

# What Will Kill Refugees First: COVID-19 or Hunger?

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## Background

As part of the Uganda government's response to contain COVID-19, a number of directives and guidelines were announced.

Little was known about how vulnerable communities were coping with the pandemic.

The REFLECT study aimed to establish awareness on COVID-19 prevention measures in refugee communities. It also focused on refugee lived experiences, behavioral shifts, and compliance in both urban and rural refugee settings.



## Key Messages from the [REFLECT in COVID-19 Study](#)

1. Refugees perceive hunger as a bigger threat to them than COVID-19.
2. There is a low compliance with the COVID-19 pandemic prevention guidelines despite their high awareness on prevention. For example, only 18.4% of respondents reported to regularly use masks compared to the 66.4% who believed that wearing masks in crowded places prevents the spread of COVID-19. 28.2% reported to maintain social distance often, compared to the 63.4% who agreed that social distancing reduces transmission risk.
3. Low compliance with the COVID 19 guidelines has several determinants. Among them was food insecurity and livelihoods.
4. COVID-19 directly increased food insecurity among refugees in Uganda. The lockdown and related economic strain directly led to food ration/cash grant cuts by the World Food Program (WFP). Lifestyle issues relating to health and nutrition are also constrained in refugee settlements; for example, only 21.5% participants reported to eat fruits and vegetables on a weekly basis, compared to the 48.1% who believed that regular consumption of fruits and vegetables can protect against COVID-19.
5. In addition to Behavioural Change Communication (BCC), there is need to address underlying barriers to compliance of COVID- 19 prevention guidelines.

## How the Research was Conducted

The study design was cross-sectional and mixed methods, adopting both quantitative and qualitative approaches. The study conducted a survey, IDIs, KIs, FGDs, and system readiness assessments. The total sample size was 2,092 (quantitative =1014, qualitative =319, healthcare workers =370, and children =389). The study covered 13 refugee settlements in Uganda's Central, North West Nile and South Western regions. It covered more than five (5) different refugee nationalities including refugees from South Sudan, DRC, Somalia, Eritrea, Rwanda and Burundi. Data collection was undertaken between September and November 2020.

## Key Findings

Knowledge and awareness of COVID-19 was very high. This includes its signs and symptoms, how it is spread and how it can be prevented. The refugee populations are well informed about COVID-19 contagion, severity, dangers and effects. Nearly 90% of the study population were confident they knew how the spread of COVID 19 can be

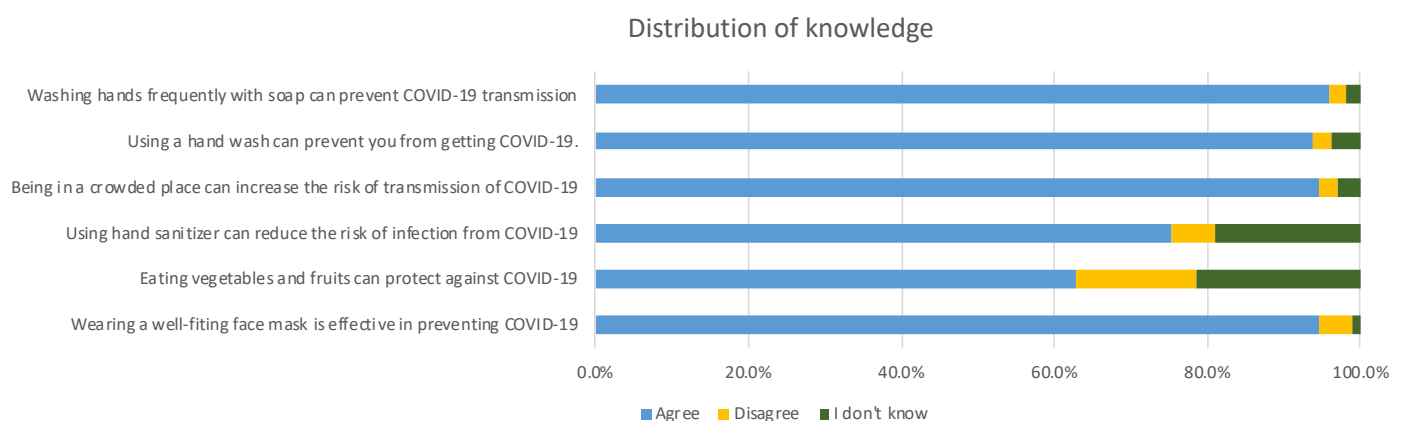
However, compliance to the Presidential directives and MoH preventive guidelines on COVID-19 was very low among the refugee community. Only 11.4% practiced social distancing, and 23.6% were often wearing masks respectively. (Figures 2 and 3).

Males in the 15-24 age group were likely to engage in nutrition and physical or behavioural risky behaviors that would predispose them to COVID-19 (p value = 0.001).

