



Rapid Briefing Note: Impact of the COVID-19 resurgence in refugee-hosting districts Uganda, July 2021

INTRODUCTION

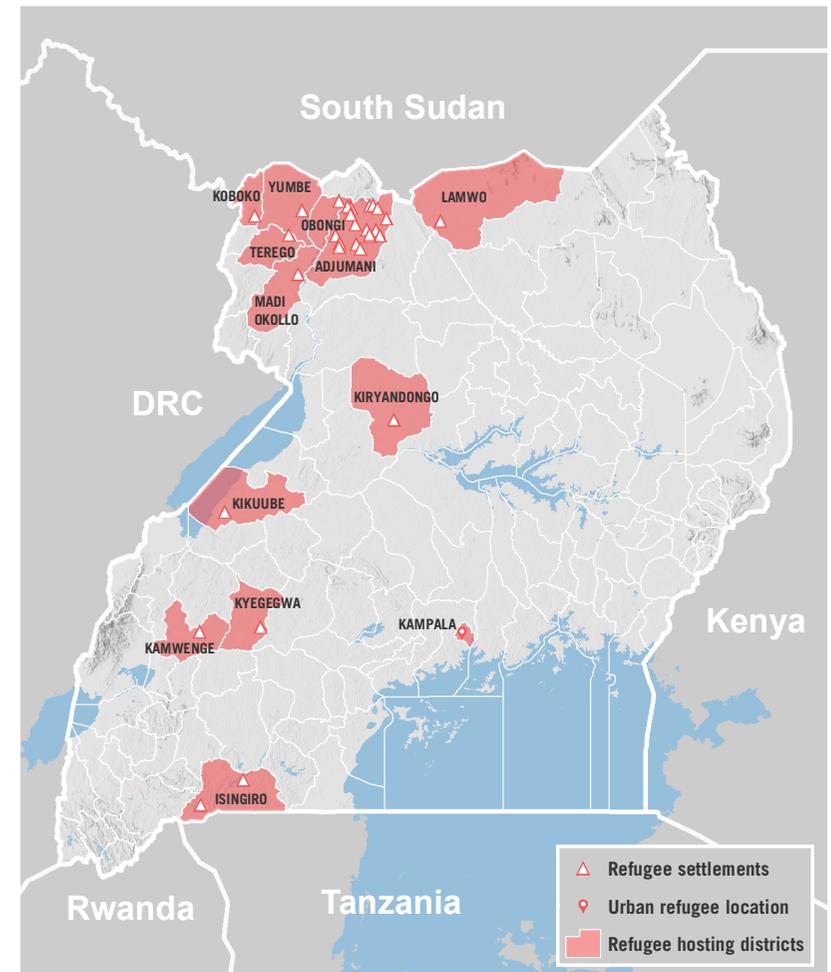
Since May 2021, Uganda has been affected by a resurgence of COVID-19.¹ Between March and April 2021, the country registered an 81% increase in the number of COVID-19 cases.¹ While the surge in COVID-19 cases was initially centered around Kampala, it has increasingly affected other areas of the country, including refugee-hosting districts. With increased pressure on hospitals and intensive-care units (ICUs), the Ugandan government imposed further restrictions to curb the spread of COVID-19 on 6th June 2021, which resulted in a 42-day nation-wide lockdown on 18th June 2021.

Refugees and host communities have been particularly affected by the COVID-19 resurgence. Most of the 1.5 million refugees living in Uganda prior to COVID-19 were considered highly vulnerable and many were already dependent on assistance. On 22nd June 2021, the Office of the Prime Minister (OPM) announced the suspension of travel to refugee settlements, except for partners cleared by the OPM Department of Refugees carrying out life-saving services. In line with this directive, humanitarian partners have been instructed to stop all non-life-saving activities in refugee settlements until 30 July 2021.²

This inter-agency rapid briefing note, created by REACH in partnership with UNHCR, the Refugee INGO Network (RINGO) and ACTED, assesses the situation of the current COVID-19 restrictions on refugees in settlement and in non-settlement contexts, as well as host communities, to better understand their needs and the extent to which humanitarian actors have been able to respond. This briefing note aims to inform the humanitarian response and draw attention to the severity of the situation for refugees in Uganda.

