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GRADUATING TO RESILIENCE



CONTEXT REPORT

ROUND JUNE 2020

Kamwenge, Uganda.



“This publication is made possible by the generous support of the American people through the Office of Food for Peace, the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. AID-FFP-A-17-00006”. The contents are the responsibility of AVSI Foundation and Graduating to Resilience and do not necessarily reflect the views of USAID or the United States Government.”

Graduating to Resilience is implemented by AVSI Foundation in partnership with



ACRONYMS

BHA – Bureau for Humanitarian Assistance

AVSI – AVSI Foundation

HH – Household

VSLA – Village Savings and Loans Association

M&E – Monitoring and Evaluation

UNHCR – United Nations High Commissioner for Refugees

MOH – Ministry of Health

GOU – Government of Uganda

SOP – Standard Operating Procedure

PO – Program Officer

CBT – Community-Based Trainer

NGO – Non Governmental Organization

QCS – Qualitative Case Study

GBV – Gender-Based Violence

WFP – World Food Program

IPA – Innovations for Poverty Action

RCT – Randomized Control Trial

IGA – Income Generating Activity

OPM – Office of the Prime Minister

LDU – Local Defence Unity

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Background

Graduating to Resilience (the Activity) is a USAID Bureau for Humanitarian Assistance (BHA) funded Activity led by AVSI Foundation (AVSI) in partnership with Trickle Up and IMPAQ International (the consortium), which seeks to test the Graduation Approach's ability to graduate ultra-poor refugee and host community households (HHs) in Western Uganda from conditions of food insecurity and fragile livelihoods to self-reliance and resilience. This seven-year Activity will engage 13,200 HHs in two 30-month cohorts in Kamwenge District; these HHs are economically active but unable to meet their basic needs consistently without some form of assistance. Fifty percent of participants will be selected from the host community and fifty percent are refugees from Rwamwanja Refugee Settlement within the same district. The Activity is testing three variations of the Graduation Approach to identify the most effective and efficient approach to reach ultra-poor refugee and host community populations (Exhibit 1). The first cohort of implementation comprised of 3,304 host community HHs and 3,325 refugee community HHs¹; implementation began in January 2019.

PROGRAM COMPONENT	ARM 1 STANDARD GRADUATION	ARM 2 GROUP COACHING	ARM 3 EMPOWERMENT MODEL
Consumption Support	●	●	●
Livelihood Skills Training and Support	●	●	●
Savings and Financial Inclusion	●	●	●
Asset Transfer	●	●	—
Coaching	INDIVIDUAL	GROUP	INDIVIDUAL
Linkage and Referrals	●	●	●

Exhibit 1: Components by Treatment Arm

On 18 March 2020, the President of Uganda addressed the nation and announced 13 restrictions, including a ban on groups larger than 10 people for 30 days. To respond to these directives, the Activity temporarily disbanded Village Savings and Loans Associations (VSLAs) and the group coaching component of the Activity. The Activity modified the Monitoring and Evaluation (M&E) training that were scheduled to take place the following week so that no more than 10 people would be at a training location at one time.

However, during this training on 25 March 2020, United Nations High Commissioner for Refugees (UNHCR) informed AVSI personnel that they could not implement any components of the Activity as only health projects could continue during the COVID-19 restrictions. This severe interpretation of the national Ministry of Health (MOH) restrictions surprised AVSI staff, but regardless, AVSI complied and stopped all field operations.

On 31 March, the Government of Uganda (GOU) locked down the country officially. In response to the global COVID-19 pandemic, the GOU acted swiftly to halt the spread of the virus within its borders. On 31 March 2020, the GOU banned all forms of public transport as well as large gatherings, including schools, religious events, weddings/funerals. All non-essential shops, meaning those not selling food, closed. Such orders resulted in significant restrictions of movement for citizens and residents, and additionally, price hikes on food and basic necessities, reduced income, and greater food insecurity.

This full lockdown lasted 65 days and on 4 June 2020 the GOU began re-opening the country slowly by allowing matatus (minibus) to operate with fifty percent capacity and expanded the number/type of shops that could open, providing these places followed GOU's guidance of standard operating procedures (SOPs).

¹ As of 10 July 2020, the Activity included 5,798 active HHs, representing an approximate drop-out rate of 12.5 percent.

Objective

While the situation remains relatively calm and staff have been able to adapt activities for remote-based implementation, the Activity decided to carry out two sequenced context assessments to understand how the restrictions are affecting participants. The first round of the assessment occurred in April 2020 when the GOU first imposed national restrictions. These assessments aimed to elicit information on access among participants, participants' knowledge of COVID-19 information (Participant Awareness), impact of restrictions on participants lives (Participant Experience), as well as the impact on surrounding markets both from a supply and demand perspective (Market Research)¹. A second data collection took place in June 2020 to revise previous tools to better reflect the evolving context and understand how this changing environment affects participants and markets, which has been helpful for decision-making based on the most current information.

Methodology

In the most recent context assessment, the consortium carried out four surveys (two Participant Experience surveys and two Market Assessment surveys) each delivered to different samples of respondents via telephone interviews with the participants and traders between 16–24 June 2020. Sampling the same participants and traders from the first context assessment, coaches collected data from HHs across the five sub-counties of operation: Bwizi, Biguli, Bihanga, Nkoma, and Nkoma-Katalyeba Town Council. Exhibit 2 details the sampling for the 1620 Participant Experience survey respondents.

Participant Experience Surveys						
Participant Experience Survey 1	Participant Type					
	Host	412	Refugee	408	Total	820
	Sex of Respondents					
	Female	763	Male	57		
	Treatment Arms					
Arm 1	212	Arm 2	280	Arm 3	328	
Participant Experience Survey 2	Participant Type					
	Host	391	Refugee	409	Total	800
	Sex of Respondents					
	Female	761	Male	39		
	Treatment Arm					
Arm 1	277	Arm 2	260	Arm 3	263	

Exhibit 2: Participant Experience Survey Sampling

While coaches engaged with participants, Program Officers (POs) and Community-Based Trainers (CBTs), captured information from 90 traders, covering regional (upstream) and local markets. Exhibit 3 details the sampling for the two Market Assessment surveys.

Market Assessment Surveys						
Trader Survey 1	Trader Location					
	Host Community	15	Refugee Settlement	4	Upstream Market	23
	Total Traders Target and Reached					
Target	49	Contacted on Phone	46	Consented to Interview	42	
Trader Survey 2	Trader Location					
	Host Community	22	Refugee Settlement	7	Upstream Market	19
	Total Traders Target and Reached					
Target	51	Contacted on Phone	48	Consented to Interview	41	

Exhibit 3: Market Assessment Survey Sampling

Additionally, qualitative data was used from the qualitative case study interviews¹ (QCS) conducted in June 2020. Twelve out of the targeted 20 interviews were conducted, eight with host community participants and four with participants from the refugee settlement. Three respondents were from treatment arms two and three each, while six respondents were from treatment arm one. Difficulties with the remote data collection methodology limited the ability to reach all HHs during this time period.

Findings

Participant Experience

The two surveys sought to understand the participants' current experiences approximately 2.5 months after the lockdown began and as the country begins to relax restrictions on business operations and transportation. These two surveys contain a mix of questions related to COVID-19 preventative practices, resilience, gender-based violence (GBV), risk of theft, business, transport, and market dynamics.

COVID-19 Preventative Practices

Information on participants' uptake of certain COVID-19 preventative measures and their challenges associated with some practices were collected as these could help structure coaching messages around preventing the spread of COVID-19. Additionally, this information was also considered helpful in informing SOPs related to in-person implementation of activities, such as when and how to resume in-person coaching. **Almost all respondents in the host community (99.7 percent, n=386) and the refugee community (99.0 percent, n=403) reported washing their hands frequently for 20 seconds or more with soap and water.**

This information matches qualitative data collected in June 2020 where participants stated that due to prior coaching lessons on water, sanitation, and hygiene (WASH) they already had handwashing stations and thus could implement the MOH regulations easily. **Additionally, 92.5 percent (n=358) of host community respondents and 80.6 percent (n=328) of refugee respondents stated they wore a mask when outside of the home.** For the few who reported not wearing masks, when asked why they did not wear a mask, the most common responses were related to cost, accessibility, waiting for government distribution, and among the refugee community comfort; this is further elaborated in Exhibit 4 below.



coaching on handwashing and general hygiene prior to the lockdown has been helpful because she already understood these practices before the president announced a directive for people to wash their hands with soap, which made it easier for her to continue handwashing and doing so with increased frequency.

Host community participant, Arm 2, QCS

Reasons for Not Wearing a Mask						
	Host Community			Refugee Settlement		
	N	Total	%	N	Total	%
Cost is too high	10	29	34.5%	13	60	21.7%
Difficult to find	9	29	31.0%	17	60	28.3%
Waiting for government to distribute	7	29	24.1%	20	60	33.3%
It is not comfortable/difficult to breathe	2	29	6.9%	27	60	45.0%
I do not have to wear one as I am not sick	7	29	24.1%	9	60	15.0%
Other	10	29	34.5%	13	60	21.7%

Exhibit 4: Reasons for Not Wearing a Mask

Notably, since the April 2020 context data collection, the number of people implementing six of the nine preventative practices increased in the host community and the number of people implementing all nine preventative practices also increased in the refugee settlement. Common preventative practices in the host community and refugee settlement in June are keeping 4 meters away from other people (host community: 57.1 percent, n=221; refugee settlement: 52.1 percent, n=212); avoiding contact with anyone who has a cold or flu-like symptoms (host community: 24.8 percent, n=96; refugee settlement: 56.5 percent, n=230); and not attending churches, mosques, or other large gatherings (host community: 55.6 percent, n=215; refugee settlement: 72.5 percent, n=295).

¹ Qualitative Case Studies are interviews with the same 20 HHs each quarter to 1) track their progress over time, 2) ask specific contextual questions to participants, 3) receive feedback from participants on operations.

In the refugee settlement a large number of participants also noted covering their nose and mouth when sneezing or coughing with a tissue or bent elbow (51.8 percent, n=211); observing the 7 pm curfew (46.2 percent, n=188); avoiding non-food markets and non-essential shops (43.2 percent, n=176); and not touching eyes, nose, and mouth (49.1 percent, n=200). While both host and refugee participants increased the use of preventative practices, there appears to be greater adherence among all practices in the refugee settlement. This may be due to stronger messaging from non-governmental organizations (NGOs), GOU, and United Nations Agencies working in the settlement or the proximity of HHs to one another, thus accentuating the importance of observing the public health recommendations.

