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Working paper

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**Observing COVID-19 in Africa through a Public  
Authorities Lens**

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This research is funded by the ESRC (Grant ES/P008038/1) at the Centre  
for Public Authority and International Development

Published October 2020

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## Executive Summary

Most discussion of Africa's response to COVID-19 takes place at the national level, focussing on the role of formal state authorities. However, less is known about the role of 'public authorities': traditional chiefs, self-help groups, kinship networks, professional associations, faith-based groups, civil society organisations, multinational companies, humanitarian agencies, organized criminal gangs, militias and rebels. These often operate below the national level and are particularly important in areas where the state is weak or absent.

To explore this gap, researchers at the Centre for Public Authority and International Development were asked to provide vignettes of life under, and public authorities' responses to, the pandemic in the places they intimately know: northern Uganda, South Sudan, the Democratic Republic of the Congo and Sierra Leone.

The evidence they provide is sometimes anecdotal, often unclear and, in some cases, seemingly contradictory. Nevertheless, patterns of disruption and change emerge in at least five guises.

- 1. Shifts in the balance of power between and within state v non-state actors:** In Uganda, the national government has sought to consolidate its overall control, monopolizing the response to the pandemic and, in the process, pushing out or rendering compliant non-state actors. In contrast, in South Sudan the pandemic struck at a moment of political vacuum, and traditional chiefs have taken the lead in responding. In western DRC, the picture is more collaborative. Customary authorities participate in and reinforce the state's COVID-19 response.
- 2. Contests for control:** In the eastern DRC accusations abound that money earmarked for responses to the pandemic has been embezzled by various state and provincial authorities. This has led to widespread resentment, as dismayed populations long familiar with the resources that the region's Ebola epidemic generated now view COVID-19 as the latest 'business' for local public authorities and internationals. The control of narratives and resources in Uganda has been particularly apparent in response to the food insecurity triggered by the national lockdown and disruption of value chains. Food distribution has been monopolized by the President and his networks of public authorities. These public displays of largesse (if seen as effective) could stand him in good stead in the forthcoming elections.
- 3. Lockdowns as opportunities:** In the DRC police have seen their opportunities to extort populations dwindle as fewer people move around through fear of catching the virus or public curfews. In response, officers have sought to extract money from those deemed to be breaking the rules on masks or curfew. On DRC's border with Uganda, soldiers have used the crisis as a justification for beating women attempting to cross to tend fields on the other side. This has also led to requests for money or sexual favours to turn a blind eye and allow safe passage. Lockdowns have also restricted movement across Uganda, with enforced boundaries contributing to a potentially dangerous 'tribalizing' effect, while Ugandan youth eager to tie the knot



have challenged long established social orders that have required them to throw lavish and expensive weddings.

- 4. Resistance to responses:** The centralization and militarization of pandemic responses has led to violence and human rights violations. Abuses have prompted backlashes. In DRC, opportunistic police have sometimes found themselves violently expelled by largely spontaneous citizen action. The violent imposition of lockdown rules by Uganda's 'Local Defence Units', as well as the serious impact on economic survival, have also triggered widespread criticism and resistance in North-West Uganda. Other points of contention in both countries include the location of quarantine centres which quickly became sites of rumour and grievance.
- 5. Questioning official narratives:** In South Sudan, COVID-19 is viewed as a foreign or white persons' illness, brought by United Nations workers, and confined to towns and cities. Only chiefs appear able to counter these narratives and to persuade people to take precautions. In DRC, the legacies of conflict, Ebola and the relatively low incidence of COVID-19 has combined with a widespread lack of trust in the state and the actions of public authorities to undermine belief in the virus' very existence.

These emerging patterns highlight the importance of understanding the role of and response to public authorities (not just the state), both in terms of the COVID-19 response, and in interpreting its long-term legacy.

## Introduction

As of 2<sup>nd</sup> September 2020, the World Health Organization (WHO) had reported 1,056,448 cases of COVID-19 across its Africa region, leading to 22,150 deaths. These morbidity and mortality rates are strikingly low when compared with those in Europe, the United States and Latin America. They are also a lot less than the continent's estimated annual rate of malaria infection of around 20 million for 400,000 fatalities or the 1.1 million Africans infected with HIV and the 470,000 that died from related illnesses in 2018. Furthermore, the figures only amount to just over half of 40,000 Nigerians estimated to die a year in road traffic accidents alone.

Confronted with this puzzle, international commentators have variously suspected African nations of under-counting the real figures, of benefiting from a host of favourable preconditions or (less often) of having found innovative ways to combat the virus' spread (Hirsch, 2020; Pilling, 2020; Senghore et al., 2020). Whatever the balance of factors, Professor Leonard Wantchekon declared during a July webinar hosted by the LSE Firoz Lalji Centre for Africa and the Institute of Global Affairs that: 'catastrophe has been averted' because of a mixture of 'what Africa is and what Africa has done'.

Yet, other participants, such as Dr Agnes Binagwaho, pointed out that although 'Africa has done well ... We have to prepare for the next crisis'. They argued it will take the form of food insecurity, as African countries' capacities to produce, import and transport food has been

severely curtailed by lockdown measures, price rises, droughts and locusts. Furthermore, livelihoods in both the informal and formal sectors are under threat, with businesses reporting in April 2020 that they were operating at 43% of their normal capacity and a predicted continent-wide recession looming that may reduce growth by an average of 2.7%. This has the potential to double current rates of chronic malnutrition over the next ten months.

The pandemic and likely food crisis have, once again, directed focus towards African governance and leadership. Some semi-authoritarian governments have been able to successfully and quickly impose strict lockdowns, which they have coupled with the symbolic politics of politicians' foregoing wages, food distribution and rapid construction of treatment centres. South Africa, Kenya and Ethiopia's leaders have also publicly bemoaned the international community's lack of substantive help, including their hoarding of vital supplies and intransigence on debt relief. This, some hope, may spur a sea-change in African governance styles, as leaders turn their backs on international donors and seek to show their populations they are up to the task (Lopes, 2020).

For other observers, African leaders' responses to the unfolding crises suffer from deficits of communication, truth and trust. This has led to ambiguous and imported lockdown measures, some of which are unsuited to African socio-economic realities, and a popular rumour-mill that questions the virus' existence, origins and deadliness. Furthermore, some commentators have suggested that African leaders are using the pandemic to grab resources and power (Doos and Ibrahim, 2020). Their actions could turn a health and food crisis into an overtly political crisis as years of democratisation are rolled back through extraordinary measures and citizens' expectations are dashed. Indeed, as Alcinda Honwana argued during the webinar, many governments seem unaware that Africa's youth are closely watching and debating their responses.

In the to and fro over the actions of governments, much less attention is being paid to what is happening on the ground, in cities, towns and villages, home to the majority of Africans and those that directly govern their day-to-day lives. A focus on their experiences and understandings of the pandemic may help commentators move past tired 'Africa needs our help, again' vs. 'Africa can teach us lessons!' discourses (Horton, 2020). In their place, we can begin to ask what aspects of the continent's responses to COVID-19 are important to people, and what the lasting effects may be.

This is particularly important for places already suffering from conflict, displacement, acute deprivation, health crises and political upheaval, or where people are fearful of state officials, security forces, and possibly also international agencies. These are the kinds of places that the Centre for Public Authority and International Development (CPAID), based at the LSE Firoz Lalji Centre for Africa, focuses on. The centre's team of researchers study, live in and are from countries across Africa that have long histories of wars, epidemics and humanitarian emergencies. They also have governments that are unable or unwilling to govern their entire populations, let alone provide robust health systems able to provide services and face the latest pandemic.

In these places, authority may effectively be subcontracted out by the state, or may in practice fall to a range of non-state actors that people understand as replicating, replacing or vaguely

representing the government. Sometimes, too, those practicing authority and governing people may have nothing much to do with the internationally recognized state's institutions or they may be actively opposed to them. They may include local traditional chiefs, self-help groups, kinship networks, professional associations, faith-based groups, civil society organisations, multinational companies, humanitarian agencies, organized criminal gangs, militias and rebels.

As these public authorities order people's everyday lives, they claim positions of power. This can allow some to occupy roles as societies' moral guardians, deciding what constitutes acceptable behaviour and who is and is not part of the community (MacDonald and Allen, 2015; Carayannis et al., 2018). They can, thereby, directly affect social norms and obligations, and their actions may have severe consequences for those deemed to have transgressed codes of conduct. Meanwhile, often among the same populations, other public authorities, particularly those linked to the state, or acting on its behalf where it has little presence, may augment their claims by providing services such as education, healthcare, justice and security (Hoffman and Kirk, 2013; Parker et al., 2019). Sometimes this can also be done in collaboration with international organisations, and sometimes it is through entirely independent processes or despite those actors' presence (Ibrek and Pendle, 2017).