The briefing note is based on 26 interviews with key informants (KIs), including sector and sub-sector leads, settlement commandants, members of COVID-19 district-level task forces and representatives of the civil society, conducted between 30 June and 11 July. The interviews are complemented by secondary data, including the UNHCR Resurgence Plan, the COVID-19 High Frequency Phone Survey, and a survey conducted by U-Learn with refugee representatives of the Refugee Engagement Forum (REF). **Given the refugee and host communities were not able to be interviewed directly, the information provided in this briefing note should be considered indicative.**

Figure 1. Refugee-hosting districts and refugee settlements in Uganda





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KEY MESSAGES

This rapid briefing note provides an overview of the main sectoral priorities, vulnerable groups, aggravating factors and response constraints. Across these areas, the following key messages have emerged from the analysis:

1. COVID-19 restrictions have compounded existing vulnerabilities for refugee and host communities.

Refugees continue having to overcome multiple shocks, including ration cuts, high market prices as well as loss of income and movement restrictions due to COVID-19. The heightened needs and vulnerability of refugees has put additional pressure on humanitarian actors already struggling to provide adequate support in a context of limited resources, including in the food security, health and nutrition, protection and mental health and psycho-social support sectors. The current lockdown continues to put pressure on the host community who often share the same resources and infrastructure as refugees. There is a risk of rising tensions over competition for increasingly scarce resources. Urgent support is needed to ensure an adequate response for refugees as well as the host community.

2. Reduced income is likely to increase the adoption of negative coping mechanisms and decreasing the ability of refugees to support themselves.

The loss of livelihoods resulting from COVID-19 restrictions continues to negatively affect the ability of refugees to meet their basic needs. Ensuring access to livelihoods has become even more important in the context of reduced food rations as refugees are less likely to be able to provide for themselves. As a result, refugees seem to be increasingly relying on negative coping strategies, including the sale of their productive assets, as well as child marriage and sex work. Quick income generating activities and cash transfers are needed to address the negative impacts of income loss and negative coping strategies.

3. COVID-19 restrictions will have longer-term consequences on children and youth.

Access to education continues to be hampered by the ongoing closure of schools and the inability of most children to benefit from distance learning alternatives, for early childhood learners. The safe reopening of schools will be highly dependent on ensuring adequate space for children through improved infrastructure as well as meeting minimum standards in terms of block latrines and wash facilities. There is also heightened concern over the rise in violence against children, teenage pregnancies, child labour and child marriage exacerbated by these restrictions.

4. Urban refugees are particularly vulnerable.

Many refugees in urban areas rely on work in the informal sector, and they may not always have access to the same level of assistance as refugees residing in settlements. This makes them particularly vulnerable to these COVID-19 restrictions. Concerns were raised about the ability of urban refugees to continue to pay rent and an increased risk of them being evicted with a reduction or loss of income. They may also be facing additional challenges to meet their basic nutrition and food needs.

5. Needs can only be properly met through sustained support and a cross-sectoral response.

It is vital that the immediate needs related to these COVID-19 restrictions are met, including strengthening the health care system, distributing Personal Protective Equipment (PPE), and providing adequate food rations and cash. The current funding available within the refugee response does not enable partners in Uganda to meet existing needs, in addition to sustaining an adequate COVID response during this lockdown. The aggravated situation related to COVID and its longer-term impacts will require additional support and flexibility from donors. In addition, reprogramming of activities may be required.



