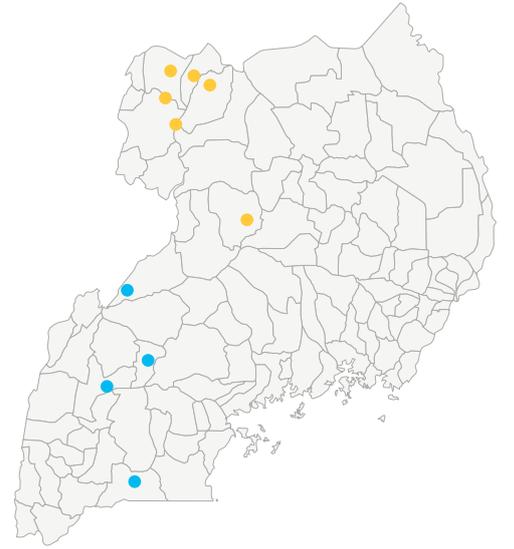


September 2020

COVID-19 insight from refugee leaders and humanitarian staff Uganda



● Congolese settlement ● South Sudanese settlement

When the Covid-19 virus first appeared in East Africa this March, the Ugandan government moved swiftly to slow its spread by imposing a nationwide shutdown and closing Uganda's borders to all new refugees and asylum seekers fleeing regional conflict and civil war.

With more than 1.4 million refugees in crowded refugee settlements, mostly from neighbouring South Sudan and the Democratic Republic of the Congo (DRC), 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 people 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.

Now, some five months later, Uganda has begun to lift those emergency lockdown measures. Non-essential businesses have been allowed to reopen, curfew hours have been reduced, and in late July the government removed the ban on *boda boda* motorcycle taxis that millions of Ugandans depend on for transportation and livelihoods. With the exception of a temporary, three-day border opening at the beginning of July to take in over 3,000 asylum seekers, mostly children, fleeing recent militia attacks on their villages in the DRC, the borders remain closed. Schools and places of worship also remain shut in an effort to minimise the number of cases.

According to the UN Refugee Agency (UNHCR) which has been providing family tents, water tanks, health screening areas, toilets, and handwashing facilities, as of late July there were 1,124 confirmed cases of Covid-19 in Uganda; among those, 52 were refugees. UNHCR says all patients have since recovered. Ugandan and UN officials now are seeking to deal with the secondary effects of the pandemic; economic hardship, the inability to earn money, reduced food rations, an increase in alcoholism, and instances of sexual and gender-based violence during the Covid-19 lockdown. These issues, reports the UNHCR, have led to deterioration in social relations among refugees and have strained relations with the Ugandan host community.

To find out what sort of information about Covid-19 was getting through to refugees in the settlements as well as behaviours, trust, and the socio-economic impact of the virus, in late June Ground Truth Solutions (GTS) conducted a second round of phone interviews in Kiswahili and English with 101 community leaders from the ten most populous settlements of South Sudanese and Congolese refugees in Uganda. Collectively, these settlements constitute 92 percent of the country's total refugee population.

Supported by:



GTS also reached out via an online survey to humanitarian staff in Uganda working for international NGOs, UN agencies, the Ugandan Red Cross, national NGOs, and the Ugandan government. Of the 54 responding, most are national staff working in protection at site-level, country offices, and sub-national offices. These aid workers as well as community leaders participating in the GTS survey confirm that the secondary effects of the pandemic are their most pressing concern and generally feel that the prevention and mitigation measures in response to Covid-19 have been relevant and appropriate and that progress is being made against the spread of the virus in their respective locations. Almost all humanitarian staff report their organisation’s programmes being affected by these measures, pointing to the pausing of travel, cessation of ‘non-essential’ activities, and pivot to remote programme management. Some see a risk that their organisation will no longer be able to continue their work if the current restrictions remain in place.

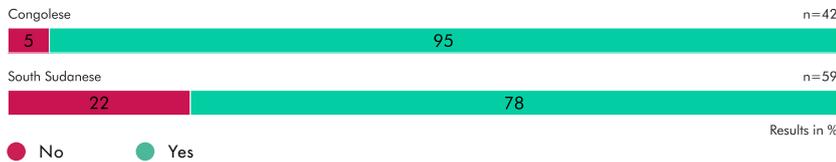
Information

Do people in your community feel they have the information needed to protect themselves from Covid-19?



