COVID-19 AND SOCIAL-ECONOMIC WELFARE OF REFUGEES: A CASE OF NAKIVALE REFUGEE SETTLEMENT

PROSSY KOBUSINGYE

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A DISSERTATION SUBMITTED TO THE FACULTY OF BUSINESS, ECONOMICS AND GOVERNANCE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THEAWARD OF THE DEGREE OF MASTER OF ARTS IN PUBLIC ADMINISTRATIONAND MANAGEMENT OF

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Declaration

I, **Prossy Kobusingye,** do declare that this dissertation titled "covid-19 and social-economic welfare of refugees in Nakivale Refugee Settlement" is my original piece of work and has not been submitted to another University nor institution for any other award. The authors of various work that was cited in this study have been dully acknowledged and properly referenced. I therefore submit this work for examination.

Sign..... Date...15:02:2023

APPROVAL

This is to certify that this research study titled "Covid-19 and social-economic welfar refugees in Nakivale Refugee Settlement" has been written under our supervision toward partial fulfillment for the award of a degree of Masters of Arts in Public Administration Management of Bishop Stuart University.

Dr. Noel Kansiime

SIGN: ..... DATE: 15/02/2023

Dr. Ronald Bahati

SIGN: ..... DATE: 16th/2/20

DEDICATION

This work is dedicated to my mother-Ms Peace Jackline, my father Mr George Banyenzaki and children Reagan Lutakome, Ramuel Kayanja and Yawe Sam for their moral support and sacrifices they endured as I pursued this study.

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ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
CDC:	Centers for Disease Control
CSOs:	Civil Society Organisations
HIV:	Human Immunodeficiency Virus
MIT:	Medical Team International
SARS:	Sever Acute Respiratory Syndrome
TB:	Tuberculosis
UNDP:	United Nations Development Programme
UNHCR:	United Nations High Commissioner for Refugees
USA:	United States of America
WASH:	Water, Sanitation and Hygiene

Abstract

The study investigated the influence of COVID 19 on the social economic welfare of refugees in Nakivale refugee settlement. Specifically, the study sought to establish the influence of COVID 19 on the education welfare of refugees, influence of COVID 19 on the health services and influence of COVID 19 on the incomes of refugees living in Nakivale refugee settlements. The study used a case study research design encompassing qualitative approaches in data collection on refugees, refugee leaders, project officers of WFP, USAID, UNHCR and FRC, Refugee welfare Committees members, OPM staff and commandant of Nakivale Refugee settlement. Data were collected using an interview method and analysed using NVIVO. The study revealed that lockdown posed a serious threat in education sector whereby refugees lost hope in education because they lacked guidance from their fellow colleagues and teachers. It was also found out that Covid19 pandemic strained healthy systems and disrupted essential health services at the hospital. Some of the measures totally disrupted the supply chain and health care service delivery system as all efforts were focused on covid19 patients. Refugee patients who were infected with other diseases were rarely attended to. Refugees who couldn't afford medication from private hospitals were forced to go back and get treatment from their homes which caused increased deaths among refugees due to lack of income. Also, refugee patients with diseases like AIDS, sickle cell as well as mental health, maternal and childhood conditions faced an increased risk of complications and death due to inability to access health care because of transport restrictions, lack of energy and fear of contracting with covid19 virus from the healthy centers. Lastly, it was revealed that lockdown caused lack of income and loss of employment among refugees. Findings of study pointed out that refugees whose businesses were not closed like those that worked in markets faced a problem of reduction in their income and salary.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The study sough to investigateCOVID 19 as the independent variable and social-economic welfare as the dependent variable in Nakivale refugee settlement.This chapter presents the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, conceptual framework, scope of the study, justification of the study, significance of the study and the operational definitions.

1.1 Background of the study

1.1.1 Historical perspective

Human coronavirus HKU1 (HCoV-HKU1) was identified from a patient with pneumonia who returned to Hong Kong from Shenzhen China in 2004 (Woo*et al*., 2005).However, since then, HCoV-HKU1 positive signals have been detected across the globe and spanning decades: in specimens from Australian children that were collected in 2004 (Slootset *al*., 2006). The virus that causes severe fever with thrombocytopenia syndrome, SFTSV, was discovered in Henan province, China, in 2009 (Yu*et al*., 2011). MERS-CoV was first reported in a Saudi Arabian man, aged 60 years, who died in 2012 (Zaki*et al*., 2012). As these cases show, tracing the origins of a virus requires long-term and extensive sample accumulation, which can take several years or decades.

At the end of December 2019, a novel coronavirus was recognized as the reason of a group of pneumonia cases of unidentified etiology in Wuhan, Huanan Seafood Wholesale Market, the preliminary site to which cases of coronavirus disease 2019

(COVID-19) were related, a city in the Hubei Province of China (National Health Commission of the People's Republic of China, 2020). The novel coronavirus has quickly become widespread, resulting in an epidemic throughout China, followed by a pandemia, an increasing number of cases in various countries throughout the world (European Centre for Disease Prevention and Control, 2019). Since the first reports of COVID-19, the infection has spread to contain more than 81.552 cases in China and growing cases worldwide, prompting the World Health Organization (WHO) to announce a public health emergency in late January 2020 and describe it as a pandemic in March 2020 (World Health Organization, 2020). Currently, as epidemics have developed in different nations, escalating numbers of cases have also been described in other countries from all continents, excluding Antarctica. The velocity of new cases outside of China, including the USA, Italy and Spain, has overcome the rate in China. In February 2020, the WHO named the disease as COVID-19. The virus that causes COVID-19 is nominated as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); it was formerly described as 2019-nCoV (the novel coronavirus) (World Health Organization, 2020).

The outbreak of coronavirus, also known as COVID-19, began in Wuhan, China in December 2019 (WHO, 2020).From December 18, 2019 through December 29, 2019, five patients were hospitalized with acute respiratory distress syndrome and one of these patients died (Yang *et al*., 2020). By January 2, 2020, forty one admitted hospital patients had been identified as having laboratory-confirmed COVID-19 infection, less than half of these patients had underlying diseases, including diabetes, hypertension, and cardiovascular disease (Ren-LL & Wu, 2020). These patients were presumed to be

infected in that hospital, likely due to nosocomial infection. It was concluded that the COVID-19 is not a super-hot spreading virus (spread by one patient to many others), but rather likely spread due to many patients getting infected at various locations throughout the hospital through unknown mechanisms. In addition, only patients that got clinically sick were tested, thus there were likely many more patients that were presumably infected. As of January 22, 2020, a total of 571 cases of the 2019-new coronavirus (COVID-19) were reported in 25 provinces (districts and cities) in China. The China National Health Commission reported the details of the first 17 deaths up to January 22, 2020. On January 25, 2020, a total of 1975 cases were confirmed to be infected with the COVID-19 in mainland China with a total of 56 deaths (Acosta-Quiroz & Iglesias-Osores, 2020).

COVID-19 pandemic subjected people worldwide to a range of adversities, from isolation at home to loneliness, worries about and experiences of catching the virus, troubles with finances, difficulties acquiring basic needs, and boredom (Brodeur *et al*., 2021; Chandola *et al*., 2020; Wright *et al*., 2020). While some of these experiences have also been reported during previous epidemics (Brooks *et a*l., 2020), the COVID-19 pandemic was unprecedented in its global size, transmissibility, and uncertain timeframe. As a result, there were serious concerns that people would be unable to cope and there would be a substantial rise in health situations, economic crisis and social exclusion (Holmes *et al*., 2020; Mahase, 2020).WHO (2020) reported on January 24, 2020 that an estimated the cumulative incidence in China to be 5502 cases. As of January 30, 2020, 7734 cases have been confirmed in China and 90 other cases have also been reported from a number of countries that include Taiwan, Thailand, Vietnam,

Malaysia, Nepal, Sri Lanka, Cambodia, Japan, Singapore, Republic of Korea, United Arab Emirates, United States, The Philippines, India, Australia, Canada, Finland, France, and Germany. The case fatality rate was calculated to be 2.2% (170/7824) (Bassetti, Vena &Giacobbe, 2020). The first case of COVID-19 infection confirmed in the United States led to the description, identification, diagnosis, clinical course, and management of this case. This includes the patient's initial mild symptoms at presentation and progression to pneumonia on day 9 of illness (Holshue, DeBolt& Lindquist, 2020).

The first case of human-to-human transmission of COVID-19 was reported in the US on January 30, 2020 (UN, 2020). The Centre for Disease Control has so far screened more than thirty thousand passengers arriving at US airports for the novel coronavirus. Following such initial screening, 443 individuals have been tested for coronavirus infection in 41 states in the USA. Only 15 (3.1%) were tested positive, 347 were negative and results on the remaining 81 are pending (Centre for Disease Control, 2009). A report published in Nature revealed that Chinese health authorities concluded that as of 2020, there have been 31,161 people who have contracted the infection in China, and more than 630 people have died of infection (United Nations High Commissioner for Refugees, 2021). World Health Organisation (WHO) reported 51,174 confirmed cases including 15, 384 severe cases and 1666 death cases in China. In 2020, the number of confirmed cases reached 51,857 in 25 countries (WHO, 2020).

In Africa, the first case was recorded in Egypt on the continent on February 14, 2020 and later registered 10,018 cases and 484 deaths as of April 7 (WHO, 2020). Within Eastern Africa and the Great Lakes Region, the Democratic Republic of Congo (DRC)

and Rwanda have the highest number of confirmed cases, respectively 161 and 105, followed by Kenya (158), Uganda (52), Ethiopia (44) and Tanzania (24). South Sudan also registered its first case on April (WHO, 2020).

The first case in Uganda was reported on 21 March 2020 (Mbabazi *et al*., 2020). By 25 March, this escalated to a ban on group gatherings and non-essential internal travels, recommendation to work from home and schools wereclosed. The travel restrictions included the termination of all public transport and a ban on the use of private vehicles without explicit permission to travel (Hale *et al*., 2020). Only nine days since the first case was recorded on March 21, 2020, by March 30 the cases had risen to 33 (Evans & Over, 2020). The preparation and readiness measures against COVID-19 began which was focusing on health systems strengthening and capacity building, aided by early allocation of WHO funding (Umviligihozo et al., 2020). Later, the public were informed of the threat of COVID-19, with education and training subsequently disseminated (Umviligihozo *et al*., 2020).

As the coronavirus crisis unfolded, people everywhere are taking steps to protect one another. The same is true for people living in refugee camps. They know their families, friends, and neighbors are particularly at risk—and they're standing strong in support of each other. The coronavirus response was mainly concentrated in the Rubondo neighborhood of Nakivale, which houses many of the newest arrivals to the settlement, and at the nearby reception center, which currently hosts 1,000 new arrivals. Before the coronavirus pandemic, the refugee settlement was receiving an average of 700 new refugees from Congo every week. Now, with energies directed toward preventing the spread of COVID-19, their transition to living full-time in the settlement has been

delayed (UNHCR, 2020). According to Alright (2020), lift makers in the Nakivale community were of the resource by producing items that are difficult to obtain everywhere such as face masks, hands-free handwashing stations, and producing liquid soap. They sewed, constructed, and sold these items, providing both a sustaining livelihood for them and getting the community access to much-needed resources. Still in Nakivale Refugee settlement, IDEO.org and Nakivale community members co-created resonant, clear and easily digestible public health messaging based on key information from the World Health Organization (WHO) and the Centers for Disease Control (CDC) designed for digital distribution via Whats app and Facebook (which are most commonly used in Nakivale) and translated into local languages (OPM, 2021). Refugees created stickers, branded water containers and postersto stop misinformation about the virus in the community.

1.1.2 Theoretical Perspective

Social theory was applied to guide in this study because it focuses on the development of the welfare during covid-19; a Push-Pull model was also applied because it concentrates on the movement of refugees in and out of the refugee settlement during covid-19 pandemic. Tintos theory was further used to focus on the impact of covid-19 on education of refugees. These are expounded in the subsequent sub-sections:

1.1.2.1 Social theory

The study was guided by social theory. The theory emerged during the twentieth century in the context of the development of suffrage and the use of democratic power to tame capitalism (Berman, 2006). It is associated with the development of the welfare state (Beveridge, 1944; Crosland, 1956; Titmuss, 1958), citizenship (Marshall, 1950),

the regulation of economy including of capital (Keynes, 1936; Minsky, 2008, education (Klasen, 2002) and the social investment state (Morel et al., 2012). It has synergy with Kantian (1795) approaches to peace through peaceful means rather than the deterrence of larger violence at both interstate and interpersonal levels (Galtung, 1966; Haas, 1958).

The theory allows for a better theorisation of the COVID crisis and its alternative outcomes. It allows for a better grasp of multiple intersecting inequalities within social theory, especially when combined with a complex systems approach to society. It is a theory of society that understands the significance of social connections for both transmission and support for those isolating for the good of the rest of us and which embeds the technical and biological into the approach to the social (Independent Sage, 2020; Women's Budget Group, 2020).

Delanty's (2020) review of the response of social theory to the impact of COVID on society identifies six political philosophical positions on the coronavirus pandemic: utilitarian, Kantian, libertarian, biopolitical securitisation, post-capitalism and behaviouralism. These theorists address the relationship between the individual and society in the development of policy through the lens of justice. They invoke concepts concerning science, crisis and alternative forms of society. Agamben (2020) is positioned by Delanty (2020b) as if he were pivotal to this debate, flanked by ˇ Ziˇzek (2020) and interpretations of Foucault (1977). In Agamben's work, COVID is constructed as if it were a crisis manipulated to legitimate a state of emergency, a state of exception, in which the executive could seize control over the usual instruments of governance to discipline society in the search for a perceived security.

1.1.2.2Push-Pull theory

The theory was developed by Moon (1995). According to Lee (1966) it was found that people's migration is shaped by push and pull constructs. Adopting this idea, aPush-Pull model was developed according to Ravenstein's migratory laws. Push effects are negative factors, while pull effects are positive factors. Given that push-pull factors did not clarify how human beings can identify their movements on a social and individual basis the mooring factor was later inserted into the Push-Pull model by The 'mooring' factor presents further variables that influence the switching behavior and simplify it (Jung, Han & Oh, 2017). The mooring constructs intercommunicate with the push and pull constructs, which can help in deciding to move, referring to how easier or more difficult the movement is (Ojiaku, Nkamnebe & Nwaizugbo, 2018). Following that, Bansal et al. (2005) utilized the PPM framework successfully, as a dominant paradigm in human migration literature, to explore its applicability in consumers' behavior context. Bansal et al. (2005) indicated the resemblance between migration and the shifting action in the service context. These studies indicated that although the PPM model originated from the migration theory, it can be used effectively to explain people's shifting actions (Moon, 1995).The migration is not only considered as a shift from a specific physical region to another but it can also be expanded to several daily actions. Specifically, switching behavior can be considered as a special class of migration. Lehto et al. (2015) adopted the PPM framework to inspect visitors' intentions to switch in the context of travel and leisure business. In another context of social networks, Chang et al. (2014) utilized the PPM theory to explore users' intentions to switch. Ye and Potter (2011) applied the PPM model to explore the

switching activities of users of web browsers and indicated the impact of habit on shifting intentions and switching actions. Additionally, Sun et al. (2017) deployed the PPM framework to inspect the switching activities of users of mobile instant messaging. Zhang et al. (2008) explored customers' shifting intentions for weblog service vendors. The result of the study supported the theoretical ground of PPM theory and indicated that among the proposed variables, satisfaction is the most influential variable on shifting intention. On the other hand, Hou et al. (2011) adopted the PPM model to the electronic role-playing game service field. Additionally, Hsieh et al. (2012) utilized the PPM model to assess the crucial factors that impact the shifting intention from blogs to social media platforms. Hence, building on previous literature, this study tries to use this theoretical ground by adopting push-pull-mooring factors to explain learners' perceptions of the expected benefits from online learning during the COVID-19 crisis. In particular, this research aims to achieve the research objective through the lens of the PPM framework. The PPM model works as an incorporated framework to explore various factors that impact refugees to switch from their countries to Uganda particularly Nakivale refugee settlement.

1.1.2.3Tintos theory

The study was guided by Tintos theory of Interactions developed in 1993. This theory contends that the best way for students' success is as a result of their social and academic commitment which subsequently leads to retention. The theory also focuses on levels of commitment of the institution towards its students based on academic and social groups, which require that the school work to place student needs before the needs of the school. This multi-dimensional theory emphasizes types of interactions a

student has with the school as the rationale to explain retention and commitment in learning. Tinto places institutional actions at the center of his theory, giving important focus to both academic and social actions constructed by the institution which are designed to aid students. Tinto emphasized that the interaction between the student and the environment of the school leads to student's persistence or withdrawal (Tinto, 1993). Tinto's theory states that to persist, students need integration into formal (academic performance) and informal (faculty/staff interactions) academic systems and formal (extracurricular activities) and informal (peer-group interactions) social systems (Tinto, 1993). But Tinto's emphasis on peer group interaction is not ascertained in Covid-19 pandemic due to social distancing restrictions during school activities. According to Lugonzo (2020), Basrur & Kliem, 2021; Amankwah-Amoah et al.(*2020*). After the outbreak of Covid-19 pandemic, countries resorted to online learning which required all students and schools to own gadgets that would facilitate online learning (Lugonzo, 2020). This theory is relevant in examining the education of students during Covid-19 pandemic in Nakivale. It articulates how the social health factors ushered in by the pandemic has influenced child education. According to Tinton (1993), students' commitment on school social and academic systems determines their withdrawal or persistence towards the school setting. Preventing this integration process may be incongruence or a lack of institutional fit. Students who do not feel at home in an institution or do not believe that an institution can help them meet their goals are unlikely to persist. Likewise, students who are isolated, or who do not engage in social interactions within the college are less likely to persist in the institution.

1.1.3 Conceptual Perspective

1.1.3.1 Coronavirus

Amref (2019) defines coronaviruses (CoV) is a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).Coronaviruses are a group of viruses belonging to the family of Coronaviridae which infect both animals and humans. WHO (2020) human coronaviruses signs and symptoms include respiratory symptoms and include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and sometimes death.According to National Institutes of Health (2021) describes corona virus according to symptoms whereby asymptomatic infection included individuals who tested positive for SARS-CoV-2 but had no symptoms consistent with COVID-19. Mild illness was defined as any of the signs and symptoms of COVID-19 (Fever≥39.4 °C], cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste, and loss of smell) but no shortness of breath, dyspnea, or abnormal chest imaging. Moderate illness included evidence of lower respiratory disease (patient with pneumonia without features or signs of severe pneumonia) during clinical assessment or imaging and oxygen saturation (oxygen saturation) ≥94% on room air. Severe illness was oxygen saturation < 94% on room air at sea level, a ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (Partial pressure of oxygen) < 300 mm Hg, respiratory frequency > 30 breaths/min, or lung infiltrates in > 50% of the lung. Critical illness included respiratory failure, septic shock, and/or multiple organ dysfunctions.

1.1.3.2 Social economic welfare

Socially factors are things that affect someone's lifestyle and these could include wealth, religion, buying habits, education level, family size and structure and population density (Vijaya&Oyebode, 2022).Economic factor that affect the economy includesinterest rates, tax rates, laws, policies, wages, and governmental activities. Economic factors affect the economy, including interest rates, tax rates, laws, policies, wages, and governmental activities. These factors are not directly related to the business but influence the investment value in the future (Wilson &Jahankhani, 2021).Education is the socially organized and regulated process of continuous transference of socially significant experience from previous to following generations (Aslanbek, 2017). The main way to receive an education is to take a course of training in the system of educational institutions.

Health factors are attributes, characteristics or exposures that increase the likelihood of a person for developing a disease or health disorder (CDC, 2019). These factors include health behaviors, clinical care, social and economic, and physical environment factors.

