

COVID-19 in Rural Uganda

APRIL 2020 SURVEY FINDINGS

THE
WATER
TRUST



SUMMARY

The Water Trust administered phone surveys to 144 rural households in Masindi and Kiryandongo districts in western Uganda to inform our organizational response to COVID-19. As we sampled people from communities we recently intervened in with water, sanitation, and hygiene interventions, these respondents will have higher capability and propensity to undertake hygiene behaviors than other households in this area. At the time of this survey, there were no confirmed cases in either district and there were nine to 56 confirmed cases in Uganda. The results suggest that general knowledge of the disease and risk mitigation practices is high. However, there are notable gaps in knowledge and beliefs related to face masks, as well as keeping one's family safe from disease if someone in the village or household contracts COVID-19.

Risk mitigation behaviors were self-reported, and so likely to be inflated, but the most commonly reported were not shaking hands, maintaining a two-meter distance, and washing hands with soap, and the least common was wearing a mask or face covering. While most respondents trust government and media communications on COVID-19, a sizable minority think the threat is exaggerated. There is no evidence that households are avoiding health facilities or clinics at this time. There is evidence of a meaningful increase in fighting within households, putting women and children at particular risk.

NEXT STEPS

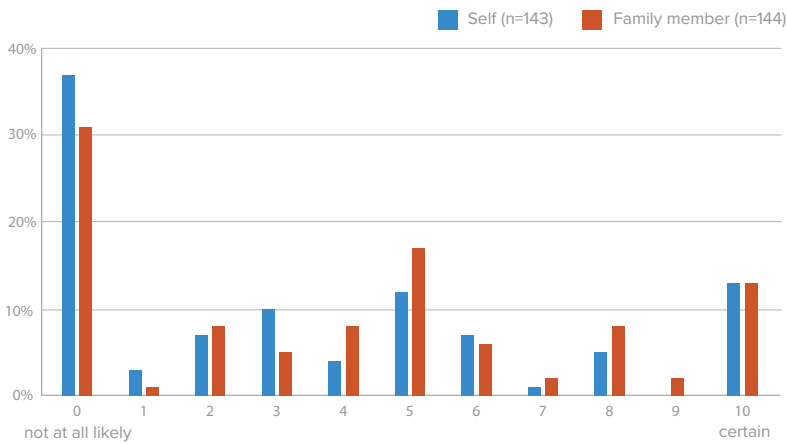
- Address gaps in COVID-19 knowledge and beliefs through a public information campaign spanning radio, portable speaker systems, and phone messaging.
- Administer additional surveys to rural, peri-urban and urban residents outside of The Water Trust communities.
- Incorporate into the public information campaign information about available resources to avoid and address violence against women and children.
- Continue to survey households to monitor changes in attitudes, beliefs, and behaviors.
- Support the District Health Offices in increasing the readiness of the health system to hygienically surveil and provide medical care to the population.

KEY KNOWLEDGE GAPS

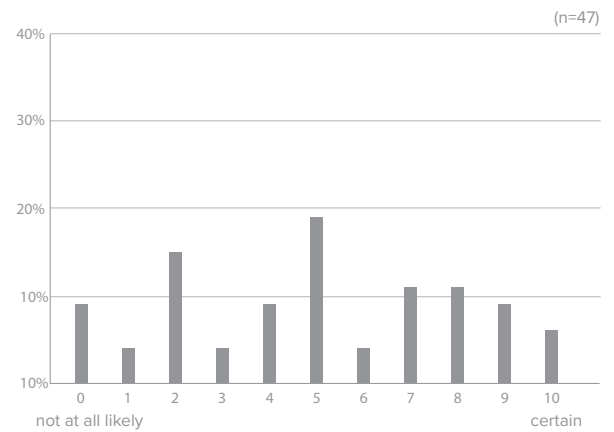
- Covering your nose and mouth in public is effective at reducing transmission and possible even if you cannot buy a mask.
- How to live in a home or village with a COVID-19 case and stay safe.
- How to reduce and address conflict within the home, especially against women and children.

GENERAL ATTITUDES AND BELIEFS

Likelihood of catching COVID-19 on 0 to 10 scale



Risk of becoming severely ill if contract COVID-19 on 0 to 10 scale



Perceived likelihood and severity of COVID-19 varies widely, with more than 30% believing they and their family will not contract the disease. This does not indicate necessarily that respondents do not take COVID-19 seriously. This may be due to the low incidence of confirmed cases in the country at the time, and confidence in the protective measures they have undertaken.

