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?

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

REFLECT Study
What makes “slumdwellers” adhere to protocols for avoiding COVID-19 infection?

Adherence, Lived Experiences and Resilient Transformation among “slumdwellers” (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

**Study population:** Refugees, host communities, “slum dwellers”, community leaders

**Study locations:** Kampala, Kyegegwa, Adjumani

**Mixed methods approaches**

**Qualitative-** FGDs, KII, IDIs, and stakeholder engagement

**Quantitative-** Survey

**Cross sectional studies**
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
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)
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)
Barriers to Adherence

Economic
- Livelihoods
- The Cost of Adherence

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

Political
- Response Design
- Enforcement
- Political Season
- Governance Flaws

Others
- 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
2\textsuperscript{nd} wave is demonstrating that \textbf{high adherence is possible} – and population KAPB undergoes significant shifts over time. \textbf{Have we learnt?}
Study Websites

REFLECT  www.chasei.org/reflect/
ALERTs  www.chasei.org/alerts/

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