Yet, all these diverse forms of public authority rely on a measure of people's voluntary compliance with their attempts to govern, which means they must always tread a line between their own aims and fulfilling people's expectations. Repeated failures to do this risks loss of legitimacy, or outright rejection, as people look to alternatives. Although CPAID's pre-pandemic research suggests that this line can be peacefully drawn, it has also shown that at times public authorities may seek to violently restate their claims to power (Allen, 2015; Tapscott, 2017). This is seen when, amongst others, militias, rebels, criminal gangs, religious leaders and vigilantes become localised sovereigns by defining the 'state of exception' through acts of ostracization, destruction and death (Schmitt, 1985). This form of authoritative signalling can be particularly effective in places where neither people nor the central state have the capability to counter it.

Crises, however, are often 'critical junctures'; moments of change when previous constellations of power and authority are disrupted, creating room for new contests over power and authority (Green, 2016). Indeed, COVID-19 has given rise to threats and opportunities across the globe. That is clear from the reactions of national level politicians and policymakers, including their attempts to frame appropriate responses, marshal resources and credit themselves with success and their opponents with failure. However, less is known about how public authorities below the national level are responding in the types of places CPAID researchers live and work, nor what this may mean for those they deem to govern.

To explore this gap, our researchers were asked to provide vignettes of life under, and public authorities' responses to, the pandemic in the places they intimately know. They are deeply immersed in research in northern Uganda, South Sudan, the Democratic Republic of the Congo and Sierra Leone. Accordingly, each has drawn upon their existing networks and research to provide snapshots from these countries or to reflect upon how current dynamics may play out. The evidence they provide is sometimes anecdotal, often unclear and, in some cases, seemingly contradictory.

Still, the patterns that emerge highlight the opening up of pathways and possibilities for different sorts of African public authorities. Across the four studied countries, this disruption can be seen in at least five ways detailed below. Each speaks to the utility of a public authority lens focused on governance beyond the state for uncovering how the pandemic is affecting people's lives, and for what may be temporary coping strategies and what may lead to significant long term change. Through the vignettes, we see beyond the posturing of national level politicians and international actors to find that people and public authorities are reacting in a variety of ways that undoubtedly deserve closer attention as the COVID-19 pandemic continues to unfold.

### **1. Shifts in the balance of power between and within state v non-state actors:**

There are significant differences between CPAID's locations. In Uganda, the national government has sought to consolidate its overall control, monopolizing the response to the pandemic and in the process, pushing out or rendering compliant non-state actors such as non-governmental organisations (NGOs) and faith-based organizations (FBOs). FBOs, however, have found a role in public health messaging. Yet, there are also intriguing signs that in some cases very local bodies – such as market and water stand associations – are responding more effectively than national ones and ordering responses in the places they control, gaining people's trust and legitimacy in the process .

In contrast, in South Sudan the pandemic struck at a moment of political vacuum, and traditional chiefs have taken the lead in responding. Although this is not necessarily new to them and their authority is prescribed in legislation, now they must contend with additional crime and communal conflict as desperate people struggle and others take advantage of the crisis. The challenge of calming tensions and dispensing justice is compounded by their inability to travel in areas under lockdown.

In western DRC, the picture is more collaborative. Customary authorities participate in and reinforce the state's COVID-19 response in various ways: they threaten sanctions against recalcitrants who do not take protective measures; they help raise public awareness of the virus with messages broadcast in local dialects by *griots* (town criers); they collect or facilitate the collection of funds and goods in kind for the care of the sick; and they protect health workers against attacks and accusations by family members of those who have contracted the virus that they are making up diagnoses to extract payment.

### **2. Contests for control:**

In the eastern DRC accusations abound that money earmarked for responses to the pandemic has been embezzled by various state and provincial authorities. This has led to widespread resentment, as dismayed populations long familiar with the resources that the region's Ebola epidemic generated now view COVID-19 as the latest 'business' for local public authorities and internationals. Widespread disbelief that the virus is even real adds to tensions, with newly built treatment centres the focus for angry youths.

In the DRC and Uganda, conservationists have also seen the pandemic as an opportunity to secure more resources from donors. They argue that a decrease in tourism and increase in

poaching by people whose livelihoods have been destroyed by the pandemic is threatening their work. Yet, this is not reflected in prices in international ivory markets and, instead, reflects histories of, often securitised, crisis narratives propagated by private actors in control of parks.

The control of narratives and resources in Uganda has been particularly apparent in response to the food insecurity triggered by the national lockdown and disruption of value chains. Food distribution has been monopolized by the President and his networks of public authorities. Their public displays of largesse could stand him in good stead in the forthcoming elections. Yet, there is always the risk that his response, and by extension his local allies, are seen as having failed, becoming an electoral liability instead.

### **3. Lockdowns as opportunities:**

In the DRC police have seen their opportunities to extort populations dwindle as less people move around through fear of catching the virus or public curfews. In response, officers have sought to extract money from those deemed to be breaking the rules. For example, by being where they should not be or incorrectly wearing masks. Sometimes these interactions have been accompanied by violence as tensions surrounding the disruption of normal livelihoods boil over.

In field sites closer to the DRC's border with Uganda, soldiers have used the crisis as justification for beating women attempting to cross to tend fields on the other side. This has also led to requests for money or sexual favours to turn a blind eye and allow safe passage. Armed men with unclear legitimacy have also begun patrolling streets after curfew, whipping transgressors and impounding motorbikes.

Lockdowns have also restricted movement across Uganda, with enforced boundaries contributing to a potentially dangerous 'tribalizing' effect as people are encouraged to police one another and outsiders' movements. However, people also appear keen to follow lockdown rules so as not to draw the attention of coercive authorities within and connected to the state. While in rural areas the season and poor infrastructure has meant people are effectively already isolating within family units.

The restrictions have also provided non- (or less-) violent opportunities for some. For example, Ugandan youth have challenged long established social orders that have required them to throw lavish and expensive weddings. As in the DRC, security actors linked to the state have found new excuses to extort those who fall foul of ambiguous and fast-changing lockdown rules. Some of these measures are clearly performative, designed to give the impression of doing something while providing new revenue generating opportunities to elites and their local allies.

### **4. Resistance to responses:**

The centralization and militarization of pandemic responses has led to violence and human rights violations. Abuses have prompted backlashes. In Uganda, for example, militia groups have been coordinating with counterparts in DRC to resist the military's presence; and, in some villages, anger and fury at the violent imposition of lockdown is leading to coordinated attempts to dodge curfews and find alternative ways to trade that do not involve travelling to markets.

In DRC, opportunistic police have sometimes found themselves resisted and, in some cases, violently expelled by largely spontaneous citizen action. The violent imposition of lockdown rules by Uganda's 'Local Defence Units', as well as the serious impact on economic survival, have also triggered widespread criticism and resistance in North-West Uganda. Other points of contention in both countries include the location of quarantine centres which quickly become sites of rumour and grievance.

Sierra Leone's response is unfolding under the legacies of Ebola and the country's civil war. The contributing vignettes show how both have shaped citizens and politicians' reactions to messaging and lockdown measures, with the former having been politicised and the latter causing fear among a population worried by the increased presence of police and military personnel on the streets. So far, resistance has been non-violent and even led to concessions for health care workers on the front line. But, as elsewhere, there is a growing perception that some politicians view the pandemic as an opportunity rather than a call to protect people.

## **5. Questioning official narratives:**

In South Sudan radio shows and poster campaigns with information related to the virus funded by international organisations and disseminated in collaboration with the Ministry of Health are falling on deaf ears. People simply do not trust the messages' sponsors. Instead, COVID-19 is viewed as a foreign or white persons' illness, brought by United Nations workers, at home in towns and cities. Only chiefs appear able to counter these narratives and to persuade people to take precautions.

In DRC, the legacies of conflict, Ebola and the relatively low official incidence of COVID-19 has combined with a widespread lack of trust in the state and the actions of public authorities to undermine belief in the virus' very existence. Religious leaders concerned about the institutional impact of the lockdown have lobbied the Prime Minister to ask him for a special authorization to open the churches while respecting the rules of physical distancing.

Research from Western DRC found a growing belief that Black people are immune from COVID-19 and that the high rates of deaths in the West are 'divine punishment' for white people's immoral and otherwise bad practices. This is particularly acute in Muanda, home of Congo's charismatic or traditional 'Black churches', which have reinforced these ideas with their followers.

In Uganda, such was the threat to the COVID response posed by rumour and grassroots 'fake news' that a community-based programme of activities was organized to counteract the misinformation. These activities were led by the existing Village Health Teams (VHTs), groups of volunteer community health workers organised by the Ugandan Ministry of Health.

These emerging patterns highlight the importance of understanding the role of and response to public authorities (not just the state), both in terms of the COVID-19 response, and in interpreting its long-term legacy.



