Differentiated agrarian vulnerabilities and generalized national responses to COVID-19 in the Upper West Region of Ghana

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Abstract

The experiences of COVID-19 differ at both micro and macro levels. This emphasizes the need for differentiated responses that account for the varying vulnerabilities of diverse groups regarding the pandemic. In Ghana, much of the attention on COVID-19 has been on urban centres, particularly the country's two largest metropolises in southern Ghana. This has created a gap between national level policy and the experiences of COVID-19 among rural dwellers in Ghana. This is despite evidence that the world's poorest populations will bear the brunt of COVID-19 effects, and that globally, four out of five people living below the poverty line reside in rural areas. Using the Upper West Region as a case study, we discuss the differentiated vulnerabilities that agrarian communities in Ghana face regarding the pandemic. We situate our discussions within the theories of vulnerability and feminist political economy to highlight how interlocking vulnerabilities regarding historical, environmental, geopolitical, socio-economic, health, and gendered inequalities affect the disposition of agrarian communities to cope with and recover from the COVID-19 pandemic. We call for more nuanced COVID-19 responses that account for the needs and experiences of agrarian communities in Ghana.

Keywords

agrarian communities, COVID-19, differentiated vulnerabilities, feminist political economy, Ghana, Upper West Region
INTRODUCTION

Shortly after COVID-19 was declared a global health emergency by the World Health Organization (WHO), Africa was identified as the emerging hotspot, despite relatively low numbers recorded at the time (Nuwagira & Muzoora, 2020). It was projected that up to 3.3 million people on the continent could lose their lives, if drastic preventive and treatment measures were not implemented (Quaglio et al., 2020). This sparked concern within the global community regarding Africa’s ability to manage the virus, due to the continent’s vulnerability in terms of high rates of poverty, poorly developed health, social and economic structures, and presence of other infectious diseases (Lawrence, 2020; Nkengasong & Mankoula, 2020; Nuwagira & Muzoora, 2020).

About 41% of people in SSA live on less than $1.90, and in 2018, four out of five people living below the international poverty line resided in rural areas (World Bank, 2018, p. 38). These global poverty rates increased in 2020, for the first time in over 20 years, due to the pandemic (World Bank, 2021). Studies show that COVID-19 morbidity and mortality are strongly associated with pre-existing conditions (Cline-Cole, 2020; Moseley & Battersby, 2020). Yet, of the 37 countries experiencing undernutrition, micro-nutrient deficiency, and over-nutrition, 27 are in Africa (Moseley & Battersby, 2020). This is concerning, as adequate nutrition and a strong immunity are essential to fighting and recovering from COVID-19. Moreover, Cline-Cole (2020) cautions that pre-existing economic, social, political, and demographic conditions also significantly influence communities’ experiences of the pandemic.

One year on, several uncertainties still surround the spread and outcomes of COVID-19 in Africa. Some reports show that Africa managed the first wave of the virus well, with relatively fewer cases and deaths than was anticipated (Lawrence, 2020). Several reasons have been advanced for these low figures, including; poor data reporting, stronger immunity among Africans due to exposure to several infectious diseases/viruses, and the region’s younger population (Lawrence, 2020; Taylor, 2020). Recent reports however indicate that the subsequent waves of the pandemic may be having more devastating effects on the continent, fuelled by new virus strains (Quakyi, 2021). These emerging dynamics, coupled with the economic shocks from the first wave, poorly resourced public healthcare, and heavy reliance on informal economic systems, are worsening Africa’s disposition to COVID-19 and exacerbating hardship among already vulnerable groups (Cline-Cole, 2020; Lawrence, 2020).

Research warns against a single “African COVID-19 story” and a fixation on core economy epicentres, as these neglect the diversity of immediate and longer-term COVID-19 threats and risks among popular groups within economic and societal peripheries (ACSS, 2020; Swartz & Valeske, 2020). Swartz and Valeske (2020) posit that for vulnerable populations, “the coronavirus will not be just an inconvenience, leading to loneliness or a temporary loss of income—it will likely cause untold suffering.” Despite the uncertainties regarding the pandemic in Africa, COVID-19 is illuminating the glaring global and local inequalities and the heightened vulnerability of already deprived groups to the pandemic.

As predicted by the WHO, Ghana was among the first countries in SSA to record COVID-19 cases. The ACSS (2020) identifies Ghana as one of the countries that is experiencing a unique landscape of the virus due to its positioning as a Stable Hub—a country with a population of 20–50 million that serves as an economic centre. According to the ACSS, the relative stability of countries within the Stable Hub category, “enables these countries to dedicate more attention and resources on the COVID challenge.” Despite these forecasts and in line with the ACSS’ caution against a “single African story,” it is important to interrogate how the broad categorization of African countries’ susceptibility and responses to the virus may miss the differentiated experiences of the diverse populations within these countries. Thus, the identification of Stable Hubs as capable of managing the pandemic could result in less attention to such countries from the international community, thereby missing the extreme vulnerabilities and experiences of marginalized groups within these spaces.