When community leaders were asked whether people in the camps had sufficient access to information to understand how to protect themselves from Covid-19, most confirmed our findings from the previous GTS survey in May that indicated effective outreach via government updates, television, radio, informational posters, megaphone announcements, word of mouth, and in direct conversations with health officials. Congolese refugee leaders, though, were generally more positive than their South Sudanese counterparts in this regard.

Do people in your community feel they have the information needed to protect themselves from Covid-19?



Information about the symptoms and causes of the virus appear to be better known within the settlements than prevention and treatment, according to the Danish Refugee Council’s (DRC) most recent Covid-19 Multisector Needs Assessment published in May. IDinsight’s recent phone survey with refugees in Kiryandongo reports most respondents (81%) believe it is possible to protect themselves from contracting COVID-19, although they have mixed opinions on their likelihood of contracting the virus.

Language barriers and living in remote areas of settlements are the greatest challenges facing refugees in getting better information about protecting against the virus. Community leaders in these settlements also emphasised the need to counter complacency with continual programming to inform refugees about the Covid-19 virus.

Nearly all humanitarian staff responding to the GTS survey said they were generally well informed and felt the information they receive about Covid-19 helped them do their job better. Most information comes to aid workers from the government, their respective organisation, via internet and television, and the World Health Organisation (WHO).



“My community has received information on the causes and prevent of Covid-19, and in cases where one recovers from the virus, how they can be accepted back into their communities.” – Imvepi, community leader.

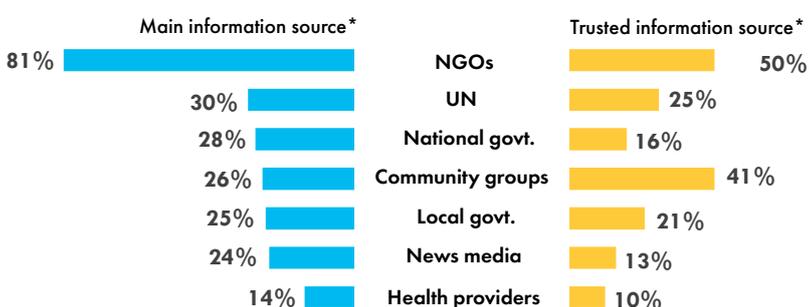


“People have the information they need to protect themselves from the virus, although language barriers remains a challenge to some people, especially during English sensitisation sessions. Atleast door to door sensitisation by the Village Health Teams are in local languages helps people understand the information” – Bidi Bidi, community leader.

When asked what further information would be useful, humanitarian staff requested more background on community behaviour and perceptions and how to keep their team members safe during the pandemic. Other needs included Covid-19-specific processes for quarantine, isolation, and testing, as well as elaboration and clarification of government policies and guidelines.

South Sudanese and Congolese refugees in Uganda get most of their information from NGOs, according to leaders in the settlements. Community groups, however, are the most trusted source for news and information about the virus, at least among South Sudanese refugees. Congolese refugees did not weigh in on the trustworthiness of local groups, instead their leaders pointed to NGOs, local government, and UN agencies as the top three most trusted sources for health updates and information.

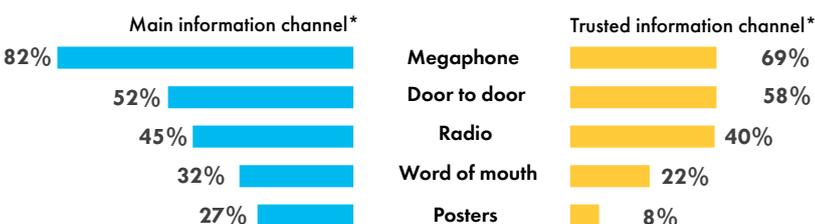
While refugees view health workers as their least trusted source of Covid-related information, aid workers identified UN and humanitarian agencies, health professionals, and community leaders as the most trusted information sources for the people they serve. National staff identified UN and humanitarian agencies as the most trusted whereas international staff said community leaders were the most trustworthy source for helpful information.