# Democratic Republic of Congo

## The Role of Customary Authorities

**Tatiana Carayannis, José Bazonzi and José Ndala in Muanda (Kongo central) and Gbadolite (Nord Ubangi), DRC**

In the fight against COVID-19, customary authorities in the western DRC provinces of Kongo Central and Nord Ubangi, like other public authorities across the country (e.g. Territorial Administrators, police, health personnel, church leaders and other opinion leaders), have a crucial role to play in relaying messages related to compliance with protective measures issued by the central government in Kinshasa. These measures consist of mandatory wearing of masks in public places, frequent and systematic washing of hands using water and soap or hand sanitizing gel, and physical distancing of at least 1m while in public.

Customary authorities in these areas participate in and reinforce the state's COVID-19 response in various ways: they threaten sanctions against recalcitrants who do not take protective measures; they help raise public awareness of the virus with messages broadcast in local dialects by griots (town criers); they collect or facilitate the collection of funds and goods in kind for the care of the sick in their communities; and finally, they protect health workers against attacks and accusations by family members of those who have contracted the virus of making up diagnoses to extract payment. In short, without the involvement of the customary authorities through this regular monitoring, the response to this pandemic would be much more challenging.

Despite this, in the provincial towns of Muanda (Kongo Central) and Gbadolite (Nord Ubangi), social distancing measures are not scrupulously followed by the population. Resistance to these measures is largely since after nearly four months of lockdown (from April to July 2020) the population has seen few cases of COVID-19 in hospitals or in the community. As a result, many people doubt the actual existence of COVID-19. Moreover, there is a growing belief that Black people are immune from COVID-19 and that the high rates of COVID-19 deaths in the West are 'divine punishment' for white people's immoral and otherwise bad practices. This is particularly acute in Muanda, home of Congo's charismatic or traditional 'Black churches' (Vuvamu, Bundu Dia Kongo/BDK, Dibundu dia Kongo dia Banduenga/DKB, etc.), that reinforce these ideas with their followers.

After the general opening up and the return of traffic, especially the reopening of transport corridors between Kinshasa and the outer provinces, the central government in Kinshasa imposed the wearing of masks under penalty of a fine of 5,000 FC (\$2.50). But in Muanda, wearing a mask has become somewhat optional. In the beginning, the police tried to stop people without a mask, but then gave up as most people arrested did not have the 5,000 FC to pay (unlike in Kinshasa where this measure is strictly applied in several neighbourhoods). Since there are no (known) cases in Muanda, people wonder why public authorities hassle people to wear masks. The frequent retort is 'we're suffocating for nothing!'

The other element that plays negatively on local (also national) opinion is the suspicion of corruption in the Ministry of Health's management of COVID-19 funds. There is currently an

investigation by financial inspectors into the matter. The central government had announced that it would cover the costs of treatment for people with COVID-19, as well as the funeral costs of those who died from the virus. There are now reports that some health workers ‘negotiated’ the purchase of dead bodies to count them as deaths from COVID-19 to get these government funds. All of this has created a deep mistrust of public authorities and their handling of the response to COVID-19.

However, since the reopening of schools on August 10 and churches on Sunday, August 16, the hand washing stations in front of schools and churches that were earlier introduced during Congo’s Ebola outbreaks and then with COVID-19, are respected and used, following the advice of the customary authorities.

In short, customary authorities in Muanda and Gbadolite are faced with two contradictory and embarrassing realities. On the one hand, they recognize that they need to help enforce the measures decreed by the central government, and in particular help sensitize the population to comply with social distancing measures; and ensure that their communities continue to cultivate the fields to produce food and safely engage in other day to day activities. On the other, they know that they are powerless in the face of non-compliance, because their communities are not particularly affected by COVID-19 locally. Therein lies the challenge for customary authorities to negotiate a middle ground between raising awareness and convincing a population that does not believe in the dangers of a disease that it considers remote or even ‘imaginary’, while acknowledging their inability to enforce state-mandated measures.

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## Repression and Resistance

### **Patrycja Stys and Papy Muzuri in the DRC**

In Eastern DRC, we have observed a negotiated, sometimes violent power struggle between police seeking to abuse their new powers to enforce COVID-19-related restrictions, and citizens resisting what they see as excessive fines and restrictions on mobility.

In Goma and Bukavu, the respective capitals of North and South Kivu provinces in eastern Democratic Republic of the Congo (DRC), police brutality and opportunism in upholding COVID-19 prevention measures spread quickly along the main roads, but never inside the neighbourhoods that police themselves viewed as too dangerous to patrol. There, they could also earn much less in terms of levied fines.

In Bukavu, police co-ordinated with taxi drivers and intelligence services to create a shortage of public transport in anticipation of the 8pm curfew. They then induced traffic jams which caught people breaking curfew, allowing them to be stopped, pulled from vehicles, and fined or arrested. Similar incidents were reported in Goma.

In response, residents rose up against such abuse, particularly in terms of mandatory face masks. The ridiculousness of police officers stopping and harassing residents for not having face masks, or wearing them as chin straps, bracelets, or headbands, when they themselves were doing the same, did not go unnoticed.

Residents enacted civilian arrests of officers in Goma and popular justice in Bukavu. When a police officer killed a taxi driver in Bukavu's Bagira commune for not wearing a face mask, residents protested by blocking the main roads of the commune. They then, however, proceeded to vandalise the Bwindi isolation centre for COVID-19 patients on 16 June 2020. The centre's patients allegedly fled. The logic of such youth-led mass action, if it exists, is difficult to disentangle.

Yet, what these events do demonstrate is a negotiated limit to what people will tolerate in terms of police abuse of their COVID-19-augmented power and resulting income-generating opportunities. There comes a point where people rise up, here quite spontaneously, and support one another, taking on the police's role through civilian arrests and publication of those arrests over social media.

A negotiated line exists, which cannot be crossed. Residents are accustomed to managing low-level extortion on the part of the police, usually proportional to the perceived socio-economic privilege of the individual. Arrests or trips to police stations, on actual or fabricated infractions, are avoided through contributions of 'water' or 'beans for the children' – small sums of money determined by the 'guilty' party – for irregularly paid officers. In exchange, police are expected to let individuals go and to respond to their calls in cases of robbery or unrest in their neighbourhoods.

Infractions related to COVID-19 measures entail actual negotiations of fines between police and residents, sums much higher than those usually paid and no longer 'voluntary'. Residents have also reported heightened criminality in their neighbourhoods, which they associate with police chasing residents without face masks as opposed to robbers. In response, some neighbourhoods in Goma and Bukavu have started community watches or hired military police to assume the responsibilities of COVID-19-enforcing officers. Long accepted social conventions and resulting negotiated lines of acceptable conduct have been crossed, if not broken.

Those negotiated lines also differ depending on location, and the brutality of COVID-19 prevention has amplified those differences. The commune of Ibanda underwent (and respected) the three days of total confinement in early June 2020, except for one neighbourhood called Essence.

The citizens of Essence, where it was not logical or possible to stay indoors, chased out the police and threatened them with death should they try to enforce the lockdown. Essence is one of the Bukavu's poorest neighbourhoods. Its people depend on mobility to earn enough each

day to feed their families. They are day labourers or unemployed. Total confinement would have meant staying in a compound which is not demarcated and likely going hungry for the duration. The population refused, and the police had no option but to flee the neighbourhood and enforce COVID-19 measures elsewhere. Power is negotiated. People can handle just so much of its abuse, and they will refuse and rise up when it is illogical and threatens their very existence.

Police abuse was both individual and institutional. After the DRC government declared a State of Emergency in March 2020, governors of provinces affected by the pandemic established police commissions to enforce prevention measures announced by the president. Members include the minister of health and representatives of the police, national army, intelligence services, and the hospitals selected to treat COVID-19 patients. In South Kivu, the police commissions' most noticeable actions were stopping and fining those without face masks, using roadblocks as well as police officers and soldiers who circulated throughout the city. The fines were confusing, not properly communicated and not respected – how they were implemented depended on who you were and who you knew.

Despite the institutional response (police commissions and roadblocks), each individual police officer also had ample leeway in terms of who and how much they fined. Those with family or social contacts in the police or army could pay just for telephone airtime or the police officer's transport, while others were arrested and taken to prison and fined more heavily. Receipts were not given, and at the end of each day the police officers would split what they had 'earned', with a part going to their Commander at the level of the Commune (a system called 'rapportage').

The vast majority of the resistance was spontaneous, people in anger supporting one another against police abuse. A different case was that of Bwindi centre for the treatment of COVID-19 patients. Here, the youth organised itself, after a young taxi driver was killed for not wearing a mask.

Organizations (even LUCHA or Filimbi, which are youth-based civil rights organizations) were not involved in mobilizing people or spurring resistance to police abuse and violence. They usually organize marches and protests, but with gatherings of more than 20 people forbidden, they would have been arrested and fined for mobilizing against discriminatory arrests and fines.

Other public authorities have been fitfully present, and often marginalized by the state. Churches are closed but their leaders broadcast over the radio and television for followers to respect COVID-19 prevention measures, while delivering sermons. Intergovernmental Organizations and INGOs like ICRC and MSF drive cars with megaphones announcing that both Ebola and COVID-19 are real and asking people to respect prevention measures. The actual response is dominated by WHO and the Ministry of Health, which have pushed out the multitude of actors which had been and remain implicated in the Ebola response (purportedly to avoid the confusion in leadership that marked the Ebola response).