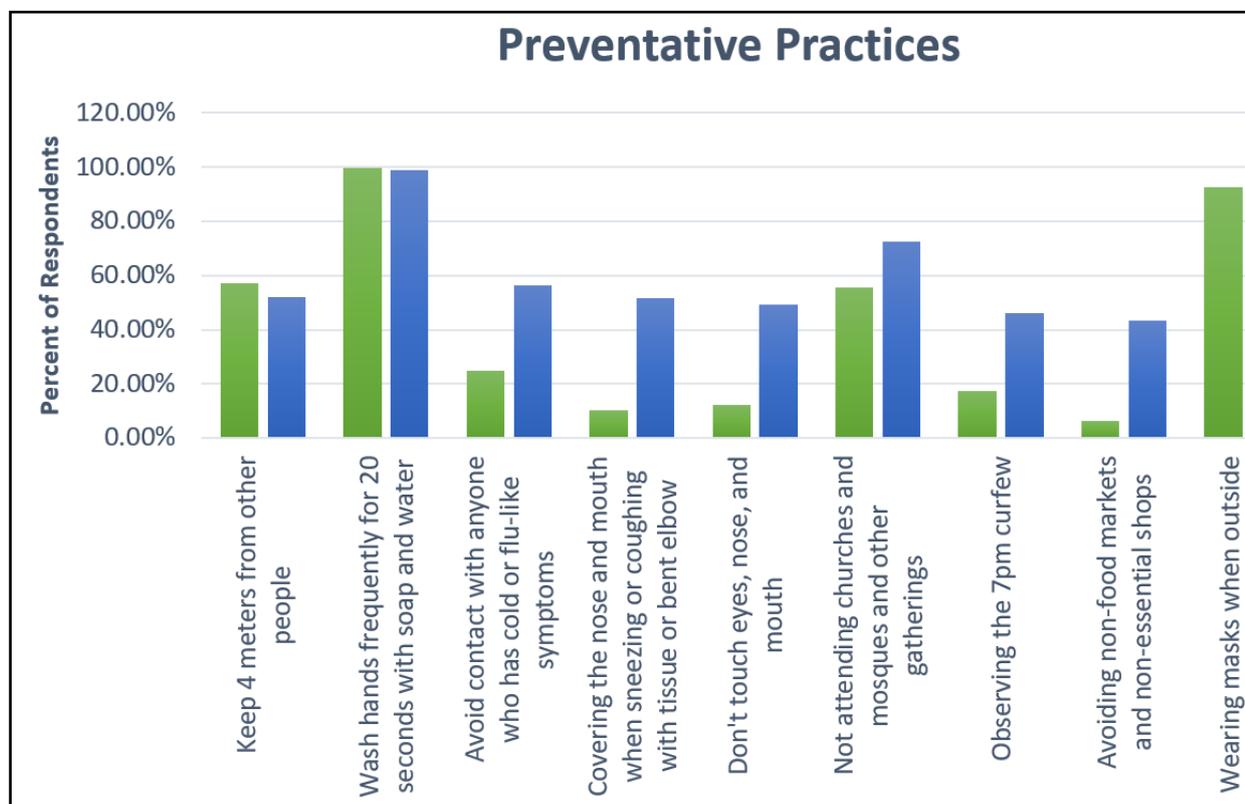


Exhibit 5: Preventative Practices by Host Community and Refugee Settlement Participants*

* Other was not included in this count as most options provided for other are duplicates of the nine preventative practices provided.

Resilience: Preparations for COVID-19

Of the HHs interviewed, 86.7 percent (n=357) of host community HHs, and 89.2 percent (n=364) of refugee HHs said they took steps to prepare for COVID-19 and the lockdown. When comparing across treatment arms, 89.2 percent (n=189) of arm one, 91.1 percent (n=255) of arm two, and 84.5 percent (n=277) of arm three respondents said they took preemptive measures to prepare for COVID-19 restrictions. The measures taken by HHs interviewed included storing food (host community: 97.8 percent, n=349; refugee settlement: 98.1 percent, n=357);

HH members that were away returned home (host community: 13.2 percent, n=47; refugee settlement: 15.7 percent, n=57); weeding gardens located further from the home¹ (host community: 9.8 percent, n=35; refugee settlement: 9.1 percent, n=33); and selling stock at their business (host community: 9.0 percent, n=32; refugee settlement: 14.6 percent, n=53). The large number of HHs that took positive, proactive measures to prepare for COVID-19 restrictions indicates increased self-efficacy². These HHs saw an impending shock or challenge, planned accordingly, and implemented that plan for the betterment of themselves and their HHs, indicative of absorptive capacity and resiliency.



She has managed some degree of resilience during COVID-19, and she attributes the lack of stress to all the planning and hard work that she and her HH have put in to ensure continuous food security.

Host community participant, Arm 3, QCS

¹ It is common for HH members to work in other locations such as Kampala, Mbarara, Fort Portal, or the Democratic Republic of Congo (DRC).

² As defined by psychologist Albert Bandura, who originally proposed the concept as, "how well one can execute courses of action required to deal with prospective situations." <https://www.apa.org/pi/aids/resources/education/self-efficacy>

Resilience: Food Stored

Storing food was the primary method of preparing for COVID-19. Longer duration food storage (sufficient stock for 15-30 days or more than 30 days) increased among participants in both populations between the April and June context assessments. This aligns with the data that most HHs stored food as a coping strategy in the face of COVID-19 restrictions as well as the qualitative case studies where most HHs interviewed reported storing food.

It should be noted that while 50.0 percent of refugee respondents have food stored for these longer periods of time, which demonstrates an increase in the number of respondents since April, 50.0 percent of refugee respondents continue to only have enough food to last 1 day, 2-6 days, and 7-14 days (Exhibit 6). Host community participants reported storing more food than participants in the refugee settlement (Exhibit 6). This is likely due to host community participants' greater engagement in on-farm income generating activities (host community: 38.5 percent, n=149; refugee settlement: 13.5 percent, n=55) and the closer proximity of farms to the households in the host community (34.9 percent (n=97) of host community respondents reported they were able to keep their business open during the COVID-19 restrictions because their farm was close to the house compared to 26.5 percent (n=58) of respondents in the refugee settlement). Additionally, host community participants have larger plots of land (0.96 acres in the refugee settlement compared to 6.4 acres in the host community)¹ allowing for more crop production.

Finally, participants in the refugee settlement are likely to report less food stored because of the reduction in the World Food Program (WFP) monthly rations^{2,3,4}, that occurred during this time period. This may affect food storage for two reasons: 1) HHs have less food or cash to meet their basic needs at a time period when there are more HH members in the home⁵ and 2) WFP began distributing rations every two months. This false sense of plenty may make it more difficult for HHs to plan for the future and store food for longer periods of time. Poor harvests and uncertain economic recovery could put HHs at risk of food insecurity in the coming weeks, thus messaging around planning for the future from Coaches and CBTs is paramount.



She has been able to reserve food, especially beans and tomatoes, to maintain an adequate food supply for her family. She attributes some of this success to savings skills acquired through the Activity and lessons learned regarding agronomic practices and backyard gardening.
Host community participant, Arm 3, QCS

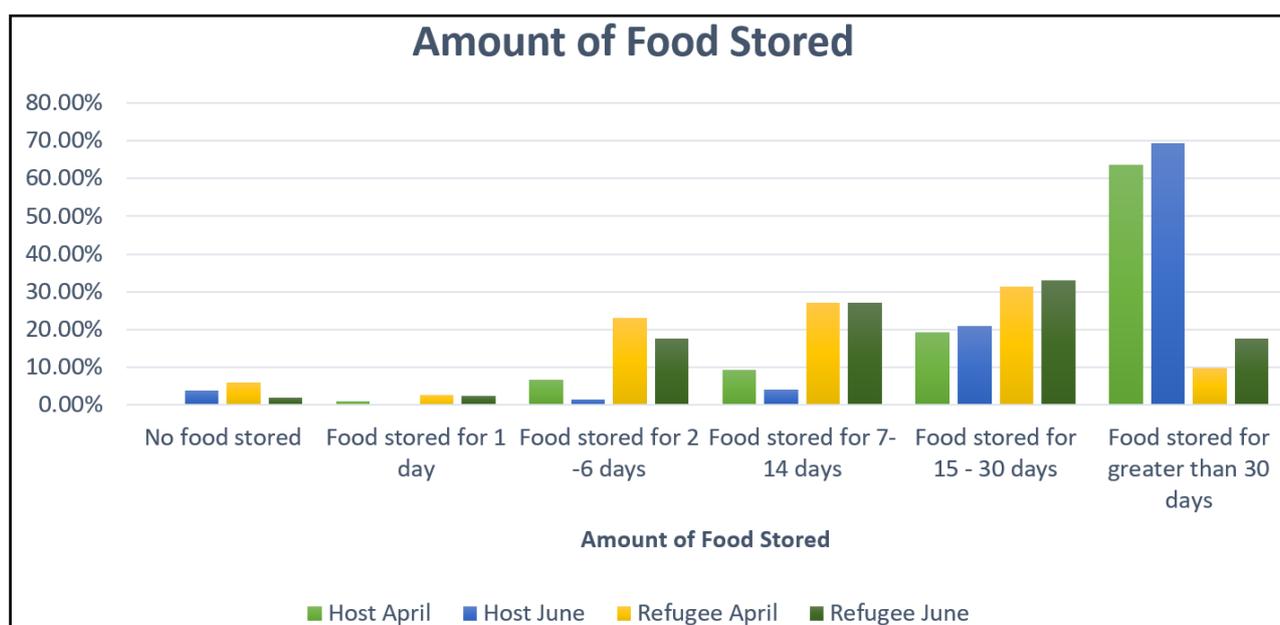


Exhibit 6: Amount of Food Stored Over Time by Participant Group

¹ Labor Market Assessment, July 2018

² Because of this funding shortage, from the fourth distribution cycle of the year in April onwards, all refugees and asylum seekers living in all settlements in Uganda will receive a 30 percent general food assistance ratio reduction from WFP until further notice. This applies to both in-kind food and cash assistance, and the reductions are the same for both. (WFP, GOH, UNHCR Community Key Message, April 2020).

³ However, the average cost of the MEB in July 2020 was 454,571 UGX, of which the food component of the MEB accounted for 284,393 UGX (a reduction by 10 percent and 15 percent, respectively, compared to March 2020). (WFP Market Monitor – Refugee Hosting Areas: Refugee Settlement Price and Market Functionality Snapshot, 1-14 July 2020)

⁴ Additionally, the WFP transfer value could on average cover 100 percent of the cost of the General Food Assistance (GFA) food basket in all settlements in the first half of July 2020.

The situation has continued to improve since June 2020 compared to April and May 2020 when the cash transfer value could not cover the entire cost of the food basket cost.

(WFP Vulnerability Analysis Mapping (VAM) Food Security Analysis, Market Update, 1st-14th July)

⁵ There are more HH members in the home due to school closures and restricted movements of people.

When looking at food stored by treatment arm, and considering the greatest quantities of food stored—either 15-30 days or greater than 30 days – treatment arm two has the highest proportion of participants achieving this (77.5 percent, n=217), which is particularly impressive considering the length of time lockdown had been in place as well as reports of a particularly dry growing season. It is also important to note the success of treatment arm three in storing food during this time period. Combining these two options (food stored for 15-30 days and greater than 30 days), arm three reports 67.7 percent of respondents (n=222). Meanwhile, in treatment arm one, 66.1 percent of participants (n=137) stated they could store food for this duration.

Resilience: Savings

Similar to food storage, positive trends were seen in the amount of savings held by participants. In both participant communities, the percent of HHs with savings amounts for shorter time periods (no savings, enough savings for 2-6 days) decreased between the April and June data collection points, while the percent of HHs with savings amounts to cover longer periods of time (7-14 days, 15-30 days, and greater than 30 days) increased from 53.8 percent to 74.0 percent in the host community and from 44.5 percent to 55.2 percent in the refugee settlement (Exhibit 7). These results highlight that many HHs are able to bounce back from the initial shock of the public health restrictions and are able to adapt to the new context; a key feature of resiliency.