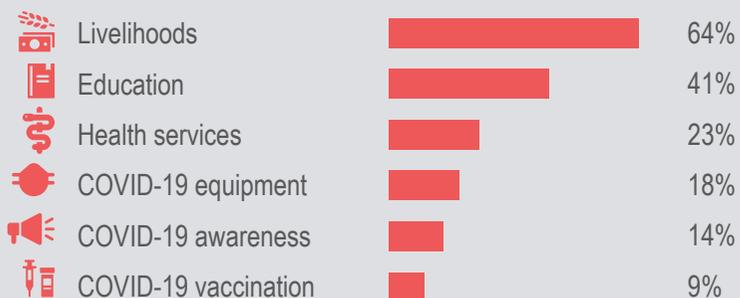
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🚶 MULTI-SECTORAL NEEDS

COVID-19 and the related lockdown measures are impacting the needs and vulnerabilities of refugees across all sectors. A multi-sector needs assessment carried out during the previous lockdown found that almost all refugees (96%) reported challenges in meeting their basic needs as a result of movement restrictions and long distances to access services, as well as due to their reduced income and increased commodity prices in refugee settlements.³ In the current assessment, KIs highlighted similar trends resulting from the renewed lockdown and raised particular concerns related to the impact of movement restrictions on food security and livelihoods. The effects of the closure of schools on the wellbeing and protection of children, was also mentioned as a key concern.

The points mentioned above were also reflected in a survey conducted by U-Learn with members of the Refugee Engagement Forum (REF), consisting of refugee leaders and created to facilitate meaningful participation of the affected population in Uganda's refugee response. They emphasized concerns around food security and livelihoods, as well as concerns related to education, aside from health-related measures that need to be taken to control the spread of the disease (see Figure 2).

FIGURE 2. U-LEARN SURVEY RESULTS SHOWING THE MAIN CONCERNS OF REF MEMBERS, BY % OF REF MEMBERS



HEALTH AND NUTRITION

COVID-19 health needs

According to KIs, healthcare services are struggling to manage the current COVID-19 caseload. This is particularly worrying because when health systems are overwhelmed and people fail to access the care they need, both direct mortality from an outbreak and indirect mortality from preventable and treatable conditions increase dramatically.⁴ To help manage this, KIs in the health sector stressed the need for oxygen, subsidized ambulances, medical supplies and increased human resources in treatment units in regional referral hospitals.

In addition, district-level KIs stressed that settlements often lack infection prevention and control materials. Although some KIs indicated that the general uptake of preventative measures, including the use of personal protective equipment (PPE) seems to have improved compared to the first wave in 2020, and that those who have access to masks, soap and sanitizer seem to be using them more regularly, access to PPE is still considered problematic. Furthermore, KIs stressed the continued need for effective Risk Communication and Community Engagement (RCCE), particularly in languages that refugees can understand, as there are still widespread misperceptions around COVID-19. COVID-19 prevention efforts are also affected by the inability of patients to follow isolation protocols; in particular, KIs emphasized that given the limited size of refugee shelters, the ability for families to isolate at home is minimal.

Finally, vaccination is essential to curb the spread of COVID-19. To date, only about 16,150 refugees and healthcare workers in refugee settlements have been vaccinated, out of an initial target of 81,411, consisting of frontline workers and vulnerable refugees.⁵ In this context, sector leads and district-level KIs expressed concerns related to vaccine availability for refugees and frontline staff, including health workers and teachers. In addition, even if more vaccines would be made available, the rollout of vaccination campaigns would require substantial resources to ensure their transportation, storage, and dissemination, which KIs have flagged are not available yet.

Health needs beyond COVID-19

Due to the current lockdown measures, KIs reported that additional barriers to accessing healthcare have been imposed, as patients have difficulty finding transportation to health services, especially if they already have pre-existing mobility challenges. Ambulances are often not available, and refugees are not always able