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## Rumours and Confusion

### **Papy Muzuri in Bukavu, South Kivu, the DRC**

I would like to take this opportunity to point out some of the difficulties that exist on a daily basis between the political-administrative authorities, namely provincial government representatives, and the population with regard to COVID-19. I argue that their inept handling of the crisis has precedents in the Kivus' Ebola outbreaks.

Since the appearance of the first case in Bukavu in early April 2020, there has been confusion about the number and identities of patients. This initially created doubt amongst the population as to whether or not there were any cases at all, with many residents concluding that COVID-19 is nothing more than a scam by authorities to enrich themselves.

Nonetheless, shortly afterwards, the population began to become aware of the existence of the disease. However, communications from the authorities remained limited, causing many to remain sceptical. This includes poorly explained and unjustified lockdown rules decided by the authorities, which sometimes failed to take into account the socio-economic realities of the majority of the population who live hand-to-mouth or depend on crossing the border to Rwanda to trade.

Non-state actors, such as religious leaders, initially helped to raise awareness about the wearing of masks and containment, but their subsequent silence has added to doubt in the population about the existence of COVID-19. Religious leaders also began to threaten to open churches and sent a delegation to the Prime Minister to ask him for authorization. Regardless, of his answer, some churches in Bukavu and Goma have since opened their doors.

As for the leaders of the armed groups, the entities under their control are not affected by lockdown because in North Kivu the measure is only for the city of Goma. The same is true for South Kivu, where the measure is applied in only one commune (Ibanda) out of the three in the city. For the traditional chiefs, their entities are also not affected and the majority remain in different cities for security reasons. Accordingly, they do little towards awareness raising for COVID-19 response measures.

Confusion around prevention measures has been exacerbated by popular understandings that COVID-19 does not exist, that it is a fabrication of the government elites and the international community has exaggerated the virus in order to continue profiting now that the DRC's Ebola crisis is drawing to a close. Indeed, COVID-19 is the new 'business'. Such rumours have not been contradicted by state authorities, which serve only to fuel them.

A recent episode from Bukavu illustrates how these tensions can boil over. It all started with a misunderstanding between actors involved in the province's COVID-19 response – Governor Théo Kasi Ngwabidje, head of South Kivu's response Dr Denis Mukwege, and members of the Ministry of Health. They decided to designate three hospitals for the treatment of COVID-19 patients: The Provincial Reference Hospital, the General Hospital of Panzi and the Saint Luc Hospital. However, a few days later, the Governor unilaterally took the decision to set up a building in Bwindi for the care of the sick in place of the above-mentioned hospitals. Yet, how this new centre operates was not made clear to the other actors nor to the general public.

Following this decision, Dr Mukwege publicly denounced a lack of transparency in the management of the funds allocated to pandemic response by the central government. A few days later he also resigned from his position apparently to safeguard his honour and that of his hospital, the Panzi Hospital. His resignation exacerbated the population's doubts about COVID-19 cases and the number of patients in the province.

Then, on 15 June 2020, a young taxi driver in the commune of Bagira – himself a police officer's son – was shot dead by another officer while returning home because he was not wearing a face mask. The boy was popular in his neighbourhood so the same night youths took to the streets, protesting and burning tires despite the bullets fired to disperse them by responding police. The next morning the youths blocked roads in Bagira commune while another group went to Bwindi to block the main road between Bukavu and Kavumu.

As the saying goes: the mass has no soul: The Bwindi care centre for COVID-19 patients was also a target of these angry youth. Located close to one of the youths' roadblocks, it was being guarded by police very much like those who killed their friend. To be clear, I am not arguing that this was the cause, but it is among the hypotheses that need to be analysed. This attack was followed by several rumours that all the patients had fled to unknown destinations. Later the same day, the Governor's communication unit issued a communiqué, the content of which follows:

*A COVID-19 PATIENT CARE CENTER IS UNDER ATTACK, THE GOVERNOR CALLS FOR CALM.*

*On the morning of 16 June 2020, the common man exploited the articles of a certain press reporting the manifestations of anger of some young people going as far as ransacking the care centre for people infected with COVID-19 located in Bwindi in Bagira Commune. This resembles media agitation and manipulation of journalistic writing that tends to make opinion consume facts other than reality.*

*It should also be noted that an unfortunate incident occurred on the night of 15-16 June 2020, around 10 p.m. when a fellow countryman, a driver in his condition, was on his way home. The latter was unfortunately shot by unidentified gunmen. It is also rumoured that a rumour, relayed by some media, would accuse the elements of the Congolese National Police deployed on patrols to ensure compliance with the curfew measure enacted by His Excellency the Provincial Governor, Théo Ngwabidje Kasi, as part of the strengthening of the measures to prevent the activities of COVID-19.*

*While mourning the loss of human life, it is common knowledge that losing a loved one is a painful ordeal for everyone and everyone responds to it in a unique and personal way.*

*When the death of our compatriot was announced, some young people demonstrated and attacked the Bwindi care centre. The Congolese National Police has been working hard to restore order so that the situation can return to normal.*

*The Governor of the Province shares all his deepest condolences to the family of the illustrious deceased and reassures them of his personal involvement in ensuring that the investigations opened provide reparation for the harm suffered by the victims. With regard to the centre of Bwindi, the projectiles have damaged some windows, which is regrettable, but it should be noted that the situation is not alarming in nature as described by some media.*

*We would like to point out that despite these acts of vandalism, the nursing staff and patients interned in this centre are safe and sound and no one has vanished into thin air.*

This communique has done little to calm tensions. Indeed, it is a continuation of the confusion among the population which has reigned since the announcement of the first COVID-19 case in the city. Most troubling, no authority – from provincial government representatives to customary government officials or religious leaders or NGOs – wants to give the population the evidence and information they need to address this dangerous situation. The result is an erosion of trust in these authorities, and an affirmation that COVID-19 is nothing more than their newest business venture.

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## How Pandemics become Vehicles for Resistance

### **Aymar Nyenyezi and Koen Vlassenroot in North Kivu**

In the conflict-affected Eastern DRC, rather than just accepting the health care priorities of interventions, people see pandemics as moments of struggle and resistance, and mobilize these moments to express their demands to a wide range of public authorities. The COVID-19 pandemic is no exception. Popular reactions to the policies dealing with it are informed by earlier experiences and by local histories of disaster responses at large.

Based on fieldwork in the Ebola affected North Kivu province, in this brief comment we argue that the popular response to Congo's COVID-19 policies in this area is informed by how the Ebola pandemic was addressed as well as by other interventions dealing with conflict dynamics and effects. All these former experiences explain why people have taken a very critical stance against humanitarian and state actors, and against public authorities in general. It also tells us

about the need to learn from these earlier experiences when building responses to new (health) challenges, and to adapt these to existing socio-historical conditions.

When looking back at the Ebola crisis, which in North Kivu officially ended around the same time of the start of the COVID-19 crisis, one of the striking issues was the growing and often fierce local resistance to the health response, including armed attacks on Ebola Treatment Centres (ETCs), violence towards health centres, health workers and caregivers. Dignified and Secure Burial (DSB) officers and response teams have continually paid the price for interventions in a region where local populations seemed to be sceptical about the existence of the epidemic. These targeted attacks gravely disrupted the response and restricted access to affected communities in several places.

Several issues explain such fierce reactions and inform us about people's positioning in the current COVID-19 crisis. First, local populations criticised the fact that the mobilization against Ebola in the DRC was more motivated by the fear of its spread to the rest of the world, than because of the need to treat Congolese patients as such. The response was experienced as being in sharp contrast to the limited (international) response or even indifference to other existing threats. As one respondent told us, 'we die more from war than from Ebola and no one cares about it'. Similar statements are observed today in relation to the COVID-19 pandemic; this pandemic is seen as a global priority to the negligence of other health crises, including the measles pandemic, and ramping insecurity, which seem to have a far larger and more direct impact on people's lives than the COVID-19 pandemic itself. It makes Congolese in North Kivu wonder why there is no similar mobilization for other disasters.

Second, the response to Ebola was part of a biosecurity perspective that defined it as a war and the spread of the virus as the enemy to be defeated. This warlike speech had unfortunate consequences on the way in which care was considered: on one hand, the infrastructure for the response to Ebola was imported and had no effect on nor the effect of strengthening the existing health system, which had already been abandoned by state authorities for several decades. On the contrary, the remaining health system at the local level complains that the design of responses has a further negative effect on its resilience to cope with possible future responses. On the other hand, local people perceived the care as a lock-up and alienation of their communities. This pushed them to take refuge in seemingly ineffective practices but from which they had previously sought redress in the absence of a more structural, substantial and coordinated state commitment. It reflects the communities' lack of confidence in the capacity of public authorities to deal effectively with health problems. Also, here parallels can be drawn with the current COVID-19 crisis, which only reinforces a lack of trust in public authorities.