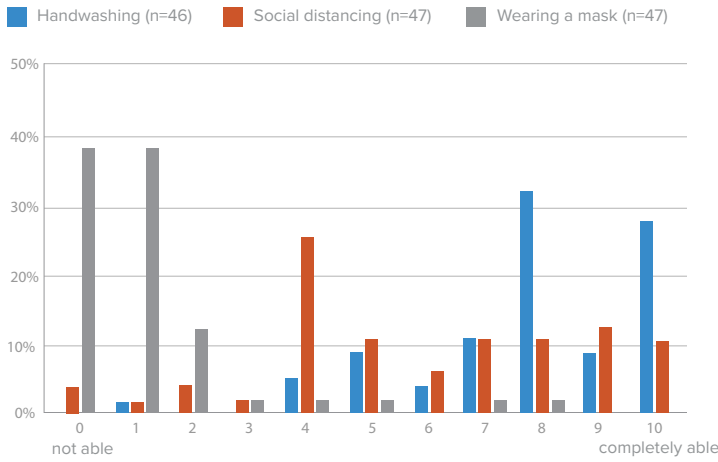
Legend for Attitudes and Beliefs: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree



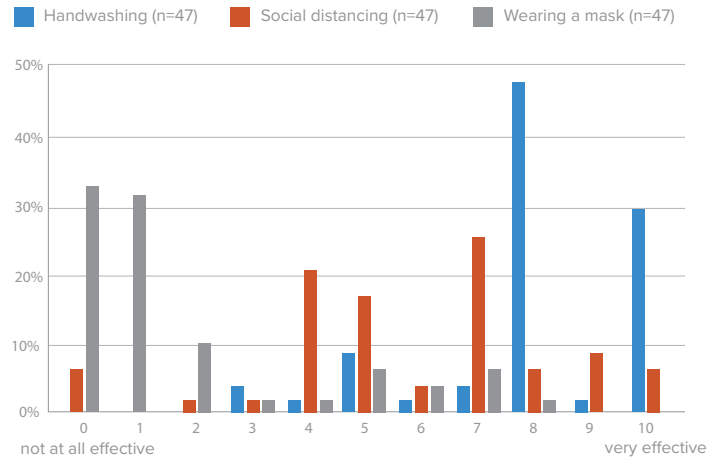
There is generally a belief in the need to change behaviors to address COVID-19. Confidence in government and media messaging is generally high, though there is a sizable minority (20%) with low trust. At the moment, the majority believe they can follow government restrictions and provide for their family and overcome challenges related to COVID-19. Restrictions at the time of the survey included a suspension of community gatherings, public transportation, and non-food markets, followed by a nationwide curfew and prohibition on private transportation. This is higher than might be expected, but restrictions had not been in place very long and rural farmers may be less immediately exposed than other populations. Most concerning is the lack of confidence in their ability to protect their family's health from a positive case in their village or home. While households report that they disagree with allowing their children to play with friends, our team thinks respondents may be more permissive about playing with neighboring children than these results suggest.

