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COVID-19 Prevention Measures: Impact Stories and Lived Experiences of Uganda-based Refugees

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Abstract

The COVID-19 pandemic is making new demands on society to become more aware of humanity's oneness and collective vulnerability. The disease has instigated a catalogue of health communication initiatives focused on prevention and containment. Tentative solutions such as social distancing, face masking, hand-washing, and lockdowns have seemingly become the mantras of safety and prevention. Moreover, staying safe entails going against the everyday normal and nearly doing away with that which, defines humanity, namely: socialising (even physical contact), thus, leading to compliance dilemmas. Relying on findings of the mixed methods socio-behavioural study, "Knowledge, adherence and the lived experiences of refugees in COVID-19:A Comparative Assessment of Urban and Rural Refugee Settings in Uganda," hereafter REFLECT. We show that refugees are in a constant dilemma of choosing either to comply with prevention measures or maintaining the everyday normal. Hence, we reflect on how the prevention-related social restrictions might be increasing refugee vulnerabilities by disrupting their everyday normal. We question whether it is appropriate to view non-compliance as a deliberate act of defiance on the part of refugees when their current positionality hinders amenability. We conclude that, it is vital to understand how refugees' lived experiences and socio-economic pressures lead to compliance dilemmas.

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Introduction

The global COVID-19 pandemic has caused debilitating impact on all aspects of human life. Still, the magnitude of these impacts is yet to be understood in Sub-Saharan Africa, given the level of poverty, weak public healthcare systems and limited access to vaccines against the virus. From the time it was declared a global pandemic on 30th January 2020, the crisis compelled us to reflect on how the disease is disrupting lives, economies and the general social order (Zhou et al 2020; WHO Operational Planning Guidelines 12 Feb 2020a).

As a new, invisible, and lethal disease, it has instigated a catalogue of health communication mechanisms to promote prevention through public and personal responsibility. Tentative prevention measures such as social distancing, face masking, hand washing, lockdown and staying home, have become new mantras. Part of staying safe now involves going against the everyday normal and nearly doing away with some of the simple things that define humanity, especially socialising (even physical contact) and togetherness, leading to compliance dilemmas. Hence, the pandemic is making new demands on society to become more aware of humanity's collective vulnerability in the face of the unknown.

This article presents the findings of the cross-sectional socio-behavioural study, "Knowledge, adherence and the lived experiences of refugees in COVID-19: A Comparative Assessment of Urban and Rural Refugee Settings in Uganda," hereafter REFLECT. Led by Makerere University, Department of Social Works, School of Humanities and Social Sciences, the study was implemented in three refugee hosting locations in Uganda, namely: Adjumani district located in (West Nile region in Northern Uganda) bordering South Sudan, is home to about 213,580 refugees predominantly South Sudanese, the second largest settlement in the country. Kyaka in Kyegegwa district (Western Uganda bordering the Democratic Republic of Congo, DRC); hosts nearly 123,692 multinational refugees, mainly from the DRC, Burundi and Rwanda. Kisenyi with nearly 79,958 residents is a densely populated slums, located right in the heart of metropolitan Kampala (Central Uganda) and home to predominantly Somali and Congolese refugees).

It brought together researchers from the academic, policy, public health and civil society/humanitarian fields, which is useful in closing the gap between research and practice. The study was implemented over a six-month period from June 2020 to December 2020. While the project benefitted from secondary data, primary data was collected through two weeks of fieldwork across the three study sites above.

Context

At the time of the COVID-19 outbreak, little was known about the refugee communities' preparedness to comply with COVID-19 prevention measures (see Inter-agency Standing Committee - IASC March 2020). However, for Uganda, existing studies on refugees' perceptions of healthy behaviour such as (Barnes and Almasy, 2005) could have provided valuable insights into the policy formulation, planning and implementation of COVID-19 prevention guidelines. This would have probably averted some of the challenges associated with the prevention measures as the nascent stages.

Refugees are often a heterogeneous sub-group characterised by different socio-cultural, economic, political, ethnic, national and religious diversities (cf. Leitner and Ehrkamp 2006). Heterogeneity coupled with the socio-economic pressures of living in displacement in a foreign land strapped with food and income/ livelihoods insecurities while maintaining relationships across borders, are among the factors that make refugee preparedness and readiness to comply with COVID-19 prevention measures quite tenuous, requiring a thorough interrogation to assess their efficiency.