Third, the 'influx of millions' from donors and 'NGOs jeeps' in a war-torn environment added to suspicion by local communities. For them, aid related to Ebola response was a matter of business for multinationals and NGOs but not of caring for the sick. Conflicts between the Congolese Ministry of Health on the one hand and NGOs (uncoordinated interventions) and pharmaceutical companies (fraudulent introduction of an experimental vaccine) on the other have served to reinforce this suspicion. Similarly, with COVID-19 today, much of the oration inclines towards 'injecting billions' to 'save the market economy' and very little towards questioning how this global response model weakens the country's capacity to deal with these types of shocks.



These elements help to reveal why both the Ebola and COVID-19 crisis in North Kivu became a battleground and a space for political protest. Resistance against Ebola health centres or COVID-19 policies in reality is a multi-layered reaction against public authorities, both at the national and international level. The protracted nature of conflict and violence tells us why populations have increasingly expressed, during the Ebola and COVID-19 pandemics, their resistance to humanitarian responses and the nation's central government. People in North Kivu accuse both actors of ineffectiveness in securing and pacifying areas plagued by a multitude of non-state armed groups, which the communities prioritize over dealing with the health crises. Also, the health crises are experienced as opportunities not to claim health care, but to demand that state elites establish real territorial sovereignty, national security and good governance.

These observations tell us that, rather than accepting the health care priorities of interventions, people living in conflict-affected areas see pandemics as moments of struggle and resistance and mobilize these moments to express their demands to a wide range of public authorities. The same value-for-life argument underlying current health interventions today is used by people to question how, in the name of bio-legitimacy, interventions select the risks to address and thereby the lives that are worth saving. They have understood that Ebola and COVID-19 mobilize international institutions more than the phenomena to which they succumb the most such as armed conflict, malaria and other epidemics linked to hygiene and sanitation problems, an issue that state authorities have seemingly ignored for years. In response, they use the way their bodies are treated as a political vehicle to claim the right to a decent and peaceful existence, guided by responsible public authorities.

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## **Sierra Leone**

### **The Legacy of Ebola**

#### **Jonah Lipton in Sierra Leone**

The outcome and impact of crises are determined in part by their precedents, as well as by the conditions of 'normal' or 'ordinary' life in the context where the crisis is taking place. This was a major lesson that I learnt doing long-term fieldwork in Freetown, Sierra Leone, unexpectedly during the 2014-16 Ebola epidemic. In places with extensive, and recent, histories of crises, public authorities become complexly configured in ways that attend both to pressing concerns, such as managing epidemics, and longer-term economic and political concerns, such as seeing

off challenges to their authority. During and after COVID-19, lessons can be learnt internationally from such ways of managing crises.

The 2014-16 Ebola outbreak began in the rural borderland region between Guinea, Sierra Leone and Liberia. In the course of a number of months, in which it received limited international or state-based attention, it had spread to urban centres. States of emergency were declared, reinforced by a large-scale humanitarian and public health intervention, composed of an array of mostly international authorities and agencies. The crisis, and intervention, was experienced varying in different locations. In rural contexts there was often an overt tension between intervening state and international authorities, and local authorities, such as chiefs and secret societies, whose efforts were at times actively undermined (Parker et al. 2019; Richards forthcoming).

In Freetown, Sierra Leone's capital city, things were somewhat different. There I saw a more amorphous ecology of public authorities reconciling their communities' and their own longer-term priorities with the more immediate demands of tackling the epidemic. I see this tension in many of the accounts of COVID-19 by my colleagues. During Ebola, it was more possible for international humanitarian actors and 'new' authorities, such as burial teams and community engagement managers, to prioritize the virus more singularly than it was for ordinary people, and established public authorities, for whom the virus fitted into a much wider set of priorities and concerns.

This underscored the way that families and communities experienced and managed the crisis. Burials were a notable example, whereby 'new' Ebola authorities presented one, now legally enshrined, route for performing burials during the crisis: 'safe and dignified burials'. At the same time, established municipal authorities offered another route – 'secret burials' – taking on elements of safety yet being more in line with 'traditional' practice. While the latter was technically illegal under state of emergency by-laws, it had a greater semblance of legality due to the fact that it required working with arguably more established public authorities (Lipton 2017).

This matrix of community-based, established authorities, and newer Ebola authorities, cannot be reduced to a state versus non-state or civil society binary – one of the reasons why the 'public authority' framework is particularly useful. During the state of emergency, a host of normally non-state authorities, such as traditional healers and religious figures, were incorporated into the official Ebola response, on the state's 'Hazard Pay' payroll. At the same time, a number of state actors were sidelined in the state of emergency structures, which led to something of an unsettling of the social fabric, as authority structures and hierarchies were re-configured.

Both processes resulted in some unusual opportunities for normally disenfranchised groups, like youth – a major focus in my research – in similar ways to those reported in Northern Uganda in this paper. Yet, overall, public authorities across the spectrum underwent a kind of increased 'bureaucratization', in part the result of new, and temporary, possibilities for economic and political formality that came with a large-scale, and well-resourced, intervention. This did not in all cases mean being drawn closer to the state, as in Ferguson's model (1999), but rather reflected a mode of operating that was 'state-like'.

The history of crises in politically and economically unstable contexts will undoubtedly have a major impact on the way the COVID-19 is experienced, and managed, and what its long-term impact might look like. The kind of fragmented public authority structures, in which the state is complexly and unstably interwoven, are positioned to play an important role in not only managing the crisis now, but also the longer-term 'recovery'.

Perhaps communities in the Global North that have not gone through such crises in recent history are more at the mercy of state authorities during COVID-19, rather than a more interwoven fabric of public authorities. This might be welcome in the case of well-managed and resourced states, but in those seemingly extensive cases where this is not the case, perhaps there are lessons that can be learnt from response to crisis in places like Sierra Leone.

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## Power Politics, Protest and Echoes of Past Conflicts during a Pandemic Response

**Lawrence Sao Babawo, Tommy Matthew Hanson and Ahmed Vandi**

Sierra Leone was the last country in West Africa to have recorded a positive COVID-19 case on 31st March 2020. By 16th September 2020, it had recorded cumulative confirmed cases of 2,216 confirmed cases, with 1,640 recoveries and 72 deaths.

Before the initial case was reported, Sierra Leone had implemented what appeared to many to be a series of proactive and innovative strategies to prevent the pandemic from entering the country. This included the creation of robust screening mechanisms at the only international airport for incoming and outbound travellers; the provision of quarantining facilities for travellers coming from other countries, especially those from places with high levels of infections; and the promotion and provision of hand washing stations and facilities (veronica buckets and soap) in public places, including offices. Commentators suggested that this was due to the hard lessons and experiences from the 2014-2015 Ebola Virus Disease (EVD) outbreaks.

The Ministry of Health and Sanitation (MHS) led the initial response and coordination efforts, and was highly commended because almost all stakeholders, such as the leadership of political parties, were included. More importantly, perhaps, the older leadership of the EVD response team was invited to participate in the response and to share its lessons. From them, a dedicated Emergency Operation Centre (EOC) was reactivated to coordinate all stakeholders in the new pandemic response.

However, this initial optimism was quickly overwritten by a series of accusations traded between the ruling Sierra Leone People's Party (SLPP) and the main opposition All people's Congress party (APC). The then CEO of the National Ebola Response Centre (NERC), who was initially invited to meet with the President for possible inclusion in the COVID-19 response planning meetings, was accused of having brought a gun to the state house to allegedly stage a coup d'état to overthrow the democratically elected Government of President Julius Maada Bio.

This later led to the arrest, detention and trial of the then CEO, Alfred Palo Conteh, on the allegations of attempted treason. This caused the prominent opposition party members of APC to withdraw their cooperation with the EOC's activities. He was eventually found not guilty of treason but still charged with carrying an unlicensed firearm and jailed for two years. He has appealed against his jail term.

It is also important to note that healthcare workers went on strike twice after the first case was reported for not receiving the necessary materials needed for the response and, more importantly, in protest at the nonpayment of hazard allowances. This action yielded some positive dividends such as a salary increment for all health care providers involved in the response and the creation of a compensation scheme for families of healthcare providers who die as a result. This decision was made by cabinet and passed to parliament to be legislated upon, with some health care workers and families of deceased health staff already having benefited from the policy. Such an initiative was not the case during the EVD outbreak.

As these political battles waged, steps were also initially made to rejuvenate the sensitization and awareness-raising architecture that was used during the EVD outbreak. Both local and international health organizations and the Ministry of Health and Sanitation (MOHS) made nationwide visits to local leaders and chiefs to raise awareness of the deadly pandemic. In reality, however, the involvement of local authorities, including Paramount chiefs, religious and traditional leaders, has not been the same for the COVID-19 as was the case during the EVD outbreak.

