2) after the completion of the harvest season around November 2020 (FEWS NET, 2020).

Moreover, other events captured during the survey and FGDs, including **droughts, floods, plant pests and desert locust infestations led to decreased crop quantities and qualities in different sub-counties**. The Fill the Nutrient Gap Uganda: Karamoja Summary Report by the WFP and the UNs International Children's Emergency Fund (UNICEF) from 2019 highlights that food security in Karamoja, compared to the rest of Uganda, is much stronger influenced by hazards and other events. In 2017, 100% of households in Karamoja reported to experience droughts and livestock diseases, compared to 77% and 50% of households on national average. Figure 43 depicts the reported events that influenced food security, in Karamoja compared to the national average in 2017 (WFP & UNICEF, 2019).

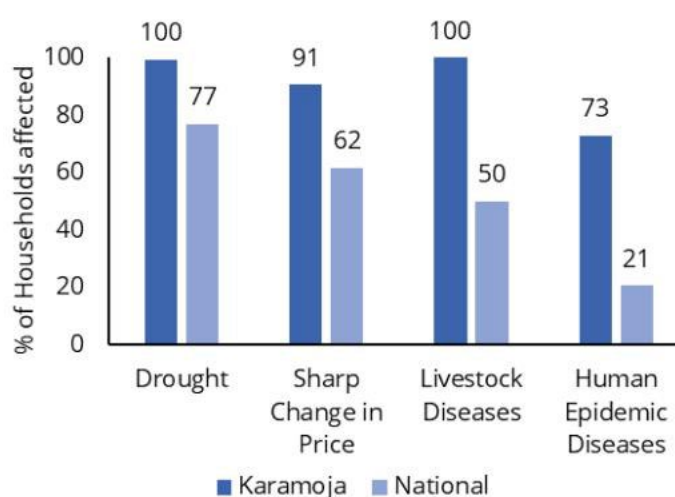


Figure 43 Reported events that affected people's food security, in Karamoja compared to the national average (WFP & UNICEF, 2019)

On the next page, Figure 44 depicts the findings regarding availability, accessibility and utilization of food in relation to GAD variables.

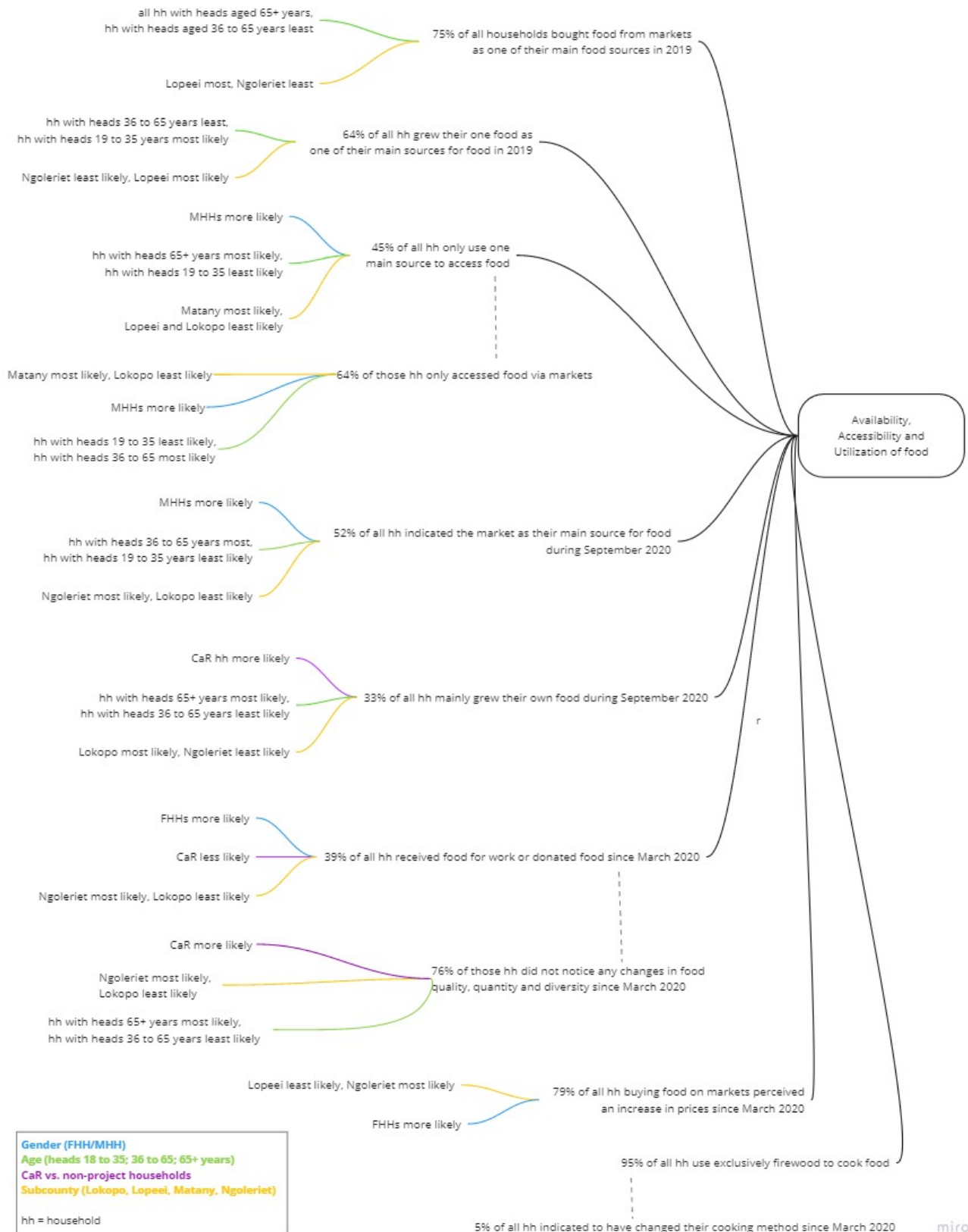


Figure 44 Overview of findings regarding availability, accessibility and utilization of food in relation to GAD variables

The same report by WFP and UNICEF (2019) points out that Karamoja has one of the highest malnutrition rates in Uganda, due to unavailability or unaffordability of nutritious food, poor physical infrastructure, gender inequality and poor social cohesion as well as poverty and the transition from pastoralism to agriculture, which is by climate shocks (WFP & UNICEF, 2019). Based on the previous highlighted findings of **(agricultural) service**

reduction by (non-)governmental organisations, for example decrease in agricultural trainings, seed and fertilizer distributions as well as **the closure of schools and with that the halt of school-feeding programs** it is expected that malnutrition levels¹³ have declined due to COVID-19 and the lockdown. The crucial reliance's on (external) services or programs for food is further shown in the study findings of 39% of all households having received food for work or donated food since March 2020. **On top of the above described indications for a decrease in availability of food and subsequent increase in food insecurity, further indications for a reduction in the accessibility of food have been found during the study.**

Most survey respondents and focus groups **indicated that food prices on markets increased, while their own economic abilities decreased since March 2020**, which would indicate a decrease in economic access to food. As the study also found a high reliance on markets as one of the main sources for food by households throughout 2019, it is expected that their closure due to COVID-19 and the lockdown has further negatively impacted food security levels. Findings of the FGDs resulted in people, especially women indicating to be fearful of go to markets due to COVID-19 and that they had to walk longer distances to find operating ones. This is a further **indication for reduced access to food, especially considering that nonetheless 52% of all households indicated to rely on markets as their main source for food during September 2020**. Literature also highlights that the **high dependency on markets in Karamoja** makes households vulnerable to recurrent shocks and subsequent changes in food prices and availability (WFP & UNICEF, 2019).

HOUSEHOLD DIETARY DIVERSITY SCORE

The Food Security and Nutrition Assessment in Karamoja Sub-region – Napak District Report (2017) resulted in only 9% of all households in Napak to be classified as having a high HDDS (above 6), 37% being classified as medium (between 4.5 and 6) and 56% being classified as having a low HDDS (below 4.5) (De Bustos, et al., 2017). The distributions per HDDS categories in the different sub-counties of Napak according to the assessment from 2017 can be found in Figure 45.

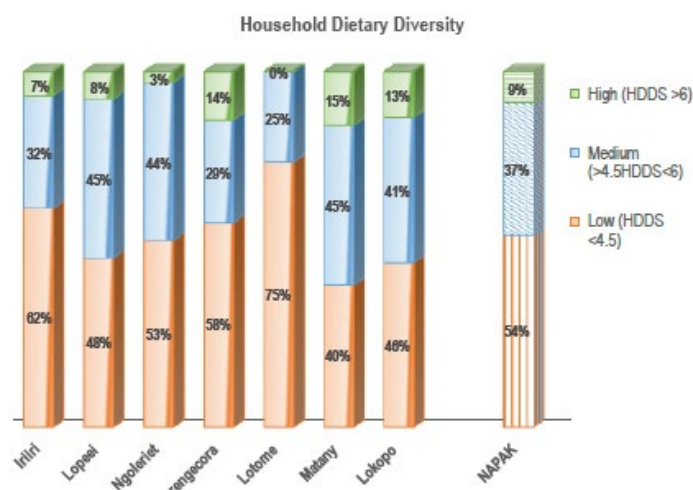


Figure 45 Household Dietary Diversity distribution per sub-county in Napak district (De Bustos, et al., 2017)

In the current study, the average HDDS was found to be 4.9 or 4.7 without outliers, which corresponds with the findings from 2017. Due to the high spread of values around the average (standard deviation of 2.7) the average excluding outliers offers a more representative value. The findings of the average HDDS per sub-county in this study partially correspond with the findings of the Napak District Report (2017). **Matany has the highest HDDS in the current study and the highest percentage of high HDDSs in the assessment from 2017. However, in the current study Lopeei (4.5) has the lowest and Ngoleriet (4.7) has the second lowest average HDDS compared to the study in 2017, where Ngoleriet had a higher percentage of low HDDSs and lower percentage of high HDDSs than Lopeei.**

As the HDDS is an indicator for access to a variety of foods on household level, the findings of this study indicate a decrease in access to food for households, which further supports the previous discussion and assumption that COVID-19 and the lockdown have a negative impact on food security in Karamoja. Due to the pre-existing low food security, because of low availability and affordability, poor infrastructure, insecurity as well as natural shocks and climate variability, a further decrease could potentially lead to famine as well as longer-term effects of malnutrition, such as stunting, wasting or anaemia, especially in children.

¹³ further described under the CDDS (p. 105)

WOMEN DIETARY DIVERSITY SCORE (WDDS) AND CHILD DIETARY DIVERSITY SCORE (CDDS)

The WDDS and CDDS measure the micronutrition diversity amongst women and children (aged six to 24 months). Malnutrition and micronutrient deficit pose several health risks to the individual and potentially compromise one's possibilities for the future. Nutrient needs of women, especially pregnant or breastfeeding as well as children are increased, for example iron, which is typically found in more expensive foods such as meat, milk or leafy greens (WFP & UNICEF, 2019). Hence it is important to not only consider the quantity of food intake but its nutritional diversity to paint a more complete picture about food security levels.

The current study found an average WDDS of 3.3, which indicates a low micronutrition diversity amongst women. This is furthermore confirmed by the **complete lack of organ meat (rich in vitamin A) and eggs as well as very low consumption rates of only 28% of vitamin A rich vegetables and fruits** during this study's assessment. **Women aged 36-65 were found to be more likely to consume other fruit and vegetables, if the food group was consumed at all.** As data for the WDDS was gathered during FGDs that consisted not only of women in this age group but also from the same location, it is not possible to identify this age group as the single factor that influences the consumption of other vegetables and fruits, or if the specific location led to the increased consumption amongst those women.

Moreover, women FGDs highlighted that many women struggle to breastfeed their children due to a lack of milk. Although many medical conditions can lead to a women's inability to produce milk and breastfeed, one common reason, especially in low-income countries such as Uganda is the **maternal deletion syndrome, which inhibits a women's ability to produce milk. It arises as a cumulation of nutritional deficiencies or negative energy balance** due to an insufficient diet and is increasingly experienced by mothers with too frequent reproductive cycling or young age (below 18 years) during the first pregnancy (Li & Tsui, 2016). Together with this, the **loss of many women's ability to breastfeed can be taken as another indicator for an energy or nutritional deficit amongst women in the research group.**

The **current study found the average CDDS to be 2.4**, with a maximum CDDS of four. The threshold for adequate nutritional diversity amongst children age 6-24 months old is generally considered to be four, **hence the findings of this study indicate a too low nutritional adequacy amongst children age six to 24 months.** Literature confirms the low or inadequate nutritional consumption amongst children in Karamoja. Overall, Uganda has made progress on reducing infant and young child malnutrition, however the progress is not consistent across the country. Karamoja continues to have one of the worst child malnutrition profiles compared to other regions in the country. Figure 46 shows the prevalence of child undernutrition from 2014 to 2017. The report by WFP and UNICEF (2019) found that 33% of children were stunted, 53% anaemic and 14% wasted. Wasting, stunting and anaemia are defined by the WHO as health criteria, with the numbers in Karamoja being defined as criteria of high public health significance (WFP & UNICEF, 2019).

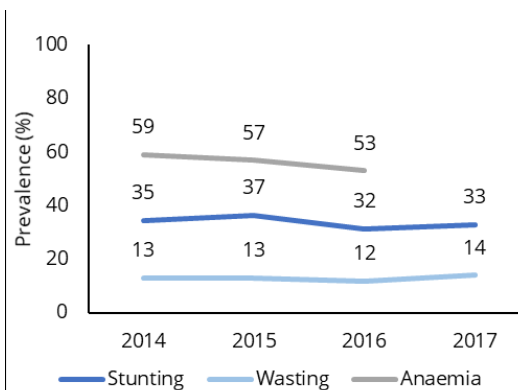


Figure 46 The prevalence of child undernutrition from 2014 to 2017 (WFP & UNICEF, 2019)

In terms of diverse food, most of the children consumed, next to breast milk most often starchy foods, followed by other fruit and vegetables (not Vitamin A rich). **The (nearly) complete lack of vitamin A rich fruits and vegetables, eggs and flesh foods furthermore establish that overall, a low micro-nutritional adequacy of children was found amongst the research targets.** While high levels of child undernutrition existed before Covid-19 and the lockdown, it can be assumed that the decreased access to (diverse) food on household level due to reduced economic abilities and the closure of markets, natural shock as well as the halt of many external services, including (school-)feeding and nutrition programmes, have negatively impacted the nutritional status of children.

Food Security and Malnutrition	
GAD variable	Impact and Consequences
Gender	Not many noteworthy differences between MHHs and FHHs regarding food security were found. But, MHHs were found to be more likely to only access one main source for food and have a higher reliance on markets as a source for food (since March 2020). This corresponds with literature findings that verify a higher reliance on own production for food by FHHs and a higher reliance on markets by MHHs (WFP Uganda, 2017). In Addition, FHHs were found to be more likely to employ (two of the) food-based coping strategies, which indicates a lower availability or accessibility of food for FHHs. Literature again indicated a lower amount of availability, accessibility and ownership of assets for FHHs and in the case of Napak especially regarding wealth index, agricultural asset index, TLU, land and house value (FAO, 2018), which can be traced back again to the underlying gender inequalities, roles and responsibilities in Karamojong culture, that leave women and FHHs in a more vulnerable position (Waiswa, et al., 2019). The WDDS found that that women have a low nutritional adequacy in Napak, however WDDS and HDDS are not comparable due to their different assessment focus and scale. However, the findings indicate that not only differences in food security exist between households, but between individuum's of the same household. Due to women's lower social stand than man within household hierarchy (Waiswa, et al., 2019), it can be assumed that their access to nutritional food is reduces compared to men. Especially considering women's increased nutritional needs due to their reproductive capacities and the dependency of children on women for their own food (WFP & UNICEF, 2019), the low WDDS in Napak could pose challenge for the overall household.
Age	The differences in food accessibility, availability and dietary scores between age groups can be related back to the previous discussion of increasing wealth and asset ownership with age, with enables or forces households of different age-groups to employ different strategies to access to food. While households with heads aged 65+ years where found by the survey to be the least likely to employ food-based coping strategies, KIIs with governmental actors revealed that bi-monthly support payments for elderly were suspended, which reportedly lead to increased occurrence of starvation amongst this group.
Sub-county	The sub-counties were found as very influential to household's food security levels. Overall, Matany was found to be least likely to employ most of the food-based coping strategies, was found with the highest HDDS and with the highest reliance on markets and on only one main source to access food. Matany is more urbanized and located at the main road, which gives the sub-county better infrastructure and subsequent access to markets, while also contributing to better economic opportunities of households. This gets confirmed by literature that points out that Matany has as higher HDDS and nutrition profile already before March 2020 as a result of better infrastructure and labour opportunities (De Bustos, et al., 2017). Ngoleriet was found with the highest employment of food-based coping strategies, as well and highest percentage to receive Food for Work or donated food since March 2020. Interestingly, while the sub-county in 2019 was found to have the least reliance on markets as a main source for food, it was found with the highest percentage of households accessing markets as their main source for food since March 2020. Lokopo and Lopeei were both found with a relative high reliance on own crops as a main source for food, both in 2019 as well as since March 2020, and a low usage of Food for Work or donated food. Both sub-counties were found to employ one food-based coping strategy most likely, eating a limited variety of foods and not eating preferred foods. The sub-counties more rural location together with higher likeness to own bigger plots of lands enables and at the same time forces households to focus on producing their own crops. This increases household's resilience against market shock due to their decreased dependency. On the other side, this leads to reduced available or accessible diversity of foods, which is shown in the lower HDDS for the two sub-counties. This corresponds also with the employment of the kind of food-based coping strategies, that do not necessarily lower the quantity of foods consumed, but the diversity.
Project household	Whether the household is part of the CaR project or not was not found to be significant for food security in the current study. Only one coping strategy was employed by CaR households more often. That CaR households showed a higher likeliness of mainly growing their own food since March 2020 could be an indication for the success for the livelihood support received under the project, but not enough data exist to draw a clear connection. That non-project households received more likely food for work or donated food since March 2020 (and subsequently also noticed more changes in quality, quantity and diversity) could also be explained by their different reliance on services to access food, while CaR households are benefitting from the project itself.

9.2 DISCUSSION OF SUB-QUESTION 2

What is the impact of COVID-19 and governmental lockdown measures on livelihoods and food security of as well as prevalence of violence amongst (agro-)pastoral communities in Napak, as perceived by C&D, its partners and other context relevant actors?

For the discussion of the second sub-research question, the findings of the KIIs with consortium members and governmental stakeholders are utilised and compared with findings of the literature review. Additionally, the discussion of sub-research question one is utilised to understand which aspects of the impact of COVID-19 and the governmental lockdown are perceived by external stakeholders, and how those differ from the actual findings regarding the impact on communities. Again, the three focus realms: livelihoods, the prevalence of violence and food security are being discussed one after the other.

9.2.1 PERCEIVED IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON LIVELIHOODS BY C&D, PARTNERS AND GOVERNMENTAL ACTORS

Below, the perceived impact on each research relevant asset of the SLF is discussed in the same structure as sub-question one.

Generally, governmental actors indicated during the KIIs that they all **perceive communities to be unwilling to follow lockdown measures and guidelines**, such as social distancing or staying at home, which is reasoned by the culture of the Karimojong being much focussed on joint activities and social gathering. While this can to a certain level be attributed to the Karimojong culture, most rural communities are conducting activities jointly due to the need for support and inter-community connectivity. In contrast, findings of the FGDs indicate that **the research target group is not able to follow COVID-19 procedures and social distancing due to the unavailability of nose-and-mouth masks and hand-washing facilities as well as being unable to follow social distancing guidelines** because of bigger families and limited, shared housing. The closure of school and subsequent return of children increased the size of households even further.

HUMAN ASSETS

Governmental actors pointed out that **communities were avoiding health centres and health workers out of fear of contracting the disease**. Communities also started **to avoid or stigmatize returning child migrants and other returnees** due to the fear that those people would bring and spread the virus within communities. The literature confirms that stigmatisation and fear of 'outsiders' or returnees has been observed during past epidemics and pandemics, for example against Africans in Hong Kong SAR, China where social isolation, anxiety and economic hardship was reported as some of the results from the fear associated with Ebola. Virus outbreaks can cause already vulnerable social groups to be stigmatised and blamed for the disease and its consequences (Siu, 2015). Additionally, findings of the FGDs confirm that communities started avoiding health centres and caring about sick family members out of fear of contracting the disease themselves.

Both, the key-interviews with governmental actors and consortium members resulted in interviewees highlighting the **increased risks for girls and the issue of rising numbers of teenage pregnancies and child marriages**. In the long-term, this is **expected to decrease overall school-enrolment or going rates**. Additionally, governmental actors expected **parents to face many challenges when trying to teach their children at home, due to prevalent illiteracy and unwillingness to support their children**. This was equally pointed out by consortium members, which additionally raised the concern that due to the closure of schools, guidance and supervision of children decreased, as parents are either unwilling or unable to do so. However, **not only girls are seen as affected by that, but boys** as well, as they started to earn some money through selling goods or casual labour during the lockdown and hence might be less inclined to return to school. The double burden of teenage pregnancies was also highlighted, as girls are unable to return to school due to stigmatisation, but **boys who fathered a child would also need to earn money and support their families, hence would be unable to stay in school**. The FGDs also concluded the rise in child marriage and teenage pregnancies, which is further confirmed

by findings of the literature. UNFPA estimates an additional 13 million child marriages worldwide between 2020-2030 taking place because of COVID-19, which would otherwise not have occurred. Examples in the past that support this theory include the Ebola outbreak in Sierra Leone in 2015, during which teenage pregnancies increased by 65% (Plan International UK, 2020).

Additionally, governmental actors **expect that teenage pregnancies will increase the number of polygamous relationships as well as separations in the long-term**, as children married at a young age are still developing and only understand later what a real relationship is or what kind of partner they are looking for. Furthermore, **a rise in STDs is expected** due to the increased number of sexually active adolescents as well as the impediment of related services, such as menstrual hygiene management and family planning because of the lockdown and closure of many NGOs. A study on the challenges to sexual and reproductive health and rights (SRH(R) among Ugandan youth age 18-30 years found, that sexually transmitted diseases were the most common challenge (40%), followed by unwanted pregnancies and sexual abuses (both 32%), related to SRH during the lockdown. Twenty eight percent of the respondents reported to not have access to information concerning SRHR and 27% reported not to have access to testing or treatment for STDs. Most common reasons given included lack of transport (69%), long distances between homes and health facilities (55%), cost of services (42%) and the curfew (39%) (Mambo, et al., 2020). Hence, the study confirms the expectations regarding the rise in STDs and inaccessible services. Additionally, literature points out the health consequences of child marriage, including an increased risk for sexual transmitted diseases, as well as death during childbirth and other complications such as obstetric fistulas. Babies born to teenage or child mothers are also under increased risk for premature birth and well as infant or child deaths. Additionally, child marriage is seen not only as a human rights violation preventing girls from obtaining an education and maturing age appropriately, but also a driver for poverty (Nour, 2006).

Governmental actors all pointed out women and girls to be the most affected by COVID-19 and the lockdown due to increased stress and poverty levels, as well as rising violence. However, **men and boys were identified as being higher at risk of contracting the disease itself** and by the insecurity, as they would be moving more often outside the house and take care of the animals. Per age group, **adolescent females are identified as the most at-risk group**, specifically due to the rise in teenage pregnancies and child marriages as well as the increased burden from domestic chores. Similar **consortium members all described women and girls as primarily impacted by the secondary impacts of COVID-19 and the lockdown**, while men and the elderly are at higher risk of contracting the disease. Again, the rising insecurity due to raids was pointed out to predominantly affect boys. These perceptions and expectations are consistent with findings of the household survey and FGDs as well as literature. **Women and girls are facing increased risks through GBV or domestic violence, teenage pregnancies and child marriage as well as subsequent long-term impacts.** Additionally, women were found to have more often appeared consistently sad or depressed, to the degree of having needed the consultation of a healer or health worker, which indicates decreased mental well-being. Literature points out that this is likely to arise from women's increased burden due to home bound activities, which not only increased in quantity but keeps them at home without seeing friends or family members (Plan International UK, 2020)

SOCIAL ASSETS

Both, consortium members and governmental actors pointed out the **overall decline in services provided to communities** because of the halt of projects and temporary closure of many NGOs as well as governmental agencies due to movement restrictions, social distancing and other lockdown measures. Additionally, **social groups, such as VSLAs were expected to be impeded** due to the previous mentioned reasons as well as the fear of members to contract the disease when meeting in groups. This is corresponding with the findings of the household survey and FGDs, which found respondents and participants pointing out the impediment of social groups, such as VSLAs or drinking groups due to social distancing, movement restrictions as well as fear of members to contract the disease and inability to contribute to groups saving due to loss of income. Literature points out that groups such as VSLAs are important for poverty reduction and access to capital for the poor, however also present important hubs for financial autonomy, struggle against cultural power dynamics as well

as empowerment of members (Musinguzi, 2016). The decrease in VSLAs and other social groups, if they do not recover from COVID-19, could lead to disempowerment, increase in poverty and loss of social capital amongst former members. As the household survey found, FHHs rely more often on VSLA's, hence are also more impacted by their impediment.

Additionally, consortium members pointed out that **women and girls traditionally predominantly domestic chores would keep them bound at home** for most of the time, **which can negatively impact their mental and social well-being**. This corresponds with findings of the literature, which points out the increased burden on women and girls due to increased stresses on household level as well as their social isolation and loneliness that can arise from their mostly homebound activities (Plan International UK, 2020). Similar, the findings of the household survey identified rising numbers of sad or depressed household members, from which most have been female.

NATURAL AND PHYSICAL ASSETS

Neither consortium members nor governmental actors pointed out impacts of COVID-19 and the lockdown on natural and physical assets. The household survey and FGDs also only found limited results regarding the impact of COVID-19 and the lockdown on those assets. Housing conditions, access to clean water, landownership and -use were not majorly impacted by the lockdown and pandemic, while participants during FGDs also did not mentioned impacts in that regard.

However, in the longer-term, the **diverted focus of governments on the pandemic as well as inhibition of the private sector through the lockdown, the expected progress in many sectors**, such as infrastructure, WASH and health, **is expected to slow down** (Butler, et al., 2020). Additionally, during the FGDs, many participants indicated to focus stronger on selling firewood and charcoal as a coping strategy against the decreased availability of casual labour and other impeded activities. While firewood and charcoal use have been widespread in Karamoja before, the increased focus **could enhance the negative environmental impact from charcoal production and firewood collection**. This includes increased forest degradation and deforestation, which can lead to desertification (Chidumyo & Gumbo, 2013), and hence could pose indirect negative impacts arising from COVID-19 and the lockdown on natural assets.

FINANCIAL ASSETS AND LIVELIHOOD STRATEGIES

All governmental actors **perceived a strong decrease in economic activities** for communities and a general **rise in poverty levels** because of the closure of markets and simultaneously occurring livestock quarantine. Especially **the decline in casual labour opportunities was pointed out** due to the fear of people of contracting the disease by hiring others or going to work somewhere else. All consortium interviewees pointed out that people lost their livelihoods, especially casual labour and small businesses due to the closure of markets, which ultimately increased poverty on household level.

The findings of the survey and FGDs correspond with this perception. Literature points out that the lockdown and other COVID-19 related restrictions in Uganda have affected the operations of formal and informal businesses. Around 98% of Uganda's total working age population is engaged in the informal sector, which is not registered or protected by the state and hence is vulnerable to shocks. Informal business, small and medium enterprises (SMEs) have been affected negatively by the restrictions and for example had to continue to pay rent even throughout the months-long closure. **While the urban poor are considered to be at the greatest risk of suffering immediate loss of income due to lockdown measures, people in rural areas are also at increased risk of falling back into poverty**, due to the heavy reliance on subsistence rain-fed agriculture, which was not only affected by not accessible or increased prices for agricultural inputs and seeds, but furthermore through the occurrence of droughts, floods, plant pests and desert locust (Development Initiatives, 2020).

9.2.2 PERCEIVED IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON THE PREVALENCE OF VIOLENCE AND VULNERABILITY CONTEXT BY C&D, PARTNERS AND GOVERNMENTAL ACTORS

Below, the findings regarding the vulnerability context as well as prevalence of violence are discussed.

