

Exploring refugee compliance to COVID-19 guidelines in Uganda

Refugee communities in Uganda are knowledgeable about COVID-19 and preventive guidelines. However, they do not comply with most guidelines because of conceptual, socioeconomic, cultural and structural barriers, increasing their risk of infection and poor health outcomes.

COVID-19 health responses must be tailored in refugee settings

The Refugee Lived Experiences, Compliance and Thinking (REFLECT) study assessed community knowledge, attitudes and practices (KAP) and implementation of Uganda's national response to COVID-19 among refugee communities.

The study generated recommendations for national policymakers and practitioners to enable more appropriate messaging and outcomes for COVID-19 responses in Uganda. Findings are relevant for humanitarian actors in similar contexts or with refugee communities, particularly in LMICs in Africa.



A local leader in Kyaka II, Kyegegwa district, signs a declaration to support an active COVID response in his community. Photo credit: © CHASE-i

Background

In Uganda, the national response to COVID-19 included a lockdown and other preventive measures like banning of public gatherings, institutional closures and movement restrictions. Protective practices and standard operating procedures (SOPs) like handwashing with soap, sanitizing, wearing of face masks, and social distancing, were strongly encouraged. The extent to which refugees were aware of COVID-19, and adhered to preventive measures, was largely unknown.

How the research was conducted

This mixed method study used both qualitative and quantitative approaches, including household/health facility surveys, IDIs, KIIs, FGDs and observation. 2,092 participants were recruited from 13 refugee settlements in Kampala, Kyegegwa and Adjumani districts. Refugees were South Sudanese, Congolese, Eritrean and Ethiopian (predominantly Christian) and Somali (predominantly Muslim).

Key findings

- Refugees were generally knowledgeable about COVID-19, although up to 40% exhibited knowledge gaps and plenty of myths existed.
- There was **non-adherence** to most guidelines, and between 25% - 70% had adopted risky behaviour likely to lead to transmission of COVID-19.
- Reasons include mixed messages from multiple information centres; socioeconomic, cultural and structural barriers (such as food insecurity, or politics); and the 'infodemic'; fuelled by social media or refugee links with the diaspora.
- **Variations** exist in knowledge and compliance behaviours across different sociodemographic characteristics:
 - **gender:** Men more knowledgeable about COVID, but less compliant than women
 - **location (urban vs rural):** Urban refugees more knowledgeable but less compliant than their rural counterparts
 - **religion:** Muslims more knowledgeable and compliant than Christians
- Several **local community resources**, systems and structures existed: including community champions, livelihoods or savings support groups and community faith coalitions. These informally supported the COVID-19 response, including helping to reach vulnerable or excluded community members.

Implications for humanitarian practitioners and policymakers

- The government of Uganda should review not only its approach but also related outcomes in addressing COVID-19 in humanitarian settings, considering what is feasible for refugees. For example, focusing more on water, sanitation and hygiene (WASH) preventive measures, instead of social distancing may be better for refugees in crowded settlements or homes.
- Government and partners should address the barriers of non-compliance and consider implementing a robust socioeconomic response interlinked with other key sectors and actors.
- Active community involvement and engagement will foster an acceptable, effective, inclusive and sustainable approach.
- Humanitarian actors focused on health (including WASH), protection, livelihoods and other sectors could use the findings of this research to improve interventions, or design more responsive interventions.
 - Community systems which can support vulnerable people through the COVID-19 pandemic should be resourced and supported.
 - Co-designing and fostering local partnerships should also guide future interventions.

Recommendations for future research

- More evidence is needed to determine system preparedness to manage pandemic outbreaks in Uganda, as well as to explore COVID-related impacts on vulnerable groups such as women and girls, and people with mental health conditions.
- Key questions remain, such as vaccine coverage and community KAP in light of rapidly-changing variants.
- Future research could use an implementation science and systems thinking approach, focusing on behavioural change interventions also aligned to local priorities for impact.

About the study team

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The study team would like to pay tribute to Prof. Stephen Lawoko, who sadly passed away in 2021. Prof. Lawoko made a significant contribution to this study and to public health research on a global scale.

Keywords

Refugees, COVID-19, KAP, lived experiences, adherence, compliance, SOPs, Uganda

Articles and further reading

- [Refugee Lived Experiences, Compliance and Thinking \(REFLECT\) in COVID-19](#)
- [REFLECT study webpage](#)
- [A-Z of COVID in Uganda](#)
- [Compliance to COVID-19 guidelines in Uganda: Insights from a multi-site study in 13 refugee settlements](#)
- [How can communities be empowered to steer sustained compliance to COVID-19 guidelines? A guide to action](#)
- [What will kill refugees first: COVID-19 or hunger?](#)
- [Healthworker preparedness for COVID-19 management and implementation experiences: a mixed methods study in Uganda's refugee-hosting districts](#)
- [COVID-19 risk behaviors in humanitarian settings: a cross-sectional study among conflict refugees in Uganda](#)



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