ATTITUDES AND BELIEFS ABOUT RISK-REDUCING BEHAVIORS

Capability to perform behaviors on 0 to 10 scale

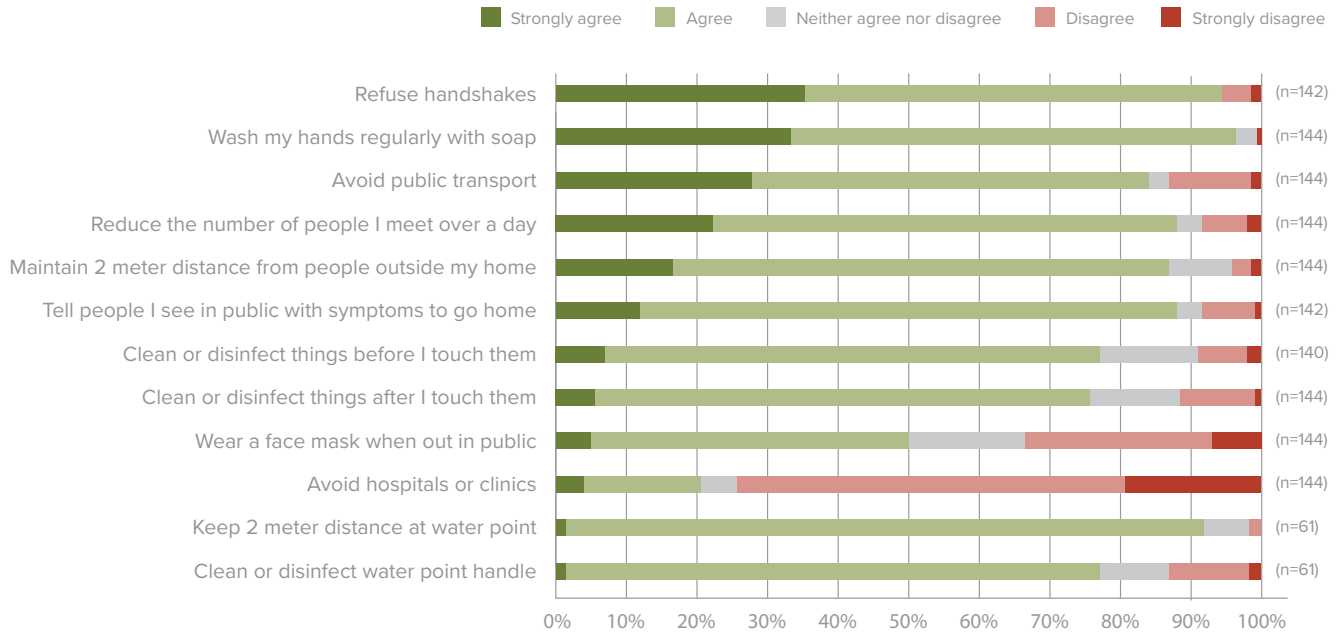


Effectiveness of behaviors on 0 to 10 scale



Perceived capability and effectiveness of handwashing with soap is high. The perceived effectiveness of and capacity for social distancing is notably lower than handwashing with soap. The greatest concern is the low perceived capability and effectiveness of face masks or covering. We believe this is likely due to limited messaging on this topic at the time of the survey, and lack of awareness of do-it-yourself options for households without the money or market access to buy manufactured masks. Since this survey, the government has increased its promotion of masks and there are reports that they soon may be required.

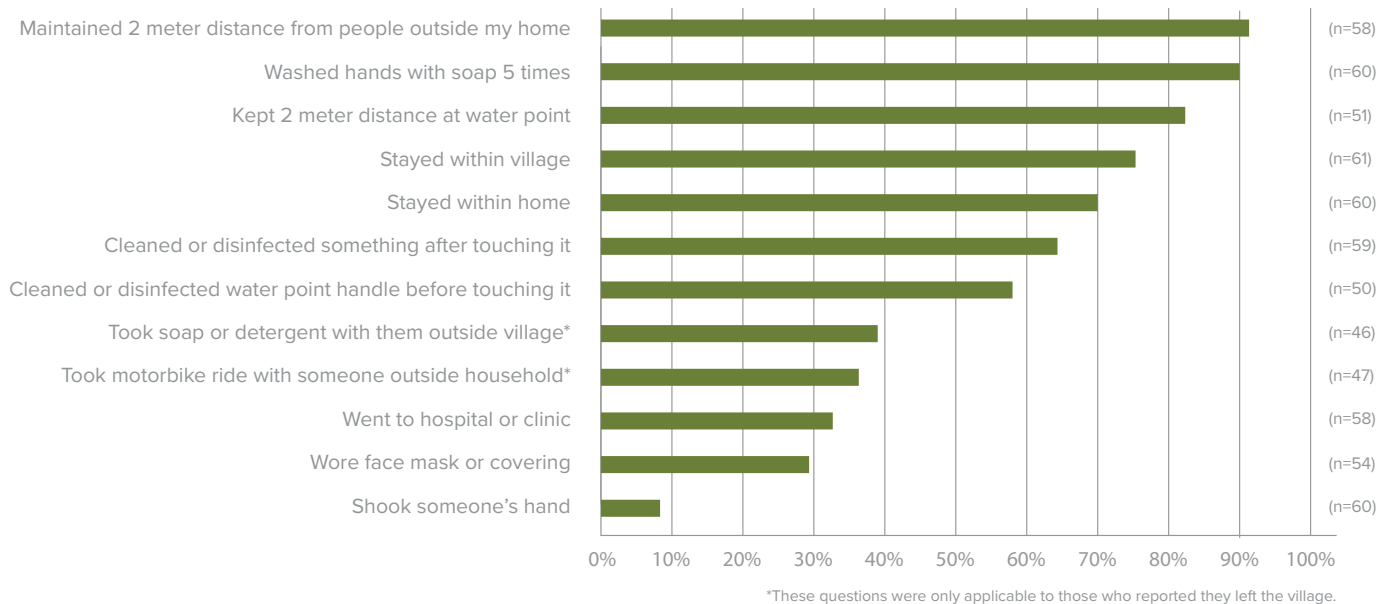
Do you plan to practice the following behaviors?