Notably, the implementation of by-laws and communities' sense of ownership of the response is drastically lacking. Most activity has also occurred in Freetown, with districts and villages seldom considered or supported logistically or financially. There is also much confusion around who should do what and when, especially between the city councils and district councils responsible for implementing response measures and other developmental activities as provided for by the Local Government Act of 2004 which devolved Health and Education.

Discussions of COVID-19 on radio and TV have not been adequately targeted. Generally, the same messages around precautionary measures during the EVD outbreak are discussed but this time without much study to gauge the perceptions of the public. Some survivors of the EVD were hosted on radio and TV programmes to share their experiences on what they went through at the treatment centres and how they managed the stigmatization within their various communities. Yet, currently much of the talk is done by the health workers or policy makers, but the voices of the community members, especially from the villages, seemed missing.

The government and international actors' COVID-19 prevention and awareness messaging has been affected by the flooding of social media messages promoting dangerous political narratives that undermine national cohesion. As a post-war state, some members of the public are concerned that the country does not return to the ugly experiences of the civil war, especially when some of the factors that led to the war as recorded by the Truth and Reconciliation Commission (TRC) were still evident. Similar worries have been noted by civil society organizations.

As part of the response, restrictions to inter-district movements, night curfews and lockdowns, among other measures, have been implemented to stop and contain the spread of COVID-19. During the periods of the restrictions, humanitarian organizations in union with the Government have distributed substantial amounts of food and other items to people living in slum communities and to other vulnerable populations. But this aid has not been systematically or comprehensively distributed, highlighting the lack of a comprehensive database detailing who is vulnerable and how.

The heavy police presence and militarization of the response also causes fear, reminding citizens of the war. Indeed, the national response team is currently headed by a military official and other key positions are headed by them with support from other experts. This is received with mixed feelings among workers of the Ministry of Health and Sanitation. Similar concerns were also raised during the Ebola epidemic.

In May 2019, the government organized a three-day National Dialogue Forum titled 'Bintumani-III' in Freetown, where national conversations were held to chart a road map for the consolidation of peace in Sierra Leone. One of the recommendations of this engagement was to establish a National Peace Commission, the process of which is presently in progress. Yet, as reported in Uganda and the DRC, many people in Sierra Leone believe that COVID-19 is a money making and/or political strategy. Some suggest that the government is buying SUV vehicles as rewards for the Commission's regional coordinators, who also happen to be political appointees or are already resident ministers with vehicles assigned to them.

In conclusion, despite the huge resources invested in the COVID-19 response in Sierra Leone, it is to be noted that understanding the response through a public authority lens gives responders an opportunity to critically analyze the underlying dynamics of various authorities and how to mobilize these for the sustainable implementation of response strategies and preparation for future shocks.

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*This research on COVID-19 and Public Authority is co-supported with funding from the GCRF (RECAP - Research capacity building and knowledge generation to support preparedness and response to humanitarian crises and epidemics. Grant number: ES P010873/1).*

## South Sudan

### The Absence of Government

#### **Abraham Diing on COVID-19 in South Sudan**

On February 15, 2020, President Salva Kiir issued a presidential decree removing all the governors, state ministers and commissioners of South Sudan's 32 states. This decree was justified as a necessary prerequisite for establishing the Revitalized Transitional Government of National Unity (RTGoNU) that was promised in South Sudan's 2018 peace deal.

Many South Sudanese have urged the government to directly appoint the states' leadership. They argue that the leadership vacuum has already resulted in many atrocious activities, such as the Lou Nuer-Murlei conflict, as well as impeding a proper response to the virus. The warring parties are rumoured to disagree about appointments and their delay could be a means to prevent future hostilities. Yet, no appointments have been made.

As elsewhere, South Sudan now faces the dilemmas and devastation of COVID-19. However, it does so with this vacuum of state and local government. The National Ministry of Health in collaboration with the World Health Organization (WHO) has taken the lead in disseminating information about the virus and outlining restrictions on normal life. Local public authorities substantially influence and make possible the implementation and interpretation of this information and orders.

Trusted chiefs with long histories as powerful interlocutors between the government, aid agencies and communities have been at the forefront. As COVID-19 cases continue to soar and there is no indication of an end, the chiefs are caught between keeping peace among communities, communicating the responses' preventive measures, including dismissing the conspiracies theories and counselling the widespread despair.

Yet, people have dismissed information from the government in Juba as they believe elites only have the intention of bettering their own lives. Furthermore, there is a growing distrust of foreigners, including United Nations (UN) workers, who have become associated with the virus. Some people call COVID-19 'the Kawajas' [white people] Virus'. While cattle keepers call it the 'town people virus' and others claim it cannot survive in hot places.

During a meeting I attended, one chief was asked by his community members whether it was true that the virus is foreign and created by kawajas to reduce the population. He replied: 'At this time of despair and desperation, people imagine things and we need to be careful and remain united and protective of our families, people and society'. The large amounts of money spent by the international community on radio and poster campaigns is largely falling upon deaf ears. People do not trust the messages sponsors.

In Jonglei State, chiefs have been disseminating information about the virus. They travel from community to community meeting with elders, church leaders and women's groups to explain



to them that the virus is real and they need to follow the guidelines issued by outsiders. Some carry buckets and soap to demonstrate to the communities the important aspects of prevention. Yet, little support has been given to them by the organizations and authorities claiming to be working on COVID-19. A short training by the Rift Valley Institute was an exception.

In response to COVID-19 the government has also closed international borders and stopped movement. This has interrupted the flow of food to markets and prices have risen. Some people have been forced to close their businesses and send employees home. Poor families can be unable to meet their daily basic needs. To address a potential secondary food crisis, chiefs encourage community members to share whatever they have with needy neighbours and, in some cases, provide money to the most desperate that contact them through elders.

There is, however, another side effect of the crisis. South Sudan's leadership and security vacuum had already exacerbated its long-running conflict dynamics. Now, there is emerging anecdotal evidence that the lockdown is also contributing to petty crime. Cases of house break-ins, shop- and cattle theft have increased. Chiefs have legal authority, as stipulated in the Transitional Constitution of South Sudan and the Local Government Act, 2009, to handle such cases in their courts. But the lockdown poses additional difficulties to the chiefs' summoning of alleged perpetrators to account for themselves.

In addition, youth cattle raiding across county borders has also increased and this continues to intensify ethnic confrontations. Dinka Bor and Lou Nuer youth have attacked Murle in what is believed to be revenge for attacks on Lou Nuer villages by Murle, but the number of youth that were mobilized raises questions about higher-level political involvement. More people are being displaced and lives lost every day to such conflicts.

Here too, the burden for resolving disputes largely falls to chiefs who must add it to a list that includes protecting their communities from bandits and, more recently, the virus. It remains to be seen whether their responses will be enough to address the virus and secure their legitimacy as the country's de facto governors.

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## Uganda

### State Control via Food

#### **Anna Macdonald and Arthur Owor in Gulu, Northern Uganda**

At the time of writing (May 2020) national level food insecurity and distribution is the major political issue in Uganda. On March 30th, President Museveni banned food distribution by

individuals and organisations outside the government. The rationale was that food distribution needed to be regulated and handled in such a way that social distancing could be observed. It would now be administered through the National Task Force on COVID-19 and devolved District Task Forces (DTFs). Each has a range of public authorities as members – described later – to manage the COVID-19 response, including the distribution of food.

With the 2021 presidential, parliamentary and local elections on the horizon, the pandemic response has made new capital and political resources available and quickly restructured public authority dynamics at the local level. For example, originally all politicians were given a budget of SHS20 million (roughly £5,000) to spend on food distribution in their constituencies but this was soon requisitioned to be channelled through the new DTFs, which are chaired by government-appointed Resident District Commissioners. This new structure puts the central government in control of the coronavirus response right down to the village level. NGOs also now have to give all food aid to the task forces and are no longer allowed to distribute independently, unless approval is sought and granted.

As in other parts of Uganda, the District Taskforce was set up hastily and did not adhere to any clear procedural guidelines. Members of the DTF are drawn from the police and security services; the district health office; municipal staff; and elected district councillors as well as from civil society organisations including NGOs, faith based organisations and the Acholi cultural institution, Ker Kwaro Acholi. The taskforce has nine subcommittees, each designed to cover aspects of the pandemic response. Resource mobilisation is one such committee and it is responsible for securing and managing COVID-19 relief (notably food). This committee has by far the largest number of attendees in records of local meetings and is particularly popular among local politicians seeking elected positions next year. Within that committee the plum place to be is on the food distribution sub-committee, and there is evidence that roles here are being delegated to NRM loyalists. There are also reports of local NRM politicians donating money and food to Gulu's DTF with the provision that it is distributed amongst their constituents. Meanwhile, there are reports that NGO staff are offering food and relief items to politicians in exchange for travel permit car stickers, to ease their personal travel movements.

