

Addressing the drivers of non-adherence to COVID-19 guidelines through citizen science and policy advocacy in Uganda's informal and refugee settlements

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What makes displaced populations adhere to protocols for avoiding COVID-19 infection?

REFLECT Study



REFugee Lived Experiences, Compliance & Thinking (REFLECT) in COVID-19

ALERTs Study

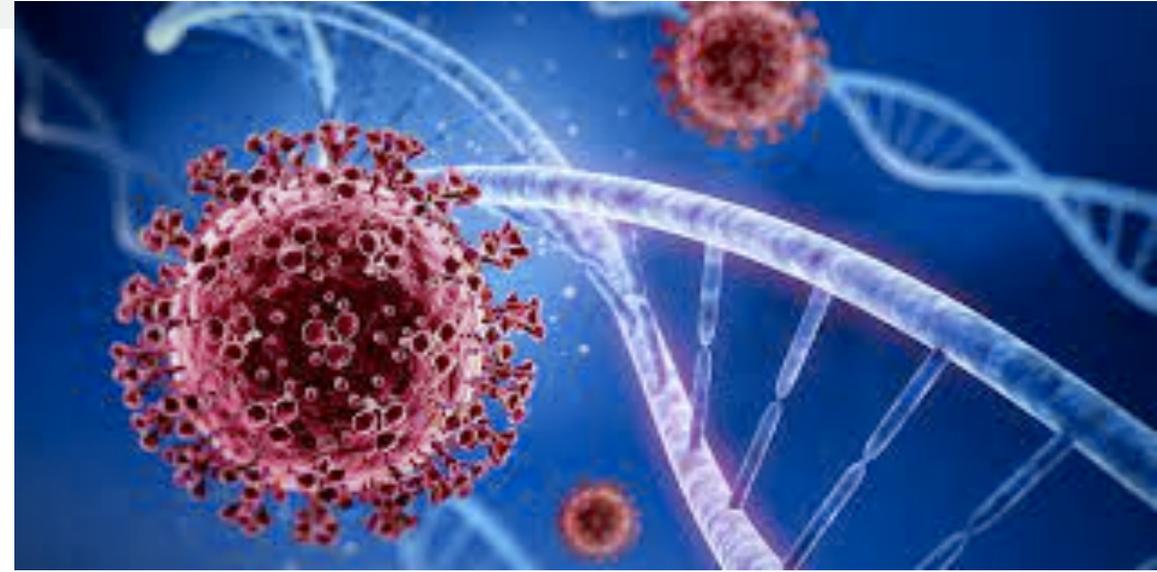
What makes “slumdweller”
adhere to protocols for
avoiding COVID-19 infection?



Adherence, Lived Experiences and Resilient Transformation among “slumdweller” (ALERTs) in COVID-19:
A study of Ki-Mombasa and Kabalagala-Kataba in Kampala