1.1.4 Contextual Perspective

Uganda registered its first case of COVID-19 on 21st March 2020 having already put in place restrictions one of which was to institutionally quarantine all persons travelling into the county from 'high risk' countries for COVID-19 transmission then with those from other countries recommended for self-quarantine (MoH, 2020).On 30th March 2020, the Government of Uganda implemented a hard lockdown for a 14-day period where all non-essential businesses were shutdown, public transportation was halted, and curfews were imposed. Lockdown restrictions were further extended through a

series of (unforeseen) extensions on April 21st, May 4th, and May 18th. These measures were partially eased from May 26th onward, when shops were permitted to reopen, but restrictions on mobility continued to be in-place till July.Our first finding is that the strict 3-month lockdownresulted in a significant increase in firm closures, but these closures were by and large temporary.Most firms in carpentry and welding, which were sectors directly affected by the lockdown, closed operations during the lockdown. This was not the case in grain-milling, which was exempted from the lockdown as it was classified as an essential sector (Bassi at al., 2021).

In Nakivale refugee settlementwhich isthe third-largest refugee settlement in the country hosting 142,544refugees as of February 2022. COVID-19 coronavirus emerged and camps were seen as uniquely vulnerable. But something more positive unfolded in the Nakivale refugee settlement in the Isingiro District of southwest Uganda, home to around 110,000 people from at least 14 countries.The refugees didn't wait apprehensively for an outbreak; instead, they took action to mitigate the virus' impact, refugees made and delivered essential supplies, expanded access to health care, and combated the spread of misinformation. A group of refugees began making masks and soap with support from Alight. They have made and delivered more than 14,000 masks and 8,000 bars of soap to community members (UNHCR Report, 2021). The soap was given to newly arrived refugees who were able to use it to wash their hands and clothes (Alright Annual Report, 2020). The majority of refugees in Nakivale come from the Democratic Republic of Congo, but there are also significant populations from Burundi, Rwanda and Somalia. Despite Nakivale's ethnic diversity, the labour market is

generally uniform, with 97.1 per cent of economic activity being agrarian (GoU's Investment Authority and UNDP, 2017).

1.2Problem statement

The situation of Nakivale Refugee settlement was relatively diverse, with 47 per cent of refugees engaged in the local economy through work in farming, retail business and casual labour before Covid -19 pandemic (UNHCR, 2020). It is noted that of those employed, 80 per cent work in subsistence agriculture in smallholdings of approximately two acres, mainly using simple farming tools such as hoes, pangas and harrowing sticks. Only 0.5 per cent of the population is engaged in commercial agriculture, and family members constitute the single most important source of labour (Office of Prime Minister, 2020).

As a result of 2019 pandemic refugees in Nakivale Refugee settlement, negative consequences on health rose such as sneezing, fever, head ache and death (MOH Report, 2021). Economically, there was worrying levels of food insecurity and skyrocketing debts for refugees (UNDP, 2021). It was also noted that schools were closed thus refugee children resorted to home schooling (MoES Annual report, 2020). UNHCR reported that there were 23% of refugees with covid-19 and 22.5% recovered through self-medication as well seeking for medical attention (UNHCR, 2020). The lockdown as a guideline hampered access to essential services and strained economic activity by limiting transportationand in-person work for groups of ten or more, leaving many people unable to work and to access markets, night economy (WHO, 2020). The funding from United Nations reduced to 50% because of budgetary deficits during lockdown (UN, 2021). Simultaneously, the World Food Program, facing a 137-million-

dollar funding gap, instituted a 30 per cent reduction of food relief efforts for refugees and asylum seekers in Uganda.

Many studies have been conducted in Nakivale Refugee settlement such as Nelson et al. (2022) conducted that social support and linkage to HIV care following routine HIV testing in a Ugandan refugee settlement; Braithwaite, Frith, Savun and Ghosn (2022) on refugees in the amidst of Epidemics; Svedberg, Erik (2014) studied Refugee Self-Reliance in Nakivale Refugee Settlement, Uganda but there has not been any study conducted on Covid-19 on social economic welfare of Refugees.Therefore this study sought to establish the influence of COVID 19 on the social economic welfare of refugees in Nakivale refugee settlement.

1.3 Main objective

To establish the influence of COVID 19 on the social economic welfare of refugees: a case of Nakivale refugee settlement

1.4Research Objectives

i. To determinethe influence of COVID 19 on the education welfare of refugees in Nakivale refugee settlements
ii. To determine the influence of COVID 19 on the health services among refugees in Nakivale refugee settlements
iii. To determine the influence of COVID 19 on the incomes of refugees living in Nakivale refugee settlements

1.5Research questions

i. What is the influence of COVID 19 on the education welfare of refugees in Nakivale refugee settlements?

ii. What is the influence of COVID 19 on the health services among refugees in Nakivale refugee settlements?

iii. What is the influence of COVID 19 on the incomes of refugees living in NakivaleRefugee settlements?

1.6Significance of the study

The finding of this study will help in the application of theoretical training to policy makers to address practical problems caused by covid-19 provide insights to today's and future generation on the possible impact of covid-19.

This study adds extensive information to the existing limited knowledge on the covid 19 and social economic factors. Results from this study were deemed to be compelling for the policy makers to take corrective actions. Furthermore, the study can be relevant for Non-Government organisation and other agencies to improve on social economic wellbeing of refugees.

In the academic parlance, the findings of the study could benefit future scholars studying covid 19 and social economic factors. They can use the findings as secondary data for their studies and/or adopt the methodology used by this study as well as the data collection tools. The accomplishment of this study can equally benefit the researcher by refining the research skills in data collection, literature review, data analysis and report

making. The very skills gained could be vital in executing future research related assignments both at academic and management levels.

1.7 Scope of the study

1.7.1 Geographical scope

The study was conducted in Nakivale Refugee Settlement in Isingiro District South - Western Uganda. The area is located in a distance of approximately 285 km by road from Uganda's capital city Kampala in Central region. This the largest settlement in Western Uganda that was hit hard by covid-19 pandemic.

1.7.2 Content scope

The study was limited to establishing the influence of COVID 19 on the social economic welfare of refuges. The education welfare of refugees is measured according to school dropouts, e-leaning and home schooling. Health services are seen as dietary, disease spread and death. Income is measured as markets closed, shops closed and salary reduction.

1.7.3 Time scope

The study considered a time scope of three years that is from 2020 up to 2022. This has been the time that the social economic situations of Refugees beendeterioratingdue to lockdown (MTI, 2021).

1.8 Conceptual framework

According to Amin (2005) Conceptual framework presents the concepts or variable of the study and how they are connected. As for this study, it presents the relationship between Covid 19 and social economic welfare.

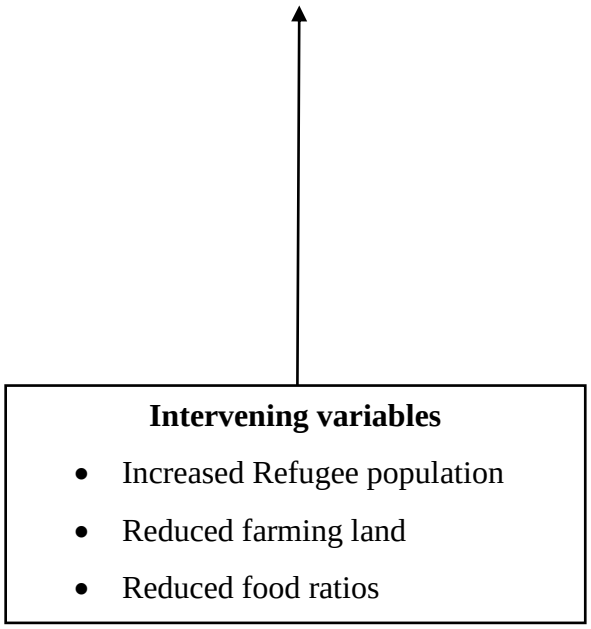
Social Economic Welfare
(Dependent Variable)

Covid 19
(Independent variable)

Education welfare

- School dropouts,
- E-leaning
- Home schooling

- General body weakness



Source:Adapted from UNDP (2020) and modified by researcher (2022)

The conceptual framework describes a relationship between covid-19 and social economic welfare. In the study, the independent variable (Covid-19) seen to affect dependent variable (social economic welfare). It constitutes of dimensions such as hospitalization, general body weakness, fever, cough, tiredness and loss of taste or smell.The dependent variable comprises of education welfareas dimension one with indicators of school dropouts, e-leaning and home schooling; health services is considered as the second dimension with indicators of dietary, disease spread and death. Income is the third dimension with indicators like markets closed, shops closed

and salary reduction. Basing on above, it is anticipated that Covid19 affectsocial economic welfare of refugees.

CHAPTER TWO

LITERATURE REVIEW

2.0Introduction

This chapter relevant appropriate literature from referenced books, journals, magazine newspapers, reports, dissertations and other publications. It is hinged on three objectives that is influence of quarantine on refugees during COVID era; influence of social distancing on refugees during COVID-era and influence of medical attention on refugees during COVID era in Nakivale Refugee settlements. This chapter gives the theoretical review and literature related to the respective study objectives. The study concentrated on literature related to COVID-19 and its effect on the lives of the affected persons.

2.1 The Influence of COVID-19 on the education welfareof refugees

The corona virus attack had a significant impact on the education system and structure as a lack of operational activities, and closure of educational institutions has affected the progress. As per the views of Van Lancker and Parolin, (2020), the parents and national governments are keen to protect the people and working on the plan to manage the operations.COVID-19 among refugees occurred at a time of hyper-connectivity, reinforcing the importance of communication at various levels for example, in the closing of schools which led to face-to-face teaching changing to distance learning Viner et al., (2020), and the cancellation of international research conferences (Wooliscroft, 2020). In addition, besides the dramatic changes to their income, refugees had very limited use of traditional workplaces during this time, as most institutions suspended face-to-face activities (Sahu, 2020).

This means that the suspension of face-to-face classes and the closure of Higher Education Institutions (HEIs) was seen as a means to mitigate the spread of infectious diseases and avoidchains of transmission (Kawano&Kakehashi, 2015), as was the abrupt switching to online classes (Gewin, 2020). On the other hand,this caused abnormal changes in people's daily lives including for higher education teachers,researchers and students (Kowal et al., 2020). This abnormality in the way of teaching and researching in a COVID-19environment led to a process of relearning by all interested parties, which should be understood as a positive opportunity for change, supported for resilience, institutional and technological support (Strielkowski, 2020).

The education in Refugee settlements and other parts of the world was accessed through online learning whereby both learners and teachers have been experienced the excellent opportunity of knowing and interacting with educational technology tools such as mobile-based learning, computer-based learning, and web-based learning (Pellegrini, Mirella, Vladimir Uskov, &Casalino, 2020; Byun, Sooyeon &Slavin, 2020). According to Prensky (2021), today's refugees are entirely different from their predecessors because they are native speakers of the technological language. Their interaction with the virtual and digital world is more. The interactions of today's' refugees with different sorts of technology for various purposes enabled them to be active recipients of e-learning (Mohalik&Sahoo, 2020).

Students in many refugee camps reported positively the effectiveness of online learning during the pandemic. Yildiz (2020) noted that educational technology during 2015-2020, the study found out that using educational technology in teaching and learning was appropriate. Another study explored the importance of online learning and

investigated the analysis of weaknesses, strengths, challenges, and opportunities of online education in the time of the pandemic (Shivangi, 2020). The study provided some guidelines for dealing with online learning challenges at natural disasters and epidemics.

One critical challenge in the COVID-19 pandemic is the need for people to adapt to the changes in the education environment and lifestyle caused by following social distancing, which have been associated with increased levels of negative emotions such as loneliness, boredom, and frustration (Barari et al., 2020; Brooks et al., 2020). Researchers have proposed strategies for coping with these abrupt interruptions in well-being associated with social distancing (Brooks et al., 2020; Fiorillo&Gorwood, 2020; Holmes et al., 2020). Among the recommended coping responses is the activation of one's social support system, which is especially relevant for social life disruptions and has been extensively studied as an effective method for reducing psychological distress (Kim et al., 2008). Alturise (2020) conducted a study about learners' and teachers' satisfaction in the online learning model using the Blackboard platform. The study concluded that e-learning mode is advancement in education, but significant works are needed to improve online learning applications. Some researchers investigate challenges and obstacles in e-learning during COVID-19 according to their educational environment and provided facilities by different institutes.

During the Covid-19 pandemic, institutions, administrators, educators, students and even parents in Refugee settlement have notpreparedly found themselves in the distance education process. The transition from face-to-face teaching methods to more indirect methods, has forced schools into a flow of learning which is full of complexities and

limitations (Aliyyah et al., 2020). This process has had a great impact on school, teachers and refugee students (Mailizar& Fan, 2020). Refugee students have been affected psychologically by school closures, lack of equipment to participate in courses, being unable to access online materials from home and being unable to leave home for a long time (Apriyanti, 2020). Also, the inadequate technological infrastructure of educational institutions can be considered another factor and such factors are an obstacle to the success of the education implemented in Refugee camps.

Online learning depends entirely on technological devices and the internet, so it is undeniable that technology is the most pressing challenge to online learning if those involved in the process of teaching and learning are not digitally competent due to inexperience or insufficient training. Sun (2020) asserts that some typical technological issues include lack of knowledge of how to use applications, unstable/slow internet connection, outdated communication devices, and incompatible browsers. Jalli (2020) argues that lack of internet access poses great challenges for students in refugee camps to study online. Teachers and students, particularly in rural areas of the refugee camps, do not have reliable internet access and are not capable of using emerging technology, making online learning a difficult, if not frustrating, experience for many (Flynn &Himel, 2020).

Peshave and Peshave (2020) have reported that the lockdown has resulted in reduced pollution, increased attention towards sanitation and hygiene and decrease in financial expenditure. People have reported that they have received increased social support from friends and family, and they share more about educative ideas with their family and friends (Zhang & Ma, 2020). According to Lancet (2020), India acted swiftly by

imposing a nationwide lockdown in March, as soon as Covid-19 cases in the country began their upward journey. Since physical distancing has been regarded as a necessary (WHO, 2020) precaution against the virus, a lockdown ensured restricted mobility of refugees by temporarily terminating the non-virtual functioning of all commercial workspaces, closing down of educational institutions as well as of places that attracted huge crowds such as temples and mosques.

The use of e-Learning has emerged in the context of contemporary information technology and has been integrated into many schools' education programmes to shift from traditional teaching to an electronic environment (Hošková-Mayerová & Rosická, 2015).

Bolet al. (2020) show that parents with a low level of education had a higher positive perception of the frequency of school contact, communication and teachers' homework checks than parents with a higher level of education. Brom et al. (2020) examine how parents coped with their children's online learning during the lockdown in the Czech Republic. One of the main findings of the study is that a higher percentage of parents with a non-university degree consider they are coping poorly with the situation than families with a university education. The main factors that explain why some families perceive the situation as challenging is the lack of ITC devices, time and expertise to support their children's learning.

Parczewska (2020) analyses the factors that cause parents to perceive home education during the pandemic as a 'difficult situation'.4 The study shows that parents reporting home schooling as a difficult situation, attribute it to the excess of duties, and the lack

of appropriate equipment and pedagogical competence. In the case of Finland, Koskela et al. (2020) present a qualitative analysis of the parents' views on family resilience in the context of remote schooling during the pandemic. The study found that the main concerns among parents during the Covid-19 pandemic were for their children's learning and wellbeing, as well as the use of ICT learning technologies. In this regard, the level of support received from schools appears to be one of the most significant factors to reduce parents' concerns. Wang (2020) explores parents' emotional responses to their children required daily academic activities during school closures in the US. According to the study, parents' experience is correlated with the children's responses to these actives, that is to say, that children's positive or negative responses determined how parents dealt with the unexpected circumstances.

Andrew et al. (2020) show that in the UK, private schools were more likely to provide online resources to their students than state ones, particularly online classes and chats with teachers. Huber and Helm (2020) provide preliminary evidence on how schools (teachers and headteachers) have responded to the closure of educational institutions in three European countries (Germany, Austria and Switzerland). Harris et al. (2020) analyse the responses of US schools during the Covid-19 crisis. In terms of demographics, the study found that schools located in poverty contexts responded more comprehensively to students' learning needs, particularly in terms of breadth of services (i.e., meals, mental health and counselling) and equitable access to learning resources. At the same time, those schools located in areas with better internet access were able to provide more personalization and engagement in their online teaching provision, as well as guarantee more equitable access to their students. In Tennessee

(US) a survey given to teachers and headteachers showed that the most important concerns for educators during the school closures were the barriers preventing the students from accessing remote learning (e.g., lack of internet connection or digital devices) and the fact that students missed essential services such as subsidised meals or counseling. The survey also shows that 89% sent electronic learning resources to their students at least once, but only 38% held online sessions (Patrick & Newsome, 2020).

Bojović et al. (2020) assess the implementation of a model enabling schools to rapidly transition from traditional to online learning designed by the University of Belgrade (Serbia). The evaluation showed that teachers were more amenable to the rapid transition to online learning and teaching than students, however, they experienced more difficulties managing new technologies (forexample Zoom or Moodle). The study also found that, on average, teachers were more satisfied with online courses than students. Nevertheless, the quality of the assessment was more valued by students than teachers.

Kraft and Simon (2020) found that female teachers are more likely to report that they have struggled to balance their professional duties with other responsibilities, around 40% of teachers consider caretaking responsibilities for children or dependent adults have made it difficult to develop their professional tasks and more experienced teachers were more likely to feel uncomfortable teaching online. Teachers also reported that the socioeconomic characteristics of their students and schools impacted on their capacity to guarantee student engagement with online learning and their access to technological tools. Hamilton, Kaufman and Diliberti (2020) also provide relevant insight into teachers' experiences during the pandemic and school closures based on a survey of a

representative sample of preschool, primary and secondary teachers. The study found that most of the teachers monitored the completion of learning activities, but also, most of them did not provide feedback to students. Furthermore, only 12% of teachers report covering all the curricular content that they would have covered in a regular academic year.

COVID-19 restrictions reduced health workers' ability to offer health services in several ways. Their own livelihood was disrupted and they could not easily access the health facilities as a result of curfew and travel restrictions.

The action of the government of Uganda to close all educational institutions, postponing of all national level examinations and prohibiting the gathering of more than 25 people together led to an outflux of more than 300,000 people from Kathmandu in 3 days (*New vision Daily*, 2020). Perceiving the village environment as pure, free from germs and contamination, and unlikely to get coronavirus might have led to the surge in the out flux of people. The drastic increase in new infection rates, lesser tests, increased media reporting and death tolls have increased public anxiety. The absence of clear messages and the desire for facts have heightened fear among the public and propelled them to seek information from less reliable portals (Rubin & Wessely, 2020). The current pandemic has imposed multiple restrictions on research as laboratories have been closed, and scientists and researchers have been working from home, limiting recruitment.

According to the World Bank (2020), COVID-19 pandemic has caused more than 1.6 billion children and youth in 161 countries to be out of school, which is close to 80% of the world's enrolled students. Parents have experienced increased pressure to work

from home, to keep their work running as well as to take care of schooling children at home at the same time, while caregiver resources including grandparents and the wider family have been restricted (Fegert et al., 2020). The Government of Uganda though has decided to introduce a digital education system to continue the teaching learning process, and this has further burdened parents with the load of school fees and online internet fees. It is further stressful for parents with a low income who have to struggle for daily wages and do not have proper internet access, as it compromises the learning needs of their children. While Uganda can boost inexpensive, accessible and familiar resources such as radio networks, television broadcasting and social media for remote learning, it is important to assess the sustainability of its own existing resources, and checking the possibilities before deliberately imposing them on academic institutions and the public.