Ghana serves as a useful case study because, notwithstanding its favourable global positioning and relatively stable political climate, it also embodies stark geographical, economic and gender inequalities. According to a USAID (2020) report, Ghana ranks 142 out of 189 countries in the Human Development Report (HDR). Regarding geographical and economic inequalities, the USAID reports that since 2012, “poverty has stagnated
(particularly in the Volta, Northern, and Upper West regions), and the absolute number of poor has increased overall ... poverty rates remain greater than 50 percent in the Northern, Upper East, and Upper West regions” (2020, p. 7). The report further indicates that people from northern Ghana face economic discrimination and, “even well-qualified individuals from the north face discriminatory practices in government institutions” (2020, p. 12). Similarly, Abdulai and Hulme (2015) show that inequalities and discriminations are rooted in historical and ethno-regional political competition and vested interests, with the dominant political elite—most of whom come from outside northern Ghana—continuously making decisions that favour their regions of origin to the neglect of the northern sector. Thus, people from the marginalized regions are seldom appointed into powerful cabinet positions to influence and lobby policy to address the socio-economic vulnerabilities of their regions (Abdulai & Hulme, 2015).

Ghana scored 133 out of 189 in the HDR’s Gender Inequality Index, which measures women’s empowerment in economic status, education, health, and socio-cultural indicators (USAID, 2020). The report indicates a pervasiveness of inequalities rooted in gender norms. At the state level, despite comprising half of the population, women in Ghana only occupied 13.8% of seats in the national parliament, far below the West African regional average of 21.6%. Women also made up 25% and 19.5% of sector and deputy ministers, and 26.6% and 29.4% of Supreme Court and Judicial Council members, respectively. At the micro level, women are overrepresented in low-skilled work and the informal sector and were found to perform dual productive and reproductive responsibilities, amounting to 3.38 times more unpaid work than men (a ratio of 15.49 to 4.58). This often results in poor health outcomes for women and is particularly the case for women in rural areas who are, “obliged to carry out a large number of reproductive tasks” (USAID, 2020, p. 12). These gendered inequalities at the macro and micro levels have significant implications for the inclusivity of women in COVID-19 policies in Ghana.

Employing the theories of vulnerability and political economy, and through a feminist lens, we discuss the importance of paying attention to differentiated experiences—particularly among agrarian communities—within localized regions/states regarding COVID-19 vulnerabilities and responses. We use UWR as a case study because it is one of the most marginalized regions in Ghana. UWR thus presents a good example of cross-cutting yet distinct vulnerabilities of agrarian populations regarding the COVID-19 pandemic and the need for unique attention to such groups. In the following sections, we outline our theoretical and methodology underpinnings and describe the study context. We outline the policy interventions undertaken by the government of Ghana (GOG), and how these failed to consider the unique and interlocking vulnerabilities of agrarians. We conclude with the economic, demographic, health, and gendered implications for agrarian contexts like UWR.

2 | INTERSECTING AGRARIAN VULNERABILITIES AND POLITICAL ECONOMY

This paper merges insights from the theories of vulnerability and feminist political economy to understand COVID-19 experiences and policy responses at local and national levels in Ghana. Drawing from Alexander (2013), Anderson and Woodrow (1998), Wisner (2016), and Wisner et al. (2004), we define vulnerability as the intersecting and complex historical, geopolitical, environmental, socio-economic, and cultural factors that influence the susceptibility of agrarian communities to COVID-19, as well as the ability of these communities to cope with and recover from the pandemic. According to Alexander (2013), vulnerability could occur in six forms: (1) economic, resulting from inadequate occupation; (2) technological/technocratic, stemming from technological risks; (3) residual, resulting from a lack of modernization; (4) delinquent, caused by negligence and corruption; (5) newly generated; resulting from a change in circumstances; and (6) total, characterizing a state of general precarity. In an earlier analysis of rural poverty, Chambers (1983) asserted that vulnerability is one of five interlocking elements that produce the ratchet effect or deprivation trap—a condition of systemic, embodied, and perpetual poverty. The other four elements identified by Chambers include income poverty, isolation, physical weakness (ill health), and political
powerlessness. We situate the unique vulnerabilities of agrarian communities in UWR within the six types of vulnerability identified by Alexander (2013), and the ratchet effect by Chambers, to explain the unique dispositions of these communities to the COVID-19 pandemic.

Political economy refers to the interrogation of the connections between politics and economics, how these play out in the distribution of power and resources, the tensions that result from this, and how these processes ultimately influence policy outcomes (Poole, 2011). To undertake critical political economy analysis, a systematic assessment of institutional structures is necessary, as these systems determine the formal/informal rules governing the positioning of political elites, the policies that these elites support and implement, and the implications of these decisions for other (less privileged) groups (Poole, 2011).

In advancing and critiquing political economy, feminists argue for the urgent need to disrupt the foundational dichotomies embedded in political economy theorizing, for example, production versus reproduction (and consumption), public versus private, among others. They also argue for the need to recognize the care work that women perform in sustaining local and global economies, and valorize this critical but largely invisible and often unpaid labour (Best et al., 2020; Prügl, 2020). Feminist political economy thus examines gendered social reproductive labour and its role in capitalist modernity through the appropriation of women's undervalued and unpaid social, economic, and reproductive labour. It explores the contributions of women's labour to the sustenance of families and households, provision of care to the sick, children and the elderly, and during humanitarian disasters and health pandemics such as COVID-19 (Lawson et al., 2020).

