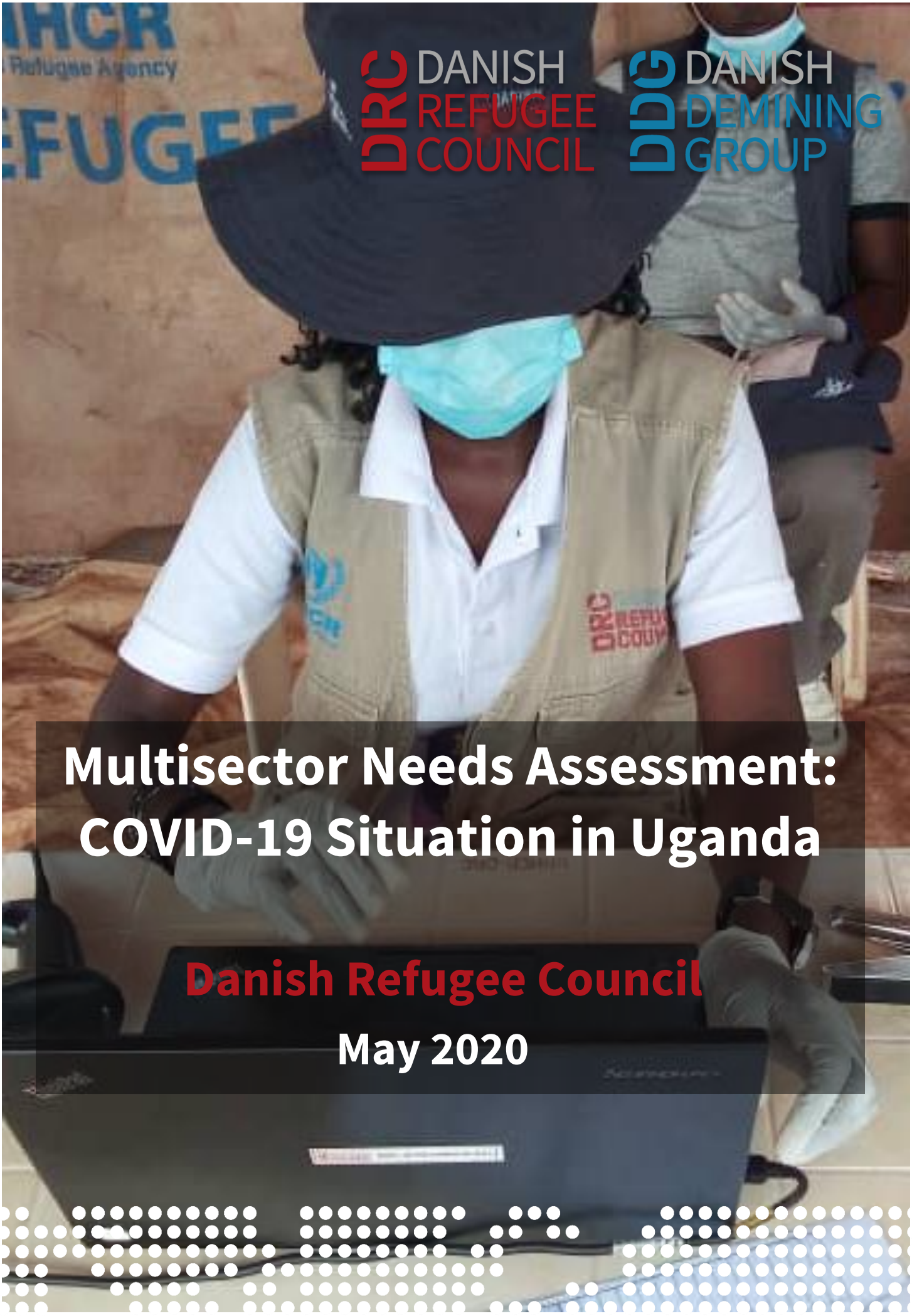


Multisector Needs Assessment: COVID-19 Situation in Uganda

Danish Refugee Council

May 2020

This publication was produced at the request of Danish Refugee Council Uganda Country Office. It was prepared by Katherine Nelson with technical support from George Ebulu, Stephen Ojwang, and Pamela Thurinara – DRC Regional Office MEAL team.

Danish Refugee Council/Danish Demining Group (DRC/DDG) Uganda.

East Africa and Great Lakes Region

Kalungi Road, P.O. Box 8103 | Muyenga | Kampala | Uganda

Facebook: @danishrefugeecouncil.hoay

Twitter:.@drcEA_GL

Website: drc.ngo

© Danish Refugee Council Uganda. East Africa & Great Lakes Region 2020

Front photo: DRC staff member at a cash distribution in Kyaka II, May 2020.

Contents

I. Acknowledgements 3

II. List of Acronyms and Abbreviations 4

III. Executive Summary 5

1. Introduction 7

1.1. Background 7

1.2. Purpose and objectives of the assessment 7

2. Methodology, Limitations, and Ethical Considerations 9

2.1. Methodology 9

2.2. Assessment questions 9

2.3. Assessment design 9

2.4. Ethical Considerations 12

3. Findings 13

4. Conclusions and Recommendations for Further Research 23

4.1. Conclusions 23

4.2. Further Research 25

5. Annexes 26

5.1. COVID-19 Rapid Multi-Sector Needs Assessment Terms of Reference 26

5.2. COVID-19 Rapid MSNA Plan and Tools 27

5.3. Checklist for MSNA Enumerators during Covid-19 pandemic 43

I. Acknowledgement

This report is possible thanks to the Danish Refugee Council's Uganda MEAL team (Dominic Iranya, Jimmy Bitek, Joseph Kasoma, Ibrahim Badawi) who worked under challenging circumstances during the Covid-19 lockdown in Uganda in order to collect this data. Thank you to Severine Moisy, Tobby Ojok, Julius Kansiime, Padmini Iyer, Anna Cecilia Bjerg Christensen, and Arda Kuran for their technical support developing the assessment tool and methodology.

Graphic design: Malwina Buldys and Simona Simkute.

II. List of Acronyms and Abbreviations

CA	Catchment area
DRC	Danish Refugee Council
IEC	Information, education and communication
LQAS	Lot Quality Assessment Sampling
MSNA	Multi-sectoral needs assessment
PSN	Persons with special needs
SA	Supervision area
WASH	Water, sanitation and hygiene

III. Executive Summary

Background

In the context of the Covid-19 pandemic, the Danish Refugee Council (DRC) conducted a rapid multi-sectoral needs assessment in 5 refugee settlements in Uganda (Rhino Camp, Imvepi, Lobule, Kiryandongo and Kyaka II), in order to better understand refugees' specific information needs related to Covid-19, as well as more general needs and challenges arising from the disease or the movement restrictions put in place by the Ugandan government. The information from the assessment will drive advocacy, collaboration between humanitarian actors, and programming priorities for DRC.

Methodology

Between May 2-10, enumerators in five settlements conducted 573 individual interviews, of which 67% were with women. The household-level survey tool focused on the key areas of protection, livelihoods, WASH, conflict/security, and information/coordination.

Key Findings

Respondents were generally well-informed about Covid-19 symptoms, causes, and means of prevention, but only 43% of people were aware that the disease is contagious, which could impact people's adherence to social distancing guidelines. Only 5% of respondents espoused rumors or incorrect information, suggesting that the spread of misinformation may not be a priority concern. However, fewer than 50% of respondents reported receiving information about what to do if they or a family member showed symptoms of Covid-19. Only 13% of people reported receiving information from posters, whereas the majority of people in all settlements reported receiving information from the radio.

An alarming 96% of refugees reported challenges accessing basic needs, largely due to the movement restrictions and long distances to access these services without a means of transportation, as well as increased prices and loss of income. Coping strategies varied by settlement, with 66% of the more established residents of Lobule reporting borrowing money to buy basic needs, whereas in Kiryandongo, 60% of refugees reported seeking help from NGOs. Respondents in all settlements except for Rhino Camp reported a loss in income, which was greater among men than women (possibly due to men's higher rate of employment in wage labor). 13% of those who have agricultural land reported challenges accessing it, but access to seeds was a much greater concern – 35% of respondents reported challenges accessing seeds. Only 85% of respondents reported having savings prior to the Covid-19 restrictions, and only 13% of those were able to continue saving during this period. In cases where households did not have enough food to feed the entire household, a variety of coping strategies were employed, including choosing less expensive foods, reducing meal size, and consuming seed stock for next season.

While only 8% of respondents reported witnessing or hearing of conflict related to Covid-19, 40% of that conflict was categorized as domestic violence. 71% of those who heard about instances of violence believed that women were the most vulnerable to violence, which mostly arose as a result of stress and loss of income. Boys are believed to face greater risks of physical abuse, and girls, of domestic violence and sexual exploitation. Children of both genders are considered likely to face risks of child labor.

Overall, respondents reported an increase in water usage during the Covid-19 period, but still reported challenges with long queues for water and long distances to water sources limiting water use. Soap availability was reported as particularly low in Rhino Camp at the time of data collection.

Conclusions

Some types of information about Covid-19 seem well-known (symptoms, causes), whereas refugees could benefit from more targeted education on others (prevention, how and where to seek care). Similarly, some modes of information dissemination (radio and community drives) seem to make more of an impact than others (posters), and should be prioritized accordingly.

Challenges accessing basic services could be met with transport facilitation or direct distributions closer to beneficiaries' homes. Loss of income and food security are major concerns, especially as more-established refugees report selling assets and consuming seed stock in order to feed their families and access basic needs. Humanitarian actors should prioritize livelihoods protection interventions to prevent the necessity of these types of coping strategies. The high level of dependence of residents in some settlements (particularly Rhino Camp and Imvepi) on humanitarian aid to meet their household food requirements is a serious cause for concern, and humanitarian actors should be prioritizing continuity of those programs that contribute to food security.

Reports of decreased feelings of safety are a cause for concern, as is the apparent perceived increase in domestic violence, which can direct future protection interventions towards community-based protection systems and case management.

In terms of WASH, humanitarian actors should ensure soap distribution is sufficient to meet SPHERE standards, and invest in decongestion of water sources (both to avoid Covid-19 transmission and to reduce queueing time) which limit households' use of water.