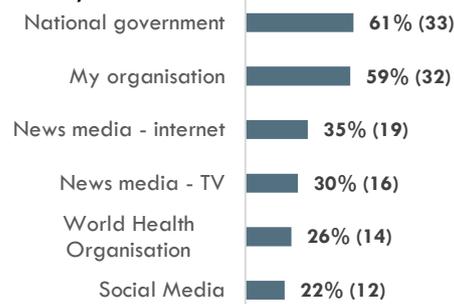
Most leaders interviewed said people in their communities were taking the COVID-19 guidance and policies seriously and abiding by them for their own protection. They “are taking the guidelines seriously because they are worried for their health,” a representative from the Adjumani camp in the north of 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.”

When it comes to delivery of Covid-19 health guidelines, low-tech channels such as door-to-door visits, radio, and community drives (including megaphones) are the most trusted – and preferred – methods, though preferences differ between South Sudanese and Congolese refugees. Whereas door-to-door campaigns are considered by most South Sudanese leaders to be an effective way to reach refugees in their settlements, Congolese refugee leaders in settlements bordering the DRC, hardly mention such methods, preferring by far the use of “motorcycles and vans with megaphones passing through villages telling people how to prevent the virus,” according to a community leader in the Kyaka II Settlement in the Kyegegwa District in western Uganda.

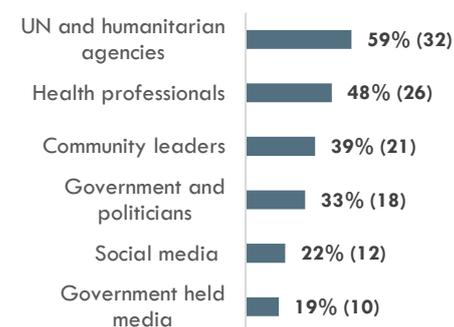
In the IDinsight study with refugees living in Kiryandongo, about half (48%) of the respondents found radio to be the most trustworthy source of information, while about 19% most-trust information from family, friends and neighbours.



Staff survey: Who is your main source of information regarding Covid-19 in this country?*



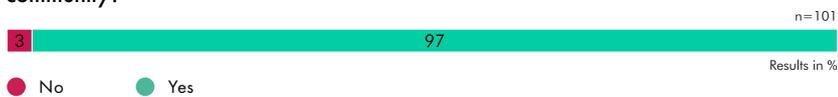
Staff survey: Who does the population you work with trust the most for information on Covid-19?*



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

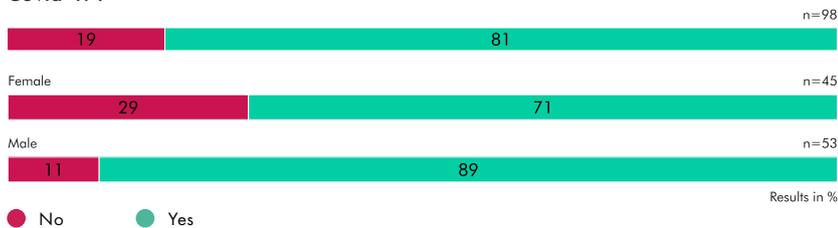
Refugee leaders also told GTS that specialised training they received from governmental and humanitarian agencies was instrumental in giving them confidence about sharing accurate Covid-19 information with their constituents. "I was trained on dangers of Covid-19 and precautionary measures," said one leader from the Kiryandongo settlement, "I was also provided with information pamphlets."

Do you feel able to share accurate information around Covid-19 with people in your community?



Despite this high level of awareness in the Ugandan refugee camps about the virus, there is still concern that not everyone in the communities is able to differentiate fact from fiction. Female refugee leaders also report higher levels of rumours in their communities, suggesting rumours are more prevalent among female refugees. False information and misconceptions about contracting, avoiding, even curing the virus are spreading in refugee settlements, according to leaders participating in the GTS survey. "There are rumours that the virus doesn't exist, that people are only suffering from the usual flu, otherwise some people in Uganda would have died," a community leader from the Nakivale Settlement told GTS.

Are people in your community able to distinguish between rumours and facts around Covid-19?