In addition to promoting our understanding of the differentiated vulnerabilities of diverse groups to COVID-19, these theories also help to situate governmental responses to the pandemic in Ghana within the appropriate power dynamics and elite interests influencing these responses, and the added vulnerabilities (resulting from gender inequalities) of women in agrarian communities to COVID-19.

We use a qualitative content analysis methodology to highlight the interplay of science, politics and economics on COVID-19 responses and outcomes in Ghana and the overt and implicit ideologies/interests that inform these responses. Content analysis involves sorting through volumes of data to identify categories most important to a policy topic/the researcher (Neuendorf & Kumar, 2015). Based on our theoretical frameworks of vulnerability and feminist political economy, our analyses are built on secondary data retrieved from peer-reviewed journal articles, as well as private, public, local, and international media sources. We also used the GOG’s policy document on COVID-19 (see Agyeman-Manu, 2020) and policy documents by intergovernmental organizations such as the World Bank, WHO, and USAID, which provide inter and intra country reports on COVID-19 and other social parameters. An inductive, theme-identification and explanation-building approach was used in analysing data based on our study objective of understanding the differentiated experiences of, and governmental responses to, COVID-19 among agrarian communities. We categorized our data based on themes (pandemic responses, differentiated vulnerabilities, politics, economics, policymaking, and gender and health equity) relevant to our paper.

3 COVID-19 IN GHANA: THE UNIQUE AND INTERLOCKING VULNERABILITIES OF AGRARIAN SOCIETIES

By March 30, 2020, Ghana had recorded 141 cases of COVID-19 and three fatalities, leading to the imposition of partial lockdowns (Gyasi, 2020). As part of these lockdowns, the GOG banned airline travel and religious/large gatherings, shut down schools, and imposed restrictions on movement (Agyeman-Manu, 2020; Gyasi, 2020). While these strategies were intended to prevent public health challenges, they nonetheless resulted in weeks of hardship and uncertainty for many in the country, particularly marginalized and agrarian communities that are typically characterized by their rurality, low socio-economic status, and heavy dependence on subsistence farming (Baada & Najjar, 2020). UWR is a mostly agrarian society and one of the most marginalized regions in Ghana due to a myriad
of historical, geopolitical, environmental, socio-economic, and demographic factors (Abdulai & Hulme, 2015; Songsore, 1979). Although other regions in Ghana record significant proportions of rural dwellers and poverty, UWR is overrepresented in both counts (see Table 1 and Figure 1).

Situated in the north-western part of Ghana, UWR is one of 16 regions in the country (see Figure 2). It lies in the Guinea/Sudan-Savannah vegetation zone and has an 83.7% rural demography, the highest in the country and almost twice the national average of 49.1%. Subsistence agriculture forms the mainstay of the region, with 77% of households engaged in agricultural work (Ghana Statistical Service, 2013a, 2013b). According to the Ghana Statistical Service (2013a), UWR has the highest rates of out-migration, with over a quarter (28%) of the region’s population currently living in other regions of the country (see Table 2). These high outmigrations are largely influenced by poor climatic conditions, endemic poverty, and minimal livelihood options—rooted in (neo)colonial legacies (Abdul-Korah, 2006; Songsore, 1979).

During British rule, colonists settled in the coastal and southern parts of Ghana due to the presence of natural resources such as gold, timber, and cocoa, as well as the area’s proximity to the sea (Songsore, 1979). Social infrastructural developments (e.g., schools and hospitals) were therefore concentrated in these parts to facilitate trade activities. UWR, then a protectorate, did not benefit from these developments. It was instead positioned as a labour reserve and young men from the region were recruited (sometimes forcibly) to work in plantations and mines in southern Ghana (Abdul-Korah, 2006; Songsore, 1979). After colonial rule, these trends continued, and infrastructural development in the northern sector was stalled by subsequent governments to ensure continued labour flow to southern Ghana (Songsore, 1979). Although most migrations continued to be economic-related, people from UWR (still mostly young men) started to migrate for other reasons, including educational purposes and as a rite of passage. These migration patterns were predominantly temporary/cyclical and were to mostly urban centres (Abdul-Korah, 2006; Songsore, 1979). The migration of women in these earlier stages was discouraged for cultural reasons pertaining to patriarchy (Baada et al., 2019).