According to Tumwesige (2020), schools and education departments resorted to re-thinking of online opportunities. They would not also cater for holistic school activities. Home schooling strategy was also introduced by the Ministry of Education and Sports. This was supported by delivering printed notes to students in their families. Generally, few teachers who would teach via televisions and radio stations were involved. This was a government initiative with less participation of individual schools. However, despite of all the above intervention, less intervention has been taken in Uganda to mitigate the impact of the pandemic on female students' education especially in Refugee settlement.

According to Aji (2021), the abrupt shift from face to face learning to mandatory online learning posed diverse funding related challenges. Countries across the globe had to

compromise other sectors' budgets to fight against Covid-19 pandemic (Alvi & Gupta, 2020). Schools in developed countries felt the painful itching of Covid-19 pandemic starting from immediate directed closures, suspension and postponement of learning and several activities, closure of sports activities and all activities that would require gatherings (Masonbrink & Hurley, 2020; Cardel *et al.,* 2020; König *et al.,* 2020). The existing literature on developed countries is silent on how Covid-19 could have impacted students enrolment but it is evident that schools were disadvantaged in their learning and social activities (Hasan & Bao, 2020; Wodon, 2020; Buzzi et al., 2020; Amodio et al.,2020; Kuhfeld et al.,2020).

According to Okebukola et al.(2020), when the pandemic broke and was termed threatening to schools, members of schools in many countries were not ready for the immediate shift to new learning practices. This was evident in countries of Morocco, Burundi, Senegal and Nigeria (Okebukola et al.,2020). Contrary to perceived danger of the pandemic in schools, there is uncertainty on transmission rate in schools (Viner *et al.*, 2021). According to Viner et al.*(*2021) notes that school going children play a small role in transmission of the pandemic. However, his argument is not consistent with findings from other studies which revealed that schools could aid transmission of the pandemic (Areba, 2020; König et al.,2020; Alvi & Gupta, 2020). However, the current study is intended to be conducted in different schools to observe if similar results will be obtained in order to fill in the gap that was left out by his study.

In schools re-opening discussions of several countries, standard operating procedures were perceived to be the only prevention tool to limit the transmission of the pandemic (Aji, 2021 Tomasik *et al.,* 2020; Cardel et al.,2020; Viner et al.,2021). With strict

guidance from medics, schools are operating on guidelines such as adherence to social distance, regular hand washing, wearing face masks and regular fumigation of schools. However, studies have revealed that these guidelines are straining schools with limited infrastructure (Wodon, 2020). It also noted that secondary schools had to fix their budgets and ensure that they put in place required facilities to prevent the transmission of the pandemic (Amodio *et al.,* 2020; Viner *et al.,* 2021; Wodon, 2020). Much as there is some literature explaining the state of the pandemic in schools, more is needed to understand the influence of the pandemic in refugees.

Since the outbreak of the pandemic, there have been many studies committed to online learning. Most of the studies have reported positive online learning effectiveness during the Covid-19 pandemic (Onyema, 2020). The online, indoor, and desk-based learning could benefit secondary students and enable them to learn effectively and continually during the Covid-19 pandemic lockdown. Students were ready to learn through the online and synchronized model, indicating the future model of education, whose effectiveness might be ensured based on a rigorous framework.

According Khattar et al. (2020) Covid-19 pandemic affected academic activities in several ways, it is indicated that missed events both academic and not academic were a disappointment to school going children and teachers. Teaching and learning were disrupted although there was quick adoption of online learning. The pandemic caused a lot of crisis especially in Subsaharan Africa (Panovska et al.,2020; Tumwesige, 2020; Almaiah et al.,2020; Mhlanga & Moloi, 2020).

Similar to other academic activities, traditional method of conducting examinations was affected. Cairns (2020) revealed that there is need to reform examinations and conform to the new normal in Covid-19 pandemic period. This aspect relates to formative and summative assessments that are referred to in this study. This confirms that the pandemic definitely invited some changes in examinations processes. Several other studies on Covid-19 pandemic effects did not clearly hind on examining processes during Covid-19 pandemic (Harrington & O'Reilly, 2020; Madinah, 2020; Almaiah et al.,2020).

On teaching and learning, literature clearly shows that there was a shift from traditional face to face to distance learning (Aji, 2021; Alvi & Gupta, 2020; Auger *et al.,* 2020; Cardel *et al.,* 2020; König *et al.,* 2020; Tomasik et al.,2020; Trung *et al.,* 2020; Wong *et al.,* 2020). This was reported to have encountered several other challenges related to accessibility, poor network connections, lack of facilities, and impossibilities of teaching and learning some subjects online (Okebukola et al.,2020; Sintema, 2020; Tomasik et al.,2020; Trung et al.,2020). This is clearly articulated by Okebukola et al (2020) when they stated that deficit for delivering online education, poor internet service, an erratic power supply, and severe inadequacies in infrastructure for open and distance education. Taken together along with poor teacher motivation induced by low and irregular wages, these challenges are depressants to quality chemistry teaching during the Covid-19 pandemic period.

According to König *et al.* (2020), the shift to online learning was reasonable but it could not replace the school setting as far as effectiveness is concerned. They further revealed that though several teachers are in digital era, their skills to deliver to students

virtually were inadequate.According to Doyle *et al.* (2021), even after reopening of schools, cocurricular activities like basketball games, football games, volleyball games were spotted to be high transmission agents and were later restricted. When it comes to other cocurricular activities such as performing arts, music dance and dramma and debates, limited studies have been conducted. A few studies conducted indicate that they were also put at a standstil athough they do not clearly show how they were affected(Asif *et al.,* 2020; Chen *et al.,* 2020; McGuine *et al.,* 2021). The current study, examined how cocurricular activities such as games and sports, music, dance and dramma, performing arts and exihibtions were influnced by Covid-19 pandemic containment measures.

Nicola *et al.* (2020) posit that schools were disadvantaged with increasing dropout rates. These were believed to contribute to decline of students' enrolment (Marshall & Bradley-Dorsey, 2020; Rouadi & FaysalAnouti, 2020). According to Nchogu *et al.*, (2020), some students were not willing to resume studies after the long holiday caused by Covid-19 Pandemic and this was anticipated to lead to high dropouts. Darso (2020) as cited in (Cantemir, 2020) also noted that there is a likelihood of high dropouts due to early marriages and pregnancies.

Teymori and Fardin (2020) affirm that online learning has its specific issues andchallenges, including unfamiliarity with new technology and methods of dealing with unknown challenges, for many academics and universities.Teymori and Fardin (2020) further remark that during COVID-19, online learning provided access toeducation for many students but stressed the importance of increased digital awareness. This paperuses digital equity to explore students' experiences in the three

universities' access and participationin online learning, where digital awareness is one of the components of digital equity. Digitalawareness is perceived by Reimer (2017) as much more than just knowing how to use a computer. Hedescribes digital awareness as an act of understanding and utilising technology in an increasinglyinterconnected world.

Gonzalez et al (2020), in which they aimed to identify the effect of COVID-19 confinement on students' performance. They used a quantitative experimental design to prove or disprove the hypothesis formulated as COVID-19 detention significantly impacts students' performance. Gonzalez et al's (2020) participants were students who registered for "Applied Computing" and "Metabolism."

Aucejo, French, Ugalde Araya, and Zafar (2020) at Arizona State University in the US using an instrument to discover the pandemic's causal impact on students' current and expected outcomes. Aucejo et al (2020) surveyed approximately 1,500 students who were programmed in Qualtrics. They collected data on students' demographics and family background, their recent experiences (both for academic outcomes and non-academic outcomes), and their future expectations. Importantly, for this study, the survey collected data on what these outcomes/expectations would have been in the counterfactual state without COVID-19. The most interesting result was the negative economic and health impacts of COVID-19, which have been significantly more pronounced for less advantaged groups, and that these differences, according to Aucejo et al (2020), can partially explain the underlying heterogeneity that they documented. Aucejo et al (2020) study results suggest that by focusing on addressing the economic and health burden imposed by COVID-19, as measured by a relatively narrow set of

mitigating factors, policymakers may be able to prevent COVID-19 from widening existing achievement gaps in higher education.

Dhawan (2020) highlights some disadvantages that online distance learning may have on students, such as limited interactions and fewer practical activities. Dhawan stresses that sometimes, online content is theoretical and does not let students practice and learn effectively. The rapid distance learning caused by COVID-19 for some students in rural areas negatively influenced various communication kinds that distance learning implies due to the network's weakness. The lockdown which was meant to enforce the COVID-19 protocols of social distancing hindered access to schools and teachers. This was necessary to reduce transmission and to flatten the curve (UNESCO, 2020).

Most students who were staying closer to institutions for ease of access to university resources had to move back home, where some have overcrowded households that make it difficult for one to have space to study. In certain areas there is a lack of or limited Internet connectivity and electricity. Stelitano et al (2020) affirm the disparities in Internet access for households with higher poverty levels and rural areas which affected student engagement during COVID-19. On a positive note, Hedding et al (2020) presented some of the South African educational websites' remedial efforts by declaring their sites data-free to students. However, Hedding et al (2020) cautioned that there were still difficulties for students living in remote areas where the electricity supply is inconsistent, and network coverage is inadequate despite the remedial efforts. Seneviratne (2020) acknowledges that access to higher education has always been a challenge for governments and universities, but the COVID-19 pandemic and attempts to shift to online learning have been a setback not just for access but also to ensure that

all groups thrive and succeed in higher education. The studies mentioned below reported some experiences that affected students' access and participation in online learning during COVID-19. Rainford (2020) discussed technological inequalities focusing on analysis done by Clements (2020) about the Southern Universities network and concluded that even when households do have broadband connections, they may be of limited speed. Mishra et al (2020) highlighted the difficulties experienced during online practical which required systematic demonstration of the whole process in the students' presence.

Mphahlele (2020)noted that the financial ability to have technology in the home because of socio-economic status, disabilities, and physical location. Online participation was mostly affected by limited, or lack of, digital knowledge, awareness, and digital skills due to unequal access and opportunity to access digital tools and resources. UNESCO (2018) defines digital skills as the ability to use digital devices, communication applications, and networks to access and manage information. Against this backdrop, we identified digital equity as a suitable lens through which to explore the experiences of Mathematics second-year students' access and participation in online learning.

2.2The Influence of COVID 19 on the health services of refugees

Frequent hand washing with soap or an alcohol based hand rub; use of face masks; maintaining physical distance; covering the mouth and nose when sneezing or coughing; and avoiding touching the mouth, eyes and nose with unwashed hands were the recommended and widely adopted individual prevention measures for COVID-19 globally.To reduce community spread of COVID-19, several countries, Uganda

inclusive, enforced physical distance, and instituted countrywide lockdowns that involved closing schools and international airports, restricted movement of people, and closure of workplaces, among other restrictions (Tobías, 2020). All these individual and community prevention measures were effective in reducing the number of COVID-19 infections though with severe consequences on people's social, economic, health and psychological wellbeing (Willan et al., 2020).

Refugees receiving health care services for chronic illnesses such as those enrolled on HIV/AIDS or Tuberculosis (TB) care may be greatly at risk of having deterioration with their health if they are affected by COVID-19 (Government of Uganda, United Nations High Commissioner for Refugees, 2021).Limited access to health care services and worsening of some health conditions was reported among refugees with chronic illnesses like HIV/AIDS, diabetes, hypertension and others (Ghosal et al., 2020). Reduced health care seeking may lead to poor health outcomes for other diseases and increased risk for community/refugees spread of COVID-19 and other infectious diseases due to cases not reporting to the health facilities. Strategies to strengthen and sustain other health services during pandemics such as COVID-19 are essential in ensuring good health outcomes across the board.

In Uganda, the Ministry of Health reported some cases of Covid-19 among refugees outside the settlements and some of their contacts (Orcutt et al., 2020). As a result, refugees are among those perceived as migrants, travelers and potential careers or transmitters of Covid-19 among who the risk of discrimination and stigmatization against refugees by the local people and authorities (such as community leaders, health workers, and representatives of organisations working with refugees in cities like

Kampala and Arua) has been exacerbated (Castro &Lozet, 2020). This is regardless of reports by the government stressing that refugees who are already in Uganda would receive the support and solidarity consistent with the Ministry of Health's guidelines (Schweitzer, Harvey &Burt, 2020). Research indicates that stigma limits compliance with established control measures, health-seeking, and access to services and may lead to further spread of the virus (Lenore & Susan, 2020).

The lockdown reduced access to services (such as reproductive, maternal, newborn and child health interventions and psychosocial support services) provided by several humanitarian organisations (Castro &Lozet, 2020). Civil Society Organisations (CSOs) play a pivotal role in providing the much needed reproductive health and psychosocial support services targeting vulnerable population groups including urban refugees (Omata& Kaplan, 2013). However, during the lockdown, services of the CSOs were not classified as essential by the governmental of Uganda decree to lock down non-essential services. For instance, personnel working for most CSOs did not receive special travel permits and the closure of public transport posed an enormous challenge for humanitarian workers, who face increasing travel restrictions (Wagman et al., 2020). While essential to reduce exposure and prevent the spread of the virus, this is problematic for most vulnerable refugees such as women and children who have limited options. Moreover, refugees including adolescents, children, pregnant women and those with chronic illnesses, such as those living with HIV and AIDS, are at risk of reduced access to medicines and care (United Nations, 2020).

Mental health challenges were also prominent in this NakivaleRefugee settlement. Increased mental health challenges such as anxiety, disruption in sleep patterns, stress

and so forth may have resulted from forced stay at home during the lockdown, separation from loved ones, restricted movements, uncertainty, boredom and fear of infection. Mental health challenges especially psychological effects have been reported elsewhere (Bodrud-Doza et al., 2020). Disease pandemics are inherently stressful hence adding other stressors such as restriction in movements, work and separation from loved ones worsen the situation, and could have longer term effects after the pandemic. Mental health challenges could also arise from the stigma that is meted on the survivors of infectious disease such as COVID-19 and their families. However, mental health is not always prioritised in disease response strategies. Pandemic response strategies should therefore be integrated with psychosocial and mental health interventions.

There is no impact on access to sanitation and hygiene services except for water supply (Bauza et al., 2021). No impact on access to WASH services could have been because of the emphasis and investments into these services by the government and individuals since they are currently seen as a major solution to interrupt transmission of COVID-19. Informal settlements have for long been known to have limited access to WASH services due to design of the settings and low economic abilities of the dwellers to pay for services (Ssemugabo et al., 2021). Limited access to WASH services may lead to disease outbreaks such as cholera, diarrhea and typhoid resulting into other epidemics further challenging the already constrained health system in the country. Furthermore, WASH services are essential in the fight against COVID-19 hence the need to strengthen their provision and make them accessible to vulnerable communities (Bauza et al., 2020). Increased impact on other socioeconomic and health consequences of

COVID-19 could also result into coping mechanisms that may affect availability of WASH services at the household level.

Deterioration in essential health services in the early months of the pandemic was manifested in a reduced number of facility-based deliveries and reduced case finding for HIV/AIDS and malaria (Bell et al., 2020). Patients with chronic conditions who continuously relied on drugs for their survival and improved quality of life were unable to get their refills, while others could not afford medication due to lack of income (Ponticiello et al., 2020). Patients who had been newly diagnosed with cancer were not able to be initiated into treatment, while others missed their three-month refills for hormonal treatment (Abila, Ainembabazi & Wabinga, 2020). Therefore, a majority of patients with these conditions faced an increased risk of complications and death due to inability to access healthcare because of transport restrictions, curfew, and fear of contracting the virus from healthcare settings (Tumwesigye, Denis, Kaakyo & Biribawa, 2021). These delayed initiations and interruption of treatment cycles resulted in increased stress, anxiety, disease progression, recurrence, and premature deaths (Mutya et al., 2021).

COVID-19 restrictions reduced health workers' ability to offer health services in several ways. Their own livelihood was disrupted and they could not easily access the health facilities as a result of curfew and travel restrictions. The government gave travel passes to health workers who had means of transport and institutions that had shuttle services for their staff, but for majority of health workers, especially in upcountry areas, travelling was a big challenge. There was reduced attendance of health workers at health facilities, increased stock-out of medicines, and increased incidence of

preventable deaths (Owori, 2020). More still, the clinicians suggested that clinic activities such as antenatal care were non-urgent and therefore could be postponed. Self-purchasing and stockpiling of antibiotics and other medicines for those who could afford them presented another challenge of medication safety, including antimicrobial resistance. Matovu et al. (2021) assert that perennial problems of inadequate human resources and financial, infrastructural, supply chain, and logistical challenges.

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There were no significant excess overall deaths in the post intervention compared to the pre-intervention period, although deaths due to malaria, maternal causes, and TB were higher than the level of 2019 for some months. This finding shows that the excess mortality in health facilities due to COVID-19 may be measured better by disease rather than overall mortality. Another explanation for the findings is that mortality due

to disruption of health services may come later, after several months. In another aspect, with the scare of COVID-19 and the restrictions, people were not coming to health facilities and excess mortality could have occurred in the community rather than in health facilities. Because of the lack of systems to capture this data, community deaths were not assessed. COVID-19 lockdowns made it difficult for vulnerable people to access critical health services and preventive interventions particularly in remote communities (Adadi & Kanwugu, 2021).

Lockdown policy implementation has generated many socio-psychological problems for the refugees in every segment of their lives. During the period of lockdown, people were confined to their homes to contain the pathogen. Domestic confinement has a long-lasting psychological and well-being effect. Refugees were confronted by anger, boredom, and loneliness during home confinement, and psychological problems, such as depression, stress, and anxiety increased (Duan & Zhu, 2020). Mental health and quality of life among Refugees adults have been impacted negatively by the CP (Zhang and Ma, 2020). Home isolation has adverse socio-psychological effects on physical and mental health. Long-term isolation causes negative feelings, cognitive decline, and discomfort (Hawkley & Capitanio, 2015). The daily routine and lifestyle of Refugees citizens would inevitably be interrupted by restrictions on travel and outdoor leisure. Individuals were also less physically involved, more sedentary, and more depressed, which may pose severe protection and well-being risks (Chen et al., 2020). Health-related quality of life has been affected due to the socio-psychological impacts of COVID-19 and caused a severe threat to global public health (Tsamakis et al., 2020). Refugees with personality disorders may be particularly vulnerable to negative

psychological impacts of the CP. ER skills appear to be a potential target for therapies targeted at reducing negative consequences (Velotti et al., 2021).

Patients who are infected with COVID-19 are at a greater risk of developing mental health problems, as they are facing stigma and discrimination from their own family members. Similar situations were faced by the general public as well as many medical practitioners during previous outbreaks such as Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and Ebola (Leary et al., 2018; Rogers et al., 2020; Rubin & Wessely, 2020; Wing & Leung, 2012).

The infodemics, misinformation and inaccurate conception are spreading quicker from fake and unauthorized news portal websites, contributing to myths and rumors in the society. Myths related to alcohol, adding hot peppers, ginger and garlic to food, and exposing oneself to temperatures higher than 25° or to cold weather and snow to kill the coronavirus are misleading people. Therefore, there is a need to be thoughtful and conscious when communicating on social media and other communication platforms (UNICEF, 2020). Authorized health organizations and the government should provide timely information through reliable portal platforms and ban unauthorized websites to avoid misleading the public.

A large number of people have assumed the lockdown as vacation time and are pressurizing others to engage in forceful academic or job-related activities. During the lockdown, several social networking media messages, instead of promoting, are actually compromising the mental health of individuals in the society. People have their individual coping strategies and not all can perceive the pandemic lockdown as an

opportunity to learn. Several messages are demanding people to come out with new skills during the lockdown, which has further aggravated the psychological pressure and mental stress. This pressure has provoked regret, shame, overwhelming feelings and negative thoughts along with decreased self-esteem, which should be addressed immediately to avoid mental breakdown (Mukhtar, 2020).