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to afford to hire a vehicle to be transported to a health facility.⁸ This not only affects COVID-19 patients but also those with chronic diseases that need regular access to medication. Generally, about a third of all refugee households (36%) are unable to access medicine when needed, and this might have been further exacerbated by the COVID-19 restrictions.⁷ The COVID-19 restrictions also affect those who seek to access specialized services. KIs from the health and protection sectors noted that travel restrictions and overwhelmed health facilities act as barriers to accessing reproductive services, in particular for (expectant) mothers, as well as adolescents and youth, will have an impact on birth outcomes and teenage pregnancies. One district-level KI emphasized that those with diseases that bear stigma, such as HIV, face particular challenges in accessing medication during the current lockdown, and noted that there have already been HIV-related fatalities as patients are unable to access drugs. This is in line with trends observed during the first lockdown by the Inter-Agency Rapid Gender Analysis (RGA), during which the pandemic was reported to have affected the accessibility of maternal new-born and child health, as well as HIV services due to a lack of adequate transportation and community outreach.¹⁶ One response actor in the health sector mentioned that cases of malaria, pneumonia and diarrhea may have increased due to the suspension of interventions; this trend also appeared in the Ministry of Health's malaria update of May 2021.¹⁵

Mental health and psycho-social support

Access to mental health and psycho-social support (MHPSS) services is a core aspect of a sustainable response to COVID-19, especially considering the impact of the pandemic and the lockdown measures on mental health.⁶ Given pre-existing traumas and challenges to meet their basic needs, refugees seem to be disproportionately affected by mental health issues, including depression; more than half (54%) of refugees reported being depressed, compared to 5% of the host population.⁷ According to the HFPS, among refugees who reported having experienced at least one depression symptom, more than half indicated that these depression symptoms made components of their lives 'extremely hard' or 'very hard'.⁷ KIs added that there is a general lack of available services, in particular for the management of severe cases which require immediate and long-term psychiatric support. Due to a combination of COVID-19 measures, reduced food rations and increased domestic and sexual violence, reported suicides have been on the rise among refugees.⁸ In fact, the number of attempted and completed suicides among refugees in 2020 increased by 129% compared to 2019, with a total of 347 reported suicide incidents in 2020.⁹ In the first quarter of 2021, this number seems to continue to increase, with 76 recorded incidents so far.⁹ Beyond the need for MHPSS for refugees, KIs mentioned the importance of providing MHPSS to humanitarian workers and teachers as well.

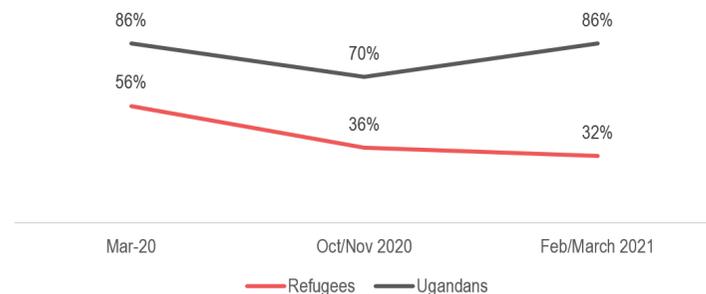
Nutrition

The combination of food ration cuts, increased food prices, and the reduction of household livelihoods risks making refugees households unable to optimally meet their minimal dietary requirements in terms of both dietary diversity and adequacy. As a result, KIs urged to closely monitor all forms of malnutrition; stunting and anemia in all settlements, and Global Acute Malnutrition (GAM) particularly in West Nile, given the relatively high GAM prevalence prior to the COVID-19 resurgence.

LIVELIHOODS

As a result of the COVID-19 restrictions, many refugees have lost their livelihoods, especially considering they were usually engaged in informal employment or depended on travelling to the host community for work.⁸ In addition, many refugees are still affected by the loss of livelihoods and income as a result of the first lockdown in 2020; by March 2021, employment rates had fallen to 32%, which is a reduction of 24 percentage points in comparison to pre-lockdown times (see Figure 3).⁷ The COVID-19 restrictions also seem to have affected refugee entrepreneurs, as the ownership of businesses among refugees fell from 37% (in March 2020) to 23% (in March 2021).⁷ Interestingly, while employment rates and family business had not recovered since the first lockdown among refugees, improvements were observed among Ugandans.⁷