In the 1980s, Ghana adopted the World Bank backed Structural Adjustment Programme (SAP) to address excessive governmental debts. A primary requirement of the SAP was that the GOG cut down on agricultural subsidies and invest more in export crops. This created extensive hardships among already marginalized agrarians and worsened economic inequalities for people in northern Ghana (Kuuire et al., 2016; Songsore, 1979). Inhabitants of UWR have been among the hardest hit by the SAPs, as most rely heavily on agricultural subsidies. Coupled with deteriorating climatic conditions in the region, outmigrations intensified and began to evolve (Abdul-Korah, 2006). First, many

| TABLE 1 | Proportion of rural dwellers and poverty index in Ghana |
|---------|--------------------------------------------------------|
| Region  | Proportion of rural population (%) | Poverty head count (%) |
| 1       | Greater Accra (Capital)              | 9.5                     | 5.6                       |
| 2       | Ashanti                               | 39.4                    | 14.8                      |
| 3       | Central                              | 52.9                    | 18.8                      |
| 4       | Brong Ahafo                           | 55.5                    | 27.9                      |
| 5       | Eastern                              | 56.6                    | 21.7                      |
| 6       | Western                              | 57.6                    | 20.9                      |
| 7       | Volta                                 | 66.3                    | 33.8                      |
| 8       | Northern                             | 69.7                    | 50.4                      |
| 9       | Upper East                           | 79                      | 44.4                      |
| 10      | Upper West                           | 83.7                    | 70.7                      |
| Total   |                                       | 49.1                    | 30.9                      |

Sources: Ghana Statistical Service (2013, 2015), population and housing census, national analytical report; Ghana Living Standards Survey.
in the region were now migrating to rural parts of southern Ghana for farming. Second, these migrations were becoming permanent (Kuuire et al., 2016). Third, the permanent nature of migrations from UWR saw a resulting increase in the migration of women along with entire families due to the cost effectiveness of not having to travel back and forth and also because families provide labour for smallholder farming in destination regions (Baada et al., 2019). Previous studies such as Kuuire et al. (2016) found that agrarian migration ameliorated food insecurity among households in UWR. Other studies however show that migration to the middle-belt may be losing its

FIGURE 1 Map of Ghana showing incidence of poverty. 
Source: Ghana Statistical Service (2015). Ghana poverty mapping report
FIGURE 2  Map of Ghana showing study area.
Source: https://ghanamask.wordpress.com/2019/05/03/ghana-creates-new-administrative-regions/
effectiveness as a livelihood improvement option, due to worsening climatic conditions in middle-belt receiving regions—albeit still better than UWR (Atuoye & Luginaah, 2017; Baada et al., 2019).

The positioning of UWR in the Guinea/Sudan Savannah makes it particularly susceptible to climate change. Apart from the dwindling rainfall, soils are also becoming unfertile (Kuuire et al., 2016). These deteriorating climatic conditions, in addition to the endemic poverty, have led to poor infrastructural development, few/subpar schools and hospitals, poor roads, lack of social amenities (e.g., electricity, potable water, and sanitation), and very few livelihood options outside of agriculture (Kuuire et al., 2016). The region is also extremely susceptible to infectious diseases, water scarcity, and high levels of food insecurity (Atuoye & Luginaah, 2017; Mensah et al., 2020). It is not surprising, therefore, that UWR has the highest poverty (70.7% versus the national average of 23.4%) and illiteracy (59.5% versus the national average of 25.9%) rates in the country (Ghana Statistical Service, 2013a, 2013b).

These poor living conditions discourage health and other personnel from accepting postings to and living in the region. The few who are trained in UWR eventually emigrate for better opportunities (Sekyi et al., 2020). This creates a perpetual cycle of marginalization, as valuable human resources are unwilling to serve the region due its deprived state, and its unwillingness further contributes to resource scarcity in the region. These conditions are exacerbated by the fact that UWR is consistently underrepresented in national politics. According to Abdulai and Hulme (2015), UWR has historically been inequitably represented in Ghana’s cabinet, and the few ministerial inclusions from this region are often excluded from the more powerful and “inner core positions” in cabinet (p. 535).

As with other social issues, agrarian vulnerabilities affect women and men differently (Baada et al., 2019). Gendered differences in migration extend to other facets of UWR culture and influence/are influenced by gender norms and roles (USAID, 2020). Similar to other patriarchal societies, men in UWR are considered household heads and breadwinners and therefore tend to control landed property and economic means of production. Women on the other hand are ascribed caregiver roles, which include performing care-work and domestic tasks (Baada & Najjar, 2020; USAID, 2020). These gendered differentiations may be maladaptive, as they often

| TABLE 2 | Regional migration patterns and proportion of upper west migrants in Ghana |
|---------|-------------------------------------------------------------------------|
| Region  | Population | No. of in-migrants to region | No. of in-migrants from UWR | % of out-migrants from region | % of migrants to Total population | % of migrants to other migrants |
| Upper West | 702,110 | 43,427 | - | 28.04 | 6.19 | - |
| Volta | 2,118,252 | 146,162 | 1,205 | 26.15 | 6.90 | 0.82 |
| Upper East | 1,046,545 | 61,298 | 4,622 | 25.14 | 5.86 | 7.54 |
| Central | 2,201,863 | 374,443 | 4,836 | 25.52 | 17.01 | 1.30 |
| Eastern | 2,633,154 | 418,314 | 11,203 | 25.50 | 15.87 | 2.68 |
| Greater Accra | 4,010,054 | 1,598,326 | 16,489 | 12.19 | 39.86 | 1.03 |
| Northern | 2,479,461 | 100,524 | 22,922 | 15.54 | 4.05 | 22.80 |
| Western | 2,376,021 | 561,513 | 27,867 | 13.53 | 23.63 | 4.96 |
| Ashanti | 4,780,380 | 853,751 | 58,291 | 13.63 | 17.86 | 6.83 |
| Brong-Ahafo | 2,310,983 | 457,571 | 105,406 | 15.65 | 19.80 | 23.04 |