1. Introduction

1.1. Background

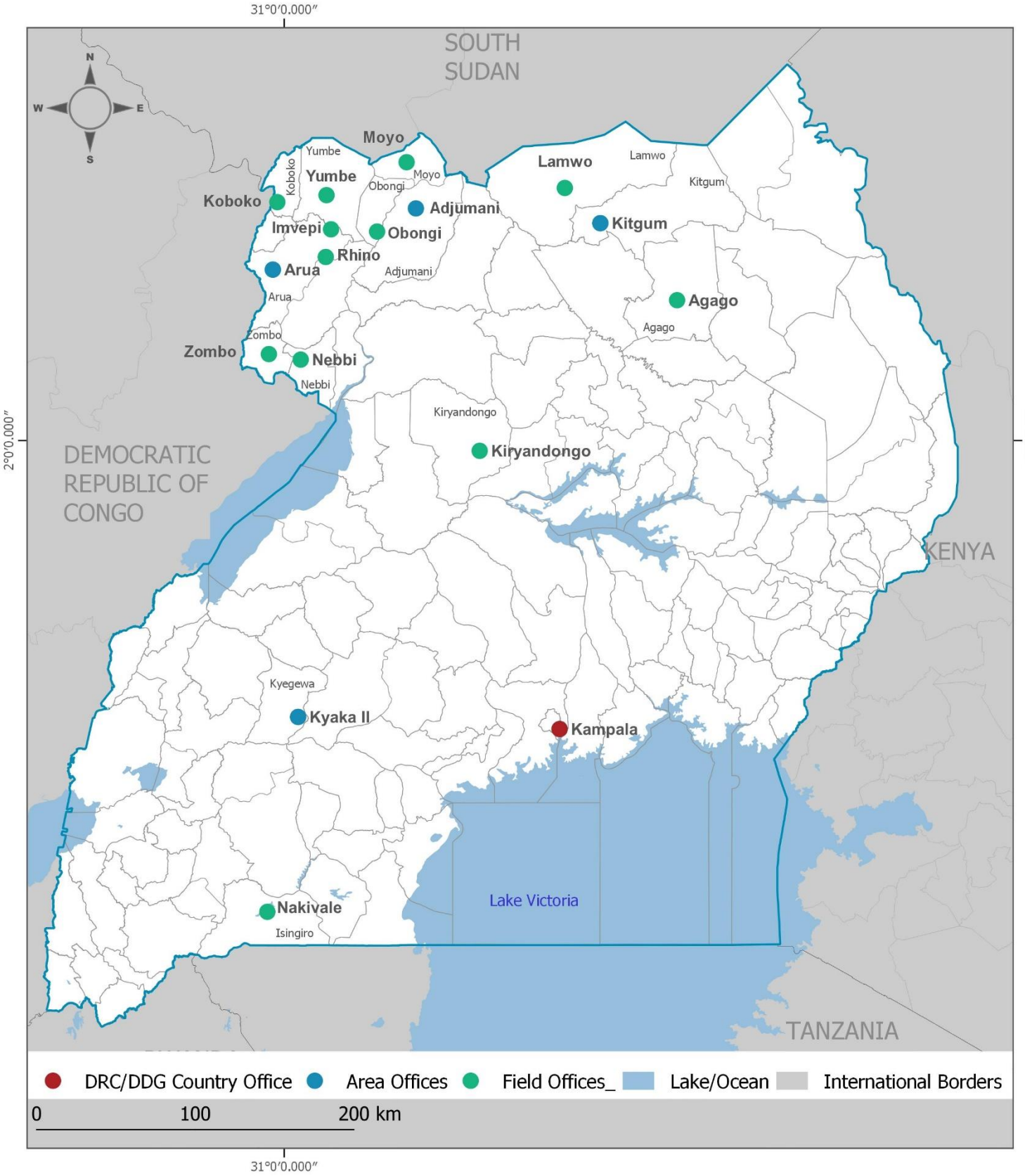
DRC Uganda has worked with refugees and internally displaced people in Uganda since 1997. DRC implements multisectoral programming in water, sanitation and hygiene (WASH), economic recovery and environmental protection, shelter and infrastructure, protection, conflict management, and basic needs through cash transfers.

On March 23, 2020, in response to the rising global risk of Covid-19, the Government of Uganda locked down the country's borders, restricted all vehicle movement within the country, limited gatherings, closed schools, and imposed a nighttime curfew. The effects of both the Covid-19 pandemic and the lockdown in response to it have not been fully understood. A multi-sector needs assessment was, thus, conducted by DRC Uganda in May 2020 to address this gap.

1.2. Purpose of the assessment

The results of this assessment will enable DRC and its partners in the humanitarian and development community to 1) adapt current programming to the identified needs of the communities in light of Covid-19 and government restrictions, 2) provide context and justification for future awareness-raising and advocacy efforts, and 3) allow humanitarian agencies to work more cooperatively with agencies in other sectors to provide services, depending on identified community needs. All data will be shared with the District Covid-19 Task Forces and relevant stakeholders in the areas of DRC's intervention.

1. Ministry of Health posters hung by DRC Uganda in Kyaka II during a cash distribution.



2. DRC Uganda Operational Map.

2. Methodology, Limitations, and Ethical Considerations

2.1. Methodology

The assessment was designed as a rapid needs assessment at the household level, using individual interviews lasting no more than 30 minutes per participant. The rapid assessment adopted the Lot Quality Assurance Sampling (LQAS) methodology.[1]

2.2. Assessment questions

In line with DRC's programming in Uganda, the assessment focused on the key areas of protection, livelihoods, WASH, conflict management, and communication and coordination. The results provide insight into how communities of concern are perceiving Covid-19 as a disease (in terms of prevention, origin, pathology), and how they perceive changes in their households' security and livelihoods, either because of the disease or as a consequence of the lockdown measures.

2.3. Assessment design

Using the LQAS methodology, the assessment was conducted in all the three areas of intervention that define DRC Uganda's operations as summarized below.

The LQAS assessment followed a 4-stage process as below, in line with the LQAS standard procedures[2]:

(i) Program Catchment Areas were identified as each of the target settlements, namely Kyaka II, Kiryandongo, Rhino, Lobule, Imvepi.

(ii) The Programme Catchment (CA) areas were divided into Supervision Areas (SAs), which are geographical sub-units within the Catchment area (Settlement) where programme activities are delivered. In this context, a supervision area was typically a village or zone depending on the name

Programme Area	SA	Minimum expected sample size	Actual sample drawn
Kyaka II (Southwest)	8	152	222
Kiryandongo (Midwest)	5	95	105
Rhino, Imvepi, and Lobule (West Nile)	6	114	246
Total	**19**	**361**	**573**

[11] LQAS is a cost-effective methodology which is used to rapidly conduct surveys using smaller but statistically significant sample sizes of 19 respondents randomly drawn from supervision areas (SAs) within the project catchment area (CA).

[2] According to Valadez (2012), available statistical evidence indicates that samples larger than 19 have practically the same statistical precision as 19 at 92% Confidence Interval. They do not result in better information and cost more, this is the rational for the gold standard of choosing 19 respondents from one Supervision area.

Household Respondents by Settlement and Gender				
Settlement		**Household Focal Point Gender**		**Total**
		Male	**Female**	
Lobule	Count	29	72	**101**
	% within Lobule	28.7%	71.3%	**100.0%**
Imvepi	Count	16	35	**51**
	% within Imvepi	31.4%	68.6%	**100.0%**
Rhino Camp	Count	24	70	**94**
	% within Rhino Camp	25.5%	74.5%	**100.0%**
Kiryandongo	Count	26	79	**105**
	% within Kiryandongo	24.8%	75.2%	**100.0%**
Kyaka II	Count	97	125	**222**
	% within Kyaka II	43.7%	56.3%	**100.0%**
Total	**Count**	**192**	**381**	**573**
	% within Name of Settlement	**33.5%**	**66.5%**	**100.0%**

(iii) connotation adopted by the settlement. A list of SAs was subsequently generated.

(iv) At least five Supervision Areas were chosen from the list of supervision areas per CA: Using simple random selection, the teams chose supervision areas (Villages/zones) from the list of supervision areas and established where the surveys would be conducted.

(v) 19 respondents from each supervision area were randomly selected from each of the chosen Supervision areas. A total of 95 respondents were, thus, interviewed from each SA, each representing their household.

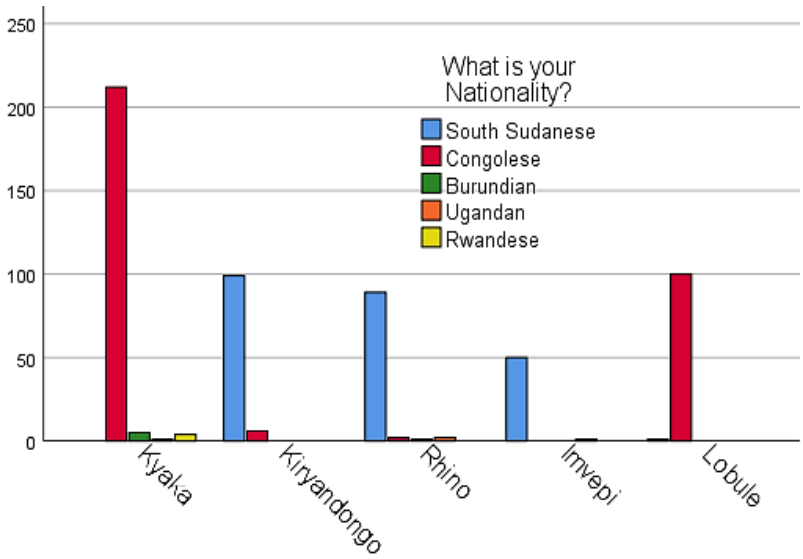
The assessment team was oriented on the LQAS methodology and they in turn trained the data collectors on the survey tool before the actual data collection exercise. The assessment was conducted at participants' home in the settlements of Lobule, Imvepi, Rhino Camp, Kiryandongo, and Kyaka II. In total 573 respondents participated in the survey, 67% of whom were women (possibly because women are more likely to be found at home during the day), and 99.7% of whom were refugees. Data collection was conducted by a team of enumerators over 10 days, between May 2-10, 2020, using a Kobo form on tablets.

The average age of participants across the assessment area was 39 years, but it varied, with Rhino having the lowest average age of 32 years, and Lobule, the highest, with 44 years. In addition, 36% of households had a person with specific needs living within them, with disabled, and elderly-headed households the most commonly reported

type of specific needs. The average household size reported by respondents was seven people, with a median of 2.5 children of each gender per household.

In terms of livelihoods, 41% of households relied on humanitarian cash assistance as their primary form of income, with 30% relying on farming, and 10% reporting no source of income at all.

Refugee Nationality by Settlement



The majority of the refugees interviewed were Congolese and South Sudanese, and these nationalities were clearly delineated by settlement. Only 2% of respondents reported having been in Uganda for fewer than 6 months, 21% between 6 months and 2 years, 35% between 2 and 5 years, and 42% reported having lived in Uganda longer than 5 years.

This, too, varied considerably by settlement. In Lobule, for example, 95% of respondents reported living in Uganda longer than 5 years. Kyaka II had the highest rate of recent arrivals, with 3.6% (the highest of any settlement) having arrived in the last 6 months, and 53.2% within 2 years.

In terms of educational attainment, 46% reported no formal education, while 34% had finished primary school, and 17% had completed secondary school. Kyaka II had the lowest education rates (68% reported no formal education), while Imvepi had the highest rates (37% had finished primary, 25% finished secondary).

Respondents were asked about their households' mobile phone ownership, in order to effectively target future interventions (e.g. related to information and awareness, protection monitoring, and mobile CVA assistance). 56% of respondents' reported owning a mobile phone, and there was no statistically difference in phone ownership between households with PSNs and without

2.4. Limitations.

Due to limited physical access to beneficiaries due to Covid-19 social distancing, no focus group discussions (FGDs) could be conducted.

Additionally, training on the tool with the M&E team was done over the phone. However, the technical team was available to provide online support during the survey and data analysis.

3. Enumerators collecting data for the assessment.

2.4. Ethical Considerations

Verbal consent of all participants was sought before survey administration, as was their right to terminate the exercise at any time. Enumerators administered the survey in the relevant local languages.

Because of the Covid-19 pandemic, all Ugandan Ministry of Health directives (social distancing, limitations on gatherings and passengers in vehicles) were adhered to in the administration of the assessments.

