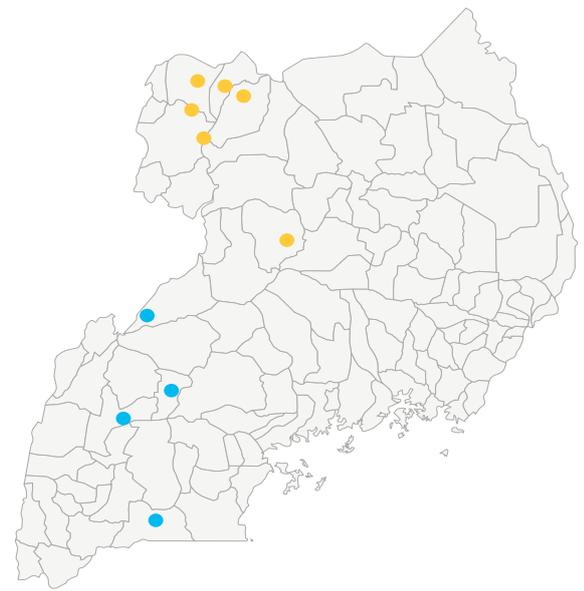


May 2020

COVID-19 insight from refugee community leaders

Uganda



● Congolese settlement ● South Sudanese settlement

In an effort to slow the spread of the COVID-19 virus, the Ugandan government on March 25 imposed a government shutdown and temporarily closed the nation's borders to all new refugees and asylum seekers fleeing regional conflict and civil war.

With already more than 1.4 million refugees in refugee settlements, mostly from neighbouring South Sudan and the Democratic Republic of the Congo, Ugandan and United Nations officials were concerned about the lack of intensive care units and ventilation equipment in the settlements and that a further influx of displaced peoples would not only exacerbate conditions for a possible outbreak but make containment measures such as social distancing more difficult to enforce. At the time there were 14 confirmed cases of COVID-19 in Uganda.

To find out what sort of information was getting through to refugees in the settlements as well as behaviours, trust, and the economic impact of the virus, Ground Truth Solutions (GTS) in late April conducted phone interviews in Kiswahili and English with 30 community leaders from the ten most populous settlements of South Sudanese and Congolese refugees in Uganda (Adjumani, Bidibidi, Imvepi, Palorinya, Rhino, Kiryandongo Kyaka II, Kyangwali, Nakivale, and Rwamwanja).¹ Collectively, these constitute 92 percent of the country's total refugee population. The leaders told us:

- Most refugees and asylum seekers are aware of the guidance around COVID-19 and have received information from their most trusted information sources on how to protect themselves from the virus.
- While most are abiding by the COVID-19 guidelines, refugees find it difficult to keep at a distance from others, stay home, and wear a facemask.
- Some people cannot distinguish between facts and rumours surrounding COVID-19 and may be resorting to ineffective or dangerous home remedies.
- Nearly all of those in the settlements are unable to meet their essential needs as a result of a recent 30 percent reduction in World Food Programme assistance as well as measures that have curtailed jobs and decimated incomes.
- Social relations have become increasingly strained as people are no longer able to get emotional, financial, and food support from friends and family due to social distancing and loss of income.

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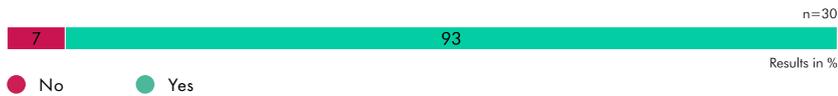


¹ UNHCR, Uganda Comprehensive Refugee Response Portal, 31 October 2019, <https://data2.unhcr.org/en/country/uga>.

Information

When asked whether people in the camps have sufficient access to information to understand how to protect themselves from COVID-19, most community leaders said there has been excellent outreach via television, radio, informational posters, megaphone announcements, word of mouth, and in direct conversations with health officials. The Partnership for Evidence-Based Response to COVID-19's (PERC) recent situational analysis in Uganda found the national average higher, stating that 99% of Ugandans report a high level of awareness around COVID-19. However not all refugees have access to radio or television so they must visit family or friends to listen to broadcasts. Those living in more remote camps are in greater need of information, according to those interviewed by GTS. "People trust radio most, though most can't afford radios," noted a community leader from the Bidi Bidi settlement in the northwest. It should not be assumed that vulnerable groups have equal access.²

Do people in your community feel they have the information needed to protect themselves from the virus?



Despite the high level of awareness about COVID-19 in the Ugandan refugee camps (which compares positively with awareness nationwide), there are growing concerns about the spread of false information and misconceptions about contracting, avoiding, even curing the virus. One of the most common rumours is that Africans are immune to COVID-19 and that the virus affects only whites and foreigners.