This pandemic crisis has significantly transformed the working environment, resulting in high-pressure work, and unfavorable and demanding interactions among health workers. Frontline health workers, including doctors, nurses, certified caregivers, lab technologists and pharmacists, with inadequate supplies of PPE, have been giving their best professional services to protect human lives. While trying to balance life as a healthcare professional and as a member of a family, dealing with highly infectious clients has led to guilt about potentially exposing their families to infection (Ramaci et al., 2020).

Contracting COVID-19 has increased stigma and social discrimination among people. Some house owners have been reported to evict nurses, doctors and other medical professionals from their rental apartments fearing the spread of the novel coronavirus in their neighborhood. Cured patients upon returning home are socially avoided and discriminated against, leading to decrease in moral support. Stigma can negatively affect clients searching for medical care at a time when they are at their most vulnerable stage. Stigma and social discrimination can lead to hiding of symptoms and avoid seeking of medical care, making it tremendously difficult for health care professionals and the government to control the disease. This stigmatization can discourage people

from adopting healthy behaviors and can dramatically increase the suffering of people, leading to fatigue, stress and other mental distress. Hence, by understanding the disease, building trust, showing empathy to those affected, and adopting effective practical measures, people can help to save their dear ones (UNICEF, 2020). The pandemic-related restraints, such as spatial distancing, isolation and home quarantine, are impacting on economic sustainability and wellbeing, which may induce psychological mediators such as sadness, worry, fear, anger, annoyance, frustration, guilt, helplessness, loneliness and nervousness (Bhuiyan et al., 2020; Mukhtar, 2020).

It is noted that loneliness, anxiety, boredom, anger, denial, depression, insomnia, harmful substance use, despair, self-harm, and suicides in quarantined individuals (Li et al., 2020; Wang et al., 2020). COVID-19 physical symptoms (such as cough, hypoxia, and fever) along with side effects of recommended medicines (corticosteroids) may lead to more psychological distress and anxiety (Wang et al., 2020). According to Goyal et al.(2020); various psychiatric disorders could be found in individuals, for instance, anxiety disorders, self-blame, guilt, post-traumatic stress disorder, depressive disorders, delirium, somatic symptoms, panic disorder, psychosis, and even suicide. Li et al. (2021) and Cheng et al. (2006) concluded that socio-behavioral restrictions are negatively associated with the health-related quality of life (HRQoL). There is also a negative impact on emotions on time spent under quarantine measures which is consistent with previously published work on the mental health effects of the lockout of COVID-19 (Ozamiz-Etxebarria et al., 2020). Muzi et al. (2021) concluded that Italian adolescents and reported that the teenagers might have used social media disorder symptoms to express CP adverse effects. Teenagers during pandemic showed lower

internalizing but higher other issues (such as excessive drinking and self-destructive behaviors) and more problematic social media usage than pre-pandemic samples.

Emotions and feelings play a vital role in response to the sudden phenomena and reshape our understanding about how to cope with the negative impacts of different situations on our socio-psychological and health-related QoL (Julie, 2020). The models of well-being, human growth, interpersonal processes, psychopathology and decision making, emotions play a pivotal role (Ekman and Davidson, 1994; Saarni, 2008). Previous pandemics, such as Ebola, H1N1, and SARS evidence show that public emotional response is associated with risk perception (Yang, 2016). During the early stages of the COVID-19 outbreak of covid-19 pandemic, a nationwide survey found that ~27.9% of the participants had depression symptoms, and 31.6% had anxiety symptoms, which further leads to emotional sensitivity (Shi et al., 2020).

2.3The influence of COVID 19 on the incomes of refugees

The lockdown in a bid to reduce the spread of Covid-19 has affected refugee livelihoods and created income insecurity among urban refugees (Bukuluki et al., 2020). This is because urban refugees depend on the informal market economy and small enterprises such as artisans, tailors, hairdressers, traders in precious metal and diamonds and vendors of food and second-hand clothes (Macchiavello, 2004). The lockdown directives did not exonerate these small enterprises and has led to income insecurity (Ajari, 2020). Although this is perceived as a general problem in low and middle-income countries, given the high rate of unemployment in Uganda and it is among countries affected by extreme poverty (Uganda Second National Development Plan 2015-2020), the situation is difficult for refugees who lack contingency

livelihoods and social support networks that can serve as shock absorbers and coping resources. Low household income forces poor families to reduce expenditure on essential health items such as food and medicine (Ishiwatari et al., 2020). This has been aggravated by the negative effect of Covid-19 on social support networks for urban refugees (Brief, 2020).

In the first place, displacement weakens their original support network such as immediate and extended family support. It is estimated that the majority of urban refugees depend on remittances from relatives outside Uganda such as Sweden and the United States of America(Omata& Kaplan, 2013). However, the lockdown in several countries implies that their informal social support systems through remittances (such as cash transfers) have been affected by job losses in many countries in the North where their relatives are living and working due to Covid-19 (Kluge et al., 2020). For example, The World Bank (2020) has projected that global remittances are to decline sharplyby about 20 percent in 2020 due to the economic crisis induced by the Covid-19 pandemic and lockdown (Maldonado et al., 2020). The projected fall, is largely caused by fall in the wages and employment of migrant workers, given that they tend to be more susceptible to loss of employment and wages during an economic crisis in a host country (Mwita, 2020). This has affected the amount and frequency of remittances they get as a source of livelihood and financial lifeline for the most vulnerable.

It was noted that refugees mostly engaged themselves in entrepreneurship before covid era. Thus, entrepreneurship as an idea which can be used to get an income or a form of business that can bring in income on a sustainable basis or the ability to see a need and create something to address or fill that need sustainably (MadinaGuloba, Sarah

Ssewanyana&Elizabeth Birabwa, 2017).Ngo and Wahhaj (2012) suggest that refugees receiving complementary business training in an activity/ ventures was more likely to benefit from access to credit than those who receive training in an autonomous productive activity that they can undertake independently within the household .On the one hand, individual's networks are significant predictors of entrepreneurial activity and are particularly important in the early stages of the entrepreneurial process (Afandi et al. 2017). Poggesi et al. (2016) also stressed that personal connections are very important for refugees in developing countries as a means to countervail an adverse social context. Nagler and Naudé (2014) believed that non-farm household refugee as self-employment in the non-farm economy either in rural or urban areas. Given that there are many refugees in farming, a focus for this report is not on the farmer as entrepreneur but on the self-employment/entrepreneurship activities of individual refugee members.

Nakivale's ethnic diversity, the labour market is generally uniform, with 97.1 per cent of economic activity being agrarian before COVID period (UNDP, 2020). Maciejczak (2015) argues that from the point view of systematic approach, agrarian economy is a phenomenon, which has a positive impact on the environment and society and economy as a whole by applying the innovative technologies in traditional branches. According to Baltremus (2016), the global goal of the agrarian economic system is to sustainably and reliably meet the refugee needs of the any country in agricultural products in sufficient quantities and assortment, while maintaining high qualitative indicators. Kozlovskyi (2017) had proved that in connection with the growing complexity of modern agrarian economic systems and the diversity of interactions between their

subsystems of different levels and with the external environment, as well as the level of achievements of scientific and technical progress and accumulation of the necessary information resource.

The reduction in daily income, wages and employment was reported. Due to the lockdown, most businesses and formal workplaces in settlements were unable to operate leading to no income generation and downsizing. Studies elsewhere have reported financial insecurity, loss of employment and reduced income due to COVID-19 related lockdowns (Bukuluki et al., 2020). Reduced income affects health care seeking, limited access to basic needs like food and water and increased crime rate (Bengle at al., 2010). In desperation and pursuit of income for survival, refugees are also likely to engage in risky activities like congregating in large numbers and shunning of the recommended prevention guidelines which may lead to their exposure to COVID-19 (Taylor, 2019). Therefore, the economic and financial wellbeing of vulnerable populations (refugees) should be catered for as part and parcel of the pandemic response strategies.

Loss of livelihood and poor living standards directly affect the health of individuals and communities. There is negative effect of the pandemic in Uganda has been large for informal workers, who constitute the majority of the working poor in the region and yet several developing countries cannot sustain rescue packages for the poor and struggling companies (Danquah, Schotte & Sen, 2020).It was also found that more than two-thirds of households in Uganda experienced income shocks and worsened food security during COVID-19 and those food security outcomes were worse among the income poor and households dependent on labour income (Kansiime et al., 2021).This closure

limited the availability of raw materials which used to come from refugee settlement for manufacturing goods. Refugee settlement was closed in serious effects in the import and export of goods (New Vision, 2020). This resulted in a situation of panic-buying and hoarding of goods among the refugees, creating a shortage of goods and supplies. The travel restrictions to and from different international destinations was put into action as a measure to prevent the spread of COVID-19 infection, which massively affected the tourism sector.

With the World Health Organization (WHO) encouraging people to wash hands with soap and water or an alcohol-based hand sanitizer, and proper usage of facial masks for providing protection against spreading of the coronavirus, it ignited panic-buying and hoarding of these goods, leading to shortages in the majority of cities in Uganda (*The Kathmandu Post*, 2020a; World Health Organization, 2020a). For protective gear such as face masks, gloves and caps, the export ban from these countries has created a huge scarcity in supplies and deliveries, leading to mental stress among health care workers, hygienic staff and the public. To deal with this crisis, some hospitals started sewing masks using plain cloth, however, the shortage of proper personal protective equipment (PPE) continues (The Kathmandu Post, 2020b).

Due to the COVID-19 outbreak, the hardest hit sector of the economy is tourism. The World Travel and Tourism Council research reported that World's tourism sector was responsible to generate Rs. 240.7 billion in revenue and supported more than 1.05 million jobs in 2018 (*The Kathmandu Post*, 2019). In all, 20,000 tour, trek and guides, and porters lost their livelihood when mountaineering was suspended (*The Kathmandu Post*, 2020). With high levels of food insecurity and widespread malnutrition among

children, the consequences of the virus spreading widely could reverse the recent positive trends in poverty and prove to be catastrophic and far-reaching. While remittances range up to 25% of the gross domestic product (GDP), migrant remittances may decline during the time of COVID-19, limiting the source of income of households in Nepal (World Bank, 2020a). The declination in remittance can limit the families from getting out of poverty, paying off unscrupulous loans, and investment in education, health and land.

The agricultural crops, livestock and fisheries are not outside the impact of COVID-19. Being an agricultural country, the travel restriction and lockdown have affected every stage of the food supply chain, including food production and distribution in Refugee settlement. Farmers are compelled to dump milk and vegetables after a significant decrease in supply and closure of processing companies and proper markets (Poudel et al., 2020). This has led to sudden price hike, black marketing and shortage of products in the local markets. While the government is urging people to follow quarantining and limiting gathering of people, millions of farmers have to gather together to sow food and cash crops in Refugee settlement with the arrival of the monsoon. The current lockdown measures might help the government to defeat this virus, but if the patterns of small-scale planting, harvesting and distribution continue to be disturbed, hundreds of thousands will lose their livelihoods, and the whole nation could slip into deep food insecurity. Therefore, the government should enforce measures to control the pandemic without disturbing the food supply chain and considering the food security of their citizens.

According to the Uganda Living Standards Survey 2010–2011, 25% of the population lived below the poverty line (Uganda Bureau of Statistics, 2011). The link between poverty and communicable disease is well-evident (Alsan et al., 2011; Bhutta et al., 2014). COVID-19 is no exception and has triggered increasing unemployment, loan defaults and major economic losses around the globe (Kantamneni, 2020). The economic downturn caused by COVID-19 can increase the economic instability, health inequalities and social disparities in Nepal, which can have a huge impact on the poverty levels. While the lockdown has affected traders, especially people with small shops and those with limited sources of income, the poor, marginalized people and daily wagers are more vulnerable.Goldmann and Galea (2014) shown that a pandemic like COVID-19 can result in increased mental burden to marginalized or low-income people via socioeconomic disadvantage such as job insecurity, housing instability, discrimination and food insecurity.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents research design, study population, methods of data collection and instruments, procedure for collecting data, data quality control, ethical considerations, data analysis and measurement of variables.

3.1Research Design

This study adopted a case study research design that are characterized by studying elements of social changes through comprehensive description and analysis of a single situation or case, for example, a detailed study of an individual, group, episode, event, or any other unit of social life organization (Zina, 2017). More strategically, a case study was chosen because it attempts to build holistic understandings through the development of rapport and trust. The goal is 'authenticity' and richness and depth in understanding that goes beyond what is generally possible in large-scale survey research (Zina, 2017). Yin (2009) asserts that a case study is very well suited in helping to explain how and why questions by investigating and it is highly useable when the investigator has little control over events. The intention of this research design was to gather data on cases in Nakivale Refugee settlement regarding the perspectives of research participants about the influence of Covid-19 on the social economic welfare of refuges.

3.2 Study Population

The study population comprised of refugee leaders, Refugee Welfare Committees members, and OPM, UNHCR officials, Team leaders, Project officers of WPFP,

USAID and FRC that are stationed in Nakivale Refugee Settlement. According to the OPM database, the Nakivale settlement host a population of 142,544refugees from which the study made an inference. The target population was chosen because of their experience and knowledge about the study.

3.3 Sample Size

The sample size was54 participants which included 36 refugees from FGDs, 10 refugee leaders, 3Project officers of WFP, USAID, UNHCR and FRC, 3 Refugee welfare Committees members, 1 OPM staff and 1 commandant of Nakivale Refugee settlementwhich was determined at point of data saturation.According to Kothari (2003), the sample size for qualitative research depends on the saturation of data. This means that as the researcher interviewed and monitored the respondents to know when no new information is obtained in order to stop data collection and to consider the interviewed as the sample size. The actual sample size was determined after data saturation. Furthermore the study used rich cases that provide in depth information and knowledge of a phenomenon of interest (Bordens& Abbott, 2011).

3.4 Sampling Technique

3.4.1 Purposive sampling

Purposive sampling is a non-probability sampling method and it occurs when "elements selected for the sample are chosen by the judgment of the researcher. Researchers often believe that they can obtain a representative sample by using a sound judgment, which will result in saving time and money. MacDonald et al. (2003) revealed that when desired information is to be obtained from specific target groups, purposive sampling is appropriate. Therefore, the technique was applied in selecting 18 key informants that

included RWCs, OPM officials, UNHCR, USAID, FRC and World Food programme. Purposive sampling directs the researcher on what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Bernard, 2002).

It is typically used during qualitative approach to identify and select the information-rich cases for the most proper utilization of available resources (Patton, 2002). This involves identification and selection of individuals or groups of individuals that are proficient and well-informed with a phenomenon of interest as noted by Bernard (2002). Purposive sampling helps in knowledge addition, the importance of availability and willingness to participate, ability to communicate experiences and opinions in an articulate, expressive, and reflective manner as guided by Creswell and Plano (2011). Purposive sampling technique was used because it enables a researcher choose participants of their own interest based on the knowledge, stake and experience they have with the particular phenomenon on consideration (Creswell, 2002).

3.4.2 Cluster sampling

Cluster sampling is a sampling method in which the entire population of the study is divided into externally, homogeneous but internally, heterogeneous groups called cluster (Creswell, 2014). Cluster sampling is best used to study large, spread out populations, where aiming to interview each subject would be costly, time-consuming and perhaps impossible. Cluster sampling allows for creating clusters that are a smaller representation of the population being assessed, with similar characteristics.Nakivale Refugee settlement was put into four clusters basing on the dominant nationals. In this regard, cluster sampling was used to sample the refugees on the clusters of

Banyarwanda, cluster of Somalis, cluster of Congolese and cluster of Sudanese in Nakivale Refugee settlement.

Thereafter; simple random sampling was used to be obtain respondents from each cluster and this was done in order to give all the participants as equal chance to participate in the study. Simple random sampling was used to select 36 refugees by picking the numbers to be included after stirring. This sampling method was preferred because it makes it easy to select a representative sample with minimal bias (Dudovskiy, 2017).

3.5 Data collection methods

3.5.1 In-depth interview method

One on one In-depth interview with purposely selected participant in this study was used. It helped to obtain a more detailed and rich understanding of the phenomenon under investigation. The In-depth interviews were administered to Refuge Welfare Committees members, OPM staff, UNCHR officials and Team leaders, Project officers of WPFP, USAID and FRC. The interview methods comprised of questions based on influence of COVID 19 on the education welfare; influence of COVID 19 on the health services and influence of COVID 19 on the incomes of refugees living in Nakivale refugee settlements.

3.5.2 Focus group discussion (FGDs)

The study also administered focused group discussion where the researcher generated discussions about one or several topics in a group of 6 to 12 people (Dibb et al., 1994). Four FGDs were administered separately on refugees from the same country which comprised of 10 Congolese, 8 Somalis, 10 Rwandese and 8 Sudanesetotaling to 36

Refugee respondents. FGD was used to collect data from participants who have similar backgrounds or experiences while discussing a specific topic of interest and these discussions were tape recorded with consent from the participants.

3.6 Data collection Instruments/tools

Primary data was collected using focused group guides during focused group discussion (See Appendix iv). Interview guide were used to obtain data from key informants (see appendix iii)

3.7 Data analysis Plan and Management

The qualitative data was analysed using thematic content analysis. Atlas TI software for analysis was used for coding and generating query reports. This entails familiarisation with the material, identification of the codes, searching for themes, revision of the themes and interpretation. All transcripts werecarefully read many times to become familiar with the content. Phrases and sentences that were related to the refugees' socio economic aspect during covid-19 were coded in the margin of the transcripts. The codes that were similar or connected to each other wereorganised together to form themes. To strengthen research, multiple coding was considered, researcherscrutinised all codes and finally used on formulation of themes.

3.8Ethical consideration

The researcher took note of ethical issues surrounding research and took a number of precautions since it included human subjects. The quality of research depended on part on the integrity and objectivity of the researcher as noted by Saunders(2012). This study took into account the following issues;

The researcher obtained an introductory letter from the Research Ethics Committee that was taken to the camp commandant of Nakivale Refugee Settlement / OPM to seek permission to conduct the study in the settlement. Before conducting interviews, research assistants/translators were hired and trained to support the data collection process, thereafter respondents were informed about the research objectives to prepare them make well-grounded decisions on whether to participate or not. Interviews were held after asking for informed consent from with respondents. Each subject hada right to decline or discontinue participating in the research at any time and at will. This gave the respondents confidence to take part and also get permission/consent before conducting the interview to use a tape recorder.

3.9 Anonymity and confidentiality

Anonymity: Subjects had a right to conceal information about themselves that they felt sensitive and private. This was done by not using the names but rather by giving pseudo name to all participants as well as random code numbers in the case of interviews.The participants wereguaranteed protection of information given and the data collected was treated with total confidentiality byusing number codes rather than names.