Lumu (2020) posited that, for low and middle income countries (LMICs), socio-behavioural change interventions would be the single most effective, immediate and pragmatic means of containing COVID-19 in the interim. Still, the measures favoured by national states, international development partners and humanitarian actors, include vaccination, socio-behavioural change and compliance with existing prevention measures. The latter two are rather unfavourable in refugee contexts, considering their living and socio-economic conditions. In a similar way, most global public health policies and humanitarian programmes, including by the United Nations High Commissioner for Refugees (UNHCR) and the World Health Organisation (WHO) aimed at containing and controlling the pandemic have varied in dynamism, process and substance (Lunn et al. 2020; Jay and Van Bavel et. al 2020). The strategies of national, regional and even local confinement have, however, one thing in common: they are all particularly at odds with the survival strategies and social networks refugee communities rely on.

The situation is more acute on the African continent, where a large number of displaced persons live (UNHCR 2017). Of the 68.5 million people who are known to be forcibly displaced worldwide, over 20 million reside in Sub-Saharan Africa (UNHCR 2017). Six of the top ten refugee producing countries are located in the Horn of Africa and the Great Lakes Region. Uganda, the focus of our

discussion, is home to over 1.3 million refugees and asylum seekers compared to Ethiopia's (905,631) and Kenya's (486,000) respectively (UNHCR 2017; UNDP 2017). The majority of these refugees originate from South Sudan, the DRC, Somalia, Eritrea, Ethiopia, Burundi and Rwanda.

The refugee policy in Uganda allows freedom of movement and access to social services, employment, trade and industry (Refugee Response Plan, 2019). This enabled many refugees to participate in the local economy by engaging in small trades/commerce and industries, work and education. Hence many were actively involved in internal and cross-border circulation before the pandemic. Arguably, Uganda-based refugees are impacted by several socio-economic challenges that often dent their compliance with existing COVID-19 prevention measures. Under the circumstances, the best viable option would be for the humanitarian community and government to prioritise mass vaccination of all refugees as a measure to improve their well-being and reduce their vulnerabilities to COVID-19 and its associated socio-economic impacts.

Furthermore, refugees are trapped in a constant dilemma of whether to comply with the COVID-19 prevention measures or maintain their everyday normal. Prevention measures such as social distancing and movement restrictions strike at the very core of refugees' support systems and way of life and risk to increase their vulnerabilities. The fact that social restrictions severely increase vulnerabilities and disrupt social relations, especially with regards to refugees' identities and transnationalism has been well documented (see Ehrkamp and Leitner 2003: 1616; Yeoh and Huang 2000).

Outline

In this article therefore, we examine refugees' lived experiences of complying with two specific COVID-19 prevention measures, namely: social distancing and movement restrictions (also internal and cross-border circulation) to explain the dilemmas they faced. Admittedly, the non-compliance under discussion is far from being an act of defiance on the part of the refugees, but calls attention to the need to recognise their precarity if future prevention interventions are to be effective.

In the first part, we scrutinise how refugees experienced and or applied social distancing as a prevention measure considering the often cramped, living conditions in the settlements. This was the case across all three rural and urban study sites. For instance, Kisenyi is a densely populated slum area hosting mostly Somalia and Congolese refugees. Despite being a low-cost area, the cost of living in Kisenyi is still quite high for the refugees that reside there, as study found:

> As refugees, we had some small jobs, all the people we used to work for no longer work because they closed shop. Right now we are many here in Kisenyi and we have no work; even where to stay is a challenge, food is a challenge; we cannot even afford bathroom fees (Male FGD, Kisenyi, Kampala, September 2020).

Similarly, the various rural settlements in Kyaka (two) and Adjumani (nine) visited during the fieldwork were remote and under serviced locations in which refugees and host communities share community resources and infrastructures such as water points, health centres, wood fuel sources, markets and schools. Each study site brought valuable nuances into the refugee compliance story, contextualised their experiences and rationale for their divergent responses to the COVID-19 prevention measures. The physical setting of study sites revealed the potential risks of exposure arising from pre-existing socio-economic distresses.

In the second part, we interrogate refugees' compliance with both internal and cross-border movement restrictions, given that many are known to engage in internal and cross-border circulation for personal and business reasons. We observe that the factors that contribute to non-compliance with prevention guidelines include the multiplicity of languages and consequent language barriers associated with multinationalism among refugees, the subsisting ties to countries of origin, as well as individual socio-economic pressures.

