



## Policy Brief

# Maximising the impact of COVID-19 communication with refugees: What can we do better?

## Background

In late 2020 U-Learn<sup>1</sup> conducted an assessment on COVID-19 risk communication and community engagement (RCCE) in Uganda. The assessment was designed in collaboration with Ministry of Health (MoH) and refugee response stakeholders to inform policy and programming for COVID-19 risk communications and community engagement. The assessment collected qualitative and quantitative information on COVID-19 preventive behaviours, risk perceptions and communication channels from a range of locations in Uganda, with particular focus on refugee settlements and refugee hosting districts<sup>2</sup>.

The assessment findings were reviewed by a range of government, UN, NGO and civil society stakeholders in January 2021<sup>3</sup>, resulting in this policy brief presenting **recommendations (page 2 and 3)**.

## High-Level Summary of Research Findings

- **Current Behaviour.** Respondents to the phone survey self-reported that they implement COVID-19 preventive measures of hand washing, mask-wearing and social distancing. However, this self-reported data appears to be biased, since it is contradicted by qualitative and observational findings which show that these behaviours are not taking place consistently. Preventive measures such as mask-wearing are more common in certain spaces (eg – NGO offices, hospitals) than others. In addition, youth and children tend not to adhere to social distancing.
- **Perception of COVID-19 as a threat to livelihoods and from the 'outside'.** The majority of respondents across all areas consider COVID-19 a serious threat but seem to focus more on the social and economic threats posed by COVID-19 rather than the immediate health threat. Respondents also downplay the health threat within one's immediate community/surroundings, and rather associate the main sources of the disease itself with outsiders (safety within community, threat from outside). Refugees tend to feel particularly threatened by COVID-19, reportedly because of the increased economic pressures and impact on livelihoods within the settlements.
- **Information received on COVID-19.** Across groups, most respondents reported to have received information about the symptoms of COVID-19, the nature of the disease, its transmission, social distancing, and risks and complications of the disease. Few people receive information on caring for those affected or on the impact of COVID-19 in Uganda or in their own district or community.
- **COVID-19 information channels.** Across every group, radio is by far the most commonly mentioned and most preferred channel to receive information on COVID-19 (85%). Ugandans living in both hosting districts and non-hosting districts frequently mentioned television and phone texts/messages as relatively commonly used and preferred information channels. Only 16% of respondents reported printed material as a COVID-19 information channels. However, when shown a range of MoH IEC materials, images and posters were preferred.

### Refugees: information channels.

Refugee settlements in northern Uganda received less regular information on COVID-19 than in other refugee settlements. Radio and mobile loudspeakers are a popular communication channel for refugees, although mobile loudspeakers were less mentioned in Palorinya, Nakivale, Kyaka II, Oruchinga and Rwamwanja.

<sup>1</sup> U-Learn (the Uganda Learning Evidence Accountability and Research Network) seeks to improve outcomes for refugee and host communities in Uganda by facilitating cross-sectoral learning, conducting assessments and amplifying refugee voice and choice.

<sup>2</sup> Groups included refugees and host communities from the 12 refugee-hosting districts, communities living in the high-risk districts (Kampala, Amuru, Tororo) and low risk districts (Pakwach). The risk was determined according to the number of COVID-19 cases during the assessment design. For the qualitative data only a selection of the aforementioned communities were included. More details on the research questions, methodology and findings can be found in the full report [here](#).

<sup>3</sup> A Roundtable was co-hosted by U-Learn and MoH on Thursday 28 January from 10am to 12am with the objective to develop policy recommendations from the RCCE assessment finding. The current policy brief is an output from that round-table.



- **COVID-19 information sources.** Whilst over 40% of host communities mentioned using District Health Teams (DHTs) or local government as a source of information on COVID-19, this was rarely the case for refugees. Unlike all other groups refugees mostly rely on NGOs or the UN. Refugees' mention of NGOs or the UN as common information sources was particularly the case for those in the south-west region, but not very frequently mentioned in Imvepi. Actors close to community members with long-lasting relationships, and those perceived as knowledgeable on the topic, are most likely to be influential.
- **COVID-19 rumours and misinformation.** Around half of the respondents reported having heard conflicting information around COVID-19. This proportion is as high as 80% in high-risk districts (Kampala, Amuru, Tororo). Rumours tend to centre around downplaying COVID-19, or misinformation about the prevention or treatment of COVID-19.<sup>4</sup>
- **Information does not automatically lead to behaviour change.** Despite widely available information about COVID-19 and a high reported threat perception, this has not been sufficient in promoting behaviour change. However, respect of authority figures and the necessity to access certain services and communal areas are noted as drivers for behaviour change (acting as signals of authority and norm-setting within the community).
- **COVID-19 two-way communication mechanisms.** While hospitals/health centres, community leaders and Village Health Teams were the three most common info sources mentioned to clarify or *ask* more information related to COVID-19, the channels reportedly used the least include suggestion or complaint boxes, WhatsApp groups, phone numbers or e-mails and help desks. Almost all of the respondents who submitted feedback reported having received a response to their submitted feedback; however, in Bidibidi, Oruchinga and Kyangwali refugee settlements, only a relatively small proportion of interviewees reported having received a response to their feedback.