VULNERABILITY CONTEXT

Both, governmental actors and consortium members highlighted the **increase in raids as the main factor influencing the vulnerability context of communities**, which was explained mostly through the governmental focus being on COVID-19 and the upcoming elections, rather than on decreasing insecurity in Karamoja. **None of the actors pointed out other (regular) occurring natural hazards**, such as droughts or locust, to have negatively impacted communities since March 2020. The FGDs highlighted the increased insecurity due to raids, including loss of lives and livestock as one of the main events impacting them since March 2020. However additionally, all mentioned to a varying degree the poor harvest, either due to drought, floods or plant pests as well as scabies and cholera outbreaks as similar impactful to them. This **shows a different focus on events influencing the vulnerability context from communities and actors**. Community members tended to employ a more holistic view, considering multiple events occurring simultaneously, and based on their impact for their immediate needs, attributed different importance. For example, the bad harvest due to the above factors was highlighted much stronger than the direct impacts of the lockdown and COVID-19 by community members.

Furthermore, while raids have been mentioned by governmental actors and consortium members, they **did not point out the violence and events occurring due to the initiated disarmament**. Community members during FGDs put emphasis on the rise in violence and loss of livestock due to the army rounding up their cattle and beating people they suspect to have or know where to find guns. During past disarmaments, great human right violations and other negative impacts on the lives of all individuals, civilians and warriors included, were noted, arising from the use of excessive force. While significant progress was reported in the following years about the human rights situation in Karamoja, UNHCR noted in 2007 that while overall significant improvements had been made regarding civil-military relations in Karamoja, some UPDF members would continue to commit human rights violations, including killings and acts of cruel, inhuman and degrading treatment (Bevan, 2008). The already tense situation in Karamoja due to rising poverty levels because of the lockdown and COVID-19 as well as reduced access from external actors could lead to a further decrease in security and enable violations by the UPDF.

PREVALENCE OF VIOLENCE

Nearly all governmental actors and consortium members **perceived a strong increase in violence within communities, including GBV and sexual violence**. All explained this by rising levels of poverty and people's **inability to fulfil their roles**. Women expect men to provide for the families, but their ability to do so strongly decreased due to the lockdown, which led to a lot of verbal and physical altercations between family members. Consortium members additionally pointed out the rise in violence **due to increased alcohol consumption and specifically highlighted women and girls as the main people impacted due to the rise in violence** because of their home-bound activities and weaker position in Karimojong society.

Governmental actors and consortium members all indicated that girl children are more vulnerable to and impacted by domestic violence and violence against children because of their traditional focus on domestic chores, while boy children would spend much of their time outside their homes for grazing livestock. Because of that, the increase in raids was attributed to pose higher risks to boy children.

Additionally, **sexual violence was described to have increased during the lockdown**, as families were staying much longer together than usual and men would sometimes be staying in houses without their wives, which led to intra-family rapes and other forms of sexual violence. While already mentioned under human assets, **child marriage and pregnancies were pointed out as violence against children, which increased** during the lockdown,

as men view **out of schoolgirls to be available for marriage and families utilising bride prices as coping strategies**, according to interviews with consortium members.

Those findings correspond with findings of the FGDs, in which the rise in violence was pointed out and explained by the increased pressure on assets, children being at home and adults unable to fulfil their roles as well as being furthermore confirmed through the literature review. Due to secondary impacts, COVID-19 and the lockdown enabled a rise in domestic violence not only in Uganda but globally. The United Nations Committee on Economic, Social and Cultural Rights (ESCR) noted that the pandemic increased GBV and domestic violence, as well as deepen gender inequalities, amongst other things due to increased burden on women by caring for children, sick and elderly family members (Luttamaguzi & Nannozi, 2020).

Additionally, the Report on Gender Based Violence (GBV) Status in Napak District by the District Community Development Officer of **Napak registered in all four research sub-counties cases of domestic violence, with both female and male victims** as well as disputes ending in death of one family member, instances of rapes and defilement by older family members towards children, (attempted) suicides due to stigmatisations and insults by family members, as well as child marriage, -labour and cases of child neglect (District Community Development Office of Napak, 2020). While not indicating a rise in those issues compared to before COVID-19, the report confirms the occurrence of such events within the relevant sub-counties, even if certain events have not been mentioned by community members during the survey or FGDs.

9.2.3 PERCEIVED IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON FOOD SECURITY AND MALNUTRITION BY C&D, PARTNERS AND GOVERNMENTAL ACTORS

Overall, governmental actors **perceived a reduction in foods security, especially amongst elderly people** who received bi-monthly payments from the government before March 2020. However, **payments were suspended during the lockdown**, due to the fear of attracting crowds and not being able to socially distance. This led to many elderly starving to death according to interviews with governmental actors. However, both consortium members and governmental actors **pointed out the seasonality of food insecurity in Karamoja** and that for most of the time, **the lockdown coincided with the lean period**. Hence it was perceived as not possible to determine whether COVID-19 and the governmental lockdown had a major impact on food security levels, which is consisting with the discussion on food security under sub-question one (sub-chapter 9.1.3.)

Consortium members also pointed out the **rise in food insecurity as a factor enabling increased alcohol consumption**, as it is being used as a coping strategy to suppress hunger feelings. Furthermore, the perception of governmental actors and consortium members is supported by findings of the literature. An assessment of COVID-19 implications on households' income and food security in Kenya and Uganda resulted in more than two-thirds of household experienced income shocks and worsened food security, especially among the income poor households. The assessment also noted the employment of food-based coping strategies amongst income poor households as an indicator for rising food insecurity. The assessment noted a significant increase of about 30%-50% of coping strategies employed, including reducing the amount of food eaten or consuming a less diverse diet. These findings correspond with the findings of the current study (Kansiime, et al., 2021).

Box 13: Additional findings relevant for future CaR project design and implementation

Below presented findings were gathered during the KIIs, but do not fit directly to the objectives and questions of the research. However, they can be useful for future CaR project considerations:

The impact of COVID-19 and the lockdown on Karimojong street children in Kampala

Consortium members working in Kampala with street children highlighted that the children were unable to beg, because of measures by the government with the aim to get children from the street as well as enforcing social distancing. While older teenage girls were able to find alternative employment on markets, for example to sort beans, younger children struggled more because people would not hire them to work on markets. Instead, prostitution amongst street children, especially young girls increased. Additionally, due to the loss of income, food security of street children reduced strongly.

Expected increase or decrease in child migrants due to COVID-19 and the lockdown.

Most governmental interviewees noted an increase in child migrants due to raising violence and food insecurity, but due to increased police check son the traditional migration routes, most were intercepted before being able to leave Napak. Since the movement restrictions had been partially lifted, more people were noted to migrate again, but many are still impeded due to increased transportation costs. If prices decrease to pre-COVID-19 levels, a further increase in child migrants is expected.

Consortium members opinion regarding a potential increase or decrease in child migrant after the lockdown period differed. Some pointed out that migration will increase due to the rise in poverty, food insecurity and general insecurity, while others pointed out the increased transportation costs as the main factor to decrease child migration. Additionally, the increased interceptions by police in both, Karamoja and Kampala would be decreasing successful migrations. However, at the same time it was highlighted, that this would lead already to a strong focus of child migrants, especially adolescents on Nairobi, which, due to the international context is much harder to observe and target.

9.3 DISCUSSION OF SUB-QUESTION 3

What is the impact of COVID-19 and the governmental lockdown on the organisational capacity of C&D, the consortium and other context-relevant stakeholders and how did they adapt and respond to emerging needs?

For the discussion of the third sub-research question, again the findings of the KIIs with consortium members and governmental stakeholders are utilised and compared with findings of the literature review. The discussion regarding the impact on the organisation capacity of consortium members and governmental actors is organised in accordance with the sub-question specific indicators, which were identified in the conceptualisation (sub-chapter 6.1.4) and are provided once again in the following:

- How did COVID-19 and the lockdown impact an actor's ability to continue its service/tasks? Which aspects were specifically hindering and which were beneficial for the actor to keep operating?
- Have availability and accessibility of resources (including physical, financial and human ones) changed and how did that impact the organisation or actor?
- Have networks and connections to partners and other stakeholders been impacted? How have actors kept in touch with their target groups?
- What did the organisation do to adapt to the changing context of COVID-19 and the lockdown and keep operating? Have new services/programmes been set up for the COVID-19 response?

9.3.1 IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON THE ORGANISATIONAL CAPACITY OF THE CONSORTIUM

The quick impact survey on the effects of COVID-19 on humanitarian operations by ACAPS concluded that nearly three quarters of the 136 respondents (including over 80 NGO's) felt implications for the implementation of their projects due to the pandemic and lockdowns and that 80% had to focus on essential services only (ACAPS, 2020). The findings of the interviews with the consortium members indicate that member organisations and project activities were impacted to varying degrees. However, **at no time did the consortium as a whole or the CaR project itself close completely**. DP, who is responsible for rescuing children from the street and manages the first rehabilitation is mainly located and working in Kampala. As the capital city, lockdown measures were stricter enforced than in more remote places, hence **inhibited DP from their usual tracing, rescuing and rehabilitation of Karamojong street children in rehabilitation centres in Kampala**. Social distancing and movement restrictions did not allow to rehabilitate children in shelters in the usual numbers and made it impossible for DP to access communities of street children, who are usually living in highly crowded slum areas in Kampala. Additionally, community-based activities in Karamoja by C&D and UCCA, such as community talks and trainings were inhibited as well due to social distancing and movement restrictions. As less or no children were rescued during the height of the lockdown period, the **partners in Karamoja were also inhibited in tracing, rehabilitating and providing longer-term support to return children and their families**, simply because no new families became targets under the CaR program.

All consortium members pointed out, that all of them **being based in Uganda, both in Kampala and Karamoja attributed to their ability to keep functioning**. While C&D is official an INGO from Italy, the interviews revealed that the organisation is perceived by its partners (as well as other governmental stakeholders) as a national NGO, because of **its long history and connectivity in Karamoja, working mainly with local staff and local partners, as well as opposed to many other INGO's working only in Uganda** (and their country of origin, Italy). This provides **the consortium with an understanding for and network within the government of Uganda**, that allowed them to adapt their structures and processes quickly to the changing context as well as made it easier to receive special NGO permits to be allowed to move and continue their project, even under the lockdown. Literature points out the benefits of local actors being their closer location to the field, their reduced likelihood to leave an affected area as well as having a deeper understanding for local communities and cultures, which enables them to respond more effectively and appropriate to emerging needs (Patel & Van Brabant, 2017).

Hence, while the consortium and its activities were (partially) inhibited by the lockdown and pandemic, the fact that all actors are based within Uganda and are mostly employing local staff and did not, like many INGOs sent most of their expat staff home or closed allowed them to easier coordinate with each other and keep (partially) functioning even during the lockdown.

Additionally, consortium members pointed out that the **contact between them reduced during the lockdown**, due to restrictions on meetings and movement. However, the **previous high focus on joint activities in the field as well as regular (coordination) meetings and capacity** trainings allowed each member to gain a good understanding of the other organisation's tasks, hence aided the coordination amidst reduced contact. Furthermore, their longer-term cooperation allowed them to build up mutual trust, hence even with reduced contact between them, consortium members felt free to reach out with challenges and had trust into each other's abilities and updates.

Moreover, a reduced access to communities and specifically project targets was noted by consortium members. However, **UCCA's structure of community-based workers (change agents) in villages and C&Ds good connectivity and long-standing history in Karamoja allowed the consortium to keep in touch with communities**. This got confirmed by the multiple FGDs, during which it was pointed out that while most of the external service providers disappeared, C&D was one of the only ones continuing to visit communities and distribute goods during the lockdown period.

ADAPTATION AND RESPONSE TO EMERGING NEEDS

While DP's tasks in Kampala were the most inhibited, the consortium was able to **jointly agree to let DP move some of its activities** under the CaR project to Karamoja as well to still fulfil certain aspects of the project. While the first idea to let DP do community-based advocacy failed because of social distancing measures and communities being wary of new outsiders arriving due to the fear of contracting the virus as well as noticing some overlaps between other consortium members' responsibility, the consortium re-evaluated again and decided that DP would overtake the management of the rehabilitation shelters in Karamoja as that falls within their expertise and contributed to the continuing of the project. Hence, the **close contact and coordination between the organisations, even during the lockdown allowed the members to flexibly react to the changing context and re-organize the structure of the project**. Even though communication and in-person contact were reduced between consortium members, the organisations were able to stay in contact using online communication tools, and as soon as it was possible within COVID-19 governmental measures, could resume in-person meetings due to their joint locations in Kampala and Karamoja.

The good connectivity and cooperation with governmental actors, arising from information sharing and participation in activities from each other was also highlighted as having contributed to the continuing of the CaR project during the lockdown. The Kampala Capital City Authority (KCCA), after having criminalised handouts to street children to suppress the rising numbers of begging children, rounded up multiple times street children in Kampala during the lockdown period to re-allocate them back home and decongest Kampala. For that, KCCA worked together with different NGOs, including DP to counsel the children and families before reuniting them (The Independent, 2020). The Karimojong children amongst the rescued by KCCA were then taken in the CaR program, hence the project was able to **adapt to the changing circumstances and utilised its network within Uganda to keep their access to targets under the lockdown**.

While not a focus of the investigation specifically, **the funding structure** of the consortium was mentioned during all interviews, especially on national level, as **having been very beneficial to keep operating** and for the consortium to be adaptive to the new context and arising challenges due to COVID-19. Consortium members were **able to reallocate some parts of the budgets and were granted more freedom to be able to conduct new or alternative activities**, such as integrating sensitisation on COVID-19 within their usual community-based activities or the changing tasks of DP, as above explained. The interview with KIA concluded that the donor could provide **flexible funding due to being mostly based on private foundations and individual donors**, which usually

allow for greater flexibility than highly bureaucratic institutional donors or bi-lateral funding. As an adaptation to COVID-19, the consortium could reallocate their budget without first seeking permission from KIA, if the changes did not exceed 10% of the budget at once. This was intended to provide the consortium with more space to manoeuvre and to be flexible to the ever-changing context of the governmental lockdown.

9.3.2 IMPACT OF COVID-19 AND THE GOVERNMENTAL LOCKDOWN ON THE ORGANISATIONAL CAPACITY OF RELEVANT GOVERNMENTAL ACTORS

Generally, all governmental actors reported **that most of their activities had been inhibited** due to the lockdown. As most of their activities are community based, such as trainings and sensitisation, social distancing and movement restrictions inhibited them. Additionally, almost every actor stated **their own fear of contracting the virus as having led them to avoid meeting communities**. It was also pointed out that since many **governmental agencies on district and sub-county level depend on the support from (I)NGOs**, in terms of funding, fuel or being invited to joint activities to reach the field, the closure of many (I)NGOs inhibited them further.

Literature points out that the dependency of local governmental actors on NGOs is self-created by the organisations, by bringing in resources and experienced staff which undermine capacity building and accountability of governmental actors, and in the long-term decrease the responsibilities and capacities of governmental actors (Wang & Yao, 2016). Hence the decrease in services provided by NGOs due to COVID-19 and the lockdown did not only impact communities but local governmental actors as well.

Additionally, it was pointed out, that the **governmental SOPs**, including the requirement to provide masks and hand washing facilities when organising community events, **inhibited many governmental actors further**, as scarce funds made it impossible to follow the SOPs. Literature in contrast points out the central role local governments would play in Uganda's COVID-19 response and having received UGX66 billion (approximately US\$16 million) out of the UGX304.5 billion (approximately US\$80 million) supplementary COVID-19 budget (UNCDF, 2020).

ADAPTATION AND RESPONSE TO EMERGING NEEDS

In accordance with the governments SOP's and other directives, **COVID-19 tasks forces were set up on district and sub-county level**. The groups are meeting once a week to discuss and coordinate the COVID-19 response. Due to the noted rise in domestic and sexual violence during the lockdown, the task force team was extended to include for example the gender and probation officer, to extend the groups expertise and mandate. However, **especially on sub-county level the impediment of the task force to only discussion was pointed out, due to missing resources** to actively do something, or being dependent on e.g., microphones being given to them by an organisation so that they could start sensitising communities from afar. Interviewees also **pointed out that while NGOs were invited to join the task force meetings, many stopped after some time to do so. Yet, C&D was one of the organisations that continued joining regularly**, even after the first lockdown measures were eased.

After having received megaphones from some organisations and if fuel and transportation was available or externally provided, local governmental actors started to sensitize communities. Next to the **megaphones, radios were utilised by all governmental actors to spread information on COVID-19 and the lockdown**. Some respondents pointed out that while they tried to combine information about COVID-19 with other relevant topics, for example domestic violence which was perceived as having increased during the lockdown, radio airtimes were too short, and speakers required to spent most of their time discussion the virus and measures by the government. Other technological adaptations include **a toll-free telephone number for victims of violence** so that they could reach out to counsellors and report misconducts. However, no data on usage was collected

Lastly, **once first restrictions were eased, governmental actors started to partially resume their community-based activities** with reduced numbers of participants or by adapting the activities structures to door-to-door visits rather than gathering communities in one place. However, this greatly increased the time needed to complete the activities and reach all the targets.

9.4 DISCUSSION OF SUB-QUESTION 4

What context specific opportunities and challenges exist for and are perceived by C&D, its partners and other context relevant stakeholders for the localisation of aid in Karamoja to adequately respond to the arising and pre-existing needs of (agro-)pastoral communities in Napak?

For the discussion of the fourth and last sub-research question, again the findings of the KIIs with consortium members and governmental stakeholders are utilised and compared with findings of the literature review and partially the FGDs. The discussion first focusses on the understanding of aid localisation, which creates the base to subsequently highlight the existing and perceived opportunities and challenges of aid localisation to respond to the arising and pre-existing needs of communities in Napak.

As defined during the conceptualisation, this study considers three dimensions of aid localisation, hence loosely orientates itself on the key-components and indicators set out by the Start Network, provided in chapter 6.2.5. The components and indicators are provided again at the front of the discussion of each dimension.

9.4.1 UNDERSTANDING OF AID LOCALISATION

During the interviews with consortium members, it was found that there is **no joint understanding of aid localisation**. The term itself is not known at field level staff and interpretation regarding the term ranged from a stronger focus on local fundraising to using local resources. On coordination level, some interviewees indicated to know about the term, but interpretation mostly focussed on direct funding of local actors. The interview with KIA revealed that the original consortium of the CaR project was set up by ICCO motivated by the discourse of aid localisation and sustainable north-south cooperation. KIA pointed out that through localisation, greater coverage of projects can be achieved due to local actors being much closer to the field and able to quicker respond as well as having a better understanding of local customs and needs, which allows for more appropriate design of programs. Similar to aid localization, the Grand Bargain was not known to consortium interviewees but during the interview from KIA, the Grand Bargain was acknowledged even though KIA stated that their localization efforts and focus on north-south partnerships started before the Grand Bargain. This puts again the highlight on the northern based debate surrounding the topic of aid localization and complements literature findings regarding the Grand Bargain, while. While the agenda aims to put more power on the side of southern partners, the agenda itself was set up by some of the largest donors, and hence has little reach to the reality of southern actors on the ground (Parker, 2016).

This shows an **overall strong focus on funding and resources** under the thematic of aid localisation, while also **highlighting the current northern focus of the debate**. Funding is one of the seven dimensions of aid localisation according to the Start Network, which describes funding as needed to focus on quality to the same degree as quantity, direct contact between local or national actors and donors, increased financial autonomy and sustainability of the local and national actors, including at least 25% of the global humanitarian funding to directly reach local and national actors as well as it being un-earmarked and more flexible. However, funding structures are not the only components that are aimed at under the localisation of aid. The commitments under the **Grand Bargain can be understood as a transformative agenda**, which addressees not only the issues of increasingly centralisation of strategies and financial decision making but also considers the broader historical and systemic issues surrounding aid localisation (Patel & Van Brabant, 2018).

However, the focus of the Grand Bargain is foremost put on the realisation of the 25% 'as directly as possible' funding commitment, which leads to a lack of joint efforts and focus on other aspects of aid localisation. The global debate on localisation has been led by international actors, predominantly based in the northern hemisphere, which conducted the initial research studies. Hence, **the perspective and impression of northern, international NGOs built up an integral part of the current understanding of aid localisation** and played a major role in shaping and pressing the localisation agenda forward. However, the understanding and attitude towards localisation does not only differ amongst (inter)national and local actors, but as the Feinstein International Centre

found out, differs in terms of understanding and realisation between countries and regions. Specifically, for the case of Uganda, it was found that funding of national NGOs by UN agencies decreased, while INGOs passed down more funding to national NGOs than local ones. Improvements in terms of trust in partnerships between international agencies and local actors had been noted, but the negative effects of rigorous donor compliancy requirements affected local and national NGOs, hindering them to connect better to international funding structures (de Jager Meezenbroek & Kayinamura, 2020).

PARTICIPATION REVOLUTION

	Key-components	Opportunities and Challenges
Participation revolution	Responses are designed, implemented and reviewed in an empowering way for affected populations	<ul style="list-style-type: none"> - was the project designed in an empowering way? What has changed during COVID-19? - what importance and level of understanding do consortium partners have in this regard?
	People have an early say in the design and planning of the response. Formal communication, feedback and response mechanism are in place, with regular community participation	<ul style="list-style-type: none"> - which mechanism to include affected communities exist and are used, arose or have been hindered by the impact of COVID-19? - why are they in place/not in place?
	Donors and operational agencies plan for adaptation	<ul style="list-style-type: none"> - how flexible has programming and funding been before and during COVID-19? - what have been hindering or enabling factors for flexibility?

Table 14 Participation Revolution key-components and related opportunities and challenges (Patel & Van Brabant , 2018)

Under the Grand Bargain, Participation Revolution aims to integrate meaningful participation into humanitarian and development practice. This is supposed to promote the link between effective participation and the quality of humanitarian response to ensure that it is relevant, timely, effective, efficient and accountable to affected populations (IASC, n.d.).

During the interviews with consortium members, the term **participation was described differently by all interviewees** and mostly related to project targets ability to speak up and stand up for themselves by being **empowered through the project, rather than being empowered within the project**. One of the objectives of the CaR project is to empower communities to be able to access social services and their rights. The Terms of References (ToR) of the current CaR project lists for example the provision of skills and knowledge for economic empowerment of project targets as well as the empowerment of former child-migrants through activities such as youth festivals and sports competitions as part of the project's empowerment activities (UCAA, DP, C&D, 2018).

Interview respondents stated to **involve their target groups for example through needs surveys and focus group discussions**, which were used for example to inform the design of the current CaR project phase after the previous one. Additionally, during events organised by the consortium members, success stories or achievements of the project are shared with communities. According to Pretty's typology of participation, a framework which classifies different forms of participations of people in development programmes and projects, seven different levels of participation exist. The lowest form, or the one with the least empowered participation is called manipulative participation, which occurs under pretence, with nominated representatives holding no legitimacy or power. The highest form, self-mobilisation, is reached where people take initiatives independently of external institutions to change systems and present the final form of empowered participation (Figure 47) (Oxford Policy Management, 2013).

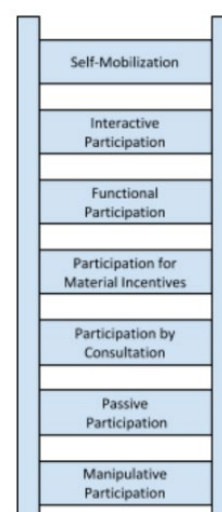


Figure 47 Pretty's Typology of Participation (Pretty et al, 1995 as cited in Oxford Policy Management, 2013)

According to the findings of the interviews and from the projects current ToR, **participation under the CaR project can be most fittingly described as participation by consultation**, where external agents, in this case the consortium members, define problems and information gathering processes, such as the needs assessment to inform the next project cycle and therefore also control the analysis. This form of participation **does not imply a share in decision-making for communities and does also not guarantee that actors consider people's views**.

However, it is not only important to look at the type of participation, but also which interest are behind participation. Whites typology of interests lists four forms of participation: *nominal*, *instrumental*, *representative* and *transformative*, and providing for each form the meaning of participation both for the implementing agency (or actor), the one on the receiving end, or project targets and stating what participation is for (Table 15).

Form of Participation	What 'participation' means to the 'implementing agency'	What 'participation' means to those on the receiving end	What 'participation' is for
Nominal	Legitimation – to show they are doing something	Inclusion – to retain some access to potential benefits	Display
Instrumental	Efficiency – to limit funders' input, draw on community contributions and make projects more cost-effective	Cost – of time spent on project-related labour and other activities	As means to achieve cost effectiveness and local facilities
Representative	Sustainability – to avoid creating dependency	Leverage – to influence the shape the project takes and its management	To give people a voice in determining their own development
Transformative	Empowerment – to enable people to make their own decisions, work out what to do and take action	Empowerment – to be able to decide and act for themselves	Both as a means and an end, a continuing dynamic

Table 15 Whites Typology of Interests (Cornwall, 2008 as cited in Oxford Policy Management, 2013)

Ideally under the Grand Bargains transformative aim, participation would take the transformative form as well, in which people are enabled to make their own decisions and take actions, without it being an extra aspect of the project but an integral part that allows project targets to decide and act for themselves. However **currently it was found that the form of participation and empowerment employed is more closely related to being instrumental or representative**, as project targets are consulted regarding next year's program development and the organisations aims to give people a voice in determining the project and their own development.

KIA stated to **not have donor requirements for the participation and empowerment of project targets** in the design, planning or execution, but that they expect, due to their own and the involved consortium organisations Christian background that participation would come by itself. This is reasoned by the (protestant) church being a community-based institution, rather than a top-down managed organisation. However, as earlier in the report explained, the history of the aid sector and connectivity to colonialism and missionaries influenced how aid providers and receivers are viewed, which historically is based on a paternalizing view of the northern towards the southern hemisphere and for much of its time has been influenced by certain groups of people thinking and making decision for others, based on their believed superiority (Barnett, 2011). During the FGDs with CaR project targets (return children girl 14-18 years and mothers of return children), it was pointed out that they do not feel informed about the project and do not know how to influence the project or bring suggestions/request forward.

Box 14: The power of words and the message they convey

It was noted people under the project are called ‘beneficiaries’ rather than participants. Commonly, participants are regarded as the ones who are directly involved in the design and implementation of the project, while beneficiaries are receiving indirect benefits from the execution of the project, but are not otherwise involved (Peace Corps, n.d.). Language alone does not change someone’s empowerment or participation status, but words chosen convey the truth about the relationship between what we say, the perceptions we hold and the imagery we evoke through linguistic choices.

In this regards, ‘beneficiary’ implies a passive person without a say in the design or implementation of the project. While CaR targets are to a certain degree involved through consultation, the term indicates their passive position. While changing words alone might rather be a symbolic act, combined with consistent efforts to empower, effectively co-design with and acknowledge the status of affected population as well as the underlying paternalizing structure of the humanitarian sector itself it can be an important step in reshaping the attitudes and structures of the sector.

COORDINATION MECHANISM

	Key-Components	Opportunities and Challenges
Coordination Mechanism	Local/national actors (L/NAs) are actively present in local and national coordination mechanism	- what role and position did L/NAs play in coordination mechanism regarding COVID-19
	Coordination and collaborative environment are enabling for L/NA	- has COVID-19 impacted the power position of L/NA within the consortium and otherwise related?

Table 16 Coordination Mechanism key-components a related opportunities and challenges (Patel & Van Brabant , 2018)

The different consortium members, both on **field and coordination level perceived equal levels of trust and power within their relationships**. Even though UCAA was clearly identified as the lead organisation by all partners, it was always pointed out that while UCAA takes over certain management and overall coordination tasks, including the budget, **most decisions are made in agreement with all partners** and C&D as well as DP feel that they have enough room to manoeuvre under UCAA leadership. Moreover, the change in leadership from ANCAP to UCAA as well as the reduction of members has been overall perceived as positive for the current consortium. UCAA is seen as a much more skilled leader than ANCAP, based on better performance regarding **coordination of processes and joint activities as well as keeping partners informed about project developments**. The as positive perceived reduction of consortium members stems from experiences in previous CaR consortia, in which partners did not pull their weight. This affected all other partners, because tasks are designed to complement each other, and because multiple tasks from partners were overlapping or doubled.

The coordination and field staff both perceived to be informed, depending on their level and relevance, about each other’s tasks and progress of the project. The **regular meetings of partners, including horizontal and vertical staff structures** as well as the increased number of joint activities under the leadership of UCAA are perceived as being beneficial for the project coordination and to build up mutual understanding and trust.