Sources: Ghana Statistical Service (2013a), 2010 Population and Housing Census; Baada et al. (2020).
relegate women in UWR to the peripheries of an already marginalized society (Baada et al., 2019). This exacer-
bates gender inequalities due to women’s inability to access resources. Similar to other global south regions, 
these inequalities are heightened in UWR where high rates of outmigration leave women performing “double 
shift” roles as breadwinners and home makers, but continuing to control very few productive resources (Pattnaik 
et al., 2018).

Yet the continued outmigration of (mostly young) people from UWR is restructuring families and communities, 
resulting in more female-headed households and an ageing population (Issahaku & Neysmith, 2013; Pattnaik 
et al., 2018). Consequently, women and older adults often have to take over labour tasks previously performed by 
men (Issahaku & Neysmith, 2013; Pattnaik et al., 2018). The UWR thus embodies the ratchet effect proposed 
by Chambers (1983), as agrarians within this region are exposed to a range of vulnerabilities such as political 
powerlessness, poor healthcare systems, and economic and social deprivation. This ratchet trap effect compounds COVID-19 outcomes in agrarian societies like UWR and particularly for persons/groups such as women and the aged 
who experience intersecting vulnerabilities (Best et al., 2020).

4 | INTERLOCKING VULNERABILITIES: GOVERNMENTAL RESPONSES TO THE COVID-19 PANDEMIC IN GHANA AND THE EXCLUSION OF AGRARIANS

4.1 | Initial responses

When the first two cases of COVID-19 were detected in March 2020, the GOG banned all flights from countries 
that had recorded over 200 cases and set aside a $100 million fund for COVID-19 responses. By mid-March, three 
regions in Ghana had recorded COVID-19 cases (Agyeman-Manu, 2020). These were the Greater Accra Region 
([GAR] second populous city and capital of Ghana), Ashanti Region ([AR] most populous and second largest city in 
Ghana), and UWR. In addition to purchasing personal protective equipment (PPEs), hot lunches were also to be pro-
vided for “vulnerable” people in GAR and AR—from the COVID-19 fund. Two treatment and isolation centres were 
established in the national capital (Agyeman-Manu, 2020; Fosu & Edunyah, 2020).

The cases of GAR and AR were not surprising—as they are the two biggest metropolises and collectively make 
up over a third (35.5%) of the national population (Ghana Statistical Service, 2020). The case of UWR was however 
unexpected considering its sparse population and few economic and trade activities. Subsequently, the lockdowns 
imposed by the GOG to stem the spread of the virus were restricted to GAR and AR. This move (though exclusionary 
for people in other regions) exemplifies the fact that addressing COVID-19 requires different measures for different 
groups. Yet targeted responses would later be abandoned for generalized mitigation strategies.

Although the lockdowns were imposed in only two regions, the resulting effects were devastating for people 
from other regions. For instance, seasonal migrants from the northern sector decided to return “home”—amid the 
uncertainty of a lockdown—as being in their regions of origin offered them more security (Citi Newsroom, 2020). 
This resulted in chaos and crowding at public transportation stations with no PPEs and safety protocols. Some 
migrants who could not get regular means of transportation back to their home regions decided to go by cargo tru-
cks. One such truck was intercepted by police in AR, and the driver asked to return migrants (all women) and their 
children to the capital (Citi Newsroom, 2020). This example, though from an urban-migration setting, highlights the 
ways in which initial governmental responses did not consider the precarity of populations at the margins. It also 
emphasizes how decisions rooted in political economy prioritized measures for addressing COVID-19 in Ghana’s two 
economic and social hubs, without regard for how these measures affect groups such as seasonal migrants, most of 
whom come from northern Ghana. In the following section, we discuss in detail the strategies/measures adopted by 
the GOG in response to COVID-19 and how these overlooked varied vulnerabilities among agrarian and mobile 
populations.
4.2 | Medium-/long-term responses of the GOG—making the case for agrarians in UWR

4.2.1 | Strategy 1: limit and stop importation of cases

The measures for addressing this strategy include border closure—land, sea, and air; flight suspension; mandatory quarantine; and testing of all arriving travellers. While an important step in managing early spread of COVID-19 infections, this strategy becomes less effective once community spread begins. This notwithstanding, in the early stages of the virus spread, much of the attention on border closure was on frequently used borders in southern Ghana. Testing and contact tracing in the initial stages were also limited to travellers arriving through the Kotoka International Airport in the national capital. During that period, the Hamile border, which connects UWR to Burkina Faso, witnessed an increase in migrant and smuggling activities (GhanaWeb, 2020a, 2020b).