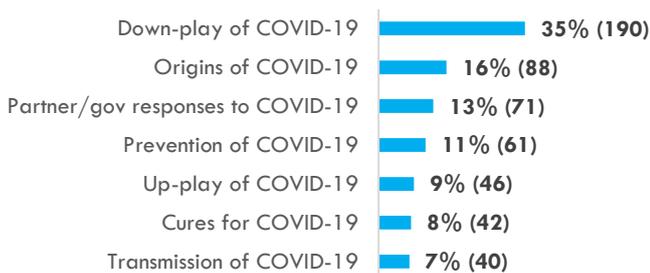


Rumours captured by the inter-agency rumour bulletin frequently centre around downplaying the seriousness of Covid-19, offering prevention and cures through home remedies and immunity against it. Among the rumours being spread are that Africans are immune, the virus is no more dangerous than a common cold, and that it is a political ploy by the government to secure more international funding.

Other rumours mentioned include the belief that Covid-19 is a bioweapon being used by the superpowers for their own political and economic agendas and that the virus can be prevented by taking home remedies such as consuming large quantities of alcohol, marijuana, or vitamin-rich fruit, as well as praying. And amid all of these confusing messages, there is also talk that food assistance will be stopped altogether, that the frequency of aid distributions will be altered, or that refugees will even be sent back to their countries of origin.

Overview of U-Learn Covid-19 rumour tracking findings

A total of 550 rumours were recorded from South Sudanese refugees, Congolese refugees, a small number of Burundian and Rwandan refugees and Ugandan nationals from April to July 2020, across various settlements in Uganda.



"Some of the rumours spreading in my community include the belief that drinking tea without sugar very early in the morning at 5am, drinking lemon and a lot of salt in warm water can prevent one from contracting the virus" – Adjumani, community leader.

Most common rumours reported by respondents:

- **Down-playing the risk of Covid-19:** Africans are immune, the virus is not dangerous but more like a common cold, and that it is a political ploy by the government to secure more international funding.
- **Questioning the origins of the virus:** Covid-19 is a bioweapon used by superpowers for their own political and economic agendas.
- Concerns and fears that **food assistance will be stopped altogether**, or that the frequency of distributions would be altered and that refugees would be to be sent back to their countries of origin.
- Respondents shared their **convictions that the virus can be prevented** through home remedies such as drinking alcohol, consuming vitamin rich fruit, and praying.

That is why community leaders again urgently flag the need for continuous community education to help people distinguish between fact and rumours. Other suggestions from refugee leaders include providing radios to access and share accurate and timely information, as well as showing refugees photos or videos of people with Covid-19. A community leader in Adjumani says that “if possible, video shows need to be planned to show people what is happening out there because seeing cases of Covid-19 makes people believe in what they are being told.”

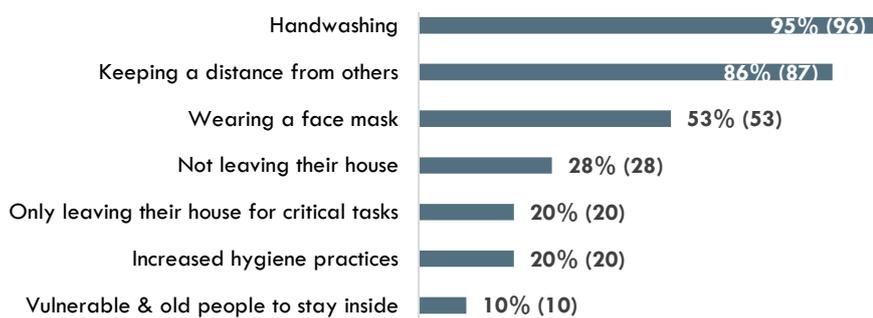
Behaviour

Are people in your community abiding by the Covid-19 guidance/policies?



While most refugee leaders interviewed say people in their communities are abiding by the Covid-19 guidelines, a few groups – young people, rumourmongers, and those without access to radios or mobile phones – question and resist Covid-19 guidance, endangering themselves and others and further underscoring the need for continual community sensitisation around such measures through low-tech information channels.