Data Protection: The researcher explained and assured the participants that the information given in the study was to be used for academic purposes only. Furthermore, each participant's information was handled with care and privacy to conceal it from reaching any unauthorized population**.**

CHAPTER FOUR

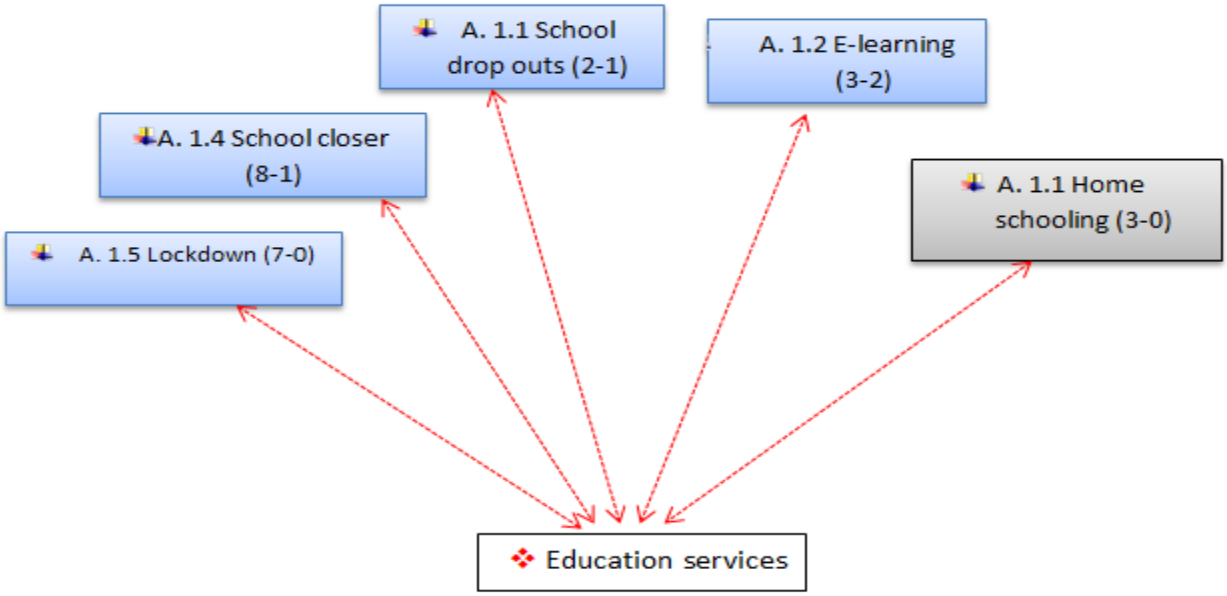
DATA ANALYSIS, PRESENTATION AND INTEPRETATION

4.0 Introduction

This chapter contains the presentation, analysis and interpretation of the findings on the influence of Covid-19 on the social economic welfare of refuges in Nakivalerefugee settlement. Analysis of the study was based on the objectives of the study that sought to establish the influence of COVID 19 on the education welfare of refugees; determine the influence of COVID 19 on the health services among refugees and examine the influence of COVID 19 on the incomes of refugees living in Nakivale refugee settlements.

4.1 Influence of COVID 19 on the education welfare of refugees

The study set out to establish the influence of COVID 19 on the education welfare of refugees and the following section presents and interprets the opinion of the respondents. As far as influence of COVID 19 on education welfare of refugees are concerned, findings from the analysis revealed the that schools were closed, e-learning was implemented, school drop outs and lack of learning materials as purported in the sub subsequent quotations.



Source: Field data (2022)

4.2.1 Sub-theme 1: Lockdown

The findings indicate that education was affected by Covid-19 SOPS such Lockdown in which refugees and teacher lost hope in schooling for 2 years. These results were alluded to by almost all the focused group respondent in one. Generally, they commented that;

> *Lockdown posed a serious threat in education sector. Education is considered to be a powerful tool for growth and development in refugees. Covid-19 affected refugee learners. They lost hope in education because they lacked guidance from their fellow colleagues and teachers some students among them thought school would not resume again due to long period of 2 years which led to many dropouts, early marriages and pregnancies"(FGD 1, Rwandanese, August, 2022).*

Participants in FGD 2, Sudanese, August, 2022revealed that schools would harbor many refugee children and lockdown stressed them thus committing suicide; joining peer groups and early marriages are reflected in the following verbatim.

> *School served as a place where refugee children developed mentally, physically and socially. Because of lockdown, many refugee children became susceptible to many environment risk factors that stunted their development. Some refugees committed suicide, others joined peer groups which misled them and others run into marriages at an early stage due to lack of guidance and counseling from their teachers (FGD 2, Sudanese, August, 2022).*

Such sentiments were also expressed in other FGDs. For instance, another participant echoed such feelings in a verbatim:

> *Education is a key player in reducing poverty. Covid19 outbreak caused a learning loss in refugees. In access of learning means and learners unable to interact with teachers, their learning was put down and many students were misguided and dropped out. We refuges have hopes in developing and fighting poverty when our children get educated so when they fail to get it, we face challenges like poor health, lack of voice, exploitation and gender inequality which became during lockdown (FGD3,Congolese, August, 2022).*

In fact, some Key Informants confessed that Covid-19 SOPs such as lockdown reduced physical interaction which slowed down their academic performance as purported in the verbatim.

Lockdown reduced contact time for learners and consultation with their teachers. Students were forced to remain within their homes and study online which I couldn't afford so my children gave them an excuse to stay away from books and had to wait until schools were officially opened which caused P.3 and P.2 children to be academically poor to an extent of even not knowing how to write down their names and even count numbers (Key Informant,Project officer, UNHR, September, 2022).

This implies that education sector was disrupted by covid-19 through closing down schools which resulted into e-learning and homeschooling that was not effective for refugees who had no materials. Therefore involved a recommitment to what we know works best in education, and reshaping for better resilience, safety, and inclusivity to ensure that every child learns and makes progress based on lessons learnt from the disruptions.

4.2.2 Sub-Theme 2: School closure

Governments began implementing measures to limit the spread of the coronavirus, closing schools and moving to distance learning in almost overnight. This situation began to change in May 2021. The closure of the schools took one year which brought e-learning on board as reflected in the following verbatims:

When children are not able to interact with their teachers and their peers directly, their learning suffers. When they are not able to interact with their teachers and peers at all, their learning loss may become permanent. This rising inequality in access to learning means that education risks are becoming the greatest divider, not the greatest equalizer. When the refugees fail to educate their children, we all suffer. All the schools and learning

centers were closed; online classes were unable to be conducted because refugees could not afford gadgets and internet, very many children dropped out and girls ended up in marriages (FGD 4,Sudanese, August, 2022).

It was also found out that children dropped out of school and began working to earn income for their families. This implies that children got devoted to working instead of home schooling as highlighted in the verbatim.

Some refugees here begun to work after the closure of schools to provide for their families which became hard to convince them to go back after the reopening of schools because they had got enthusiastically devoted to earning income instead of schooling which led to many of dropouts in the camp affecting us the refuges because some parents like me really needed my children to be highly educated but unfortunately. I have two drop outs who preferred money to education (Key Informant, Refugee welfare committee, September, 2022).

According to *Key Informant, Project officer,FRC, September, 2022*said that;

Closure of schools, universities and technical training institutes affected refugee learners and students. There was no progress in education to refugees who had no technical devices to study because learning sectors were closed and learners could not interact with either their teachers or their colleagues due to stay at home orders which caused them lack interest in education and ignorance became permanent.

4.2.3 Sub-theme 3: School drop outs

It was noted that children dropped out of school and joined early marriages and directors of some schools changed their schools to markets as highlighted in the quotation;

> *Most children dropped out of school because refugees couldn't afford e-learning access for their children that could make them busy and focused instead of being idlers and loiterers which resulted into early marriages, early pregnancies and joining peer groups. Even some of the schools changed from education centers to markets due to poverty among the directors because of the national closure of school for 2years leading to the decrease of education centers around the camp (Key Informant, OPM, September, 2022).*

The findings show that schools were closed during Covid follow of directive of the President which prompted the parents to resort their children on e-learning and home schooling however girls were impregnated and boys dropped out of school as reflected in the verbatim;

> *Aaaaaarrrh; It was one evening when the President of Uganda gave a directive that all schools be closed as a measure to reduce the prevalence of covid-19 and I thought it would take a week or 2 weeks to go back to school. Oooh it was 2 years of so many challenges whereby e-learning was implemented; home schooling was the order of the day and their effectiveness was not questioned. Many girls got pregnant, boys dropped out, teachers ended up in farming. The education system was messed up*

during the pandemic (Key Informant, Nsamizi Training centre, September,2022).

Key Informant, OPM, September 2022pointed that;

Some refugee learners lacked interest in school during lockdown because they did not have radios, televisions and electricity to continue with their studies which led to a lot of dropouts, young single mothers and early marriages. The period for 2 years was so long for them to endure. Parents could not manage keeping them home. Some young children started working for survival because of lack of food assistance and basic needs.

Key Informant, FRC, September, 2022pointed that;

There was an increased rate of dropouts and early marriages in the camp. Some children would escape from their homes due to different reasons such as poverty, lack of basic needs, food, extreme liberty, ignorance and lack of guidance and counseling, because they were unable to have contact with their teachers and fellow learners for consultation as they were forced to stay home due to Covid-19 outbreak.

In addition, Key Informant, Refugee leader, September 2022narrated that;

Lockdown affected most of refugee students. I have a neighbor who was being mistreated by her uncle because he wanted her to get married against her will. She was worried about her future on academic journey because she would not continue with school after marriage. She had a chance because she was being supported by some organization in education but because of her uncle she was forced to marriage.

This shows that covid-19 pandemic has affected every walk of life and has made the attainment of education difficult or nearly impossible for a larger population of students struggling to survive under difficult economic challenges. The closure of schools globally has put deep effects on teaching and learning majorly refugees gave up on schooling.

4.2.4 Sub-theme 4: E-learning

It is clear from the analysis that COVID-19 compelled the school to change its mode of learning overnight. This was done through opening new vistas of diverse learning through e-learning where teaching-learning activities were undertaken using remote and digital platforms though most of the refugees were challenged by gargets that were needed such as radios, televisions and electricity that were not in place. This was reflected in the following quotations:

> *Covid19 outbreak affected refugee learners because they were not able to access the E-learning system that was recommended by the government after the closure of schools. Refugees did not have a chance to use it because they could not afford radios, televisions for their children and didn't have electricity and even those that had some devices like radios, were not able to use them because they found it hard to read alone without guidance (Key Informant, Refugee Welfare committee, September, 2022).*

The study found that some of the teachers lost their jobs and joined other ventures because they would not afford cost of internet to conduct e-learning. In fact, one Key Informant, Project officer, UNHCR, September 2022

Covid-19 affected my carrier as a teacher because I couldn't access the cost of internet to teach students on line and even some refugees here could afford neither the devices nor the cost of internet. I couldn't stay unemployed during lock down yet with family members that depended on me, I had to find some other job to do. I started the business of poultry which made me survive though it wasn't either an easy project or my dream to be a farmer but I had to accept the situation to earn a living so I had to quit teaching and concentrated on farming.

Key Informant, Commandant, September 2022had this to say on the same question of schools being closed.

E-learning was implemented in lockdown as schools were closed. The government recommended teachers to teach online I could not afford to buy the devices for my children to study. It affected them so much, they became ignorant. One of my girls got married because she thought of never going back to school and not only my child but most of the refugee girls here in the camp got pregnant and others resorted to early marriages.

Key Informant, Project officer, Nsamizi, September 2022said that;

When digital learning was rolled out after the closure of education centers, refugees did not have means and technical infrastructure to do so. Challenges to continuous learning existed where refugees dropped out of school, other students who were interested did not have a chance to have access the system of education.

4.3.5 Sub theme 5: Home schooling

One of the findings of the research is that home schooling was adopted in the wake of coronavirus have restricted the social learning of the students which was very much there in traditional mode, that is, face-to-face learning.

Key Informant, Refugee leader, September 2022noted that;

> *My children did not have a chance to continue with learning because I did not have electricity at home and could not afford even a radio that would enable them to study. We started doing agricultural work together to earn a living because some of them had energy amidst home schooling (Male aged 45, Respondent 4).*

FGD 1, Rwandanese, August, 2022said that;

> *The education system messed up during covid-19 outbreak. Learners were unable to continue with their studies due to closure of schools and teachers couldn't reach them in the camp due to quarantine. Some refugee teachers ended up teaching their children while at home.*

Key Informant, Project officer, Nsamizi, September 2022narrated that;

> *Lack of contact time between learners and teachers affected learners. Refugee children in the camp who had home learning materials like radios that could give information and education programs were*

challenged in reading without guidance. My son read much as he could but could find it hard reading alone while listening to lessons conducted on radios. This prompted me to start guiding him at home.

Key Informant, USAID, September 2022said that;

I tried hard and got learning materials for my children at home but they did not find it easy to do the tasks provided in the learning packages because they lacked guidance on how to use the textbooks to answer questions in the texts due to lockdown. Their teachers who would have guided them stayed far away from home so we found it hard for them to learn from home as they were sometimes disrupted by housework.

Key Informant, Refugee leader, September 2022further said that;

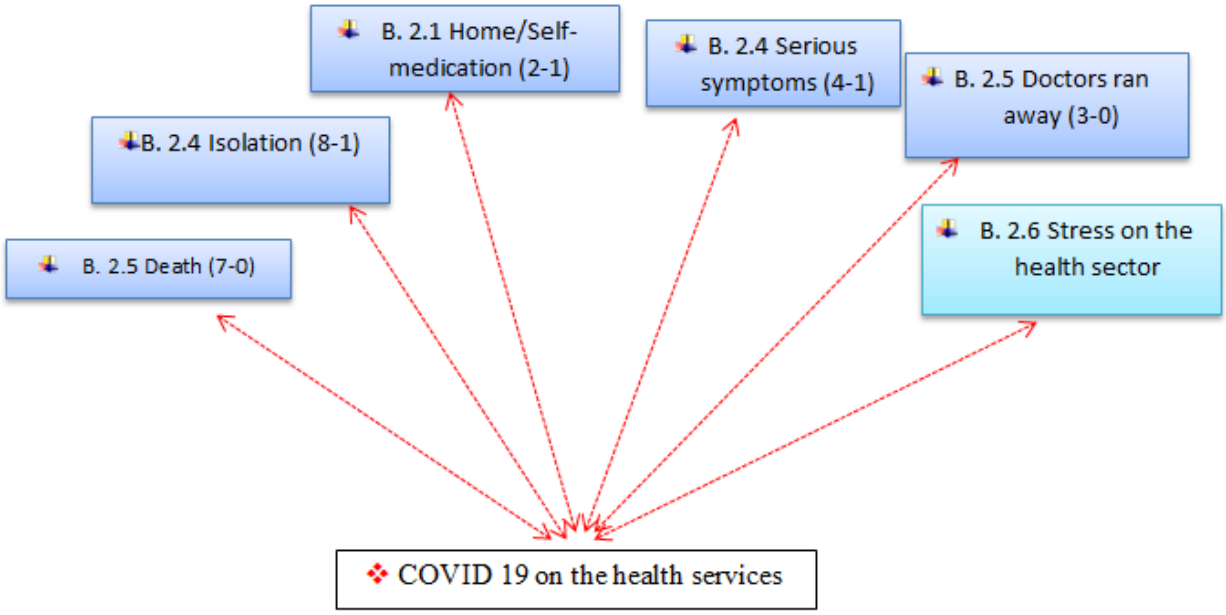
One of my children had hopes of leaving primary level but because of lockdown he lost out completely on education and dropped out, he started doing some work to earn money for a living. Most of refugees dropped out of school due to the long period of two years and not being provided with a routine of learning home materials to replace school.

FGD 4 Sudanese, August 2022 pointed that;

Refugee children not going to school because of lockdown, lack of home learning materials especially girls. They often absorbed extra work of caring for other children and more exposed to domestic work and others dropped out due to challenges without guidance they thought they were unlikely to return back to school.

4.2 Influence of COVID 19 on the health services of refugees

The study set out to establish the influence of COVID 19 on the health services of refugees and the following section presents and interprets the opinion of the respondents. As far as influence of COVID 19 on health services of refugees is concerned, findings from the analysis revealed that Covid-19 strained the health sector; some of the refugees got symptoms like cough, fever and headache as shown in the following verbatims:



Source: Field data (2022)

4.2.1 Sub-theme 1: Death

The health status and the behavior of the majority of the refugess were not found to be heavily affected by the COVID-19 outbreak. However, in some cases, changes in health status or health behavior were identified. Certain groups of refugees reported experiencing both worsening and improving health, while other groups reported unchanged health status. Age was the most influential factor for behavior change. In particular, the younger generation's were not affected much than the elderly. As COVID-19 kept on spreading the

elderly needed more attention and eventually succumbed to covid-19 as presented in the following opinions;

FGD 1 Rwandnese, August 2022 said that;

> *I lost three people in the family due to covid-19. That was my grandfather the second was the father of my children and the third was my Auntie who were averagely aged 65. I took care of my late husband while having treatment at the hospital as he was admitted but by God's grace I didn't get infected though there were so many cases at the hospital. I tried my best to protect myself against the disease, I could never put off my mask, could move with my sanitizer to where I could go until I left the hospital. I could also go for checkup often. Due to organ failure my husband died I can tell covid-19 is a deadly disease.*

FGD 4Sudanese, August, 2022 further said that;

> *I attended meetings, parties or church but I found it hard and I hated myself when I coughed like an animal in a village meeting [hahhhhahhahahhhahaa]. I rushed to a nearby clinic and nurse counseled and encouraged me to stay indoorstill I recover. The family members had no problem with me and they supported me. They never isolated me, my family used to callme for breakfast, lunch and supper without isolating me. In the end, the every family member was infected and that's when lock down was effective but we used to walk to MTI hospital where they would give us tablets. My husband's situation worsened and was admitted to hospital till he succumbed to death. My children and I got scared and*

could not move out of house till we recovered [hmmm]. It was trying moment for us and restricted myself from being with people like I used to be with.

4.2.2 Sub-theme 2: Isolation

The coronavirus disease 2019 (COVID-19) pandemic is assumed to have caused an increase in the number of socially isolated people. The older people and men had the greatest increase in the prevalence of social isolation. Refugees who became socially isolated during the pandemic had greater loneliness and fear of COVID-19 than those who were consistently not socially isolated since before the pandemic as reflected in the following opinions.

Key Informant, OPM, September 2022said that;

Covid19 virus interfered our daily activities because it needed isolation, time on treatment for one to recover and one lost energy because of body weakness. Refugees who got infected with covid-19 and whose conditions worse were admitted to the hospital for thoroug treatment and those whose symptoms were mild were advised by the doctors to get their treatment from their homes, keep indoors until recovery because the medical facilities were not enough and the number of covid-19 patients increased daily.

FGD 2 Somalie, August, 2022 pointed out that;

So ever since i got this disease, i used to participate in events like parties, meetings and going to church. I stopped attending meetings ever since the situation worsened, I would cough and sneeze badly. I would feel un

comfortable because I was always coughing. The disease affected my family and neighbors, everyone used to run away from me, I used to get scared, was full of fear and embarrassment whenever I would be in my sleeping alone.

FGD 3 Congolese, August, 2022 said that;

I had a business of making masks during the pandemic. It was one day when I started developing fever, lost appetite, developed sore throat, and headache until I went for checkup and tested positive for covid. I realized that I got infected from my refugee customers so I had to close for some days. I got medication from the hospital, tried to isolate myself from my family, the neighborhood as I was advised but it took me some period of one month without working or interacting with other people until I recovered. that's when I got to know that covid-19 is real.

FGD 1 Rwandan, August, 2022 said that;

Ever since I got the disease I used to operate a business. I closed my business for a short period of time because the situation was not good and my conditions scared people around me even my customers. I got treatment from home where I isolated myself from my family until recovery because I never wanted them to get infected. I had fear and got scared about my conditions but changed with time as I got better.

This implies that health care system can play a role in identifying and addressing feelings of isolation, especially among high-need older adults, by screening, isolation or loneliness, evaluating its impact on physical and mental well-being and connecting patients to

appropriate support. Thus, connecting isolated older adults to effective resources such as support groups and social services could not only improve health outcomes and lower the cost of care for high-need adults, these resources could also mitigate feelings of isolation. Therefore, this study suggested that social isolation had reduced during the COVID-19 pandemic. The findings highlight the importance of developing immediate measures against social isolation to maintain good mental health.