These incidents highlight the elitism embedded in Ghana’s COVID-19 strategy and the delinquent (generated by state negligence) vulnerability that further compounds the newly generated (caused by an unfamiliar disease) vulnerability of UWR dwellers (Alexander, 2013). Geographically, UWR is the furthest away from GAR, and contact tracing of international travellers did not typically extend to UWR. Also, most inhabitants of UWR engage in internal migration to predominantly rural areas of Ghana. Thus, focusing solely on travellers arriving through the (inter)national airport neglects less privileged travellers who journey by other means. Furthermore, this strategy ignores the safety of internal travellers in the country. This is worrying, considering the volume of local daily travel, and the effects that these local travels could have on community spread. Also, UWR has high outmigration rates, with many of its inhabitants relying on public transportation for migration and food remittances. Ignoring internal transportation in COVID-19 responses therefore creates significant uncertainty about this livelihood circuit among agrarians in the country. These strategies by the GOG also highlight the inattention to the complexities of hazards (COVID-19) faced by UWR, resulting from the social construction of vulnerability as an “urban, elite and southern” problem (Alexander, 2013).

4.2.2 | Strategy 2: detect and contain cases

According to the GOG, strategy two will be enforced through: suspension of public/social gatherings; contact tracing and public education; enforcement of social distancing; enhanced hygiene procedures; designing a COVID-19 Tracker App; lockdown in two metropolitans, community hotspot testing; quarantine; and wearing of masks. As stated earlier, contact tracing in Ghana was limited to affluent travellers, despite evidence of other routes of transmission. When community spread began, testing prioritized symptomatic patients and community hotspots, with an emphasis on patients exhibiting respiratory symptoms.

Although this is partly due to the shortage of testing kits, researchers caution about fuelling spread through diagnostic uncertainty within the African context, due to the prevalence of other infectious diseases (such as malaria and typhoid) that present similar symptoms as COVID-19 (Ayebare et al., 2020; Hopman et al., 2020 & Nuwagira & Muzoora, 2020). In this context focusing solely on patients with respiratory symptoms and community hotspots implies that only critical cases are caught. This potentially fuels the spread of the virus through asymptomatics and patients with mild symptoms, and leads to many missed COVID-19 cases/mortalities.

Besides, focusing on identified community hotspots and imposing a lockdown in two metropolises—while doing little to address the recorded case in UWR—reiterates policy neglect of the region dating back to the colonial era (Abdulai & Hulme, 2015). Furthermore, the early lifting of lockdowns in GAR and AR stemmed from protests by residents of the regions about the effects of the lockdowns on their (social) lives (The Guardian, 2020). Although the president defended his decision to lift the lockdown as one informed by economic concerns, many have criticized this decision as politically motivated, a disregard of health warnings and lacking consideration of contextual factors and “fragile” groups (The Guardian, 2020). Moreover, encouraging enhanced hygiene and mandating quarantine and
the wearing of masks presuppose the availability of spaces and resources to do so; this is not the case for the average UWR dweller due to the extreme deprivation in the region. This measure also does not account for the extra burdens that quarantines and enhanced hygiene might add to women’s workloads (Lawson et al., 2020; USAID, 2020). Lastly, although public education and the creation of a COVID-19 tracker app are important ways of curbing the virus spread, these measures might be exclusionary for people in UWR due to high rates of illiteracy (66.5% and 51.5% among females and males, respectively), lack of access to electricity, and the fact that many in the region do not own mobile phones, much less smart phones (Ghana Statistical Service, 2013a, 2013b). These examples speak to the economic, delinquent, technological, and residual vulnerability of UWR, pointing to the elitism of decision making/resource distribution that overrides considerations of communities in the social, political and economic margins (Abdulai & Hulme, 2015; Poole, 2011).

4.2.3 | Strategy 3: care of the sick

The measures for addressing strategy 3 include care in treatment facilities; isolation facilities for mild cases; and tax relief/insurance packages for frontline health workers. This strategy again presupposes the existence of health facilities and workers. This is exclusionary for largely rural contexts such as UWR for several reasons. First, many health workers are unwilling to accept postings to the area, and the high rates of outmigration imply that the few personnel trained in the region prefer to emigrate for better opportunities (Sekyi et al., 2020).

Second, UWR has nine standard hospitals for its 18,476 km² radius, compared with the national capital that has 76 standard hospitals to service its 3245 km² area (Ghana Health Service, 2016). While this disparity may be excused by population density, it is inexcusable in terms of land area. Moreover, the doctor–patient ratio in UWR is 1:30,601, relative to the national average of 1:8953 (Anfaara et al., 2020). Thus, some districts in UWR do not have health facilities, and inhabitants must journey several kilometres to seek healthcare in other towns. These disadvantages are compounded by poor roads which make it difficult to reach health facilities in time, resulting in avoidable mortalities (Atuoye et al., 2015).