Are people in your community able to distinguish between rumours and facts around the coronavirus?



"Some people have been told that the disease does not kill African but rather white people," a community leader from the Kyaka II settlement in Southwestern Uganda told GTS. "Some also say that the disease was manufactured in America and others say in China," he added. Another leader from the Rhino camp refugee settlement in the Arua District of northwestern Uganda told GTS of a belief going around that "consuming a lot of alcohol and marijuana will protect one from contracting the virus," as well as "taking lemon, tamarinds, chloroquine, and tea leaves mixed with salt."

According to community leaders, refugees are mostly receiving information on COVID-19 from UN and NGOs and national and local government. This is not aligned to their most trusted information sources, which are said to be community leaders, followed by news media, and national government. Our surveys in March 2020 also saw refugees state community leaders as their most trusted information sources.³

Behaviour

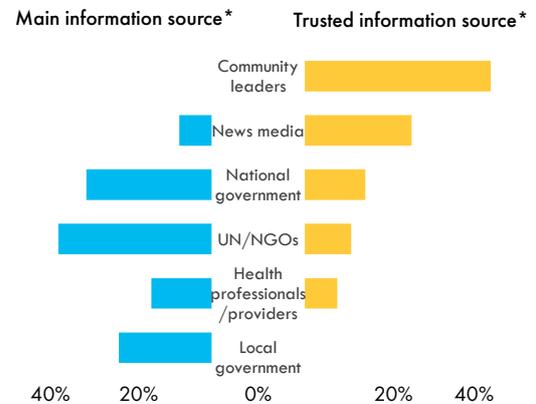
Most leaders interviewed said people in their communities were taking the COVID-19 guidance and policies seriously and abiding by them for their own protection. They "are taking the guidelines seriously because they are worried for their health," a representative from the Adjumani camp in the north of the country said. Women, for example, "nowadays move with water for washing hands in their bags to the garden or market." In addition, she said, "people are not shaking hands when exchanging greetings as they are used to."



"Most people in Nakivale have no access to TVs and radios, yet most information is being shared via radio." – Nakivale



"Consuming a lot of alcohol and marijuana will protect one from contracting the virus." – Rhino camp



² Community leaders highlight people with specific needs as particularly vulnerable during the COVID-19 pandemic. The Ugandan Persons With Specific Needs Sub-Working Group has said that these people may face new or exacerbated barriers to accessing humanitarian assistance, difficulties implementing the measures introduced, and information gaps.

³ Ground Truth Solutions, 'Uganda: strengthening accountability to affected people', March 2020, https://groundtruthsolutions.org/wp-content/uploads/2020/03/GTS_Uganda_report_Mar-2020.pdf.

* Percentages do not total 100 because respondents could choose multiple options.

Are people in your community abiding by the guidance/policies?



For some, however, “hand washing is still difficult due to a lack of enough hand-washing facilities,” noted the Kyaka II camp leader. “Masks are not available and those available are expensive,” she added. While the majority of community leaders said people are abiding by COVID-19 policies they pointed to several challenges. Some refugees believe such measures are unnecessary – that the virus cannot reach them or that they simply do not need to abide by the rules. Others don’t understand the policies and therefore find them difficult to adhere to. Finally, there is the challenge of overcoming cultural behaviour among those who, accustomed to socialising, find isolating and social distancing a step too far.

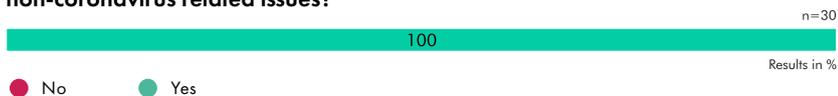
Refugees requiring non-virus-related urgent care continue to visit their community health providers, according to all community leaders surveyed, although restrictions on movement add an extra layer of difficulty. “People have to walk to the health centres since transport was banned and only critical cases are cleared. Further, “some people fear to visit the health centres because they fear to contract the virus,” according to our informant in Kiryandongo. “Patients are escorted by the community leaders,” the Bidi Bidi representative explained. Village health teams are playing an increasingly important role in these times, it was noted, in helping patients understand how to proceed if in need of medical assistance.

Community leaders do not mention wearing a face mask as one of the measures which communities have adopted, nor as a measure that refugees see as important. However, they note that people find it challenging to comply with this measure. This is concerning in the light of the new government policy which makes wearing face masks compulsory in public as of 19 May 2020.

If/when people in your community experience coronavirus symptoms, what do you think they would do?*



Are people in your community currently going to health providers for urgent non-coronavirus related issues?



Economic impact

For nearly all refugees in Uganda’s settlements the ability to make ends meet and acquire basic needs has decreased dramatically since March. Much of this is due to the World Food Programme’s 30 percent cutback in food distribution because of a funding shortfall, though the loss of jobs and income, camp leaders told GTS, has hit refugees hardest through COVID-19 preventative measures that restrict movement and require social distancing.

