

# Research Terms of Reference

Rapid KAP assessment on EVD

UGA2209

Uganda

14/11/2022

Version 1

**IMPACT** Shaping practices  
Influencing policies  
Impacting lives

## 1. Executive Summary

<b>Country of intervention</b>	Uganda			
<b>Type of Emergency</b>	<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Conflict	<input type="checkbox"/> Other ( <i>specify</i> )	
<b>Type of Crisis</b>	<input checked="" type="checkbox"/> Sudden onset	<input type="checkbox"/> Slow onset	<input type="checkbox"/> Protracted	
<b>Mandating Body/ Agency</b>	UNHCR			
<b>IMPACT Project Code</b>	25AWY			
<b>Overall Research Timeframe</b> ( <i>from research design to final outputs / M&amp;E</i> )	03/11/2022 to 15/02/2023			
<b>Research Timeframe</b> <i>Add planned deadlines (for first cycle if more than 1)</i>	1. Pilot/ training: 15-16/11/2022	5. Data analysed: 9/12/2022		
	2. Start collect data: 23/11/2022	5. Data/analysis sent for validation: 12/12/2022		
	3. Data collected: 03/12/2022	6. Outputs sent for validation: 14/12/2022		
	4. Data cleaned: 9/12/2022	7. Outputs published: 23/12/2022		
<b>Number of assessments</b>	<input checked="" type="checkbox"/> Single assessment (one cycle)			
	<input type="checkbox"/> Multi assessment (more than one cycle) <i>[Describe here the frequency of the cycle]</i>			
<b>Humanitarian milestones</b> <i>Specify what will the assessment inform and when</i> <i>e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;</i>	<b>Milestone</b>		<b>Deadline</b>	
	<input checked="" type="checkbox"/>	Donor plan/strategy	23/12/2022 (no hard deadline)	
	<input type="checkbox"/>	Inter-cluster plan/strategy	--/ /----	
	<input type="checkbox"/>	Cluster plan/strategy	--/ /----	
	<input type="checkbox"/>	NGO platform plan/strategy	--/ /----	
<input checked="" type="checkbox"/>	Other (Specify): implementing response actors	23/12/2022 (no hard deadline)		
<b>Audience Type &amp; Dissemination</b> <i>Specify who will the assessment inform and how you will disseminate to inform the audience</i>	<b>Audience type</b>		<b>Dissemination</b>	
	<input type="checkbox"/> Strategic	<input checked="" type="checkbox"/> Programmatic	<input checked="" type="checkbox"/> Operational	X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)
	<input type="checkbox"/> [Other, Specify]			<input type="checkbox"/> Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting
				X Presentation of findings (e.g. at HCT meeting; Cluster meeting)
				X Website Dissemination (Relief Web & REACH Resource Centre)

		X Bilateral output sharing with UNHCR Programme teams	
<b>Detailed dissemination plan required</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
<b>General Objective</b>	This assignment aims at informing the humanitarian community on the refugees' perception of and expected behavior regarding the Ebola outbreak and their current behaviors in order to adapt the response in settlements and in Kampala to best tackle behavior change.		
<b>Specific Objective(s)</b>	<ol style="list-style-type: none"> <li>To better understand the knowledge, attitudes, and practices of the refugee population in settlements and in Kampala regarding Ebola.</li> <li>Identify misconceptions and harmful practices in terms of Ebola containment</li> <li>Identify barriers and enablers to behavior change</li> </ol>		
<b>Research Questions</b>	<ul style="list-style-type: none"> <li>What is the knowledge of the refugee population in settlements regarding the ongoing Ebola crisis in Uganda (presence in their district, modes of transmission, prevention, and symptoms)</li> <li>What is the attitude of the refugee population towards Ebola and the current response?</li> <li>What are some of the practices of the refugee population in terms of prevention and containment?</li> <li>Which barriers can be drawn from the knowledge, attitudes, and practices of the assessed refugee population, and what subsequent enabler of behavior change can be identified?</li> </ul>		
<b>Geographic Coverage</b>	Kampala & 13 Refugee settlements: Adjumani, Bidibidi, Imvepi, Kiryandongo, Kyaka II, Kyangwali, Lobule, Nakivale, Oruchinga, Palabek, Palorinya, Rhino, Rwamwanja		
<b>Secondary data sources</b>	<ul style="list-style-type: none"> <li>UNICEF, Uganda Country Office Ebola Virus Disease (EVD) Humanitarian Situation Report No.2, 6 November 2022</li> <li>Insecurity Insight, Uganda: Ebola Outbreak Social Media Monitoring, 4 November 2022</li> <li>Future sitreps on Ebola</li> <li>DAP/tool development: <ul style="list-style-type: none"> <li><a href="#">CDC</a>, Knowledge, Attitudes, and Practices Related to Ebola Virus Disease at the End of a National Epidemic — Guinea, August 2015</li> <li><a href="#">CDC</a>, Community Knowledge, Attitudes, and Practices Regarding Ebola Virus Disease — Five Counties, Liberia, September–October, 2014</li> <li><a href="#">BMJ Glob Health</a>, National survey of Ebola-related knowledge, attitudes and practices before the outbreak peak in Sierra Leone: August 2014</li> <li><a href="#">PLoS One</a>, A Multi-Site Knowledge Attitude and Practice Survey of Ebola Virus Disease in Nigeria</li> </ul> </li> </ul>		
<b>Population(s)</b> <i>Select all that apply</i>	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/> IDPs in informal sites
	<input type="checkbox"/>	IDPs in host communities	<input type="checkbox"/> IDPs [Other, Specify]
	<input checked="" type="checkbox"/>	Refugees in settlements	<input type="checkbox"/> Refugees in informal sites
	<input checked="" type="checkbox"/>	Refugees in host communities	<input type="checkbox"/> Refugees [Other, Specify]
	<input type="checkbox"/>	Host communities	<input type="checkbox"/> [Other, Specify]
<b>Stratification</b> <i>Select type(s) and enter number of strata</i>	<input checked="" type="checkbox"/>	Geographical #: 14 for refugees Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Group #: 1 (refugees in settlements and Kampala) Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	[Other Specify] #: _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	