4.2.3 Sub-Theme 3: Home/Self medication

The study show that with regard to self-medication which leads to a shortage of these very necessary drugs in the market. Drugs that were used for self-medication were not certified for COVID-19 treatment but the cultural beliefs kept on with them. This was reflected in the various verbatims;

Key Informant, Refugee leader, September 2022said that;

> *Refugees whose illnesses were not worse, doctors advised them to get treatment from home because they could not give much attention to them since there were many patients in worse conditions at the hospital and also medical facilities were not enough for the community. I was infected but got admitted to the home where I spent a month on self-medication since my conditions had worsened but was later sent back home after recovery.*

Key Informant, RWCs, September 2022pointed that;

> *Refugee patients with AIDS faced a challenge of transport to access a healthy care. My father was unable to walk from the camp to the hospital*

because there is a distance and yet had no medicine left. I had to wait until the president opened transport which affected his body immune system. He had started developing other kinds of diseases like cough, malaria but tried got some treatment from a home which helped until he recovered.

This implies thatCOVID-19 pandemic gave the practice of self-medication a new impetus that is supported by social media platforms, which actually hindered effective and concise information on ways to prevent and treat COVID- 19. The knock-on effect of drug stockpiling needs to be addressed so that medicines can effectively reach the most vulnerable; this requires the implementation of stringent laws and policies by governments to prevent easy availability of over-the-counter drugs.

4.2.4 Sub-theme 4: Serious symptoms

The refugees with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms could appear 2-14 days after exposure to the virus. The symptoms could be from be from mild to severe as indicated below;

Key Informant, USAID, September 2022narrated that;

I got infected with Covid-19, I developed fever, cough, fatigue, headache, lost appetite but visited a healthy facility for medication however I managed my mild symptoms home because I was healthy, kept home until I recovered though had a lot of panic because I knew it was a deadly disease. I kept indoors and also isolated myself from others until I recovered because I stayed with old people who could be easily infected.

4.2.5 Sub-theme 5: Doctor ran a way

When the COVID-19 case was confirmed in Uganda, several health workers, including intern doctors, declined to work in the ward for the patients. However, those who stayed were overwhelmed with the number of patents attending the health centres.

FGD 2 Sudanese, August, 2022 further said that;

> *Covid 19 lockdown in the camp had severe impacts on the life of refugees. I had to walk to the health centre for treatment and I wasn't strong enough to walk because there was a distance from my home to the healthy centre but I had to endure because transport was closed. covid19 reduced access to standard health care services overall as some facilities either reduced or stopped offering some standard medical services. Doctors were overwhelmed with treating covid19 patients so they couldn't give much attention to us who had other diseases which forced me to go to the private health centre*

4.2.6 Sub-theme 6: Stress on the health sector

The findings showed that refugees that were affected by Covid-19 pandemic were rarely attended by the health personnel because the health sector was strained so much thus causing death as highlighted in the verbatim;

> *Covid19 pandemic strained healthy systems and disrupted essential health services at the hospital. Some of the measures totally disrupted the supply chain and health care service delivery system as all efforts were focused on covid19 patients. Refugee patients who were infected with other diseases were rarely attended to. Refugees who couldn't afford medication from private hospitals were forced to go back and get treatment from their homes*

*which caused increased deaths among refugees due to lack of income (*Key Informant, Commandant, and September, 2022).

The findings further showed that refugees with other health complications

Key Informant, USAID, September 2022 said that;

Refugee patients with diseases like AIDS, sickle cells as well as mental health, maternal and childhood conditions faced an increased risk of complications and death due to inability to access health care because of transport restrictions, lack of energy and fear of contracting with covid19 virus from the healthy centers.

Key Informant, FRC, September 2022pointed that;

Refugee patients who were infected with deadly diseases like cancer who relied on drugs for their survival and improved quality of life were not able to be initiated into treatment while others missed their period of refilling for hormonal treatment. The delayed initiations and interruption of treatment cycles resulted into increased stress, anxiety, disease progress, recurrence and premature death in the camp.

FGD 2, Somalie, August, 2022said that;

So i went to the hospital for medication, they treated me well for like3weeks. They cautioned me to always wear mask, wash hands every 30 minutes, stopped visiting my neighbors. One day my neighbor came to visit me during the quarantine and I closed my house [hahahahaahah]. She was embarrassed and got angry but at the end she forgave me after being told

it's not good to gather. I could not taste any food or drink. Jesus of Nazareth, Covid-19 s real and deadly because it even killed my neighbor.

Key Informant, RWCs, September 2022also narrated that;

Refugees who got infected with covid-19 were isolated from other people in the health centre even when conditions were not worse. They were advised to keep indoors until recovery even after being released from the hospital to avoid infecting other people. Doctors advised us to try taking natural antibiotics for a good health and observe SOPS to avoid the increase cases of covid. Most of us kept indoors, we couldn't move around the camp because we feared to get infected.

In addition, *FGD 1, Rwandanese, August, 2022*said that;

There was inability to reach the health care because of disruption of transport and stay at home orders. Refugee patients had a prominent challenge looking for access to the healthy center. I had a patient of sickle cells who had to get a monthly medicine because we had to go and get tablets every after amonth but we had no way of getting treatment because he could not manage to walk to the hospital. He died due to lack of treatment as patients with sicklecell had to be treated on a daily basis.

*FGD3,Congolese, August, 2022*noted that;

Fear of contracting covid19 from patients was the most cited reason for not seeking medical care. The number of deaths increased everyday during lockdown which scared some of us. I suffered from malaria and treated myself with herbal medicine though it took me long to get fine. I kept

indoors until lockdown ended because we people struggling with other kind of diseases feared to get infected of other diseases like covid 19 because I was sure that if I had got infected my chances of surviving would be low.

*Key Informant, OPM, September, 2022*pointed that;

I got infected with covid-19 but I can tell it is a deadly disease. I was admitted to the hospital where I spent a month because my conditions had worsened. I had fever, cough, I lost taste, had a rash skin and shortness of breath. My lungs were affected, I had thought I would die but by God's grace I survived. I was isolated from my family for a month because no one would attend to me but the doctors. I got thorough treatment and went back home where I also spent a week indoors because neighbors even my family feared to interact with me.

FGD 4 Sudanese, August 2022 said that;

There was decline in patient attendance at the hospital because doctors and nurses gave much attention to covid1-19 patients. Refugees like me who suffered from minor diseases were not attended to. We were sent back home so I had to try other means of getting treatment which was also not an easy way because we had to go to private hospitals which were quite expensive and business were not operating during lockdown. So it was hard to find money but I tried and got treated.

*FGD 1, Rwandanese, August, 2022*also noted that;

I got infected with covid-19 which put me down for 2 weeks. It was a trying moment for me because I was pregnant. I was admitted to the hospital, my

conditions were not worse but because of pregnancy I had to keep at the hospital until I fully recovered because it was risky for me and my unborn child to survive was the kind of person who didn't believe that covid-19 was real. My business operated during lockdown but I couldn't either wear a mask or keep a social distance from my customers and neighbors until I got infected. Covid-19 is a dangerous disease.

Key Informant, RWCs, September 2022pointed that;

I spent the whole time of lockdown indoors with my family I could only move while going for work because the number of refugee patients increased day by day in the camp. I closed my side business because I wanted my family to keep safe. I neither allowed my friends nor neighbors to visit me because I was not sure about their status. I restricted my children from moving around my children by staying indoors until the number of patients reduced and stopped worrying much about the pandemic.

Key Informant, OPM, September, 2022 narrated;

Doctors at the hospital only attended to covid19 patients. We who suffered from other kind of diseases were not attended to. We were advised to back and get treatment from other sectors so refugees had to struggle and go to private clinics. I had no money so I had to try herbal medicine because it was the only solution which cured me though conditions were not good but I survived.

Key Informant, RWCs, September 2022said that;

Lockdown reduced the number of doctors and nurses at the hospital. It reduced lack of contact time for patients and consultation with doctors. Patients with AIDS needed guidance and counseling in the camp which increased the number of patients with AIDS and deaths because patients had no means of transport due to closure of public transport and lacked medical care at the hospital.

FGD 4 Sudanese, August 2022 pointed that;

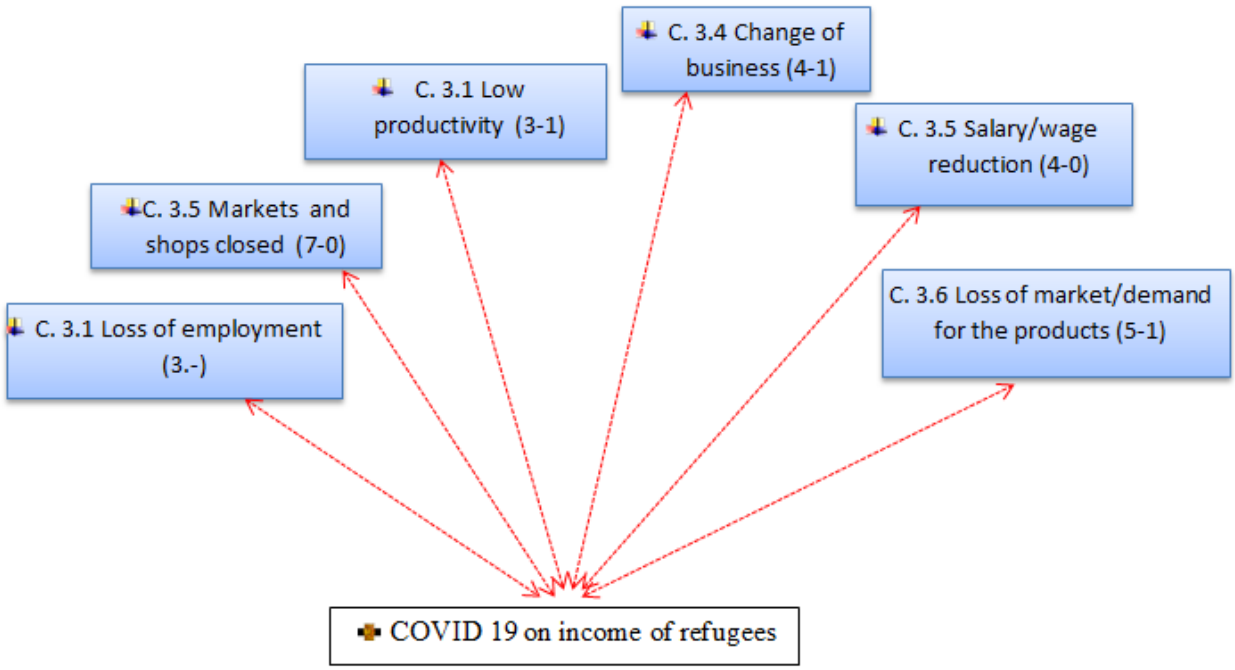
Covid19 is a very deadly disease. It weakened me before even conditions getting worse. I lost smell, developed fever and cough. I couldn't manage to do any kind of work because I was down. I got treatment from home because it's what I was advised by the doctors as the refugee patients at the hospital were many and their conditions were worse. But I was treated home and got fine.

FGD 1, Rwandanese, August, 2022also narrated that;

We were cautioned to wear masks, sanitize and keep social distance which helped some of us to prevent ourselves from the disease because patients around the camp were many which put me in fear though one of my relatives was infected but recovered without hospitalization because she had moderate illness. I used to stay indoors because the business I was doing was closed I used to ride a boda- boda so I had to keep home though I did some developmental work to earn a living because I had people to feed and take care of.

4.3 Influence of COVID-19 on the incomeof refugees

The study set out to establish the influence of COVID 19 on the income of refugees and the following section presents and interprets the opinion of the respondents. As far as influence of COVID 19 on income of refugees are concerned, findings from the analysis revealed that refugees lost jobs, markets were closed thus engaging themselves mostly in farming.



Source: Field data (2022)

The pandemic exposed deep-rooted labour market fragilities and structural inequalities, with low-paid workers, young people, women, ethnic minorities, the self-employed and informal and fixed-term workers among the hardest hit by the crisis. Many refugees lost their jobs, business were closed as reflected in the following themes:

4.4.1 Sub-theme 1: Loss of employment

There have been significant changes in employment during COVID. Businesses with physical stores mandatorily shut down their physical locations which led to significant layoffs. Corporate offices also had to terminate employees due to the changing financial situation of their business. In addition to changing work conditions due to financial concerns, health and safety have had further implications on employment. Some businesses which don't enforce safety guidelines forced employees to choose between their health and finances. In Many cases, businesses that laid off workers and reduced the staff hours created anxiety for employees on their job security. Trying to find other sources of income adds to this stress of trying to stay afloat during this tough time. Even for people who kept their jobs and work from home, there is the added stress of balancing work and family responsibilities. These are reflected in the following verbatims:

Key Informant, UNCHR, September 2022said that;

> *Lockdown caused to lack of income and loss of employment among refugees. Refugees whose businesses were not closed like those that worked in markets faced a problem of reduction in their income and salary due to loss of market and demand for products which led to food insecurity and inadequate nutrition in their homes.*

Key Informant, OPM, September 2022said that;

> *Refugees who had found employment for example in hotels and bars could no longer go for work due to lockdown. Life was difficult for them because many refugees lost their jobs entirely. They experienced problems to*

maintain their livelihoods and most fundamentally to get sufficient food on the table for their families.

FGD 4 Sudanese, August 2022 narrated that;

I used to work in the market before lockdown but later stopped after being infected and was pregnant at the same time. After recovery my husband didn't allow me to go back to work and was even cautioned by doctors to stop going to crowded places because it was risky. We only depended on my husband as a family though he was not earning much to provide enough for the family, we had to persist.

FGD 2, Sudanese, August, 2022pointed that;

I lost my job in lockdown because the company I was working for opted for few employees since there was loss of market for goods, inadequate jobs and reduced flow of remittances due to quarantine. I had to find another job for survival where I started grazing domestic animals, digging and doing house work for refugees. Because of working with different kinds of people and families, I got infected with covid where I developed fever, chest pain, loss of taste that put me down for some good days though my conditions were not worrying. I got treatment from home and had to keep indoors until I recovered.

Key Informant, WFP, September 2022narrated that;

Unemployment and food insecurity with in refugee households contributed to starvation and poverty in their homes. I had a neighbor who committed suicide because she had lost a job and had nothing to feed her children.

Due to lockdown and the orders of stay at home some refugees starved to death because they run out of food, lacked jobs and didn't have what to feed their families.

Key Informant, FRC, September 2022said that;

There was an increased rate of unemployment among refugees in a camp due to lockdown. Life was so hard for us to survive because businesses no longer operated. Some refugees starved due to poverty and lack of food. Refugees started digging and planting onions which earned money for their families.

Key Informant, UNCHR, September 2022pointed that;

Covid-19 is a deadly disease because it weakened my body the day I got infected. I developed a strong illness, stopped working. I didn't have energy to walk to the market to work so I decided to leave the business with my sister to keep operating because it's where I earned money for a living. I got treatment isolated myself from my family and other people and stayed indoors until I recovered.

4.4.2 Sub-theme 2: Markets and shops closed

Key Informant, UNCHR, September 2022pointed that;

Refugees whose businesses were closed engaged in doing different developmental works like digging, weaving baskets and mats, planting vegetables, making pancakes and masks for them to earn money for their families to survive. We would move door to door in nearby houses selling our products and others would wait for customers at their homes.

Similarly, FGD 2, Sudanese, August, 2022in the interview said that;

> *Iam only engaged in digging though with a lot of pain on my back and i could not work for like 5 consecutive days [hahahahhhahahahaahah]. My friends would laugh at me instead of supporting me. This is because I had spent all my entire life in businesses such as selling groceries, restaurants and boutiques. Oh my God! Markets and shops were closed, we could move far away from this camp. One time I tried to convince myself to open my shop in the market to earn and after 20 minutes. I was surrounded by Uganda Police and Musevens army (Uganda People defense Force) to immediately close or be taken to cells. Covid-19 Lockdown was terrifying in terms of income generation*.

4.4.3 Sub-theme 3: Low productivity

The global spread of Covid-19 has to a widespread economic contraction and reorganization, with significant effects on standards of living and the public finances. The impacts on productivity however are more complex but equally important. Before the pandemic productivity, business sector declined and livelihood of refugees were affected as show in the following verbatim:

Key Informant, UNCHR, September 2022narrated that;

> *Due to covid-19, there was reduction in income due to live hood losses. Many refugees who could support my business died in pandemic. It reduced the number of my customers and flow of my products before lockdown, my business operated well. I had many customers around the camp that could come and buy products from my shop to also operate their businesses.*

Refugees also kept in their homes in fear of contracting covid-19which led to low income earning but later started another business of making masks which I earned some money.

FGD 1 Rwandanese, August 2022pointed out that

To be honest, covid-19 is a disturbing disease because it weakens every one, before being infected, I would do all developmental work like washing clothes for some people, serving in hotels and digging to get income for my family but when I felt sick, I could not do anything, all the hard work came to a standstill and this disturbed many people at home because I could not support myself as well as my children.

FGD 4 Sudanese, August 2022 pointed that;

I was operating my business in the market until I got infected with covid-19. Signs and symptoms worsened, was admitted to the hospital and even my neighbors couldn't allow me to keep working around with them because they were worried about my conditions and my husband had succumbed to covid-19 before so I was forced to close the business until recovery. I was down for 3 weeks without working which affected my business as well as my productivity at work place and home.

FGD 1 Rwandanese, August 2022 alsopointed that;

I had a small business that I started in the camp during lock down after losing my job due to quarantine. Life wasn't hard until I got infected with covid-19. I dint have energy to keep working though my condition was not worse, I had a lot of pain but I was forced to work because of my family. I

got treatment from home, could put a social distance from my customers and neighbors and always had my mask even after recovery but could not work the way I used.

4.4.4 Sub-theme 4: Change of business

The COVID-19 pandemic quickly changed everything in Nakivale and small business owners across the settlement were working to adapt their operations amidst the disruption. Some young innovative refugees set up onlineshop, offering delivery and curbside pickup services, or requiring employees to work from home. Others, such as those in the food and wholesale industries faced surging demands for their products and services that had them scrambling to respond. Still others would join farming since they faced unexpected shutdowns as seen in the opinions:

FGD 3 Congolie, August 2022 narrated that;

We carried out weaving of baskets rearing hens because we did not have way out to conduct any business. I opted for vending of weaved baskets to neighbors however much it was risky. In a due course, I got infected with Covid-19 which brought me down for 3 weeks without weaving.. Ohh my God [hmmmmm] it was a very trying moment for us and the family since iam bread winner.

Key Informant, Refugee leader, September 2022said that;

I being a teacher by profession came up with a project of poultry keeping after schools were officially closed. I used to distribute eggs and birds to refugees in the camp. It was one day when I developed illness and went for checkup where I tested positive and was admitted to the health centre where I

spent one month on treatment because my situation was worse and my conditions worrying. This led to the downfall of my project, birds were stolen because there was no security, and some died because I hadn't left any one in control so life was hard due to covid-19.

FGD 4 Sudanese, August 2022 narrated that;

I used to do domestic work for refugees in different families for survival. After schools being closed and after the death of my husband. I had to find some other business to do to earn a living for my family. I got infected with covid, had to walk to the hospital where I got treatment. Family members had no problem with me, never isolated me but I had to keep a social distance to avoid infecting them.

4.4.5 Sub-theme 5: Salary/Wage reduction

COVID-19 changed this dynamic in the sense of widespread sacrifice which goes beyond any single business or industry. More specifically, some businesses reduce labor costs without shedding employees. The combination of more generous unemployment benefits and the (hopefully) limited duration of the shutdown has allowed the majority of employers to put workers on absence rather than resorting to permanent layoffs as reflected in the quotations.

FGD 2 Somalie, August 2022 narrated that;

I faced a challenge of salary reduction at work due to lack of market for goods and loss of demand for products due to lockdown. What I earned was not enough to provide for my family and had no other option but I had to persist because I had closed my business and could not allow my wife to

alsowork because a number of covid-19 refugee patients were worrying. So I survived on the little money I earned.