Understandably, the refugees struggle with the impasse of choosing either to comply with existing prevention measures or continue with the everyday normal. This is just one example of how COVID-19 has complicated the simple everyday things (Musinguzi and Asamoah 2020). It is also the very foundation of the difficulties associated with the sluggish socio-behavioural change and the compliance dilemmas we examine here with reference to lived experiences and responses of some rural-urban refugees. Going forward, we discuss findings from three refugee hosting locations, namely: Adjumani, Kisenyi and Kyaka to illuminate how and why social distancing and movement restrictions drive to compliance dilemmas among them.

Refugees' Daily Life Challenges amidst COVID-19 Restrictions

A deeper scrutiny of the experiences of Ugandan-based refugees could potentially inform public understanding about the socio-economic impact of current pandemic prevention measures. Social isolation, loss of incomes/ opportunities, neglect and food and relationships insecurities must be taken into account. This is consistent with Surico and Galeotti's (2020) arguments about the disastrous effects of increased social isolation on the elderly who also more

vulnerable to the disease and its side effects. This study found that elderly refugees were also socially isolated during the lockdown period and thereby exposed to the risk of neglect and emotional and psychosocial distress.
It is crucial to note that compliance with Covid-19 measures such as social distancing was/is particularly difficult for refugees who are profoundly transnational and mobile. Refugees circulate across territorial borders to avert social insecurities through trade and existing networks (cf. Yeoh and Huang 2000), and this is the case for the majority of Uganda-based refugees who circulate across national borders, especially between South Sudan and Uganda and the DRC and Uganda, respectively. The porous nature of Uganda's borders (a land locked country with very many possible unmanned crossing points) aids illegal refugee circulation.
Ultimately, such back-and-forth cross border movements potentially increase the risks of disease importation-exportation since enforcement is constrained across the multiple border points. Besides, a good number of refugees from South Sudan and the DRC have relatives and networks across borders and seemingly use them for cross-border trade and personal reasons, including family affairs (Hannerz 1996). This circulation allows refugees to maintain a dual presence and connection between the sending and receiving countries, which makes them transnational. Similar analyses of transnationalism have specified social networks among the drivers and rationale for refugee circulation (see for example, Ehrkamp and Leitner 2003; Smith and Guarnizo 1998). However, such transnational presences come under pressure with the COVID-19 measures that restrict mobility such as with international/cross border movements, as indicated by the following account from a refugee in Kisenyi:

> We do not even have money to go back to our countries. But right now if we get some help to return to our countries or even get some work that can help us survive [we would take it] (Male FGD, Kisenyi, Kampala, September 2020).

Though Uganda's pragmatic refugee policy promotes equality of opportunities, including employment and parity, arguably, rural-urban refugees still present very specific vulnerabilities associated with their situation of being transient and on the margins of the hosting society (cf. Ahimbisibwe F 2018; Monteith and Lwasa 2017). The lack of economic and professional opportunities among refugees have been exacerbated during the Covid-19 pandemic. As Alhusban et al (2019) observed, the opportunities available to refugees are equally severely stretched by the weight of COVID-19 prevention restrictions, leaving them stranded for most part and found to be non-compliant and vulnerable. This

sense of dilemma and being stranded came out in the above observation by the respondent, who wishes they could return to their home countries.

Such vulnerabilities are attributable to the loss of incomes resulting from lockdown of businesses; the risks of food insecurity due to reduced food rations and upkeep allowances; and relationship insecurities related to restricted movements, which caught some family members across borders. To some extent, these socio-economic vulnerabilities illuminate how public health risk prevention can be affected by the sheer human need to survive (cf. Kreuter and McClure 2004; Almutairi et al 2020). Coupled with a rather malleable sense of social security, the pressures from COVID-19 prevention restrictions to a greater extent drive refugees into compliance dilemmas. Similarly, Amandu R. et al (2020) have highlighted the effects of COVID-19 on refugees and hosts along Uganda's border territories.

While COVID-19 restrictions tend to re-territorialise refugees' lives and practices by confining them to one place, illegal refugee circulation continues across Uganda's borders as the findings show. Thus, widening the gap between law/policy and practice. Even the temporary halt on registration of new refugees in Uganda since the outbreak of COVID-19 has made little impact because the porous borders still encourage unmonitored entries and exits (Ahimbisibwe 2018). Hence, the effects of COVID-19 at Uganda's borders are continually shaping perspectives on why/where policies may need to be revisited. This resonates with Amandu et al.'s perspectives on border policies in the pandemic control and containment (2020).