Under the Grand Bargains commitments for coordination mechanism the need for local and national actors to be actively present in coordination mechanism as well as the creation of an enabling environment for local and national responders is highlighted (Patel & Van Brabant , 2018). Based on the interviews, it can be said that the CaR consortium, consisting of two national (including the lead one) and one international actors (although perceived as national), **provides and enabling environment for the partners, in which they feel able to act**

independently, bring forward suggestions and complaints as well as trusting each other. Additionally, as found during the interviews with governmental actors and consortium members, the **CaR project closely involves other relevant stakeholders**, such as the CPFU or the district probation officer to coordinate and support each other tasks. During the interviews, government actors stated that C&D would be one of the only regular appearing organisations for the COVID-19 task force meeting and highlighted otherwise that they perceive to be informed and involved within the CaR project, through joint activities, joint coordination and regular updates. The involvement of governmental actors as well as shared tasks and responsibilities are highlighted in the CaR-ToR, which states **that CaR member organisations, together with the governmental actors and the communities lead the implementation of the project** and that regular meetings are part of the project. Furthermore, CaR partners are working together with governmental agencies to develop the implementation plan of the project on local level to guarantee mutual understanding of roles and responsibilities. By collaborating with different actors, the effectiveness and project sustainability is aimed to be increased (UCAA, DP, C&D, 2018).

Adaptations for COVID-19 and the lockdown were jointly agreed and coordinated with all partners, such as shifting DPs tasks increased to Karamoja because of their impediment in Kampala. Additionally, UCAAs system of village change agents provided the consortium with contact to and information about communities during the lockdown. While the national actors played a role in the coordination and adaptation during COVID-19 and the lockdown, the environment within the consortium had been enabling and open before. Hence, no transformative impacts of COVID-19 itself on the power structures within the consortium and between international and national actors could be identified. However, joint activities and meetings had been suspended or moved online, especially during the much stricter lockdown in the beginning in Uganda. This negatively affected the contact to governmental actors in Karamoja, **as missing infrastructure and/or technology made online meetings unfeasible.**

CAPACITY ENHANCEMENT

	Key-components	Opportunities and Challenges
Capacity Enhancement	Capacity-strengthening efforts are purpose- and need-driven, not supply driven	- which pre-COVID-19 capacity strengthening efforts have been beneficial in the current context
	Organisational or network capacity-strengthening is an ongoing process, not an event – and must be followed by role changes	- has capacity development been followed by role changes? - did COVID-19 enable role changes?

Table 17 Capacity enhancement key-components and related opportunities and challenges (Patel & Van Brabant, 2018)

Capacity strengthening was mutually identified by all interview respondents as the strengthening of one's ability (both, organisations and individuals). The current CaR-ToR highlights the need to identify capacity gaps and barriers to the project implementation from all stakeholders, including consortium members, local governments and well as other religious and community-based groups (CBOs). Additionally, it is mentioned that **the close coordination and joint activities with local governmental actors are intended to combine participation and information sharing with capacity building** (UCAA, DP, C&D, 2018).

KIA provides an **extra budget for capacity enhancement activities but does not set standards or requirements** for the activities. Rather, the donor expects the consortium members to identify their own needs and gaps, which is believed to increase awareness of the organisational capacities of each organisation. The provided longer-term and **flexible budget for capacity enhancement is in line with the Grand Bargains commitments** for capacity enhancement (Grand Bargain Localisation Workstream, 2020).

Capacity needs assessment are not a requirement, nor have they been conducted at the start of the project, at the start or during COVID-19 and the lockdown. Hence, COVID-19 did not lead (yet) to further capacity enhancement activities nor a role change of organisation due to enhanced capacities. Interviewees reported to

have had regular capacity enhancement trainings and workshops before the lockdown. However, those concern **mostly thematic areas**, such as child rights and protection trainings and well as workshops on human trafficking. **Relevant governmental actors and other external stakeholders are invited to join those activities**, and based on the interviews with governmental actors, perceive the trainings as informative and useful, while building up a mutual base amongst project relevant actors.

Some consortium members perceive the trainings and **workshop to be more relevant for field level staff** because of their thematic focus, rather than enhancing the coordination skills on national level or the organisational capacities of single organisations. **The frontal teaching style was also pointed out as a factor that would limit the usefulness** of the capacity enhancement activities. However, it is important to point out that certain organisational tasks, for example monitoring and evaluation of the CaR project are done jointly through harmonised processes, for which the relevant staff members receive joint training.

9.4.2 PERCEIVED AND EXISTING OPPORTUNITIES AND CHALLENGES

The perceived and existing opportunities and challenges addressed in this sub-chapter are again related to the three research focus dimensions of aid localisation and their relevance for the overall context in Karamoja, before and after COVID-19 and the lockdown.

PARTICIPATION REVOLUTION

Many of the consortium respondents themselves pointed out that they believe that **project target participation could be improved under the current CaR project**. KIA indicated as well that participation of targets and their sub-sequent empowerment is wanted and aimed for under the project, but as **no guidelines or requirements to measure the participation of targets exist, new structures might be appropriate**.

It was highlighted, that including target groups more active in program design and implementation would **guarantee that funds are used to support targets in a relevant way, as wanted by the targets themselves**. Additionally, information collected with communities would provide a more diverse and in-depth understanding of the local context. Moreover, inclusion of target groups is expected **to increase ownership of communities and enable a sustainable impact and changes by the project**. However, **challenges include the too high expectations of targets** when trying to include them, as well as remoteness of some communities making it hard to access them. Additionally, it was pointed out that the **high mobility** of the Karimojong and especially of the target group, as well as children often **being underaged** and because of the relative short time targets would spend which each consortium organisation present further challenges to create participation mechanism.

As previously discussed, participation can take on different forms and enabled by different motives. The Grand Bargain's workstream of Participation Revolution aims **to promote a culture of transparency, learning and accountability in relation to participation**. This is reasoned with effective participation enabling relevant and effective humanitarian action, accountable to affected communities. **Effective participation includes putting people's needs and interests at the core of humanitarian decision making, by actively involving them throughout the decision-making progress**, including an on-going dialogue about the design, implementation and evaluation of humanitarian responses with target communities and other relevant (local) actors (IASC, 2017).

The provided overview of the history of the humanitarian and development sector as well as Karamoja concluded that a long-lasting disempowerment of people occurred, which has overall attributed to the existing protracted crisis and marginalisation in Karamoja. Not only is the humanitarian sector, due to its historical origins in colonialism, imperialism and missionaries tied to the disempowerment of people, but to this day employs an often paternalizing view towards project targets. In Karamoja specifically, decade long disempowerment throughout colonial times as well as subsequent Ugandan governments (Odhiambo, 2003) have created an intertwined net of unsafe conditions and dynamic pressures that build the foundation of the prevalent vulnerability in the region, including widespread poverty, food insecurity and prevalent violence.

Hence, for the consortium to respond adequately and effectively to arising and pre-existing needs in Napak, working against the decade-long disempowerment could offer new opportunities to address underlying challenge. **New methods to actively involve targets could provide opportunities to respond not only to emerging needs from COVID-19 and the lockdown, but to pre-existing ones.** As pointed out under the Grand Bargain, more participatory ways to include targets, rather than only passive through feedback mechanism or consultation should be investigated in.

COORDINATION MECHANISM

The 2020 Annual Independence Report for the Grand Bargain overall reported progress and an increased level of activity on coordination mechanism amongst its signatories (Metcalf-Hough, et al., 2020). Coordination mechanisms under the Grand Bargain includes the support of national coordination mechanism as well as the inclusion of national and local actors in international coordination mechanism (Patel & Van Brabant, 2018).

During COVID-19 and the lockdown, consortium members were able to **jointly coordinate by continuing in-person meetings if possible**, which was simplified by all three organisations being present in Kampala and Karamoja. But for most of the time the consortium **utilised online communication tools** to stay in touch, which worked well between the consortium members, however provided challenges regarding connectivity with governmental stakeholders, because of the **lack of adequate communication technology in Karamoja, such as a stable internet connection or availability of hardware itself.**

As stated during the interviews, the **consortium is taking part in national coordination meetings regarding child protection while also having been a regular partaker in the weekly COVID-19 task force meetings on district level.** Especially the continuous presence of C&D in the latter, compared to many other (I)NGOs, which stopped joining after the first lockdown restrictions were eased, was pointed out during the interviews with governmental actors.

Interviews with governmental actors often resulted in interviewees pointing out that they think the CaR project **would benefit from extending its scope to include other districts in Karamoja as well as Kenya.** Due to the success of both the project and the government in reducing and observing traditional migration routes from Napak to urban centres in Uganda, foremost Kampala, new migration routes are observed to gain popularity. Child migrants, especially teenage girls started to increasingly migrate cross-border to Kenya. The Grand Bargain highlights the importance and benefits of national actors being included in international or regional coordination mechanisms, where they can apply their high contextual knowledge and existing structures to a wider area (Patel & Van Brabant, 2018).

Perceived opportunities regarding extending coordination mechanism towards Kenya was discussed during the consultation and resulted in consortium members stating to **already have been in contact with organisations in Kenya for the tracing and rehabilitation of Karimojong girls in Nairobi** and perceived the past coordination as fruitful and successful. Hence, they could imagine establishing partner ties along developing migration routes within and outside Uganda. Additionally, as Kenya and Uganda have a general open and supportive political relationships, the projects current networks which are closely tied with district and sub-county officials in Karamoja, are expected to be replicable in Kenya. As a challenge, the expected high costs for extending the project cross-border were pointed out.

CAPACITY ENHANCEMENT

Ideally, capacity enhancement should be a two-way process in which international as well as national and local actors take the opportunity to learn from each other, including technical skills, operational considerations and a more in-depth understanding of the political, cultural and social context. Additionally, donors should support longer-term approaches to capacity strengthening, through multi-year, predictable and flexible funding and capacity strengthening activities that do not only include involved organisations but also target groups as well as other national entities and stakeholders. Furthermore, it is highlighted that all relevant actors should explore innovative and non-traditional capacity strengthening methodologies, such as shadowing or mentoring initiatives that allow for a more organised process of peer-to-peer learning (Grand Bargain Localisation Workstream, 2020).

The 2020 Annual Independent Report for the Grand Bargain (2020) pointed out that overall progress has been made regarding commitments, including noting an increase in the investment in capacity-strengthening support (Metcalf-Hough, et al., 2020).

Interviewees did not point out to perceive any opportunities or challenges regarding further developments of their capacity enhancement activities. However, as it was pointed out before, some consortium members perceive the capacity enhancement activities as better fitting for field level staff and to be too much focussed on thematic areas, rather than organisational capacities. To effectively develop the capacity enhancement activities under the CaR project, **aims and subjects of activities could be extended**, to include the above-mentioned areas of operational consideration as well as technical skills. This would enable capacity enhancements to be followed by role changes, which so far has not been detected under the CaR project.

Capacity (needs) assessments are not part of KIA's requirements and have not been conducted at the start of the project, before or after COVID-19. However, capacity assessments could guarantee that all members are aware of their own strengths and weaknesses and could help identifying gaps and opportunities for further organisational development, relating ones again to the role changes that should follow capacity enhancements, as proposed by the Grand Bargain (Patel & Van Brabant, 2018).

In addition, the Grand Bargain commitments point out **the importance of involving other relevant stakeholders as well as target communities in capacity enhancement activities** (Grand Bargain Localisation Workstream, 2020). Under the current CaR project, relevant governmental actors are regularly invited to participate in capacity strengthening activities, such as workshops regarding child trafficking and reported during the interviews that they profited from the exercises and believe they did not only add to the success of the current program, but also to their overall capacities. However, **target communities are addressed with separate capacity enhancement activities**, such as parenting classes and vocational skill training. While participants of capacity enhancement activities should always be chosen in accordance with the relevance of the topic, **including target groups in certain activities regarding technical skills and operational considerations could enhance their ability to meaningful participate in project design and implementation**, as well as developing their own capacities further.

Lastly, as pointed out before, innovative learning methodologies should be investigated. Under the current CaR program, capacity strengthening activities are foremost conducted via workshops and meetings in frontal teaching styles. Considering **alternative modes of teaching**, including more two-way and participatory learning approaches could increase the overall quality of capacity enhancement activities. Additionally, mutual trust and understanding between the involved parties could be increased by learning interactively from each other.

10 CONCLUSIONS

This concluding chapter brings together the findings, their analysis and the discussion thereof, to draw main conclusions. The chapter is organized by first answering the main research question and then the sub-research questions.

MAIN RESEARCH QUESTION:

Which advantages and disadvantages does the localization of aid provide to respond to pre-existing and arising needs from COVID-19 and the governmental lockdown for (agro-)pastoral communities in Napak, Karamoja?

According to the findings of the research it can be said that the localization of aid provides several advantages for the response to emerging and pre-existing needs of (agro)pastoral communities in Napak, Karamoja. Advantages are marked in **green**, disadvantages in **red**.

The CaR project consortium, consisting of international and national actors always enabled the involved organisations to remain – at least partially - operational **throughout the pandemic**. While partially inhibited, **access to and information about the project target communities was able to be kept**, due to a better understanding of local and national governance in Uganda to **operate within the changing context of laws and regulations**. This also got supported by the consortiums overall **close cooperation with relevant governmental actors**, on national, district and sub-county level and provided the consortium with a high standing point amongst them. Additionally, all consortium members are **well-known and have a relative long history in Uganda, which further increased their standing with local actors**. The consortium was able, as one of the only organisations **to keep in touch with targets and continued to support** them throughout the lockdown period due to their close relation and location to their targets.

Disadvantage, or rather missed opportunities can be identified regarding the current operationalization of aid localization due to **missing indicators and the limitation of one single stream of work in a wider sector**. The localisation of aid is foremost focussed of an increase of direct, un-earmarked funding to local and national actors as well as capacity strengthening of and improved coordination with local and national partners rather than taking into account the bigger picture, including **the aimed at role changes which should follow capacity strengthening as well as truly considering the empowerment of local communities**. This could lead to the localization of aid under the Grand Bargain to miss its transformative aim of the overall sector and **stay within a decentralizing role, effectively missing its aim to address the broader historical and systemic issues** surrounding the sector, including the **domineering presence of international actors**, which directly hampers the build-up of strong and sustainable national capacities.

The impact of COVID-19 and the lockdown on communities in Napak led to further reductions in terms of availability, accessibility, and utilization of assets and services. This builds upon pre-existing inequalities, deprivation and marginalization in the region. Additionally, households and individuals due to factors such as age, gender or location experienced the impact of the lockdown differently, which is based on cultural gender and age roles, as well as other factors. Hence, without addressing the root causes of poverty and marginalization in Karamoja, while at the same time considering local customs and conditions, it will be difficult to address the impacts of COVID-19 and the lockdown as well as longer-term improve the overall state in the region. **The localization of aid**, which overall aims at the empowerment of local and national actors as well as communities for a faster, more relevant and effective as well as accountable humanitarian response and development offers the opportunity **to increase ownership, involvement and empowerment of communities and relevant actors**. This could potentially **break the cycle of disempowerment**, which specifically in Karamoja was created due to historical marginalization by colonial forces and subsequent Ugandan governments but has also been identified as an integral element of the humanitarian and development sector based on its paternalizing approach and view towards affected communities.

What is the impact of COVID-19 and the governmental lockdown on livelihoods and food security of as well as the prevalence of violence amongst (agro-)pastoral communities in Napak, disaggregated by GAD?

COVID-19 and the lockdown impacted communities in Napak by reducing availability and access to assets and services, while potentially compromising opportunities for the future.

Overall, an increase in teenage pregnancies and child marriage was found, due to the closure of schools, reduced access to health care and increased pressure on households' economic assets. Due to the later, the return rate of boys and girls to school once they open again is expected to be reduced and especially adolescent girls who are married or pregnant are unable to return. Overall, a decrease in access to health services has been noted, due to movement restrictions and fear of communities to get COVID-19. High numbers of scabies and Malaria, especially amongst children were found. It is important to note the pre-existing low coverage and quality of health services in the region, which due to the diverted focus on COVID-19 is expected to slow down in development.

The importance of social groups in Karamoja is due to the limited available service providers and infrastructure, which makes the population depend on external providers. Fifty percent of all research targets have been found to be in at least one social group, from which the VSLA is the most important. COVID-19 and the lockdown through movement and gathering restrictions inhibited most groups. People were unable or afraid to meet and not able anymore to save appropriate amounts of money. Additionally, the contact to (non-)governmental service providers strongly decreased.

Limited infrastructure has been before COVID-19 and the lockdown a problem in Karamoja, and the study found low prevalence of stable housing, limited access to water and wide-spread open defecation amongst its research group. However, it is expected that the diverted attention on COVID-19 will slow down progress in the region, especially on critical infrastructure such as WASH and health. Most research targets had access to small-scale plots of land and the majority used their land to cultivate crops.

The main income strategies were found to be selling of firewood/charcoal, selling of alcohol and casual labour, which is not a big change from the previous year. However, less income was overall earned, and the findings suggest that limited employment or income opportunities prevent people from employing alternative strategies. Borrowing money increased among research targets and most was used to fulfil basic needs. Hence an increase in poverty can be attributed to COVID-19 and the lockdown, which considering Karamoja's pre-existing high poverty levels can lead to many communities not being able to fulfil their basic needs.

Communities in Napak experienced several natural hazards since March 2020, most commonly flash floods, plant pests and animal diseases, which are all regular occurrences. In addition, desert locusts affected several communities. The recurrent natural hazards expose people to multiple risks and potentially reduces their harvest as well as affecting their housing conditions. Moreover, the occurrence of raids increases strongly since March 2020, which can be linked back to the diverted focus on COVID-19 and the lockdown as well as the upcoming presidential elections in January 2021. Not only do communities lose livestock and lives, but the governmental disarmament campaigns also increase the violence against communities.

Overall, an increase in (sexual) violence against children, including the above-mentioned teenage pregnancies and marriages was noted to have arisen from the closure of school and increased stresses on households' assets. This includes verbal abuses, physical punishments and withholding of meals. In addition, GBV and domestic violence were found to have increased within households. And multiple households reported to have stressed or depressed members.

In terms of malnutrition and food security, it was found that access and availability of food decreased since March 2020. Most of the households employed multiple food-based coping strategies. Due to the closure of many markets, food prices increased and therefore, economic access to food decreased. The natural hazards as well as halt of many services, including agriculture trainings and seed or fertilizer distributions led to a decrease in

availability of food. The closure of schools also prevented children to benefit from school-feeding programmes. The assessed HDDS showed an overall low access to diverse food on household level, while the low WDDS shows the limited access of women to diverse food and the low CDDS found potentially reduced children's future possibility and can lead to longer term negative health effects. Table 18 depicts the overall findings regarding the impact of GAD variables

GAD variable	Impact and Consequences
Gender	Overall, the gender of a household or individual was found to greatly influence how COVID-19 and the lockdown were experienced. This can be explained by the pre-existing traditional gender division of roles and responsibilities, which leave women and girls to be disadvantaged and more vulnerable, compared to men and boys. FHHs were found with a higher likelihood to contract scabies and Malaria, being more often in a VSLA (which were hindered by the lockdown), have smaller plots of land and less access to boreholes and employed different (fewer) income strategies. A higher prevalence of domestic violence and violence against children as well as depressed household members were found amongst FHHs. FHHs also employ food-based coping strategies more often. MHHs in turn. MHHs were found to more often lend out and borrow money, especially from friends and relatives, while also being more often affected by cattle raids and animal diseases. MHHs also more often rely on only one source for food and more often the market.
Age	Age was also found as an influencing variable in terms of experiencing and effects of the lockdown and COVID-19. This can be related back to the age division of Karimojong culture, which like the gender variable defines roles and responsibility. In addition, a rise in financial assets with age leads to different experiences between the assessed groups of household heads. Households with heads aged 65+ years were found with the smallest prevalence of scabies or Malaria cases and most likely to send their children back to school. Additionally, those households have the biggest size of land plots and to own their own land, while also having the most stable houses and access to boreholes. Households with heads aged 65+ years also have the most cash reserves and rely the most on VSLAs to borrow money. Additionally, those households employed the least food-based coping mechanism, the highest HDDS scores and the most affected by raids and animal diseases. Subsequently, households with heads aged 19 to 35 were the most affected by scabies and Malaria, as well as having the smallest size of land plots. Those households also rely the most on casual labour as income strategies and have the highest prevalence of depressed or sad household members.
Sub-county	The sub-county provides the context for households to live in, and hence have been found relevant in nearly all assessed variables. Across sub-counties a varying prevalence of Malaria and scabies was found and plans to send children back to school differ. Availability of social groups and income strategies differ amongst sub-counties. Similar, the occurrence of natural hazards raids and diverse forms of violence strongly depend on the sub-county.
CaR project household	A few differences were found between CaR and non-project households, which could arise from being part in the project. However, not enough data was gathered to support these claims confidently ¹⁴ . But data suggest that CaR households have a higher likelihood to be in social groups, employ different income strategies and have a higher average income than non-project households. Additionally, CaR households rely more often on home grown food and employed food-based coping strategies slightly more. At the same time, CaR households are higher likely to experience violence against children as well having less sad or withdrawn members.

Table 18 Overall GAD findings regarding COVID-19 and the lockdown

¹⁴ See Recommendation 5, (p. 134) for future research adaptations

What is the impact of COVID-19 and governmental lockdown measures on livelihoods and food security of as well as prevalence of violence amongst (agro-)pastoral communities in Napak, as perceived by C&D, its partners and other context relevant actors?

All different actors expected women and girls to be the most affected by the indirect impacts of COVID-19 and the lockdown, including being most affected by the rise in violence, risk of teenage pregnancies and child marriages, as well as due to their role of taking care of household and children. Teenage pregnancies and marriages are in the longer-term expected to not only decrease school going rates for girls, but for boys who fathered a child and must provide for their wife and child by earning money. Additionally, it was pointed out that children would lose valuable time in school and that parents are often unable to teach their children due to prevalent illiteracy. Especially girls and women are seen as negatively affected in terms of their mental well-being due to increased household burden and being confined to their homes. On the other hand, men and boys are seen as more at risk of contracting COVID-19, due to their higher mobility and exposure to others, while also being more exposed to violence due to raids. A reduction in services provided to communities from (non-)governmental actors was noted as well, with especially VSLAs being pointed out as affected by social distancing and movement restrictions. While the poor harvest of this season was mentioned, no one specifically highlighted other (recurring) hazards or natural disaster that would have affected communities during the COVID-19 and lockdown period. Everyone found it difficult to assess the impact on food security due its seasonality in Karamoja.

Consortium members specifically highlighted the loss of guidance and supervision of children due to the closure of school, which provide often a safer environment than the children's homes, as well as the rise in alcohol consumption in response to the decrease in food security, as a way to curb hunger.

Governmental actors pointed out the unwillingness of communities to follow lockdown measures because of being too much focussed on social activities. Additionally, it was pointed out, that community members had started to avoid health centres due to the fear of contracting COVID-19. The stigmatization of returnees (either from abroad, other parts in Uganda or specific child migrants) out of fear the returnees would bring COVID-19 to their communities was also mentioned. The halt of the bi-monthly governmental payments to elderly, to avoid crowding led to increased deaths due to starvation amongst the elderly. In the long-term, governmental actors expect to see a rise in polygamous relationships or separations, due to increased prevalence of teenage pregnancies and marriages, which are also seen as instigating a rise of sexually transmittable diseases (STDs).

What is the impact of COVID-19 and the governmental lockdown on the organizational capacity of C&D, the consortium and other context-relevant stakeholders and how did they adapt and respond to arising needs?

Overall, the CaR-project consortium was able to keep operating throughout the lockdown, although with some limitations and adaptations. Responsibilities and tasks of individual members inhibited by the lockdown were adapted through joint decision making that allowed each member to continue fulfilling their role. Restrictions from the lockdown inhibited the consortiums access to their targets and community-based activities due to social distancing and movement restrictions. Therefore, the consortium started to conduct trainings with less participants to stay within the governmental SOPs as well as utilizing radio talk shows to provide information to communities from a distance. Furthermore, the close cooperation with governmental actors under the CaR project as well as long experience of actors working within the context and governance structures in Uganda were pointed out as having contributed to the functioning of the project under the lockdown. The flexibility in terms of funding provided by KIA was in addition mentioned as one of the main factors that enabled the consortium to keep functioning.

CaR project relevant governmental actors were mostly inhibited by the lockdown due to social distancing and movement restrictions, which inhibited their main activity of providing community-based sensitization and trainings. The fear of many governmental actors to contract the disease themselves prevented many to try to reach out to communities. Additionally, the governmental SOP's, such as providing hand-washing facilities and masks during trainings increased the budget needed, which was not possible for most actors. Moreover, the

closure of many INGO's was stated as a factor that inhibited the capacities of the local governments, as they would often rely on organisations to provide them with fuel or means of transportation to conduct their activities and reach communities. Moreover, the diverted focus on COVID-19 was inhibiting the normal tasks and responsibilities of governmental actors.

COVID-19 task forces were set up on district and sub-county level, including governmental actors but also relevant external organisation, aiming to coordinate and monitor COVID-19 and the response. Task forces were extended throughout the COVID-19 period to include other, as levant identified actors. Additionally, governmental actors started utilising radio talk-shows as well as megaphones mounted to cars to continue sensitizing communities and spread information. To continue certain community-based activities and trainings, group meetings were transformed into individual house visits or overall numbers of participants reduced.

What context specific opportunities and challenges exist for and are perceived by C&D, its partners and other context relevant stakeholders for the localization of aid in Karamoja to adequately respond to the arising and pre-existing needs of (agro-)pastoral communities in Napak?

The research found that the term aid localization as well as its dimensions are relatively unknown to most consortium members. However, KIA stated to have initiated the consortium with the clear intention to localize their approach and strengthen local and national actors for more effective and accountable humanitarian and development work. Participation Revolution was mostly understood as empowering project targets through the project and not within, meaning through the skills they acquire by participating, rather than having a say in how the project is designed, implemented, and reviewed. The foremost mode of participation can be classified as participation by consultation, as targets are included through feedback rounds and community talks to provide input into the project design of the CaR project. The terminology used by consortium members to refer to project targets as beneficiaries rather than participants furthermore supports the passive role of targets.

Regarding coordination mechanism it was found that consortium members perceive equal trust and power amongst them, and most decisions are made in agreement with the majority. UCAAs leadership is perceived as more successful than previous lead organisations of the CaR project due to fulfilling their coordination role and focus on joint activities. Furthermore, consortium members stated that the reduced number of members compared to previous consortiums added to the improved coordination and understanding amongst members. Additionally, close cooperation and joint activities with governmental actors as well as information sharing enable them to work complementary to each other, rather than competitive.

While capacity enhancement is a focus point under the CaR project, no requirements by the donor exist regarding how or which capacities to enhance while also no capacity needs assessments are conducted by the consortium members. While the regular and often occurring trainings and workshops were emphasized by consortium members, it was also noted that most of them are aimed at improving thematic knowledge, such as child trafficking rather than organizational capacities and hence, some members perceive the trainings to be most useful for field level staff. Additionally, it was pointed out that most trainings are conducted through the style of lessons, with very little audience engagement. Governmental actors are invited to join relevant capacity enhancing activities and highlighted their usefulness while fostering mutual understanding.

Opportunities and challenges were identified in regards to Participation Revolution, whereas the stronger inclusion of targets within the project and a change in understanding of empowerment could lead to effectively breaking through the cycle of historical marginalization, to sustainable respond to arising and pre-existing needs in Karamoja. Challenges in this regard include the missing donor requirements, the long-term nature of changes in understanding compared to habit and false expectations by communities if they are consulted. Capacity enhancement was pointed out as overall beneficial for all involved actors, however opportunities in that regard were identified as modernizing the frontal teaching-style to a more interactive mode of teaching. Challenges were identified as missing capacity needs assessments and donor requirements regarding thematic or consequence of trainings, which under the localization of aid should be followed by role changes or extensions.

11 RECOMMENDATIONS

The recommendation provided are suggestions on how the study findings can be translated into practice with the aim to bringing the localisation agenda forward, for more accountable, relevant and efficient humanitarian and development work, while effectively responding to arising and pre-existing needs in Karamoja. Recommendations have been presented and discussed during the consultation on December 16, 2020 and based on feedback further adjusted to suit C&Ds and the consortium's needs under the CaR project.