One of the objectives of the assessment was to understand rumors and misinformation about the Covid-19 virus, but DRC also considered it obligatory to combat any instances of these rumors in situ, and to provide accurate information to participants, especially where such information was lacking. All enumerators were trained and equipped with Ministry of Health-approved messaging related to Covid-19 to provide verbally to the respondents, so that each survey participant completed the exercise with enhanced information about the disease and prevention measures.

3. Findings

As the assessment attempted to understand refugees' concerns and realities related to Covid-19 along several key domains, the study's findings are broken down into refugees' knowledge, attitudes, and practices related to Covid-19, and refugees' perceptions on changes in their communities and in their own well-being as a result of Covid-19 or the lockdown and other restrictions.

Covid-19 Information

Regarding the information that respondents had heard about Covid-19, the vast majority (96%) of respondents had heard of Covid-19 at the time of this survey, with only a small variation across programme areas (92% in Kyaka, 100% in Rhino Camp). Participants with lower levels of education were less likely (93%) to have heard of Covid-19 than those with higher levels of education (100% of participants with secondary or higher). No difference was observed between male and female respondents.

Specifically, 74% of respondents were aware that Covid-19 can cause death, **only 43% knew that the virus is contagious**, and 20% reported that it is a disease from "abroad". These perceptions could have an impact on adherence to social distancing, if people do not believe it can be spread from person to person within their communities. In all, 98%[3] of participants could name at least one correct fact about coronavirus, while only a small percentage of respondents suggested that the virus was fake, a conspiracy, divine intervention, or other rumors (5%), possibly indicating that the spread of misinformation is a less immediate concern.

In terms of the types of information people possessed about Covid-19, 97% of respondents knew how to take preventive measures against the disease, 82% could recognize the symptoms, and 61% knew how the disease was transmitted (across all locations). However, this knowledge varied considerably across settlements. For example, only 48% of respondents in Kyaka understood how Covid-19 is transmitted, compared to 86% in Lobule, which may indicate differences in mechanisms of information dissemination or in the accessibility of the populations in the two settlements.

Specifically, in terms of modes of transmission, respondents overwhelmingly identified coughing (75%), sneezing (69%), touching others (60%), and not washing hands (58%), but **only 27% identified contaminated surfaces**. Only 2% of respondents espoused misinformation (e.g. mosquito bites, blood transfusions, evil spirits). As these percentages fall below the coverage target of 80%, information on modes of transmissions is a site for continued intervention.

In parallel, the majority of people could name at least one way to prevent coronavirus, including washing hands with

[3] All percentages in the text appear rounded to the nearest whole percentage point.

soap (89%), avoiding gatherings (63%), and restricting unnecessary movements (64%). However, **fewer than half of participants identified covering the nose/mouth when coughing and sneezing, avoiding close contact with people who have fever and cough, avoiding touching of eyes, nose and mouth**.

Respondents seemed to be taking action to implement these precautions in their own homes, as 87% of respondents overall reported that their households were now washing hands regularly using soap and water, 58% reported avoiding gatherings, and 57% reported restricting unnecessary movements. Of those few (2% of respondents) reporting that they were taking no anti-coronavirus precautions, 58% reported not doing so because they were not sure which measures to take, and 42% because they could not afford to take the appropriate measures.

Worryingly, **fewer than 50% of respondents in all settlements except for Lobule had received information about what to do if they or a member of their household showed symptoms of the virus**. However, when asked what steps they would take, 68% reported that they would go to the hospital or health center – although this varied considerably between settlements.

These disparities are perhaps explained by the even larger variations in respondents' reported sources of information. While radio

Types of information people have received about Covid-19	TOTAL	Kyaka	Kiryandongo	Rhino	Imvepi	Lobule
How to protect yourself from the disease?	**79.1%**	66.0%	84.5%	87.1%	67.3%	98.0%
Symptoms of the new coronavirus disease	**82.0%**	81.5%	84.5%	69.9%	93.9%	86.0%
How it is transmitted	**60.9%**	48.0%	63.1%	64.5%	51.0%	86.0%
What to do if you have the symptoms	**39.3%**	24.0%	38.8%	37.6%	42.9%	70.0%
Risks and complications	**11.7%**	3.5%	27.2%	6.5%	26.5%	10.0%

Reported sources of information about COVID-19	TOTAL	Kyaka	Kiryandongo	Rhino	Imvepi	Lobule
Go to the hospital/health center	**67.6%**	55.1%	85.7%	76.6%	54.9%	72.3%
Call the Ministry of Health hotline	**33%**	26.1%	40%	21.3%	27.5%	53.5%
Call community leadership	**21.9%**	28.5%	21%	17%	9.8%	19.8%
Stay in quarantine	**12.5%**	4.3%	10.5%	29.8%	15.7%	13.9%
Go to the neighborhood nurse	**9.5%**	1.4%	18.1%	2.1%	13.7%	21.8%
Ask for advice from the village leader	**9.1%**	5.3%	6.7%	5.3%	31.4%	11.9%

Reported sources of information about COVID-19	TOTAL	Kyaka	Kiryandongo	Rhino	Imvepi	Lobule
Radio	**60%**	46.6%	72.8%	56.4%	44.9%	85%
Friends	**29.6%**	30.9%	49.5%	25.5%	18.4%	16.%
Community leaders	**28.9%**	21.1%	34.%	41.5%	24.5%	30%
Community drives (using megaphone)	**22%**	24%	34%	7.4%	51%	5%
UN, International, local NGOs	**21.6%**	9.3%	38.8%	13.8%	18.4%	38%
Family members	**20.9%**	25.5%	30.1%	13.8%	12.2%	13%
Health workers (community, mobile, static)	**18.4%**	20.6%	15.5%	18.1%	22.4%	15%
Posters	**13.3%**	10.3%	16.5%	6.4%	8.2%	25%

Most preferred way to receive information about corona virus (N=550)	TOTAL	Kyaka	Kiryandongo	Rhino	Imvepi	Lobule
Door to door visit	**61.1%**	74.0%	51.5%	52.1%	81.6%	43.0%
Radio	**60.5%**	42.2%	74.8%	55.3%	51.0%	93.0%
Community drives (using megaphone)	**28.0%**	20.1%	33.0%	33.0%	46.9%	25.0%
Posters	**22.2%**	23.0%	19.4%	17.0%	4.1%	37.0%
Community leaders	**29.3%**	20.1%	23.3%	55.3%	34.7%	27.0%
INGO staff	**11.1%**	2.0%	20.4%	26.6%	10.2%	6.0%

was the common response in every settlement except for Imvepi, it was much more widely reported in Lobule (85%) than in Kyaka and Imvepi. **Posters and health workers were among the least-cited sources of information about Covid-19.**

However, while radio was the most common means of receiving information, it was not the most preferred in all settlements. In Kyaka and Imvepi, where respondents were less likely to have learned about the disease from the radio, door to door visits were the preferred means of learning about the virus. In most of the settlements, learning about the virus from INGO staff and from posters were the least preferred means of receiving information.

Attitudes towards the disease also varied by settlement. Overall, 52% of respondents consider themselves at risk of contracting the disease, with women slightly more concerned than men (53% compared to 49%). Interestingly, in Rhino only 32% of people consider themselves at risk, whereas in nearby Imvepi, 71% are concerned about being affected – which may be an indication of the different types of public health campaigns undertaken in the two neighboring settlements.

Access to services

Given the movement restrictions due to lockdown and remoteness and inaccessibility of some of the settlements, refugees' access to services and basic needs is a major concern.

Respondents were asked which basic needs they were able to access prior to the Covid-19 lockdown measures that they were now no longer able to fully access. A large majority of respondents (78%) reported that food was not fully accessible – and many respondents also cited transport (65%), education (51%), healthcare (23%), and basic supplies (22%). **Only 4% of all respondents reported that there were no new challenges accessing any basic needs.** Female respondents were slightly more likely to express challenges accessing food than men (80% vs 75%) while men were more likely to report challenges accessing energy supplies (20% vs 15%), markets (17% vs 9%), and shelter materials (10% vs 5%).

Constraints related to access were most-commonly attributed to long distances to services (64%) and restrictions in movements (56%). Price increases (53%), coupled with a lack of money to pay for items (29%), were also considerable challenges. The market conditions themselves, e.g. lack of available products (16%), and shop closures (15%) were also cited. Less common, but worth noting, are reports of feeling unsafe while accessing services (11%), tensions in the community (8%), and discrimination (3%). Women were slightly more likely to report feeling unsafe while accessing services than men (11% of women vs 9% of men), while men were more likely than women to report high prices (58% of men vs 51% of women) and a lack of money to pay for items (35% of men vs 26% of women) as barriers.

Coping strategies to deal with these challenges varied considerably by settlement. In Rhino Camp, 83% of respondents reported 'no way of overcoming' the challenges, whereas in Lobule, 66% reported borrowing money, and in Kiryandongo 60% reported seeking help from INGOs. Residents in Lobule were also (31%) much more likely than in other settlements to sell assets (possibly indicating that residents of that settlement, of whom 95% have lived in Uganda longer than 5 years, have more assets available to sell). While female respondents were more likely to seek help from INGOs, and male respondents were more likely to borrow money, differences between settlements were more significant than between genders.

Stigma, Community safety, Conflict and Security

Very few (8%) respondents reported witnessing or hearing about a conflict arising as a result of Covid-19, of which the majority (67%) was physical violence, with 48% psychological/emotional violence and 14% sexual violence. 71% of respondents believed that women are the most vulnerable to violence during this crisis, followed by boy and girl children, and people with disabilities. Those witnessing the violence cited stress, loss of income, disagreements between couples, and feelings of uncertainty as the likely reasons for violence during this period.

The conflict was reported to be within households, i.e. domestic violence (40%), between families (31%), between refugees and host community members (18%), and between police or security providers and community members (16%). 80% of conflicts were reported as having been 'resolved', although notably fewer conflicts between refugees and host communities and police and community members were reported as resolved than within or between households. Community leaders resolved the majority of reported conflicts (51%), followed by police (33%), and RWCs (31%), and, interestingly, District Covid-19 task forces (24%).[4]

When asked about risks faced by girls and boys respectively, **respondents believed boys face risks of engagement in child labor (48%), physical abuse (32%), and lack of access to child protection services (26%). Girls were thought to face risks of child labor (51%), domestic violence (36%) and sexual exploitation (31%)**.

In terms of coping mechanisms, women reported that they were coping with the crisis by caring for their families (72%), listening to the media (47%), and talking to other people (37%). Men also reported listening to media (71%), caring for their families (63%), talking to other people (50%). Men reported a higher rate of drug or alcohol use (13%) compared to women (2%).

The majority of respondents (97%) did not believe any particular groups were being discriminated against or blamed as a result of Covid-19, but of those who disagreed, the majority felt that people arriving from outside the area were the target of discrimination.

In two settlements (Kyaka and Kiryandongo), respondents reported decreased feelings of physical safety compared to prior to the lockdown. Overall, men reported a greater decrease in feelings of safety, dropping 15 percentage points from 63% feeling safe prior to the lockdown to 48% afterwards, whereas women reported only an 11 percentage point decrease in feelings of safety, from 69% to 58%. In Kyaka, 62% of people felt 'unsafe' or 'very unsafe' compared to 33% who reported that they had felt 'very unsafe' before the lockdown. 80% of respondents in Kyaka attributed this to loss of income leading to desperation in the settlement. On the other hand, Kiryandongo residents attributed their feelings of lessened safety primarily to a fear of outsiders (95%).