HHs in the QCS reported continuing to save in their homes, using Mobile Money, saving their money with friends, and purchasing livestock. Savings could also have increased as VSLA groups resumed operating in a modified version (mini – groups of five people) in late May to early June. When asked if they were able to save in the re-activated groups, almost all participants in the host community (97.3 percent, n=401) and refugee community (96.1 percent, n=392) said yes. The 27 respondents in the assessment who were unable to save, provided the following reasons: not having extra money (n=15); distance of VSLA (n=2); not having a mask (n=1) (a requirement to participate in the modified VSLA groups); and other (n=9), which included responses such as being hospitalized, recently giving birth, a sick child, and stalled businesses.



She mentioned that she has been unable to access her savings due to the COVID-19 restrictions rather than depositing any extra income into the VSLA group (as she would normally have done), she is investing in buying and raising livestock like chickens, goats, and pigs.

Host community participant, Arm 2, QCS

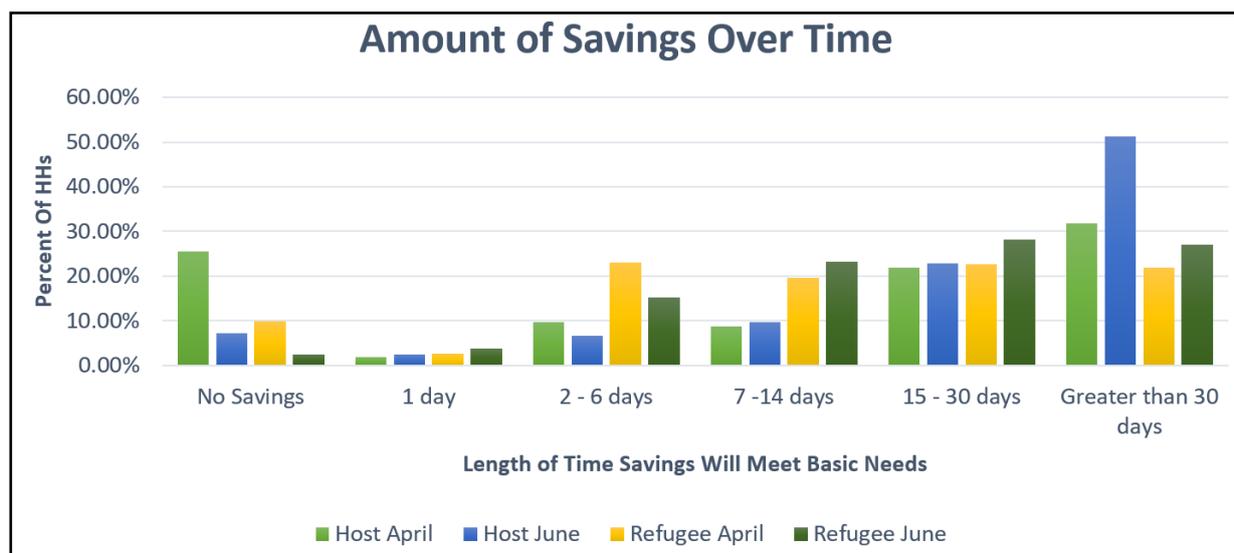


Exhibit 7: Length of time saving can meet Basic Needs by Participant Group

Resilience: Coping Strategies

In both April and June, participants were asked questions about strategies for coping with COVID-19 public health restrictions. Participants demonstrated both positive and negative coping mechanisms. In June, **positive coping strategies included relying on produce from their own garden** (host community: 68.2 percent, n=281; refugee settlement: 38.5 percent, n=157) and **relying on food saved from past season** (host community: 48.2 percent, n=199; refugee settlement: 13.0 percent, n=53) (Exhibit 8). Qualitative data supports this assumption as the QCS revealed that many respondents reported supplementing meals with vegetables from their kitchen gardens. While both behaviors were apparent in the refugee settlement, they were significantly higher in the host community.

This contrast is likely because of the smaller size of land available to refugees, so they may not be able to store as much food from the previous season, reduced mobility due to transportation restrictions, and the reduction in the WFP rations. **Interestingly, these positive coping strategies emerged most strongly in arm three where 62.5 percent (n=205) of respondents relied on produce from their own garden, compared to 51.4 percent (n=109) in arm one and 44.3 percent (n=124) in arm two.** Similarly, arm three exhibited a greater percentage of HHs relying on food saved from a previous season (47.6 percent; n=156), compared to 32.1 percent (n=68) of HHs in arm one and 10 percent (n=28) of HHs in arm two.

Another **positive coping mechanism noted was income diversification and livelihood adaptation**, specifically having more than one business (host community: 15.5 percent, n=64; refugee settlement: 8.8 percent, n=36) or **changing to a business that can operate under the new restrictions, such as selling food or other essential items** (host community: 14.3 percent, n=59; refugee settlement: 27.5 percent, n=112) as detailed in Exhibit 8. **Changing businesses showed increased adaptive capacity as participants did not have access to coaching or business coaching, or had limited access to these support systems at this time and, on their own, adapted to the context.** In doing so they were able to continue earning an income to support their families, thus indicating increased self-reliance and resiliency.

Notably, many host community and refugee respondents are using their savings to meet basic needs (34.7 percent, n=143 and 42.6 percent, n=174 respectively), which highlights the on-going disruption to livelihood activities. Additionally, 40.0 percent (n=163) of refugee respondents said there was increased dependence on donor/NGO aid during this time (Exhibit 8).

A relatively small number of HHs engaged in the negative coping mechanism of selling livestock or other productive assets (host community: 12.4 percent, n=51; refugee participants: 9.8 percent, n=40) (Exhibit 8). While there was an increase in the number of HHs selling productive assets since the April data collection (host community: 8.3 percent, n=33; refugee participants: 6.8 percent, n=28), that increase is quite small indicating HHs had other, more positive ways to cope with the COVID-19 shock such as relying on produce from own garden, relying on food saved from the previous season, using savings, and changing businesses (Exhibit 8).

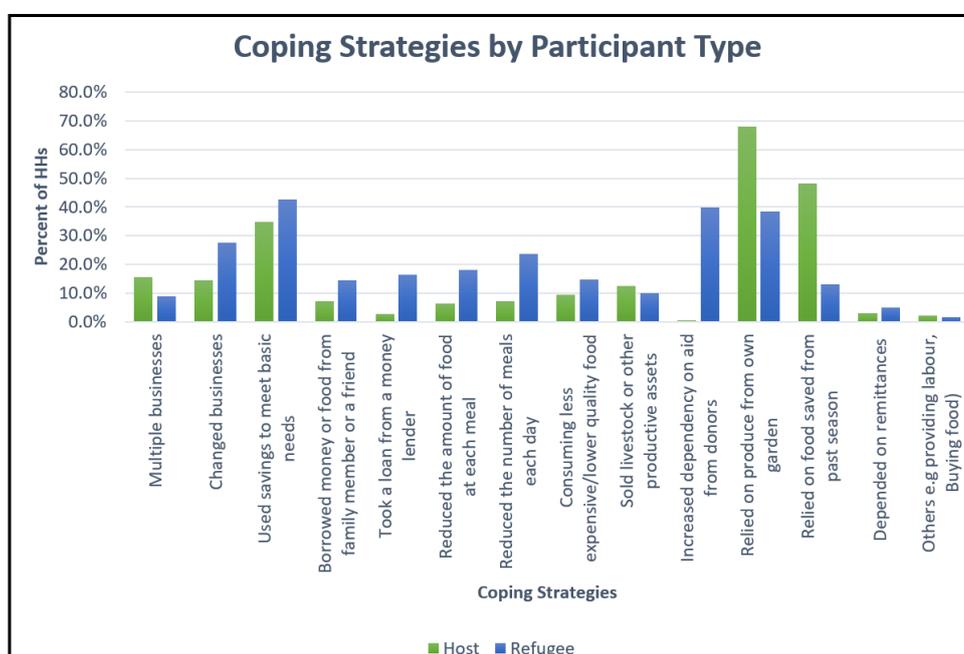


Exhibit 8: Coping Strategies Used by HHs to Absorb and Adapt to the Shock of COVID-19

Other negative coping mechanisms included: halting progress made toward food security. These practices were more common in the refugee settlement where 18.1 percent (n=74) of respondents said they reduced the amount of food at each meal compared to 6.3 percent (n=26) in the host community (Exhibit 8). 27.0 percent (n=107) of host community respondents and 35.8 percent (n=147) reduced the amount of food at each meal or the number of meals per day in April, demonstrating a decrease in HHs engaged in this negative coping strategy. Interestingly, this practice was most common in treatment arm one (26.4 percent, n=56) compared to 3.9 percent (n=11) in arm two and 10.1 percent (n=33) in arm three.

Reducing meal frequency and portion size is particularly concerning when it affects young children 6 months – 5 years of age as these are key developmental years for children. Malnutrition may lead to earlier mortality and significant morbidities such as poor health, and more insidiously, substantial loss of neurodevelopmental potential¹. While it is not ideal for any HH member to reduce food intake due to a shock, it can be particularly concerning for young children. Somewhat promisingly though, is that of those reducing meal portions (host community: 6.3 percent n=26; refugee participants: 18.1 percent; n=74), 85 percent (n=22) of host community and 88 percent (n=65) of refugee respondents said they reduced meal portions only for adults. This decision may reflect the strong nutrition messaging from coaches on food security and infant and child nutrition.

Regarding meal frequency, 23.8 percent (n=97) of respondents in the refugee settlement said they reduced the number of meals each day compared to 7.3 percent (n=30) of those in the host community. Similar to the coping strategy of reducing food intake, HHs reduced the number of meals predominantly for adult HH members. Interestingly, a greater proportion of participants in treatment arm one (25.0 percent, n=53) reduced meal frequency than in arms two (11.1 percent, n=31) and three (13.1 percent, n=43).

Another alarming trend was the higher percentage of refugee participants (April: 6.3 percent, n=26; June 16.4 percent, n=67) who took a loan from a money lender to meet basic needs compared to host community participants (April: 2.0 percent, n=8; June: 2.7 percent, n=11). Money lenders are characterized by their high interest rates thus making payback difficult for those taking loans. In the refugee settlement, 16.4 percent (n=67) of respondents used this coping mechanism during the COVID-19 restrictions compared to 2.7 percent (n=11) of respondents in the host community.

Resilience: Social Capital

Information gathered on social networks showed improvement in participant's social capital between the data collection periods in April and June, particularly in the refugee settlement. Exhibit 9 indicates that participants in the host community and refugee settlement received increased support from family and relatives and NGOs. This is likely due to HHs adjusting to the initial shock as seen in the many coping strategies employed in Exhibit 8.

Additionally, at the outset of the restrictions, when asked why they were unable to ask for support from the various groups mentioned, many cited the stay at home order, the lack (and cost) of public transportation, fear of getting COVID-19, closure of activities (VSLA, church)². As restrictions are lifting, many of these barriers to social networks no longer exist.

Additionally, it is unsurprising that NGO activity increased during this time. When the lockdown first started, UNHCR suspended the activities of all NGOs in the area apart from those working in the health sector. By the time the June data collection took place, NGOs had either been granted access to the area; worked to distribute soap, cash, or food products to those in need; or adapted to remote implementation.