				X Yes <input type="checkbox"/> No	
<b>Data collection tool(s)</b>	X	Structured (Quantitative)	<input type="checkbox"/>	Semi-structured (Qualitative)	
		<b>Sampling method</b>		<b>Data collection method</b>	
<b>Structured data collection tool # 1</b> <i>Select sampling and data collection method and specify target # interviews</i>		<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random <input checked="" type="checkbox"/> Probability / Stratified simple random (refugees in settlements + Kampala) <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #):_ _ _ _ _ <input type="checkbox"/> Group discussion (Target #):_ _ _ _ _ <input type="checkbox"/> Household interview (Target #):_ _ _ _ _ <input checked="" type="checkbox"/> Individual interview (Target #): 1043 <input type="checkbox"/> Direct observations (Target #):_ _ _ _ _ <input type="checkbox"/> [Other, Specify] (Target #):_ _ _ _ _	
<b>Target level of precision if probability sampling</b>		90% level of confidence  The 90% LoC and the 10% MoE were initially intended for a representative sample with in-person interviews. Due to unforeseen circumstance, the survey methodology switched to one adapted to remote data collection (through a call-centre). The sample size remains, but the analysis will not be representative anymore.		10 +/- % margin of error at settlement level for the entire refugee survey  3 +/- % margin of error at regional level for refugees	
<b>Data management platform(s)</b>	<input type="checkbox"/>	IMPACT	X	UNHCR	
	<input type="checkbox"/>	[Other, Specify]			
<b>Expected output type(s)</b>	<input type="checkbox"/>	Situation overview #: _ _	<input type="checkbox"/>	Report #: _ _	<input type="checkbox"/> Profile #: _ _
	<input type="checkbox"/>	Presentation (Preliminary findings) #: _ _	X	Presentation (Final) #: 1	X Factsheet #: 1 <small>(unless major regional differences, then we would create a FS for the diverging areas)</small>
	<input type="checkbox"/>	Interactive dashboard #: _	<input type="checkbox"/>	Webmap #: _ _	<input type="checkbox"/> Map #: _ _
	X	Cleaned data set with analysis #: 1			
	<input type="checkbox"/>	Lessons learned report #:			
<b>Access</b>	X	Public (available on IMPACT website and other humanitarian platforms)			
	<input type="checkbox"/>	Restricted (UNHCR to manage dissemination)			
<b>Visibility</b> <i>Specify which logos should be on outputs</i>		<b>IMPACT, UNHCR</b>			
		<b>Donor: UNHCR</b>			
		<b>Coordination Framework:</b> [List logos here as relevant]			
		<b>Partners:</b> [List logos here if outside coordination framework]			

## 2. Rationale

### 2.1 Background

Uganda's most recent Ebola outbreak, caused by the deadly Sudan ebolavirus (SUDV), was declared on September 20, 2022 by the Ministry of Health<sup>1</sup>. It reportedly originated in the district of Mubende and spread to the more densely populated

<sup>1</sup> [Uganda, Africa: Ebola Virus Disease Emergency Appeal No. MDRUG047 - Uganda | ReliefWeb](#)

capital of Kampala where the first related death was recorded on October 12<sup>2</sup>. The estimated case fatality ratios of SUDV have varied from 41% to 100% in past outbreaks<sup>3</sup>. There are also no effective vaccines against the Sudan ebolavirus, although trials are ongoing.