The first three provided recommendations concern the overall structure and processes of the consortium in relation to the localisation agenda and the three focus dimension of the research, while the last two concern the findings regarding the impact on communities and further research opportunities and improvements.

1. *Empowering and gender-responsive participation of CaR project targets*

Karamoja was already before COVID-19 and the lockdown considered a marginalised region due to historic events, prevalent insecurity and widespread poverty. The findings of the report led to identifying the participation of CaR targets as limited and mostly through the mode of consultation. Under the Grand Bargain and the Start Networks Seven Dimension of Aid Localisation framework, Participation Revolution is one of the core elements of aid localisation that ensures effective, accountable, and sustainable humanitarian and development work. Hence C&D, together with the consortium is recommended to adapt standards and a coordinated approach to increase the participation, changing the mode and motive behind participation, by addressing the historic marginalisation and disempowerment of the region. Below Figure 48 provides a justification chain to understand how the recommendation was developed.

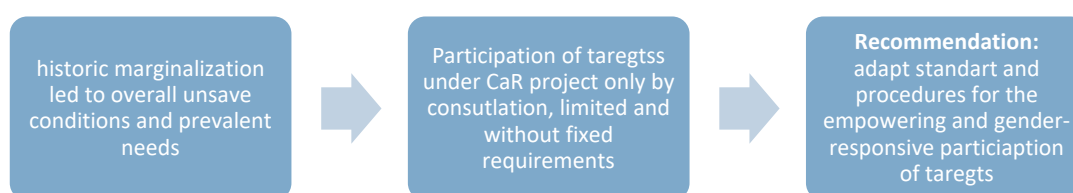


Figure 48 Justification chain for recommendation 1

The recommended steps below should be employed by all consortium members to provide a covering approach to all targets. As one challenge regarding participation of targets was pointed out as their high mobility between consortium partners, common approaches can enable project targets to meaningful participation by getting them used to the structures. This recommendation is not based on the CaR projects complete absence of participatory aspects but aims to instigate a reconsideration of what is normally understood as participation. To allow and enable the participation of diverse group, including women and men, girls and boys as well as different age groups and other diversity criteria, participation mechanism need to address the specific needs of each group and allow for their free and independent participation. Example measures, worked out in accordance with the UN Women (2020) guidance note on gender-responsive localisation in humanitarian action (Duetting, et al., 2020) are as following:

- Integrate gender-responsive and active participation of targets into the project ToR, including setting out indicators and activities that enable meaningful and regular participation.
- Include intersectional gender analysis into regular project monitoring activities to identify challenges and opportunities for meaningful participation of diverse groups.
- Develop new modes of participation that enable affected communities to play an active role in the planning and implementation of the project, rather than only being consulted through feedback mechanism
- Ensure the full participation of girls and women by revising information sharing, communication channels and community feedback mechanisms to ensure safe participation and inclusion of vulnerable and marginalised groups.

2. *Adopt capacity needs assessments, indicators and extend activities.*

Capacity enhancement was highlighted as a regular and joint activity within the consortium during which project relevant external actors regularly join and participate. This is in accordance with the dimension of Capacity Enhancement under the Grand Bargain and Seven Dimension of Localisation Framework. However, challenges regarding the focus on thematic capacity enhancement rather than organisation structure and processes as well as the often-frontal teaching-style of workshops and trainings were identified.

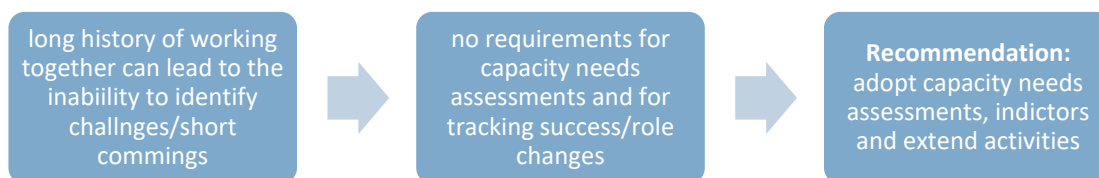


Figure 49 Justification chain for recommendation 2

Relevant and good capacity enhancement activities can improve not only the delivery of a specific project, but overall increase the organisational capacity of individual organisations and consortia. The findings of the report concluded that the long history of working together under different version of the CaR consortium enabled the current partners to develop mutual trust and great understanding for each other's tasks, responsibilities and ways of working. However, this can potentially lead to the inability to identify each others short comings and mutual challenges. Moreover, while the donor offers resources and a flexible budget for capacity enhancement, no set indicators or progress monitors are agreed upon. Hence, C&D together with the other consortium members is recommended to adopt regular capacity enhancement assessments and extend the related activities. Examples for the realisation include:

- a. Include regular capacity enhancements assessments to understand not only gaps but also to monitor progress and success of former capacity enhancement activities. As capacity enhancement under the Grand Bargain and the Seven Dimension of Aid Localisation framework should not only improve organisations capacities regarding their tasks within a project but longer-term be followed by role changes and improved overall capacities on organisational level, the SHAPE framework is recommended to be considered by C&D and partners.

Box 15: The SHAPE framework

SHAPE is a strategic humanitarian assessment and participatory empowerment framework that supports organisations to assess their capacity not only to manage humanitarian programmes but also to control and influence the humanitarian response, while being based on a model of humanitarian capacity that emphasized the importance of power (Shifting the Power, 2017)

- b. Extend thematic areas of capacity enhancement activities to also include, for example contingency plans and technical skills that enable the capacity enhancement activities to be followed by role changes of actors. Additionally, identify together with governmental actors' gaps in their capacity regarding overtaking the CaR project, to create sustainable structures that can work against child migration, even after the CaR project finishes.
- c. Consider innovative and non-traditional methodologies of capacity strengthening, that for example include peer-to-peer leaning or shadowing. Additionally, include more two-way learning, where not only governmental actors are invited to join consortiums capacity strengthening activities, but vice versa, that consortium members engage in the capacity strengthening activities from governmental actors as well as also including the donor itself, to provide all involved actors with opportunities to learn from each other and acknowledge each actor's specific knowledge and skills.

3. *Extend coordination mechanism for regional response.*

The current as well as past CaR project phases achieved good coverage of the traditional (child) migration routes through Uganda, from Karamoja to urban centres. Together with governmental actors, especially CPFU, road checks and surveillance has been increased and better connectivity between the different involved actors led to better coordination in the tracing and returning of child migrants. However, alternative routes through Uganda start to be more frequently used by migrants to avoid detection. Additionally, an increase in child migrants from other districts than Napak is further enabling the creating of new migration routes through Karamoja. Furthermore, especially teenage girls are increasingly migrating to Kenya, either to Nairobi or other urban centres, which makes it impossible for Ugandan governmental actors and consortium members to trace them.



Figure 50 Justification chain for recommendation 3

One of the former challenges of the consortium, pointed out during the interviews was the higher percentage of members, from which not everyone fulfilled their tasks, which impeded also other members which tasks depended on others. Additionally, some members had overlapping tasks, which led to confusion and repetition of exercises. To avoid that, the consortium can evaluate the possibility of extending their coverage not by including more member into the consortium, but by setting up or entering already existing regional and international networks for child migration from Karamoja and in the wider region of East and the Horn of Africa. For this, the following steps can be considered:

- a. Extend the already good coverage against child migrants in Karamoja towards border districts and urban centres (e.g., Nairobi) in Kenya, by working together with governmental actors and NGOs from Kenya, who are working in similar areas of child protection, as well as linking up with the Kenyan governmental actors, to overall coordinate and extend awareness on child migrants from Karamoja.
- b. In addition to a), consider inviting the Kenyan counterparts (both non-governmental and governmental) to relevant capacity strengthening activities and workshop from the consortium, as it has shown to have improved the mutual understand, trust and coordination between the CaR consortium partners as well as with governmental actors. Additionally, consider including cross-border topics into capacity enhancement activities.
- c. Consortium members should decide whether they want to include new partners within the CaR consortium. Improved leadership by UCAA and better coordination between the already existing partners can minimize the problems that consortium partners encounter previously with more members. Additionally, roles, responsibilities and tasks should be clearly identified and disaggregated in the ToR, to avoid possible confusion.
- d. Alternatively, the CaR consortium and KIA can evaluate possibilities to support the setup of other consortia, for example focussed on more northern districts in Karamoja, when wanting to avoid disorganising current consortium structures. If deciding for this option, good communication and coordination between the different consortia should be established to avoid overlapping or missing of tasks.

4. Responding to arising and pre-existing needs

The COVID-19 pandemic and lockdown had several impacts on the livelihoods of communities, reduced food security levels and the prevalence of violence increased. However already before the pandemic and lockdown, wide-spread poverty, low food security levels and infrastructural deficits existed in Karamoja due to historic marginalisation. All factors that created the phenomenon of child migration from Karamoja to urban centres in Uganda. Hence, for the CaR project, to continue to support returnee children and their families and hence prevent and mitigate the issue of child migration, the underlying root causes and dynamic pressures of the vulnerability of households must be addressed.

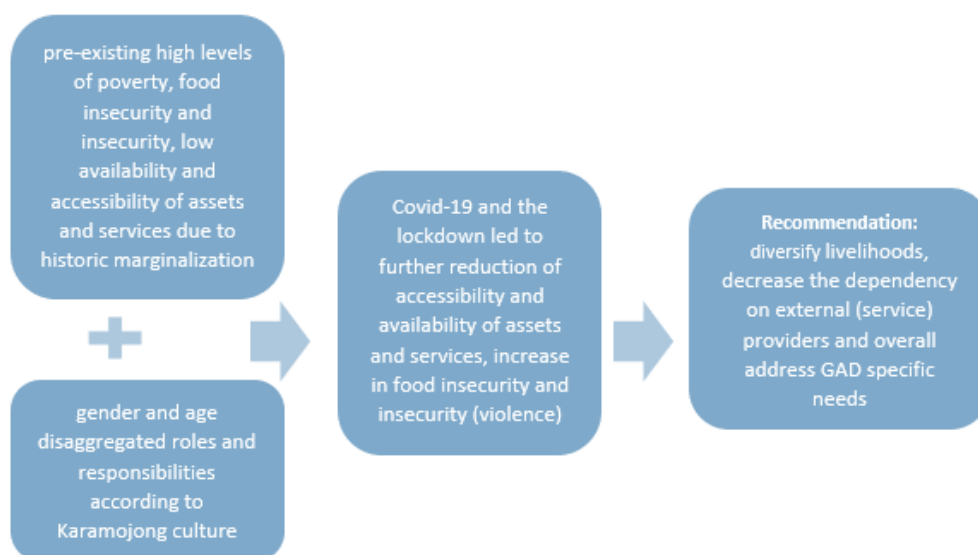


Figure 51 Justification chain for recommendation 4

As the GAD disaggregation of the research found, impact felt by and conditions of households and individual in Napak depends on different criteria or location. Additionally, CaR project households were differently impacted than non-CaR households. Therefore, the following recommendations include different examples of relevant areas to address in the longer-term, rather than providing emergency support:

- a. Increasing the availability and accessibility of food **by supporting climate smart agriculture (CAS)**. Home-grown food is one of the main sources of food for most households, but multiple hazards regularly impact production levels. Additionally, climate change is expected the change weather patterns and increase the occurrence of hazards. CSA includes multiple context specific strategies, including crop diversification, small-scale irrigation and conservation agriculture. In livestock production, CSA can include grazing land management and silvopastoral systems. CSA projects would be in line with the national Climate Change Policy and the agriculture sector National Adaptation Plan, hence supports Uganda's sustainable vision.
- b. Support the **diversification of gender specific livelihoods**. Generally, the reliance on few livelihood strategies allows very few coping strategies to be employed in case of a disaster. Possibilities of each individual get further reduced by gender disaggregated access to assets and appropriate deemed strategies. Additionally, most employed strategies by the research groups do not include value additions but are based on subsistence farming and selling of raw resources. Through value chain development, further value can be added to resources to allow for greater revenue, for example by using milk to create yoghurt, making juices and jams out of fruits and pickling vegetables. However, value additions should be context specific and inclusively set up, to provide equal opportunities for everyone.

Box 16: A sustainable livelihood alternative and value addition to charcoal production

Firewood and charcoal was not only the main source for cooking found during the research, but the selling of it one of the most often employed income strategy, even throughout the lockdown while markets were closed and only smaller revenue could be made. Overreliance on firewood and charcoal, especially in a semi-arid region like Karamoja with land degradation and erosion presents one of the most harmful practices.

Creating alternatives for the production, usage and selling of charcoal, as well as addressing the already existing damages through reforestation projects can decrease the negative environmental impact. For sustainability reasons, non-invasive tree species should be chosen and if possible, fruit and nut-bearing trees can be used to create alternative livelihoods and value chains, while offering incentives for communities to engage in tree planting and keeping.

- c. By **increasing the access to and availability of health services, including SRHR services**, community resilience against diseases can be increased. Apart from the threat from COVID-19, diseases such as malaria, scabies and typhoid have spread and an increase in child marriage and teenage pregnancies been noted in Napak. All of which threaten to seriously impact health and well-being of individuals and communities. Availability of health units, accessibility to quality services and information have been low before COVID-19 and the lockdown, however the latter further increased the access to services. Hence supporting the set-up of community-based mechanism to access health care, such as bicycle ambulances, as well as supporting VHTs to include information and services regarding SRHR can decrease community's reliance of external service providers, as well as improving the quality of services delivered.

5. Future research adaptation

The last recommendation builds up on the previously described limitations and considerations of the research (chapter 7.4). Good quality research can improve the validity of findings. It aims to provide suggestions on how to improve further or similar studies in the future. Additionally, it can enhance the understanding of a context, enabling more adequate and relevant programming.

a. Several findings of the study require **further research to draw conclusions on or highlighted additional topics for research.**

- i. Several FGDs led to community members expressing that money had lost its meaning, as markets were closed from the lockdown. This led to the inability to buy food with money, hence money became meaningless. While the prevalence of (absolute) poverty was high in Karamoja before COVID-19 and the lockdown, not enough secondary data and literature exist for now that assessed the economic impact of COI (UNFPA, 2018)D-19 and the lockdown on rural, impoverished regions. Hence, to better understand the longer-term impact that might arise, further research into the impact on financial assets and structures is needed.
 - ii. A helpline for victims of domestic and sexual violence was set up by the police and local government in Napak, however no usage data was collected. While literature indicates a strong increase in sexual violence against children, teenage pregnancy and child-marriage, very limited cases were found during this study. As previously discussed, mostly having arisen from social stigma and taboos surrounding the topics. Further research into these topics is necessary to understand the impact of COVID-19 and the lockdown on the prevalence of violence and to assess the usability of helplines in the context of Karamoja. As the prevalence of violence has been high before the outbreak of COVID-19 and the lockdown In Karamoja (UNFPA, 2018), innovations employed during the period could provide solutions for longer-term challenges.
 - iii. The availability and access to VHTs during the lockdown has not been assessed during this study. While Karamoja's infrastructure and health coverage was limited before COVID-19 and the lockdown, data found during this study suggest a relative high access during the lockdown period. However, data collected does not specify which level of healthcare was accessed and which roles VHT played in providing access to health. Additionally, indications for outbreaks of scabies were found. Hence, for a more in-depth understanding of the context, further research into health access and utilization is required, as well as to assess longer-term indirect impact of COVID-19 and the lockdown on the health status in the region and on availability, accessibility and utilization of health care infrastructure..
- ### b. One of the main dimensions looked at in this study concerns food security levels in Napak. However, food security levels are seasonal and influenced by harvest/lean periods as well as hazards and weather conditions. The current study found low access to diverse food o household level and not adequate micronutrient intake form women and children, which concludes to dangerous food security levels for the health and well-being of communities. However, to understand the longer-term impact of COVIDd-19 and the lockdown as well as understand the development of food security levels independently from the seasons, **multiple food security assessments during different periods** are needed. To increase comparability of future studies, the same or other unified assessment tools should be agreed upon.
- i. In addition, the study did not collect data on food or macro and micronutrient intake between household members, but rather focussed on the access to food on household level. This can lead to a distorted view on the intake of nutritious food per household member, as several social and cultural norms influence eating habits. For example, while household-level determinants for access to food can include, wealth, land ownership, education or household size, intra-household level determinants for food allocation can include the different income of household members, social status, tastes and preferences as well as interpersonal relationships (Harris-Fry, et al., 2017). Hence to paint a clear picture of individual members access to food, further research has to be conducted.

- c. The studies GAD disaggregation led to diverse findings regarding differences in conditions and impact for diverse groups of people, depending on their gender, location and whether they are under the CaR project or not. However, the sample size included too little respondents for two of the diversity variables, hence cannot determine whether experiences and conditions of people's lives are dependent on their age or marriage status. Future studies under the CaR study should **consider taking on a GAD disaggregation as well as investigating further into additional diversity variables**, to allow for more in-depth and diverse understanding of the single factors that impact their target communities, as well as offering more targeted support to families with return children.

Box 17: COVID-19 and lockdown impact on CaR households compared to non-project households

The findings of the study found several indications for CaR households and non-project households experiencing and responding to the impact of COVID-19 and the lockdown differently. However, insufficient amounts of data were collected to make clear statements on whether the CaR project was the decisive factors in those differences or whether other (intersectional) factors or methodological structure are responsible. The main differences, that could not be clearly defined, found in this study in regards CaR versus non-project households are summarized in this box to provide starting points for more in-depth follow-up research for the CaR consortium:

CaR households are:

- More likely to grow their own food and more likely to employ one more food-based coping strategy
- More likely to be in social groups
- Having a higher average (monthly) income
- Less likely to plan to send their children back to school (after the lockdown and closure of schools)
- More likely to experience violence against children but less likely to have sad or depressed members

- d. Due to time and scope constraints of this research, it was decided to focus only on Napak, instead of considering Moroto as well, as stated in the proposal. While Napak has the highest numbers of child migrants, Moroto registers an increasing number as well, and the study found hints that also other district in Karamoja see increasing numbers of child migrants. Hence, as a base for recommendation 3, it I recommended to **extend the scope of studies or conduct further studies including other district**, to monitor the situation in the wider region of Karamoja and identify early upcoming hotspots of child migration and their causes, to respond and mitigate quickly and adequately.
- e. **disseminate research findings downwards**, in a relevant and understandable manner to research participants to increase mutual understanding between participating community members and organisations, which can help adapt expectations towards outcomes and increases ownership of the process of communities. Members do not only participate by providing information, but actively profit from it. Due to time constraints, findings of this research could not be disseminated amongst participants by the researcher. However, future research would profit from sharing of findings amongst communities and instigate discussions, which would provide a greater sense of ownership of the process and build a base for the Participation Revolution recommendation, number one.

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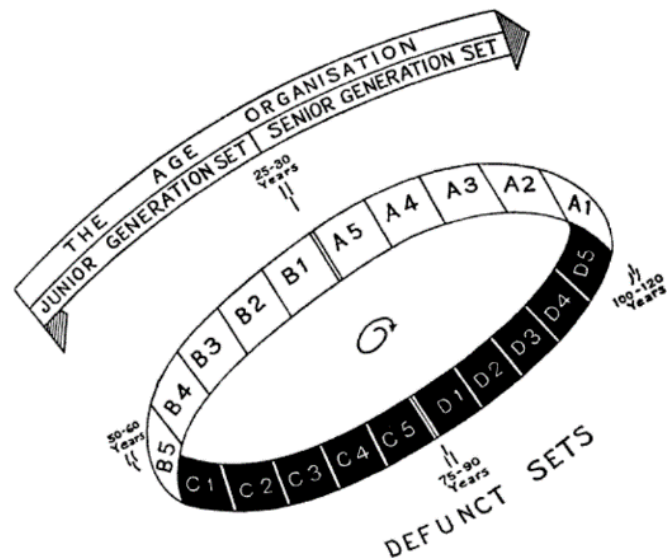
Geofabrik, 2018. *Uganda*. [Online] Available at: <https://download.geofabrik.de/africa/uganda.html> [Accessed 19 January 2021]

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ANNEX

ANNEX 1: THE AGE DIVISION OF KARIMOJONG CULTURE

Karamoja, equally to whole Uganda has a very young population. The country has the second youngest population in the world, with an average age of around 15 years (CIA, 2020). While definitions of age group vary per policy, document or intended use, people below the age of 18 are considered children, while youths comprise all people aged 18-30 (Youth Policy Press and Society for International Development, 2015). Karamojong categorize youth and other age group based on their own age-system, gender and connected roles. Each age-set comprises all people who have successfully completed the initiation ceremonies within (ideally) a single five-to-six-year period. Five of those age-sets form a generation-set, combining a larger time span and number of members. Therefore, each generation-set comprises members which initiation was performed within a 25–30-year period. Relations amongst adjacent generation-sets are the ones of father and sons/mother and daughters, and alternate generation-sets as grandfathers to grandsons/grandmothers to granddaughters. At any time, at least two generation-sets are existing, the closed senior set and the junior set, which is still gaining members throughout the five serially recruited age-sets. Four generation-sets form the total series of distinctly named generation-sets, which succeed each other cyclically and continually, amounting to a total time span of 100-120 years (Dyson-Hudson, 1963).



Note: The direction of the coiled arrow in the center should be reversed.

Figure 52 The Karimojong age system (Dyson-Hudson, 1963)

Figure 52 depicts a model of the Karimojong age system. The letters (A, B, C, D) present the different generation-sets, while the numbers (1-5) symbolize each of the five age-set that form a generation-set. Generation-set B are the fathers to generation-set A and are both generations currently alive. Generation-set C is the ancestor of generation-set B, and generation-set D are the future successors of generation-set A. Generation-sets are linked through communal activities and common concerns, while also presenting a relationship of authority and seniority of the senior generation-set over the junior generation-set, hence dividing Karimojong structures into two main classes (Dyson-Hudson, 1963).



20 September 2020

Covid-19 and the localization of aid

Assessing opportunities and challenges of aid localization in
responding to existing and arising needs from Covid-19 for
(agro-)pastoral communities in Karamoja, Uganda

Thesis proposal

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LIST OF ABBREVIATIONS

ACAPS	Assessment Capacity Project
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
C&D	(The institute for International) Cooperation and Development
CaR	Children at Risk
C-DDS	Child Dietary Diversity Score
CFPU	Child and Family Protection Unit
CHH	Child-headed household
DFID	Department for International Development
DP	Dwelling Places
FAO	Food and Agriculture Organisation
FGD	Focus Group Discussion
FGM	Female Genital Mutual
FHH	Female-headed household
GAD	Gender, Age, Diversity
GAM	Global Acute Malnutrition
(S)GBV	(Sexual and) Gender-based violence
HDDS	Household Dietary Diversity Score
HH-Surveys	Household Surveys
ICCO	Inter Church Organization for Development and Cooperation
KAYDA	Katwe Youth Development Association
KCV	Katakwi Children's Voice
KIA	Kerk in Actie
KI(I)	Key-Informant (Interview)
KUNO	Kennissuitwisseling over Noodhulp (Humanitarian Knowledge Exchange Platform)
L/NA	Local/National actors
LDU	Local Defence Unit
MHH	Male-headed household
(I)NGO	(International)Non-governmental organisation
PAG-KIDP	Pentecostal Assemblies of God – Karamoja Integrated Development programme
(n)PTH	(non-)program-target-household
SLF	Sustainable Livelihood Framework
SPSS	Statistical Product and Service Solutions
SQ	Sub-question
UCAA	Uganda Change Agent Association
UCRNN	Uganda Child Rights NGO Network
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UPDF	Uganda People's Defence Force
VHL-UAS	Van Hall Larenstein – University of Applied Science
W-DDS	Women Dietary Diversity Score



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INTRODUCTION

This research proposal was developed by Melina Eberwein, a fourth-year bachelor student at the Van Hall Larenstein University of Applied Sciences (VHL-UAS) in Velp, The Netherlands, studying the course of International Development Management, majoring in Disaster Risk Management. The proposal provides the base for the final Bachelor thesis, which combines the student's knowledge gained through VHL-UAS modules and courses as well as two internship experiences.

The competences aimed to be achieved through the thesis research are:

- To conduct applied research level 3
- To communicate in an international setting level 3
- To acquire sector development expertise level 3

The competences are achieved through conducting the thesis report, disseminating research findings, and providing consultation to the commissioner (VHL, 2020).

The thesis is commissioned by the Institute for International Co-operation and Development, short Co-operation and Development (C&D), an Italian, Christian faith-based non-governmental organisation (NGO), with over 40 years working experience in Karamoja, Uganda. C&D is amongst the EU's main implementation partners in the region, while also partnering with multiple international, national and local NGO's as well as having a diverse portfolio of international donors. However, the research proposal and research itself will be conducted independently by the student.

Kennisuitwisseling over Noodhulp (Humanitarian Knowledge Exchange Platform), short KUNO, is a Dutch knowledge sharing and reflection platform that brings together many different Dutch humanitarian aid actors. Throughout knowledge exchange and reflections on the developments, trends, opportunities and challenges arising within the humanitarian aid sector due to increased and protracted conflict, climate change and political developments as well as technological advantages and the rise of new humanitarian actors, KUNO aims to inform the sector to keep updated and offer solutions to effectiveness and nature of humanitarian work (KUNO, n.d.). Due to the global Covid-19 pandemic and possible, not expected impact on the humanitarian aid sector, the platform called for thesis researches exploring the impact of Covid-19 on humanitarian actors and their response in May 2020. After the expression of interest by KUNO to the first proposal of this research, KUNO will be further involved as a third party, providing feedback and organizing events to merge similar researchers to provide an overview and starting point for debates concerning the impact of Covid-19 on the humanitarian aid sector.

The proposal is structured as following. First, a short introduction of the research background is provided, including an introduction of the research location as well as the thesis commissioner and the targeted project. This leads to the formulation of problem definition, research objectives, main and sub-research questions. Afterwards, a literature review provides a first grasp of existing knowledge in regards to aid localization and a short overview of the research location. The literature review leads to the conceptual framework and conceptualization of the research relevant concepts, which paves the way for the operationalization of the research. The methodology is provided and structured into three parts: the research design, the data collection and the data processing. (Ethical) considerations and expected limitations are provided and lastly, a time schedule is laid out and an overview of the expected budget and needed resources provided. The references can be found at the end of the proposal. Blue outlined boxes highlight definitions used for the research while blue filled out boxes provide additional information



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BACKGROUND

This chapter provides an overview of the research background, highlighting general factors that influence the overall research context as well as specifically emphasizing the context in the research region and the organisation and project the research is related to.

The global Covid-19 pandemic and subsequent governmental lockdowns led to a halt of business-as-usual in most countries and sectors, due to travel restrictions, slow down of economic activities, stay-at-home orders and social distancing measures (Jackson, Weiss, Schwarzenberg and Nelson, 2020). Covid-19 also caused disruptions in the humanitarian aid and development sector. A quick impact survey amongst over 80 nongovernmental organisations (NGOs) by the Assessment Capacities Project (ACAPS) resulted in 60% of responders reporting reduced access to target populations, 74% reported difficulties in continuing programming and accessing funding, while 5% had to halt operations completely. Mitigation measures employed by the organisations include focussing on essential services only, reallocating activities to Covid-19 related actions and engaging in rapid capacity building of local partners and staff (ACAPS, 2020). However, limited direct access to target population as well difficulties and inflexibility in humanitarian funding and programming are not new challenges in the sector. Especially international organisations have been criticised before regarding their dominance in comparison to local actors and undermining local efforts, but not being able to provide adequate and sufficient assistance to target communities. The localization of aid has been on the humanitarian agenda since a long time, but due to missing consensus on conceptualization and operationalization remains underutilized (Patel and Van Brabant, 2017). Awareness regarding the need of localized aid was recently brought into focus again through the Covid-19 Global Humanitarian Response Plan (2020) by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) direct referral to it (IFRC, 2020). Aid localization could offer solutions not only for the challenges the sector is facing due to Covid-19, but improve developmental and humanitarian operations overall, by ensuring all people in need have access to fast, quality, impactful and sustainable humanitarian assistance, which puts affected people at the centre, rather than pushing them in the role of passive aid receivers. Local actors, who are much closer to the field, can respond much faster and have a much deeper understanding for local circumstances (IFRC, 2018).