She explained that she enjoys the Activity's remote approach because talking on the phone makes her feel better than if nobody reached out.
Refugee Participant, Arm 2, QCS

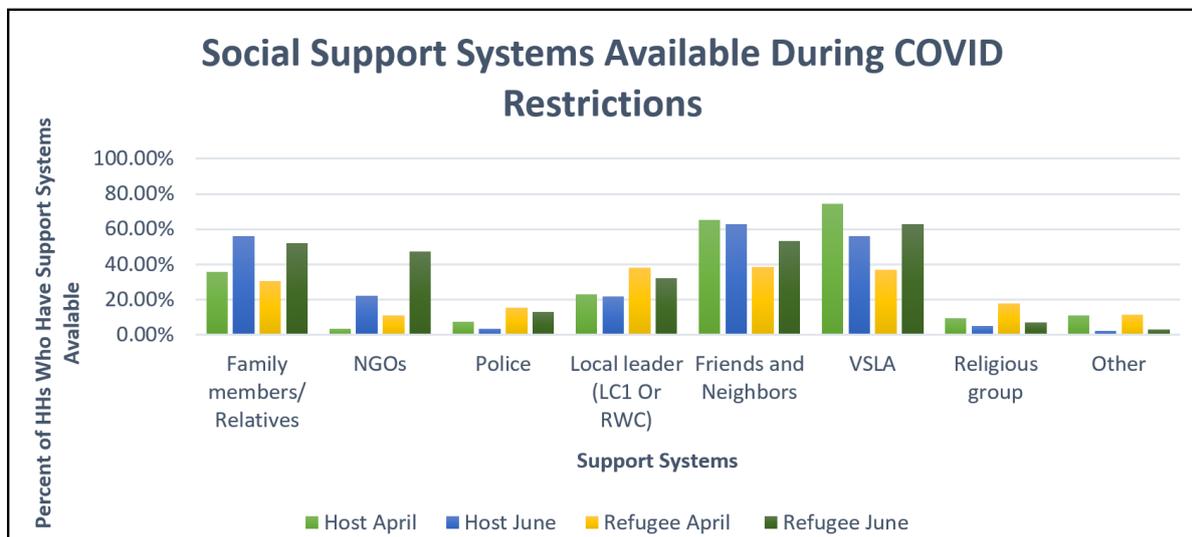


Exhibit 9: Support Systems during COVID-19

The Activity also asked about other food and cash support received. In the April context assessment, 84.1 percent (n=343) of participants indicated that they had received soap as support from donors and NGOs. In June, participants were asked if they received ADDITIONAL food or monetary support (meaning any assistance above that which they received prior to the pandemic, such as WFP rations). In the June context assessment, only 26 percent (n=210) of respondents (15 percent (n=61) of host community respondents and 37 percent (n=149) of refugee settlement respondents) said they received additional support. Among the host community that received additional support, 86.9 percent (n=53) received cash and the remaining 13.1 percent (n=8) received food support. Similarly, in the refugee settlement, 94.6 percent (n=141) received cash, and 8.1 percent received food (n=12) support.

NGOs provided the most cash support to host community participants (host community: 84.9 percent, n=45; refugee settlement: 5.0 percent, n=7), while the WFP provided the most cash support to refugee settlement participants (host community: 1.9 percent, n=1; refugee settlement: 89.4 percent, n=126). Friends and neighbors were the greatest support system for additional food in both the host community (50 percent, n=4) and refugee settlement (58.3 percent, n=7). These support systems indicate lasting social capital, which often contribute to increased resiliency in times of shocks and stress. However, data indicates a higher likelihood of participants sharing food with neighbors and friends compared to cash. It will be important for the Activity to monitor social cohesion as humanitarian partners shift to a cash-based system.

Interestingly, different treatment arms experienced varying amounts of additional food and cash support. Respondents in treatment arm one (12 percent, n=25) received significantly less support than those in arm two (31 percent, n=88) and arm three (30 percent, n=97). Sampling for this context assessment was random and meant to evenly represent each participant type and treatment arm. Thus, it is notable to find that treatment arm three has significantly more support from WFP and UNHCR (26.8 percent, n=87) than the other two treatment arms (arm one: 3.75 percent, n=3; arm two: 16.3 percent, n=56). Along the same vein, treatment arm one has a higher percentage of support from NGOs (32.5 percent, n=13) than arms two and three (arm two: 16.9 percent, n=29; arm three: 13.4 percent, n=12). More information should be gathered to be sure there are no external disparities among the treatment arms that may negatively affect the findings of the randomized control trial (RCT) being conducted by Innovations for Poverty Action (IPA).

Gender-Based Violence (GBV)

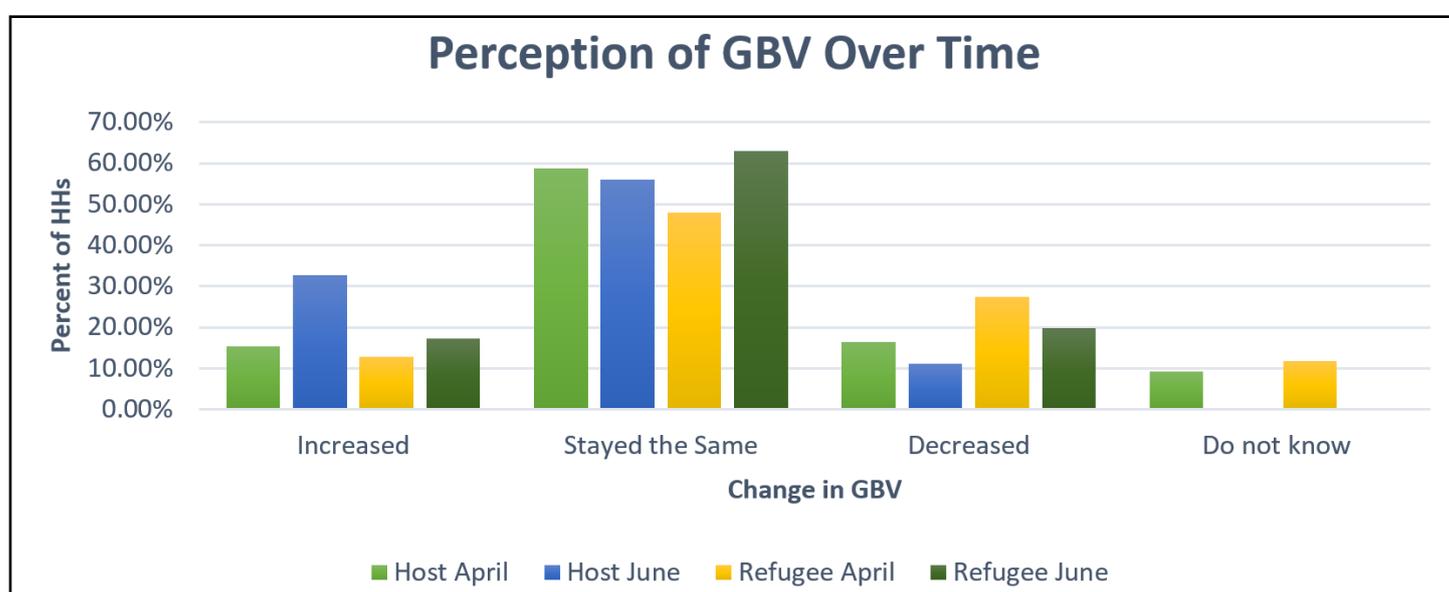
While most respondents perceived GBV rates remaining the same during this context assessment, there are some concerning trends where perceived rates of GBV have increased in both populations since April data collection (Exhibit 10). This trend – particularly in the host community where the percent of respondents who felt GBV increased was seen to have doubled since April; this insight should be factored into coaching messages and approaches and instances of GBV explored further in the area of operation.

Those participants in both the host community and refugee settlement who felt GBV increased (24.8 percent, n=197) attributed the rise to more time at home (75.6 percent, n=149), stress from children not being in school (54.3 percent, n=107), lack of money for basic needs (40.1 percent, n=79), increased alcohol consumption (19.3 percent, n=38), and increased HH chores (10.7 percent, n=21).

Interestingly, among those who felt GBV decreased in their communities (15.6 percent, n=124), they cited factors similar (but sometimes opposite) to those reported above as increasing GBV. These reasons included: decreased alcohol consumption because bars are closed (70.2 percent, n=87), improved relations because of spending more time at home together (50.0 percent, n=62), good behavior from parents because children are at home (25.0 percent, n=31), and increased collaboration in HH financial planning (34.7 percent, n=43). However, considering the rise of GBV globally¹ it is important to continue monitoring the situation to ensure participants have the necessary support through coaching and referrals should instances of GBV increase.



Her husband also better supports her with domestic work, whereas before COVID-19 he did not engage in such activities. The increased time at home has also meant more interactions with their children and the chance to teach them good behaviors.
Refugee participant, Arm 1, QCS



² Exhibit 10: Perception of Gender Based Violence over time

Risk of Theft

Given the rates of economic decline and hardship and potential of increased crime as a coping mechanism, respondents were asked to provide their perception on the rate of theft in their community. Among respondents, 46 percent (n=178) of host community participants and 57.3 percent (n=233) of refugee settlement participants perceived theft in their communities remained the same in this time period.

However, 31.5 percent (n=122) of host community respondents and 35.1 percent (n=143) of refugee settlement respondents perceived theft increased in their communities during the time of the COVID-19 restrictions. Furthermore, 22.5 percent (n=87) of host community participants and 7.6 percent (n=31) of refugee settlement participants felt theft in their community had decreased. Respondents may perceive the risk of theft as remaining the same or decreasing despite economic hardship because of the 7pm– 6am curfew put in place during this time period with increased security personnel working at night to enforce the curfew such as Local Defense Units (LDUs).

¹ GBV increases during every type of emergency – whether economic crises, conflict or disease outbreaks. Pre-existing toxic social norms and gender inequalities, economic and social stress caused by the COVID-19 pandemic, coupled with restricted movement and social isolation measures, have led to an exponential increase in GBV. Many women are in 'lockdown' at home with their abusers while being cut off from normal support services. <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html>

² "Do not know" option was not collected in June.

The property targeted for theft varied slightly in the host and refugee communities. Respondents in the refugee settlement reported greater theft of HH items and crops, whereas the host community reported more cases of theft of livestock and poultry (Exhibit 11). This variation is likely due to the environment in which the two populations live, where host community participants own more livestock and poultry because of the larger plot sizes available outside of the refugee settlement, thus increasing the risk of theft of this type of property.

Additionally, refugee staff members reported difficulties in mobility particularly due do the restrictions on boda bodas carrying passengers. As refugees tend to rent land in the host community and further from their homes, the higher reports of crops being stolen in the settlement, may be due to fields being left unattended as a result of transportation restrictions.



Exhibit 11: Property Target for Theft and Participant Type

Transport

When participants in the June data collection were asked if they still experienced transportation challenges, 61.8 percent (n=239) of the host community participants and 73 percent (n=297) of the refugee settlement participants stated yes. Almost all participants across host and refugee communities cited non-operational boda bodas (86.4 percent, n=436) as a challenge, followed by an increase in matatu prices (45.5 percent, n=244), availability of matatus (9.5 percent, n=51), frequency of matatus (5.8 percent, n=31), and the mask requirement (3.0 percent, n=16).

The June data collection took place shortly after the GOU revised regulations on public transportation, with private vehicles operating with three people in the vehicle as long as all passengers wear masks. Updated mandates also permitted matatus (shared taxis) to operate at half capacity, with all passengers wearing masks. However, restrictions remained on boda bodas (motorcycle taxi) carrying passengers as well as public and private transportation in border districts. Intensive testing of truck drivers continued at border crossings, which has caused delays in the trade of products in Uganda.

According to respondents, transportation obstacles have greatly inhibited everyday life (Exhibit 12). Most alarming, such travel challenges have hindered access to health care; two host community participants in the QCS noted the inability of pregnant women to access antenatal care and the increase of women delivering babies in their homes because of the inability to access boda bodas.

