

Augmenting Grassroot Resilience Capabilities to Respond to Climate Related Health Shocks in Uganda.

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Background

Climate change is challenging public health, particularly in vulnerable communities. In Uganda, climatic events like rainstorms, floods, landslides and droughts are increasing public health burdens (MoH, 2016;2024). While public health interventions have become more collaborative and community grounded, integration of climate resilience is still slow (Ford et al., 2018). Emerging interventions are siloed, centralized, inflexible and follow traditional top-down approaches that require de-coupling to strengthen community health systems resilience to climate shocks. This study explored community actions and capabilities to public health shocks due to climate events, and emerging efforts to strengthen local resilience.

Study Setting and Methods

The study was conducted in Uganda (See Figure 1), focusing on Katakwi (Eastern Uganda) and Kasese (South Western Uganda). Katakwi, characterized by lowlands, serves as a catchment for natural assets like lakes, rivers, swamps, and mountains, while Kasese features the high-altitude Mt. Rwenzori ranges. These areas experience a combination of socio-ecological risk factors, topographical challenges, and human activities that increase vulnerability to climate change impacts, leading to health crises and requiring public health interventions. Both districts have faced prolonged droughts, floods, and extreme rainfall, which have significantly affected community health and well-being.

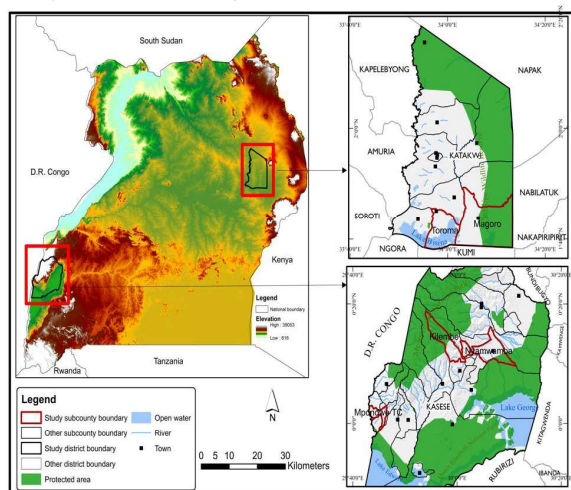
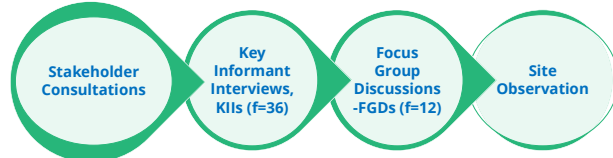


Figure 1: Map showing the study areas

Data Collection Methods



- Engaged representatives from government ministries, agencies, and local partners at the national level.
- At the sub-national level, consultations involved local politicians, technical staff, community members, savings groups, opinion leaders, and health and disaster action teams.
- The collected data was analyzed thematically to understand community responses to public health challenges and climate resilience.

Findings

Health impacts arising from climate hazards



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- Health, and water, sanitation and hygiene (WASH) facilities damage due to floods were also reported while flood resulted to food insecurity.

- Climate change compounds pre-existing socio-economic vulnerabilities, limiting capacities of populations, individuals and households to afford medication and healthy lifestyles



Figure 2: Section of Kilembe Hospital destroyed by floods

“During floods, crops are damaged, resulting into poor harvests and food insecurity... Pit latrines tend to submerge which definitely leads to poor hygiene and outbreak of diseases like diarrhea...”. Reported by the Local Council 3 Chairperson of Magoro Sub-County, Katakwi district.

Emerging grassroot response actions and community capabilities

Multiple ways of community actions and local capacities.

Local actions are Incrementally fostering climate-resilient community health systems.

Manifestation of grassroot actions and responses

- Emergency food relief and evacuation,
- Risk communication and awareness,
- Self-help health service delivery that involve carrying pregnant women on locally improvised stretchers,
- Nature-based health remedies,
- Psychosocial support,
- Safe water, sanitation and hygiene(WASH) practices,
- Offering temporary shelter to displaced households/persons,
- Food relief and resource sharing,
- Food storage banks and
- Collective shelter reconstruction supports recovery.

“People have organized themselves into Savings and Credit Cooperative Organizations (SACCOs) [.....] when someone dies during a flood event, these people through their SACCO bring food, money so that the household of the deceased doesn't suffer further livelihood shocks”. KII Kasese Cultural Leader.



Figure 3: Emergency evacuation offered by community members.

New collaborations for community health systems resilience building

- New collaborations have been created to synergize community-led efforts, boosting localized evidence-based decision-making processes on; (1) timely disease surveillance, response and communication, (2) Neighborhood Health Services(NHS), (3) food security, (4) public safety, (5) livelihood diversification, and (6) catchment conservation.
- Efforts have culminated into an array of community-based structures and capacities e.g., (a) Village Health Workers(VHTs), (b) Village Disaster Preparedness Teams(VDPs), (c) Para-social workers, (d) Youth/women-led and faith-based organizations, (e) Community Social and Health Volunteers(CSHV) and (f) Micro Catchment Management Committees (MCMCs).

- The community structures operate to strengthen and sustain preparedness and response to climate-induced health impacts.

- Communities are empowered to share/exchange knowledges, initiate collaborations, and ignite technologically-laden grassroot initiatives.

Conclusion

While grassroot actions are typically optimized under emergency conditions, and adoption into strategic and long-term approaches remaining slow, they open newfound possibilities for more lasting, sustainable and equitable change for delivering resilient communities and health systems.

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