What precautionary measures, if any, have people in your community adopted to protect themselves from Covid-19?*



Conversely, humanitarian staff taking part in the GTS survey were not as optimistic about people actually adhering to Covid-19 mitigation measures, many in fact, voicing doubt that the refugees they assist were following guidelines. Many aid workers mentioned the pervasiveness of misinformation and rumours as well as practical barriers, mistrust, and people simply not wanting to follow guidelines as primary reasons for their scepticism.



“Corona was made by the Chinese who sent it to Africa to kill us. It is a biological weapon meant to kill us the people in the community.” – Kyaka II



“...all refugees in Uganda will be sent back to their countries of origin in September 2020 when all assistance will be stopped.” – Nakivale

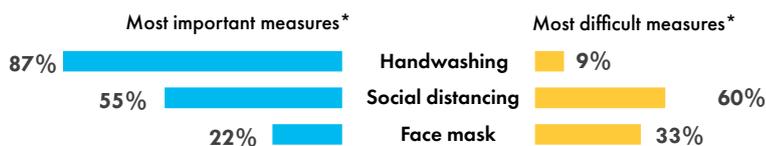
* Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

When discussing interim findings from the refugee leaders' survey, NGOs working across the various settlements in Uganda confirmed this scepticism and suspected that community leaders are over-reporting refugees' adherence to prevention measures, in particular the extent of wearing face masks. What seems clear is that there are significant regional discrepancies. Only a third of South Sudanese refugee leaders reported people wearing masks whereas 80 percent of Congolese refugee leaders said their constituents regularly wore masks.

Grass-root national organisations we spoke to also emphasised the need for continual sensitisation of communities over Covid-19 measures and suggested that the reason for lower uptake of certain guidelines is the fact that local and community-based organisations are not supported in playing a role because they are embedded in the communities. Global Rehabilitation and Transformation Response (GRTR), a local organisation operating in Arua, Bidi Bidi, Rhino, and Imvepi to provide Covid-19 hygiene items, business loans, and refugee training to make face masks, stressed the need for intensive and consistent messaging around Covid-19.



“...social distancing for refugee communities has been one of the most difficult measures to follow, as well as shaking hands. In South Sudan people believe in shaking hands and hugging. Changing the beliefs of communities is not easy. Organisations come for an hour, communities do not learn anything from this and just wear masks when they are being monitored.” – GRTR representative



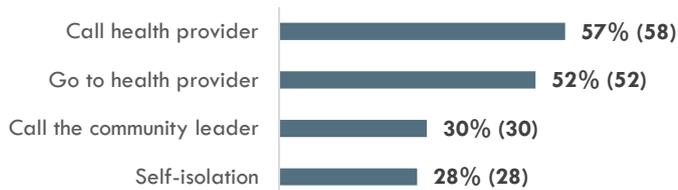
Humanitarian staff members suspect social distancing and wearing a face mask are the most difficult measures for people to adhere to. This was confirmed by refugee leaders, who pointed to social and cultural norms embedded in communities. Sticking with social distancing goes against these norms, as a community leader in Adjumani explained: “For South Sudanese, not shaking hands while greeting is considered disrespectful.” In IDinsights' study with refugees in Kiryandongo, most respondents report that they have left the house recently and 47 percent of these say they maintained social distancing while outside.

In addition, several refugee leaders mentioned the cost of facemasks as a major barrier to adhering to this measure. Community leaders in Kyaka II told GTS that “people have been encouraged to wear face masks, especially in public, but they are not affordable to all refugees as they have no money to spend on masks when they have no food at home.”

Almost all respondents (89%) in IDinsights' survey with refugees living in Kiryandongo reported covering their mouth and nose when leaving their home. Although the Ugandan government started distributing free masks in June, the majority (82%) of those who wore masks reported buying the masks themselves.

Practical challenges notwithstanding, the vast majority of refugee leaders said that people in their communities trust that the measures introduced to contain the spread of Covid-19 are the right ones. In the meantime, almost all leaders taking part in our survey reported that refugees in their settlements requiring non-virus-related urgent care, such as malaria or typhoid, continue to visit their community health providers, though surprisingly, according to the Danish Refugee Council's recent needs assessment, only 68 percent of those surveyed would go to the hospital or health centre in the event they experienced Covid-19 symptoms.