On November 11, about one week prior to the start of data collection for this assessment, the cumulative death toll had reached 53 confirmed deaths, 21 probable deaths, and 136 cumulative cases. While Uganda has been experiencing several Ebola outbreaks since 2000<sup>4</sup>, this scenario is the first in which the virus has reached the capital, thereby further increasing the risk of rapid spreading on a devastating scale.

According to IFRC, the main challenge so far has been “community reluctance and low risk perception (in some instances spiralling into violence) in accepting the recommendations and guidance provided by health practitioners and social mobilisers. Misinformation, mistrust and conspiracy theories have spread quickly across the affected districts. This is coupled with fears of the treatment centres and from healthcare workers’ overexposure to the virus”.<sup>5</sup>

In order to support the Ebola response in Uganda, IMPACT Initiatives intends on setting up a rapid Knowledge, Attitudes, and Practices (KAP) assessment in order to better understand the barriers and enablers regarding the containment of the virus and assist the humanitarian community in tackling this outbreak accordingly.

## 2.2. Intended impact

The results of this survey are intended to support the Ebola humanitarian response by shedding light on the population’s own current diagnosis of the situation and bring to the surface the barriers and enablers of behaviour change. In return, this can increase the effectiveness of intervention programs that are aimed at correcting health-related knowledge, attitudes, practices. The intended impact is therefore both on a strategic and programmatic level.

## 3. Methodology

### 3.1 Methodology overview

**NB:** UGA2209 is not a stand-alone survey. For practical reasons, UGA2209 was attached to an unrelated survey, UGA2207 (UNHCR). The methodology (in terms of data collection and length of the survey) had been adapted subsequently.

During phase 1, IMPACT reviewed the existing KAP’s used in previous Ebola responses across Africa<sup>6</sup> and assessed the appropriateness and reliability of the pre-identified indicator within the current context of Uganda. The present ToR and methodology are the outputs of this activity.

Phase 2 will focus on collecting the data corresponding to the indicators selected in phase 1 (see DAP). The survey aims to assess the level of **knowledge** (1st component) regarding the virus, its means of transmission, and methods of prevention, and whether this knowledge has translated into the required attitudes and practices to contain the epidemic. **Attitudes** (2nd component) can be understood as the settled way of thinking and feeling about the outbreak and the potential for cooperative behaviour (such as the stance on vaccination, special Ebola burial units, and official Ebola treatment centres). The third

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<sup>2</sup> [RDC : nouvelle épidémie d’Ebola dans la province de l’Equateur \(OMS\) \(afrik.com\)](#)

<sup>3</sup> [WHO, Ebola Disease caused by Sudan virus - Uganda](#)

<sup>4</sup> This is the 6<sup>th</sup> outbreak since the first recorded outbreak in 2000

<sup>5</sup> [Uganda, Africa: Ebola Virus Disease Emergency Appeal No. MDRUG047 - Uganda | ReliefWeb](#)

<sup>6</sup> See the section “Secondary data sources” on page 6

component of the study will look at the **current practices** pertaining to household level prevention and response. The methodology of the data collection will be the same as the existing<sup>7</sup> survey it is going to be attached to.

The outputs of this phase will be the cleaned and analysed dataset, a presentation of the final findings (ppt), and a factsheet<sup>8</sup>. All will serve to inform the humanitarian response and provide guidance on how to best adapt the programs in order to fill knowledge gaps on the virus among the population and to achieve behaviour change.

### 3.2 Population of interest

**Data collection aims to cover the refugee population living in all 13 settlements<sup>9</sup> and Kampala**, as per the requirement to follow the UGA2207 methodology<sup>10</sup>.

**Refugees** are individuals who have been forced to flee their country because of persecution, war, or violence. As such, data collection will include refugees who have fled to Uganda and live in the 13 settlements and Kampala. The sample used for data collection is based on a list of phone numbers provided by UNHCR and only contains phone numbers of refugees.