This information could indicate a worsening situation for pregnant women as the data collected in April reported 100 percent (n=53) of refugees and 90.3 percent (n=28) of host community respondents indicated ability to access antenatal care¹. At the time of writing this report, the restrictions on boda bodas have lifted, however the consortium will continue to monitor the situation for on-going changes and ensure appropriate messaging via coaching to ensure healthcare access for pregnant women.

¹ Because nearly 95 percent of respondents said they were able to access ante-natal care in April, this question was not asked again in June.

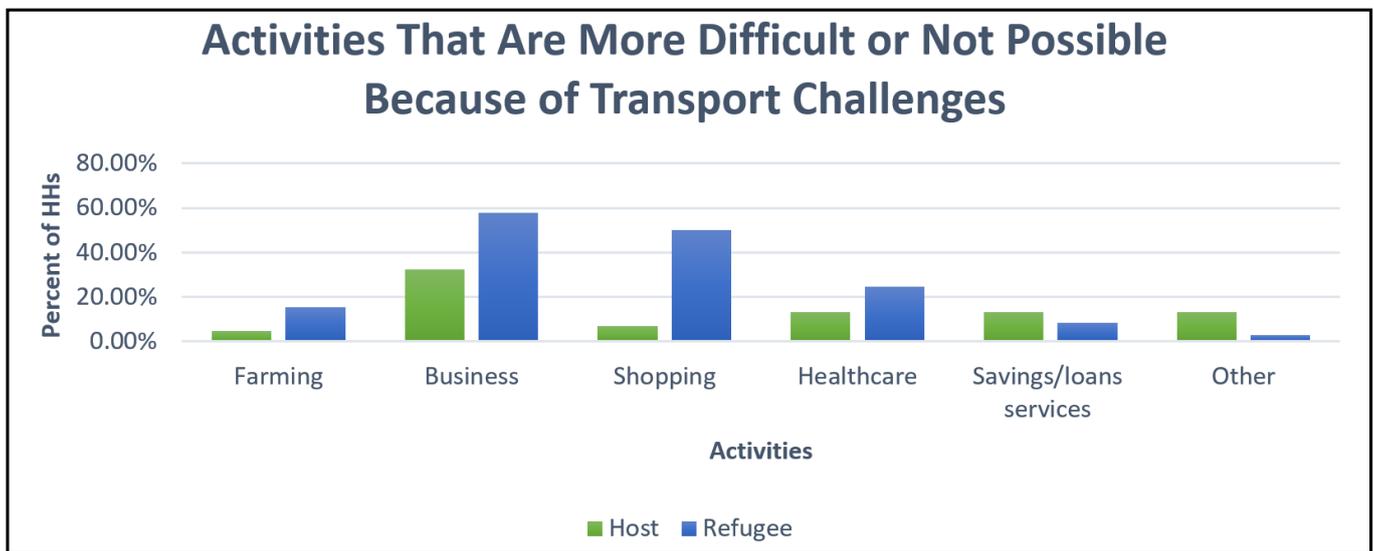


Exhibit 12: Activities Not Possible or More Difficult to do because of Transport Challenges

Business

As seen in the previous section, transport restrictions have had a significant effect on business activities. Additionally, temporary closures of livestock and non-essential markets have decreased the ability to sell goods and purchase inputs for business operations. The public health restrictions also resulted in reduced customers partially due to transport limitations, but also due to the fear of COVID-19 and reduced customer income.

As such, 21.9 percent (n=78) of host community and 38.5 percent (n=135) of refugee settlement respondents, said they changed their primary business since the start of the COVID-19 restrictions. Most of those shifting businesses were refugee HHs working in off-farm business and off-farm livestock enterprises who switched to on-farm crop, on-farm livestock, or noted they do longer have a primary business, as well as host community respondents who appear to have switched from on-farm livestock to on-farm crop businesses (Exhibit 13), which aligns with the closures of livestock markets during the COVID-19 lockdown.

HHs may have been able to adapt easily from one primary business to another due to high rates of economic diversification in the Activity¹. However, household income diversification has dropped since April (host community: 37.1 percent, n=137; refugee settlement: 30.4 percent; n=125) when compared to those who have multiple businesses in June (host community: 15.5 percent, n=64; refugee settlement: 8.8 percent; n=36).

The reduction in the number of HHs reporting multiple businesses could be due to the inability of some businesses to operate under the COVID-19 restrictions, seasonality, as well as a need to consolidate capital into a single enterprise. While seemingly negative at first glance, this is the purpose of having multiple businesses – if one business is not able to operate, then ideally another will continue to support the HH until the stalled business can resume. Nonetheless, rejuvenating livelihood activities for short-cycle income generating activities (IGAs) should be a key consideration in Business Coaching messaging to ensure participants are able to gradually bounce back and re-diversify for improved resiliency.

Interestingly, HHs seemed more likely to change their primary business if they were in treatment arm two (43.4 percent, n=102) than arms one (27.8 percent, n=72) and three (18.8 percent, n=41). This may be due to the additional support structure built into the group coaching model, giving participants friends to learn from and increased confidence to make changes in uncertain times.



This HH has invested in a goat and various HH items. Since the start of COVID-19 restrictions, the participant now sells dried cassava and groundnuts. While she previously raised livestock for income, the closure of animal markets forced her to pivot her business.

Host community participant, Arm 1, QCS

¹ According to the most recent graduation criteria data collection, which was completed in July 2020, 74 percent (n=1,979) of host community participants and 74 percent (n=1,977) of refugee participant households were engaged in more than one economic activity by more than one HH member.



This HH no longer can rely on the success of their tomato selling business to earn income. The restrictions on movement have also prevented them from attending church and disrupted savings. However, the sewing machine, which she mentioned purchasing in the last visit in October, has been helpful to continuing with her tailoring business.
Refugee participant, Arm 2, QCS

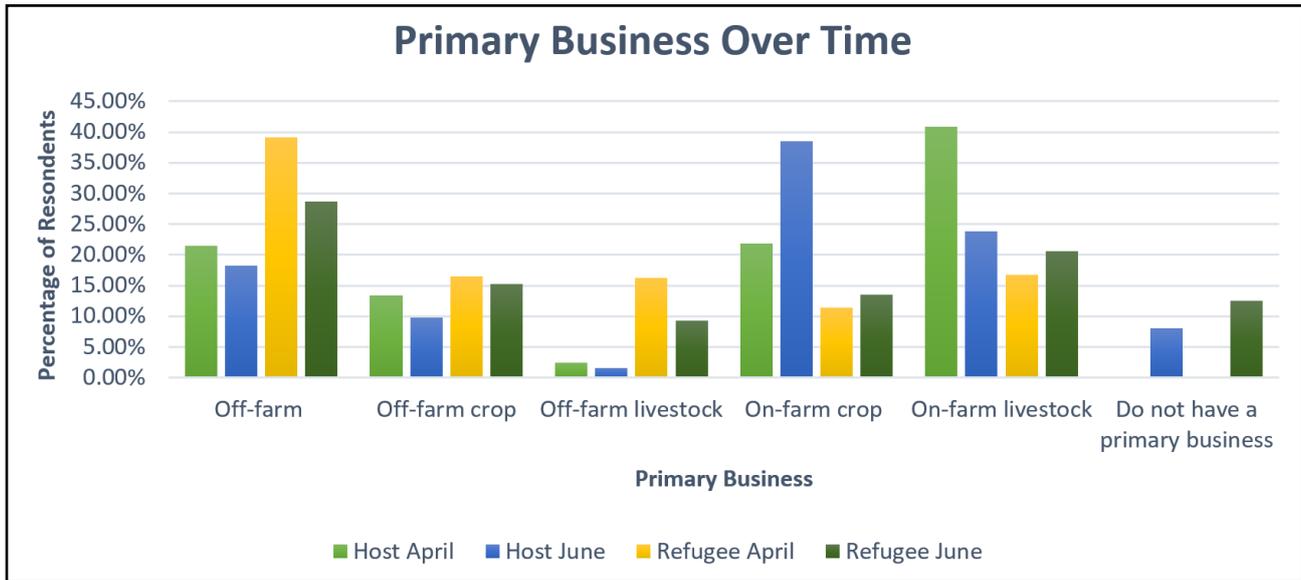


Exhibit 13: Changing Primary Business to Adapt To COVID-19 and Participant Type

While some participants had to change their business, 69.8 percent (n=712) of the respondents said they did not have to change from their primary business. Factors that enabled participant to continue with primary businesses, included their businesses being unaffected by the regulations because they sold food and essential products (61.6 percent, n=306) which were less restricted. Among those who operated businesses that were not affected by transportation restrictions, they provided three enabling factors, being proximity to customers (36.8 percent, n=183); location of the farm near the house (31.2 percent, n=155); and location of a business being near the house (33.8 percent, n=168).

Less commonly, some respondents indicated loosened enforcement of restrictions, which allowed them to continue using bikes or motorcycles to work. The information on enabling factors that helped business continue operations among the refugee and host communities during the lockdown may provide insight into resilient business enterprises should Uganda enact a second lockdown. This information will be delivered to Coaches and CBTs, so they can best support participants to maintain viable income streams should another lockdown occur.

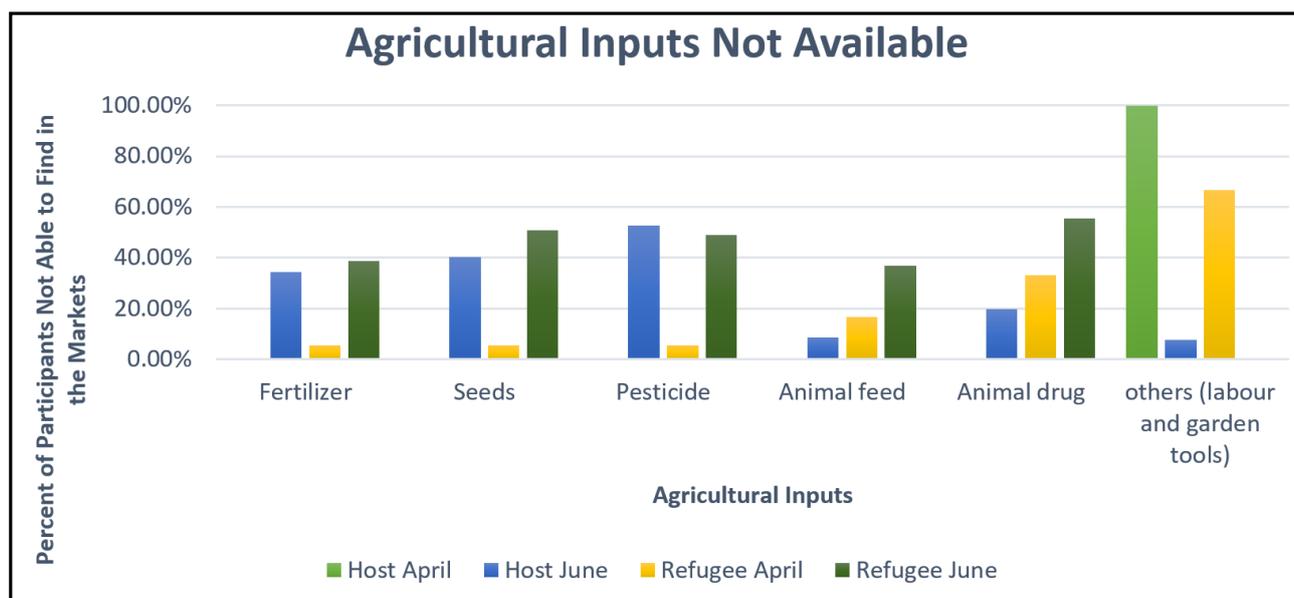
Market

To get a comprehensive understanding of both the market functioning and the participant's experience during the COVID-19 restrictions, participants market-related questions. When asked about agricultural inputs, 63.5 percent (n=521) of participants said they could not find agricultural inputs, which represents a sharp increase from April context data collection where only host community respondents (52.2 percent, n=12) and no refugee settlement respondents report difficulty finding agricultural inputs at this time.

