

Protection analysis: impact of COVID-19 measures on PSNs in refugee communities in Uganda

May 2020

1,423,740

Refugees and asylum seekers as of April 2020

3%

Refugees aged 60+

15%

Global population estimated to have a disability



©UNHCR/Elham Baghdadi. UNHCR's tricycle initiative provides free transport to vulnerable refugees at food distribution points in Bidibidi

Background

The Persons with Specific Needs (PSN) sub working group is a collective of over 20 organisations including UN agencies, NGOs, Disabled Peoples Organizations (DPOs), and Government (Ministry of Gender, Labour and Social Development and Office of the Prime Minister) which regularly meets within the Uganda refugee coordination model to discuss issues relevant to refugees with specific needs, with a particular focus on persons with disabilities and older persons.

The group's objective is to strengthen coordination and collaboration between partners working with PSNs, with the aim to mainstream disability and ageing in programmes for refugees and host communities, and to advocate for the inclusion of refugees in national frameworks and policies for older persons and persons

with disabilities.

Following the outbreak of the COVID-19 pandemic, the Ugandan government implemented a number of containment measures: starting in the 3rd week of March, borders, schools, places of worship were closed, inter-settlement movements, public and private forms of transport were banned and a night time curfew was imposed.

According to WHO, 15% of the global population is estimated to have a disability (WHO/World Bank, World Report on Disability, 2011). COVID-19 restrictions have created significant barriers for this population within refugee settlements in Uganda. To highlight these challenges, in April 2020 the PSN SWG members started to collect evidence from a range of sources on the specific impact of the COVID-19 crisis and containment measures on PSNs within refugee communities in Uganda.

The impact of the COVID-19 crisis on refugees with specific needs

Evidence was collected by PSN SWG members (including UNHCR, Humanity and Inclusion, Alight, NUWODU) from a variety of sources, including Refugee Welfare Committees including Village chairpersons, Food committee members, PSNs and community workers. The collected evidence covers a number of locations including Kampala, Kyangwali, Kyaka II, Nakivale, Oruchinga and Arua.

The evidence demonstrates a number of key areas where PSNs have been disproportionately impacted by the COVID-19 crisis:

(a) New and/or exacerbated barriers in accessing essential services and assistance

Many PSNs, particularly those with mobility challenges, previously relied on public transport (especially boda boda motorcycle taxis) to access essential services such as health centres and food distribution points. In refugee settlements in particular, homes can be located several kilometers from service points. With public and private forms of transport banned by the government, many PSNs are reporting that they are unable to access essential services at the current time

A number of PSNs have pre-existing chronic medical conditions which require constant care and medication. Interruptions in medical care can have serious long-term consequences.

At the same time, some PSNs who previously relied on assistance from community volunteers or family members have reported that they are unable to access the same level of assistance as community volunteers / family members are no longer able to travel to them. Some family members who were previously providing assistance to PSNs were outside of the settlement at the time when the lockdown was announced and have been unable to travel back to their relatives.

(b) Difficulties in implementing COVID-19 preventative measures

PSNs, particularly persons with mobility challenges, face difficulties in accessing water taps and WASH facilities due a lack of adapted services, particularly in refugee settlements. However, certain groups of PSNs, particularly older persons and persons with serious medical needs, face increased risks of serious complications should they contract COVID-19 and therefore have a higher need to undertake preventive measures. In addition, persons with disabilities already face pre-existing high levels of discrimination and exclusion; should such groups contract COVID-19, there are risks of increased stigma against them.

Therefore, PSNs should be prioritized in preventive measures against COVID-19. However, in a rapid survey of 58 persons with disabilities conducted by Humanity & Inclusion (HI), 32% lacked access to basic hygiene items (masks, alcohol, soap, etc).

(c) Increased needs for financial assistance

Many PSNs are reporting increased needs for financial assistance; PSNs had high levels of pre-existing economic vulnerability prior to the COVID-19 crisis and many were engaged in small scale, informal businesses such as selling perishable food items. With the imposition of containment measures, many PSNs are currently unable to work. For example, women with disabilities who previously worked in food markets are unable to abide by Government directives that vendors must sleep in the markets and are also unable to physically access markets which are still open to sell their goods due to transport restrictions.

In addition, the COVID-19 crisis has coincided with a 30% reduction in food rations provided to refugees living in the settlements which has further reduced PSN coping mechanisms. During the HI rapid survey of persons with disabilities referred to above, 51% reported that they have run out of food and other household essentials due to COVID-19 related measures such as lockdown whilst 32% reported that they were unable to cover other basic needs.

Across many of the economic indicators considered by the WFP food security and essential needs assessment of Kampala-based refugees (April 2020), households headed by a woman, a disabled person or an elderly person were more severely affected by the pandemic and containment measures. For example, households headed by a disabled person were less likely to have acceptable food consumption and were much less likely to have savings than households headed by a non-disabled person.

(d) Information gaps

PSNs are experiencing information gaps as targeted messages on COVID-19 have not reached them and/or are not accessible (sign language, braille, etc). Information gaps have been linked to rights violations in certain cases. Caregivers and community volunteers who previously supported PSNs also lack information on how they can safely continue to provide support to PSNs under current conditions. During the HI rapid survey of persons with disabilities, 47% reported that they did not know where to access additional support and had not received information about the services available.

Recommendations

(a) Increased participation of and consultation with PSNs

There is an urgent need to ensure the participation of and consultation with PSNs in national and regional COVID-19 taskforces through DPOs and / or representatives of persons with disability and older persons, including refugees. This will help to ensure that measures imposed during the COVID-19 crisis are as sensitive as possible to the needs of PSNs and avoid a disproportionate impact and associated rights violations. This can be accompanied by advocacy by all actors for reasonable accommodations and accessibility for PSNs within COVID-19 restrictions, particularly those with mobility restrictions.

(b) Increased targeted assistance for PSNs around critical needs

Partners working with PSNs should focus interventions on the emerging critical needs, and advocate with potential donors for additional funding for the following key activities:

- i. Improved identification of persons with disabilities and elderly;
- ii. Transport assistance for PSNs to access essential services (including health centres, food and NFI distribution sites);
- iii. Delivery of targeted support to enable preventative COVID-19 measures by PSNs (e.g. delivery of soap, water containers and hand-washing facilities to homes);
- iv. Multi-purpose cash assistance;
- v. Targeted and accessible messaging for PSNs and caregivers on COVID-19 and preventative measures.

(c) Continued identification and sharing of best practices and innovative approaches

Partners working with PSNs should continue to collect and share examples of best and innovative practices, to allow others to learn from and replicate programmes where appropriate. A number of good practices have already been identified, including:

- door-to-door sensitization for PSNs on COVID-19;
- targeted NFI distributions to PSNs to support preventative measures (e.g. soap and buckets);
- collection of prescriptions by whatsapp and delivery of medications to PSNs at home using boda boda;
- refugee drivers and boda boda operators forming associations and pooling cars to be used to transport emergency medical cases to hospital with the necessary government permission;
- community based structure members providing assistance to PSNs at food distribution sites;
- dedicated free transport for PSN food rations from food distribution sites using community-run tricycle schemes;
- early provision of livelihood opportunities (e.g. seedlings and hoes for planting) to PSNs to replace lost sources of income;
- provision of in-home services for the most vulnerable PSNs (e.g. rehabilitation, education support and MHPSS);
- additional support being provided to community structures (e.g. mobile phones and airtime) to enable them to monitor and report on the situation of particularly vulnerable PSNs in the community and connect them with service providers.

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