Livelihoods

Respondents reported that prior to the lockdown, farming was the most common income-earning activity across all settlements, at 55% overall, with wage labor as the second most-common activity, at 27% overall.

With the exception of Rhino Camp, where 73% of respondents reported 'no change' in

[4]For an example of the type of conflict District Covid-19 Task Forces may have been involved in mediating: DRC staff in Yumbe reported hearing of a case in Bidibidi where a refugee was suspected of having secretly crossed into South Sudan and back into the settlement. Other refugees feared possible infection and began to fight with the man. The District Task Force picked him up for quarantine and testing, and then when he tested negative, they returned with him to Bidibidi and publicly assured the community that he was not infected.

ability to earn an income, every other settlement reported overall decreased ability to earn income**.** Women reported 'no change' at a higher rate than men (43% vs 30%), possibly driven by more men reporting having lost their jobs (38%, vs 22% of women) which is explained by a context in which men are more frequently employed in the formal sector than women.

Access to agricultural land for farming varied considerably between settlements, but overall only 13% of participants reported having challenges accessing their land since the lockdown.

However, access to seeds was more constrained during the lockdown, **with 35% overall reporting challenges accessing seeds** (31% of men and 37% of women).

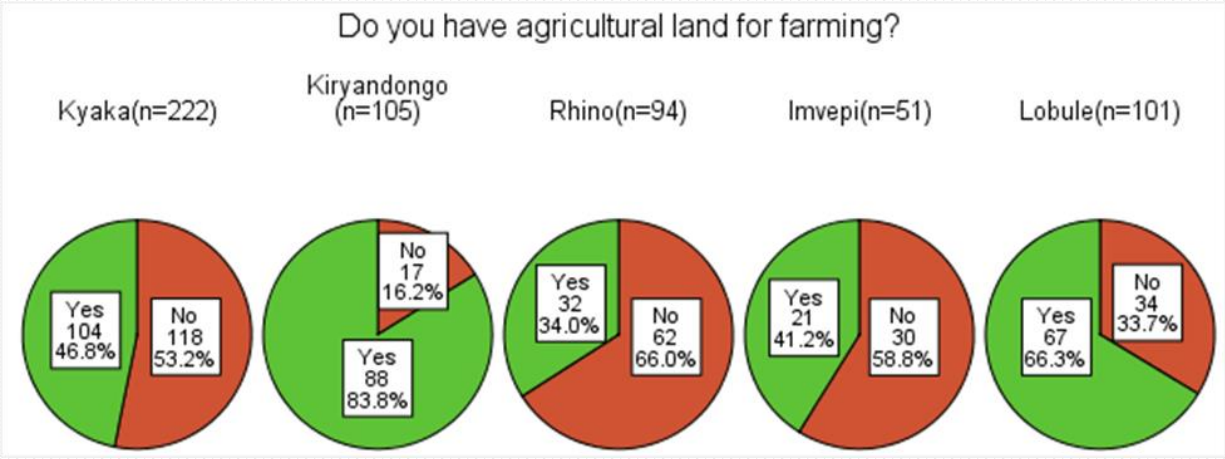
Livelihoods constraints may be exacerbated by the fact that **85% of households reported having no savings prior to the coronavirus lockdown**, although households in the more established settlements of Lobule and Kiryandongo were more likely to have savings than the settlements with predominantly newer arrivals of Kyaka, Imvepi, and Rhino Camp.

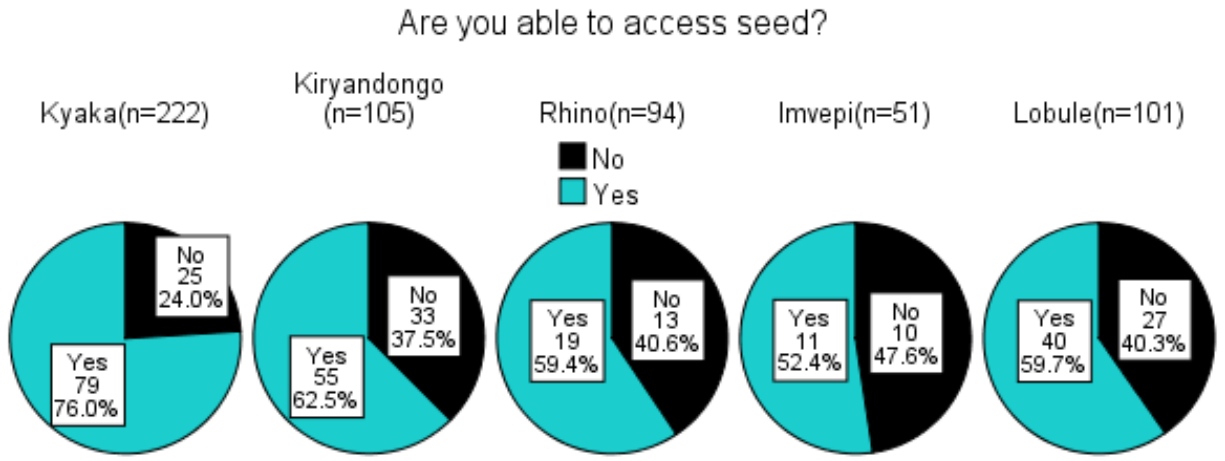
Of those households which had savings, the majority (64%) were less than 100,000 UGX, although half of households in Kyaka and Rhino Camp reported savings of between 100,000 – 500,000 UGX. Only two respondents had savings over 500,000 UGX. Finally, **only 13% of those households who had savings prior to the lockdown reported that they were able to continue saving**.

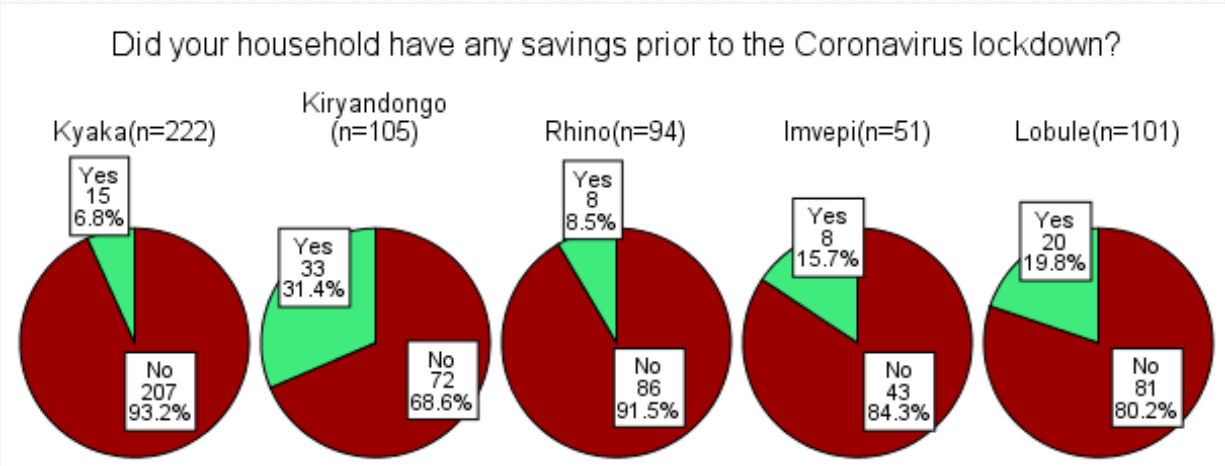
In terms of food security, 91% of respondents in Rhino Camp and 84% in Imvepi rely on assistance from UN agencies or INGOs as their primary source of food. Respondents in Lobule (47%) and Kyaka (42%) were more likely than respondents in the other settlements to purchase food from local markets, while a significant minority of respondents in Kyaka (30%) and Kiryandongo (32%) also relied on their own cultivation as a primary source of food.

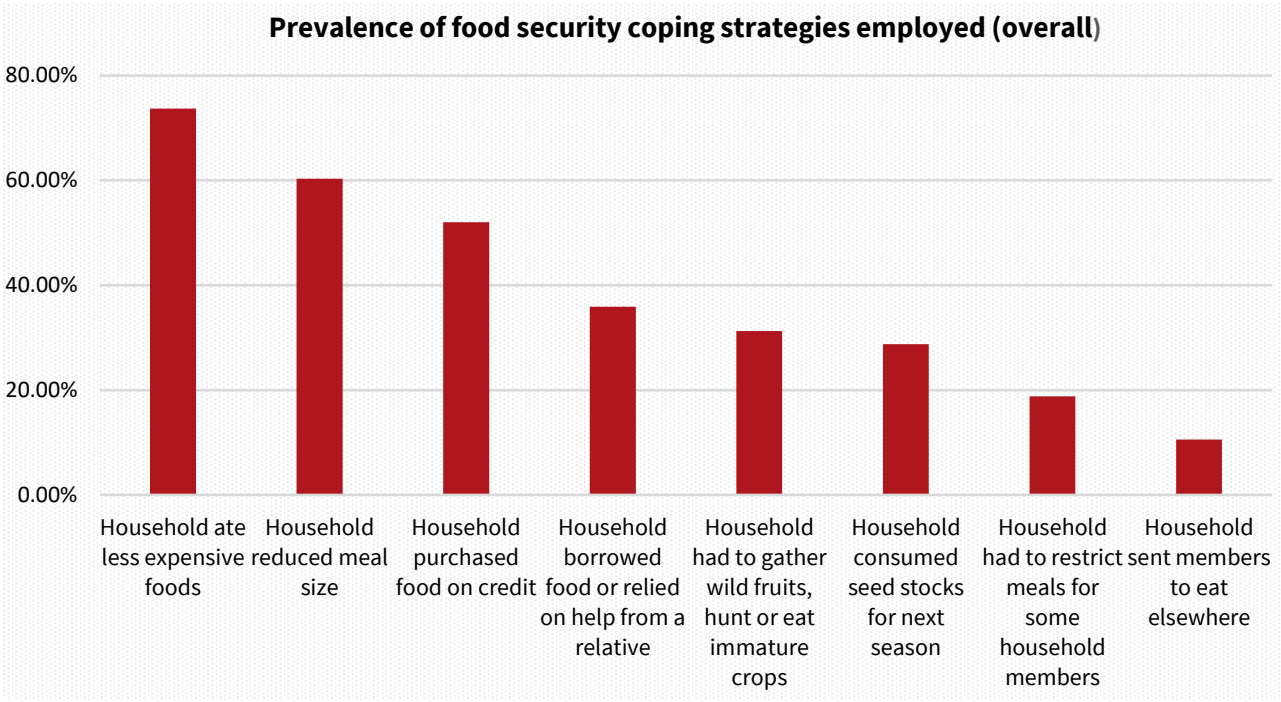
In cases where households did not have enough food to feed the entire household, a variety of coping strategies were employed, including choosing less expensive foods (74%) and reducing meal size (60%). In Lobule, **57% of respondents reported consuming seed stocks for next season**.