In Uganda, the government installed a nationwide, extensive lockdown on March 18, 2020, before the first positive case was registered (Ministry of Foreign Affairs, 2020). End of May 2020, amidst relatively low, but rising positive detected cases, first restrictions were eased (The East African, 2020). With the first official Covid-19 related death only occurring mid July 2020, the country has registered a lower morbidity and mortality impact than most other countries, including direct neighbour states (John Hopkins University, 2020). However, numbers of new infections increase by 10 times since end of July (UNHCR, 2020), accumulating to a total of 6017 cases and 63 deaths (John Hopkins University, 2020). However, the extensive governmental lockdown, including closure of businesses and schools, restriction on travel, public and private transport, a night-time curfew and social distancing measures have had a severe impact on the economy and people's livelihoods as well as well-being. It is estimated that 3.15 million people could fall deeper into poverty, adding to the 8.7 million Ugandans already living below the poverty line. This would result in $\frac{1}{4}$ of Uganda's total population to live below the poverty line (World Bank, 2020). The decline in economic activity is expected to increase food insecurity, next to increasing other vulnerabilities, especially of marginalized and vulnerable populations. Education has been identified as one of the main variables to reduce poverty and increase resilience on household level, but due to the closure of all educational institutions, including primary, secondary and tertiary facilities more than 17.5 million youth in Uganda are out of school. The loss of time in school is expected to hit the poorest the hardest, which due to the economic decline are struggling the most to pay school fees (UNDP, 2020). Additionally, Covid-19 poses the risks of exacerbating existing gender inequalities as well as (sexual and) gender-based violence ((S)GBV) and violence against children. Already before the lockdown, 46% of women in Uganda have experienced

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physical violence and live in fear of their current or most recent partner. Due to stay-at-home orders, many of those women are trapped with violent partners at home and due to security, health and income worries, tension in homes increased and have instigated a surge in violence (Lindgärde and Houinato, 2020). It is expected that Covid-19 will further exacerbate the inequalities that girls were already facing before the pandemic, regarding access to education and health care, livelihood opportunities and household roles. A survey conducted in Uganda by Plan International UK reported, an increase of sexual exploitation of girls to obtain goods and money. Other findings include the increased burden on girls, due to being responsible for household chores and taking care of younger siblings as well as an increase in child marriage and teenage pregnancy (Plan International UK, 2020).

THE RESEARCH LOCATION: KARAMOJA REGION, NORTHERN UGANDA

The impact of Covid-19 and the governmental lockdown on populations in Uganda is expected to differ per region, due to existing disparities in terms of overall development, household income and opportunities (UNFPA, 2018). Figure 1 depicts the region of Karamoja and its districts, including the research focus districts of Moroto and Napak. The smaller map at the top portrays the location of the region in Uganda.

Karamoja is an arid region in the north-east of Uganda, where 61% of the population was already living below the poverty line before the Covid-19 outbreak. The Karimojong, a Nilotic ethnic group relying predominantly on (agro-)pastoral livelihoods are the main group inhabiting the region. Karimojong are further divided into sub-ethnic groups, which are disaggregated by territorial sections. The origins and creation of those sub-groups can be traced back to migration patterns and clashes with other ethnic groups that led to the settlement of different groups in different territories. A total of 10 sections can be identified, including the Matheniko, Bokora, Pian, Dodoth, Jie, Tepeth, Labwornand Nyangea (Novelli, 1996). For pastoralists, livestock presents a central aspect to social, economic and cultural livelihoods and relies on strategies such as herd mobility, diversification (of livestock species), active management of age structure and sex ratio (most often a high proportion of female livestock) and herd splitting to be adaptive to scarce natural resources and climate, economic and political changes (Waiswa et al, 2019).



Figure 1 Map of Karamoja region and districts (UNFPA, 2018)

Due to several factors, the region is impoverished and marginalized compared to the rest of Uganda and has experienced long-term insecurity and protracted crises. Historically, a hostile relationship between the Karimojong and other ethnic groups in Uganda, as well as the different governments of Uganda exist and have led to a long period of (armed) conflict in the region since Uganda's independence from the United Kingdom in 1962 (Odhiambo, 2003). Intertribal cattle raids have a long history in Karamoja, and different traditional motives for the practice exist, such as restocking after loss, needs for marriages or alliances and territorial expansion. However, with the proliferation of guns since the fall of Idi Amin in 1979 the raids got much more violent and escalated the conflict. Although a top-down administered disarmament by the government in 2006 led to a reduction of armed cattle raiding's, (livestock related) conflicts and insecurities have persisted in Karamoja until today and get intensified due to anti-pastoral policies, political isolation and forced settlements (The Independent, 2020). However, a re-emergence of armed cattle rustling is noticeable since the second half of

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2019, which is leading to a deterioration of security in the region. Especially Napak has seen a strong increase of armed cattle rustling, which led to the displacement of over hundreds of people. Mostly housed in incomplete structures or community halls, which are mostly insufficiently equipped regarding sanitation and make social distancing difficult, which is threatened to increase the spread of Covid-19 (Wanyama, 2020). Inter-district and inter-tribal cattle raids have increased and the current peace in Karamoja is furthermore impacted by raiders coming from neighbouring Kenya and South Sudan, which led to calls by local leaders to request the government to re-launch disarmament campaigns and provide protection (Opolot, 2020). In response the government employed 3000 members of Local Defence Units (LDUs), which is a paramilitary troop consisting of local volunteers that receive a four month military training and operate under the army, the Uganda People's Defence Forces (UPDF). LDUs are supposed to primarily enforce the law in their own communities but are often faced with allegations of indiscipline and brutality, especially again during their enforcement of Uganda's Covid-19 restriction. Their redeployment, together with an increased military presence threatens to further reignite intercommunal tensions, as many come from rivaling groups (Meyerson, 2020).

As insecurity in the public domain is increasing, so it is in domestic settings. GBV and other forms of violence are widespread in Karamoja and affect especially women and girls disproportionately. Nearly 50% of Karamojong women and girls aged 15 and older have experienced physical and sexual violence, which to a certain degree is culturally accepted. Female Genital Mutilation (FGM) rates are low (with around 6.4% of girls undergoing the procedure) but early child marriage is widely practiced (UNFPA, 2018). A report by Save the Children assesses that while the risk of contracting Covid-19 is smaller for children, they are amongst the most vulnerable to the secondary social and economic impacts. Due to the closure of schools and other Child Friendly Spaces, important protection actors are out of reach for many children. A sharp increase in violence and abuse at home against children has been noted, enabled through the increased stress and tensions regarding scarce household assets. The rise in poverty reduced many children's access to food and forced them into often dangerous and exploitative employment to support their family's income. A survey concluded that 56% of responders noted an increase in child labour since the start of the lockdown, with Karamojong girls increasingly working in gold mines and boys looking after cattle. Additionally, the prevalence of child marriage and sexual exploitation of children is increasing as a way for families to receive extra income or dowry, which is expected to lead to an increase in teenage pregnancies (Save the Children, 2020).

Moreover, climate change is increasing the frequency and severity of droughts in the region. Recurring flash floods and prolonged dry spells are stressing already limited resources further and communities are faced with severe threats to their food security and livelihoods (FEWS-NET, 2020). In addition, the desert locust infestation, which has affected multiple countries in East Africa, the Arabian peninsula and south-east Asia since 2019 (Suri, 2020) has re-emerged in Uganda as a second wave at the end of July 2020, coinciding with the start of Karamoja's only harvest season and posing a severe threat to food security (FAO, 2020). During August 2020, few swarms of immature locust entered Karamoja from northwest Kenya and specifically spread through the districts of Moroto, Napak and Amudat. It is expected that few swarms continue to arrive from Kenya as small and mobile swarms are persistent in the country's northwest counties of Turkana, Marsabit and Samburu. Not detected swarms are likely to mature and potentially lay eggs towards October, which supplemented from swarms arriving from Ethiopia, northern Somalia and Yemen could lead to a re-emergence of the threat (FAO, 2020).

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ABOUT THE INSTITUTE FOR INTERNATIONAL COOPERATION & DEVELOPMENT (C&D)

Against this backdrop, C&D is working since over 40 years in Karamoja in the sectors of water development, food security, child protection, drought preparedness, GBV prevention, youth and women development as well as emergency aid. C&D's core thematic program can be structured in three parts, which subsequent overarching goals in each area (Table 1).

No	Thematic Area	Goals
01	Water and Sanitation	<ul style="list-style-type: none"> Water for human consumption Water for production (livestock and agriculture) Hygiene and sanitation campaigns
02	Livelihood	<ul style="list-style-type: none"> Livestock management Food security Agro-business Disaster risk reduction Environmental degradation
03	Socio-educational	<ul style="list-style-type: none"> Child protection SGBV Women empowerment Health support Youth development and engagement Vocational skills and entrepreneurship

Table 1 C&D's core thematic program

The organisation employs multipurpose structures and has a diverse partner and donor portfolio. The organisation maintains a close relation to their target communities and employs participatory, community-based approaches to deliver its programs and achieve its mission:

Communities in Karamoja are more self-confident in demanding for their rights and more self-reliant due to sustainable livelihoods.

Amongst other projects, C&D, together with the Uganda Change Agent Association (UCAA) and Dwelling Places (DP), is part of a consortium implementing a Kerk in Actie (KIA) funded three year project (2019-2021) called Children at Risk (CaR).

The current consortium partners

Uganda Change Agent Association: is a Ugandan, member based voluntary association of development workers (change agents), founded in 1993. UCAA provides capacity building for socio-economic development through self-reliant participatory development initiatives, as well as advocacy and networking for communities.

Dwelling Places: is a Ugandan, Christian NGO focussing on the rescue, rehabilitation, reconciliation and relocation of street children, abandoned babies and high-risk slum families.

The CaR project aims to support the sustainable resettlement of street children and their families back home, through an empowered community able to demand and access social services and their rights. UCAA is the lead organisation of the consortium, while the project management structure includes the chief executives from all three partner organizations. The organisation oversees the action taken by the partners and manages the overall



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grant provided by KIA, including monitoring, evaluation and reporting as well as organize joint partner activities and meetings. DP is responsible for providing immediate rehabilitation services to children rescued from the streets, including the provision of shelter, medical care, food and counselling, while also providing support at the drop-in/transit centres in preparation for the children to return home. C&D takes over the reintegration of rescued children into their families, by providing family counselling, pre-visits and home assessments to consider save integrations as well as supporting the children's return to formal education or access to vocational training. Next to DP and UCAA, C&D is working together with relevant local governmental actors, such as the Child and Family Protection Unit (CFPU) and Local Councils (LCs), which are a form of local elected governments within the districts of Uganda, to identify migrating children and their families as well as raising awareness on the issue of child migration.

However, Covid-19 and lockdown measures have hindered the consortiums normal program delivery and reduced the direct access and exposure to target communities on the ground. As multiple implication are expected to arise for communities due to the pandemic and governmental lockdown, C&D is lacking in-depth information of the impact on their target groups, compared to non-target groups to be able to design an appropriate response to arising needs for the final year of the project.

BRIEF HISTORY OF THE CHILDREN AT RISK PROJECT AND THE CONSORTIUM

The current project is a successor of two former CaR projects. From January 2013 until December 2015, the first CaR project was realized through a consortium under the leadership of African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) Uganda Chapter. Additional partners where Uganda Child Rights NGO Network (UCRNN), Katwe Youth Development Association (KAYDA), Katakwi Children's Voice (KCV), DP and C&D. The program built upon the expertise form the different partners as DP and KAYDA where working with children in Kampala and transfer them to Karamoja, where C&D and KCV where working on the reintegration and resettlement of the children in their communities. ANPPCAN together with UCRNN where responsible for advocacy and lobbying to engage governmental actors on local, district and national level. The project was funded through the Inter Church Organization for Development and Cooperation (ICCO) and KIA, which have been working with local partners in Karamoja and in 2006 began to focus on conflict transformation programs, focussing on non-violent change processes that build sustainable conditions for peace and justice. which funds where channelled through the lead organization (ANPPCAN, n.d.).

The second CaR project was implemented from January 2016 until December 2018 by ANPPCAN, who again acted as the lead organisation as well as C&D, KAYDA, DP, KCV, UCAA and the Pentecostal Assemblies of God – Karamoja Integrated Development Programme (PAG-KIDP). Lessons integrated from the first CaR project included the prioritisation of child migration prevention by engaging governmental actors, strengthening parental skills and the awareness of child rights as well as providing basic services related to health, education, food security and peace. Additionally, families and communities were stronger involved in the reintegration process and education and trainings offered to support the creation of sustainable livelihoods. Former roles and responsibilities of the consortium partners mostly remained and the newly added partners, UCAA and PAG-KIDEP, together with the other partners were responsible for the development and maintaining of an up-to-date database of reintegrated children and the ones re-migrating to assess the effectiveness of the program. Additionally, UCAA was responsible to train reintegrated children in entrepreneurship and skills such as carpentry and tailoring (Ayena, 2016)

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PROBLEM DEFINITION

The consortium of UCAA, DP and C&D represents a certain level of aid localization in Uganda. However, the consortiums program delivery and coordination as well as access and exposure to its target communities of (agro-)pastoralists communities in Moroto and Napak district, Karamoja, northern Uganda has been impeded due to Covid-19 and the governmental lockdown. Due to this, information regarding impact on target communities as well as benefits, downfalls, arising opportunities and challenges for (further) aid localization is missing, in order to design adequate response strategies to the arising needs, as well as offering possible long-term solutions for a region historically dependent on foreign aid, protracted crises and continuous marginalization, poverty and food insecurity.

RESEARCH OBJECTIVES

For the research to address the above described problem, interim and final research objectives are formulated to guide the process.

INTERIM OBJECTIVES:

- a) To analyse in-depth the impact of Covid-19 and the governmental lockdown on (agro-)pastoral communities in Moroto and Napak districts, Karamoja in regards to livelihoods and needs, food security as well as social factors that have enabled (child)migration before, disaggregated by GAD.
- b) To evaluate the impact of Covid-19 and the governmental lockdown on C&D's and the consortiums operational capacities and program delivery.

FINAL OBJECTIVE

To identify opportunities and challenges for the localization of aid to adequately respond to the needs of (agro-)pastoral communities in Karamoja, exacerbated by Covid-19.

RESEARCH QUESTION

Following, the research objectives are broken down into main- and sub-research questions (SQ):

Which advantages and disadvantages does the localization of aid provide to respond to needs arising from Covid-19 and the governmental lockdown for (agro-)pastoral communities in Moroto and Napak, Karamoja?

- **SQ1:** What is the impact of Covid-19 and the governmental lockdown on livelihoods, needs, food security of and the prevalence of violence amongst (agro-)pastoral communities in Moroto and Napak, disaggregated by GAD?
- **SQ2:** What is the impact of Covid-19 and governmental lockdown measures on livelihoods, needs, food security of and prevalence of violence amongst (agro-)pastoral communities in Moroto and Napak, as perceived by C&D, its partners and other context relevant actors?
- **SQ3:** What is the impact of Covid-19 and the governmental lockdown on the organizational capacity of C&D, the consortium and other context-relevant stakeholders and how did they respond to arising needs?
- **SQ4:** What context specific opportunities and challenges exist for and are perceived by C&D, its partners and other context relevant stakeholders for the localization of aid in Karamoja to adequately response to the arising needs of (agro-)pastoral communities in Moroto and Napak?

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LITERATURE REVIEW AND CONCEPTUALIZATION

The literature review in this chapter aims to provide a first grasp of the concept of localization of aid as well as highlighting first context relevant information about Karamoja. Afterwards the conceptual framework and a conceptualization of concepts used in each of the sub-research-questions is provided.

THE LOCALIZATION OF AID, ITS REASON AND BENEFITS

The idea behind aid localization is not new but becomes increasingly accepted by international stakeholders and civil society organisations (CSOs) as necessary to deliver effective and adequate assistance to affected people and to support sustainable development. During preparatory consultations for The World Humanitarian Summit 2016, the concept of aid localization was highlighted as a solution to the growing humanitarian funding gap (Patel and Van Brabant, 2018). The High-Level Panel on Humanitarian Financing Report to the Secretary-General (2016) pointed out that while the total amount spent today on life-saving assistance to crisis's and disaster affected people has sharply increased by 12 times since the last 15 years. However, the number of affected and in need people has also risen to about 125 million people, which results in a funding gap of an estimated US\$ 15 billion. In 2014, the biggest world humanitarian budget was spent, but it was also the biggest shortfall, resulting in only 62% of global needs being met (High-Level Panel on Humanitarian Financing Report to the Secretary-General, 2016). The impact of Covid-19 on the humanitarian sector increased awareness once again and depicted the need for fast, local responses due to international travel restriction and lockdowns. The Covid-19 Global Humanitarian Response Plan (2020) by UNOCHA, refers through several links to the Grand Bargain commitments to effectively respond to the crisis (IASC, 2020). However, there is no single definition of aid localisation and various actors translate the concept differently into actions.

The Grand Bargain is an agreement between some of the largest donors and humanitarian organisations to improve effectiveness and efficiency of the humanitarian sector. Within the Grand Bargains strategy priorities and response approach, the role of local and community-based actors is highlighted as essential to foster participation to understand the situation and needs arising from Covid-19 for communities. Additionally, community engagement is seen as a key factor to ensure operations are accountable to affected people and is seen as an essential part of the humanitarian response. Furthermore, national and local NGOs, as referred to in the Grand Bargain, should be at the centre of humanitarian operations. Due to the global Covid-19 pandemic, and subsequent restriction on international travel and reduction of international non-governmental organisation's (INGO's) capacities to respond, this has become a necessity and has the potential to induce long-term change in the structure of humanitarian aid (IASC, 2020).

However, the need for participation and localized agendas was already highlighted before the Grand Bargain, in several donor procedures and requirements, as well as in the Sphere Standards and The Core Humanitarian Standard, which are broadly accepted and applied standards in the sector. They refer to the need for humanitarian responses to strengthen local capacities and avoid negative effects. Since the topic was highlighted during The World Humanitarian Summit 2016 again, three key rationales for aid localization emerged:

- **Financial rational:** localization is more cost-effective, as local and national actors are cheaper than international ones. The rational is supported by the report of the High-Level Panel on Humanitarian Financing, which highlighted the growing financing gap between global humanitarian needs and available funding.
- **Principle rational:** refers to the need of accepting the valuable and necessary work local and national actors provide and that they deserve the same or more attention than international actors.

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- **Strategic rational:** enhancing capacities of the ones receiving international assistance will raise their capacity to deal with such situations in the future themselves. While victims of violence deserve solidarity, more aid receiving citizens are asserting their pride and autonomy.
(Patel and Van Brabant, 2018)

But this still does not answer what aid localization entails. Interpretation of the meaning of aid localization can be broadly organized in two categories: decentralization and transformation:

- **Decentralization:** focusses on the issue of increasingly centralisation of strategies and financial decision-making regarding humanitarian aid and development. Under this interpretation, localization can be achieved through enabling strategies, operational and financial decisions to be made close to the affected areas, meaning at least 25% of financial resources should go directly to 'local' actors. Local in this regard refers to the actual proximity of actors to affected people, meaning that national organisations as well as international alliances could also be contributors to the 25% objective.
- **Transformation:** understands localization as stronger national capacities and leadership. While also arguing that operational and financial decisions should be made by national actors (including the 25% commitment of direct local financing), but also considers the broader historical and systemic issues surrounding aid localization. Arguing that the domineering presence of international actors directly hampers the build up of strong and sustainable national capacities.
(Patel and Van Brabant, 2018)

Overall, the Grand Bargain can be more closer related to a transformative interpretation of aid localization. But, while the need for aid localization is gaining further momentum, a lack of awareness and confusion regarding operationalizing aid localization exist amongst different actors, due to missing practical guidance as well as different operationalization on global and regional level. On global level, different reporting mechanism for progress against the World Humanitarian Summit commitments exist, which mostly include self-reporting methods. On regional level, the objective of localization concerns the inclusion of localization in design, implementation, monitoring and evaluation of humanitarian programming. Hence, one of the key challenges for successful aid localization is the existence of indicators to use for action planning, assessing and monitoring progress made by organisations and countries (Flint and Lia, 2018).

For the purpose of this research, the START Networks Seven Dimensions of Localization framework (Figure 2) will be used to build the base to define context specific indicators to access aid localization in Karamoja. The Start Network is a network of 40 aid agencies ranging from international organisations to national ones, with the aim to transform humanitarian action through innovation and localisation (Start Network, n.d.). The framework refers mostly to the relationship practices between international and national organisation at the operational level and is based on the network's own experience, research and the Grand Bargain commitments.

RELATIONSHIP QUALITY	PARTICIPATION REVOLUTION	FUNDING & FINANCING	CAPACITY	COORDINATION MECHANISMS	VISIBILITY	POLICY
Respectful and equitable Reciprocal transparency and accountability	Deeper participation of at-risk and affected populations	Quality Quantity	Sustainable organisations and collaborative capacities Stop undermining capacities	National actors have greater presence and influence	Roles, results and innovations by national actors	National actors greater presence and influence in international policy debates

Figure 2 Seven Dimensions of Localization (Patel and Van Brabant, 2018)

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For this research, the researcher together with C&D agreed to focus on three of the dimensions, as they are considered most interesting to the commissioner and most relevant to the research context. In the following, the three chosen dimensions are briefly explained, and first assessment indicators provided:

- **Participation Revolution** – fuller and more influential involvement of affected people in what the response provides to them and how
 - Responses are designed, implemented and reviewed in an empowering way for affected populations
 - People have an early say in the design and planning phase of the response as well as formal communication, feedback and response mechanism being in place in which communities regularly participate
 - Donors and operational agencies plan for adaptation
- **Capacity Enhancement** – more effective support for strong and sustainable institutional capacities, and less undermining of those capacities by international actors
 - Local/national/regional capacity-resource centres are supported and reinforced
 - Capacity-strengthening efforts are purpose- and need-driven, not supply driven
 - Organisational or network capacity-strengthening is an ongoing process, not an event – and must be followed by role changes
- **Coordination Mechanism** – more presence and influence of national governmental and non-governmental actors in coordination mechanism
 - Local/national actors (L/NAs) are actively present in local and national coordination mechanism
 - Coordination and collaborative environment are enabling for L/NA

(Patel and Van Brabant, 2017 and Patel and Van Brabant, 2018)

BACKGROUND OF THE CULTURE AND CONTEXT IN KARAMOJA

This section aims to provide a first overview of Karamoja's cultural context. As previously mentioned, communities in Karamoja are traditionally following pastoralist livelihood strategies. However, pastoralism is not only a production system, but closely linked with cultural identity, in which livestock are seen as social and cultural assets as well as economic assets, by providing food and income for the family. Different forms of pastoralists exist but are united by depending largely on livestock for their food and income. The variations include aspects of ethnicity and socio-cultural set-ups, production forms and strategies. It also includes agro-pastoralism, who are involved in both, livestock production as well as crop farming.

Definition: (agro)pastoralism:

African pastoralism is defined by a high reliance on livestock as a source of economic and social well-being and various types of strategic mobility to access water and grazing resources in areas of high rainfall variability (African Union 2010).

The importance of either of the two systems on household level depends on factors such as rainfall, (cattle)market prices and household labour. Pastoral areas constitute for around 44% of Uganda's total mass and around 10% of the country's population are pastoralist. While different pastoral groups exist in Uganda, the government has only recognized the Karimojong and the Karamoja region as pastoral (Waiswa et al, 2019). Annex 1 provides an overview of key characteristics common to pastoral systems in Uganda.

THE GENDER DIVISION OF KARIMOJONG CULTURE

The social structure of the Karimojong is patriarchal and polygamous, with a visible gender and age division of labour.

Definition Gender

Gender: refers to the socially-constructed differences and understanding of females and males. They are context and time specific and can change over time within and across cultures. Gender roles describe the socially understood appropriate activities and role for each gender (Global Protection Cluster, n.d.). Gender can vary from sex, which is defined by genetic factors, such as genitalia or type/level of hormones (Newman, 2018)

Gender roles define access to and utilization of resources, including livestock. Women, supported by young girls are tasked with domestic duties, taking care of new-born livestock and dairy as well as sheep or goat herding, as they are kept more closer to the family home. Additionally, agricultural production is traditionally the role of women. Men are owning the livestock and are the main decision makers. Elder ones are tasked with protecting the animals and communities from raids, attacks and other threats, while the young ones are responsible for herding the animals. Hence, gender relations on household level have an impact on the lives of women, children and men (Waiswa et al, 2019). Karimojong children are expected to contribute to their family's livelihoods through gender- and age appropriate deemed labour and income-generating activities, called *elejilej*. Traditionally, boys from the age of five of six years old are responsible for herding calves, goats and sheep, overseen by older boys. From the age of 10 years, boys are allowed to follow men to the *kraals* and graze the cattle. Girls assume their work responsibilities at the same age as boys but are expected to stay with their mothers at the *manyattas* and take over household tasks and give water to the livestock. From the age of 10 years, girls would also look after younger children and support boys with livestock grazing and are allowed to travel between *manyatta* and *kraal* without supervision (IOM, 2014).

The income-generating activities undertaken by children to support their families income, called *elejilej*, are traditionally associated with activities like cattle grazing, but has recently been more and more associated with children begging in the streets of urban centres or some rural places.

(CHILD) MIGRATION

Migration has always played a role in the Karimojong livelihood system, which is traditionally characterized by a dual settlement system. During the wet season, the whole family traditionally stays at the *manyatta*, which is an enclosed residential area surrounded by a fence of sharp thorns and only one small point of entry. A *manyatta* can house several families and livestock herds and the wet season allows usual for agriculture and livestock herding close by the *manyatta*. During the dry season, men and the livestock move to temporary camps called *kraals*. *Kraals* are in areas which receive more rainfall and provide pasture for livestock during the dry season. While some women and children join their husbands and fathers to the *Kraals* to perform household duties and support the tending of animals, other women as well as elders stay at the *manyattas* to prepare for agricultural production and tend to children deemed to young to move to the *kraals*. Hence Karimojong children are exposed to periodic migration and occasional absence of their parents from a young age. The practice of migration can reduce risks from recurrent shocks on food supply. Therefore, also migration patterns are gender- and age-related. However, due to an overall decrease of access and control of resources in Karamoja and subsequent decay of traditionally elements, the migration patterns and practices have evolved. Since the beginning of the 21st century, migration increasingly involves children moving to urban centres for income generation.

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Migration Systems Theory

Migration systems theory suggest that migratory movements are based and are further strengthened by prior existing links between regions and countries. The social networks created through the connection allows migrants to be helped by relatives, friends and other migrants and hence tends to follow the same migration paths. Therefore, once started, migratory movements become self-sustaining social processes (Castles and Miller, 2009, as cited in IOM, 2014).

The original rise in child migration to urban centres was enabled through the deterioration of security and stability in the early 2000s and further enabled by the perceived positive experiences of the first wave of child migrants, who returned to Karamoja (IOM, 2014). Furthermore, several pull and push factors - what pushes people away from a location and what draws them to a new location - can be identified in the case of (child) migration from Karamoja to urban centres in Uganda. Figure 3 provides a short overview of those factors, with the first three boxes (from the left) visualizing push factors, and the last box referring to pull factors.

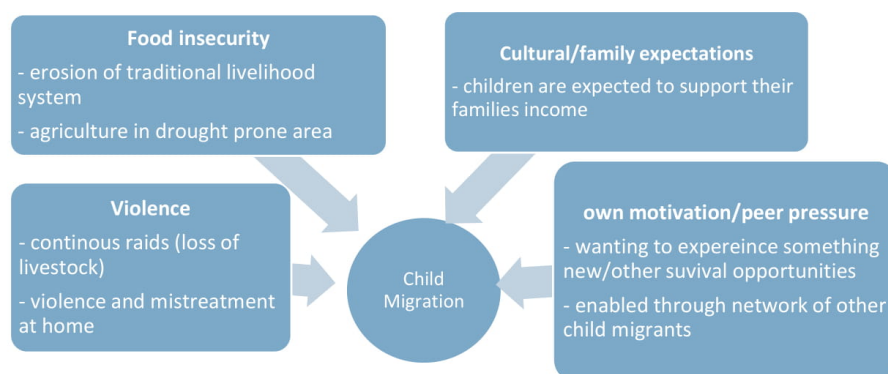


Figure 3 3 Push and Pull factors enabling child migration from Karamoja to urban areas (IOM, 2014, Walakira and Nyanzi, 2012)

While child migration is rooted in historical migration patterns, a rise in child migration to urban centres has been especially noticeable amongst communities in Napak and Moroto, particular among the Bokora and partially the Matheniko. The Bokora had been the first to be in contact with European missionaries with enabled the creation of linkages and economic partnership outside Karamoja. Additionally, the disarmament was especially successful amongst the Bokora people, which led to increased vulnerability against raids from neighbouring communities and subsequent increased losses of livestock and livelihoods (IOM, 2014).