REFLECT: Understanding Refugee Responses to COVID-19 Prevention

The REFLECT study, utilized both quantitative (surveys) and qualitative techniques to generate empirical data on the experiences and responses of refugees to COVID-19 prevention measures. Qualitative data was collected through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Generally, all KIIs and FGDs were conducted in English, with translations (and back translations) into relevant local area languages: Madi, Nuer, Dinka, Arabic, Somali, Kiswahili, Rukonjo, among others.

Thus, adopting a social constructivist approach, we illuminate how refugees describe and experience compliance dilemmas and the logical reasoning informing their choices amidst the threat of COVID-19. While respondents were predominantly refugees (70%), local and national stakeholders (30%) whose roles, experiences, knowledge and practice(s) in the refugee sector were considered vital, also contributed. Participants were purposively selected to

contribute on the basis of their life experiences, opinions, practice, knowledge and perceptions (this was consistent with approaches applied in similar qualitative studies such as by Cohen et al 2000 and Coffey 1996).

The Ten FGDs conducted in each research site provided space for selected refugees to collectively reflect on the COVID-19 situation and together agree on the factors that interpretatively accounted for non-compliance. The FDGs also supported the sharing of experiences, learning and information regarding the social contexts, realities, dilemmas and hopes of the refugees. The trends pertaining to compliance with existing guidelines were brought to light with real life examples of what individual refugees or communities actually encountered, which attached meaning to the divergences in behaviours, responses and experiences. Thus, the FGDs generated crucial insights into the refugees' everyday lives from where they live. That way, it was possible to observe, hear and better contextualize their experiences.

For instance, we observed during the fieldwork the physical environment and setup of the respondents' living areas. From an observation of the shelters as well as the size of allotments on which they were constructed, it became apparent that the setup is inconsistent with the social distancing requirements. This is especially because the shelters are built close to each other. Additionally, one shelter normally accommodates more than ten occupants, which explains why refugees argue that their living arrangements complicate compliance, especially with social distancing measures. This finding was cross-cutting for all the study sites, namely Adjumani, Kisenyi and Kyaka, respectively. However, Kisenyi has other unique challenges. For instance, being a slum, it does not have sufficient open green spaces compared to the rural settlements. It is typical congested with very poor sanitation and high poverty rates.

Similarly, the in-depth discussions from the eighty KIIs conducted in each research site corroborated the findings from the FGDs and surveys. For instance, the KIIs highlighted the extent to which socio-economic conditions compel refugees to persist with behaviours and practices that are deemed risky and contradictory to the recommended prevention measures. From the KIIs, we made sense of respondents' experiences, perceptions and behaviours – especially the acceptance of certain myths and misconceptions about COVID-19, which seem to be extremely vital in explaining the issues around compliance. For instance, at the nascent stages of the pandemic, there was a misconception that COVID-19 harmless to Africans due to the high death rates reported from Europe and the Americas. Also, at the time of the fieldwork, Uganda had not yet registered any COVID-19 related deaths. Hence, this perspective was found to be misleading and widespread in all study sites. However, the situation changed when local/

national leaders openly dispelled the myths.

Specifically, government ministries, departments and agencies (MDAs) involved in refugee interventions such as the Ministry of Health (MoH), and the Office of the Prime Minister (OPM) participated alongside civil society, district and local leaders, frontline implementers, enforcers, adolescents, youth, women, men, elders, and persons with disabilities, among others. The diversity of the study population provided scope for examining cross-cutting COVID-19 concerns/ risks relating to (health, social status, norms, practices, behaviours, gender, disability, and age). Their voices were also critical in influencing positive behaviours, practices and addressing misconceptions. In one KII with a local refugee community leader in Adjumani, he argued that the problem with compliance originates from the misleading perceptions in the community, that "Africans are immune to COVID-19 or corona does not kill black people."

Since the qualitative strand of the study interrogated the host community and refugee perceptions of the COVID-19 pandemic by focusing on lived experiences, knowledge, opinions, coping mechanisms, as well as cultural norms and practices; this corpus of data informed analysis and interpretation of the associated compliance dilemmas. As participants were engaged in their own environments (both at home and work), this approach increased the degree of participation and generated high quality/ reliable data, since respondents provided information at their own pace in a calm environment.