If/when people in your community experience Covid-19 symptoms, what do you think they would do?*



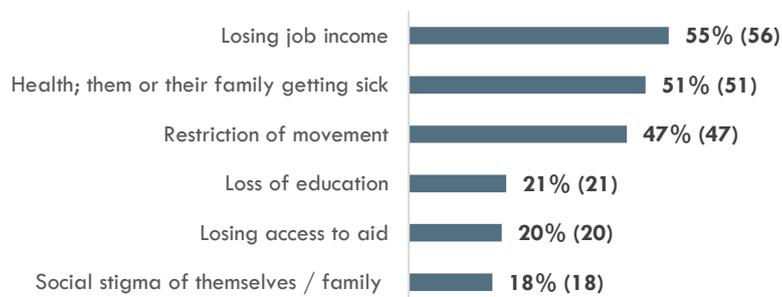
* Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

Economic impact

Not surprisingly, the impact of Covid-19 and measures to mitigate the spread of the virus has taken a toll on all refugees in Uganda's settlements, especially the inability to work, make ends meet, and acquire basic needs. Reductions in food and cash assistance are exacerbating the economic hardship refugees face and now refugee communities are as worried about their financial health as the risk they face from the virus. As a community leader in Bidi Bidi lamented, "businesses which women used to run, such as selling food items at the markets, have stopped due to transport restriction. Women are forced to sell the little food they receive to buy items like sanitary towels." ID insights' study with refugees in Kiryandongo found that almost all households experienced increased food prices during July 2020, and more than half had also experienced job loss and business closure during the same period.

As small businesses such as retail shops, salons, and bakeries, were forced to close and work opportunities dried up in the casual labour force, thousands of refugees lost the income streams that had supplemented their humanitarian assistance. The economic impact of Covid-19 around the world over the past five months has also drastically reduced global remittances to refugees from relatives abroad. "Most people with relatives outside Uganda are no longer getting financial support because the situation is bad everywhere," explained a community leader from Kiryandongo.

What are people in your community most worried about, in relation to Covid-19?*



In addition, family separations, uncontrolled borders between Uganda and South Sudan, and urban refugees arriving in the settlements are cause for worry among the refugee leaders surveyed by GTS. Children have been disproportionately affected with schools closed and their families struggling to meet their most important needs. In some cases, these community leaders said, this has led to negative coping strategies among refugee youth who have resorted to manual labour, early marriage, and survival sex. One leader in Adjumani settlement told us that "school-going children have missed school and the girls are victims of early pregnancy and marriage." Humanitarian assistance, such as hand-washing facilities and soap distribution, while helpful in slowing the spread of the virus, do little to alleviate the more dangerous social issues among refugee children, according to community leaders.

Social impact

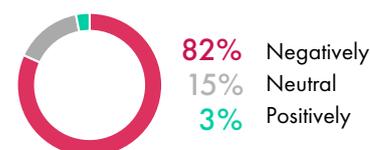
The social fabric has been strained by strict preventative measures within the settlements, community leaders report. People are no longer able to visit, socialise, share food, or lend money to their neighbours, once a vital source of emotional and financial support in pre-pandemic times. At the same time, "domestic violence has increased due to lack of food in the homes," one community leader from Bidi Bidi camp told GTS. Nearly all humanitarian staff surveyed reported similar concerns about the dramatic rise in gender-based violence since the onset of the pandemic.

Similarly, host community relations are reported to be worsening, and several refugee leaders pointed to the fact that refugees no longer work on Ugandan's farms for food or money as Ugandans fear contracting Covid-19 and are struggling to make ends meet themselves.

Within your community, how has the ability to meet basic needs changed since Covid-19 started spreading?



How do you feel the Covid-19 crisis has impacted social relationships/relationships in your community?



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

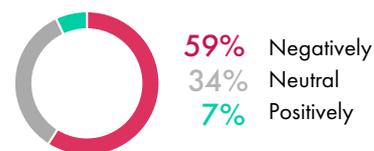
As one community leader in Kyangwali remarked, “Host communities think refugees are carriers of the virus because they come from foreign countries. They no longer accept them to work in their farm plantation as they used to in exchange for money for food.”