Third, the few health facilities in UWR are under-resourced. When the pandemic began, all testing facilities were in southern Ghana, specifically in GAR and AR. It was also revealed that Ghana had just 200 ventilators to serve its population of over 30 million (Fosu & Edunyah, 2020). Although the breakdown of ventilators per region is unavailable, estimations based on population size suggest there may be 10 or fewer ventilators for the entire UWR. In May 2020, 10 extra ventilators were donated to the GOG, all of which were distributed to medical facilities in southern Ghana (The Ghanaian Times, 2020). Hopman et al. (2020) report that, in most African countries, intensive care unit beds and health workers trained in critical care medicine tend to be limited to only tertiary teaching hospitals. This is concerning considering that there is no teaching hospital in UWR, and critically ill persons must make arrangement to be transported to hospitals in southern Ghana at personal cost.

Finally, the effects of climate change imply more complex pathways of infectious disease outcomes in UWR. For instance, earlier in 2020, there was an outbreak of cerebrospinal meningitis (CSM) in UWR, with an estimated 40% fatality rate. Rising temperatures, dry and dusty winds, and poor built environments are risk factors of CSM (Mensah et al., 2020). While UWR often experiences infectious disease epidemics, this strain of CSM was mutated and therefore difficult to diagnose/treat. By May 10, 2020, 258 cases of CSM and 40 deaths were recorded (Upper West Media, 2020). Despite this, governmental attention continued to focus on the national COVID-19 crisis, with little attention to the double epidemic in UWR.

4.2.4 | Strategy 4: impact on social and economic life

To address strategy 4, the GOG set out to do the following: set up a COVID-19 fund; establish a coronavirus alleviation programme (CAP) for households; provide relief for health workers; soft loans for micro/medium size
businesses; and absorb water bills and give electricity rebates. As with the other strategies, the generalized nature of this intervention assumes a homogenous living standard for populations across the country. Such an approach inevitably marginalizes the already vulnerable especially considering the lack of details and transparency about which households qualify for CAP support. Given the historical trends of poverty alleviation strategies in Ghana, it is likely that the northern sectors, including UWR, would receive minute portions of the CAP (Abdulai & Hulme, 2015).

Moreover, relief for health workers can be an effective response only if health workers are available and have access to medical logistics, which is often not the case in UWR. Additionally, due to poor structural investments, only a few people in UWR own/operate small and medium sized businesses. Hence, an option better suited to largely agrarian settings such as UWR would be subsidies for smallholder farmers. Focusing only on small/medium sized businesses not only speaks to the invisibility of agrarian communities, it also implies that most people in UWR would not benefit from this strategy.

Importantly, the absorption of water bills and rebates for electricity is, perhaps, the most discriminatory of all measures for rural dwellers in Ghana—including the majority of UWR—considering that most of these communities lack both electricity and potable water. Only 16.3% of UWR is urbanized. Given the disparities in electrification between rural and urban areas (39.5% versus 83.8% respectively; Ghana Statistical Service, 2013a), it stands to reason that a substantial proportion of the 83.7% of rural dwellers in UWR do not have electricity and would therefore not benefit from these rebates, similar to the other 49.1% of rural folk in Ghana.

Furthermore, according to the UNESCO World Water Assessment Programme (2019), about 75% of households in low-and-middle-income countries are unable to access water and soap. This is worse in areas experiencing accelerated water shortages due to climate change effects. Thus, 800 million people globally must journey 30 min or more to access water (WaterAid, 2018). The UWR is no exception, as deteriorating climatic conditions have led to poor rainfall, dried up water bodies, and difficulty sourcing groundwater. Given that handwashing is prescribed as one of the most effective measures for curbing COVID-19 spread (Hopman et al., 2020), many concerns arise as to whether UWR can manage the epidemic with poor water accessibility. The GOG’s responses under this strategy further Abdulai and Hulme’s (2015) assertion that policy outcomes (in this case COVID-19 responses) are not shaped so much by the need to cater to the most vulnerable.

4.2.5 | Strategy 5: increase domestic capability and deepen self-reliance

The measures for achieving this strategy include local production of PPE in garment factories; local manufacture of sanitizers; strengthen research; and develop Ghana CDC and infectious disease centres. As highlighted, UWR has very few (manufacturing) industries, and studies show that most new business ventures prefer to operate in southern sectors of Ghana—due to the area’s socio-economic and ecological advantages (Kuusaana, 2016). It is therefore possible that UWR will not benefit from this intervention, and residents may likely need to migrate to take advantage of this economic intervention in southern Ghana, potentially increasing outmigrations and further widening inequalities between the northern and southern sectors (Songsore, 1979; USAID, 2020). Similar to historical development patterns (Abdulai & Hulme, 2015), it is also likely that no infectious disease centres will be set up in UWR, as the region still has no COVID-19 testing centre, 1 year after the pandemic began. These exclusionary COVID-19 responses by the GOG have serious ramifications for agrarians currently experiencing interlocking vulnerabilities.

