U-LEARN

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Uganda COVID-19 Risk Communication and Community Engagement (RCCE) Assessment

Summary **March 2021, Uganda**

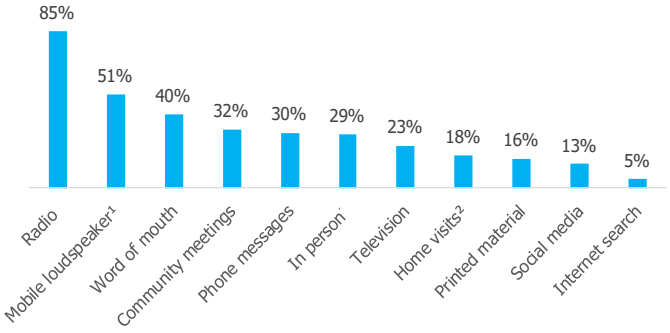
Background and Methodology

- **What?** U-Learn conducted a mixed-methods assessment from August to November 2020
- **Why?** To inform the successful delivery of risk communication and community engagement in Uganda and to understand if and how information about COVID-19 is accessed and interpreted by different community groups.
- **How?**
  - **Quantitative:** 1533 individual level surveys, gathered remotely, including 1053 survey respondents from refugee communities, 225 from host communities, 180 from high-risk districts and 66 from one low-risk district.
  - **Qualitative**: 66 focus group discussions (FGDs) with community members and 51 key informant interviews (KIIs) with community leaders and NGO and government representatives, collected in-person in the south-west and West Nile regions.
- **Representativeness?** Due to remote non-probability sampling, all findings are indicative only.
- **Want more information?** Please see the ToR, full-length report and the policy brief.

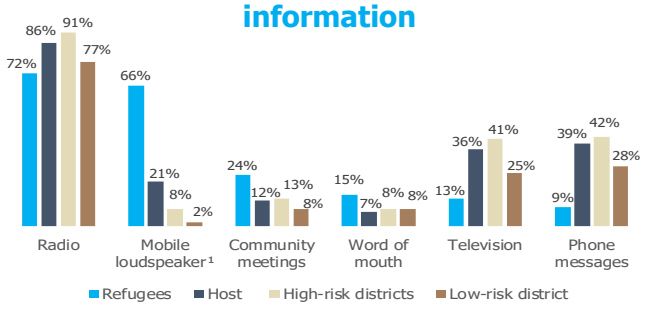
Information channels

Almost all respondents reported having received information on COVID-19 in the six months prior to data collection, in particular about symptoms, nature and modes of transmission of COVID-19. Respondents did **not** often report receiving information about the impact of COVID-19 on their districts nor on Uganda, on the personal experiences of those affected by the disease, nor how to protect ones' income during these times.

Most commonly reported information channels



Proportion of respondents (by community group) reporting information channels as their most preferred ones for COVID-19 information



Information Barriers were reported by 31% of respondents. Out of these, the most commonly reported barriers concerned lacking information assets such as TVs (53%), radios (53%), limited internet access (36%) and lacking access to phones (20%). In addition, 23% of respondents who reported information barriers, attributed the reported barriers to information to a lack of clarity in the information that was delivered to them.

Risk perception

High risk perception. A high proportion (72%) of refugees saw COVID-19 as a 'very serious threat' as compared to about a third of host and low risk communities. The threat faced by communities reportedly mostly originated from the preventative measures rather than the disease itself. 81% of respondents reported perceiving the COVID-19 restrictions as a risk. Many participants reported that movement restrictions in particular negatively impacted their ability to run businesses and make a living.