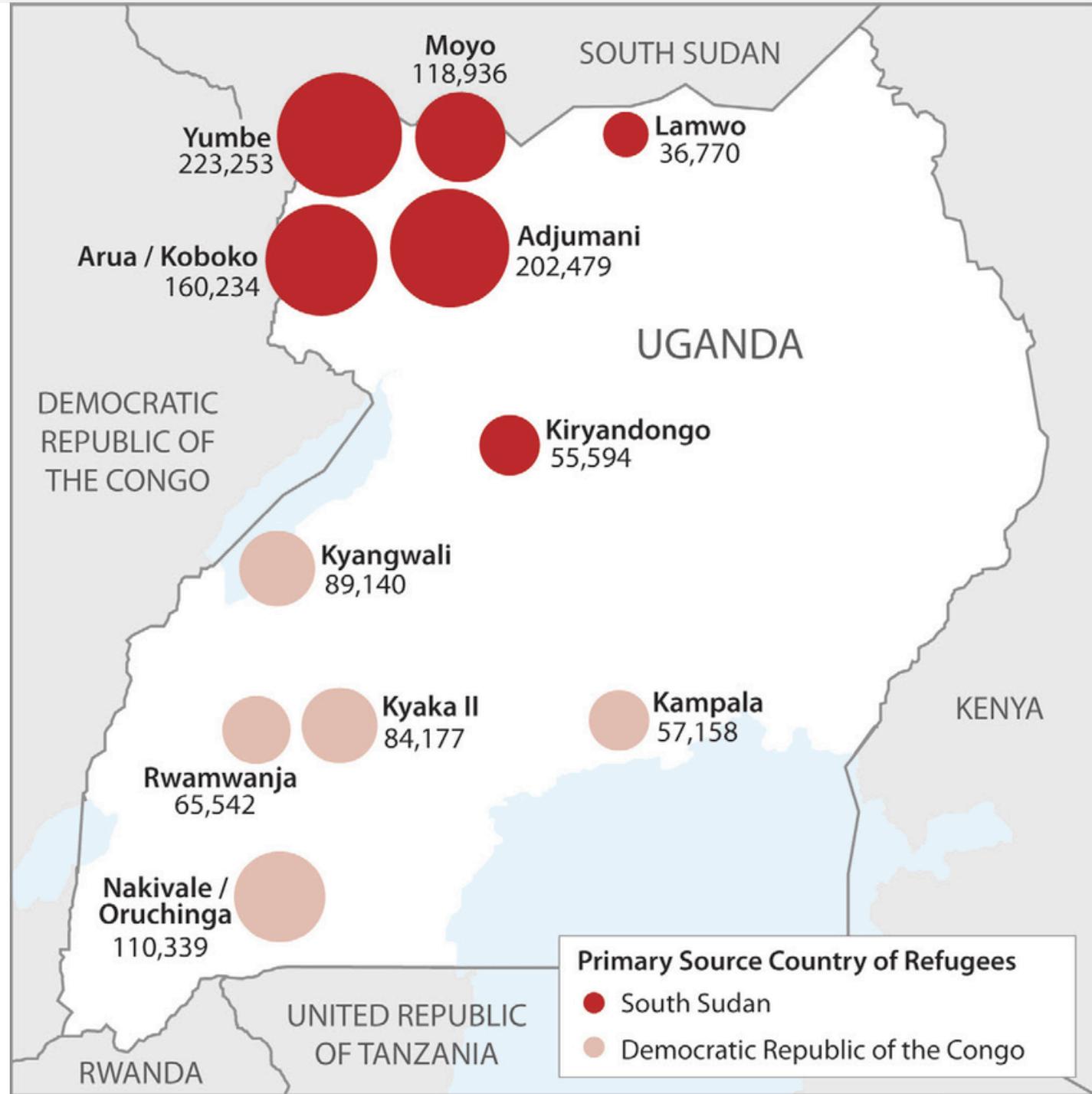
Adherence to **COVID-19 SOPs** - the Ugandan Experience

- Timing
 - Study + COVID-19
- Geography
 - Urban & rural – distinctions & intersections
- The REFLECT & ALERTs studies:
 - Assessed SOP adherence, feasibility & lived experiences
 - Used existing infrastructure in contributing to improved adherence



Study Design: REFLECT

- Mixed Method, Cross-sectional
- 13 Refugee Settlements in Central, North and South Western Uganda
- Multinational Focus
 - South Sudan
 - DRC
 - Somali
 - Rwanda, Burundi, Eritrea, etc
- Participants n=2,092



Study Design: ALERTs

- Mixed Method, Cross-sectional
- 2 informal settlements
 - Slums in Kampala
 - Ki-Mombasa
 - Kabalagala-Kataba
- Participants n=807



Methodology

Key stakeholders:
COVID-19 Task force,
Health workers,
OPM, and teachers



Mixed methods
approaches



Study population:
Refugees, host
communities, "slum
dwellers",
community leaders



Qualitative-FGDs, KIIs
IDIs and stakeholder
engagement



**Cross
sectional
studies**

Study locations-
Kampala, Kyegegwa,
Adjumani



Quantitative - Survey



Findings — at a glance

Disconnect between Knowledge & Adherence

Variation to Adherence on different SOPs

Physical distancing (40%) , Face masks (55%), Handwashing (63%),
Movement restrictions (80%), Sanitizing, Careseeking, etc

Variation across Sociodemographics

Age, gender, ethnicity, religion, SES, geography

Timing

The research & COVID-19 trajectory

Policy: Compliance & Enforcement

At the beginning of corona, every house and every shop had a bucket of water and soap outside for handwashing...you could not enter without washing your hands. But right now, even if you walked around, you would only see around 5 households with those buckets and water...Everything can be there. Water and soap are available but people got tired

(Community Member, south Sudanese)

Community: Sociocultural Norms

The Somali community practices a lot of hand shaking and hugging in case it has been long since the individuals last met....We also shake hands in the morning with neighbours as a sign of respect

(Community Leader, Somali refugee community)



- Livelihoods
- The Cost of Adherence

- Living Arrangements
- Sociocultural Norms
- Myths
- Low Risk Perception

Economic

Social

Barriers to Adherence

Political

Others

- Response Design
- Enforcement
- Political Season
- Governance Flaws

- Infodemic
- Diaspora
- System Bottlenecks
- etc

Compliance: Key Questions

- Livelihoods sorted?
- Food security ensured?
- Perceive risk as high & non-adherence fatal?
- Factual, enabling information + guidance?
- Trust their governments & systems?
- Engaged, consulted & supported?
- etc

Address barriers!