Reported change in ability to earn income since coronavirus lockdown	TOTAL	Kyaka	Kiryandongo	Rhino	Imvepi	Lobule
No change	**38.7%**	25.2%	48.6%	73.4%	25.5%	32.7%
Less income for my business	**28.6%**	34.2%	26.7%	17%	23.5%	31.7%
Lost my job	**27.2%**	40.1%	17.1%	10.6%	33.3%	21.8%
Unable to access farm inputs	**11.5%**	6.3%	10.5%	5.3%	29.4%	20.8%
Not able to access my farm	**7.9%**	4.5%	10.5%	0%	21.6%	12.9%
More income for my business	**2.8%**	4.1%	1.9%	0%	3.9%	3.0%

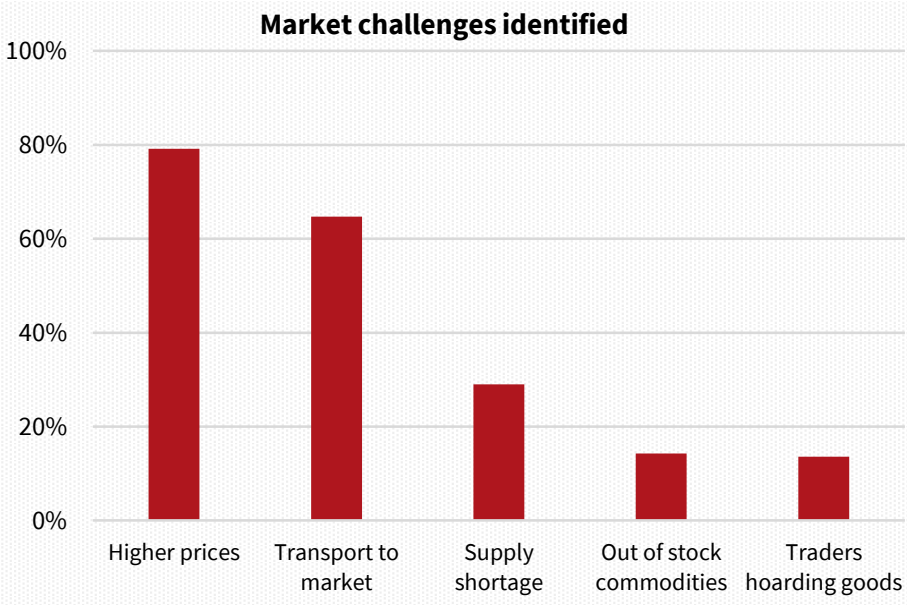

Do you have agricultural land for farming?
Kyaka(n=222)
Kiryandongo (n=105)
Rhino(n=94)
Imvepi(n=51)
Lobule(n=101)
Yes 104 46.8%
No 118 53.2%
No 17 16.2%
Yes 88 83.8%
Yes 32 34.0%
No 62 66.0%
Yes 21 41.2%
No 30 58.8%
Yes 67 66.3%
No 34 33.7%

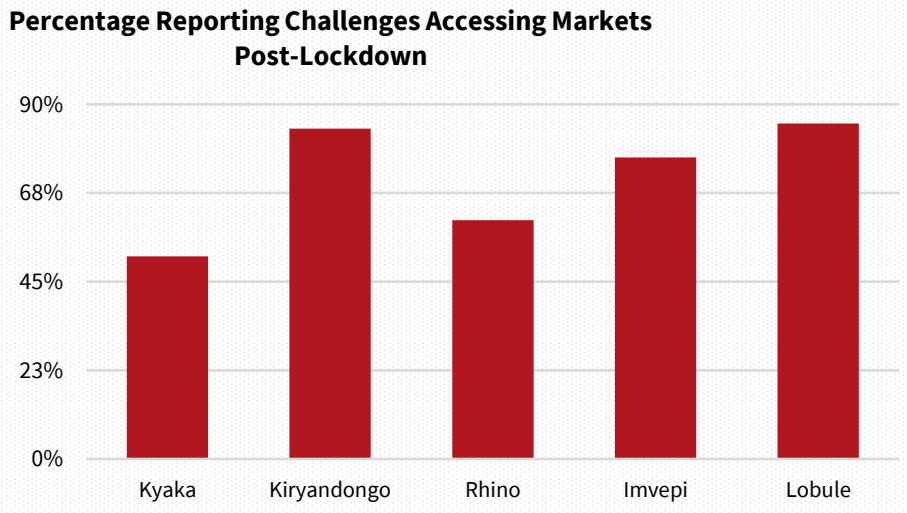

Are you able to access seed?
Kyaka(n=222)
Kiryandongo (n=105)
Rhino(n=94)
Imvepi(n=51)
Lobule(n=101)
No
Yes
No 25 24.0%
Yes 79 76.0%
No 33 37.5%
Yes 55 62.5%
Yes 19 59.4%
No 13 40.6%
Yes 11 52.4%
No 10 47.6%
Yes 40 59.7%
No 27 40.3%


Did your household have any savings prior to the Coronavirus lockdown?
Kyaka(n=222)
Kiryandongo (n=105)
Rhino(n=94)
Imvepi(n=51)
Lobule(n=101)
Yes 15 6.8%
No 207 93.2%
Yes 33 31.4%
No 72 68.6%
Yes 8 8.5%
No 86 91.5%
Yes 8 15.7%
No 43 84.3%
Yes 20 19.8%
No 81 80.2%



In Imvepi (82%), Lobule (96%), and Kyaka (80%), **adult women were the most likely to be excluded from meals if the family resorted to reducing meals in order to cope**. In Rhino Camp, 88% reported that all members of the household would restrict meals equally. And in Lobule (84%) and Kyaka (47%), respondents also said that adult men would restrict meals, perhaps indicating that most of the adults would restrict, while the children would continue to eat as normal. No differences were reported between meal





restrictions by elderly men and women, or by boys and girls.

Given the importance of the market for food access, especially in Lobule and Kyaka, respondents reported an alarming rate of difficulty in accessing markets. **51% in Kyaka, 84% in Kiryandongo, 61% in Rhino, 77% in Imvepi and 85% in Lobule reported having challenges accessing markets since the lockdown**.

The most commonly-reported out-of-stock commodities identified included clothes, fish, beans, salt, maize and shoes, with some variation between settlements.

WASH

Interestingly, in every settlement, household water usage was reported to have improved under the Covid-19 restrictions. This could be because household members now have more free time to collect water, or that households are adhering to recommended hygiene measures to prevent Covid-19 and are consciously using more water, e.g. for handwashing.

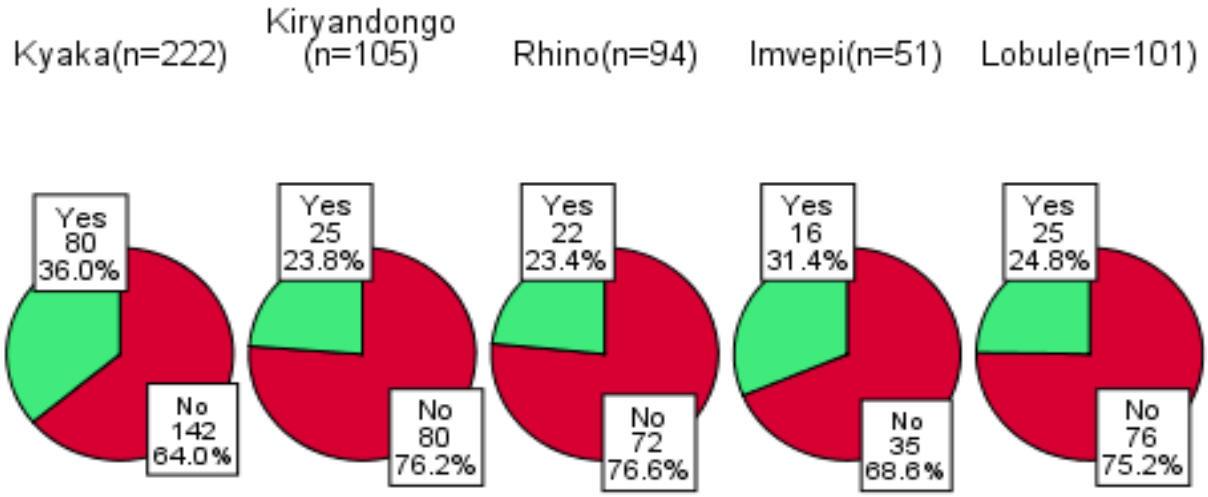
When asked about challenges with accessing water specific to the lockdown, respondents reported long queues for water (57%), distance to water source (38%), and lack of time to fetch sufficient water for handwashing, lack of water at the water source (17%) and safety issues at the water source (14%).

Overall, **89% of respondents reported washing their hands with soap and water**, with Rhino (86%) reporting the lowest percentage.

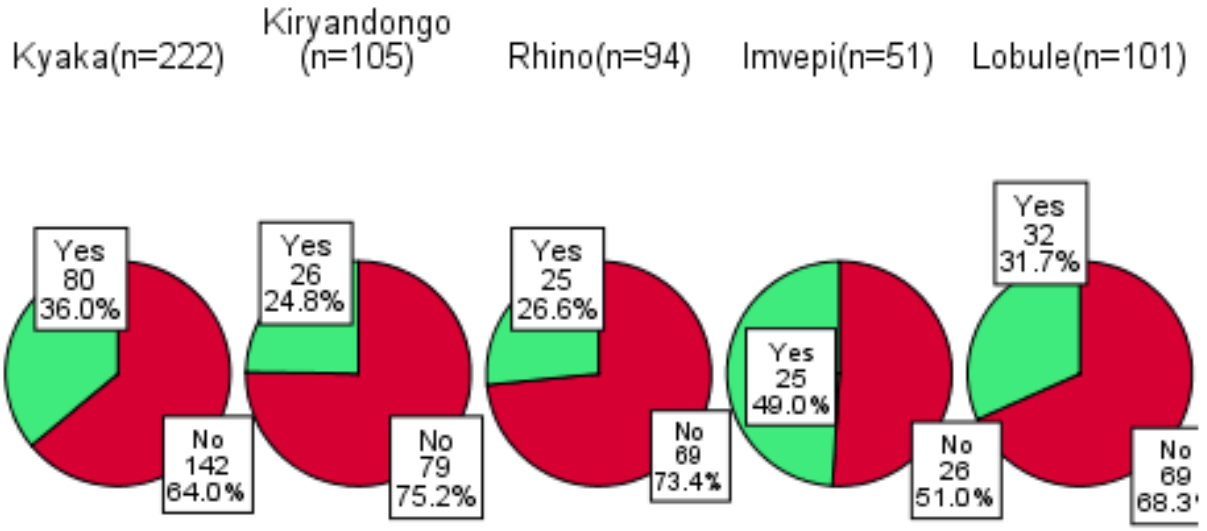
Soap availability was lowest in Rhino Camp, where only 5% reported having 1 kg or more of soap in their households. Overall, given an average family size of 5 and the SPHERE standard of 250g per person per month, only between 15-20% of households are likely to meet this standard.[5]

[5] It is noted that soap distribution has been ongoing since data collection in May 2020; the most recent soap distribution in Rhino Camp was later in May, and households were given 250g of soap per person for a 2-month period.

Does the household meet 15 liters per person per day water threshold before lockdown?



Does the household meet the 15 liters of water per person per day threshold during the lockdown?



4. Conclusions and Recommendations for Further Research

4.1. Conclusions

Covid-19 Response and Information

Overall, respondents targeted by this multi-sector needs assessment were well-informed about the symptoms and modes of transmission of Covid-19, with the exception of contaminated surfaces as a means of transmission. Future information, education and communication (IEC) efforts may need to focus on wiping down or avoiding potentially contaminated services. Similarly, respondents were mostly aware of how to prevent transmission, with the exception of sneezing and coughing into the elbow – another potential point to emphasize in future hygiene and sanitation campaigns.

Rumors and misinformation about the disease's origins, transmission, or treatment were not reported at any significant level, either implying that existing interventions to track and control rumors are working well, or that further investment in these efforts may not be necessary.