## Recommendations

### For MoH and risk communication actors:

#### *Presentation of Information*

- **Reinforce messaging on the health dangers of COVID-19.** Continue to improve the community's knowledge about the disease, providing the key facts and the dangers and health impacts related to being infected with COVID-19 and including concrete examples from the Ugandan context.
- **Address myths and misinformation** and improve people's perceptions of the seriousness of COVID-19 through formal messaging and community structures. Communicate to youth the risks from COVID-19 that are relevant to them, such as the potential long-term effects of COVID-19.
- **Work with people's economic concerns** by sharing information about how to make preventative activities more compatible with livelihoods, or by sharing messages about how the economic impacts of restrictions will eventually reduce if people adhere to preventative measures.
- **Provide actionable communication on COVID-19 within the household.** Prioritise communication on preventive measures at home (drawing on guidance at the regional level) and how individuals can support family members who contract COVID-19 (e.g. through home-based care or other support).
- **Target authority figures, institutions and communal areas.** Given they act as signals and drivers of behaviour change, ensure institutions adhere to SOPs. Develop specific messaging for clarifying that if institutions are not adhering to SOPs there may be consequences. Consider how to define the SOPs' definition of public spaces even more clearly.

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<sup>4</sup> More information on COVID-19 related rumours can be found in the COVID-19 rumour-tracking bulletins: [February 2021](#), [November 2020](#), [October 2020](#), and [September 2020](#).



### **Accessibility**

- **Messaging for children and youth.** Prioritise COVID-19 communication materials adapted for children and youth in appropriate locations, including accessible language and eye-catching images.
- **Service points.** Ensure that service provider points used by both the private sector and government have handwashing facilities and enforce the regulations on mask use and handwashing.

### **For risk communication actors working with refugees:**

#### **Coordination**

- **Support risk communication coordination between refugee and host communities.** Promote opportunities for actors in local communities and refugee settlements to cooperate on risk communication, to build trust and address some of the differences in information flows. This could include strengthening links between Refugee Welfare Committees (RWCs) and District Task Forces (DTFs), and between Task Force leads and refugee response actors.
- **Mainstream communication of COVID-19** so that it is included in communications by implementing partners not directly delivering risk communication programmes.

#### **Information channels**

- **Diversify communication channels.** Adopt a range of different information channels to address diversity of people's needs and personal preferences. Within this, prioritise the use of radio, community radio and mobile loudspeakers.
- **Strengthen interpersonal communication channels.** Work with Village Health Teams (VHTs), home-based care volunteers, religious leaders, refugees themselves and other community structures as important and trusted information-sharers.
- **Strengthen Accountability to Affected Population (AAP) mechanisms,** particularly in Bidibidi, Oruchinga and Kyangwali.

### **Accessibility**

- **Translations and pictorials.** Continue to translate MoH Information, Education and Communication (IEC) communications materials into languages spoken by refugees and include pictures where possible.
- **Explore alternatives for low-access areas.** Consider alternative channels such as airtime to reach refugees who have less access to information (such as those in Northern Uganda).

### **For researchers:**

- **Investigate regional differences in RCCE.** Investigate the reasons why less COVID-19 information flows were received in refugee settlements in the north as compared to the south.
- **Compare specific TV and radio usage.** Gather further information on TV channels used by high risk communities accessing COVID-19 information via TV, and the relative use of community radio versus radio FM stations for accessing COVID-19 information by all groups.
- **Continue integration of different research efforts.** Continue to integrate information from the COVID-19 RCCE assessment and other rumour trackers, including linking rumour tracking with MoH's work on District Health Information System (DHIS2). Incorporate findings from other quantitative surveys including the WB high frequency surveys.
- **Explore ways to measure adherence to preventative measures.** Avoid relying on self-reported data for measuring adherence to preventative measures, since these are highly biased. Observational efforts are more reliable but might not lead to comparable data.