By paying attention to specific social factors such as the respondents' lived experiences, relationships and appreciation of the social and natural contexts around them, we identified emerging concerns and patterns of compliance dilemmas from the field. The concerns included: loss of opportunities, social isolation, lack of income and food, family separation, emotional and psychosocial distress. However, the patterns of compliance dilemmas were mainly identifiable in the sluggish adaptation to the new normal and the failure to choose between health, safety and life, as normal.

Contextual and Social Practices/Behaviours Impacting Compliance

The study findings suggest that it might be rather disparaging to view refugees as deliberately non-compliant since a closer look at their situation reveals that social distancing and movement restrictions, are rather irreconcilable with their living conditions and livelihood needs. As one respondant explained, "hand-washing and staying home were the rules that were easily followed, but social distancing, hugging and handshaking are not being followed" effectively. Moreover, "husbands and wives are still socializing as normal..." (KII Woman,

Nyumanzi Settlement, Adjumani).
Whereas the efforts to enforce the prevention measures are commendable, to some extent they amounted to violence against refugees even when the enforcers themselves were in breach of the very measures, as one official stated in the KII captured:

> Security agencies are also behaving as if they are COVID-19 free…They do not observe social distancing on their pick-up trucks i.e. they are always packed, they rarely wear face masks, they sit two people on boda bodas [motorbikes]…really how do you expect communities to observe SOPs in such circumstances? This has demotivated the communities (KII, Adjumani Town Council; September 2020).

As the above respondent indicates, social behaviour affects policy application leading to non-compliance. The danger here is the extent to which social behaviour and perceived misleading conduct of enforcers can drive non-compliance and thwart positive responses to some safety measures such as the mandatory wearing of masks. This is critical since refugees are already exposed to different forms of social difficulties such as anxieties, hostility and stigmatization by hosts or maintaining familial interactions, cultural and identity ties across borders as in (Smith and Guarnizo 1998).
This study finds that these pressures were exacerbated during the COVID-19 crisis. Where fear of the police is a primary force, people tended to avoid confrontation with law enforcers, and at the same time, went ahead to model their non-compliance as in the quotation above instead of reporting them. Clearly, refugees like host communities invariably face the pressure to comply with the measures that are preventing the simple things in life such as eating together, visiting/hosting relatives, shaking hands, hugging – generally, close physical contacts.
Refugees seek to keep their social networks and cross-border circulation as a survival strategy. In Adjumani for instance, one respondent argued that "South Sudanese have the means of entering Uganda even when the boarders are closed," confirming continued refugee circulation across the porous borders (KII Religious Leader, Adjumani District). Moreover, the general source of the dilemma as one respondent aptly put it is that:

> The knowledge is generally available but putting into practice what has been passed on is the challenge. Most of the prevention measures affect the social and economic aspects of [people's lives] and this has led to a good number of people not to adhere. This is because they need to survive. For instance, you go right now to Nyumanzi Trading Centre; you will find no

> one practicing the preventive measures. It was initially because people did not have masks but even after the masks were given, they still did not wear them (KII Frontline Worker, Adjumani).

Many refugees and hosts were found continuing with what was their normal before COVID-19 in spite of the widespread knowledge of the implied dangers those social values/practices expose them to, hence as a local leader argued:

> The local council and the refugee leadership structure have been very helpful in discouraging the cultural practices that increase the risk of spreading the virus. For instance, as a leader, if I greet someone and they bring [forward] their hand, I tell them that it is wrong and they also agree with me and we move on (KII, Refugee Community Leader, Kisenyi).

In this context, is it still relevant to treat non-compliance as a deliberate act of defiance on the part of refugees when, as this study shows, it is their social positionality that hinders amenability? Some of these same reasons for non-compliance have been reiterated in Athumani's (2020) coverage of why Uganda-based refugees apparently defy COVID-19 prevention measures. Moreover, refugees are exposed to multiple socio-economic problems, which collectively compound their vulnerabilities and precarity. Often, refugees have limited means or access to the basic necessities of life (David et al, 2019). This point emerged more clearly from an FGD participant's explanation of how the pandemic has augmented individual and collective vulnerabilities:

> COVID-19 has come with many challenges, more so for us as refugees. We have been hit hard in terms of paying rent - for us who are in the slums of Kisenyi in Kampala. Some of our relatives who are in USA who have been sending us relief, for example, if they have been sending you $200 a month now send $50 yet the house you rent is $100. The landlord is demanding rent for 3 months. I don't want to return to the camps because the situation is worse, people don't even have sanitizers, or soap and shelters are few. Now for us who are in Kampala [...] even the credit card I was given by [UNHCR] for getting food no longer gives us food, they used to use Equity Bank, they used to give us maize, cooking oil, but nowadays they no longer give us those supplies, they only give us Shs 60,000/= (Male, FGD Kisenyi, Kampala).