In June, both host and refugee respondents reported difficulties finding fertilizer, seeds, pesticide, animal feed, and animal dung, with refugee respondents having a greater challenge than host community respondents finding animal feed and dung. Nearly all agricultural inputs are shipped in from Kampala and many arrive by road from neighboring Kenya. Given the restrictions on transportation and movement of persons, including COVID-19 testing which delays international transport and disrupts production, it is not surprising that many of these agro-input products would be difficult to find during this time.

Additionally, the greater difficulty experienced by refugee respondents finding animal feed and animal drugs is likely due to transport restrictions as these products are commonly purchased in the host community, which would be difficult to access without boda boda movement.

Concerns are on the rise around the distribution of counterfeit inputs on the market, thus CBTs should factor such knowledge dissemination into their regular Business Coaching messages, as well as factor local low-tech solutions for pesticide management. Exhibit 14 details the agricultural inputs described as not available by respondents.



¹ Exhibit 14: Agricultural Inputs Not Available by Participant Type

Participants were asked about key commodities in the markets in both April at the start of the lockdown and in June as the restrictions were beginning to lift. Exhibit 15 shows a decrease in the availability of the four key commodities² used as proxy indicators on market functioning. While the numbers are not cause for alarm at this point, continued monitoring should be conducted. Particularly, in the host community where 21.1 percent (n=87) of respondents said they could not find posho and 23.8 percent (n=98) said they could not find beans, both of which are staple foods critical to both food security and nutrition; thus, any further decreases in availability of these two items would be cause for concern. Participants also reported reduced ability to find soap, posho, and salt in the refugee settlement.

June data indicates fewer refugee respondents reporting that the price of soap had increased in the June data collection when compared to April. This information aligns with market price data indicating the price of soap increased per bar from 3,500UGX in April to 3,643³ in June. Also, in the refugee community, there is a decrease in the percentage of respondents citing increased posho prices. This is also consistent with Activity market price data that indicated a kilo of posho in April cost 2,500 UGX, well above the cost of a kilo at the same time last year (2,301 UGX/kilo). While in June, a kilo of posho cost 2,333 UGX indicating a reduction in price, consistent with prices the same month last year (2,392 UGX/kilo)⁴. These two commodities (soap and posho) have remained relatively consistent in the host community, whereas the reported cost of salt has remained consistently high in both populations: both perceived and actual at 2,000 UGX per kilo in April and June⁵.

As this is the first data collection point for beans, and so there is no comparison point on perceived prices; however, it is alarming to see the number of respondents who said that the price of beans has increased. This uptick could possibly be due to the poor harvest resulting from little rainfall this season. Despite the poor harvest and the number of respondents reporting an increase in the price of beans, the WFP reports, “the first season harvest has increased the supply of beans in the markets, resulting in a drop in the average price of beans in most reference markets”⁶. Additional data collected by the Activity, indicates the prices of beans was seasonally high at 2,500 UGX per kilo in April, but reduced to 2,333 UGX in June, an amount that is seasonally consistent⁷.

¹ The April survey did provide an option to ask respondents if they did not have a primary business. The no responses do not mean zero HHs did not have a primary business, but that no data was collected on this factor.

² Information on beans was not collected in April. It was decided to add this commodity in the June data collection as this is a staple crop for those living in the area and this crop is promoted by the Activity.

³ WFP COVID-19 Market Monitoring Report, Uganda Cash Working Group, Market Analysis Task Force, April and June 2020

⁴ Activity market price monitoring

⁵ Activity market price monitoring

⁶ WFP VAM Food Security Analysis, Market Update, 1st-14th July

⁷ Activity market price monitoring

While prices of many commodities seem to be returning to normal, continued reports of consistently high prices for some essential goods is concerning. If the prices of goods continue to remain high, this reduces the purchasing power of HHs, which are already experiencing economic hardship. Bi-monthly market price monitoring in the Activity area as well as upstream markets should continue as shifting market prices greatly affects the well-being of participants.

Additionally, participants were asked if prices for other commodities have increased since COVID-19, 73.3 percent (n=302) of host community respondents and 64.2 percent (n=262) of refugee respondents believed prices for certain commodities had increased. The top ten commodities noted for price increases included salt, rice, posho, beans, matooke, cooking oil, clothes, sugar, Irish potatoes, and fruit.

Market Analysis

Understanding market functionality during a crisis is paramount to making key Activity decisions. The two market surveys included in the context assessment help to shed valuable insight on how local traders are adapting to the restrictions and how markets are responding to the changing context as restrictions lift. The two surveys capture information from 90 traders and covered regional and local markets in the refugee settlement and host community area. The data illuminate important details from the supply side, such as price fluctuations; changes in customer demands; inability to operate; transport regulations; and more. Additionally, these traders represent consumers, and data collected includes insight into how those same market fluctuations have affected their demand for products.

Effect of COVID-19 Restrictions on Businesses

Of the 42 traders asked if they had to close their shops due to the COVID-19 restrictions, 23.8 percent (n=10) said they had to close their business. Now that restrictions have started to lift, 80 percent (n=8) of the traders who closed said they were able to reopen their shops. Reasons for being able to open included the transport restriction being lifted (75 percent, n=6), business-related restrictions being lifted (62.5 percent, n=5), reduced fear of COVID-19 (62.5 percent, n=5), and ability to implement the MOH guidelines related to business operations (50 percent, n=4). Two businesses could not re-open since the lifting of the restrictions because of the inability to clear rent arrears, reduced customers, fear of COVID-19, and the closure of suppliers.

Customer Purchasing Patterns

Using a modified version of the methodology laid out in the Rapid Assessment of Markets¹, the Activity followed four key commodities as proxy indicators to understand overall market functioning during this time. These are the same four commodities discussed on pages 19-20 in the Customer Experience section: soap, posho, beans, and salt. As seen in Exhibit 15, the traders interviewed believed customer demand for these particular items has changed since April.

In April, the greatest changes were among essential items like posho, a staple food, and soap, an essential element to preventing the spread of the virus. In June, 33.0 percent (n=12) of traders indicated an increase in the purchase of soap and attributed it to customers applying the COVID-19 preventative measures, while one trader noted customer's fear of getting COVID-19 and their fear of continued restrictions. Among traders indicating an increase in the purchase of posho (52.6 percent, n=10), they felt this increase was due to stocking during the lockdown, despite the recent lifting of restrictions. In June, traders reported a decrease in demand of all four commodities (Exhibit 15).

The main reasons provided for the decrease in demand included limited movement; fewer customers; limited funds/less money; sufficient stock from the lockdown; and substitution of food items. One trader mentioned the reduction in *mupokelo*^{2,3}, which emphasizes the other hardships experienced during this time. Additionally, both qualitative data as well as the Participant Experience data (pages 7-8) indicate a large percentage of participants having stored food from their own gardens in these months, which may result in decreased demand for items like posho and beans.

1 <https://www.spring-nutrition.org/publications/tool-summaries/rapid-assessment-markets-guidelines-initial-emergency-market-assessment>

2 Swahili word for the WFP monthly Minimum Expenditure Basket (MEB) rations provided to refugees.

3 The MEB represents the minimum culturally adjusted group of items required to support a five-person refugee household in Uganda for one month. (WFP Market Monitor – Refugee Hosting Areas: Refugee Settlement Price and Market Functionality Snapshot, 1-14 July 2020)

A few traders (11.1 percent, n=2) believed customer demand had increased, especially the demand for soap because of the increased application of hygiene measures to prevent the spread of COVID-19 (100.0 percent, n=2). Additionally, traders felt people may be demanding more posho because they are stocking basic and inexpensive food as a coping mechanism (50.0 percent, n=2).

Finally, those traders who believed people were purchasing more salt rationalized that HHs wanted to ensure they had sufficient stock for their entire family, HHs may suspect an increase in the price of salt (50.0 percent, n=1), and an increase due to more family members at home (50.0 percent, n=1). This last statement aligns with previous information on page 7, where 13.2 percent (n=47) of host community and 15.7 percent (n=57) of refugee respondents said HH members that were away have returned home.

Additionally, more children now remain at the home because of COVID-19 restrictions; overall, movement of people outside the house has decreased because of limits on business operations and transport, and guidelines on social distancing.

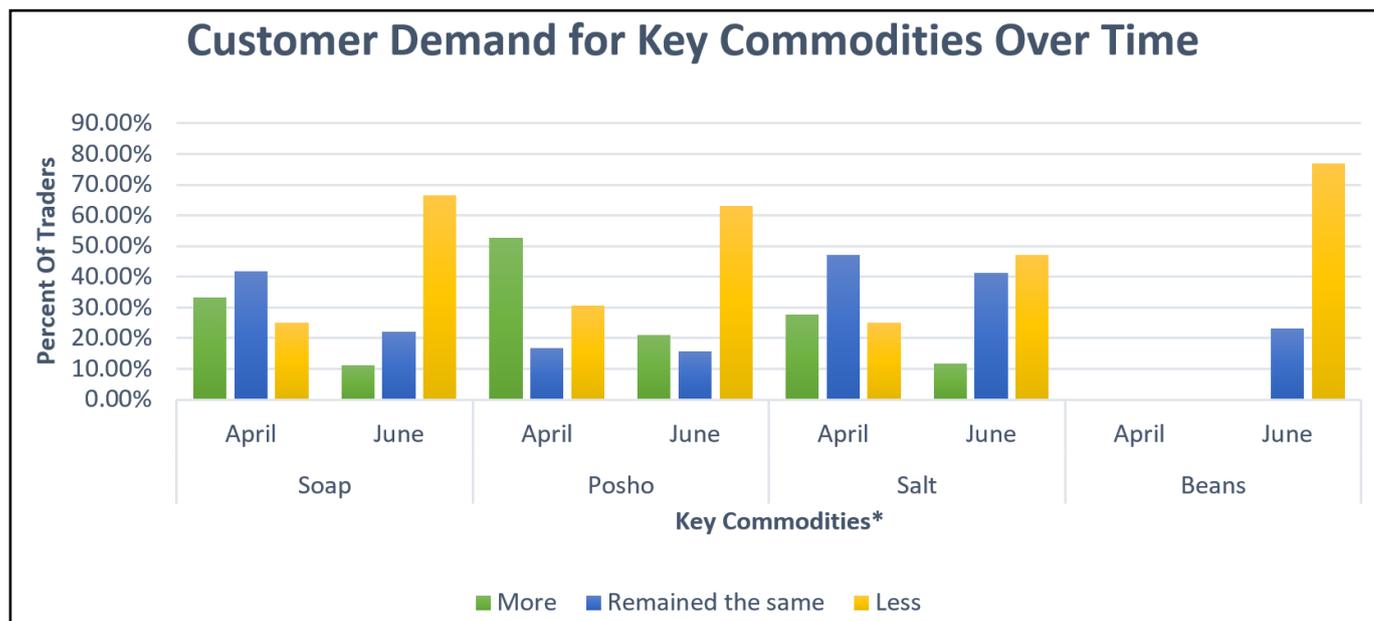


Exhibit 15: Traders' Perceptions of Customer Demand for Key Commodities over Time

Supply of Key Commodities in the Market

To understand the supply of the four key commodities available in the market, the Activity asked if other traders in the market are supplying the same amount, more, or less of each commodity than before the COVID-19 restrictions. Exhibit 16 indicates traders have reduced their supply of posho and beans.