Respondents were able to suggest how they would respond if a household member became ill from Covid-19, but reported that they had not actually received any information about what to do – this is a critical piece of information to disseminate (and should be adapted to each settlement context), especially as community spread may increase.

Respondents cited varying sources for their information – radio was consistently popular, but information from UN/INGO workers was not, meaning that actors in each settlement should adapt their mode of messaging to the preferences of that context. Posters were consistently unpopular sources of information, indicating that future communications programs should not prioritize the creation of printed material.

4. DRC staff distributing soap in Rhino Camp refugee settlement.

Access to Services

With the wide variety of coping mechanisms employed in each settlement, targeted approaches are necessary. The majority of Rhino Camp residents reported 'no way of overcoming their challenges', indicating that additional support through distributions may be necessary. In Lobule, 30% of residents reported selling assets (and 57%, consuming seed stock), which is a major cause for concern, as it erodes future prospects for sustainable livelihoods. Given that borrowing money is also a more popular option in Lobule, expansion of credit facilities may be an intervention option there to help residents cope while protecting livelihoods assets.

Safety and Protection Risks

Feelings of safety varied across settlements – it is possible that some aspects of the lockdown (e.g. a nighttime curfew, and restriction in transport perhaps limiting outsiders) have made some people feel safer in the settlements, while others felt that increased desperation due to loss of income was making the settlements less safe. In general, more respondents felt that violence was occurring most often within households (i.e. domestic violence), rather than without, which is a key finding for targeting protection interventions and prioritizing case management and community-based protection.

In terms of protection risks, respondents felt that boys and girls were likely to face some different risks (sexual exploitation for girls, physical abuse for boys), but child labor was the most common risk cited for both. Enhanced child protection programming, such as a child protection hotline, strengthened community-based protection mechanisms and targeted distributions for child-headed households may help reduce these risks.

Livelihoods

The high level of dependence of residents in some settlements (particularly Rhino Camp and Imvepi) on humanitarian aid to meet their household food requirements is a serious cause for concern, and humanitarian actors should be prioritizing continuity of those programs that contribute to food security.

One-third of respondents reported challenges accessing seeds. A further investigation into the causes of reduced seed access (price, availability, accessibility) may indicate the need for further intervention, whether through seed distributions, subsidies, transport facilitation, etc.

Savings data illustrates just how vulnerable to shocks refugees in these settlements are – with only 15% possessing any savings, and only 13% of those households able to continue saving, the prospects for near-term economic self-sufficiency are extremely low. Coupled with over 60% overall reporting a decrease in income during the lockdown and these extremely limited savings, the situation could become especially dire if lockdown conditions continue.

WASH

Households overall report using more water under the Covid-19 lockdown than

previously, perhaps because they are adhering to handwashing directives. Thus, water access may not need to be a focus for WASH interventions – however, with over 50% reporting long queues for water, and the need for social distancing to prevent Covid-19 transmission, decongesting water systems (e.g. by building additional pipeline and taps) would be a worthwhile intervention. Noting that soap distributions have occurred since data collection, the lack of soap may also be a challenge in some settlements, in order to comply with SPHERE standards.

4.2. Further Research

Focus groups were not conducted during this initial phase of research due to the social distancing and gathering restrictions under Covid-19. Further follow-up via Key Informant Interviews or small, socially-distant focus groups may help the team acquire additional qualitative information to add nuance and direct interventions based on these findings.

In terms of Covid-19 information, further information should be collected about the kinds of information people prefer to receive – e.g. what does a preference for door-to-door visits coupled with little preference for INGO workers providing information mean? Risk attitudes towards the disease varied considerably between settlements (70% perceived themselves at risk in Imvepi, compared to 30% in Rhino), which indicates a possible difference in the content of messaging received (and possible differences in the preventive measures taken as a result), and may be worth further exploration. And finally, when respondents *are* aware of the measures required to inhibit the spread of Covid-19 but state that they cannot afford to take them (42% of those not taking precautions), what does this look like in practice?

In terms of livelihoods outcomes, disposal of assets as a coping mechanisms is a major cause for concern, due to its long-term impact on resilience. Interviews with people selling assets might be useful in directing program interventions to help people protect their assets. Similarly, the profiles of people in different settlements seemed to vary considerably, and people (primarily in Rhino Camp) for whom humanitarian aid is their only source of income seem in some ways more insulated from the impacts of the lockdown on their livelihoods. Given that this is unlikely to continue as aid budgets shrink, this is a useful site for further investigation.

Finally, the reported increase in water usage was unexpected, and it would be interesting to investigate further if any programmatic interventions by humanitarian actors had an effect on this. Similarly, it would be interesting to know how many households received soap through free distributions versus purchased it themselves, in order to learn whether soap use is likely to continue once these distributions end.

5. Annexes

5.1. COVID-19 Rapid Multi-Sector Needs Assessment Terms of Reference

Purpose

The results of this questionnaire will allow DRC to 1) adapt our current programming to the identified needs of the communities, 2) provide context and justification for future resource mobilization efforts and 3) allow us to work more cooperatively with agencies in other sectors to provide services, depending on identified needs.

The questionnaire will assess both the impact of coronavirus disease itself, as well as the impact of the prevention measures imposed by the Government of Uganda (i.e., the lockdown and movement restrictions, currently imposed from 23 March - 5 May, 2020), and will collect information about protection, livelihoods, WASH, conflict/security, and information.

DRC will use analyze the results of this assessment and use them to refine our Communication with Communities methodology, and our protection and basic needs programming as is implicated and appropriate, as well as to target future interventions. All data analysis will be shared with the Covid-19 Task Force and relevant district government and UNHCR stakeholders.

All enumerators will be equipped with Ministry of Health-approved messaging related to Covid-19, so that each survey participant finishes the exercise with enhanced information about the disease and prevention measures.

Methodology

This tool will allow DRC to undertake a rapid needs assessment at the household level, using individual interviews which should take no more than 30-40 minutes per survey. If conditions allow, It could be used in combination with focus group discussions (FGD), particularly to assess level of awareness, stigma, and the community-level impact of COVID-19.

This assessment can also be adapted and conducted online in different social media platforms and hotlines set up to engage with the public. The tool will be reviewed, pre-tested and adapted to the local context as the situation evolves.

The Rapid Assessment will adopt the Lot Quality Assurance Sampling (LQAS) methodology. LQAS is a cost-effective methodology which is used to rapidly conduct surveys using smaller but statistically significant sample size. It's a less costly, time saving technique and recommended approach for rapid assessments and outcome monitoring.

Safeguarding and COVID-19 Precautions

A consent statement will be requested from each study participant, and confidentiality assured. Appropriate social distancing

procedures will be observed, as will all Ministry of Health COVID-19-related guidelines.

5.2. COVID-19 Rapid MSNA Plan and Tools

Purpose

The results of this questionnaire will allow DRC to 1) adapt our current programming to the identified needs of the communities, 2) provide context and justification for future resource mobilization efforts and 3) allow us to work more cooperatively with agencies in other sectors to provide services, depending on identified needs.

The questionnaire will assess both the impact of coronavirus disease itself, as well as the impact of the prevention measures imposed by the Government of Uganda (i.e., the lockdown and movement restrictions, currently imposed from 23 March - 5 May, 2020), and will collect information about protection, livelihoods, WASH, conflict/security, and information.

Methodology

This tool will allow DRC to undertake a rapid needs assessment at the household level, using individual interviews which should take no more than 30-40 minutes per survey. IIf conditions allow, It could be used in combination with focus group discussions (FGD), particularly to assess level of awareness, stigma, and the community-level impact of Covid-19.

This assessment can also be adapted and conducted online in different social media platforms and hotlines set up to engage with the public. The tool will be reviewed, pre-tested and adapted to the local context as the situation evolves.

Data Collection:

- LQAS Methodology
- All DRC field locations, adapted
- in-person

LQAS Methodology

The Rapid Assessment will adopt the Lot Quality Assurance Sampling (LQAS) methodology. LQAS is a cost-effective methodology which is used to rapidly conduct surveys using smaller but statistically significant sample size. It's a less costly, time saving technique and recommended approach for rapid assessments and outcome monitoring.

This will follow a 4-stage process as below, in line with the the LQAS standard procedures:

(i) Identify the Program Catchment Area, which typically will be the Settlement. Each of the target settlements, namely Kyaka, Kiryandongo, Rhino, Omugo, Mvepi will constitute a Program Catchment Area

(ii) Generate a List of Supervision Areas: Supervision areas are geographical sub-units within the Catchment area (Settlement). In this context, a supervision area will typically

be a village or zone depending on the name connotation adopted by the settlement.

(iii) Choose 5 supervision Areas from the List of supervision areas: Randomly select 5 supervision areas (Villages/zones) from the List of supervision areas to establish where the surveys will be conducted

(iv) Randomly Select 19 respondents from each supervision area: A total of 19 respondents will be randomly selected from each of the 5 chosen Supervision areas. This implies an overall total of 95 respondents will be interviewed. According to Valadez (2012), available statistical evidence indicate that samples larger than 19 have practically the same statistical precision as 19 at 92% CI. They do not result in better information and cost more, this is the rational for the gold standard of choosing 19 respondents from one Supervision area.

Data analysis and Reporting: Data collection will be done on mobile tablets, using a team of 5 enumerators over a period of 4 days. Finalized data from Kobo collect will be analysed to generate coverage data and trends.

Consent Statement

Welcome and thank you for volunteering to take part in this survey. My name is XXX and I work for the Danish Refugee Council. You have been asked to participate as your point of view is important. I appreciate your time.

This survey is designed to understand the impact of the coronavirus on your community. The purpose of research is to gain knowledge that may help people in the future. You may not receive any direct benefit from your participation in this study. Your participation is completely voluntary, and your responses will not bear your name. You have the right to refuse to participate. Even if you choose to participate, you can end the discussion at any point, if you wish. You also have the right to not answer any questions that you do not wish to answer.

Given this information, are you still willing to participate in this assessment?

1. No

2. Yes

Questionnaire

Note: enumerators were trained not to read aloud the options listed under 'answers', but to allow respondents to produce an open-ended response, and then enumerators selected the best-fit from the available answer choices.