Study findings show that income, food and relationship insecurities are largely responsible for the lack of adherence to lockdown and other measures, as seen in the excerpt below:

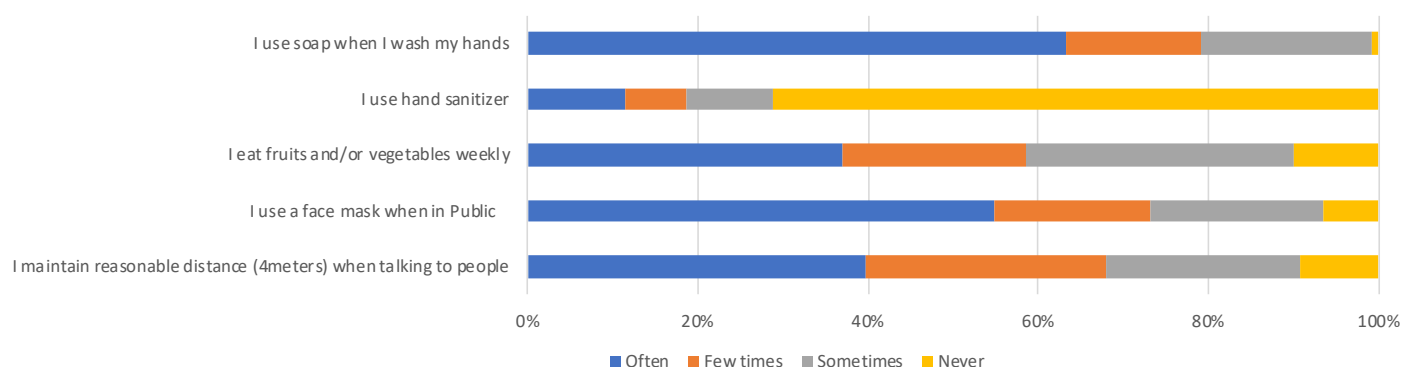
*There is no money now, as some people have been locked down in Kampala or South Sudan. When the pandemic came in, hunger came in. Our children began going to the host communities to steal cassava. Some were arrested and the parents ended up paying fines. It made us to be dormant and we made enemies" (CPC/RWC, Nyumanzi Settlement, Adjumani).*

Refugees reported that [hunger is a bigger threat to them and likely to kill them even before COVID-19.](#)



Generally, there was a high awareness among refugees on prevention of COVID 19.

Distribution of practice



There was generally low and continually decreasing compliance to the COVID 19 prevention guidelines. COVID-19 contributed to food insecurity. This is due to the reduced economic levels exacerbated by the WFP cuts in food rations/ cash grants which greatly impacted on the refugee's rights to food.

Prevention measures such as lockdown measures also negatively impacted on the communal aspects of coping with food insecurity such as borrowing food from friends and relatives. This further heightened refugee vulnerability, and was exacerbated by breakdown of social structures and refugees not being allowed to travel to the neighboring settlements or outside the country to get food.

## What the Evidence Says

- Uganda is currently home to over 1.3 million refugees, and among the first five refugee-hosting nations in the world.
- Before the COVID-19 pandemic only 27% of the households in the refugee settlements were food secure while 40% were marginally food secure.
- During the same period, 53% of the households had acceptable Food Consumption Score (FCS).
- About a third (32%) of the households had borderline FCS while 16% had poor FCS.
- Food insecurity can trigger negative coping strategies in refugee population. This includes

women acting as nutritional buffers; skipping meals; transactional sex; early marriages and pimping out children for sex.

- Theft, petty crime and multiple forms of violence (including VAW, VAC and VAM) were also reported to be on the increase. This is in addition to other right violations.
- The effects of these perpetuate a vicious cycle and trap with immediate, middle and long-term effects including teenage pregnancy, HIV transmission and poor educational performance.
- High food insecurity may act as a multiplier for the epidemic due to its negative health effects and increased migration (including both rural-urban migration and international migration).
- There is an increase in the number of refugees returning to South Sudan, with implications for food security and regional stability.

## Implications for Humanitarian Practitioners & Policymakers

1. As an immediate solution, refugees should be provided with unconditional cash grants, and/or extra food rations to manage.
2. There is need to address underlying barriers to compliance of COVID-19 prevention guidelines. awareness and/or SBCC cannot be a stand-alone intervention as root causes are more complex and multisectoral in nature.

3. In the long term, consider adaptation of technological advances proven to improve food security either by increasing production or elimination of food wastage.
4. School feeding programs should be considered for returning learners, with emphasis on effectiveness.
5. Diversify refugee livelihoods beyond the agricultural sector to boost their ability to access food throughout the year. Support gainful economic engagement with profit and inculcate the “*Thrive vs. Survive*” mentality.



***Future research should include comparative studies on the depth of the relationship between food security, awareness and behavioural change in the context of COVID-19.***

## Recommendations for Future Research

Future research should include comparative studies on the depth of the relationship between food security, awareness and behavioural change in the context of COVID-19.

Other focus areas could be on feeding in schools and the extent to which learner performance has been impacted by COVID-19; identifying and supporting positive adaptations for food security; engaging for community-led sustainable and multi-sectoral interventions.

Focus should also put on relationships including household, community and refugee-host.

## About the REFLECT Study

### Principal Investigator

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- Dunstan Ddamulira - ACORD
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## Keywords

Refugees, compliance, hunger, food security, livelihoods, COVID 19, migration.

## Articles and Further Reading

- <https://www.elrha.org/project/reflect-covid-19-uganda/>
- <https://www.chasei.org/blogs-2/>
- <https://www.monitor.co.ug/uganda/news/national/200-south-sudanese-refugees-return-home-3234558>
- [Food Security and Nutrition Assessment in Refugee Settlements and Host Communities in Uganda 2020](#)
- [LWF Uganda COVID-19 update](#)

## Study Partners



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## Funded by



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