In addition, the loss of income and the ability to put food on the table has created negative coping strategies; some have resorted to theft, prostitution, or even returning to South Sudan at night for food.

“Most people are worried that they will die of hunger instead of Coronavirus because most people no longer work,” said a community leader from the Nakivale settlement in Uganda’s southwest. “Now it’s hard to meet the most basic needs of life.” Indeed, many of the leaders interviewed said people in their communities are more anxious about losing humanitarian aid due to cutbacks and fear they are more likely to die of hunger than COVID-19.

What precautionary measures, if any, have people in your community adopted to protect themselves from this virus?*



What are the precautionary measures that people in your community think are most important?*



What are the precautionary measures that people in your community find most difficult in daily life?*



“Handwashing is still difficult due to a lack of handwashing facilities. Masks are not available, and those that are available are expensive.” – Kyaka II

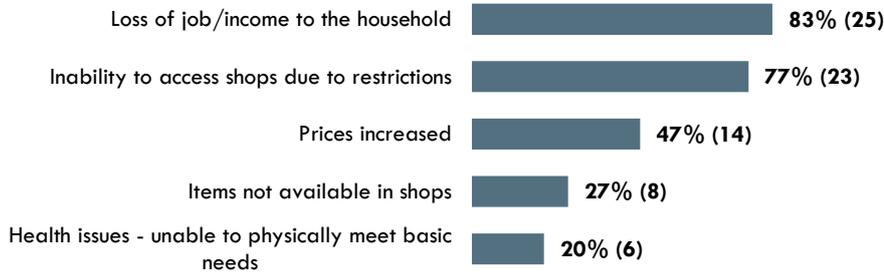
* Percentages do not total 100 because respondents could choose multiple options.

Within your community, how has the ability to meet basic needs changed since the virus started spreading?



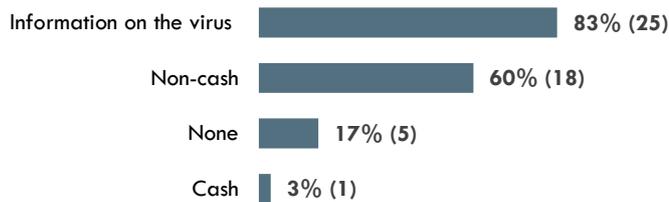
“People are concerned about losing assistance because the food rations have been reduced by 30%, and cash has been reduced from 31,000 to 21,000 UGX.” – Adjumani

Which factors make it difficult to meet needs?*



The Ugandan Minister of Finance, Planning and Economic Development’s (MFPED) preliminary assessment of the short-term impact of COVID-19 predicts an increase in poverty levels based on a decline in industry and service activities leading to unemployment.⁴ Informal workers are expected to bear the brunt of this, as some 84.9% of the population is employed in the informal sector.⁵ Workers such as market traders, food vendors, and boda boda drivers are mentioned in PERC’s situational analysis as particularly vulnerable to negative social and economic impacts.⁶

What aid have people in your community received due to the spread of the coronavirus?*



Overall, what is your community’s main concern about their economic situation due to the virus?*



Trust

The restrictions on movement and measures to reduce the spread of the virus are accepted by most refugees as necessary, community leaders said, as cases increase with no end in sight. Though far fewer cases than most countries, and to date, no deaths from the virus, in a few short months the crisis has taken a heavy toll in terms of social relations, access to aid, job income, and education. Because refugees are unable to meet with friends and neighbours for emotional support, or to lend food and money, the most vulnerable in communities have been forced to fend for themselves. A recent UN Refugee Agency report also notes an increase in cases of sexual and gender-based violence (GBV) compared to the pre-lockdown period.



“People are most worried about the fact that many have been prevented from working or doing business, and also restrictions on movement.” – Kyaka II

⁴ Minister of Finance, Planning and Economic Development, “Statement on the economic impact of COVID-19 on Uganda,” March 2020.

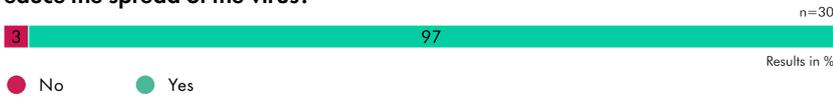
⁵ UNDP, Socio-economic impact of COVID-19 in Uganda: short-, medium-, and long-term impacts on poverty dynamics and SDGs using scenario analysis and system dynamics modelling, April 2020.

⁶ PERC, “Effective implementation of public health and social measures in Uganda: situational analysis.”