For simplification purposes, members of the refugee community population are thereafter referred to as Person of Concern (PoC).

### 3.3 Secondary data review

During phase 1, a secondary data review was conducted. Two types of sources were reviewed:

- Secondary sources publicly available in Uganda, i.e sitreps and reports pertaining to previous and the current Ebola outbreak (specifically by UNICEF and the Ministry of Health (MoH))
- Previous KAP studies on Ebola in various responses across Africa in order to develop our tool and analysis
  - o [CDC](#), Knowledge, Attitudes, and Practices Related to Ebola Virus Disease at the End of a National Epidemic — Guinea, August 2015
  - o [CDC](#), Community Knowledge, Attitudes, and Practices Regarding Ebola Virus Disease — Five Counties, Liberia, September–October, 2014
  - o [BMJ Glob Health](#), National survey of Ebola-related knowledge, attitudes and practices before the outbreak peak in Sierra Leone: August 2014
  - o [PLoS One](#), A Multi-Site Knowledge Attitude and Practice Survey of Ebola Virus Disease in Nigeria

### 3.4 Primary Data Collection

Data collection will take place remotely from 23 November 2022 to 03 December 2022. IMPACT Initiatives will set up a call centre in Kampala where 30 enumerators will conduct data collection under the supervision of IMPACT Field Officers.

#### Quantitative data:

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<sup>7</sup> UGA2207

<sup>8</sup> The factsheet will include a note on the methodology and the lessons learned

<sup>9</sup> Adjumani, Bidibidi, Imvepi, Kiryandongo, Kyaka II, Kyangwali, Lobule, Nakivale, Oruchinga, Palabek, Palorinya, Rhino Camp, Rwamwanja.

<sup>10</sup> Ideally, the population of interest would have been the entire population of Uganda, which would include both the host community and refugees. However, due to the need for an immediate assessment and the lack of funding to make this assessment a standalone, it was decided to attach this survey to an existing data collection, which offers the advantage of having a readily available data-collection plan and dedicated team. However, this also meant having to adapt the methodology to the existing assessment, of which the population of interest is only the refugee community in Uganda. Additionally, this compelled a shortened version of what a KAP would normally be, so as to maintain a reasonable total length of interview per respondent

As per the methodology used in UGA2207, refugee respondents will be targeted using a random sampling approach with theoretical representativeness of 90% and a margin of error of 10% at settlement level. The sample will be done by UNHCR on the basis of the list of phone numbers in their possession, with a random selection by UNHCR of households at the settlement level and with only one adult member per household (not necessarily the head of household) selected for interview. However, given the remote set-up of data collection, the sample used cannot be considered representative of the entire refugee population. Indeed, the number of phone numbers available per location varies greatly and does not match the actual population in the settlements. In addition, it is expected that the most vulnerable refugees may not have a phone number and will as a result not be included in the sampling frame. The results from the quantitative analysis can only be indicative of the situation of refugees at settlement level.

Every day during data collection, database officers based in Kampala will download the submitted survey forms and perform data quality checks, as well as spatial verification. They will compile a cleaning log and ensure a daily feedback mechanism is set up between them and the Field Officers to follow up on any outstanding issue related to data cleaning.

The tool has been designed on the basis of several other KAP surveys which were used for the Ebola response across Africa. The survey questionnaire is coded in Kobo by IMPACT Initiatives' Data team and data collection, cleaning and analysis is implemented by IMPACT Initiatives Uganda.

The sample for quantitative data collection is detailed in Table 1 below.

Table 1 - Sample per location

Group	Location	Individual surveys
Refugees	Adjumani	75
	Bidibidi	75
	Imvepi	75
	Kiryandongo	75
	Kyaka II	75
	Kyangwali	75
	Lobule	70
	Nakivale	75
	Oruchinga	73
	Palabek	75
	Palorinya	75
	Rhino	75
	Rwamwanja	75
	Kampala	75
<b>Total refugees</b>		<b>1043</b>

### 3.5 Data Processing & Analysis

Primary quantitative data will be uploaded on the UNHCR KoBo server where it will be downloaded for checking and cleaning. Database and GIS officers will perform daily data checks and ensure follow up with the coordinating Field Officer. Daily checks will include checking for outliers and following up with enumerators, length of interview time and shortest survey path, as well as logical inconsistencies which should be kept to a minimum following the implementation of careful constraint logics in the survey design. A data analysis on excel will be developed to generate a pre-determined disaggregation of indicators, as well as indicators of which the pertinence will arise during the analysis depending on the results. This analysis will be conducted by the SAO.