"(…) all in the community would say it [COVID-19]is a big threat because schools and markets, where they transact business, were closed and this means a big threat to them."
(FGD with young male refugees in Oruchinga)

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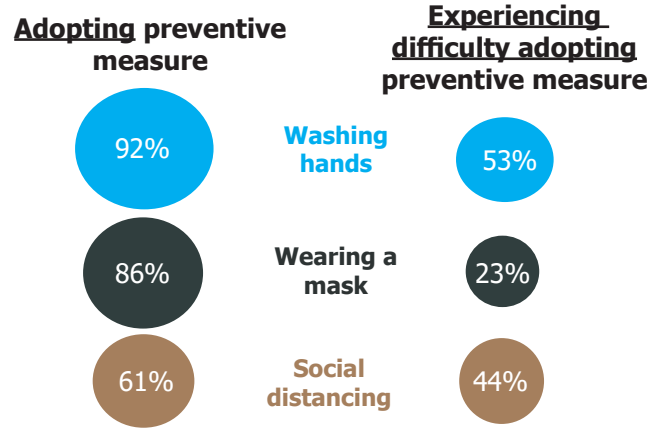
Low risk perception. FGD participants who reported low risk perception often attributed this to the lack of infections in their surroundings. Even some of those who reported perceiving COVID-19 as a health risk, found this risk to be abstract or not relevant to their own community.

Behaviour change

Although high percentages of respondents reported adhering to the preventive measures, U-Learn field teams, FGD participants and KIs mentioned that these reports often did not reflect their observations.

Proportion of respondents reporting:

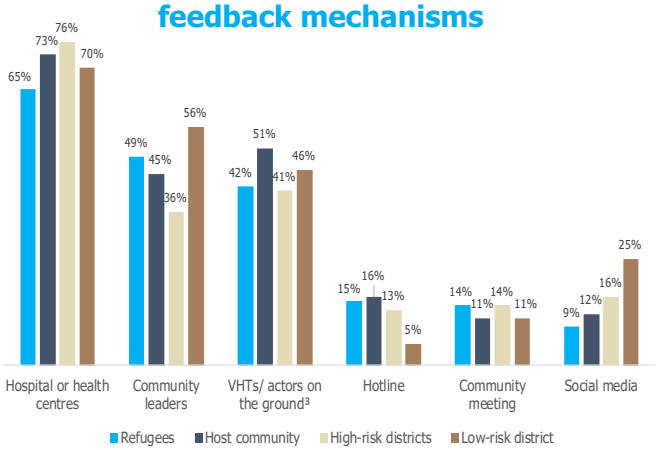


Commonly reported barriers to behaviour change:

- Limited access to masks, soap, washing facilities
- Social distancing interferes with cultural norms
- Masks are uncomfortable or make breathing and communicating difficult
- Lack of space prevents social distancing
- Lack of local cases makes social distancing unnecessary

Feedback mechanisms

Proportion of respondents (by community group) reporting being aware of specific feedback mechanisms



A very high number of respondents (86% of the 95% that reported knowing about feedback mechanisms) also reported using feedback mechanisms.

However, FGD participants tended to be negative about their ability to provide feedback to aid and health providers on the COVID-19 response, most often because they felt they did not know how to.

"They don't feel able to provide feedback because participants don't know when and where to deliver their feedback." (FGD with elderly female host community members in Kamwenge)

Suggestions for improvement

Suggestions for improvement from community members and those working with communities often centered around:

- Continued and increased use of local languages in risk communication
- Increased provision of materials such as masks and soap to comply with preventive measures
- Continuous sensitization of the communities about COVID-19
- Targeted messaging for specific groups such as people with disabilities, older persons, and children to overcome information access barriers
- Increased use of suggestion boxes and community meetings to improve feedback mechanisms

What is U-Learn?

The Uganda Learning, Evidence, Accountability and Research Network (U-Learn) is designed to promote improved outcomes for refugees and host communities in Uganda. It is funded by UKAID and delivered by the Response Innovation Lab (hosted by Save the Children), in consortium with IMPACT Initiatives and the International Rescue Committee.

1. The label "mobile loudspeakers" also includes answers for "boda boda talk". These are essentially similar communication channels using loudspeakers strapped to a motorized vehicle and travelling around a community.
2. "Home visits" are usually conducted by village health teams (VHTs) or other volunteers to visit community members in their places of residence while "in person" information channels are often avilable when community members access health centres or meetings with information sources.
3. VHTs stands for village health teams which are groups of volunteers living in the target communities and delivering basic health sevices and education to these communities.