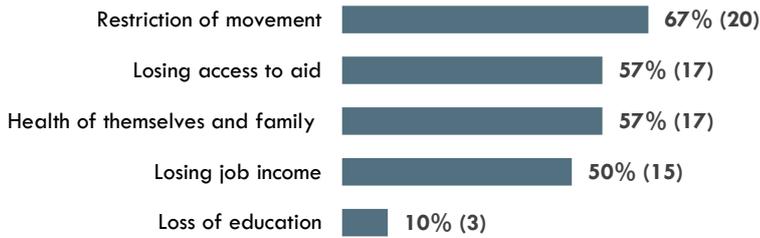
* Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

“There are some registered cases of GBV mainly caused by struggles within families to manage the little food and cash given to people. Most people now have become self-centered, they don’t care for their neighbours anymore as it used to be. One can’t help out their neighbours in need of food,” an Adjumani Refugee Camp leader told GTS during the interview.

Overall, does your community believe the measures introduced in your area will reduce the spread of the virus?



What are people in your community most worried about, in relation to the coronavirus?*



How do you feel the coronavirus crisis has impacted social relationships/relationships in your community?



GTS is sharing this snapshot of refugees’ views with humanitarian actors, to inform response planning and adjust programming accordingly. Over the coming months, we will provide time-series data to further track the response in Uganda from the perspective of affected people.

* Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

Sampling methodology

The community leaders who participated in these key informant interviews over the telephone had also participated in in-person community dialogue sessions across the 10 refugee settlements in Uganda in March 2020. Participants were selected on the basis of their availability, their willingness to participate, and the practical constraints of network strength.

Survey questions

Ground Truth Solutions designed the survey questions in consultation with the WHO global risk matrix and the Global Humanitarian COVID-19 response plan. To this end, we identified four key metrics which guided our questions: information, trust, behaviour, and economic impact. We reviewed other actors' COVID-19-focused tools and surveys in order to avoid duplicating their efforts and to ensure that our data is useful and actionable. We also shared the survey questions and response options with actors and experts on the ground to ensure the survey is appropriate to country-specific realities.

Participants

All participants were over the age of 18 and South Sudanese or Congolese refugee community leaders in their respective settlements. We achieved a 50:50 gender balance in the key informant interviews:

Table 1: Key informants for South Sudanese refugee settlements

| Settlement | Number of female participants | Number of male participants |
|-------------|-------------------------------|-----------------------------|
| Adjumani | 1 | 2 |
| Palorinya | 1 | 2 |
| Bidibidi | 2 | 1 |
| Imvepi | 1 | 2 |
| Rhino | 1 | 2 |
| Kiryandongo | 1 | 2 |

Table 2: Key informants for Congolese refugee settlements

| Settlement | Number of female participants | Number of male participants |
|------------|-------------------------------|-----------------------------|
| Kyangwali | 1 | 2 |
| Kyaka II | 1 | 2 |
| Rwamwanja | 2 | 1 |
| Nakivale | 2 | 1 |

Language of the surveys

Key informant interviews were conducted in Kiswahili and English.

Data collection

Key informant interviews took place from 22 – 27 April 2020.

Data collection partner

Centre for Integrated Research and Community Development Uganda (CIRCODU) supervisors who have worked with Ground Truth Solutions on several projects were selected to conduct the key informant interviews after participating in a remote training workshop.

Challenges and limitations

The main challenge faced was the inability to reach community leaders due to poor network coverage or phones being switched off. This required the enumerators to reschedule the interviews at set times with community leader and/or make several calls until the respondents could be reached.

This report presents highlights from the findings of Ground Truth Solutions' (GTS) recent telephone surveys, conducted in April 2020 with 30 South Sudanese and Congolese community leaders in Adjumani, Bidibidi, Imvepi, Palorinya, Rhino, Kiryandongo Kyaka II, Kyangwali, Nakivale, and Rwamwanja refugee settlements.

The goal is to share refugees' views with humanitarian actors on the ground to inform the response plan and adjust programming accordingly, with a focus on COVID-19.

Ground Truth Solutions plans to provide time-series data over the coming months to track the COVID-19 response in Uganda from the perspective of affected people. This data is indicative and does not represent the perceptions of the whole refugee population in Uganda.

Perception data

Ground Truth Solutions gathers feedback data from affected people, using their views, opinions, and perceptions to assess humanitarian responses. Gathering perception data from affected populations should be viewed as complementary to other monitoring and performance data. Collecting feedback is a vital first step in closing the accountability gap, empowering affected populations to be part of the decisions that govern their lives, building relationships with communities, and understanding local knowledge. Whenever possible, the process of collecting such feedback should be followed up with longer-term dialogue between affected communities and aid agencies. Communicating the results of the surveys back to affected people and triangulating perception data with other information sources is central to our approach in Uganda.

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