The above narrative reflects refugees' interconnectedness and interdependencies and how diasporic networks transcend geographical boundaries in terms of social ties, personal responsibilities and financial assistance. This FGD account

equally demonstrated the global nature of the effects of COVID-19. Even more so, for refugees who depend on both local and international social support networks. The reality remains that those who depended on diaspora assistance seemingly came out worse off since both their local and external social support systems' capacities to help apparently weakened according to above FGD account.

Disentangling the Socio-Contextual Factors Complicating Compliance

As seen from the FGD account above, in the refugee world, there are multiple realities that are sometimes best understood only through their own eyes and lived experiences. That is why their voices are extremely vital here to capture shared and unique stories and experiences. In an FGD, respondents outlined the multiple socio-economic pressures, including poverty, congested living spaces and poor social facilities that impact compliance to COVID-19 restrictions:

> We social distance, we wash hands, but we have one challenge of where to sleep. Where we sleep, there is no social distance, though outside we can social distance there is hardly any money to give to the Landlord. Where we stay we are really packed, getting a bath or sanitizer is hard... (Male FGD, Kisenyi, Kampala).

From the above example, it is obvious that the refugees' capacity to appropriately adapt to a new social order were significantly constrained. Eventually, they had little choice but to continue live as before despite being aware of the implied dangers. The situation is compounded by the way houses are constructed in settlements/camps and the people are socialised:

> Since these houses are close to one another, the families normally borrow items from one another e.g sugar, rice, salt. Therefore, in case one person is infected with the virus, it can easily spread throughout the entire community very fast...Majority of the people live close to one another... The average number is five members per household but in some you find seven, ten people living in one household (KII Refugee Leader, Kisenyi).

Even though restrictions were implemented at settlement levels, enforcement became quite problematic as refugees failed to comply in the interest of meeting some of their basic social needs. According to one respondent, this became one of the reasons for which they flouted rules, "refugees were prohibited from crossing settlements, it was difficult for [them] not to move from one house to another because they depend on each other" (KII, Olua2 Settlement, Adjumani).

Some refugees make cross-border journeys for a number of reasons, including

the need to reconnect with family and or averting food and income insecurities. In Adjumani, proximity to the border facilitates illegal cross-border movements increasing the risks of importing infections into the settlement:

> Nyumanzi being very near the border, "only 3 hours to the border" the proximity is allowing people to sneak across borders. Wives go to see their husbands and vice versa…when it takes so long you decide on what you want to do. You look for means to sneak in or sneak out (KII, Nyumanzi Settlement, Adjumani).

To the refugees, it was still vital to maintain that sense of belonging which had allowed the community to stay close and networked despite their temporary and precarious foreign location(s). In line with Nolin's observations (2002), the underlying transnational ruptures emerging from the COVID-19 situation and impacting the refugees' experiences, identities and social relations cannot be overstated.

Up to now, it might have appeared that social distancing is inapplicable due to the refugees' congested living conditions. However, other factors also come into play. For instance, a refugee respondent from Kisenyi argued that compliance with social distancing measures was problematic because it contradicted some social norms and cultural practices:

> The Somali community practices a lot of hand shaking and hugging in case it has been long since the individuals last met. When you find a child, you have to place your hand on the head and also carry the child. We do visit one another a lot and also eat together. For example, you can find two households that eat on the same plate because of culture. We also shake hands in the morning with neighbours as a sign of respect. Therefore, in case COVID-19 comes within this community it can spread really fast (KII, Refugee in Kisenyi).

Such cultural practices are surely adjustable in context of the pandemic since they are not a condition sinequa non for living. Without doubt, hosting friends and relatives in the context of the cramped living arrangements despite the risk of spreading COVID-19 simply highlights the inherent dangers of clinging to certain socio-cultural norms; hence, the need for socio-behavioural change.