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THE AGE DIVISION OF KARIMOJONG CULTURE

Karamoja, equally to whole Uganda has a very young population. The country has the second youngest population in the world, with an average age of around 15 years (CIA, 2020). While definitions of age group vary per policy, document or intended use, generally speaking people below the age of 18 are considered children, while youth comprises all people aged 18-30 (Youth Policy Press and Society for International Development, 2015). Karamojong categorize youth and other age group based on their own age-system, gender and connected roles. Each age-set comprises all people who have successfully completed the initiation ceremonies within (ideally) a single five-to-six-year period. Five of those age-sets form a generation-set, combining a larger time span and number of members. Therefore, each generation-set comprises members which initiation was performed within a 25-30 years period. Relations amongst adjacent generation-sets are the ones of father and sons/mother and daughters, and alternate generation-sets as grandfathers to grandsons/grandmothers to granddaughters. At any time, at least two generation-sets are existing, the closed senior set and the junior set, which is still gaining members throughout the five serially recruited age-sets. Four generation-sets form the total series of distinctly named generation-sets, which succeed each other cyclically and continually, amounting to a total time span of 100-120 years (Dyson-Hudson, 1963).

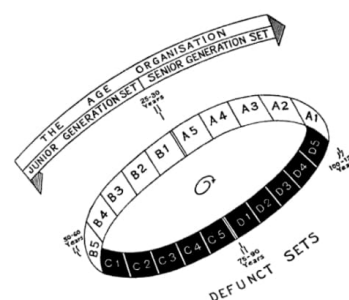


Figure 4 The Karimojong age system (Dyson-Hudson, 1963)

Figure 4 depicts a model of the Karimojong age system. The letters (A, B, C, D) present the different generation-sets, while the numbers (1-5) symbolize each of the five age-set that form a generation-set. Generation-set B are the fathers to generation-set A and are both generations currently alive. Generation-set C is the ancestor of generation-set B, and generation-set D are the future successors of generation-set A. Generation-sets are linked through communal activities and common concerns, while also presenting a relationship of authority and seniority of the senior generation-set over the junior generation-set, hence dividing Karimojong structures into two main classes (Dyson-Hudson, 1963).

As individuals' roles and responsibilities as well as access to resources, opportunities and vulnerabilities depend on gender and age factors, data collected for the research will employ a Gender, Age and Diversity (GAD) approach. By applying a GAD approach, research seeks to ensure that all individuals, including their specific conditions in affected communities are accounted for. By analysing the GAD dimensions interlinked characteristics it is possible to better understand multifaceted risks, while promoting equality through the promotion of equal opportunities and awareness of needs and abilities of different people (Global Protection Cluster, n.d.). Table 2 informs about the different elements of GAD, while providing first notes regarding its operationalization for the research.

Gender	Due to the differences in gender roles, data will consider differences between women, men, girls and boys. While the researcher acknowledges the existence of more than two genders, the research will be built on the male/female gender division and understanding in Karamoja.
Age	Due to differences in roles, opportunities and access to resources based on age, the factor will be considered in the analysis. Distinctions will be made between people above the age of 18 (adults), as well as children: 0-5 years, 6-10 years and 11- 17. This is due to children having different roles, responsibilities and motivation for migration due to their age.
Diversity	The research considers different locations of targets (sub-counties/sub-groups), target and non-target groups and male- and female headed households. Factors might be changed during the research

Table 2 GAD elements of the research

CONCEPTUALIZATION OF SUB-RESEARCH QUESTIONS

The following conceptualization of each sub-research question aims to provide further details and generate a joint understanding of terms and concepts used in the research. Figure 5 provides an overview of the conceptual framework of this research to better understand the (inter-)relations of concepts used. Boxes present the variables (or characteristics) that are being studied in this research, with lines depicting the correlation between the different variables and the arrows portraying the causality of the relationship. The blue box depicts the **independent variable**, which is the explanatory variable of the reason the cause-and-effect relationship exists, while the green box presents the **dependent variable**, which is the outcome of the cause-and-effect relationship. This (simple) relationship is linked through the **mediating variable**, which is depicted in the yellow box. The orange boxes present the **moderating variable**, which alters the effect that the independent variables have on the dependent variable (Swaen, 2020).

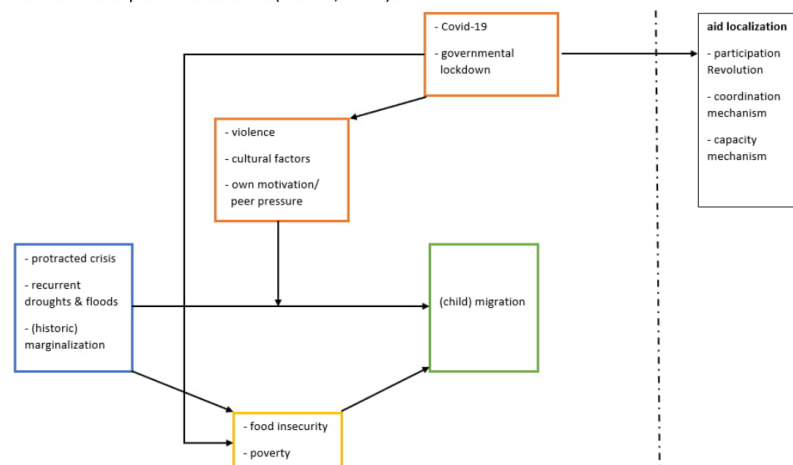


Figure 5 Conceptual framework of the research

The long history of protracted crisis and marginalization (Odhiambo, 2003), as well as prevalence of recurrent droughts and floods in Karamoja leads to a high occurrence of poverty and food insecurity in the region (FEWS-NET, 2020). These factors are leading to the migration of children from the region to urban centres, such as Kampala. This phenomenon is further enabled by the prevalence of violence, both in domestic and public settings, for example in the form of SGBV, child marriage and pregnancies as well as violent cattle raids and general insecurity. The culture of the Karimojong is based on a dual-settlement system and hence a normalization of migration exists because of families migrating (seasonally) between different location, which in turn normalizes that children spend time away from their parents or are used to travel (long) distances alone. Therefore, the process of child migration to urban centres is getting normalized as well. Moreover, the expectation towards Karimojong children to contribute to their family's livelihoods as well as the wish or need of children to create and generate livelihoods for themselves are further enabling factors of child migration (IOM, 2014). As migration systems theories suggest, migration becomes a self-sustaining process and in the case of Karamoja is further supported through peer pressure by other child migrants that support other children to come with them or follow known routes, based on the experience the former migrants share upon their return (Castles and Miller, 2009, as cited in IOM, 2014).

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The Covid-19 pandemic and subsequent lockdown is now presenting a new variable that poses to negatively impact both, the existing predictors of child migration, food insecurity and poverty as well as the further exacerbating the prevalence of violence and expectations towards children to contribute to the family, because of increased poverty and food insecurity, as previously explained.

Aid localization is not a new concept but has been highlighted again as necessary for the Covid-19 response and for long-term sustainable and adequate humanitarian aid and development. However, missing conceptualization and operationalization are hindering the realization and minimize the understanding of actors regarding the concept. Localization, in its simplest form can be understood as giving more power (in regard to decision making, funds and other) to local or national actors and affected population, rather than international ones. For this research, the localization of aid is understood as participation revolution, coordination mechanism and capacity strengthening, which is derived from the 7 Dimensions of Localization framework (Patel and Van Brabant, 2018). UCAA, a national NGO, takes the lead in the consortium further consisting of DP (national NGO) and C&D (international NGO). As part of their objectives, the consortium aims to mutually strengthen each other capacities as well as sharing expertise, tasks and responsibilities. The consortium is working on child migration, however also the operational capacities and program deliveries of each partner might be impacted by Covid-19 due to reduced access and exposure to target communities.. Hence the black box referring to aid localization is part of the framework, as it is a concept used in this research and influenced by the new moderating variable, but is not and integrated part of the conceptual framework describing the dynamics around child migration.

CONCEPTUALIZATION SQ1

SQ1: What is the impact of Covid-19 and the governmental lockdown on livelihoods, needs, food security of and the prevalence of violence amongst (agro-)pastoral communities in Moroto and Napak, disaggregated by GAD?

SQ1 aims to provide an overview of the impact of Covid-19 on communities in Moroto and Napak, specifically considering the impact on people's livelihoods and needs, food security and the prevalence of violence. For the purpose of this research, the following definitions are being used:

Poverty: As poverty is widespread in Karamoja, one of the leading factors for child migration and expected to increase due to the direct and indirect impacts of Covid-19, the prevalence and changes in regard to poverty on household level will be assessed. However, poverty is not only the lack of money, but a multidimensional concept that includes all kinds of deprivations experienced by people. Due to that, only measuring the changes in availability of funds is not enough to assess poverty (Oxford Poverty and Human Development Initiative, n.d.).

The Department for International Development's (DFID) Sustainable Livelihood Framework (SLF) (Figure 6) is one of the most widely used livelihoods framework in development practice, aiming to capture context and conditions of peoples lives to understand poverty and peoples own understanding of poverty. People, rather than the resources they use, are in the focus of livelihood approaches, since problems concerning development and vulnerability are often rooted in institutional structures and settings, which are impossible to overcome through simple asset creation. The SLF provides a holistic overview and understanding of livelihoods as a whole, but does not aim to be an exact representation of the world itself, rather a manageable model to visualize the main factors influencing a persons life (Kollmair and Gamper, 2002).

Basic definition Livelihoods

A livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future,, while not undermining the natural resource base (DFID, 2000).

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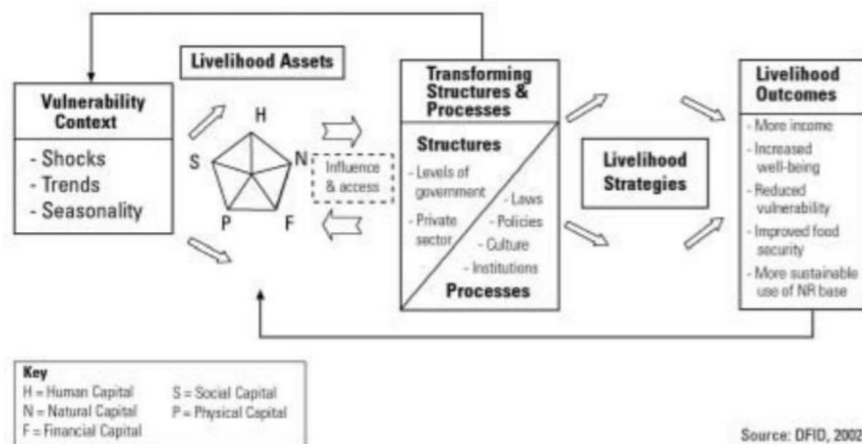


Figure 6 The Sustainable Livelihood Framework (DFID, 2002, as provided by Kollmair and Gamber, 2002)

The livelihood model can be adapted to fit research needs. Due to the models people-centred and holistic approach it was deemed adequate to be used as a base to access the impact of Covid-19 on poverty through changes in availability and accessibility of livelihoods assets, strategies and outcomes of communities in Moroto and Napak and the subsequent occurring change in needs. The vulnerability context will not be specifically considered, as the research is already aware of the context. The components used to build the base for the assessment are explained below.

▪ Livelihood Assets

concern people's strengths (= assets), which are required to achieve a range of goals.

- Human Assets: skills/knowledge (specifically relating to education), ability to labour and good health
- Social Assets: membership and usage of different networks and groups (formal and nonformal)
- Natural Assets: (accessibility to) land, water and forest (as (agro-)pastoral livelihoods are mainly based on livestock keeping, related natural capitals will be focussed on)
- Physical Assets: comprises the basic infrastructure and producer goods needed to support livelihoods, e.g. secure shelter, adequate water supply and sanitation, clean energy and access to information
- Financial Assets: refers to the financial resources people use to achieve their livelihood goals and consist of two categories:
 - available stocks, e.g. cash, bank deposits and liquid assets such as livestock
 - regular inflows of money, e.g. labour income, transfer from institutions and remittances

▪ Livelihood Strategies:

include the range and combination of activities that people undertake to achieve their livelihood goals.

▪ Livelihood outcomes:

refer to the achievements of livelihood strategies, e.g. income, increased wellbeing, reduced vulnerability, improved food security or more sustainable use of resources.

(Kollmair and Gamper, 2002)

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Surveys on household level will generate a first overview of livelihoods and connected needs on household level, both before Covid-19 and current status. Information will later be further verified and researched in-depth through Key-person interviews and Focus Group Discussion. A literature review will furthermore be utilized to provide background and additional information. The following elements will be predominantly considered:

- Impact on assets and connected strategies due to Covid-19 and the governmental lockdown and consequences of household level?
- Which coping strategies are employed to overcome or mitigate the impact
- What is specifically the impact of school closures (human assets) on household level and what are the expected long-term consequences?
- Which networks and services have been utilized before and how has access to those been impacted by Covid-19 and the lockdown? Did any other services become relevant?

Food security and Malnutrition: Food security can be further conceptualized using four dimensions. *Availability*, the existence of food (in regards to food production or stock levels); *Accessibility*, referring to the need of sufficient resources (economic and physical) to obtain food; *Utilization*, the ability of the body to ingest and metabolize food and lastly *stability*, which refers to food intake needing to be adequate over a period of time to be classified as food secure (Gross, Schoeneberger, Pfeifer and Preuss 2000).

Basic definitions SQ2:

Food Security: Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. - 1996 World Food Summit (FAO, 2008)

Malnutrition: results from deficiencies, excesses or imbalances in the consumption of macro- and/or micronutrients. Malnutrition may be an outcome of food insecurity, or it may relate to non-food factors, such as: - inadequate care practices for children, - insufficient health services; and - an unhealthy environment. (FAO, 2008)

Key findings of the Food Security and Nutrition Assessments in Moroto and Napak in 2017 resulted in both district having a (very) high prevalence of food insecure households and Global Acute Malnutrition (GAM), which is a measure of acute malnutrition in percentage of children aged 6-59 month old. Especially women and children have been found to be disproportionately affected by malnutrition (De Bustos et al, 2017). Additionally, most households in Moroto and Napak have been found to be registered under one or more development assistance program regarding food and nutrition. Only a minority of households' own food stocks for an average of seven days and especially deficits regarding infant and child feeding practices and nutrition have been noted. Covid-19 and governmental lockdowns affect food supply chains through closure of markets and (meat) processing plants, border restriction and lockdown, which can inhibit harvesting, access to seeds and inputs as well as constraining transport of food items. Additionally, feeding programs are inhibited as well (United Nations, 2020). Hence, the following main aspects will be considered under this thematic area to assess the impact of Covid-19 on food security and nutrition services:

- Accessibility and availability of food at household and individual level
- Changes in prevalence of malnutrition and access to nutrition related services

In order to assess the impact of Covid-19 on food security of communities in Moroto and Napak, the Household Dietary Diversity Score (HDDS) by the Food and Agriculture Organisation (FAO) was selected to be used for this research by the researcher, because of its ability to not only be utilized on household level, but individual level,

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specifically for women (W-DDS) and children (C-DDS) (< 3 years of age). The tool is designed as an indicator to assess the quantity (energy) and quality (nutrition adequacy) of someone's food intake. As reference period, FAO proposes 24 hours due to the period being less susceptible to recall errors and less difficult for respondents than a period of up to seven days (Kennedy, Ballard and Dop 2010). The assessment of HDDS on household level will be part of the household surveys, while key person interviews and focus group discussion are utilized to access the specific HDDS for women and children. To access difference before and during Covid-19, data collected will be compared with findings of the literature review and supported with information gathered through interviews and focus group discussions.

Prevalence of violence: For the purpose of this research, the term will comprise several different factors, both in domestic settings and in the public space. In domestic settings the occurrence of SGBV including rape, violence against children, including child marriages and teenage pregnancies will be considered, while the public domain includes factors in regards to general insecurity, such as cattle raids and violence perpetrated by different groups, such as the army (UPDF), the police or LDUs.

Basic definition

Sexual and gender-based violence (SGBV): refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships, and can be physical, emotional, psychological or sexual nature, as well as encompassing threats of violence (UNHCR, n.d.)

Violence against children: includes all forms of violence against people under 18 years of age and can include physical, sexual and emotional abuse as well as neglect and deprivation (UNICEF, 2015).

Cattle raids: (traditional) practice of stealing cattle. To increase herd size and to compensate for previous thefts. mostly orchestrated by young male warriors, sanctioned by their community leaders (Bevan, 2008)

Violence is one of the leading factors causing child migration and can have long-term negative affect on children and adults. A rise in domestic violence has been noted in Uganda during the Covid-19 pandemic as previously mentioned and the closure of schools and other related services further reduced available save spaces. Child marriage disproportionally affects girls and denies them their rights to health, safety and education, while also exposing girls to increased risks of violence from their partner, including sexual, physical, psychological and emotional violence. The greater the age different between girls and their husbands, the more likely they are to experience violence, with on average 50% of girls married before the age of 15 experiences a form of violence. Teenage pregnancies and childbirths are the leading causes of deaths for 15 to 19-year-old girls globally, and early pregnancies increase the risk of suffering complications during pregnancy and childbirth (Girls Not Brides, 2019). Hence the research will assess the following the elements as part of the social factors:

- Occurrence of child marriages and pregnancies per household
- Experience of different form of violence by women, girls, men and boys
- Occurrence, experience and consequences from public violence

Topics and issues related to violence can be gender and cultural sensitive, hence data will primarily be collected during key person interviews or focus group discussions (disaggregated by gender and age), which aim to provide a save context for people to express their views and experiences. As perpetrators and victims of violence can be from the same household, it is important to protect interviewees and reduce the risk of them facing consequences from disclosing information. A small part of quantitative data will be collected on household level through surveys, the majority will be collected as qualitative data, to provide a more in-depth understanding of the dynamics.

CONCEPTUALIZATION SQ2

SQ2: What is the impact of Covid-19 and governmental lockdown measures on livelihoods, needs, food security of and prevalence of violence amongst (agro-)pastoral communities in Moroto and Napak, as perceived by C&D, its partners and other context relevant actors?

SQ2 is closely related to SQ1, due to accessing the same impact of Covid-19, but not based on reality and perception of communities, but as perceived by C&D, its partners and other relevant actors. Due to Covid-19 and the governmental lockdown, access and exposure to the field and target communities has been reduced for C&D and its partners, hence the sub-question aims to access to which degree actors are aware of impact and needs arising from Covid-19 for their target communities as well as which do they consider as most urgent or important to address and how they have been responding. C&D's partners include UCAA and DP, while other actors will be chosen based on their relevance to the context and C&D's operations, for example the Child and Family Protection Unit and local government actors. Actors might also be identified through the surveys, when interviewees point out relevant actors or services to them, which the researcher had not been aware beforehand. Concepts of aid localization refer to the importance to recognize local and national actors, as well as the need for inclusion of governmental and non-governmental actors, hence the perception of a multitude of different actors is aimed to be considered.

Definition of different types of actors:

Local actors: operate in a specific, geographically defined subnational area of an aid recipient country, without being affiliated to an international organisation. The category includes community-based organisations and local faith-based organisation (Alliance for Empowering Partnerships, 2019).

National actors: operate in the aid recipient country in which they are headquartered, working in multiple subnational regions and are not affiliated to an international organisation (Alliance for Empowering Partnerships, 2019).

Governmental actors and non-governmental actors: while varying definitions of non-governmental actors and governmental actors exist, this research will broadly refer to all kinds of organisation, which are not for profit and service oriented as non-governmental organisations, and all entities connected to the government as governmental actors

CONCEPTUALIZATION SQ3

SQ3: What is the impact of Covid-19 and the governmental lockdown on the organisational capacity of C&D, its partners and other context-relevant stakeholders and how did they respond to arising needs?

SQ3 aims to access the impact of Covid-19 on the organisational capacity of C&D and other actors. However, organisational capacity is not a clearly defined term and lacks clarity regarding scope, while being much dependent on the context it is applied to.

Definition organisational capacity

Organisational Capacity: commonly refers to an organisations 'ability to perform work' or the enabling factors that allow an organisation to perform its functioning and achieve its goals (Cox, Jolly, Van Der Straaij and Van Stolk, 2018).

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Organisational capacity is multidimensional concept that incorporates more than just the financial resources an organisation required to function. While many different tools exist to access organisational capacity of actors in the non-profit sector, common elements can be found in each of them:

- Resource availability
- Robust organisational infrastructure and governance
- Strong external networks
- (skilled) Human resources

But the relative importance of each element depends much on the context and aim of the capacity assessment (Cox, Jolly, Van Der Straaij and Van Stolk, 2018). To access the impact of Covid-19 on the organisational capacity of C&D and other actors, the following topics, loosely based on the above-mentioned common elements of organisational capacity definitions will be considered:

- How did Covid-19 and the lockdown impact an actor's ability to continue its service/tasks? Which aspects were specifically hindering and which were beneficial for the actor to keep operating?
- Have availability and accessibility of resources (including physical, financial and human ones) changed and how did that impact the organisation?
- Have networks and connections to partners and other stakeholder been impacted? How have actors kept in touch with their target groups?
- What did the organisation do to adapt to the changing context of Covid-19 and the lockdown and keep operating? Have new services/programmes been set up for the Covid-19 response?
- Which long- and short-term impacts are expected by actors to arise for their organisation from Covid-19 and subsequent governmental lockdown?

As the current consortium partners have been members in previous consortiums regarding earlier CaR projects, it will be also assessed how C&D, UCAA and DP experienced those and which differences they note. As many more (national and local) NGOs have been part of previous consortium, it will also be assessed why changes occurred and what consequences arose from those changes, to understand how the current consortium was created and what possible underlying power structures exist.

CONCEPTUALIZATION SQ4

SQ4: What context specific opportunities and challenges exist for and are perceived by C&D, its partners and other context relevant stakeholders for the localization of aid in Karamoja to adequately respond to the arising needs of (agro-)pastoral communities in Moroto and Napak?

The last sub-question refers to context specific opportunities and challenges for aid localization, arising from Covid-19 and subsequent governmental lockdown measures. 'Context specifically' refers to the identified opportunities and challenges being specific to the situation Karamoja, specifically related to the situation of C&D, the consortium and the target groups, as well as other relevant actors. The question aims to take into account how already existing localization approaches of the consortium have provided opportunities and challenges to respond to the arising needs of the target communities as well as considering new initiatives, structures and partnerships related to aid localization that arose from the context of Covid-19 in Karamoja. As this research focusses on three different dimensions of aid localization, derived from the Seven Dimension of Localization framework (Figure 2), opportunities and challenges related to those areas are considered. Table 3 below provides a first overview of components and connected opportunities and challenges that will be assessed for this sub-question, which are based on findings from the literature review. During the research period, those factors will be open for adaptations.

Dimension	Key-component	Arising opportunities and challenges
Participation revolution	Responses are designed, implemented and reviewed in an empowering way for affected populations	<ul style="list-style-type: none"> - was the project designed in an empowering way? What has changed during Covid-19? - what importance and level of understanding do consortium partners have in this regard?
	People have an early say in the design and planning of the response. Formal communication, feedback and response mechanism are in place, with regular community participation	<ul style="list-style-type: none"> - which mechanism to include affected communities exist and are used, arose or have been hindered by the impact of Covid-19? - why are they in place/not in place?
	Donors and operational agencies plan for adaptation	<ul style="list-style-type: none"> - how flexible has programming and funding been before and during Covid-19? - what where hindering or enabling factors for flexibility?
Capacity Enhancement	Local/national/regional capacity-resource centres are supported and reinforced	<ul style="list-style-type: none"> - which resource centres have been utilized before and during Covid-19? - what benefits and challenges arose from using international or local/national/regional resource centres because of Covid-19?
	Capacity-strengthening efforts are purpose- and need-driven, not supply driven	<ul style="list-style-type: none"> - which pre Covid-19 capacity strengthening efforts have been beneficial in the context of Covid-19?
	Organisational or network capacity-strengthening is an ongoing process, not an event – and must be followed by role changes	<ul style="list-style-type: none"> - has capacity development been followed by role changes? - did Covid-19 enable role changes?
Coordination Mechanism	Local/national actors (L/NAs) are actively present in local and national coordination mechanism	<ul style="list-style-type: none"> - what role and position did L/NAs play in coordination mechanism regarding Covid-19?
	Coordination and collaborative environment are enabling for L/NA	<ul style="list-style-type: none"> - has Covid-19 impacted the power position of L/NA within the consortium and otherwise related?

Table 3 Overview of research relevant localization dimension, key-components and arising opportunities and challenges (Patel and Van Brabant, 2018)

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OPERATIONALIZATION

Below, an operational framework (Figure 7) is provided. Operationalization refers to breaking down (abstract) concepts into measurable dimensions and indicators, to increase reliability of the research and decrease its subjectivity. The dimensions are characteristics of a concept, while indicators are the way of measuring or quantifying variables (Bhandari, 2020). The operationalization is based on the previous conceptualization and provides an understanding or 'road-map' of how the methodology has to be designed in order to collect relevant data and measure it to answer the research questions and achieve the research objectives.

Poverty, one of the concepts used in this research will be assessed through evaluating the impact on livelihoods. For this purpose, the variables availability and accessibility of assets (human, social, natural, physical and financial), livelihood strategies and outcomes achieved will be measured.

Food security will be broken down into the dimensions of quantity and quality of food intake and measured by looking at the availability and accessibility of food (on household and individual level) as well as the diversity of the food intake. Tools used to assess the variables are the HDDS, W-DDS and C-DDS for the quality (malnutrition).

Violence will be understood by looking at three dimensions, violence in public settings, sexual and gender-based violence (SGBV) and violence against children (the two last dimension can be seen as violence in domestic settings as opposed to public settings). Violence in public settings will utilize the variables of occurrence of cattle raids and violence perpetrated by state actors, such as police, army and LDUs. SGBV will be measured through the variable's occurrence of rape, sexual abuse and exploitation as well as physical violence. The dimension of violence against children will be assessed through the variables of occurrence of child marriage and pregnancies as well as child trafficking.

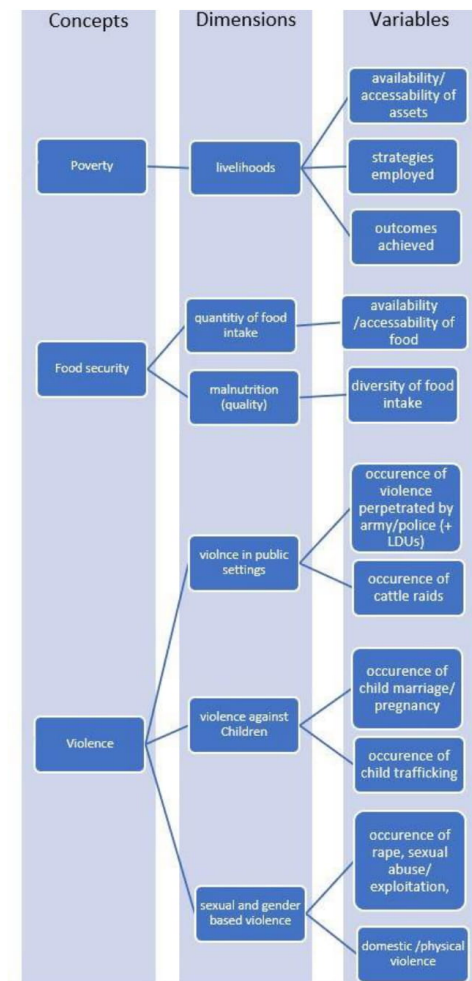


Figure 7 Operationalization of research concepts

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METHODOLOGY

This chapter outlines the proposed methodology of the research, including a description of the research design and specifically data collection and processing methods. While first indications in regards to sampling methods and groups are provided, details will be worked out in coordination with C&D and might be adapted during the research period, due to the dynamic context of the Covid-19 pandemic and mobility of people in Karamoja.