No	QUESTIONS	ANSWERS	XLS
Information about the interviewee			
1.	a. Location:	Region District Refugee settlement Zone/Block/Cluster Village	 Dropdown Dropdown Text

No	QUESTIONS	ANSWERS	XLS
	b. Interviewee age		Integer
	c. Sex of the interviewee	Male; Female	Select one
	d. HH Group Number		Integer
	e. HH Individual Number		Integer
	f. Do you or any member of your household have a phone?	Yes No	Select one
	g. Is the phone registered in your name?	Yes No	Select one
	h. What is the phone service provider?	a) Airtel b) MTN c) Africell	Select one
	g. Nationality	South Sudanese Congolese Burundian Ugandan Other	Select one
	h. Primary source of income for HH	Relief Cash Farming Petty trade (Retail) Casual labour Remittances Self employed skilled artisan None Others	Select one
	i. Level of education	No education Primary Secondary Tertiary College/University Others	Select one
	j. Household with specific needs	Elderly headed household Child headed household Woman headed household Household with person with disability Household with chronic illness Household with unaccompanied & separated children Household with pregnant & lactating women Others	Select multiple

<table>
<tr><th>No</th><th>QUESTIONS</th><th>ANSWERS</th><th>XLS</th></tr>
<tr><td></td><td>k.a. Resident status</td><td>Refugee
Asylum seeker
Host community
Unregistered
Others</td><td>Select one</td></tr>
<tr><td></td><td>k.b. If refugee: how long have you been in Uganda?</td><td>less than 6 month
6 months to 2 years
2 to 5 years
5-10 years
more than 10 years</td><td></td></tr>
<tr><td></td><td>1 b. What is the condition of your shelter?</td><td>My shelter is fine
Leaking roof
Crumbling walls
No door
No lock
Vermin (rats, termites)
Other safety concerns</td><td>Select one</td></tr>
<tr><td></td><td>j.a Household size by number</td><td>1-3 members
4-7 members
8-9 members
10+ members</td><td>Select one</td></tr>
<tr><td></td><td>j.b Household size by age</td><td><table><tr><td></td><td>Male</td><td>Female</td></tr><tr><td>Children (17 yo and under</td><td></td><td></td></tr><tr><td>Adult (18-59 y/o)</td><td></td><td></td></tr><tr><td>Elderly (60 y/o & above)</td><td></td><td></td></tr></table></td><td>Integer</td></tr>
<tr><td colspan="4">Knowledge and Information about COVID-19</td></tr>
<tr><td>2</td><td>Have you heard about COVID19 (or coronavirus)? (Only one option)</td><td>Yes
No</td><td>Select one</td></tr>
<tr><td>3</td><td>If yes, what do you know about the new coronavirus or Covid19

Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer</td><td>I don't know anything
It's a virus that can cause a disease
It's a virus that can cause death
It's a contagious disease spread like the flu
It's a disease from abroad
It's divine intervention
It's foreign conspiracy</td><td>Select multiple</td></tr>
</table>

No	QUESTIONS	ANSWERS	XLS
		It's a government programme It's a TV/radio campaign It's a made-up/fake disease Other: _____	
4	What kind of information have you received about coronavirus or COVID19? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	How to protect yourself from the disease? Symptoms of the new coronavirus disease How it is transmitted What to do if you have the symptoms Risks and complications Traditional (Natural and herbal) treatment or remedy for coronavirus or COVID19 Religious direction to follow during the pandemic Other: _____	Select multiple
5	From whom did you hear about coronavirus or COVID19? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Ministry of Health local government (district task force) UN agencies International or local NGOs Family members Friends Health workers (community, mobile, static) Community leaders Religious leaders Door to door visit Community drives (using megaphone) Posters Radio TV Newspaper SMS (mobile messages) Social media (WhatsApp, Facebook, others Other: _____	Select multiple
6	Which ways are your most preferred to receive information related to coronavirus or COVID19?	Door to door visit Community drives (using megaphone) Posters Radio	Select multiple

No	QUESTIONS	ANSWERS	XLS
	Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer	TV Newspaper SMS (mobile messages) Social media (WhatsApp, Facebook, others) Community leaders religious leaders INGO staff Ministry of Health neighbors Other: _____	Max=3 choices
7	What are some ways that you've heard a person can get the new coronavirus disease or Covid19? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Evil spirits Not washing hands Eating specific foods, Specific group of people Touching others Coughing Sneezing Blood transfusion Droplets (saliva)from infected people Airborne Direct (physical) contact with infected people Touching contaminated objects/surfaces Sexual intercourse/contact Contact with contaminated animals Mosquito bites Drinking unclean water Don't know	Select multiple
8	What are the main symptoms of coronavirus or COVID19? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Fever, Cough, Breathing difficulties Muscle pain Headache Diarrhea Don't know Other: _____	Select multiple
9	What additional information would you like to have about coronavirus?	Information on prevention measures Information on where I should go if I fall sick Information on disease signs and symptoms Other _____	

No	QUESTIONS	ANSWERS	XLS
Attitudes, perceptions, and practices about COVID-19			
10	Do you consider yourself at risk of contracting COVID19?	Yes No Maybe Don´t know	Select one
11	Who do you think are the persons at a higher risk of getting COVID-19? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Elderly people (60 years old & above) People with underlying medical conditions (e.g. serious heart conditions, chronic lung disease, diabetes, chronic kidney, liver disease, asthma, cancer) Children under 5 years old Pregnant women Health workers All-regardless of sex and age Don't know	Select multiple
12	In your opinion, what makes these people at a higher risk? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Age related vulnerability Health related vulnerability Professional status (the type of work they do) Greetings through handshake Frequency of social gathering Poor hygiene nationality/ethnicity Other:	Select multiple
13	In what ways can coronavirus or COVID-19 be prevented? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Sleep under the mosquito net Wash your hands regularly using soap and water or alcohol-based hand gel Drink only treated water Cover your mouth and nose when coughing or sneezing Avoid close contact with anyone who has a fever and cough Eliminate standing water Cook food well Avoid unprotected direct contact with live animals and surfaces in contact with animals Avoid participation in gatherings Restrict unnecessary movements Wearing masks and gloves Avoid touching of eyes, mouth, nose Don't know	Select multiple

No	QUESTIONS	ANSWERS	XLS
		Other: _____	
14a	What have you or your family done to prevent coronavirus or COVID 19 in the recent days? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Wash your hands regularly for a minimum 20 seconds using soap and water Clean your hands with alcohol-based hand gel or sanitizer after touching dirty objects, surfaces or going outside. Cover your mouth and nose when coughing or sneezing Avoid close contact with anyone who has a fever and cough Eliminate standing water Cook food well Avoid direct contact with live animals and surfaces in contact with animals Avoid touching mouth, nose, eyes Avoid participation in gatherings Restrict unnecessary movements Wearing masks and gloves Maintain social distancing in all interactions with people who do not belong to the household Don't know Others : _____	Select multiple
14b	(IF respondent is not taking measures) Why are you not employing any preventive measures?	Can't afford necessary supplies (e.g. soap, masks) Not enough water Cannot social distance have to go to work or the market Don't know which preventive measures to use Other:_____	

No	QUESTIONS	ANSWERS	XLS
15	What would you do if you or someone from your family has symptoms of COVID19? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	Ask for advice from a relative Ask for advice from village leader I go to the hospital / health unit I go to the neighborhood nurse I buy medicines at the market I look for the traditional healer I stay in quarantine I call the MoH hotline I call the community leadership I do nothing Other: _____	Select multiple
Protection			
Access to services and coping mechanisms			
16a	What priority basic services were you able to access before the lockdown measures, that you are no longer able to fully access during this Covid-19 crisis?	Food Household supplies (soap) Energy (firewood, charcoal) Safety and security Health Transport Shelter Water Psychosocial support Education None others	Select multiple
16b	For what reasons are you having problems accessing those basic services (as identified above)?	Long distance Physical disability Restriction in movements Not allowed to access services by government Feel unsafe when accessing them Tensions in community Lack of money to pay for items Price increases Discrimination Lack of identification documents Lack of available products in the market Shops are closed/not trading	Select multiple

No	QUESTIONS	ANSWERS	XLS
		Others	
16c	What are some of the ways in which you are trying to overcome these challenges?	Seeking help from community leaders Seeking help from friends Seeking help from INGOs/NGOs Borrowing money Selling of assets No ways of overcoming them Others	select multiple
17	Which people do you think are the most affected in terms of access to basic needs during this time of coronavirus?	Girls Boys Women Men Elderly Persons with disabilities Persons with chronic illness Pregnant and lactating women Refugees Host community / Ugandans None Others	Select multiple
18a	Have yourself or one of your family members encountered violence a result of the coronavirus crisis?	Yes No I don't know	Select one
18b	Have you also heard any violence within your neighborhood during this coronavirus crisis?	Yes No	Select one
18c	If you have encountered or heard about the violence. What form of violence has been associated with the coronavirus crisis?	Sexual violence Physical violence Psychological/emotional violence Others	Select multiple

No	QUESTIONS	ANSWERS	XLS
19	What could be the reason for this form of violence during this time?	Stress loss of income disagreements among couples Feeling of uncertainty Feeling of isolation from others Others	Select multiple
20	Who do you think is most vulnerable to violence during this crisis?	Men Women Boys Girls Persons with disabilities elderly women elderly men	Select multiple
Stigma, Community Safety and Security			
21a	Have you experienced that any persons or groups have been discriminated against or blamed as a result of the coronavirus?	Yes No	Select one
21b	If yes,Which group/people are being discriminated against in your community because of the new coronavirus disease? *Hint: For interviewer to ask question and tick all possible choices based on the respondent's answer*	New refugee arrivals People who have come from outside the area INGOs & NGOs staff People who have similar symptoms related to covid such as coughing People who are suspected to have the disease People reported to be discharged from hospital Others Women Children Elderly people People with disabilities people with specific ethnicities	
22a	Have you witnessed or heard of any conflict(s) because of coronavirus or COVID-19?	Yes No	
22b	If yes, which persons or groups was this/these conflict(s) between?	Refugees and host communities Suspected members and their communities Refugees and INGO/NGO workers Town dwellers and Village members	

No	QUESTIONS	ANSWERS	XLS
		Within households (within a family) Between households/families Police/security providers and community members between ethnicities/nationalities Others	
23a	Have conflicts arising because of COVID-19 been resolved?	Yes No Resolution is ongoing I don't know	
23b	If yes, by who	District/Sub-county covid taskforce RWCs Community leaders Religious leaders INGO & NGO workers Police Others	
24	On a scale of 1 to 5, with 1 being 'very unsafe' and 5 being 'very safe' how safe did you feel in your community prior to the lockdown?	1 2 3 4 5	Select one
25a	On a scale of 1 to 5, with 1 being 'very unsafe' and 5 being 'very safe' how safe do you feel in your community NOW?	1 2 3 4 5	Select one
25b	If your feeling of safety has decreased, why do you feel less safe?	Loss of income leading to desperation Lack of trust or stigma in community Increased fear of outsiders other_____	Select multiple
26	What are some of the protection risks that are or will affect boys during this coronavirus crisis?	Increased engagement in child labor Increased in physical abuse (e.g. beating) Increase in neglect Separation from caregivers limited support for children in conflict with the law lack of access to child protection services Risks of injuries to children Worsening of pre-existing mental health	Select multiple

No	QUESTIONS	ANSWERS	XLS
		conditions Others	
27	What are some of the protection risks that are or will affect girls during this coronavirus crisis?	Increased engagement in child labor Increased domestic violence Separation from caregivers limited support for children in conflict with the law lack of access to child protection concerns Increased risk of sexual exploitation Risks of injuries to children Worsening of pre-existing mental health conditions Others	Select multiple
28	How are women coping with the general situation of covid-19 in your community?	Talking to other people Listening to media i.e. radios Caring for their families Playing indoor games eg playing cards/rudd Drug/alcohol abuse Gossiping Petty theft Engaging in conflict amongst people Others	Select multiple
29	How are men coping with the general situation of covid-19 in your community?	Talking to other people Listening to media i.e. radios Caring for their families Playing indoor games eg playing cards/rudd Drug/alcohol abuse Gossiping Petty theft Engaging in conflict amongst people Others	Select multiple
Livelihood			
30	In the last 3 months, which of the following activities did someone in your household generate income from?	Farming- crop production and sales Livestock production and sales Wage labor (Labor) Salaried work Sale of bush products including charcoal.	