In this context, it is thus apparent that culture remains among the socio-contextual factors contributing to compliance dilemmas and the risks of COVID-19 contagion. For instance, the restrictions hardly ever deterred cultural events such as marriages, hence:

> Holding functions like weddings where relatives are invited [continued].

> The government talked of 10 people at a wedding but even the 10 people are not safe (Community Member, Kisenyi, Kampala).

Similar views emerged among refugees in Adjumani where early marriages – persisted despite the SOPs probably because culture demands so. In one respondent's perspective:

> We, Dinkas, marry a lot. In our culture when a girl is 16, she is ready to be married. Our resources are girls; we give 300 cows, 500 cows…Whenever there is a marriage happening now, people go to South Sudan and they exchange the cows from there. Even those that are abroad exchange their cows from there [virtually]…" (KII Nyumanzi Settlement, Adjumani).

Arguably, the dilemmas contributing to non-compliance in the refugee context demand for a thorough understanding of their everyday life experiences and social/cultural norms. These factors have implications for culturally sensitive public health policy or communication strategy.

Diverging Perceptions of Risky Behaviour and Practices in Refugee Contexts

Cognisant of the prevailing COVID-19 induced socio-economic tensions, the voices and stories of refugees provide a lens into their actual everyday life experience as a basis for re-examining the 'wisdom' informing the risky behaviours, norms, perceptions and practices they present. Thus, suffice to say, it is not an easy task to dislodge people from their everyday normal – even in life threatening situations such as the current COVID-19 pandemic.

However, where public health risks are involved, it is often reasonable to encourage adaptation and adoption of new and safe praxis through targeted culturally sensitive health communication and messaging that recognise people's collective agencies (WHO 2020). To some degree the compliance dilemmas we highlight here are majorly attributable to behaviours, attitudes, cultural norms and practices – among refugees and their hosts. Many refugees argued that they have gone through worse situations than the current COVID-19 phenomenon and tended to dismiss it as rather insignificant. According to the following respondent:

> People take time to change their behaviour. Secondly, these people have gone through a lot. They have seen Ebola, some of them have had Cholera, … so when COVID came in, they were not scared. Even if you told them to wash their hands, they were reluctant (KII Settlement Official, Kyaka).

This example suggests that refugee compliance dilemmas are largely driven by behaviours and attitudes as much as socio-cultural norms than a lack of

prevention knowledge or enforcement of guidelines. For instance, host community members in the urban centres were comparatively more compliant than the refugees:

> But when you could go to towns like Kyegegwa, the curfew was being respected, the washing of hands was being done at that time but I do not know here in the settlement whether it is because of our behaviour, the refugees in the community were not respecting those SOPs that had been put in place (KII Settlement Official, Kyaka).

This perspective was reiterated by how the refugees allegedly conduct themselves in the presence of settlement authorities or service providers. When non-compliance meant not benefitting from certain services then, it was more likely that they would choose to adapt and adopt as indicated in the next account:

> Like I said when you are here and people want to enter the health facilities then they will adhere to the procedures but when you enter into their homes, then you will see a different picture. So, I do not know if they are just trying to please us people in offices because when they want to talk to us, someone will put on a mask, but when you follow that person home, they will not have that mask (KII District Official Kyegegwa).

Managing Diversity in Humanitarian Health Communication

Evidently, the difficulties of complying with social distancing and movement restrictions measures are inseparable from the socio-economic living conditions of refugees and host communities. Hence, contextualised health communication and messaging would be critical for promoting new and safe practices focused on preventing and containing the spread of COVID-19.

For instance, the collaboration between refugees cultural and community leaders, government and humanitarian actors in translating and disseminating life-saving messages in their various native languages improved uptake of life saving information across the three research sites. As one respondent argued, indicated roving public address systems, social and local media outlets to disseminate information were used in dissemination:

The United Somali Community has a Facebook page, once you post information, within a few a minutes, there are thousands of views. For instance within 30 minutes you can find 5000 views. This is an indication that there are a good number of people with access to social media (KII Kisenyi).