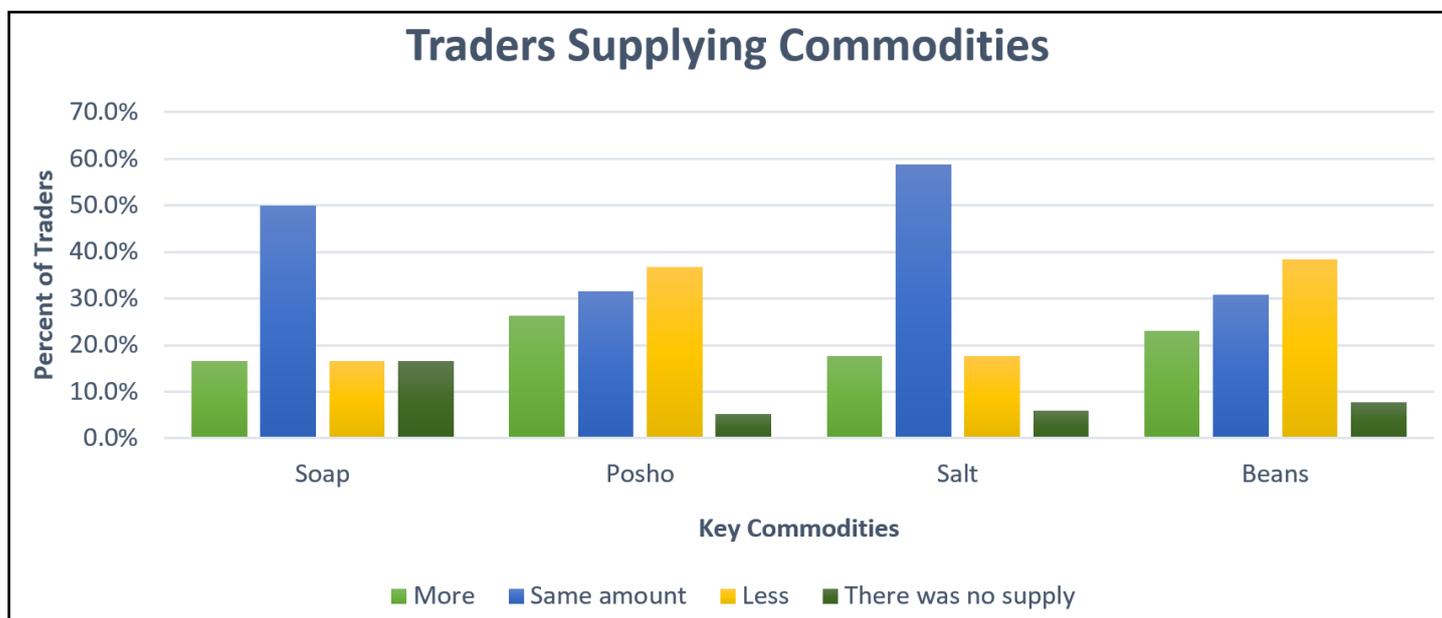


Exhibit 16: Traders Supplying Commodities Compared to Pre-COVID Restrictions

Additionally, traders said the distance of the original suppliers for posho created an access challenge given the transport challenges arising from COVID-19 restrictions. Traders selling beans referenced the high cost of transport, lack of transport, closure of original suppliers, availability of stock with original suppliers, and the distance of original suppliers, as reasons for the reduced supply. The Activity should continue to monitor the supply of these key commodities regularly because access and affordability to these staple foods and items are paramount to food security and public health prevention measures. Exhibit 17 shows traders' ability to purchase stock from their usual suppliers during this time.

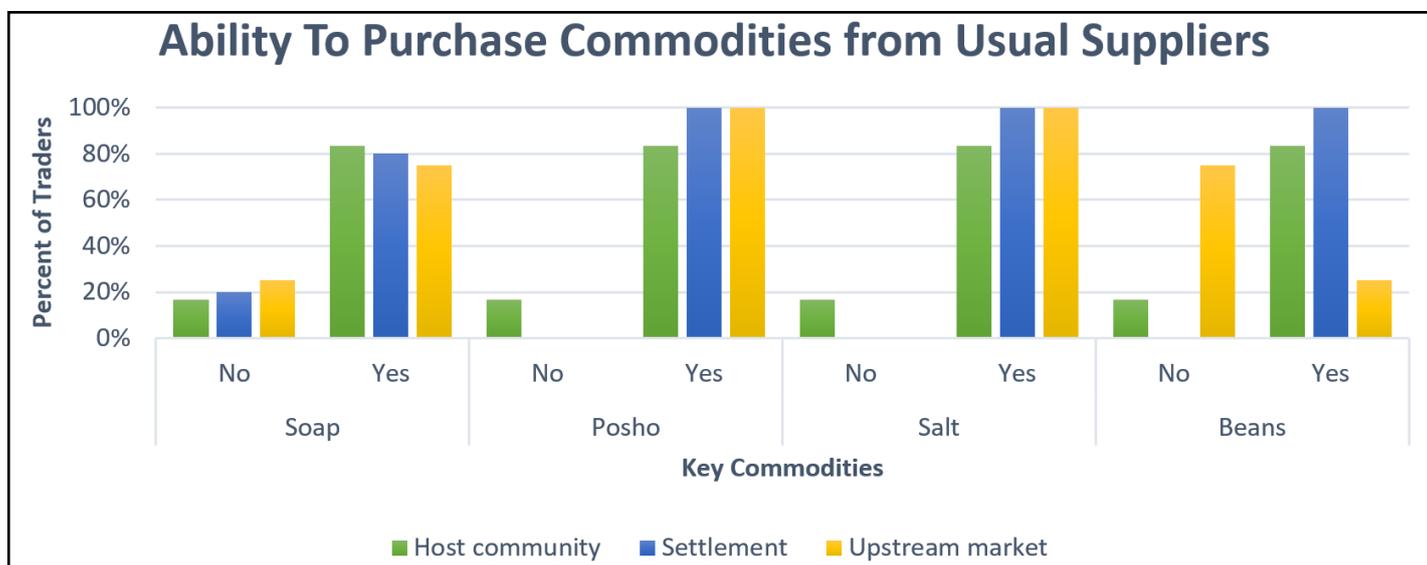


Exhibit 17: Ability to Purchase Key Commodities from Usual Suppliers by Market Type

In the month prior to data collection, 80.0 percent (n=16) of host community, 14.3 percent (n=1) of refugee, and 35.7 percent (n=5) of upstream market traders reported having difficulty stocking food and other goods in their shops. Exhibit 18 details the type of market and items traders could not easily find. All market locations experienced challenges related to transportation restrictions resulting in higher cost of transport and the distance of original suppliers (both responses 45.5 percent, n=10).

Additionally, many traders in the host community and upstream market locations mentioned many commodities were difficult to stock due to a lack of money/capital, lack of transport, availability of stock with the original supplier, closure of original supplier, and closure of markets (all responses 22.7 percent, n=5). Traders in the refugee settlement experienced the least disruptions in the ability to stock products as a result of COVID-19, as only one trader noted difficulty finding animals.

However, participants in the QCS noted purchasing livestock as a form of savings and changing to on-farm livestock businesses as a result of the COVID-19 restrictions. An increase in demand for animals as communities adjust to the changing circumstances may result in reduced supply for traders.

Items Difficult to Find	Host Community		Settlement		Upstream market		Grand Total	
	#	%	#	%	#	%	#	%
Animals (goats, cows, chickens, etc.)	7	43.8%	1	100.0%	1	20.0%	9	40.9%
Other ²⁷	6	37.5%	0	0.0%	2	40.0%	8	36.4%
Cooking Oil	3	18.8%	0	0.0%	1	20.0%	4	18.2%
Maize	2	12.5%	0	0.0%	0	0.0%	2	9.1%
Flours	2	12.5%	0	0.0%	0	0.0%	2	9.1%
Rice	1	6.3%	0	0.0%	1	20.0%	2	9.1%
Groundnuts	1	6.3%	0	0.0%	1	20.0%	2	9.1%
Bread	1	6.3%	0	0.0%	0	0.0%	1	4.5%
Eggs	1	6.3%	0	0.0%	0	0.0%	1	4.5%
Fruit	0	0.0%	0	0.0%	1	20.0%	1	4.5%
Batteries	1	6.3%	0	0.0%	0	0.0%	1	4.5%

Exhibit 18: Items Difficult for Traders to Stock by Market Type

Despite these challenges, only 17.1 percent (n=7) of traders were concerned about running out of stock in one week or less; this worry was mostly seen among traders (30 percent, n=6) based in the host community. None of the traders in the settlement believed they would run out of stock and only one upstream market trader stated any concerns. The reasons for concerns about depleted stocks among host community traders included: not stocking to full capacity because of reduced customers, customers lacking money to purchase commodities, high customer demand for products like posho, difficulty accessing animals during this time period, and lowered customer demand for some commodities, like eggs and meat. This point is concerning for two reasons. Decreased demand for high protein foods may indicate reduced dietary diversity for participants as a coping mechanism (page 11) for reduced income.

The Activity should focus on nutrition messaging related to affordable and healthy meal options like mukene (silverfish) and groundnuts as well as messaging on kitchen gardens for healthy vegetables. Additionally, this trader seems to be indicating these perishable goods are going bad as a result of the reduced demand, further reducing profits, ability to restock, and affecting market function.

Acceptance of Credit and Mobile Money

When asked in June about providing access to credit, 63.4 percent (n=26) of traders said they have provided their customers the option to purchase goods using credit, which represents a slight increase in since the April data collection (54.3 percent, n=38). However, this proportion still indicates a decrease from allowing customers to purchase on credit prior to the COVID-19 restrictions (81.4 percent, n=57). All traders in the settlement (n=7) said they provide credit to customers, while significantly fewer traders do so in the host community (55.0 percent, n=11), as compared to upstream markets (57.1 percent, n=8). Commonly, traders expressed reluctance to provide credit for customers because of the uncertainty of repayment (53.3 percent, n=8), as well as the limited capital to restock (20.0 percent, n=3).

Other less-cited reasons include anticipation of an economic crisis, lack of customer requests for credit, and dislike of credit because the trader relies on bank loans for business operations. However, most traders said they do give credit options to customers because they have trustworthy customers (76.9 percent, n=20); they do not have many customers (7.7 percent, n=2); while other less-sited reasons included having regular customers who buy in bulk; they fear the products will go bad in the shop; they want to maintain a positive business relationship with customers; they want to support people during the pandemic and help people in general to make purchases when they do not have cash.

In the same vein, the Activity asked traders about their acceptance of Mobile Money as a form of payment. Overall, 70.7 percent (n=29) of traders said they accept Mobile Money. The highest proportion of traders accepting mobile money owned shops in the refugee settlement (86.7 percent, n=6), possibly due to WFP monthly rations provided using Mobile Money. Those traders who did not accept this modality (29.3 percent, n=12) stated that this was because of the charges incurred by mobile money operators. Other traders noted limited customer knowledge on this application, length of time for the process, lack of applicability for their business, limited availability of mobile money as a service, and the uncertainty of payment.