RESEARCH DESIGN

Overall, the research employs a mixed-method data collection approach, consisting of desk and field research to utilize primary and secondary data. Methods applied to achieve the set-out research objectives are triangulation (a.), to achieve interim objective a) as well as an adaptation of the Delphi approach (b.), to achieve interim objective b) and the final objective. Figure 8 visualizes the methodology and is further explained in detail in the following sub-chapters.

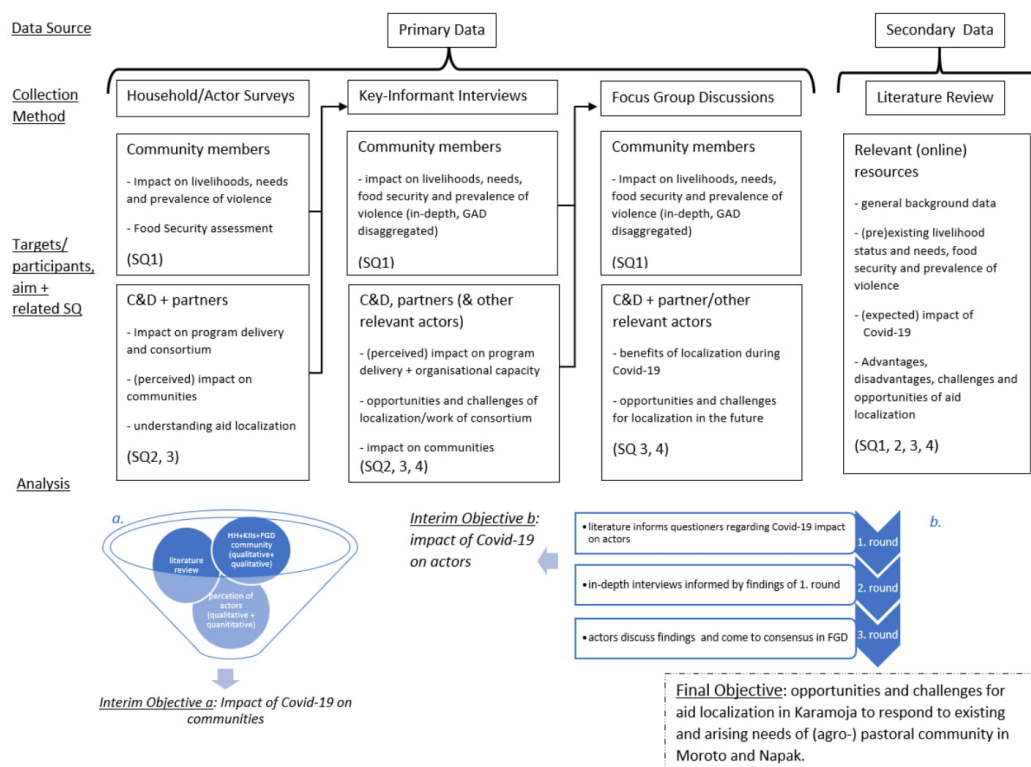


Figure 8 Methodological framework of the research

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The research is designed as a quasi-experimental research, which like a true experiment aims to establish a cause-and-effect relationship between an independent and dependent variable. But, while a true experiment uses random sampling, a quasi-experimental design assigns groups based on non-random criteria. The benefits of a quasi-experimental design compared to a true-experimental one are the higher external validity, which refers to the ability to apply the study findings to a broader context or generalize findings, as quasi-experimental designs involve real-world interventions instead of artificial laboratory settings. Higher internal validity, that the cause-effect relationship established in a study cannot be explained by other factors, is also provided by a quasi-experimental study compared to other non-experimental types of research as it is possible to better control and identify possible unaccounted third variables (confounding variables) than during other types of research. A non-equivalent group design is applied, in which the researcher chooses existing groups that appear similar, hence groups are not randomly assigned but chosen based on their differences (Thomas, 2020).

Triangulation refers to the practice of using multiple data sources or approaches to analyses data to enhance the credibility of a study. The alignment of multiple perspectives leads to a more comprehensive understanding of the research subject (Salkind, 2010). Hence triangulation was decided to be adequate when aiming to access the real and perceived impact of Covid-19 on livelihoods, needs, food security and the prevalence of violence on communities. Data sources combined for the triangulation are the findings of the household survey (quantitative data), the key-informant interviews and focus group discussion with community members (qualitative data) as well as findings of the literature review (for additional background data) and the views from the consortium partners and other relevant actors.

The Delphi method is a pragmatic approach used to directly relate and inform real world practice and decision making. The method can easily be adaptable to suit a qualitative, quantitative or mixed method approach and is considered to be a useful tool in the context of community-engaged research. A standard Delphi approach includes purposive sampling, in which the researchers own judgement is used to choose the study participants and an emergent design, which describes the core of the Delphi approach by allowing for new ideas, concepts and findings to influence the further qualitative research. Additionally, thematic analysis is applied, in which qualitative data is closely examined to identify common patterns or reoccurring topics. Most often, Delphi studies begin with an (semi)open survey and becomes more structured in subsequent data collection rounds which verify, test and finalize data findings. The first round of data collection usually begins with a questioner developed by the researcher. The second round allows participants to provide feedback on all responses from round one and finally, a third round uses a questioner developed from the previous two rounds to find a final consensus. Rounds can be repeated as often as necessary to arrive at consensus. The Delphi method allows for greater inclusion and participation from lower power position participants as power dynamics can be minimized through the anonymity of respondents (Brady, 2015). For this research, the Delphi method will be adapted as following: the first round consists of surveys with the consortium partners and other relevant actors. Information deprived from the surveys will be used to inform interviews with the consortium partners and other relevant actors and has the intend to provide more in-depth data and clarify some findings from the first round. The third round will be conducted using a focus group discussion. This round will be the first in which (all) actors from the previous rounds come together and discuss with each other the findings to arrive at a final consensus at the end.



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DATA COLLECTION

Different types of data will be collected for the research. Secondary data will be derived by reviewing relevant literature to gain a deeper understanding of the context, concepts and background. The secondary data will also be used to inform the other data collection methods. Primary data will be collected in the form of household (HH) and actor surveys, key-informant interviews (KIIs) and focus group discussions (FGDs). The secondary data will support the research for SQ1-4. HH surveys, community KIIs and FGDs will be used to gather data regarding SQ1, while actor surveys, KIIs and FGDs are utilized as part of the Delphi approach for SQ2-4.

For SQ1, research targets include households and individual community members, both from program-target households (PTHs) and non-program-target households (NPTHs). The total amount of PTHs since the start of the project in 2019 amounts to 198 individuals, coming from 168 households as some are related to each other and live in the same household. A total of 100 household surveys is aimed for, with 50 PTHs and 50 NPTHs. The scope was determined based on time and resource constraints and in agreement with C&D, based on conditions set by the donor, KIA. The NPTHs are acting as a control group to assess how much Covid-19 restrictions of C&D and partners program delivery impacted communities and if coping capacities of the target group was increased by the program, or if other external factors have impacted the overall coping ability. A stratified sampling technique will be applied to first organize sub-groups according to GAD disaggregation and then achieve representative sampling from each sub-group. Details of strata's will be determined together with the field staff of C&D, depending on availability due to the high mobility of research targets and in accordance with requirements set by KIA. The surveys are going to be conducted by 8 enumerators using tablets, hired through C&D and trained by the researcher for this purpose beforehand. Surveys will be translated into local languages to guarantee interviewees are able to understand questions correctly.

Semi-structured interviews with community members will be conducted and informed by findings of the household surveys. The researcher will conduct the interviews herself, supported by a translator (if interviewees do not speak English) and notes will be taken during the interviews. The number and kind of community members to be interviewed will be defined based on the HH survey respondents and general availability, while a representative sample of each GAD strata is aimed to be achieved. FGDs will be conducted with certain groups of community members as well, depending on the need for more or clarified data, which will be assessed after the HH surveys and interviews. Once again, the FGDs will be organized in a representative manner for the different GAD strata. The researcher and a translator will be present during the discussion and notes will be taken.

The data for SQ2-4 will be collected through surveys, KIIs and a FGD. As the Delphi approach will be utilized to analyse the data, the data collection methods are defined by an emerging design. This means that data collection and analysis will alternate and inform each other. For the purpose of this research, surveys will first be conducted with members of C&D, UCAA and DP to assess their perception regarding the impact of Covid-19 and the governmental lockdown on their target communities as well as the impact on their own operational capacities and program delivery (individual and as a consortium) and their understanding of aid localization. Afterwards, interviews with the different survey participants will be conducted, which are informed by the survey to gather more in-depth data and verify findings of the first round (surveys). Additionally, semi-structured interviews will be conducted by the researcher with key informants, such as members of the Child and Family Protection Unit and other relevant actors, that are identified together with C&D as well as through the previous data gathering. The final round will be conducted through a FGD with the consortium partners, during which notes are taken by the researcher.



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DATA PROCESSING

The data to answer interim objective one will be processed as following. If data collected through the surveys is already in online form, the data only needs to be transferred into an excel file and imported to the Statistical Product and Service Solution (SPSS) program. If paper surveys are conducted, data needs to be manually entered into an excel file first. SPSS will be used for processing and analysing the data, mostly through descriptive statistics and inferential tests. A list of potential correlations and differences will be created and tested to identify interesting distributions of answers depending on GAD factors as well as identifying possible differences between C&D's target group and the non-target group. Graphs will be created using SPSS, analysed upon data distribution, and used to visualize findings. Qualitative data from the surveys will be organized in topic lists. Notes and transcripts taken during the KIIs and FGDs will be organized according to topic, actor, and GAD factor into tables. Together with findings of the literature review, the data from the HH surveys, FGDs and KIIs the findings will be triangulated to gain a comprehensive overview of the impact of Covid-19 on (agro)pastoral communities in Moroto and Napak.

To answer interim objective two and the final objective, the data will be processed by applying the Delphi approach. The survey findings will be organized according to topics and inform the KIIs. Those findings will in turn be organized according to topics and compared with findings of the literature review. This leads to answering interim objective two. In the final step of the Delphi approach (a FGD), findings will once again be organized in a table according to topics, which in comparison with the findings of the literature review and results from interim objective one leads to answering the final objective



CONSIDERATIONS AND LIMITATIONS

This chapter highlights considerations necessary to conduct research according to ethical standards as well as limitations or constraints, that arise due to design and methodology as well as external factors.

ETHICAL CONSIDERATIONS, PROTECTION OF PRIVACY AND CONFIDENTIALITY OF RESPONDENTS

Informed consent is a basic human right and intended to safeguard research participants from any mental or physical harm arising from their participation. Additionally, informed consent lines out the expectations against researcher and subject, and how the later one can get in contact with the researcher. Informed consent includes a range of procedures that must be implemented when study objectives include human subjects. This includes providing human subjects with information about the nature of the research and obtaining their consent prior to their participation in the study. This is usually done using an informed consent letter, which informs participants about the aim of the project and their role in it. It is important to highlight that participation is voluntary and that participants are free to opt out of the study before, during or after the initial participation. Additionally, degree of confidentiality of participants personal details must be provided and what will be done with the results of the study, meaning its dissemination. However, it is important to acknowledge the difference between principles and the reality regarding informed consent. Participants might not always be able to fully understand all aspects a study project can include, especially in terms of a qualitative study approach, since it is open to new findings and discoveries during the research process and hence it might be impossible for the researcher to know the full extend of a study beforehand (Williams, 2003).

For the proposed research, participants will be informed before their participation about their rights and intended use of the study. The consent will be translated into local language and verbally explained by either the researcher or enumerators to provide the opportunity for informed consent also to participants with little or no literacy skills. Personal data of participants will be handled confidentially and only be kept for the duration of the research, to allow contacting previous participants again if needed. However, no personal details such as names of community participants will be mentioned in the report. Personal details of key-stakeholders will only be mentioned if participants agreed and if there is a benefit for the research by doing so. Furthermore, the research might include subjects which make participants personally uncomfortable or are deemed culturally inappropriate. To reduce this risk questioners and interview protocols will be reviewed together with C&D's local staff and local numerators. Additionally, local numerators will be tasked with conducting surveys to avoid prejudice or feelings of discomfort arising due to the researchers own ethnicity.



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RESEARCH LIMITATIONS

While Uganda's Covid-19 cases and related deaths has been considerably lower than the global average, a rise in cases and deaths is currently noticeable. The government of Uganda installed an early lockdown before the detection of the first case of Covid-19, but after the initial easing of some lockdown measures, morbidity and mortality numbers are rising, with the first official Covid-19 related death occurring in August 2020. Hence it is possible that the lockdown will be reinforced. This could potentially inhibit the research methods proposed in this document, and therefore lead to a necessary adaptation of the methodology, which could ultimately influence the outcomes of the research.

Covid-19 and the subsequent governmental lockdowns provide a very dynamic context for the research, which is highly subjective for changes during the research period. While changes and events happening during the data collection will be considered, it is not possible to re-conduct certain data collection methods due to time constraints after data has been collected. The research will only present a snapshot of a timeframe and it can not be guaranteed that conditions will not change after the research was conducted.

As the researcher does not speak the local language, enumerators and translators will be employed. However, this can lead to information being 'lost' due to translation, and hence provide another limitation to the research. This is attempted to be reduced by translating surveys together with the enumerators and based on their feedback adapt questions to fit local context and understanding. However, working with enumerators on the data collection can present other limitations as well. As the researcher is not present herself during the household survey, the researcher can not know whether the process was conducted in the agreed way. This risk is attempted to be reduced by collecting data via tablets, which reduce the risks of mistakes and allow the researcher to cross-check data entries without much delay as transferring data from paper to online form can be avoided.

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TIME SCHEDULE

Table 4 below depicts the drafted time schedule of the thesis research process, which is subject to changes.. It indicates in grey weeks which are public/personal holidays and in blue the weeks intended to be used for each phase. Furthermore, the table highlights the main phases of the research and subsequent task.

Phase	Activities	Schedule																											
		August							September							October							November						
		03.08.	10.08.	17.08.	24.08.	31.08.	07.09.	14.09.	21.09.	28.09.	05.10.	12.10.	19.10.	26.10.	02.11.	09.11.	16.11.	23.11.	30.11.	07.12.	14.12.	21.12.	28.12.	04.01.	11.01.	18.01.			
1 Find commissioner + develop research proposal	- Find commissioner & decide topic - define problem statement, research objectives & questions - literature review + conceptualization - methodology - time schedule, budget & resources - go/no-go assessment																												
2 Preparation	- finalize proposal - design surveys & SPSS action plan - design interview protocol and FGD - literature review - identify targets and contact key informants - train enumerators + test of survey																												
3 Data collection	- HH + actor surveys, KIIs + FGD - finalize literature review																												
4 Data processing & analyses	- entering data in SPSS + analysis - analyse KIIs + FGD																												
5 Report writing & consultancy	- prepare 1. draft report - plan & conduct consultancy - share preliminary results with C&D - share results with communities - final draft report																												
6 Finalization	- include feedback - final version thesis - write article - hand in																												

Table 4 Overview of proposed research schedule

Thesis Research Proposal
IDM -DRM Year 4

BUDGET AND RESOURCES

This chapter highlights required resources and provides an overview of anticipated costs in Table 5 below.

Types of Costs	Amount in euro	Further comments
Accommodation in Moroto (3 months)	- free	- provided by C&D
+ accommodation for remaining 2 months	- Free – 250€ (monthly)	- depends on location (no concrete plans yet)
Visa costs	- 50€ - 100€	- current visa until 30.10.2020 - cost depends on visa kind and availability (due to Covid-19)
Food	- Free – 20€ (3 months) - 50€ (2 months)	- 3 meals daily and a small allowance for food during field visits is provided by C&D during the 3 months in Moroto - extra costs include snacks and restaurants on average -
Health insurance	- 200€	
Enumerators (8)	- free	- provided by C&D
Flight to Europe	- 500€	- depending on destination and state of international travel by the time of departure
Internet	- free - 20€ (for additional 2 months)	- Wi-Fi and 10GB mobile data is provided by C&D during the 3 months in Moroto - 20GB per month
Total	1500€	- the total amount is a loose calculation of the averages provided above and is expected to differ in reality

Table 5 Estimated research budget

In addition to the above-mentioned costs, C&D is providing office facilities with electricity, transportation, and fuel to the different data collection spots, for example for interviews and FGDs. Especially during the FGD, Covid-19 safety measures will and have to be followed. This includes the provision of masks to each participant, as well as carrying hand washing materials to all events. Additionally, food, snacks and drinks might be offered during FGD's. The extra arising costs will be mostly paid for by C&D as well. Moreover, C&D is providing the tablets, which are supposed to be used for the HH surveys and an opensource (free) program will be used to design the surveys, such as kobo.

Additionally, resources needed by the researcher are a laptop and the SPSS program. Both will be provided by the researcher herself. Lastly, flipcharts, markers and other utensils might be necessary during FGDs.



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ANNEX

ANNEX 1 KEY CHARACTERISTICS OF PASTORALISM IN UGANDA

- Families depend on livestock for a significant proportion of their food and income.
- Many pastoralists cultivate crops and carry out other economic activities to meet their subsistence needs.
- Livestock are raised for a mix of subsistence (particularly milk) and market needs (e.g., livestock sales to buy food, to pay taxes, etc.).
- Livestock herds are composed mainly of indigenous breeds.
- Livestock represent more than just economic assets. They are social, cultural, and spiritual assets too. They define and provide social identity and security.
- Livestock are largely dependent on rainfed pastures for their diets, including crop residues in some systems.
- Pastoralism depends on the work and expertise of all family members, usually divided by gender and age.
- Key livestock management strategies include: herd mobility, raising several species of animals (diversification), active management of age structure and sex ratio, herd splitting, and maintenance of a high proportion of female livestock.
- Pastoral resources are managed through a mix of common property and private regimes where access to pastures and water are negotiated and dependent on reciprocal arrangements.
- Pastoralism is characterized by adaptation and evolution to constraints of climate, economic, political change, and opportunities facing them.
- Pastoralism is characterized by its ability to realize economic benefits from environments characterized by high uncertainty and variability.

ANNEX 3 DIETARY DIVERSITY SCORE

3.1 SAMPLE QUESTIONNAIRE FOR DIETARY DIVERSITY ON HOUSEHOLD AND INDIVIDUAL LEVEL

Question number	Food group	Examples	YES=1 NO=0
1	CEREALS	corn/maize, rice, wheat, sorghum, millet or any other grains or foods made from these (c.g. bread, noodles, porridge or other grain products) + <i>insert local foods e.g. ugali, nshima, porridge or paste</i>	
2	WHITE ROOTS AND TUBERS	white potatoes, white yam, white cassava, or other foods made from roots	
3	VITAMIN A RICH VEGETABLES AND TUBERS	pumpkin, carrot, squash, or sweet potato that are orange inside + <i>other locally available vitamin A rich vegetables (e.g. red sweet pepper)</i>	
4	DARK GREEN LEAFY VEGETABLES	dark green leafy vegetables, including wild forms + <i>locally available vitamin A rich leaves such as amaranth, cassava leaves, kale, spinach</i>	
5	OTHER VEGETABLES	other vegetables (c.g. tomato, onion, eggplant) + <i>other locally available vegetables</i>	
6	VITAMIN A RICH FRUITS	ripe mango, cantaloupe, apricot (fresh or dried), ripe papaya, dried peach, and 100% fruit juice made from these + <i>other locally available vitamin A rich fruits</i>	
7	OTHER FRUITS	other fruits, including wild fruits and 100% fruit juice made from these	
8	ORGAN MEAT	liver, kidney, heart or other organ meats or blood-based foods	
9	FLESH MEATS	beef, pork, lamb, goat, rabbit, game, chicken, duck, other birds, insects	
10	EGGS	eggs from chicken, duck, guinea fowl or any other egg	
11	FISH AND SEAFOOD	fresh or dried fish or shellfish	
12	LEGUMES, NUTS AND SEEDS	dried beans, dried peas, lentils, nuts, seeds or foods made from these (eg. hummus, peanut butter)	
13	MILK AND MILK PRODUCTS	milk, cheese, yogurt or other milk products	
14	OILS AND FATS	oil, fats or butter added to food or used for cooking	
15	SWEETS	sugar, honey, sweetened soda or sweetened juice drinks, sugary foods such as chocolates, candies, cookies and cakes	
16	SPICES, CONDIMENTS, BEVERAGES	spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages	
Household level only	Did you or anyone in your household eat anything (meal or snack) OUTSIDE the home yesterday?		
Individual level	Did you eat anything (meal or snack) OUTSIDE the home yesterday?		

(Kennedy, et al., 2010)

3.2 AGGREGATION OF FOOD GROUPS FROM THE QUESTIONNAIRE TO CREATE HDDS

Question number(s)	Food group
1	Cereals
2	White tubers and roots
3,4,5	Vegetables ¹
6,7	Fruits ²
8,9	Meat ³
10	Eggs
11	Fish and other seafood
12	Legumes, nuts and seeds
13	Milk and milk products
14	Oils and fats
15	Sweets
16	Spices, condiments and beverages

¹ The vegetable food group is a combination of vitamin A rich vegetables and tubers, dark green leafy vegetables and other vegetables.

² The fruit group is a combination of vitamin A rich fruits and other fruits.

³ The meat group is a combination of organ meat and flesh meat.

(Kennedy, et al., 2010)

3.3 AGGREGATION OF FOOD GROUPS FROM THE QUESTIONNAIRE TO CREATE WDDS

Question number(s)	Food group
1,2	Starchy staples ¹
4	Dark green leafy vegetables
3,6 and red palm oil if applicable	Other vitamin A rich fruits and vegetables ²
5,7	Other fruits and vegetables ³
8	Organ meat
9,11	Meat and fish ⁴
10	Eggs
12	Legumes, nuts and seeds
13	Milk and milk products

¹ The starchy staples food group is a combination of Cereals and White roots and tubers.

² The other vitamin A rich fruit and vegetable group is a combination of vitamin A rich vegetables and tubers and vitamin A rich fruit.

³ The other fruit and vegetable group is a combination of other fruit and other vegetables.

⁴ The meat group is a combination of meat and fish.

(Kennedy, et al., 2010)

3.4 AGGREGATION OF FOOD GROUPS FROM THE QUESTIONNAIRE TO CREATE CDDS

As previous explained in footnote 3, the MDD score was used to create the CDDS.

MDD Food Groups	
1.	Breast milk
2.	Grains, roots, and tubers
3.	Legumes and nuts
4.	Dairy products
5.	Flesh foods
6.	Eggs
7.	Vitamin A rich fruits and vegetables
8.	Other fruits and vegetables

The total number of food groups consumed is summed. The population-level indicator is calculated based on the following formula:

$$\frac{\text{Number of children 6 – 23 months of age who received foods from 5 or more food groups yesterday during the day or night}}{\text{Children 6 – 23 months of age for whom data on breastfeeding and diet were collected}}$$

ANNEX 4 ENUMERATOR TRAINING ACTION PLANS

ENUMERATOR TRAINING & DATA COLLECTION ACTION PLAN

OBJECTIVES:

- Enumerators are aware of survey purpose and overall aim of study
- Survey tool is finalized and tested

PARTICIPANTS:

Facilitators

Melina Eberwein
(Kayanja Ian Solomon)

Enumerators

Atekit Josephine
Losiya John Mark

Achia Alice
Namuya Hellen

Nakiru Anna Grace
Okwang Joseph Abedism

Apolot Irene
Okudet Hellen

SCHEDULE:

	Time	Activity	Aim
Wednesday	9:00 – 10:00	Introduction	Getting to know each other Purpose and Aim of the survey (and research) Workload Roles and responsibilities
	10:00 – 10:30	Tea break	
	10:30 – 12:30	Review of survey	Clarifying what questions mean How to answer specific question Feedback enumerators for survey adaptation
	12:30 – 13:30	Lunch break	
	13:30 – 17:00	Translation of survey	Clarifying what questions mean How to answer specific question Feedback enumerators for survey adaptation
Thursday	9:00 – 10:00	Research ethics and biases	To identify possible biases that could influence the survey findings Common understanding of research ethics Review of consent form + translation
	10:00 – 10:30	Tea break	
	10:30 – 12:30	Introduction to tablets & kobo	How do the tablets work How does kobo work
	12:30 – 13:30	Lunch break	
	13:30 – 17:00	Piloting of survey	Trial of survey on tablets via role play

RESOURCES NEEDED:

- Room, beamer, flipchart, pens & notebooks for participants
- 8 tablets, 8 chargers (adapter and cable)
- Extra material for data collection: HDDS table, paper version of survey (as guide)
- Participation list

ACTION PLAN SURVEY COLLECTION

Day	Monday 12.10	Tuesday 13.10	Wednesday 14.10	Thursday 15.10	Friday 16.10	Monday 19.10
<i>Sub-county</i>	Matany	20 surveys total	20 surveys total	20 surveys total	20 surveys total	
<i>Total among of surveys (per enumerator)</i>	16 (2)	2- 3 surveys per enumerator	2-3 surveys per enumerator	2-3 surveys per enumerator	2-3 surveys per enumerator	2-3 surveys per enumerator
	8 enumerators sub-county a	2 enumerators sub-county a	2 enumerators sub-county b	2 enumerators sub-county c	2 enumerators sub-county d	3 enumerators sub-county e
		6 enumerators sub-county b	6 enumerators sub-county c	6 enumerators sub-county d	6 enumerators sub-county e	3 enumerators others
<i>Support:</i>	Solomon * Melina	Solomon	Melina	Solomon/ Melina	Solomon	Solomon

*afternoon of first day could be used for debriefing of challenges, input for immediate required changes

TABLET PER ENUMERATOR

Tablet number	Enumerator name
1	Okudet Hellen
2	Losiya John Mark
3	Achia Alice
4	Namuya Hellen
5	Nakiru Anna Grace
6	Okwang Joseph Abedism
7	Apollot Irene
8	Atekit Josephine

Resources needed

- 8 tablets, chargers and cables
- 2 cars
- Enumerator attendance list
- Refreshments & biscuits for survey participants
- HDDS tables (3 per day per enumerator (24 per day in total))

ANNEX 5: HOUSEHOLD SURVEY QUESTIONNAIRE

Household: means people who live together, cooking and eating from the same pot for the last 6 months

Period of interest: March 2020 – until now (October 2020) = since Covid-19 measures were first installed in Uganda = circa 6 months

Compare period: October 2019 – March 2020 = before Covid-19 measures were first installed in Uganda = circa 6 months

Q. No.	Question	Response Options
GEOGRAPHICAL & GENERAL INFORMATION		
1	Who is conducting the interview?	<i>Insert all enumerator names</i>
2	Time and Date of interview conducted?	<i>Choice of date given</i>
3	Is the household a KIA project household (beneficiary)?	0 = no 1 = yes
4 4.1	What language is the interview conducted in?	1 = English 2 = Ng'karimojong 3 = others (please specify)
5	Which sub-county is the household from?	1 = Matany 2 = Lopeei 3 = Ngoleriet 4 = Lokopo 5 = others (please specify)
5a-e	Which parish is the household from?	1 = 2 = 3 = 4 = 5 =
5a1-e1	Which village is the household from?	1 = 2 = 3 = 4 = 5 =
6	What is the name of the interviewee?	<i>Open alphabetical answer</i>
7	What is the gender of the interviewee?	1 = female 2 = male
8	What is the age of the interviewee?	<i>Open numeric answer (max value 99)</i>
HUMAN ASSETS		
9	Is respondent head of household	0 = no 1 = yes (skip to Q10)
9.1	What is the gender of the head of household	1 = female 2 = male
10	What is the marital status of HH head	1 = single 2 = married 3 = separated 4 = divorced 5 = widowed
11 *(11.1)	Which sub-ethnic group does the head of the household belong to?	1 = Matheniko 2 = Bokora 3 = Jie 4 = Pian 5 = others (please specify*)
12 *(12.1)	Which religion does the head of household belong to?	0 = no religion 1 = protestant 2 = catholic 3 = Muslim 4 = Orthodox 5 = Pentecostal 6 = others (please specify*)