Land disputes and denying refugees access to firewood is another source of tension, as host communities have been asking for payment from refugees to use the land allocated to them by the government and to access firewood, according to community leaders. Whereas in the past, there would be social interaction at church, funerals, markets, and community meetings, “dialogue between the two communities where people used to bond, discuss, and sort issues such as resource sharing like firewood and building materials,” a Bidi Bidi leader told GTS, “does not happen anymore because of restrictions on public gatherings.”

Next steps

Following this second survey of South Sudanese and Congolese community leaders in Uganda’s refugee settlements and humanitarian staff, GTS hopes to conduct in-depth analysis on some of the key themes presented herein to provide more nuanced insight into the Covid-19 situation in Uganda – and to inform the continuing response from the perspective of affected people and adjust humanitarian programming accordingly.

How do you feel the Covid-19 crisis has impacted relationships with the Ugandan host community?



Key informant interviews

Sampling methodology

The data presented here is indicative and does not statistically represent the perceptions of the whole refugee population or of humanitarian workers in Uganda. Phone interviews were conducted with 101 South Sudanese and Congolese community leaders in Adjumani, Bidi Bidi, Imvepi, Palorinya, Rhino, Kiryandongo Kyaka II, Kyangwali, Nakivale, and Rwamwanja refugee settlements.

The community leaders who participated in these key informant interviews over the telephone had earlier participated in face-to-face 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 mobile network coverage.

Survey questions

Ground Truth Solutions designed the survey questions taking both the WHO global risk matrix¹ and the Global Humanitarian Covid-19 response plan into account.² To this end, we identified four key themes to guide 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 was useful and actionable. We also shared the survey questions and response options with actors and experts on the ground to ensure the survey was appropriate to country-specific realities.

Participants

All participants were over the age of 18 and South Sudanese (58%) or Congolese (42%) refugee community leaders in their respective settlements. Female leaders made up 46% and male leaders 54% of key informant interviewees. We spoke to 95 community leaders and six religious leaders.

Language of the surveys

Key informant interviews were conducted in Kiswahili and English.

Data collection

Key informant interviews took place from 24-30 June 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 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 leaders and/or make several calls until the respondents could be reached.

Staff survey

Sampling methodology

Staff members from UN agencies, international Non-Governmental Organisations, national non-governmental organisations, the Ugandan Red Cross, donors, the Ugandan government, members from the Assessment Technical Working Group, and the Communicating with Communities Task Force were contacted for the survey.

A total of 54 staff members (56% from international NGOs, 24% from UN agencies, 11% from the Ugandan Red Cross, 7% from national NGOs, 2% from the Ugandan government) completed the survey.

This report presents highlights from the findings of Ground Truth Solutions' (GTS) recent Covid-19 surveys conducted with refugee community leaders and humanitarian staff working in Uganda. The goal is to share refugees' and humanitarian workers' views with humanitarian actors on the ground to inform the response and adjust programming accordingly.

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.

¹ World Health Organisation, "Survey tool and Guidance: rapid, simple, behavioural insights on COVID-19," Table 1: Questionnaire – validation and value of variable and items included, 2020, http://www.euro.who.int/_data/assets/pdf_file/0007/436705/COVID-19-survey-tool-and-guidance.pdf?ua=1.

² OCHA, "Global Humanitarian Response Plan COVID-19," April–December 2020, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>.

Survey questions

Ground Truth Solutions designed the survey questions in consultation with the Global Humanitarian Covid-19 response plan³ and in line with the key matrix of the key informant interviews to allow for comparability. We 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

Most participants were male (72%) national staff (76%) who work in programme management and coordination roles within the protection sector. Thirty-seven percent report working at a site level office, 37% at a country office, 24% at a sub-national office, and 2% at a regional multi-country office.

Language of the surveys

Survey questions were asked in English.

Data collection

Surveys were completed between 21-30 July 2020.

Data collection tool

Kobo Collect was used for the staff survey.

Recommended citation

Ground Truth Solutions, COVID-19 insight from refugee leaders and humanitarian staff: Uganda, September 2020.

For more information about our work in Uganda, please contact Kai Kamei (kai.kamei@groundtruthsolutions.org) or Elias Sagmeister (elias@groundtruthsolutions.org).

³ OCHA, "Global Humanitarian Response Plan COVID-19," April–December 2020, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>.