Safety Measures

Given the severity of COVID-19, the Activity also wanted to understand if traders were implementing safety precautions in their stores. As detailed in Exhibit 19, traders in the survey are taking extensive measures to keep themselves and their customers safe during this time. The most common actions taken were washing hands regularly (90.2 percent, n=37), wearing a mask (70.7 percent, n=29), and social distancing in the shop (73.2 percent, n=30).



Exhibit 19: Safety Measures to Prevent the Spread of COVID-19 by Market Type

Conclusions

Evidence in this report indicates that many Graduating to Resilience participants are able to absorb and adapt to the shock of COVID-19 adequately despite the lengthy restrictions put in place to prevent the spread of the virus as well as separate non-COVID-19 related challenges¹. Despite the economic and personal hardship of this unprecedented time, the data in this report indicates, pending no other lockdown or economic downturn, Graduating to Resilience participants have thus far weathered COVID-19 successfully and are continuing on their upward journey toward increased resilience and self-reliance.

Food Security and Nutrition

Among respondents, 69.4 percent (n=286) from the host community and 17.6 percent (n=72) from the refugee community stated they have enough food stored to support their HHs for greater than 30 days. While this number may seem low among the refugee participants, this number did increase since the April data collection (9.7 percent, n=40) and there is a decrease in the number of HHs who have no food stored (April: 6.1 percent, n=25; June: 2.0 percent, n=8).

While storing food is a positive coping strategy it should be noted that 49.3 percent of refugee respondents still only have enough food stored to last 14 days or less, putting them at risk of food insecurity should they experience another shock such as drought, another COVID-19 lockdown, or other economic hardship. The Activity should look into food storage and purchasing patterns of refugees to understand how refugee participants use their rations – do they save them or do they use the rations all at once and buy in bulk? It may be a positive coping mechanism to buy less food at once to be more intentional in conserving rations and being certain they are not used faster than planned.

Additionally, higher rates of negative coping mechanisms were employed in the refugee settlement, such as reducing the amount of food at each meal (18.1 percent, n=74) and reducing the number of meals each day (23.8 percent, n=97). However, qualitative data collection indicates positive behavior change as many QCS participants noted that they supplement meals with nutritional vegetables from their kitchen gardens when they cannot reach markets or if the prices of these goods have increased.

¹ These other challenges include: 1) Graduating to Resilience consumption support ended in February 2020; 2) reduced WFP rations (page 21); 3) reported inadequate rainfall resulting in a poor harvest.

Savings

In both participant communities, savings sufficient for shorter time periods (no savings, enough savings for 2-6 days) decreased between the April and June data collection points while savings to cover longer durations (7-14 days, 15-30 days, and greater than 30 days) increased. This trend shows HHs' ability to begin to bounce back from the initial shock of the public health restrictions and adapt to new contexts. HHs in the QCS reported continuing to save in their homes, using Mobile Money, saving their money with friends, and purchasing livestock. That said, 44.9 percent of refugee respondents only have enough savings to support their families for less than 14 days. Similar to concerns regarding refugee food security explained above, this may put them at risk if faced with another shock. More promisingly, 96.7 percent of respondents were able to restart savings in VSLAs, which should help boost savings in the coming months, concurrent with lifts on restrictions to business operations.

Business

The data demonstrated that business diversification was largely successful in its intended purpose of protecting participants from economic shock. While HHs may have been unable to continue the operation of some businesses, they could focus efforts on businesses unaffected by the restrictions (pages 17-19). Additionally, qualitative and quantitative data indicate participants remained adaptive and identified new business opportunities if their primary business could not operate under restrictions. However, some HHs engaged in the negative coping mechanism of selling livestock or other productive assets (host community: 12.4 percent, n=51 and refugee: 9.8 percent, n=40), which may hinder their ability to recover business operations as restrictions are lifted.

Finally, 8.0 percent (n=31) of the host community and 12.5 percent (n=51) of the refugee settlement HHs did not have a business at the time of the survey, which may put those HHs at an even greater risk of food insecurity and inability to meet basic needs. More HHs in treatment arm three reported not having a business (16.2 percent, n=42). This treatment arm did not receive the asset transfer to start or expand a business, which may be the reason for the larger number of respondents stating they do not have a business. 5.5 percent (n=15) of respondents in treatment arm one and 9.6 percent (n=25) of respondents in treatment arm two reported not having a business at this time.

Self-Efficacy

A large proportion of respondents in the host community (86.7 percent, n=357) and refugee settlement community (89.2 percent, n=364) said they took actions to prepare for the COVID-19 restrictions. Almost all respondents note that they stored food to prepare for the lockdown and a number of HHs pivoted to businesses able to operate under the restrictions. The high number of participants who recognized a potential threat, created a plan, and executed that plan shows tremendous resilience and self-reliance.

Gender-Based Violence

Due to the stresses related to the COVID-19 restrictions, both host community and refugee settlement participants perceived GBV increased in their communities, and in the host community this was perceived to be double than findings from the April.

Recommendations

Although the data trends toward the positive, the results should be viewed with caution, as the situation remains tenuous; thus, the consortium should monitor closely both HHs and the markets while restrictions lift. Specifically, based on the data collected, the following observations and recommendations emerged:

BUSINESS:

1. Use routine business coaching data to identify those HHs who have no businesses. Coaches and CBTs can work with HHs to identify obstacles for (re)starting businesses, find opportunities to overcome challenges, and support HHs on the path to (re)starting a business.
2. Drawing upon data related to the enabling factors that helped businesses continue operations during the lockdown to increase resiliency, especially if a second lockdown were to happen. Coaches and CBTs can use this information to guide participants on which businesses continued operating and why, and then provide the requisite support to help HHs diversify businesses and maintain a livelihood should this, or another unfortunate event, occur.
3. Business Coaching messages should focus on rejuvenating livelihood activities for short-cycle IGAs to ensure participants are able to gradually bounce back and re-diversify.

GENDER-BASED VIOLENCE:

While most respondents perceived rates of GBV to remain the same, there are some concerning trends of perceived rates of GBV increasing in both populations since the last data collection. This trend – particularly in the host community where the percent of respondents who felt GBV increased doubled since April – should be factored into coaching messages. Working closely with the Gender and Graduation and Linkages Project Officers (POs), coaches should be ready to provide support internally through coaching messages as well as externally through the referral system.

FOOD SECURITY:

While extensive disruptions were not found at this time, continued monitoring of food prices and accessibility should be conducted, particularly in the host community where 21.1 percent of respondents said they could not find posho and 23.8 percent said they could not find beans. The ability to find and pay for these two staple foods is critical to food security and nutrition in the area; any further decrease in availability or increase in price could be concerning. Consequently, participants should move toward resuming their livelihoods with appropriate prevention measures, but they must continue to remain prepared for a negative turn of events. 2. Notably, in the refugee community, 49.3 percent of HHs only have food stored for 14 days or less, thus coaches should continue monitoring food storage and ration as mentioned on page 26. In doing so, coaches can support refugee participants to plan for the future and effectively use resources to support their HHs.

3. Given the positive feedback from participants indicating the benefits of kitchen garden use, additional messaging may be needed to bolster this approach.
4. The Activity should focus on nutrition messaging related to affordable and healthy meal options like mukene (silverfish).

FARMING:

In addition to reports on difficulties finding agricultural inputs in the markets (Exhibit 14), concerns are on the rise around the distribution of counterfeit inputs on the market, thus CBTs should factor such knowledge dissemination into their regular Business Coaching messages. Additionally, Coaches and CBTs should revisit Farmer Field Business School curriculum on making natural pesticides such as marigolds, pili pili, and phytolacca to repel pests from crops in the upcoming season while there may be a continued shortage of agricultural inputs. In the same vein, Coaches and CBTs should also revisit FFBS sessions on “Making Plant Tea” and “How to Make Compost” to ensure fruitful harvests in the upcoming season.

TASK FORCE:

AVSI is an active member of the Rwamwanja Settlement COVID-19 Task Force, which also holds representation in the Kamwenge District COVID-19 Task Force. AVSI should continue to share leading issues with the Task Force to bolster their approach to support citizens to meet their needs during this difficult time. Additionally, participation in the Task Force allows AVSI to remain knowledgeable on local strategies and information to inform programmatic decision-making.

CONTINUED SAFETY PRECAUTIONS:

1. Messaging on COVID-19 safety precautions should continue as part of the coaching curriculum as the number of COVID-19 cases increase nationally and globally, and as the Activity begins to increase in-person implementation of activities. This includes wearing a mask, handwashing, and social distancing while operating a business, participating in Graduating to Resilience activities, such as coaching and VSLAs, going to the market, etc.
2. Considering the reasons cited in the context assessment among respondents who consider it challenging to wear a mask, Activity personnel should adjust accordingly. For example, if cost is a barrier then personnel can work with participants to make masks; if finding a mask poses an issue, then staff can identify and be aware of locations that sell masks. This way participants can continue engagement in Activity components as the methodology transitions from remote implementation back to in-person implementation.
3. Additionally, CBTs can learn from the actions taken by traders to keep customers safe to support participants to establish those same safety precautions in their businesses. 4) As the GOU is meant to distribute masks to all citizens and refugees, the Activity should stay abreast of distribution plans within the area of operation via the Task Force.

EFFECTS ON RANDOMIZED CONTROL TRIAL:

It was interesting to find that treatment arm three has significantly more support from WFP and UNHCR (26.8 percent, n=87) than the other two treatment arms (arm one: 3.75 percent, n=3; arm two: 16.3 percent, n=56). Along the same vein, treatment arm one has a higher percentage of support from NGOs (32.5 percent, n=13) than arms two and three (arm two: 16.9 percent, n=29; arm three: 13.4 percent, n=12). More information should be gathered to be sure;

1. There are no external factors causing disparities among the treatment arms that may negatively affect the findings of the RCT and,
2. Review key socioeconomic indicators across the treatment arms to ensure HHs were similar at the onset of the Activity.

INFORMATION SHARING WITH EXTERNAL STAKEHOLDERS:

The Activity should consider a remote learning session with external stakeholders e.g. the Rwamwanja Office of the Prime Minister (OPM) and UNHCR, District and Local Government, and local NGOs on the context data and graduation data in mid-August through Zoom as part of the external information dissemination meetings and to learn if this information holds true in the communities outside of the Activity. The information sharing session would have two purposes:

1. Allow the consortium the opportunity to share their findings with others; and
2. Help the consortium understand if these findings are consistent outside of the Activity to better understand how its work has affected the resilience and self-reliance of participant HHs.

The Activity could also ask IPA to share data from their context assessments, as they were able to collect data from the control group as a comparison. As part of the quarterly stakeholder meetings with service providers, the Activity should identify a mode of communication to share concerns around the potential increase of GBV in the area of operation – whether that be in small, socially distanced groups, via Zoom, or meeting stakeholders individually in-person or on the phone.

ADDITIONAL NEEDS ASSESSMENT DATA COLLECTION:

Another needs assessment should be conducted dependent on the local and national context and if the GOU implements restrictions again. If restrictions continue to lift, then routine monitoring data, such as business monitoring; bi-monthly market price monitoring; and the upcoming quarterly, bi-annual, annual, and graduation criteria data collection are sufficient to understand both the market function and how participants are recovering from the COVID-19 shock.



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