### 3.6 Timeline

According to the below suggested timeline, data collection will take place from mid-November to mid-December and outputs, namely the datasets, the presentation, and the factsheet, will tentatively be made available by end of December.

Table 2 - Suggested timeline

Activity	November				December				January				February	
	1	2	3	4	1	2	3	4	1	2	3	4	1	2
Enumerators training				X										
Pilot data collection			X											
Data collection				X	X									
Data cleaning					X									
HQ review						X								
Quantitative data analysis					X									
HQ review						X								
Output drafting						X								
HQ review							X							
Publication of outputs							X							

## 4. Roles and responsibilities

Table 1 - Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Senior Assessment Officer	IMPACT Country Coordinator	IMPACT Research Design / Data Unit (RDD), UNHCR	UNHCR
Supervising data collection	IMPACT Senior Field Officer & Field team	IMPACT Senior Assessment Officer	IMPACT RDD Unit	UNHCR
Data processing (checking, cleaning)	IMPACT Database Officer	IMPACT Senior Assessment Officer	IMPACT Field team, IMPACT RDD Unit	IMPACT Senior Assessment Officer, Country Coordinator
Data analysis	IMPACT Senior Assessment Officer	Data specialist	IMPACT RDD Unit, UNHCR	IMPACT Country Coordinator
Output production	IMPACT Senior Assessment Officer	IMPACT Country Coordinator	IMPACT Reporting Unit, UNHCR	UNHCR
Dissemination	Senior Assessment Officer	Senior Assessment Officer	AAP Task Force, Reporting Unit, Research Manager	IMPACT Country Coordinator
Monitoring & Evaluation	IMPACT Senior Assessment Officer	IMPACT Country Coordinator	HQ Research Department	UNHCR
Lessons learned	IMPACT Senior Assessment Officer	IMPACT Country Coordinator	IMPACT Field team & Data team	HQ Research Department

**Responsible:** the person(s) who executes the task

**Accountable:** the person who validates the completion of the task and is accountable of the final output or milestone

**Consulted:** the person(s) who must be consulted when the task is implemented

**Informed:** the person(s) who need to be informed when the task is completed

## 5. Key ethical considerations and related risks

*\*\*For detailed guidance on how to complete this section, see also Step 5 of the IMPACT Research Design Guidelines\*\**

The proposed research design meets / does not meet the following criteria:

<b>The proposed research design...</b>	<b>Yes/ No</b>	<b>Details if no (including mitigation)</b>
... Has been coordinated with relevant stakeholders to <b>avoid unnecessary duplication</b> of data collection efforts?	Yes	
... <b>Respects respondents, their rights and dignity</b> (specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?	Yes	
... Does not <b>expose data collectors to any risks as a direct result</b> of participation in data collection?	Yes	
... Does not <b>expose respondents / their communities to any risks as a direct result</b> of participation in data collection?	Yes	
... Does not involve <b>collecting information on specific topics which may be stressful and/ or re-traumatising</b> for research participants (both respondents and data collectors)?	Yes	
... Does not involve <b>data collection with minors</b> i.e. anyone less than 18 years old?	Yes	
... Does not involve <b>data collection with other vulnerable groups</b> e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	While UGA2209 does not specifically aim to target vulnerable groups, it will follow the data collection methodology of UGA2207 for which:  The assessment covers protection concerns and thus will involve PoC belonging to vulnerable groups.  Enumerators will be trained to stress that participation is anonymous and voluntary, meaning the participant can end the interview at any time.
... Follows IMPACT SOPs for management of <b>personally identifiable information</b> ?	Yes	

## 6. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
<b>Humanitarian stakeholders are accessing IMPACT products</b>	Number of humanitarian organisations accessing IMPACT services/products  Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Centre	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		<input type="checkbox"/> Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		<input type="checkbox"/> Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes
		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> Yes
<b>IMPACT activities contribute to better program implementation and coordination of the humanitarian response</b>	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	<input type="checkbox"/> Yes
		# references in single agency documents			<input type="checkbox"/> Yes
<b>Humanitarian stakeholders are using IMPACT products</b>	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team		X Yes
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			

	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			
<b>Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle</b>	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs ( <i>providing resources, participating to presentations, etc.</i> )	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement _log	<input type="checkbox"/> Yes
		# of organisations/clusters inputting in research design and joint analysis			<input type="checkbox"/> Yes
		# of organisations/clusters attending briefings on findings;			<input checked="" type="checkbox"/> Yes