4.4.6 Sub-theme 6: Loss of market/demand for the products

FGD 4 Sudanese, August 2022 pointed that;

Due to lockdown, most refugees had to work on agricultural lands to earn a living. We had no breadwinner for us. It was a difficult time for us but some of us managed to survive and protected our health from the covid-19 virus by following medical advice from community health team, tried to stay away from infected people and maintained good hygiene.

Key Informant, Refugee leader, September 2022also pointed that;

There was loss of demand for domestic products due to quarantine. Refugees had fear of contracting covid-19, they used to keep home, and others had lost jobs and relatives that could provide for them so they had not money to buy the products which led to loss of market affecting us with such businesses in the camp.

FGD 1 Rwandnese, August 2022 said that;

I carried out a business of making mats and making masks to earn a living during lockdown after shops being closed. I could move house to house in the camp supplying my products however it was risky. In a long run I got infected with covid-19 I was admitted to the hospital where I spent some time on treatment. Covid-19 is a terrible disease because it almost killed me. At the end I lost contacts for my clients who had placed their orders for my products.

Theme 3.1: Markets and shops closed

It was noted that many markets and shops were closed as per the Presidents directive. This was stressed in the following verbatims.

Key Informant, Refugee leader, September 2022said that;

> *As shops were closed during pandemic, I as a business man started a project of keeping birds and planting vegetables. I used to give my children vegetables to sale them they would move home to home and look for orders from other customers would support me from my home.1 always cautioned my family to put on masks and sanitize and keep a social distance and it helped me because none of them got infected in a long run because I had got infected before but got treatment and recovered at an early stage. I could tell how covid-19 pains (Refugee leader, September 2022).*

FGD 1 Rwandnese, August 2022 pointed that;

> *Businesses were closed during the outbreak of covid -19 which affected business people like me because I had a retail shop and it was the only business that my family depended on. I was left with no option except doing developmental work that is digging which became tiresome for me (hahahahahaha) because I wasn't used to it and couldn't provide enough funds for my family and I couldn't keep home seated waiting for the president to reopen so I had to dig to provide needs for my family (FGD 1 Rwandnese, August 2022).*

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

In this chapter, discussion, conclusions and recommendations were written basing on the findings from chapter four. The discussion, conclusions and recommendations were done according to major study themes in relation to the study objectives.

5.1 Discussion of the study findings

5.1.1 Influence of COVID 19 on the education welfare of refugees.

Findings of the study revealed that lockdown posed a serious threat in education sector. Education is considered to be a powerful tool for growth and development in refugees. Covid19 affected refugee learners. They lost hope in education because they lacked guidance from their fellow colleagues and teachers some students among them thought school would not resume due to long period of 2 years which led to many dropouts, early marriages and pregnancies.

Findings of study also revealed that school served as a place where refugee children developed mentally, physically and socially. Because of lockdown, many refugee children became susceptible to many environment risk factors that stunted their development. Some refugees committed suicide, others joined peer groups which misled them and others run into marriages at an early stage due to lack of guidance and counseling from their teachers.

Findings of the study from focused group discussions revealed that education is a key player in reducing poverty. Respondents pointed out Covid19 outbreak caused a

learning loss in refugees. In access of learning means and learners unable to interact with teachers, their learning was put down and many students were misguided and dropped out.

The findings of the study were in line with Pellegrini, Mirella, Vladimir Uskov and Casalino, 2020; Byun, Sooyeon and Slavin, (2020) who highlighted that the education in Refugee settlements and other parts of the world was accessed through online learning whereby both learners and teachers have been experienced the excellent opportunity of knowing and interacting with educational technology tools such as mobile-based learning, computer-based learning, and web-based learning.

Findings of the study revealed that Covid19 outbreak affected refugee learners because they were not able to access the E-learning system that was recommended by the government after the closure of schools. Refugees did not have a chance to use it because they could not afford radios, televisions for their children and didn't even have electricity and even those that had some devices like radios, were not able to use them because they found it hard to read alone without guidance. These findings were supported by focused group discussion with respondents.

According to findings of the study were in line with Prensky (2021), today's refugees are entirely different from their predecessors because they are native speakers of the technological language. The interactions of today's' refugees with different sorts of technology for various purposes enabled them to be active recipients of e-learning

Findings of the study revealed that schools were closed due to national lockdowns. It severely affected the education sector schools were totally closed. Though the

president recommended teachers to teach on media as a result some refugee children in this camp did not have a chance to continue with their studies due to lack of electricity, radios, televisions which would enable them to study remotely. This affected the education welfare of the students in refugee settlement.

Findings of the study pointed out that schools were closed for two years due to covid 19. most children in the camp became idle had to only keep loitering around because some refugees could not afford phones and laptops for their children to study online and could not also manage keeping them home which affected most families girls were impregnated. This was a big challenge to education welfare of students and the family at large because keeping children at home was not easy.

Findings of the study revealed that Some refugees who were teachers began to look others works after the closure of schools to provide for their families with basic needs which became hard to convince them to go back after the reopening of schools because they had got enthusiastically devoted to earning income instead of schooling which led to many of dropouts in the camp.

According to the findings of the study from interviews revealed that lockdown reduced lack of contact time for learners and lack of consultation with their teachers .Students were forced to remain within their homes and study online which could not afford many children which gave an excuse to stay away from books and had to wait until schools were officially opened which caused many children to be academically poor to an extent of even not knowing how to write down their names and counting numbers.

From findings of study which revealed that digital learning was rolled out after the closure of education centers, refugees did not have means and technical infrastructure to do so. Challenges to continuous learning existed where refugees dropped out of school, other students who were interested did not have a chance to have access the system of education. This challenged the education welfare in refugee settlement.

The above findings of the study were in line with Barari *et al*., 2020; Brooks *et al*., 2020). Who pointed out that one critical challenge in the COVID-19 pandemic was the need for people to adapt to the changes in the education environment and lifestyle caused by social distancing, which have been associated with increased levels of negative emotions such as loneliness, boredom, and frustration . Researchers have proposed strategies for coping with these abrupt interruptions in well-being associated with social distancing. Also findings of the study with in support of Fiorillo and Gorwood(2020) andHolmes et al.(2020) recommended coping responses was the activation of one's social support system, which is especially relevant for social life disruptions and has been extensively studied as an effective method for reducing psychological distress

Findings of the study revealed that the closure of schools, universities and technical training institutes affected refugee learners and students. There was no progress in education to refugees who had no technical devices to study because learning sectors were closed and learners could not interact with either their teachers or their colleagues due to stay at home orders which caused them lack interest in education and ignorance became permanent. These findings were supported by interviews which were conducted

among refugees in the camp who highlighted above statements that affected the welfare of the education system.

The above findings were also in line with Kim *et al*., (2008) and Alturise (2020) who conducted a study about learners' and teachers' satisfaction in the online learning model using the Blackboard platform. The study concluded that e-learning mode is an advancement in education, but significant works are needed to improve online learning applications. Some researchers investigate challenges and obstacles in e-learning during COVID-19 according to their educational environment and provided facilities by different institutes.

Findings of the study pointed out that children badly affected by the closure of schools. For many refugee children, school was not only just a place where they would go to learn but also provided a structure and a refuge from the harshness of life outside. For many vulnerable children school was where they got safe water, food and mental health support without it they were exposed to sexual, physical and psychological abuse in the community was a big challenge to the family and community at large

The above findings of the study were in line with Aliyyah *et al.,* (2020) who pointed out during the Covid-19 pandemic, institutions, administrators, educators, students and even parents in Refugee settlement have unpreparedly found themselves in the distance education process. The transition from face-to-face teaching methods to more indirect methods, has forced schools into a flow of learning which is full of complexities and limitations, this process has had a great impact on school, teachers and refugee students.

The above findings of the study were also in support of Mailizar& Fan, (2020) who pointed that refugee students have been affected psychologically by school closures, lack of equipment to participate in courses, being unable to access online materials from home and being unable to leave home for a long time. Also, the inadequate technological infrastructure of educational institutions can be considered another factor and such factors are an obstacle to the success of the education implemented in Refugee camps.

5.1.2 Influence of COVID 19 on the health services among refugees

Findings of the study from focused group discussion pointed out that Covid19 pandemic strained healthy systems and disrupted essential health services at the hospital. Some of the measures totally disrupted the supply chain and health care service delivery system as all efforts were focused on covid19 patients. Refugee patients who were infected with other diseases were rarely attended to. Refugees who couldn't afford medication from private hospitals were forced to go back and get treatment from their homes which caused increased deaths among refugees due to lack of income.

Findings of the study revealed that refugee patients with diseases like AIDS, sickle cell as well as mental health, maternal and childhood conditions faced an increased risk of complications and death due to inability to access health care because of transport restrictions, lack of energy and fear of contracting with covid19 virus from the healthy centers.

The findings of study were in line with the Government of Uganda, United Nations High Commissioner for Refugees, (2021) which stressed out refugees who were receiving health care services for chronic illnesses such as those enrolled on HIV/AIDS

or Tuberculosis (TB) care may were greatly at risk of having deterioration with their health if they are affected by COVID-.Limited access to health care services and worsening of some health conditions was reported among refugees with chronic illnesses like HIV/AIDS, diabetes, hypertension and others.

Also above findings of the study concur with Ghosal *et al.,* (2020) who highlighted that reduced health care seeking may lead to poor health outcomes for other diseases and increased risk for community/refugees spread of COVID-19 and other infectious diseases due to cases not reporting to the health facilities. Strategies to strengthen and sustain other health services during pandemics such as COVID-19 are essential in ensuring good health outcomes across the board.

Findings of the study reveal that refugee patients who were infected with deadly diseases like cancer who relied on drugs for their survival and improved quality of life were not able to be initiated into treatment while others missed their period of refilling for hormonal treatment. The delayed initiations and interruption of treatment cycles resulted into increased stress, anxiety, disease progress, recurrence and premature death in the camp. This was supported by focused group discussion among respondents in the camp.

Findings of the study revealed that Covid19 virus interfered our daily activities because it needed isolation, time on treatment for one to recover and one loosed energy because of body weakness. On this note respondents revealed that refugees who got infected with covid and whose conditions worse were admitted to the hospital for thoroughly treatment and those whose symptoms were mild were advised by the doctors to get

their treatment from their homes, keep indoors until recovery because the medical facilities were not enough and the number of covid patients increased daily.

Findings of the study revealed that refugees who got infected with covid were isolated from other people in the hospital even when conditions were not worse. They were advised to keep indoors until recovery even after being released from the hospital to avoid infecting other people. Doctors advised us to try taking natural antibiotics for a good health and obey SOPS to avoid the increase cases of covid. Most of us kept indoors, we couldn't move around the camp because we feared to get infected.

Finding of the study pointed out that Covid 19 lockdown in the camp had severe impacts on the life of refugees. Some refugees could walk to the hospital for treatment and most of them could walk long distance from their home to the healthy center because transport sector was under lockdown. covid19 reduced access to standard health care services overall as some facilities either reduced or stopped offering some standard medical services . Doctors were overwhelmed with treating covid19 patients so they could not give much attention to people who had other diseases which forced some people to go to the private hospital.

Findings of the study were in line with Castro and Lozet, (2020) who pointed out that lockdown reduced access to services (such as reproductive, maternal, newborn and child health interventions and psychosocial support services) provided by several humanitarian organizations. Civil Society Organisations (CSOs) play a pivotal role in providing the much needed reproductive health and psychosocial support services targeting vulnerable population groups including urban refugees.

Findings of the study revealed that there was inability to reach the health care because of disruption of transport and stay at home orders. Refugee patients had a prominent challenge looking for access to the health center. Patients with other diseases like sickle cell who had to get a monthly medicine every after month had no way of getting treatment because he could not manage to walk to the hospital. He died due to lack of treatment as patients with sickle cell have to be treated on a daily basis.

Findings of the study were also in support of Omata and Kaplan (2013) who stressed out that during the lockdown, services of the CSOs were not classified as essential by the governmental of Uganda decree to lock down non-essential services. For instance, personnel working for most CSOs did not receive special travel permits and the closure of public transport posed an enormous challenge for humanitarian workers, who face increasing travel restrictions

Findings of the study revealed that there was decline in patient attendance at the hospital because doctors and nurses gave much attention to covid 19 patients. Refugees suffered from minor diseases were not attended to and were sent back home and try other means of getting treatment which was also not an easy way because going to private hospitals was quite expensive and business were not operating during lockdown.

Findings of the study revealed that refugee patients with AIDS faced a challenge of transport to access a healthy care.

> One of the respondent interviewed stressed out 'My *father was unable to walk from the camp to the hospital because there is a distance and yet had no medicine left. I had to wait until the president opened transport which affected his body immune system. He had started developing other kinds of diseases like*

> *cough, malaria but tried got some treatment from a private clinic which helped until he got access to my actual medicin*e.

According to the interview conducted findings revealed that Doctors at the hospital only attended to covid19 patients. Those who suffered from other kind of diseases were not attended to. Were advised to back and get treatment from other sectors so refugees had to struggle and go to private clinics.

> During the interview with one of respondent who stressed that '*I had no money so I had to try herbal medicine because it was the only solution which cured me though conditions were not good but I survived'.*

Findings of the study revealed that lockdown reduced the number of doctors and nurses at the hospital. It reduced lack of contact time for patients and consultation with doctors. Patients with AIDS needed guidance and counseling in the camp which increased the number of patients with AIDS and deaths because patients had no means of transport due to closure of public transport and lacked medical care at the hospital. This was supported by respondents who stressed out Covid-19 affected health system in the settlement and the country at a large.

Lastly findings of the study revealed that refugees whose illnesses were not worse, doctors could advise them to get treatment from home because they could not give much attention to them as there were many patients in worse conditions at the hospital and also medical facilities were not enough for the community. I was infected but got admitted to the hospital where I spent a month on treatment because my conditions had worsened but was later sent back home after recovery.

5.1.3 Influence of Covid 19 on the Incomes of Refugees

Findings of the reveled that lockdown caused lack of income and loss of employment among refugees. Findings of study pointed out that refugees whose businesses were

not closed like those that worked in markets faced a problem of reduction in their income and salary due to loss of market and demand for products which led to food insecurity and inadequate nutrition in their homes. Thus Covid 19 pandemic affected greatly incomes of the refugees in the settlement

Refugees whose businesses were closed engaged in doing different developmental works like digging, weaving baskets and mats, planting vegetables, making pancakes and masks for them to earn money for their families to survive.

Findings of the study revealed that refugees who had found employment for example in hotels and bars could no longer go for work due to lockdown. Life was difficult for them because many refugees lost their jobs entirely. They experienced problems to maintain their livelihoods and most fundamentally to get sufficient food on the table for their families was too difficult because the incomes were too small to survive. Findings of the study revealed that due to lockdown, most refugees had to work on agricultural lands to earn a living. There was no breadwinner in the family. It was a difficult time for refugees to manage the survival and protected their health from the covid 19 virus by following medical advice from community health team, tried to stay away from infected people and maintained good hygiene. These findings of the study were in line (Bukuluki *et al*., (2020) who stressed out reduction in daily income, wages and employment was reported. Due to the lockdown, most businesses and formal workplaces in settlements were unable to operate leading to no income generation and downsizing. Studies elsewhere have reported financial insecurity, loss of employment and reduced income due to COVID-19 related lockdowns Reduced income affects

health care seeking, limited access to basic needs like food and water and increased crime rate.

Finding of the study revealed thatdue to covid 19, there was reduction in income because of livelihood losses. During interview one respond stressed out '*Many refugees who could support my business died in pandemic. It reduced the number of my customers and flow of my products before lockdown, my business operated well. I had many customers around the camp that could come and buy products from my shop to also operate their businesses*'. Refugees could keep in their homes in fear of contracting covid-19which resulted into low income earning but later started another business of making masks. Findings of the study were in support of Taylor (2019) who pointed out in desperation and pursuit of income for survival, refugees are also likely to engage in risky activities like congregating in large numbers and shunning of the recommended prevention guidelines which may lead to their exposure to COVID-19 (Therefore, the economic and financial wellbeing of vulnerable populations (refugees).

Findings of the study revealed that businesses were closed during the outbreak of covid which affected business people.

> During interview one respondent pointed out that '*I had a retail shop and it was the only business that my family depended on. I was left with no option except doing developmental work that is digging which became tiresome for me (because I wasn't used to it and couldn't provide enough funds for my family and I couldn't keep home sited waiting for the president to reopen so I had to dig to provide needs for my family*'.

Findings of the study revealed that during lockdown people lost their jobs because some companies opted for few employees since there was loss of market for goods, inadequate jobs and reduced flow of remittances due to quarantine. People had to find

another jobs for survival like grazing domestic animals, digging and doing house work for refugees. Because of working with different kinds of people and families, findings of study were in line with MadinaGuloba, Sarah Ssewanyanaand Elizabeth Birabwa, 2017 who stressed out that refugees mostly engaged themselves in entrepreneurship before covid era. Thus, entrepreneurship as an idea which can be used to get an income or a form of business that can bring in income on a sustainable basis or the ability to see a need and create something to address or fill that need sustainably. The above the findings of the study concur with Ngo and Wahhaj (2012) who suggested that refugees receiving complementary business training in an activity/ ventures was more likely to benefit from access to credit than those who receive training in an autonomous productive activity that they can undertake independently within the household .On the one hand, individual's networks are significant predictors of entrepreneurial activity and are particularly important in the early stages of the entrepreneurial process Findings of the study were also in line with Afandi *et al*., (2017), Poggesi *et al*,. (2016) who also stressed that personal connections are very important for refugees in developing countries as a means to countervail an adverse social context. Also Nagler and Naudé (2014) was in line with finding of study who believed that non-farm household refugee as self-employment in the non-farm economy either in rural or urban areas. Given that there are many refugees in farming, a focus for this report is not on the farmer-as-entrepreneur but on the self-employment/entrepreneurship activities of individual refugee members

Finding study revealed due to Covid 19 there was loss of demand for domestic products due to quarantine. Refugees had fear of contracting covid 19, they used to keep home,

and others had lost jobs and relatives that could provide for them so they had not money to buy the products which led to loss of market affecting us with such businesses in the camp. Findings of the study revealed that Covid 19 affected income of the refugees, unemployment and food insecurity with in refugee households contributed to starvation and poverty in their homes. During to lockdown and the orders of stay at home some refugees starved to death because they run out of food lacked jobs and didn't have what to feed their families. Survival sex and child marriage among refugees became more during pandemic because of severe economic hardships and reduced food assistance. Due to Covid 19 in refugees are need of basic needs and better support for livelihoods. Some refugees among became idlers and unemployed and could not endure the situation which forced them into early marriages and sex in return of money for survival. Findings of the study revealed that many refugees opted for domestic work in different families for survival. After schools being closed and after the death of their husband.

This was stressed by one respondents '*I had to find some other business to do to earn a living for my family. I got infected with covid, had to walk to the hospital where I got treatment. Family members had no problem with me, never isolated me but I had to keep a social distance to avoid infecting them.*

Findings of that study revealed Covid 19 increased rate of unemployment among refugees in a camp due to lockdown. Life was so hard for refugees to survive because businesses no longer operated. Some refugees starved due to poverty and lack of food. Findings of the study revealed that many shops were closed in lockdown, one of respondent interviewed stated that;

> '*as a business man I started a project of keeping birds and planting vegetables. I used to give my children vegetables to sale them they would move home to home and look for orders other customers would support me from my home.1 used*

caution my family to put on masks and sanitize and keep a social distance and it helped me because none of them got infected in a long run (FGD 1

Findings of the study revealed that Covid 19 resulted salary reduction due to lack of market for goods and loss of demand for products due to lockdown. What people earned were not enough to provide for their families and they had no other option but had to persist because and survive on the little money earned. Above findings of the study were in with Omata and Kaplan, 2013) who stressed out that displacement weakens their original support network such as immediate and extended family support. It is estimated that the majority of urban refugees depend on remittances from relatives outside Uganda such as Sweden and the United States of America. Findings of the study were also in line with Kluge *et al*.,(2020) who pointed out that lockdown in several countries implies that their informal social support systems through remittances (such as cash transfers) have been affected by job losses in many countries in the North where their relatives are living and working due to Covid-19 (For example, The World Bank (2020) has projected that global remittances are to decline sharply by about 20 percent in 2020 due to the economic crisis induced by the Covid-19 pandemic and lockdown (Maldonado et al., 2020).