13	How many females and males of each age category live in the same household? <i>(detailed, please enter the total numbers of females/males per age category that are living in the household)</i>	Age	Female	Male
		0-5		
		6-10		
		11-17		
		18-35		
		36-65		
		65+		
14	What is the total number of people living in your household since at least 6 months?	Open numeric answer		
15	Do members of the same households living in different areas?	0 = no 1 = yes		
15.1	Why do members of the same household live in different areas?	Open alphabetical answer		
16	How many girls below the age of 18 in this household are married?	Open answer		
17	How many girls below the age of 18 in this household have children?	Open answer		
18	How many girls below the age of 18 in this household are pregnant?	Open answer		
19	Were there any children living in your household that have left since March 2020 to live somewhere else?	0 = no (skip to Q20) 1 = yes		
19.1	What was the reason for the children to leave? (select all that apply)	0 = don't know 1 = mistreatment/violence at home 2 = insecurity (because of raids/thefts) 3 = not enough food at home 4 = expectation of child to contribute to household income 5 = child's own motivation/pressure from peers 6 = others (please specify*)		
*(19.1.1)				
20	Are there any children in your household you know of that are planning to leave or have been attempting to leave?	0 = no (skip to Q21) 1 = yes 2 = don't know (skip to Q21)		
20.1	What are the reasons for the children planning to leave? (select all that apply)	0 = don't know 1 = mistreatment/violence at home 2 = insecurity (because of raids/thefts) 3 = not enough food at home 4 = expectation of child to contribute to household income 5 = child's own motivation/pressure from peers 6 = others (please specify*)		
*(20.1.1)				
EDUCATION				
21	How many of the adult females and males (18+) in this household have completed primary 7?	Female	Male	
22	How many female and male children (6 - 18) of the household were going to school until March 2020 (before Covid-19 measures were installed)?	Female	Male	
22.1	How many of the female and male children (6 - 18) that were going to school until March 2020 (before Covid-19 measures were installed) are planned to be sent back when schools open?	Female	Male	
22.2/3	What are the reasons of not sending female/male children back to school? (select all that are applicable for each gender)	Female	Male	
		1 = pregnant/married 2 = financial reason 3 = does not want to go	1 = married 2 = financial reason 3 = does not want to	

		4 = garden/harvest work 5 = household chores (fetching water, caring for siblings) 6 = grazing of animals 7 = other (please specify)	4 = garden/harvest work 5 = household chores (fetching water, caring for siblings) 6 = grazing of animals 7 = other (please specify)
HEALTH			
23	How many of the adults (18+) of the household are un-able to work (due to disability/illness)?	<i>Open numerical answer</i>	
24 *(24.1)	Have any adults (18+) in the household suffered any diseases since March 2020 (since Covid-19 measures were installed)? (select all that apply)	0 = none (skip to Q25) 1 = malaria 2 = diarrhoea 3 = typhoid 4 = worm infection 5 = STD's 6 = hepatitis B 7 = measles 8 = cholera 9 = scabies 10 = others (please specify*)	
24.2	Have those people been able to access medical care?	0 = no (skip Q25) 1 = yes	
24.2.1 *(24.2.2.1)	From where was treatment accessed? (select all that apply)	1 = government units 2 = private health clinics 3 = pharmacy 4 = TBAs 5 = herbalist/traditional doctors 6 = NGO's 7 = community health worker/village health team (VHT) 8 = others (please specify*)	
24.2.3	Are you or the person accessing the treatment satisfied with it?	0 = no 1 = yes	
25 *(25.1)	Have any children (0-17) in the household suffered from any diseases since March 2020 (since Covid-19 measures were installed)? (select all that apply)	0 = none (skip to Q26) 1 = malaria 2 = diarrhoea 3 = typhoid 4 = worm infection 5 = STD's 6 = hepatitis B 7 = measles 8 = cholera 9 = scabies 10 = others (please specify*)	
25.2	Have those children been able to access medical care?	0 = no (skip Q26) 1 = yes	
25.2.1 *(25.2.1.1)	From where treatment was accessed: (select all that apply)	1 = government units 2 = private health clinics 3 = pharmacy 4 = Traditional Birth Assistant (TBA) 5 = herbalist/traditional doctors 6 = NGO's 7 = community health worker/village health team (VHT) 9 = others (please specify*)	
25.2.2	Are you or the person accessing the treatment satisfied with it?	0 = no 1 = yes	
26	Have pregnant women/girls been able to access maternal care since March 2020 (when Covid-19 measures were installed)?	0 = no (skip to Q27)	

		1 = does not apply because no pregnant women/girls in this household (skip to Q27) 1 = yes		
26.1 *(26.1.1)	From where was the care accessed?	1 = government units 2 = private health clinics 3 = pharmacy 4 = Traditional Birth Assistant (TBA) 5 = herbalist/traditional doctors 7 = NGO's 8 = community health worker/village health team (VHT) 9 = others (please specify*)		
26.2	Are you or the person accessing the care satisfied with it?	0 = no 1 = yes		
27	Do any household members require regular medical care/treatment/medicine for chronic diseases	0 = no (skip to Q28) 1 = yes		
27.1 *(27.1.1)	For which reasons do household members require regular medical care/treatment/medicine? (select all that apply)	1 = HIV/AIDS 2 = tuberculosis 3 = diabetes 3 = others (please specify*)		
27.2	Were those people able to access their usual care/treatment/medicine since March 2020 (since the first Covid-19 measures were installed)?	0 = no (skip to Q28) 1 = yes		
27.2.1 *(27.2.1.1)	From where did people access alternative treatments since March 2020 (since Covid-19 measures were installed)? (select all that apply)	0 = none 1 = government units 2 = private health clinics 3 = pharmacy 4 = TBAs 5 = herbalist 6 = traditional doctors 7 = NGO's 8 = community health worker/village health team (VHT) 9 = others (please specify*)		
27.3	Are you or the person accessing the treatment satisfied with it?	0 = no 1 = yes		
Prevalence of Violence				
28 *(28.1)	During the past 6 months, did any children in this household experience any of the following? (select all that apply)	0 = none 1 = repeated physical abuse (e.g. hitting) 2 = withheld a meal to punish 3 = involved in child labour 4 = family separation (ran away, chased) 5 = sexually abused, defiled, raped, forced sex 6 = stigmatized/ discriminated due to illness, disability or others 7 = using abusive words 8 = in conflict with the law 9 = others (please specify*)		
29	Did any members of your household appeared withdrawn or consistently sad, unhappy or depressed, not able to participate in daily activities including playing/spending time with friends and family since March 2020 (since Covid-19 measures were first installed)?	0 = no (skip to Q30) 1 = yes		
29.1	Which members of the household appeared to be withdrawn, sad, unhappy, depressed or not able to participate in daily activities?	Age	Female	Male
		0-5		
		6-10		
		11-17		
		18-35		
		36-65		

		65+		
30	Has someone in your household felt so troubled that it was necessary to consult a spiritual, faith or traditional healer, counsellor or health worker since March 2020 (since Covid-19 measures were first installed)?	0 = no (skip to Q 31) 1 = yes		
30.1	Who in your household felt so troubled that it was necessary to consult a spiritual, faith or traditional healer, counsellor or health worker?	Age	Female	Male
		0-5		
		6-10		
		11-17		
		18-35		
		36-65		
		65+		
30.2	Has the consultation of a spiritual, faith or traditional healer, counsellor or health worker helped the person/people above?	0 = no 1 = yes		
31 *(31.1)	Which of the following scenarios has happened in your household since March 2020 (since Covid-19 measures were first installed)? (select all that apply)	0 = none (skip to Q32) 1 = verbal abuse 2 = physical fighting 3 = ran away/cast away a member of the household 4 = others (please specify*)		
31.2 *(31.2.1)	Which of the following services did you access to solve the above? (select all that apply)	0 = none 1 = counselling from NGO 2 = counselling from faith leader 3 = counselling by LC/other authorities 4 = community health worker/village health team (VHT) 5 = Trusted person in community 6 = others (please specify*)		
32	Did you experience any raids/theft during the last 6 months (since March 2020, when Covid-19 measures were first installed)?	0 = no (skip to Q33) 1 = yes		
32.1 *(32.1.1)	What was stolen/happened during the raids/thefts? (select all that apply)	0 = nothing (skip to Q 33) 1 = household items (clothes, pans etc) 2 = food items 3 = livestock 4 = hurt HH members 5 = killed HH members 6 = others (please specify*)		
32.2 *(32.2.1)	Who did you contact for help or to figure out a solution regarding the raids/thefts? (select all that apply)	0 = no one 1 = army/police/LDUs 2 = local councils 3 = community elder 3 = other community members 4 = others (please specify*)		
32.3	Was it possible to recover some of the stolen items/possession?	0 = no 1 = yes		
32.4	Did you take any retaliation action?	0 = no 1 = yes		
33	Did the occurrence of raids/theft increase since March 2020 (since Covid-19 measures were installed) compared to the previous 6 months (October 2019 to March 2020)?	0 = no 1 = yes		
SOCIAL ASSETS / external service provider				
34	Do you belong to any group?	0 = no (skip to 35) 1 = yes		
34.1 *(34.1.1)	What type of groups do you belong to? (select all that apply)	1 = social/drinking 2 = credit and savings (VSLA) 3 = Community Based Groups (CBOs) 4 = Faith Based Groups 5 = Cultural groups (Music, Dance and Drama) 6 = others (please specify*)		
34.2	Which of those groups are the most important to you?	1 = social/drinking		

	<i>[Please rank two most important (1,2) 1 being the highest priority]</i>	2 = credit and savings (VSLA) 3 = Community Based Groups (CBOs) 4 = Faith Based Groups 5 = Cultural groups (Music, Dance and Drama) 6 = others
34.3	Which groups have been hindered due to Covid-19 measures? (select all that apply)	1 = social/drinking 2 = credit and savings (VSLA) 3 = Community Based Groups (CBOs) 4 = Faith Based Groups/Solidarity 5 = Cultural groups (Music, Dance and Drama) 6 = others
35	Did your household receive any assistance or participate in any project from an external provider (non-governmental and governmental) before Covid-19 measures were first installed (from October 2019 to March 2020)?	0 = no (skip to Q36) 1 = yes
35.1	From which providers did you receive assistance or participate in programs? (select all that apply)	1 = governmental agency 2 = non-governmental agency
35.2	Please specify names of organizations	<i>Open alphabetical answer</i>
35.3 *(35.3.1)	What kind of assistance did you receive/what kind of programs do you participate in? (select all that apply)	1 = food assistance 2 = agriculture programs/input 3 = veterinary services 4 = business/entrepreneurship development 5 = education (formal/vocational) 6 = others (please specify*)
35.4	Did you continue to receive the same support/be part of the same programs after March 2020 (after the first Covid-19 measures were installed)?	0 = no 1 = yes
36	Did you receive any new support/became a program participant since March 2020 (since the first Covid-19 measures were installed)?	0 = no (skip to Q37) 1 = yes
36.1	From whom do you receive the assistance/participate in the program of?	1 = governmental agency 2 = non-governmental agency
36.2	Please specify names of organizations	<i>Open alphabetical answer</i>
36.3	What kind of assistance did you receive/what kind of programs do you participate in?	1 = food assistance 2 = agriculture programs/input 3 = veterinary services 4 = business/entrepreneurship development 5 = education (formal/vocational) 6 = others (please specify)
NATURAL/PHYSICAL ASSETS		
37	Does your household own, rent or borrow land? (select all that apply)	0 = no land at all (skip to Q38) 1 = Own 2 = Rent 3 = Borrow
37.1	What is the total amount of land that your household uses? (includes all land, owned, rented or borrowed, used for housing, agriculture/livestock or business) (An acre is 40 by 100 meters - around 1.5 football pitch)	1 = less than 0.5 acres 2 = 0.5 - 1 acres 3 = 1.1 - 2.0 acres 4 = 2.1 - 3 acres 5 = more than 3 acres
37.2	Has the amount (size) of your total land changed since March 2020 (since Covid-19 measures were first installed)?	0 = no 1 = yes, decreased 2 = yes, increased
37.3	Where you able to access and utilize your land normally since March 2020 (since Covid-19 measures were first installed)	0 = no access and no utilization 1 = access, but no utilization 2 = access and utilization

	<p>compared to the 6 months before (October 2019 – March 2020)?</p> <p>(access refers to the ability to physically reach and enter the land) (utilization refers to the ability to use the land, e.g. agriculture, grazing)</p>	
37.3.1 *(37.3.1.1)	<p>What is the reason of not being able to access or utilize the land normally?</p>	<p>1 = insecurity due to raiders 2 = illness/disease of farmer 3 = weather (too little or too much rain) 4 = financial (e.g. no money to buy seeds) 5 = missing tools (e.g. no ox) 6 = others (please specify*)</p>
37.4	<p>Did your land-use change during the last 6 months (since March 2020, since Covid-19 measures were first applying)? (example for change: used before for grazing, now agriculture)</p>	<p>0 = no (skip to Q38) 1 = yes</p>
37.5 *(37.5.1)	<p>What was your previous use for the land (specific to the land referred to above and before you changed the land use)? (select all that apply)</p>	<p>0 = not in use 1 = Crop production 2 = Grazing 3 = Brickmaking 4 = Occupied by others 5 = Rented out 6 = Small business 7 = Tree-planting 8 = others (please specify*)</p>
37.6 *(37.6.1)	<p>What is the current use of the land? (specific to the land referred to above, how is it used now) (select all that apply)</p>	<p>0 = not in use 1 = Crop production 2 = Grazing 3 = Brickmaking 4 = Occupied by others 5 = Rented out 6 = Small business 7 = Tree-planting 8 = others (please specify*)</p>
Access to Water		
38 *(38.1)	<p>Which water sources have you been using before March 2020 (before Covid-19 measures were installed)? (select all that apply)</p>	<p>1 = piped 2 = borehole 3 = well 4 = river/stream 5 = rainwater tank 6 = spring 7 = others (please specify*)</p>
39	<p>Where you able to use the same water sources since March 2020 (since Covid-19 measures were installed)?</p>	<p>0 = no 1 = yes (skip to Q40)</p>
39.1	<p>What is the reason for not being able to use the same water source since March 2020 (since Covid-19 measures were installed)?</p>	<p><i>Open alphabetical number</i> (if no reasons are known/exist reply with n/a)</p>
40 *(40.1)	<p>) Do you have more difficulties accessing water now compared to before (from October 2019 to March 2020)?</p>	<p>0 = no 1 = yes, longer distance to walk 2 = yes, longer waiting period at water source 3 = others (please specify*)</p>
41	<p>Are you using the same water source for all needs of the household (cooking, bathing, water crops/livestock)?</p>	<p>0 = no 1 = yes (skip to Q42)</p>
41.1 *(41.1.1)	<p>Which water source are you using for cooking/drinking water?</p>	<p>1 = piped 2 = borehole 3 = well 4 = river/stream 5 = rainwater tank 6 = spring 7 = others (please specify*)</p>

42	Is the water used for cooking/drinking treated and safe?	0 = no (skip to Q43) 1 = not known (skip to Q43) 2 = yes
42.1 *(42.1.1)	How do you treat the water?	1 = boiling 2 = chlorine/bleach 3 = filtration (sand/ceramic etc) 4 = strain through cloth 5 = solar disinfection 6 = let it stand and settle 7 = others (please specify*)
43 *(43.1)	Where do you go to relief yourself? (select all that apply)	0 = open defecation (into bush) 1 = dig & bury 2 = river side 3 = latrine 4 = others (please specify*)
44	Did the place to relief yourself change since March 2020 (since Covid-19 measures were first installed) compared to the one used between October 2019 to March 2020?	0 = no 1 = yes
44.1	Please specify why new place for relief is being used	<i>Open alphabetical answer</i> (if no reasons are given/exist reply with n/a)
44.2 *(44.2.1)	Where did you go before to relief yourself?	0 = open defecation (into bush) 1 = dig & bury 2 = river side 3 = latrine 4 = others (please specify*)
Housing		
45	Does your household have a stable house that is safe and dry?	0 = no 1 = yes (skip to Q46)
46	Did your house change since March 2020 (since Covid-19 measures were first installed)?	0 = no (skip to Q47) 1 = yes
46.1 *(46.1.1)	How did your house change?	1 = no longer dry 2 = no longer safe 3 = others (please specify*)
47 *(47.1)	Have you experienced any damages to your property (housing, crops, livestock etc) due to the following (natural) disasters since March 2020 (since the first Covid-19 measures were installed)? (select all that apply)	0 = none 1 = locust 2 = (flash) floods 3 = drought 4 = other plant pests 5 = animal diseases 6 = others (please specify*)
FINANCIAL ASSETS (Livelihood strategies)		
48 *(48.1)	What were your sources of income during the last year (2019)? (select all that apply)	0 = none (skip to Q49) 1 = Crops sale 2 = Brewing Beer 3 = Selling livestock 4 = Selling firewood/charcoal 5 = Small business 6 = Casual Labour 7 = Remittances (money send from family members not living in the household) 8 = Salary / Wages 9 = Skilled Trade 10 = others (please specify*)
48.2	What were your three main sources of income during the last year (2019)? [please score 1,2,3, 1 being the highest]	1 = Crops Sale 2 = Brewing Beer 3 = Selling livestock 4 = Selling firewood 5 = Small business 6 = Casual Labour 7 = Remittances

		8 = Salary / Wages 9 = Skilled Trade 10 = others
48.3	Have your income sources changed since March 2020 (since the first Covid-19 measures were installed)?	0 = no (skip to Q49) 1 = yes
48.4 *(48.4.1)	What have been your income sources since March 2020 (since the first Covid-19 measures were installed)? (select all that apply)	0 = none 1 = Crops Sale 2 = Brewing Beer 3 = Selling livestock 4 = Selling firewood 5 = Small business 6 = Casual Labour 7 = Remittances 8 = Salary / Wages 9 = Skilled Trade 10 = others (please specify*)
48.5	What have been your three main sources of income since March 2020 (since the first Covid-19 measures were installed)? [please score 1,2,3; 1 being the highest]	1 = Crops Sale 2 = Brewing Beer 3 = Selling livestock 4 = Selling firewood 5 = Small business 6 = Casual Labour 7 = Remittances 8 = Salary / Wages 9 = Skilled Trade 10 = others
49	What was your average monthly income in Ugandan Shillings for the past 6 months? (income per month)	0 = not able to estimate 1 = below 50,000UGX 2 = 50,000 < - 250,000UGX 3 = 250,000 < - 500,000UGX 4 = 500,000 < - 1,000,000UGX 5 = Above 1,000,000UGX
50 *(50.1)	What main areas did you spend money on in the last 6 months? Please rank the top 3 (1 being the biggest expenditure)	1 = Education 2 = Medical / Health 3 = Household assets (pans) 4 = Food 5 = Purchase animals 6 = Clothing 7 = Rent/Housing 8 = Crop production 9 = Leisure 10 = Group savings 11 = Social functions 12 = others (please specify*)
51	Does your household have cash reserves? (money kept for saving)	0 = no 1 = yes
52	Did your household lend out money since March 2020 (since the first Covid-19 measures were installed)?	0 = no 1 = yes
53	Did you or any member of your household borrow money since March 2020 (since the first Covid-19 measures were installed)?	0 = no (skip to Q54) 1 = yes
53.1 *(53.1.1)	From whom did you borrow the money? (select all that apply)	1 = Friends/relatives. 2 = Bank 3 = NGO 3 = Money lender 4 = VSLA 6 = others (please specify*)
53.2 *(53.2.1)	What were the main reasons to borrow money? [Please select the two main reasons]	1 Buy food 2 Pay health care 3 Pay funeral 4 Other social events 5 Avoid selling assets 6 Agricultural inputs 7 Buy livestock

		8	others (please specify*)
FOOD SECURITY AND MALNUTRITION (availability, accessibility, utilization, safety, diversity)			
54 *(54.1)	What were the main sources of the food you consumed during 2019 (from January to December 2019)? (select all that apply)	1 = Donated 2 = Given in return for work 3 = Bought from the market 4 = Home grown 6 = others (please specify*)	
55 *(55.1)	Over the past month (September), what has been the MAIN source of food consumed by your household?	1 = Donated 2 = Given in return for work 3 = Bought from the market 4 = Home grown 5 = others (please specify*)	
56 *(56.1)	Have foods received for work or being donated changed during the last 6 months (since March 2020 when Covid-19 measures were installed)? (check all that apply)	0 = does not apply because no food for work/donation received 1 = no change 2 = amount/size (quantity) decreased 3 = amount/size (quantity) increased 4 = quality decreased 5 = quality increased 6 = diversity/variety (different types of food) decreased 7 = diversity/variety increased 8 = don't know 9 = others (please specify*)	
57	Have prices of market items remained the same, increased or decreased during the last 6 months (since March 2020 when Covid-19 measures were installed)?	0 = no change 1 = yes, they increased 2 = yes, they decreased 3 = don't know 4 = does not buy food from market (skip to Q58)	
57.1	Has the amount/size (quantity) of food available in markets remained the same, increased or decreased during the last 6 months (since March 2020 when Covid-19 measures were installed)?	0 = no change 1 = yes, it increased 2 = yes, it decreased 3 = don't know	
57.2	Has the quality of food available on markets changed during the last 6 months (since March 2020 when Covid-19 measures were installed)?	0 = no change 1 = yes, it increased 2 = yes, it decreased 3 = don't know	
57.3	Has the diversity/variety of food available on markets changed during the last 6 months? (since March 2020 when Covid-19 measures were installed)?	0 = no change 1 = yes, it increased 2 = yes, it decreased 3 = don't know	
58	During the past month (September), did you worry that your household would not have enough food?	0 = No (skip to Q59) 1 = Yes	
58.1	How often did this happen?	1 = Rarely (1-2 in the past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)	
59	During the past month (September), were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? [Preferred foods e.g. fish, meat and eggs, fruits, milk, sugar (products)] [Lack of resources means not having money or the ability to grow or trade for the food]	0 = No (skip to Q60) 1 = Yes	
59.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past weeks)	
60	During the past month (September), did you or any household member have to eat a limited variety of foods due to a lack of resources?	0 = No (skip to Q61) 1 = Yes	

60.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)
61	During the past month (September), did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? <i>[undesirable: e.g. porridge from mango's]</i>	0 = No (skip to Q62) 1 = Yes
61.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)
62	During the past month (September), did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	0 = No (skip to Q63) 1 = Yes
62.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)
63	During the past month (September), did you or any other household member have to eat fewer meals in a day because there was not enough food?	0 = No (skip to Q64) 1 = Yes
63.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)
64	During the past month (September), was there ever no food to eat of any kind in your house or garden?	0 = No (skip to Q65) 1 = Yes
64.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)
65	During the past month (September), did you or any household member go to sleep at night hungry because there was not enough food?	0 = No (skip to Q66) 1 = Yes
65.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)
66	During the past month (September), did you or any household member go a whole day and night without eating anything because there was not enough food?	0 = No (skip to Q67) 1 = Yes
66.1	How often did this happen?	1 = Rarely (1-2 during past 4 weeks) 2 = Sometimes (3-10 times in the past 4 weeks) 3 = Often (10+ times in the past 4 weeks)
67	During the past month (September), what was your usual method to prepare food?	1 = charcoal 2 = firewood

(67.1)	(select all that apply)	3 = others (please specify)
68	Has your method to prepare food changed since March 2020 (since the first Covid-19 measures were installed)?	1 = no (skip to finish) 2 = yes
68.1 *(68.1.1)	Which food preparation method did you use before March 2020 (before you changed)? (select all that apply)	1 = charcoal 2 = firewood 3 = others (please specify*)
68.2 *(68.2.1)	What was the reason for the change in preparation method? (select all that apply)	1 = unavailability (of charcoal/firewood) 2 = financial reasons 3 = others (please specify*)

5.1 H/WDDS QUESTIONNAIRE

General data			
Q No.	Question	Response Options	
1	Who is conducting the interview	Choice of enumerator names	
2	From which sub-county is the household from?	1 = Matany 2 = Matany Town Council 3 = Lopeei 4 = Ngoleriet 5 = Lokopo	
2a-2e	From which parish is the household from?	1= 2= 3=	
2a1-2e1	From which village is the household from?	1= 2= 3=	
3	What is the name of the interviewee?	Open alphabetical answer	
4	Is the interviewee the person who prepares the food?	0 = no 1 = yes	
HOUSEHOLD DIETARY DIVERSITY SCORE			
No	Food Group	Example	0 = NO 1 = YES
5	Cereals	Millet, sorghum, corn/maize, wheat, rice, pasta	
6	Vitamin A rich vegetables and tubers	Pumpkin or squash (yellow or orange colour), carrots, sweet potato (orange/dark yellow), sweet red pepper	
7	White roots and tubers	Matooke/plantain (green bananas), Irish potato, (white/light yellow) sweet potato, yam, cassava or other roots	
8	Dark green leafy vegetables	Cassava leaves, bean greens, carrot greens, cowpea greens, okra leaves, spinach, sweet potato leaves, dodo, boo, wild greens/leaves	
9	Other vegetables	Green pepper, okra/lady fingers, tomato, mushrooms, beets, cabbage, eggplant, onion, cucumber	
10	Vitamin A rich fruits (dark yellow or orange)	Mango, papaya/pawpaw, passion fruit, oranges	
11	Other fruits	Avocado, banana, jackfruit, lemon, pineapple, tamarind, watermelon, guava, oranges	
12	Organ meat (iron-rich)	Liver, kidney, heart, lungs, gizzard or blood-based	
13	Flesh meat	Beef, pork, goat, sheep, chicken, duck (other wild and domestic birds), insects, reptiles (frogs etc), wild bush meat	
14	Eggs	All kinds	
15	Fish	(fresh or dried) Cray fish, shellfish	



16	Beans (Legumes), nuts and seeds	All varieties of peas, beans, green grams, groundnuts, cashew, sesame	
17	Milk and milk products	Milk, yoghurt/curd, infant formula	
18	Oils and fats	Cooking (vegetable/nut) oil, butter, animal fat, shea nut	
19	Sweets	Sugar, honey, soda, candies, chocolates, cakes, biscuits	
20	Spices, condiments & beverages	Chilis, fish powder, Maggi cubes, spices/herbs, tea, coffee, beer, waragi	
21	Did you eat outside your own home yesterday	From church or social functions;	

ANNEX 6: FGD TOPIC LIST

1. Covid-19 + lockdown
 - a. What all makes you fearful/are you fearful at all the disease?
 - b. What did the lockdown mean to you? (how has it impacted/impeded you)?
 - What were your biggest challenges?
 - Which of your normal tasks/responsibilities were impeded?
 - How did you cope/adapted to the situation?
 - c. What worries you the most now, and looking in the future?
2. Household dynamics & prevalence of violence
 - a. Domestic violence: conflicts and violence (abusive language and physical altercations between children, parents & children, spouses and extended family)
 - b. Sexual violence: prevalence of rape/sexual harassment/incest
 - c. Child marriage and pregnancies (within household and in community)!
 - d. Has alcohol/drug consumption been increasing/decreasing? – What is the impact?
3. Food security
 - a. In terms of: availability, accessibility, utilization and diversity?
 - b. How regular are you eating and how diverse are the meals?
 - c. Changes of food prices, quality, quantity and diversity on markets
4. (For Children groups) Closure of schools/children being at home
 - a. Are you planning to be going back to school? (who and who not, why)
 - b. How are you experience the absence from school in terms of social/physical/mental well-being?
- 4.1. (for adult groups) Closure of schools/children being at home
 - a. Are children planned to be going back to school? (who and who not, why)
 - b. What is the impact on families and children from the closure of school's children being home for families?
5. NGO's
 - a. Any differences in contact with existing organisation
 - b. Any reduction or increasement in projects and support
6. Impact of other events (e.g. locust, raids etc)
 - a. Which events are most disruptive?
 - b. How have you experienced the disarmament?

Additional questions for CaR FGD (no. 10 – 12):

7. You and C&D/consortium
 - a. Has the contact been changing? What has been the impact of the changes?
 - b. How are you involved in the project design (participation)?
 - c. are you informed about events and achievements/downfalls of the project (downward reporting)?
 - d. What are benefits and challenges of being part of Children at Risk (KIA) project?
 - What would you like to change/add to the program
8. Do you prefer staying on the street or being home?
 - a. Why? And any plans (aware of someone else) to return/migrate to the streets?
 - b. What would need to change to stop child migration?



ANNEX 7 DATA

The link provided below leads to a folder on Microsoft onedrive and contains an excel sheet with the collected data from the household survey, HDDS, WDDS and CDDS (only for VHL-UAS access):

https://hvhl-my.sharepoint.com/:f:/g/personal/melina_eberwein_hvhl_nl/EuRWN7X8ydRLp6Jy5K2v2RMBMr-SKCNVrc4RdATx-vls3w?e=c63jYo