President Museveni has already said that those distributing food outside of the Task Force structure will be charged with attempted murder. Opposition politicians have been caught, arrested and beaten up distributing food to their constituents. In contrast, NRM politicians are doing so outside of the Task Force structure with impunity. At the same time, some local politicians with foresight are concerned that being too involved with food distribution at the taskforce level could be bad politics, especially as there is simply not enough to go around and major discontent and protests are very possible. In Gulu, groups of people crowd the District yard on an almost daily basis in pursuit of food. People have also complained about the quality and quantity of the food and a lack of diversity in what they are getting.

While COVID-19 marks an extraordinary event, corona-politics is normal politics in Gulu. The way in which the response is being handled right down to the local level is shaped by long-term efforts by the NRM to centralise political control over the Districts and to undermine political opposition (often violently), as well as the co-option of public resources to support election campaigns and secure votes through the material exchange of food and other basics.



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## Resistance and Rumour

### **Liz Storer on COVID-19 in West Nile, North West Uganda**

People have been listening to Presidential Directives and attempting to enforce social distancing and orders to stay at home. In the early weeks, there were calls from local government and the Catholic Church to provide clearer directives, and greater enforcement of the lockdown. Recently, there have been calls to enforce directives in refugee settlements along the Uganda-South Sudan border. The Minister for Local Government also visited Arua, her visit warning that money dispatched to the district should be used appropriately in COVID-19-related relief efforts.

As in Gulu and South Sudan, for many of the West Nile's people the lockdown has caused significant issues with regards to food security, with the majority dependent on subsistence agriculture and small-scale trade in local markets. Some local government officials have told people not to 'wait for the government' and to find ways of making-do by themselves.

There has been resistance to lockdown orders from young men, particularly from boda-boda drivers and those who depend on daily work for a living. Reportedly, the police and military were forcibly caning lockdown violators. There has also been a policing of journalists following their suggestions that donations received by local governments through the COVID-19 Task Force – which should be distributed by LCs – have not reached vulnerable people.

In the early weeks of the lockdown, there were widespread suspicions, particularly among young men in Arua town, that the move was an act of political manipulation and a conspiracy designed to delay the forthcoming election. These fears were heightened since there were no COVID-19 cases reported in Arua in the early months of the pandemic. Lately, cases amongst truck drivers were confirmed at Pakwach, with those who tested positive being transported by military escort to Arua Referral Hospital.

There have also been fears that Chinese construction workers, a significant developmental presence in the region, may spread COVID-19. Reportedly, many workers were evading quarantine. Similarly to South Sudan, there is a sentiment that COVID-19 is brought by rich outsiders into the district. Indeed, it is also often called a 'Chinese sickness'.

There has also been widespread resistance involving elders (demonstrating via a protest with bows and arrows) to the establishment of a quarantine centre in Arua, the regional capital. Similarly, in Moyo Town, the choice of isolation centre for COVID-19 angered the community to the extent that a mob burnt down the home of the District Chairperson seen as responsible for commissioning the centre. People have promised to seek revenge in the 2021 elections by voting him out of office.

In Arua, Catholic and Anglican churches have been active in delivering public health messaging, often organizing congregations through Whatsapp. The most popular radio stations in West Nile are funded by Christian Diocese, so this is a major source of information. Perhaps for this reason, many understand COVID-19 to be a curse from God. Islamic leaders have also propelled similar explanations: 'The first thing is Allah must be very annoyed with us because the world cannot be punished without a crime, so it's a punishment' declared a local sheik.

While there has not been a uniform response from Christian institutions, some churches have also organized prayers and collected and distributed tithes, focusing on the vulnerable. Reportedly, however, community organizing is increasingly difficult as churches themselves lack the offertory which they are not receiving during lockdown. Moreover, the restrictions on groups congregating together has made it difficult for the church to initiative collective advice, or to distribute essential goods. Since radio stations continue to be operated by Christian Diocese, these stations have remained important sources of information, in lieu of other activities.

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*This research was funded by British Academy, Knowledge Frontiers Grant, hosted at the FLCA.*

## A Performative Dance

### **Joseph Okello and Julian Hopwood on the strangeness of COVID-19 in Uganda**

Ugandans are used to infectious disease scares. In the last three years there have been cases of Yellow Fever, Marburg Virus and Ebola, all with particularly horrible symptoms and very high death rates. We live and die with one of the world's worst malaria burdens. So, it is hard to know how COVID-19 fits into this picture, with as of 27th August 2,362 confirmed cases (mainly people who arrived from other countries), 1,324 full recoveries and 22 deaths. A medical friend compared the numbers of cases of COVID-19 versus malaria to the earth versus the sun.

On the other hand, there has been a great deal more fuss about COVID-19 than malaria: first the government closed schools and universities and shut down public transport, then most shops and businesses. People have been beaten, locked up and fined for breaches of strict but ever-changing rules. While no one has officially died of coronavirus, there are multiple deaths that



can be directly related to the lockdown, mainly people unable to access emergency treatment due to the curfew and public transport ban. Many more are less directly linked, for example, through a reported increase in domestic violence, and most no doubt have not and never will come to light.

Uganda's first recorded case was on March 22<sup>nd</sup>, two weeks after South Africa's which now has nearly 161,000 cases and 13,502 deaths. It is conceivable that the government is in denial and/or manipulating the figures (as is clearly happening in Tanzania and Burundi), but there is no evidence of this and apparently no rumours in medical circles of suspected cases going unreported. However, the very small scale of testing makes it possible, probable even, that there are many more cases out there, albeit not serious if they are not coming to the attention of health services. We do not know, therefore, whether the disease is developing here more slowly than most of the world or whether it is actually less infectious and less deadly.

Yet, it seems unlikely that the current low impact is due to the lockdown. On the one hand it was certainly timely (it began before the first recorded case), has barred indoor public gatherings in bars, bookmakers and video halls, and has prevented large numbers of people from travelling long distances. On the other, it has not – indeed this would be impossible for multiple reasons – led to general social distancing, and people a lot lower down the food chain than the UK government strategist Dominic Cummings have been moving freely on official and personal business.

Most confirmed cases have been of truck drivers arriving from Kenya, Tanzania or South Sudan. It is not really possible to stop this traffic – almost all imports to Uganda and South Sudan arrive in this way. Without this trade both countries would have no fuel or medical drugs and supplies, among other essentials. Hundreds of these truck drivers arrive each day and testing them accounts for most of the total carried out. Until quite recently they were not quarantined while awaiting their results, and they were allowed to proceed into Uganda.

There were many incidents where long-gone asymptomatic drivers were found to be positive many hours later and having had multiple in-country contacts. Public alerts would be put out over the radio to enable the security forces to track them down. People follow such incidents anxiously – no one wants suspected positive cases near them. They think, reasonably, that if it happens in their town it can lead to all sorts of aggressive contact tracing and extra quarantine restrictions. As well, of course, it might expose them to the virus, which is unsurprisingly a serious fear for some people, given the public messaging.

In both town and country, very local public authorities – the controllers of boreholes and the various elected officials and committees that manage village jurisdictions, markets and other local services – can be and sometimes are highly effective in encouraging or enforcing things like restricted travel, hand-washing and mask-wearing. However, whether these have had a significant positive impact is unclear.

The government's messaging has largely been through long, convoluted presidential addresses broadcast on TV, radio and social media. People listen closely in the hope of relaxations of the lockdown regulations. These change each time but often without an obvious logic and it is



doubtful if, beyond regular hand-washing, and fear of truck drivers and other foreigners, rationales of limiting transmission are in public circulation.

Certainly, public authorities overtly linked to the state exhibit a lack of interest in or understanding of social distancing and disease containment practices. Those concerned with enforcing regulations, such as the army, police, local defence units, courts and certain elements of the health services, have long held expertise at making money from their functions in sometimes centralized but mainly localized ways, and while lockdown rules have cut off certain income streams for these bodies they have opened others.

As in past curfews imposed during crime waves, security forces round people up randomly and more or less hold them for ransom in police station cells until their relatives pay for their release. Every aspect of this encourages disease transmission among those arrested and the security personnel. Depending on what the president has said in his most recent announcement, levels of brutality by security forces go up and down, though is generally less than at the start of the lockdown. However, his threats and warnings against corruption by officials have no noticeable impacts, and are presumably being heard by those concerned as not serious.

Each time the lockdown is extended people despair. There is no reason for confidence that this is being done for public health benefits – it is the lockdown that is hurting, not the disease. While some aspects are being relaxed, schools remain closed and motorcycle taxis – boda bodas – are still not allowed to carry passengers, and people presume that there must be some political or economic benefit for someone in this, though what and who is obscure. The main opposition newspaper reported government expenditure on the coronavirus so far as being over US \$170m, including \$50m from the World Bank and \$30m in donations from private companies. Less than one million of this has been earmarked for testing, while much larger amounts are budgeted for items such as hotel accommodation for those quarantined and staff transport, items that will directly benefit Ugandan private sector businesses.