No	QUESTIONS	ANSWERS	XLS
		Own business Sale of other assets like rental of land Gifts/inheritances Remittances Others.	
31	How has your ability to earn income changed since the coronavirus lockdown? (Open ended - check all that apply)	No change Lost my job Not able to access my farm Not able to access inputs for my farm More income for my small business Less income for my business Other	
32a	Do you have agricultural land for farming?	Yes No	
32b	Are you able to access it?	Yes No	
32c	Are you able to sell what you produce?	Yes No	
32d	Are you able to access seeds?	Yes No - prices too high No - not available	
33	Did your household have any savings prior to the Coronavirus lockdown?	Yes - less than 100,000 UGX Yes - 100,000 - 500,000 UGX Yes - more than 500,000 UGX No	
34	Is your HH able to continue saving since the coronavirus lockdown?	Yes No Have needed to spend my savings during this lockdown	
35a	What is your household's primary source of food?	Bought from local markets Bought from markets in other towns Own cultivation Assistance from UN	
35b	What is your secondary source of food, if your primary source is unavailable or not enough?	Bought from local markets Bought from markets outside the community Own cultivation Food assistance from UN	
36	In the past 7 days, if there have been times when you did not have enough food or	Please Indicate the frequencies, over the past seven days (1-7 days) to indicate how many days in the week that the household adopted each of	Select multiple

No	QUESTIONS	ANSWERS	XLS
	money to buy food, how many days has your household had to:	the below coping strategies. Put zero (0) if none a)Rely on less preferred and less expensive foods? b)Borrow food, or rely on help from a friend or relative? c)Purchase food on credit? d) Gather wild food, hunt, or harvest immature crops? e) Consume seed stock held for next season? f) Send household members to eat elsewhere g) Send household members to beg? h) Limit portion size at mealtimes? i)Restrict consumption by adults in order for small children to eat? j) Reduce number of meals eaten in a day? k) Skip entire days without eating? l) sell an asset (e.g. goats, tools) for money or food	
37	If your household has had to restrict food consumption, which household members are restricting?	all equally Adult women Adult men girls boys Elderly women Elderly men Other	
38	What is your household's primary source of food?	Bought from local markets Bought from markets in other towns Own cultivation Assistance from UN	
Market systems - access and price			
39	Do you find any challenge accessing the market due to the lockdown?	a) Yes b) No	Select one
40	If yes, what challenges are you experiencing	a) Challenge with transportation / getting to the market b) General supply shortage due to lockdown	Select multiple

No	QUESTIONS	ANSWERS	XLS
		c) Most of the essential commodities for household use are out of stock d) Prices are higher than usual e) Traders are hoarding goods	
41	What are some of the essential commodities that are currently not available on the market?	_____	Text
WASH			
42	How much water did your household use per day (Including for drinking and household use) BEFORE the lockdown?	a) Bucket / small Jerrycan (10 Ltrs) b) One Jerry can (20 Ltrs) c) Two Jerry Cans (40 Ltrs) d) Three Jerry Cans (60 Ltrs) e) Four Jerry Cans (80 Ltrs) f) Five Jerry Cans (100 Ltrs)	
43	How much water does your household use per day (Including for drinking and household use) NOW?	g) Bucket / small Jerrycan (10 Ltrs) h) One Jerry can (20 Ltrs) i) Two Jerry Cans (40 Ltrs) j) Three Jerry Cans (60 Ltrs) k) Four Jerry Cans (80 Ltrs) l) Five Jerry Cans (100 Ltrs)	
44	If water usage has decreased, why?	Water source is too far away Security/safety issues accessing water source Queueing for water Not enough time to fetch water for handwashing No water at water source other____	
45	When do you wash hands?	a) Before eating b) After eating c) After using the toilet d) Before feeding the baby e) Before handling food/cooking f) I don't wash my hands	Select Multiple
46	What do you use for washing hands?	a) Water only b) Water and soap c) Water and ash d) other	Select Multiple

No	QUESTIONS	ANSWERS	XLS
47	How much soap did you have available for use in your household in the past one week?	a) 1 small piece (250 gm) b) 2 small Pieces (500 gm) c) Three small pieces (750gm) d) 1 Bar of soap (1kg) e) 2 Bars of soap (2 kg) f) 3 Bars of soap (3 kg)	Select one

5.3. Checklist for MSNA Enumerators during Covid-19 pandemic

As much as data collection is the core function of the enumerators, it is equally important to listen actively to respondents' concerns, fears, doubts, inquiries and complaints related to coronavirus and be able to offer adequate and relevant information about the coronavirus and direct respondents to relevant hotlines. Please familiarize yourself with the checklist, Frequently Asked Questions and Key messages:

- Build trust and show empathy by for example saying "I understand if you are worried about this new disease. I am here to help you and to listen to you if you have any concerns, and I will try my best to answer any questions you may have after we have completed the survey exercise"
- Do not tell respondents what to do - but listen first to try to understand if they have any key concerns or questions. Ask respondents if there is anything they would like to know or receive information about. Don't start informing respondents about the coronavirus unless they are requesting for it or disclosing incorrect information
- Please engage with the respondent and answer any questions after the survey exercise has taken place as we need to assess their needs and knowledge prior providing them with any new information
- Explain few, clear and simple messages from the Frequently Asked Questions and Key Messages sheets in languages the respondent prefers and follow up to make sure that the messages are correctly understood
- Be honest about what you know and don't know. It is not a shame if you cannot provide an answer to an inquiry or question. Tell the respondent that you cannot provide a response, but seek their consent to note down their question or inquiry and forward it to your supervisor
- If you identify any major concerns, fears, rumours, complaints or if the respondent disclose any harmful experience during your engagement with the respondent, please seek the respondent's consent to note it down and inform your supervisor accordingly
- Encourage respondents to use the toll-free interagency (FRRM) helpline for further inquires or to report any rumour circulating or hear anything which they are not sure is true on phone number 0800 323232
- For any further information about the coronavirus, encourage respondents to call the Ministry of Health toll free line on 0800 100066, 0800 203033 or send a free SMS to Ureport on 8500

- Before starting the data collection, familiarize yourself with the Frequently Asked Questions and key messages from the Ministry of Health given to you. Consult your supervisor if anything is unclear
- If you are conducting the survey exercise face-to-face, make sure you abide by protective measures and keep minimum 1 meter between you and the respondent, do not shake hands or get in physical contact, avoid crowds of people and maintain good hygiene. Explain the respondent why these measures are important.

Frequently Asked Questions

What is the coronavirus (COVID-19) and how does it spread?

- Coronavirus or COVID-19 is a global pandemic. It is a large family of viruses found in both animals and humans. Some infect people and are known to cause illness ranging from cold, fever, sore throat, cough and shortness of breath and can be more serve for some persons and can lead to pneumonia or breathing difficulties. The virus has signs and symptoms similar to the common cold.
- The virus is transmitted from person-to-person though cough droplets. As such, keeping a social distance of at least one meter and avoiding handshakes and hugs help to prevent transmission of the disease.
- There are still some things we don't know about the virus, but doctors are working hard to find out how to prevent and cure it.
- A healthy person can get the virus from an infected person through direct contact when an infected person sneezes or coughs and these droplets enter the eyes, nose or mouth from another person. Or when a person sneezes and coughs into their hands and touches another person or surface. It can also spread when a person touches a surface that has the virus on it, e.g. surfaces in the house, furniture etc, and then touches their eyes, nose or mouth.

What are the symptoms?

- Most infected persons experience: cough, fever, sore throat, running nose, difficulty breathing but symptoms can vary from person to person.

How dangerous is it?

- For most people, coronavirus is mild and similar to a cold (runny nose, fever, sore throat, cough and shortness of breath). However, even someone with mild symptoms or who does not feel ill can transmit the virus to other persons.
- Everyone is at risk – people of all ages can be affected by coronavirus, including young and older people as well as children.
- It is important to remember that coronavirus can cause serious illness to some, for example, older people, and people with weak immune systems or existing diseases (such as diabetes, high blood pressure or heart and lung diseases).
- The disease can lead to death, but this is rare

What should you do to protect yourself and your family from the coronavirus?

- Wash your hands frequently using water and soap. If soap is not available, alcohol-based hand gel or sanitizer may be used to wash away germs.
- Avoid shaking hands with others and any physical contact.
- Avoid close contact with anyone who is coughing, sneezing or sick. Keep at least

three meters distance and encourage them to go to a nearby healthcare center.

- When coughing or sneezing, cover your mouth or nose with you bent elbow or a tissue. Try to not sneeze or cough into your hands because then you will spread the virus with your hands. Throw the tissue away. If you cough or sneeze into your hand, don't touch anything and immediately wash your hands.
- Do not spit in public.
- Thoroughly cook meat and eggs. Germs disappear with hot temperatures.
- Avoid large groups of people and remain home as much as possible over the next few weeks.
- Avoid touching eyes, nose and mouth. Hands touch many things which can be contaminated with the virus
- Regularly clean frequently touched objects and surfaces such as door handles, desks, phones
- These are the best ways to look after yourself and stop the infection spreading to your relatives and other community members.

How do you keep your child safe?

It is important to teach your children:

- to wash hands regularly with soap and water or alcohol-based hand sanitizer.
- to cough/sneeze into their bent elbow or into a tissue and wash their hands afterwards.

What you should do if you or a family member have the symptoms?

- If you are experiencing any general symptoms you must reduce your contact with others immediately.

Remember: If an affected person does not go to a healthcare center or ask for help they may be at higher risks of becoming ill and spreading the virus.

- Contact your village health team members or go to the nearest healthcare facility if you or a relative have fever, cough or feel that it is difficult to breathe or ask a friend or relative to report it to your local healthcare center or community authority. Please ensure to cover your nose and moth with a cloth and being close to people on your way to the health facility.
- If you feel like you have symptoms of coronavirus, call the Ministry of Health Toll-free Hotlines: 0800-100-066, 0800-203-033, 0800-303-033.

What are the recovery options and treatments?

- There is no vaccine yet because this is a new virus. It takes time to develop a new vaccine that is efficient and safe. Doctors are working on it.
- There is no special medicine for coronavirus. If someone is sick the most important thing is to try and keep away from other people, especially older or physically weaker people, and to rest.
- The disease can be treated, and many people have already recovered from it.

How will DRC support you?

- DRC cares about the community and wants to keep helping you. We are not leaving and

will still continue with some activities in your community.

- Protecting you is our priority and changes are needed for some of our ongoing activities. This includes reducing the number of activities we do which involve gathering groups of people and postponing those that can be delayed.
- If you need to talk to DRC, you can contact a DRC staff member, or if you have questions or concerns about our services you can contact us through the helpdesks or call the UNHCR hotline.
- DRC staff will disseminate regular updates regarding changes in operations services.
- All relevant informative announcements will be made by DRC staff through local leaders, outdoor info-sessions (small groups of max 5 persons), posters, megaphones.

How do you stay well-informed and calm?

- Avoid spreading rumors, and always check the source you are getting the information from.
- Stay well-informed about the coronavirus and follow accurate health advices and updates from official health sources, such as the World Health Organization (WHO) and your local health authorities.
- While this is a serious illness, we do not need to panic. Washing hands as often as you can, and for now remaining home as much as possible and avoid physical contact with others, as well as covering your mouth and nose when coughing and sneezing will help a lot.
- If we all work together, we can try to make sure that we all remain strong and healthy.
- For further questions, please refer to the Ministry of Health key messages.

5. DRC staff member sensitising people on COVID-19 prevention in Adjumani refugee settlement.