5 | IMPLICATIONS FOR INTERSECTIONAL AND AGRARIAN VULNERABILITIES IN GHANA

The compression of time and space—made possible by affluent lifestyles—is now disproportionately affecting the world’s poorest (Lawrence, 2020). The UWR presents a useful case-study for understanding differentiated agrarian
vulnerabilities through a political economy lens as, despite the heightened precarity of the region to COVID-19 effects resulting from its interlocking and total precarity (Alexander, 2013; Best et al., 2020), responses by the GOG have further rendered invisible, the experiences of agrarians within the region. As shown in our discussions, the GOG’s strategies for addressing COVID-19 do not account for the needs of rural, farming populations that have high rates of outmigration and experience intersecting geopolitical, environmental, and socio-economic vulnerabilities. This emphasizes the constructions of vulnerability as an elite problem and supports Alexander’s (2013) assertion that vulnerability is socially constructed through political, economic, and cultural decision-making. This inattention to the precariousness of agrarian communities is concerning for many reasons.

First, migration and (food/cash) remittances have historically served as a livelihood option for most people in UWR, akin to other agrarian societies (Baada & Najjar, 2020). Consequently, restrictions on movement imply that many in these communities are deprived of their means of sustenance. In UWR, this is critical given the poor agricultural conditions and implications for the food security and general well-being of migrants, non-migrants, and their households. Additionally, in UWR—like many communities in the global south—care of the elderly is often undertaken by close friends and family (Issahaku & Neysmith, 2013). Hence, restrictions on movement could affect the ability of migrants to return home to care for their older relatives. On the other hand, allowing travel without safety regulations could also cause a rapid spread of the virus from return-migrants to their relatives and communities. These infections may however go undetected, due to the challenges of accessing health services in impoverished agrarian settings.

Second, the high rates of (youth) outmigration in agrarian communities is causing a rapidly ageing population in sending regions (Baada & Najjar, 2020). Yet studies show that people aged 60 and older are particularly susceptible to COVID-19 and have high mortality rates. Consequently, Gyasi (2020) postulates that, apart from the physical effects of the virus on older adults, COVID-19 is also increasing mental distress among them. This may be the case in UWR where prior research linked food insecurity to mental illnesses particularly among female household heads, who tend to be older (Atuoye & Luginaah, 2017). In effect, the uncertainty about COVID-19 for health and livelihoods could intensify fear, anxiety, and depression among older people in UWR.

Third, the virus spread in agrarian settings such as UWR may go largely undetected for many reasons. To begin, the elitist/expensive nature of COVID-19 testing in Ghana privileges the already privileged (Adom Online, 2021). Furthermore, mild cases may not be reported due to the similarity in symptoms to other diseases like malaria, which are typically treated at home. This is concerning, as a COVID-19 diagnoses may only be reached when other treatments have failed, by which time morbidity, mortality and community spread chances would have increased (Ayebare et al., 2020; Hopman et al., 2020 & Nuwagira & Muzoora, 2020). In addition, the poor deployment of healthcare infrastructure and personnel may be a discouraging factor for moderate cases of COVID-19, and severe ones may not make it to the hospital on time (Atuoye et al., 2015). Also, culture, religion, economic costs, and a lack of medical personnel have led to low rates of autopsies in Ghana, probably more pronounced in rural areas (Anim, 2015), which has implications for COVID-19 mortality reporting. Hence, COVID-19 could be wreaking “silent havoc” on agrarians without garnering national attention. Barring all these scenarios, if critically ill patients in UWR make it to the hospital and are properly diagnosed of COVID-19, the shortage of ventilators may inhibit treatment.

Finally, the inequitable COVID-19 responses by the GOG have gendered implications (Petts et al., 2020). While equal numbers of women and men get infected by the disease, men are more likely to die from it due to immunological and behavioural differences (Wenham et al., 2020). This notwithstanding, women tend to bear the social and economic brunt of COVID-19 effects, like other epidemics in SSA (Lawson et al., 2020). Women are more likely to be frontline workers such as nurses. Women also typically perform caregiver roles and are therefore more likely to encounter infected people and be infected as well. Lastly, women’s livelihoods are more precarious and therefore may be terminated or impacted during economic crises (Lawson et al., 2020; Wenham et al., 2020). Thus, women in agrarian settings such as UWR may be more likely to get infected through caring for COVID-19 patients and may likely sacrifice their migration goals to care for their households (Baada & Najjar, 2020; Lawson et al., 2020). Lockdowns imply more care-work for women, since children and other household members will require more attention.
Importantly, in climate affected areas such as UWR that are experiencing water scarcity, this burden is heightened for women, as they must perform more physical/domestic labour including sourcing extra water to cater for increased household and hygiene needs (Petts et al., 2020; USAID, 2020). Yet this critical work by women in agrarian communities is often overlooked (Best et al., 2020; Prügl, 2020), as the GOG continues to focus on core economic “labour” and “centres.”

COVID-19 has highlighted the stark local and global inequalities (Cline-Cole, 2020; Lawrence, 2020). With the sustained attention by elite officials on urban and economic epicentres and “core occupations,” it is important to examine how rural/agrarian populations experience the pandemic. Vulnerability and feminist political economy lenses prove useful for examining the ways in which rural/agrarian communities with high outmigration rates experience COVID-19, and the underlying historical, socio-political, and power dynamics that influence pandemic responses in localized regions.

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DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available from the corresponding author upon reasonable request.

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