FIGURE 3. PERCENTAGE OF HFPS RESPONDENTS REPORTING BEING UNEMPLOYED⁷



The loss of employment and the closure of businesses has led to a decrease in income. According to the RGA, 58% of refugee respondents reported a decrease in income following the first COVID-19 lockdown. Among those who reported paid work as their main income activity, this percentage even rose to 70%.¹⁶



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As a result of limited livelihoods opportunities and low levels of income, about half of the refugees participating in the high frequency phone survey between October 2020 and March 2021 are estimated to live under the poverty line.⁹ The situation may be deteriorating even further, as KIs noted that refugees have been employing negative livelihoods coping mechanisms to deal with the effects for the past and current lockdowns, thus impacting their ability to cope with future shocks. Negative coping strategies employed by refugees reportedly include the sale of their productive assets, as well as child marriage and sex work. These coping mechanisms were also reported by the RGA, which identified theft, survival sex work and child marriage as strategies employed by households following the first lockdown.¹⁶ Multiple KIs reported that teenage pregnancies as well as instances of marriages of young girls had increased during the COVID-19 resurgence period. Intensifying household food production, increasing cash injection into local economies, and improving access and uptake of affordable credit were the main priority areas highlighted to ensure better access for refugees to livelihoods.

FOOD SECURITY

The COVID-19 restrictions and related challenges for refugee livelihoods coincide with general reductions in rations as a result of funding cuts. Due to these cuts, monthly rations have reduced by 40% from 31,000 UGX to 19,000 UGX (about \$5,40) per person. In addition, according to WFP's mobile Vulnerability Analysis and Mapping (MVAM), nearly 40% of refugees in settlements were already food insecure before the onset of the COVID-19 resurgence.¹⁰

The lockdown measures severely affect refugees' ability to find food to supplement the reduced rations. Besides reductions in livelihoods and income, mentioned above, refugees in settlements are no longer able to travel to host communities and find alternative sources of food or income, and KIs stressed that food has become unaffordable for refugees due to increased food prices in markets. According to KIs, markets themselves have also become increasingly inaccessible due to the limitations on transportation. Refugees' ability to buy staple foods seem to be particularly affected in Kampala; even before the current lockdown, in March 2021, more than half of the refugee households in Kampala (55%) reported being unable to purchase main staple foods, compared to 26% of refugee households in the South West region and 28% of refugee households in the West Nile region.⁷

EDUCATION

As a result of the COVID-19 measures, schools have been forced to close, not long after a phased reopening had begun on 1st March 2021. In the current situation, most children are offered access to distance learning

through radio programs, yet not all areas in refugee settlements are covered by these programs, and not all refugees have access to radio and electricity. In addition, early childhood learners and lower primary schools remain without an education response, and interventions to improve literacy are urgently needed.⁸

Further, school closures have not only affected children's access to education, as the consequences are felt in a number of areas. Several sector leads highlighted an increase in protection concerns due to the ongoing closure of education facilities, such as violence against children, child pregnancies and child marriage (see section on "Child Protection" below). This is in line with trends observed during the previous lockdown, as the RGA highlighted an increase in teenage pregnancy and child marriage for girls, and an increase in alcohol and drug abuse, theft and violence among boys as a consequence of school closures.¹⁶ In addition, KIs reported that the ongoing closure of schools removes the possibility for children to receive free meals at school, and could therefore further increase food insecurity and malnutrition.

WATER, SANITATION AND HYGIENE

Water, sanitation and hygiene (WASH) facilities are paramount to an effective response to COVID-19, and many KIs emphasized the urgent need to strengthen these facilities across refugee settlements. Overall, about a third (36%) of refugee households reported in March 2021 that they do not have access to a sufficient daily quantity of water.⁷ The additional WASH needs to comply with COVID-19 Standard Operating Protocols (SOPs) (such as regular handwashing) increases pressure on existing water sources and is particularly challenging for those refugees who live far from a water source. Sector leads stressed the need to strengthen the capacity of refugees to store water at household level to reduce the need for refugees to make several trips to these water points every day. In addition, KIs expressed the need for funding to maintain a monthly distribution of 250g of soap per person, or even to scale it up to 500g per person per month as was done during the previous COVID-19 infection wave, to enable refugees to follow guidelines for handwashing.