A particularly suggestive item is \$35,000 budgeted for 'deploying counsellors to communities and affected families to mitigate psychosocial effects of coronavirus'. This is in a context of millions of people going hungry, of a massive national burden of other diseases, and deaths caused by the lockdown, and where such a response is culturally irrelevant and absurdly tokenistic given the tiny amount for a country with 46m people. A possible explanation for this budget line is that it functions as a kind of colonial cultural tribute to the World Health Organization and other international bodies, as there is no possibility of it fulfilling its stated purpose in any significant way. There does not seem much prospect of trickledown or local benefit specifically from COVID-19 funds. Welfare support has been derisory, while economic opportunities, legal or otherwise, are for big businesses and elites.

To sum up, our fear is that the lockdown is performative: that Uganda's coronavirus response is simply mimicry of Western practices, offering no health benefits given the very different local context. The non-health benefits – financial and political opportunities – seem to be largely reserved for the upper echelons of power. However, it seems likely that those elites are as ignorant as the rest of us with regards to whether COVID-19 is going to continue as a comparatively miniscule threat or whether we are enjoying the calm before the storm.

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## Love and Lockdown

### **Holly Porter and Robin Oryem in northern Uganda**

Much of our work on public authority and the governance of love-lives looks at the relationship between 'the event' and 'the ordinary' in northern Uganda. The 'event' in this context has typically been to do with the war and/or occurrences of sexual violence. However, if we think about the outbreak of COVID-19 and the militarized governmental responses to it as another such 'event' there are some interesting parallels.

Practically, as during periods of the war, there are strict rules about travel, movement is restricted, and a curfew is violently enforced. In towns people are thrown together, similarly to the time of the rapid 'urbanization' of displacement camps. In contrast, in more rural areas now people are often kept apart. While this certainly poses new risks and vulnerabilities (such as reports of increased domestic violence) sometimes it creates new opportunities.

As in other moments when 'normal' ways of life are made impossible, cracks can become chasms, and spaces of manoeuvre to deviate from established norms present themselves. For example, under usual circumstances, public authorities play a large part in governing people's love lives. Young couples walking hand in hand can be beaten on the road by police; boys trying to sneak into their girlfriend's homes may be beaten by her brothers; and elders and religious leaders exert significant pressure on youth who want to circumvent their wishes and marry outside of their orbit. Yet, COVID-19 has enabled youth to challenge these authorities in interesting ways and to do so with the weight of a global pandemic on their side.

An example of this dynamic concerns Uganda youth who wish to get married. The costs of 'traditional' marriage gatherings and wedding parties are prohibitively high for many. Because of the restrictions on public gatherings, many young people who would not be able to afford to wed ordinarily are now planning to avoid the costs of large parties, often against the wishes of religious leaders and especially clan and family elders. Others (who live in towns) have told us that they are able to make excuses to stay at a girlfriend/boyfriend's house when this would not ordinarily be allowed because of curfews.

Youth who can bend COVID-19 measures for their benefit have excuses backed by science, public health advice and the militarized enforcement of the government. It is difficult for family authorities and clan elders to argue. Young people who are able to capitalize on the situation can maintain a respectful and humble posture and yet ‘stand-up’ to the inhibiting authority of their elders.

Within married households, many wives have told us that they are currently enjoying their husbands being at home more; a confinement which, among other activities, prevents them from staying out late, sleeping around and spending money on gambling. Under ordinary circumstances requests for more attention and time spent as a family can be met as a challenge to the authority and masculinity of heads of households. Yet, under COVID-19, the pandemic is on the side of quality family time.

The flip-side of this, and again this occurs during other exceptional circumstances, is that the compelling power of public authorities is made more palpable and visible as they grapple to maintain shaky control. The ‘voluntariness’ of people’s compliance to public authority is put under strain and force becomes much more salient. As a result, the behaviour of public authorities is much more the subject of public debate. Currently, much of this is occurring online but we are also interested to explore what has been happening on the radio.

A large part of Ugandan government’s strategy centres around limiting movement between districts and regions. Since these largely correspond with different population groups’ locations, this has had the effect of ‘tribalizing’ the response, entrenching divisions between them. These boundaries are being policed not only by the highly militarized state actors, but also Local Defence Units (LDUs). People are also being encouraged to inform upon one another if they are suspected of having travelled or contravened government guidelines.

There is of course a long-standing and pervasive idea that maladies such as COVID-19 come from outside, and sometimes that they are sent or directed with malicious political intent. Histories of political marginalization, war and several outbreaks of Ebola in living memory – with some people putting stock in conspiratorial theories of how it arrived in northern Uganda – exacerbate such beliefs. Indeed, the suggestion that relations between regions might carry possible threats or might be unjust, even potentially polluting, exists under ordinary circumstances. The COVID-19 response has militarized these boundaries and made the stakes for transgressing them higher.

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## Militarization and Violence

### **Melissa Parker and Grace Akello on COVID-19 and public authority in Uganda**

In early March 2020, President Museveni tweeted: 'Uganda is (very) prepared' for COVID-19. From the outside, it might appear as if this was the case. Following a Presidential address on March 18th, he closed schools, suspended markets and religious gatherings, and outbound travel to countries such as Italy, South Korea and China were prohibited. Citizens returning to Uganda were placed in quarantine, and political rallies forbidden. All this happened before Uganda registered its first case of COVID-19 on March 23rd.

Additional decrees followed – including the suspension of all forms of public and private transport. Non-essential movement (even by foot) was discouraged. Importantly, power was taken away from the Emergency Operations Centre (EOC). Decisions about how to prepare and respond to COVID-19 had to be authorized by the Office of the Prime Minister, with a military figure heading operations. In view of the rapid spread of COVID-19 across the globe, the absence of a vaccine or effective treatments, and the high fatalities occurring from COVID-19 in Europe and elsewhere, means a strong case could be made for the early imposition of a lockdown.

However, taking authority away from the EOC and overtly militarizing the response by using soldiers to impose a lockdown is proving problematic. Ongoing research at multiple sites in western, north-western and northern Uganda is revealing the violent and brutal nature of lockdown for ordinary Ugandans.

At one field site, which lies on the Uganda/DRC border close to Kasese, women have been beaten for attempting to cross a river to cultivate their crops on land which is owned or rented on the DRC side of the border; and soldiers are seeking money or sexual favours in return for turning a blind eye to unauthorized border crossings. At another site in Nebbi district, which lies more than 400 kms further north, on the shores of Lake Albert, but also on the Uganda side of the DRC, people were not only beaten but live shots were fired by soldiers into a weekly fish market. All this happened within a few hours of the President declaring that markets should close and before the news had spread that such activity was prohibited. One colleague, writing about the same place, but a few weeks later, sent this account:

'At 7pm, the usual curfew time, armed men start patrolling the streets. They normally whip whoever they find on the streets and impound bicycles or boda-bodas (motorcycles) during curfew hours. One day, a renowned Pastor ... was returning home from [the] trading centre. He saw soldiers and crossed to another street. Unfortunately, they followed him .. His motorcycle was impounded. They beat him up until he lost consciousness... After hours of lying on the ground, his flock converged at the scene and took him for treatment at the Health Centre ....'

Unsurprisingly, the longer the lockdown continues, the greater the impact on peoples' livelihoods. In common with past outbreaks, it is also increasingly clear that COVID-19 is accentuating social inequalities and reinforcing the marginality of already marginalised groups.

Take the case of Gulu district, northern Uganda: thousands of children were abducted by the LRA in the late 1990s and early to mid-2000s. Many subsequently returned ‘home’ in the mid to late 2000s, having spent time at internationally-funded reception centres. Our research (e.g. Allen et al 2020) has shown that the vast majority of returnees feel excluded, with those living in rural areas, rather than towns, particularly struggling. They have become an ‘underclass of an underclass’. The current restrictions on movement are affecting this group. One former child soldier contacted a colleague to say: ‘If they don’t end lockdown soon, we shall die from hunger’; and another rang to say that she had been ‘... chased from [her] village, accused of being a witch’.

The situation is volatile and changing fast. At the time of writing (July 30<sup>th</sup>, 2020), Uganda has reported 1,140 infections and two deaths from COVID-19. At all field sites, citizens question the merit of lockdown and there is increasing resistance. In Kasese district, for example, the latest accounts indicate that militia groups residing within a study village are coordinating with those in the DRC to resist the military presence; and at various villages in Nebbi district, anger and fury at the violent imposition of lockdown is leading to coordinated attempts to dodge curfews and find alternative ways to trade that do not involve travelling to markets.

The future is uncertain. President Museveni is undoubtedly using COVID-19 to continue to assert his authority, while simultaneously mobilizing a political narrative of ‘preparedness’ to keep influential donors on board. Meanwhile, early indications from rural and urban sites in western, north-western and northern Uganda suggest that local socio-political dynamics will shape the course of outbreaks within Uganda and fear is high. This is not a fear of COVID-19. Rather, it is a fear for the political future facing ordinary Ugandans.

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*Melissa Parker and Grace Akello’s research on COVID-19 and Public Authority is co-supported with funding from the Wellcome Trust (Pandemic Preparedness Project: Grant Number NH/17033).*

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