From Knowing to Doing: Our Approach

Using Citizen Science & Study Findings to Improve Compliance

REFLECT & ALERTS STUDIES

- Critical Research Partnerships
- Stakeholder Engagement (multi-level, multi-pronged)
- System Strengthening
- Co-Designing Interventions
- Policy Advocacy
- Policy Support & Activation
- Co-Designing Interventions



Our approach leveraged new windows of opportunity with leadership to address community-level bottlenecks support behavioural change improve community understanding and compliance to SOPs



Community



Corona Virus COVID-19

WAXYAABAHA BEENTA AH EE KU SAABSAN CORONA VIRUS

Fadlan ogoow in waxyaabahaan hoose ay wada been yihiin:

- Corona kama jiro Uganda.
- Waxaad tahay qof corona iska difaaci kara.
- Kaliya dadka meelaha kaa fog dagan ayuu corona ku dhici karaa.
- Corona waa ciyaar dadka lagu cabsinayo.
- Gacma dhaqashadu waa ciyaar siyaasadeed.

XAQIIQIYOYINKA RUNTA AH EE CORONA KU SAABSAN

Fadlan ogoow in waxyaabahaan ay yihiin kuwo run ah oo muhiim ah:

- Corona waxaa maqnaal ah in uu ka dhow yahay, meel walba iyo wakhti walba oo aad joogtid.
- Ma hubid in difaacadu uu corona kaa celin karo iyo in kale.
- Adiga iyo dadka kaleba Corona wuu ku dhici karaa, wuxuu dili karaa.
- Corona wuxuu dilay dad badan oo ay ka mid yihiin siyaasiyiin iyo shaqaale caafimaad.
- Siwadd gacmo dhaqashada, waxay u roon tahay caafimaadka gund waxayna kaa ilaalin doontaa caabuqa corona.

CAQLIGAADA KAASHO SI AAD U BADBAADO

Fadlan samee waxyaabahaan hoose si aad u nabad geshid cudurkan



Dhaq gacmahada
Mar walba



Xir ama dabool afkaada mar
walba oo aad hindhisayso



Ka fogow taabshada afka,
sinka, iyo indaha.



Nadiifi meelaha iyo alaabta ay
dadku inta badan taabtaan.

"Aan Ka Wada Shaqeyno Caafimaadka Nafteena"

Coronavirus COVID-19 Public Health Advice

Truth & Myths

It's NOT TRUE that:

- Covid does not exist in Uganda
- You are totally immune to Covid
- Only people away from you are dying of Covid
- Covid is a political ploy to scare you
- Hand washing is a practical joke

The TRUTH is that:

- Covid may be close to you wherever you are.
- You are not sure of your immunity to Covid
- You and people around you can get or even die of Covid
- Covid has already killed many people including politicians, health workers and the elderly.
- Always wash and sanitise your hands for your general health

Be Covid Smart - Be Safe



Wash
your hands well
and often to avoid
contamination



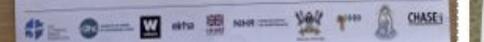
Cover
your mouth/nose
with tissue or sleeve
when coughing or
sneezing & discard
used tissue



Avoid
touching eyes, nose
or mouth with
unwashed hands



Clean
and sanitize
frequently touched
objects & surfaces

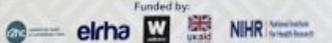


- 1 Corona virus is real, it is in the community and people are dying.
- 2 The health system is constrained, & now is the worst time to get infected.

- ✓ **Protect the most vulnerable**
(the elderly and people with existing health conditions like asthma, hypertension, diabetes, cancer, high blood pressure or HIV/AIDS)
- ✓ **Ensure that children**
have the right information about COVID-19
- ✓ **Abide by earlier Ministry of Health guidelines**
(Stay Home, Wash hands, Physical distance, Sanitize, Properly wear a fitting facemask at all times)

Together let's kick and keep COVID out of our community.

Refugee Lived Experiences, Compliance and Thinking (REFLECT) Study
 Implemented by:
 Makerere University, Gulu University, ACCORD, LWI and Ministry of Health

Funded by:


A Multi-pronged Strategy



Contextual
barriers (RCA)

Emerging
evidence

COVID-19
trajectory

2nd wave is demonstrating that **high adherence is possible** – and population KAPB undergoes significant shifts over time. **Have we learnt?**

Study Websites

REFLECT www.chasei.org/reflect/

ALERTs www.chasei.org/alerts/

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elrha



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