Longer-term WASH needs arising from COVID-19 were also identified by KIs, who mentioned that the strengthening of WASH facilities at public institutions, such as schools, places of worship and health facilities, is essential for effective infection prevention and control. According to the UNHCR Resurgence Plan, they currently "do not meet the desired threshold for the effective implementation of recommended practices."¹⁶ In addition, given the large-scale distribution of single-use PPE, such as masks, effective waste management will also become important.



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SHELTER AND NON-FOOD ITEMS

In the shelter sector, the COVID-19 resurgence has given rise to three main concerns: firstly, tents and shelter materials are needed for isolation facilities given the limited ability for refugees to isolate at home. Secondly, KIs noted the needs of persons with special needs (PSNs) whose shelters have been damaged, and who are unable to access materials or repair their homes. This is especially important as refugees are currently spending more time in their shelters. Thirdly, urban refugees often rent their homes, and due to reductions in livelihoods as a result of restrictions, some are likely to be unable to pay rent, and consequently risk eviction (see section on “Urban Refugees” below).

ENVIRONMENT AND ENERGY

In addition, electricity is paramount for effective healthcare delivery. According to the sector leads, only 7 out of the 89 health facilities in refugee settlements are connected to the electricity grid. Further, although 61 health facilities are supplied by solar systems, these generally have limited capacity and are unable to support an increase in electricity use. A lack of energy also affects access to information, such as through radios and mobile phones, and could impact the ability of students to access distance learning. Generally, COVID-19 has highlighted the need for refugees to access mobile phones and radios to receive information and stay connected.

VULNERABLE GROUPS

PERSONS WITH SPECIAL NEEDS (PSN): According to KIs, PSN regularly face additional barriers to access services. As they are unable to use public transport or private vehicles, access to basic services is generally only possible on foot, which limits the possibility of persons with reduced mobility to access these services. In addition, given the additional time it takes to access basic services as a result of the COVID-19 restrictions, households with PSNs often face conflicting responsibilities, such as taking care of vulnerable family members, which may make them less likely to be able to access basic services. In addition, they might not have an extensive social network to rely on for support. PSN may also face barriers to access information, as they might have visual or hearing impairments.

CHILD PROTECTION: The refugee population in Uganda includes about 860,000 children, a large number of whom have specific child protection risks or medical needs and disabilities.⁹ Sector leads reported that ever since the first COVID-19 wave, beginning in March 2020, child protection needs increased, starting with the separation of families as land borders closed and public transport became inaccessible. In addition, they emphasized that the closing of schools has reportedly led to an increase in child labor and violence against children, including sexual and gender-based violence. Among children, those with single parent caregivers who themselves have been exposed to protection risks are particularly vulnerable; given the reduction in food rations, children of single caregivers are often forced to contribute to household responsibilities or enter into marriage to alleviate the economic strain on the household, according to KIs. Finally, given the potential increased mortality as a result of COVID-19, KIs flagged that child protection issues are also likely to arise if the need for alternative care options increases because children have lost a caregiver. It is anticipated that child protection concerns will continue to rise beyond the current lockdown, as negative coping mechanisms to recover from the socio-economic consequences of the COVID-19 restrictions will continue to put children’s protection at risk.

GENDER-BASED VIOLENCE (GBV): As a result of COVID-19 and related measures, an increase in GBV and teenage pregnancies was reported by KIs. This is in line with trends identified in the 2020 lockdown, when GBV was found to be on the rise, while simultaneously GBV services were less accessible to survivors due to movement constraints related to lockdown measures.¹¹ In fact, the number of reported incidents of GBV almost doubled in 2021 compared to the first quarter of 2020.⁹ According to sector leads, the increase in GBV incidents is driven by the loss of household income due to the COVID-19 restrictions, which has led to domestic violence and the commoditization of girls. In addition, they mentioned that due to an inability to meet basic needs, some women and girls are resorting to negative coping mechanisms, such as transactional sex. Sector leads also noted the effect of increased drug and alcohol abuse during the lockdown as triggers for domestic violence.