The use of local and social media platforms enabled some sections of the refugee

community to access relevant health related information was identified in all three research sites. This eventually reduced language barriers and increased the agency of refugees in the COVID-19 prevention campaign. Thus, it is still vital not to lose sight of the fact that diversity, if not well managed, can become a factor of exclusion due to the associated language multiplicity.
Moreover, health communication in the context of a pandemic as field experiences and refugees' lived realities have so far demonstrated, can only thrive with clarity of information and inclusivity. In this sense, the urgency with which health communication shifted from mainstream languages and channels to local/ native and community-based outlets, increased clarity of information. This eventually made the prevention campaign more inclusive of refugees and thus averted potential confrontations with law enforcers as the next respondent suggests:

> In the beginning, the majority of the Somali community did not understand the presidential addresses. Even when the lockdown was [ordered], majority were not aware and a good number of them got arrested for not respecting the lockdown and curfew. Some were arrested for using boda bodas as it was illegal at the time. This was mainly brought about by language barrier. Later on, we started to translate these messages for the community but what I can say is that compliance in the beginning was a challenge (KII Refugee in Kisenyi).

In terms of ethnic diversity, the Adjumani refugee setting presented a nuanced profile of realities from the other two study settings. While most of the refugees in Adjumani come from South Sudan, they are still not a homogenous group and therefore culturally and ethnically diverse – including Nuer, Dinka, Lutuku, Kakwa, Madi, and Azande among others. This ethnic diversity became crucial for streamlining health communication and messaging as seen in the efforts of the cultural leaders who ensured that no one was left behind. For instance, in Nuer-based settlements therefore, messages were translated into local native languages in consultation with locals. This applied to all other ethnicities across different settlements.
In Kyaka too, the dynamics were not much different. Here, national diversity hugely shaped understanding of how social diversity both facilitates and hinders refugee compliance with COVID-19 prevention guidelines. Besides the multiplicity of languages and consequent language barriers associated with multinationalism among refugees, subsisting ties to countries of origin, and individual socio-economic pressures tend to complicate refugee access and assent to prevention guidelines. This goes a long way to explain the compliance

dilemmas identified among the diverse groups of refugees in Kyaka. There, local innovations and translations improved information sharing and messaging, which quickly disqualified language barrier as a consistent driver of non-compliance.

Conclusion

The refugees in this study showed convincing knowledge of the logic informing all the prevention measures even when they tried to justify their lack of compliance. Even then, they have not escaped any of the socio-economic changes presenting them with the dilemmas of navigating COVID-19 prevention compliance. The voices and impact stories created avenues for a deeper scrutiny of existing local COVID-19 attitudes and practices affecting social distancing and movement restrictions among refugee communities; laying bare the compliance dilemmas. From the socio-contextual factors examined across the three study sites, it is understood that the dilemmas result from the refugees' failure to choose between complying with the COVID-19 prevention measures and the way of life that shapes their realities and defines their humanity. When they choose the latter, it may not be a deliberate act of defiance, but probably because the socio-economic conditions do not permit compliance.

In the refugee situations, therefore, non-compliance must be understood by examining their behaviours, attitudes, social norms, perceptions and praxis in context. The compliance dilemmas vitally revealed that existing prevention measures are at odds with some social practices/behaviours such as handshakes, hugs, eating together around one big plate, hosting families or socialising that are considered acceptable verifiers of hospitality in many African contexts. Thus, the onus is upon society to adapt to a new social order, surreal though it may seem.

The various categories of respondents shared unique, but verifiable insights about their local contexts and explained from lived experiences what would ordinarily have been taken for rumours or heresies; and presented them as facts. The empirical data revealed the basis of the tension between enforcers and refugees and why border crossings for example, continue unabated or why compliance generally suffers in spite of the growing public understanding of the need for safety.

Outside of the COVID-19 restrictions for many of the refugee communities represented in this study, including the Somali, Congolese, Dinka, Nuer and others, instances of physical contact – especially communal eating, hugging and shaking hands are considered exemplars of belonging. From the policy and

programming perspectives, it is crucial to recognize that being stringent in the refugee context will only make the situation worse since compliance with most of the measures would require a real shift in their social situation. Going forward, therefore, only a thorough understanding of the refugee world potentially provide scope for policy dialogue and future consultative or pro-refugee programming.

Hence, it is only from this point, that it might become possible for policy makers, programmers, practitioners and scholars to begin to recognise and sufficiently reimagine how the COVID-19 pandemic is altering acceptable human values and relationships. Put simply, COVID-19 unveils the stark uncertainties of contemporary living; regardless of a refugee status. It is therefore, critical to examine whether some positive change lessons could emerge from the compliance dilemmas identified.

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