Respondents report they intend to take up the majority of risk-reducing behaviors. The variance in “strongly agree” and “disagreement” may be more indicative of what behaviors respondents are actually undertaking or avoiding. For example, staff have high confidence that handwashing with soap is relatively high, whereas cleaning or disinfecting of the water point handle is likely lower than those who state their agreement. Hospital avoidance is very limited at this time, likely due to the fact that there were not active cases in the area and respondents did not think patients at health centers were likely to have COVID-19. Face masks and coverings again garnered little interest with a significant minority in disagreement with their protective value.

PERFORMANCE OF RISK-REDUCING BEHAVIORS

Percentage of respondents who report performing behavior in past 24 hours



While we believe this self-reported data is overly optimistic about the actual uptake of risk-reducing behaviors, it is indicative of the prioritization of key behaviors. It also reveals that despite restrictions on public and private transport, a significant minority had taken a boda boda (motorbike) ride and visited a hospital or clinic. Overall, respondents reported very high compliance with the critical behaviors of avoiding hand shakes, washing hands with soap, and maintaining distance outside the home.

MENTAL HEALTH AND HOUSEHOLD CONFLICT

There is significant literature on the increased risk of violence against women and children (among other vulnerable populations, such as the elderly and people with disabilities) in times of confinement and crisis. Our findings suggest that this problem is present in rural Uganda and will require intentional outreach to support vulnerable populations. Likewise, mental health challenges are likely to be significant during this period of time. These results should be interpreted with caution as the translations of difficult to translate mental health concepts and terminology to local languages have not been validated.

- 38% of respondents (n=61) report a higher than usual amount of fights with adults or children that they live with.
- 25% of respondents (n=61) report feeling nervous, anxious, or on edge 5-7 days of the past week.
- 23% of respondents (n=61) report feeling depressed 5-7 days of the past week.
- 23% of respondents (n=61) report feeling lonely 5-7 days of the past week.
- 38% of respondents (n=61) report feeling hopeful about the future one day or less in the past week.
- 20% of respondents (n=61) report a physical reaction when thinking about COVID-19 three or more days in the past week.

ADDITIONAL LEARNING

Gender

None of the variances between men and women were statistically significant, likely due in some cases to the small sample size. There were sizable variances that we believe are likely to reflect differences between men and women. Of those who left their village, a higher percentage of men (45%) reported taking a motorbike ride with someone from outside their household in the last 24 hours than women (19%). A lower percentage of men (64%) reported staying at home than women (81%). Men were also more likely (42%) than women (15%) to go to a hospital or clinic in the last 24 hours. Men were three times as likely as women (30% versus 10%) to report feeling lonely 5-7 days of the past week. There were other variances across men and women in the mental health indicators, however, these questions were administered only to a small subset (61) of total respondents, and the results should be interpreted with caution. Menstrual hygiene needs were not covered in this survey but will be incorporated in the future.

Contact tracing

In this survey we attempted to record the contacts and interactions of households within and outside the household. The recorded number of contacts was much lower than expected, and we suspect this may be due to challenges asking for a full recall of contact information (e.g., place, age, relation, etc.).

Limitations

This survey was conducted in communities where The Water Trust had implemented water, sanitation, and hygiene programs. This sample has higher access in these areas than comparable rural communities in the district. In addition, there is a significant population that lives in peri-urban or urban areas (e.g., town councils) in the districts that may have different knowledge, attitudes, and beliefs about COVID-19 as well as different capacities and challenges. We plan to expand our monitoring to the broader population in the months ahead.

Future research

The Water Trust will expand its surveys to radio listeners in Kiryandongo and Masindi as we undertake a public information campaign tailored to the needs, challenges, and capacities of this audience. Through Interactive Voice Response, SMS, and phone surveys, we will evaluate the impact of this campaign as well as monitor changes in public sentiment related to COVID-19. We are pursuing funding to expand this campaign both within these districts as well as to 10 to 15 other radio stations across Uganda, potentially reaching 10 to 15 million people.

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ABOUT THE WATER TRUST

The Water Trust empowers rural, low-income communities in Uganda to create and sustain access to clean water and hygiene. Since 2008, we have helped more than 250,000 people across more than 600 communities. We aim to expand our impact beyond Uganda by pioneering and evaluating innovative approaches to behavior change challenges in water and sanitation.

Learn more at watertrust.org. For more information, contact The Water Trust at info@watertrust.org.