URBAN REFUGEES: Sector leads and Kampala-based KIs pointed out the particular challenges faced by urban refugees, as they are expected to be more self-reliant, and often sustain themselves as daily laborers. Due to the volatility of their income sources, KIs stressed that they are particularly affected by the lockdown measures as they are unable to make a living and meet their basic food needs. The restrictions and loss of income has increased the risk of households becoming food insecure and malnourished due to the limited ability of refugees to meet their daily dietary needs. In addition, urban refugees often do not have the option to create a small kitchen garden – which is relatively common for refugees living in settlements –



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and therefore cannot complement their food intake using their own small-scale crop production, according to KIs. Finally, they may also be at risk of eviction, as many live in rented homes. According to one KI, urban refugees feel a 'sense of abandonment', and some have chosen to return to their home countries as a result.

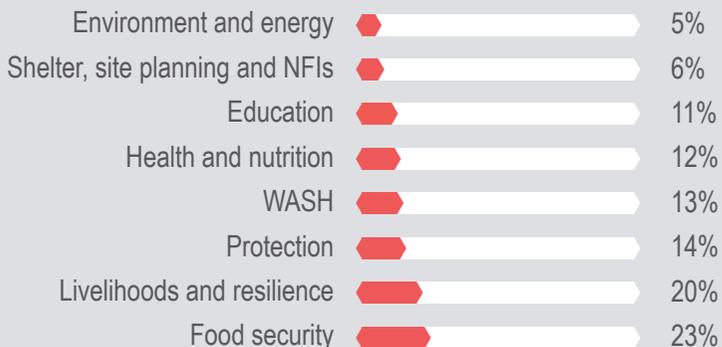
AGGRAVATING FACTORS

PRE-EXISTING NEEDS AND VULNERABILITIES

The impact of COVID-19 and related preventive measures compound existing high levels of needs and vulnerabilities among refugees in Uganda. According to the 2019 Vulnerability and Essential Needs Assessment (VENA), 91% of refugees are considered highly economically or protection-specific vulnerable.¹² In addition, according to the HFPS, every refugee household interviewed in March 2021 experienced at least one socio-economic shock in the month preceding the interview.⁷

The high levels of needs and vulnerabilities are related to a lack of funding. In fact, only 21% of the 2020-2021 Refugee Response Plan (RRP) was funded as of 31st March 2021 (see Figure 4).¹³ In fact, according to the HFPS, the share of refugee households that did not receive any social assistance rose from 7% in March 2020 to 15% in March 2021.⁷ This trend was particularly visible in Kampala, where the percentage of households that did not receive assistance increased from 31% to 86%.⁷

FIGURE 4. PERCENTAGE OF THE RRP FUNDED IN Q1 2021, BY SECTOR



KIs often pointed out that it is the combination of pre-existing needs and vulnerabilities, funding shortfalls which have caused a decrease in monthly rations, and COVID-19 restrictions that are driving the current crisis. KIs warned that these factors combined may lead to increased food insecurity and malnutrition, as refugees are no longer able to supplement their rations, as well as MHPSS issues, such as the increase in the number of suicides among the refugee population.

Due to these pre-existing vulnerabilities, refugee populations are increasingly adopting negative coping mechanisms to manage these multi-dimensional shocks. The HFPS demonstrated that in response to a loss of income, refugees most commonly reduce their food consumption. While Ugandans are often able to rely on savings, 42% of Ugandans reporting using savings as a coping mechanism in response to shocks, this strategy was only used by 6% of refugee households in March 2021.⁷

OUTLOOK

Although the evolution of the COVID-19 crisis will depend on a number of unpredictable factors, KIs flagged several concerns for the medium and long-term future:

- There is a need to continue to support beyond the emergency response to COVID-19 to ensure that the more complex impacts of COVID, including those affecting education, livelihoods, protection, MHPSS, energy and environment are addressed.
- The continued arrival of new refugees, the ration cuts which are not guaranteed to be reversed, and the COVID-19 crisis have highlighted the need to increase the refugee populations' economic independence and access to livelihoods so as to avoid having to depend on insufficient rations in the long-term.
- MHPSS needs are likely to increase as a result of the lockdown, economic stressors and potential post-traumatic stress among families that have lost relatives as a result of COVID-19.
- The long-term closure of schools is causing increased child protection needs, as violence against children is on the rise, and an increase in child marriages and child pregnancies has been reported. The school closures may also increase learning disabilities and gaps as well as the number of school drop outs.
- The re-opening of schools and other public facilities will need to go hand in hand with measures to strengthen infection prevention, such as the provision of WASH facilities and supplies.



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RESPONSE CAPACITY

The extent of the described needs amongst refugee populations in Uganda cannot be met adequately using the currently available resources. Not only do financial resources fall short of what is required to support pre-existing basic needs (see section on “pre-existing needs and vulnerabilities” above), but COVID-19 preventative measures both further increase the amount of resources needed and inhibit the access of some humanitarian actors to access and adequately support vulnerable populations.

Humanitarian organizations face additional burdens due to increased costs needed to adequately respond to humanitarian needs in the context of COVID-19. Costs related to the testing of staff, their potential evacuation, PPE and treatment have increased, especially considering humanitarian workers themselves have been affected by the COVID-19 pandemic, further complicating the humanitarian response to rising needs amongst populations in need.

Only humanitarian actors involved in life-saving service provision were able to physically access settlements to provide assistance due to movement restrictions put in place in June to mitigate the impact of COVID-19. This restriction has decreased the ability of many humanitarian actors to meet non-emergency related needs. Other constraints to providing assistance have included the limit of only 10% of staff able to be physically present in the office¹⁴, incidence of staff illness as well as increased need for them to self-isolate due to be in contact with a confirmed COVID-19 case.

Overall, humanitarian response capacity to provide a comprehensive response to refugees and host communities has decreased just as the needs of the vulnerable refugee population have increased dramatically. Creative solutions continue to be found, however it is not possible in all situations. One KI pointed out that qualified healthcare workers amongst the refugee population can often not contribute to the response despite their experience due to restrictions related to their nationality.

Finally, several KIs mentioned the need for increased cross sectoral coordination to strengthen cohesiveness and increase efficient use of allocated resource. One KI stressed the need to work together to ensure the most vulnerable refugees are identified and efforts are not duplicated despite the size of the humanitarian response in Uganda. The need for increased flexibility of funding was stressed by KIs and humanitarian partners, including sharing of resources and facilitating the transfer of funds between projects to ensure a more effective response coordination.

METHODOLOGY

- This rapid briefing note presents findings from a rapid assessment on the effects of the COVID-19 resurgence for refugees in Uganda. It was conducted from 30th June to 9th July 2021 in partnership with UNHCR, the Refugee INGO Network (RINGO) and ACTED.
- The rapid assessment is based on a review of secondary data, 26 structured KI interviews, and informal consultations with members of the humanitarian community. Organisations and coordination structures that have been interviewed or consulted include sector and sub-sector leads, the Office of the Prime Minister, members of COVID-19 district-level task forces and representatives of the civil society.
- The KIs have been selected on the basis of their expertise on the current situation in the refugee settlements and the coordination of its response. Interviews were conducted via phone or by internet with pre-developed and semi-structured questionnaires.
- Several organisations and coordination structures have been consulted to triangulate information and obtain specific information on their sectors or topics of expertise.
- The secondary data review included publicly available information sources (reports, press releases, meeting minutes, etc.) and information sources that have been distributed bilaterally.
- Due to the methodology used for the assessment, findings are indicative only, providing a general overview of the current situation and needs of the refugees assessed in this assessment.



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NOTES

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ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT)

As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently working to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. Updates regarding REACH's response to COVID-19 can be found in a [devoted thread](#) on the REACH website. Contact geneva@impactinitiatives.org for further information.