Findings of the study were in line with Mwita, (2020) who projected the fall largely caused by fall in the wages and employment of migrant workers, given that they tend to be more susceptible to loss of employment and wages during an economic crisis in a host country This has affected the amount and frequency of remittances they get as a source of livelihood and financial lifeline for the most vulnerable.

5.2 Conclusion of the study

This final section is dedicated to analysing the short- and long-term implications of the Covid-19 pandemic on the social wellbeing of refugees. These final reflections aim at providing preliminary answers and insight into the questions formulated in section 1.5. The reflections presented here are based on the evidence reviewed in chapter four but also on reflections and recommendations made in non-empirical papers and policy documents in discussion section.

5.2.1 Influence of COVID 19 on the education welfare of refugees in Nakivale refugee settlement

The study concluded thatit is possible to affirm that the most important impact of the pandemic for the education sector is and will be the exacerbation of socioeconomic inequalities regarding the learning and the educational experience of different social groups of refugee. In this regard, the increase of educational inequalities as a consequence of the Covid-19 pandemic can have important future consequences for other areas such as social cohesion, the labour market, and social and economic development. The evidence on educational inequalities demonstrates how significant and important the consequences of these inequalities are for other economic and social areas. Children/Refugees more affected by performance inequalities are more likely, for instance, to obtain poor outcomes in the labour market, low levels of political and social engagement, more health problems or high use of social benefits due to e-learning and home schooling that was implemented to reduce the prevalence of the covid-19.

The study further concluded that school closures have serious effects on the education, development and well-being of children and adolescents in the settlement. In addition to depriving them of the necessary social interactions that support and promote their mental well-being, school closures led to remote learning arrangements that did not offer the same educational outcomes as those in the urban setting.

5.2.2 Influence of COVID 19 on the health services among refugees in Nakivale refugee settlement

This study concluded that health welfare of refugees were affected severely by Covid 19. Some patients who had malaria, HIV/AIDs and other related patients were not attended to, some patients died due to lack of medication because medical workers were few to attend both patients, lockdown also constrained patients in terms of transport to visit the health facility.

5.2.3 Influence of COVID 19 on the incomes of refugees living in Nakivale refugee settlement

The study concluded that an increase in income inequality caused by the pandemic became entrenched as pandemic-induced disruptions to education and the disproportionate losses imposed on low-income households may worsen intergenerational mobility. High inflation and surging public debt levels may hamper countries' ability to support vulnerable groups and facilitate recovery and sustainable growth, thereby aggravating risks of rising within- and between country income inequalities.However the influence of Covid-19 on the social economic welfare of refugees was very high and even continued to post Covid-19 because refugees are affected most especially students' academic performance is still low and economically

some business collapsed and un employment rate is still high in the camp due to closure of some business companies.

5.3 Recommendations of the study

Basing on the findings of this study, the researcher makes the following recommendations:

5.3.1 Influence of COVID 19 on the education welfare of refugees in Nakivale refugee settlement

The study recommended that taskforce on education in each province needs to be set up under the leadership of the relevant ministry to explore possibilities, suggest immediate and short-term measures and enable teachers to compensate for the loss. Since the majority of students have almost no access to technology, the new measures must capitalize on low-tech approaches, and also provide some e-learning platforms to those students who have access to technology. Most importantly; International service providers need to be mobilized to provide access to the education platform to the most disadvantaged sections of the refugees.

The study recommends that since Covid-19 pandemic has opened the commitment to the Sustainable Development Goal 4 of ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all. Therefore; young refugeesshould have the opportunity to succeed at school and develop the knowledge, skills, attitudes and values that will allow them to contribute to the settlement.

5.3.2 Influence of COVID 19 on the health services among refugees in Nakivale refugee settlement

The study recommended that since Nakivale refugee settlement has fragile health system and limited capacity at most health facilities, there is need to empower communities and patients to prevent and self-manage certain conditions, while emphasising health literacy and telemedicine.

The study recommended that Government of Uganda with partnership with Non-Government organisations such as UNHCR, USAIDS, FRC, MTI should strengthen community-based surveillance and ensuring functional health systems for disease prevention and management during post COVID-19 era. There is also need to equip community members, political leaders, village health teams (VHTs) and lower- level facilities with capacity to respond effectively by implementing open shelters where refugees can access services freely.Collaboratively engaging local [political, administrative, technical, cultural and religious] leaders to take ownership and emphasise adherence to prevention measures will not only contribute significantly to health system resilience but also community agency, meaningful involvement beyond longstanding tokenism as well as stronger capacity to address the current and future pandemics in Nakivale Refugee settlement.

5.3.3 Influence of COVID 19 on the incomes of refugees living in Nakivale refugee settlement

The study recommended that funding and support from international financial institutions such UNHCR, UN and Nsamizi training centre for the Covid-19 response and during the economic recovery period should respect human rights and should lead

to opportunities for all, especially for those who are most in need and at-risk. Their funds should support socioeconomic programs like social protection floors, minimum basic incomes, adequate housing protections, and fiscal policies that address rising poverty and inequality and should be targeted to previously marginalized groups, including women.

They should ensure that Covid-19 related responses do not redirect resources from financial commitments and support that had been earmarked for "vulnerable" refugees prior and after to the Covid-19 pandemic.

5.4 Suggestions for further studies

Basing on the above study findings, the following areas are suggested for further studies. This is because when well understood, the performance of organizations will be improved.

i. The impact of Post Covid 19 on refugee's household income.
ii. The impact of post Covid 19 on students' academic performance
iii. Assessing the role of NGOs on Covid 19 victims in refugee settlement

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APPENDICES

Appendix i: Work plan

S/No.	Activity Description	2022											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1	Preparation of the Proposal												
2	Travel for consultations												
3	Proposal defense												
4	Pretesting												
5	Actual data collection												
6	Analysis of the data												
7	Finalising report and presentations												

Appendix ii: Proposed Budget

S/No.	Research cost breakdown structure	QTY	RATE	AMOUNT
A	**Preliminary Works**			
A.1	Literature review (Item)	1	300,000	300,000
A.2	Photocopying of relevant literature (Item)	1	200,000	200,000
A.3	Purchase of stationary material	1	200,000	200,000
A.4	Transportation	6	30,000	180,000
A.5	Field Accommodation and utility payments	3	150,000	450,000
A.6	Phone call communications	12	35,000	420,000
A.7	Internet data services (10 GB MTN data)	12	50,000	600,000
A.8	Meals and refreshment costs (for 2 months in the field)	84	6,000	504,000
A.9	Incidental Expenses	1	100,000	100,000
A.10	Up-keep for field assistants (2 No.) per site	6	100,000	600,000
	Sub-Total 1:			**3,554,000**
B	**Data Collection Works**			
B.1	Site Reconnaissance Visitations	3	300,000	900,000
B.2	Discussions with data collectors	6	50,000	300,000
B.3	Access to reports and reviews	3	450,000	1,350,000
B.4	Cost Analysis and Statistical Analysis.	3	750,000	2,250,000
	Sub-Total 2:			**4,800,000**
C	**Report Writing Works**			
C.1	Report writing and binding works	2	400,000	800,000
C.2	Draft Report Writing for review	2	500,000	1,000,000
C.3	Final Report Writing and Presentation works	3	500,000	1500,000
	Sub-Total 3:			**3.300,000**
TOTAL				**11,654,000**

Appendix iii: Interview guide

My name is **ProssyKobusingye**student of BSU. In partial fulfillment of the requirements for the Master's degree in public administration, i am required to conduct a research in an area of my interest. My interest in this study is social economic factors of Refugees amidst covid-19 in Nakivale Refugee settlement. The information obtained from you will be kept highly confidential. You are also requested not to write your name on this Interview guide.

Should you have any queries please do not hesitate to request for clarification.

Section A: Influence of COVID 19 on the education welfare of refugees

a) How was the education status of refugees affected during the Covid 19 pandemic? *Probe on closure of schools, school drops outs*

b) What measures were put in place to keep refugees learning? *Probe on online learning, home schooling*

c) How has online learning and home schooling helped refugees during the Pandemic?*Probe on the effectiveness*

d) What challenges did refugees face on enhancing their education status in Nakivale settlement?

Section B: influence of COVID 19 on the health services among refugees

a) What are the services being offered by NGOs before Covid-19 breakdown to enhance the education status of refugees?

b) What are the conditions for accessing health services in the Camp before Covid-19 breakdown?

c) How did people cooperate with others to stop the spread of Covid19 in the community amidst covid-19 (*Probe on SOPs*)

d) What measures were put in place to reduce the spread of the disease in the camp?

Section C: Influence of COVID 19 on the incomes of refugees

a) What are the economic activities that were affected during covid-19 pandemic in Nakivale Refugee settlement? (*Probe: business and farming)*

b) How has lockdown influenced the income of refugees involved in this camp? (Probe: *unemployment levels, market accessibility, business closure*)

c) What was the income status of refugees and how did they manage to sustain their lives? *Probe on getting loans, borrowing, saving levels*

d) What do you think should be done to reduce the covid-19 spread and its related effects in NakivaleRefugee settlement in the country?

Thank you for participation

Annexe iii : Guide d'entretien

Je m'appelle Prossy Kobusingye, étudiante à la BSU. Dans le cadre de la satisfaction partielle des exigences de la maîtrise en administration publique, je suis appelé à effectuer une recherche dans un domaine qui m'intéresse. Mon intérêt pour cette étude porte sur les facteurs socio-économiques des réfugiés au milieu du covid-19 dans le camp de réfugiés de Nakivale. Les informations obtenues auprès de vous resteront hautement confidentielles. Il vous est également demandé de ne pas inscrire votre nom sur ce guide d'entretien.

Si vous avez des questions, n'hésitez pas à demander des éclaircissements.

Section A : Influence du COVID 19 sur le bien-être scolaire des réfugiés

a) Comment le statut scolaire des réfugiés a-t-il été affecté pendant la pandémie de Covid 19 ? Enquête sur la fermeture des écoles, les abandons scolaires

b) Quelles mesures ont été mises en place pour que les réfugiés continuent d'apprendre ? Sonder sur l'apprentissage en ligne, l'enseignement à domicile

c) Comment l'apprentissage en ligne et l'enseignement à domicile ont-ils aidé les réfugiés pendant la pandémie ? Sonder l'efficacité

d) À quels défis les réfugiés ont-ils été confrontés pour améliorer leur statut scolaire dans l'installation de Nakivale ?

Section B : influence du COVID 19 sur les services de santé chez les réfugiés

a) Quels sont les services offerts par les ONG avant l'effondrement du Covid-19 pour améliorer le statut éducatif des réfugiés ?

b) Quelles sont les conditions d'accès aux services de santé dans le Camp avant la crise du Covid-19 ?

c) Comment les gens ont-ils coopéré avec d'autres pour arrêter la propagation de Covid19 dans la communauté au milieu de covid-19 (Enquêter sur les SOP)

d) Quelles mesures ont été mises en place pour réduire la propagation de la maladie dans le camp ?

Section C : Influence du COVID 19 sur les revenus des réfugiés

a) Quelles sont les activités économiques qui ont été affectées pendant la pandémie de covid-19 dans le camp de réfugiés de Nakivale ? (Essayer d'en savoir plus : entreprise et agriculture)

b) Comment le confinement a-t-il influencé les revenus des réfugiés impliqués dans ce camp ? (Essayer : niveaux de chômage, accessibilité du marché, fermeture d'entreprise)

c) Quelle était la situation financière des réfugiés et comment ont-ils réussi à subvenir à leurs besoins ? Sondez sur l'obtention de prêts, les emprunts, les niveaux d'épargne

d) Selon vous, que devrait-on faire pour réduire la propagation du covid-19 et ses effets connexes dans l'installation de réfugiés de Nakivale dans le pays ?

Merci pour votre participation

Lampiran iii: Pituduh wawancara

Nami abdi mahasiswa Prossy Kobusingye BSU. Dina minuhan sabagean sarat pikeun gelar Master dina administrasi publik, abdi diperlukeun pikeun ngalaksanakeun panalungtikan di wewengkon dipikaresep abdi. Minat kuring dina ulikan ieu nyaéta faktor sosial ékonomi Pangungsi di tengah covid-19 di padumukan Pangungsi Nakivale. Inpormasi anu dicandak ti anjeun bakal dijaga rahasia pisan. Anjeun ogé dipénta pikeun henteu nyerat nami anjeun dina pituduh Wawancara ieu.

Upami anjeun gaduh patarosan, punten ulah ragu nyuhunkeun klarifikasi.

Bagian A: Pangaruh COVID 19 dina karaharjaan pendidikan para pangungsi

a) Kumaha status pendidikan para pangungsi kapangaruhan nalika pandémik Covid 19?

Panyidik dina nutup sakola, sakola leupaskeun

b) Ukuran naon waé anu dilaksanakeun pikeun ngajaga para pangungsi diajar? Ulikan ngeunaan diajar online, sakola di bumi

c) Kumaha pangajaran online sareng sakola di bumi ngabantosan pangungsi salami Pandémik?

Panyilidikan ngeunaan éféktivitasna

d) Tantangan naon anu disanghareupan ku para pangungsi dina ningkatkeun status pendidikan di padumukan Nakivale?

Bagian B: Pangaruh COVID 19 dina palayanan kaséhatan di antara pangungsi

a) Naon jasa anu ditawarkeun ku LSM sateuacan ngarecahna Covid-19 pikeun ningkatkeun status pendidikan para pangungsi?

b) Kumaha syarat pikeun ngaksés palayanan kaséhatan di Kemah sateuacan ngarecahna Covid-19?

c) Kumaha masarakat gawé bareng batur pikeun ngeureunkeun panyebaran Covid19 di masarakat di tengah covid-19 (Panyilidikan ngeunaan SOP)

d) Langkah-langkah naon waé anu dilaksanakeun pikeun ngirangan panyebaran panyakit di kemah?

Bagian C: Pangaruh COVID 19 dina panghasilan pangungsi

a) Naon waé kagiatan ékonomi anu kapangaruhan nalika pandémik covid-19 di padumukan Pengungsi Nakivale? (Panyilidikan: bisnis jeung pertanian)

b) Kumaha lockdown mangaruhan panghasilan pangungsi anu aub dina kubu ieu? (Panyilidikan: tingkat pangangguran, aksesibilitas pasar, panutupanana bisnis)

c) Naon status panghasilan para pangungsi sareng kumaha aranjeunna tiasa ngadukung kahirupan? Panyilidikan ngeunaan kéngingkeun pinjaman, nginjeum, tingkat tabungan

d) Kumaha saur anjeun anu kedah dilakukeun pikeun ngirangan panyebaran covid-19 sareng pangaruh anu aya hubunganana di padumukan NakivaleRefugee di nagara éta?

Hatur nuhun kana partisipasina

Umugereka iii: Umuyobozi wabajijwe

Nitwa Prossy Kobusingye umunyeshuri wa BSU. Mu kuzuza igice cyujuje ibisabwa kugirango impamyabumenyi ihanitse mu buyobozi bwa Leta, nsabwa gukora ubushakashatsi mu rwego rushimishije. Inyungu zanjye muri ubu bushakashatsi nimpamvu zubukungu bwimibereho yimpunzi hagati ya covid-19 mumiturire ya Nakivale. Amakuru yakuwe muri wewe azabikwa ibanga cyane. Urasabwa kandi kutandika izina ryawe kuriyi mfashanyigisho.

Niba ufite ibibazo, nyamuneka ntutindiganye gusaba ibisobanuro.

Icyiciro A: Ingaruka za COVID 19 ku mibereho yuburezi bwimpunzi

a) Nigute uburezi bwimpunzi bwagize ingaruka mugihe cyicyorezo cya Covid 19? Ipereereza ryo gufunga amashuri, ishuri ryataye ishuri

b) Ni izihe ngamba zashyizweho kugira ngo impunzi zige? Ubushakashatsi ku myigire kumurongo, amashuri yo murugo

c) Nigute kwiga kumurongo no kwiga murugo byafashije impunzi mugihe cyicyorezo? Ubushakashatsi kubikorwa

d) Ni izihe ngorane impunzi zahuye nazo mu kuzamura imyigire yabo mu gace ka Nakivale?

Igice B: uruhare rwa COVID 19 kuri serivisi z'ubuzima mu mpunzi

a) Ni izihe serivisi zitangwa n'imiryango itegamiye kuri Leta mbere yo gusenyuka kwa Covid-19 mu rwego rwo kuzamura uburezi bw'impunzi?

b) Ni ubuhe buryo bwo kubona serivisi z'ubuzima mu Nkambi mbere yo gusenyuka kwa Covid-19?

c) Nigute abantu bafatanije nabandi kugirango bahagarike ikwirakwizwa rya Covid19 mubaturage hagati ya covid-19 (Probe kuri SOP)

d) Ni izihe ngamba zashyizweho hagamijwe kugabanya ikwirakwizwa ry'indwara mu nkambi?

Igice C: Ingaruka za COVID 19 kumafaranga yimpunzi

a) Ni ibihe bikorwa by'ubukungu byagize ingaruka mu cyorezo cya covid-19 mu gutuza impunzi za Nakivale? (Ubushakashatsi: ubucuruzi n'ubuhinzi)

b) Gufunga byagize izihe ngaruka ku kwinjiza impunzi zagize uruhare muri iyi nkambi? (Probe: urwego rw'ubushomeri, kuboneka ku isoko, guhagarika ubucuruzi)

c) Impunzi zinjiza zari zimeze gute kandi ni gute bashoboye gukomeza ubuzima bwabo? Ipereereza ku kubona inguzanyo, kuguza, urwego rwo kuzigama

d) Utekereza ko hakwiye gukorwa iki kugira ngo covid-19 ikwirakwizwa n'ingaruka zayo bijyanye no gutura kwa NakivaleRefugee mu gihugu?

Urakoze kubigiramo uruhare

Nyongeza iii: Mwongozo wa mahojiano

Jina langu ni Prossy Kobusingye mwanafunzi wa BSU. Katika kutimiza kwa kiasi mahitaji ya Shahada ya Uzamili katika utawala wa umma, natakiwa kufanya utafiti katika eneo ninalopenda. Nia yangu katika utafiti huu ni sababu za kiuchumi za kijamii za Wakimbizi katikati ya covid-19 katika makazi ya Wakimbizi ya Nakivale. Taarifa zilizopatikana kutoka kwako zitahifadhiwa kwa siri sana. Pia unaombwa usiandike jina lako kwenye mwongozo huu wa Mahojiano.

Iwapo una maswali yoyote tafadhali usisite kuomba ufafanuzi.

Sehemu A: Ushawishi wa COVID 19 juu ya ustawi wa elimu ya wakimbizi

a) Hali ya elimu ya wakimbizi iliathiriwa vipi wakati wa janga la Covid-19? Uchunguzi juu ya kufungwa kwa shule, kuacha shule

b) Ni hatua gani ziliwekwa ili wakimbizi waendelee kujifunza? Chunguza ujifunzaji mtandaoni, masomo ya nyumbani

c) Jinsi gani kujifunza mtandaoni na shule za nyumbani kumesaidia wakimbizi wakati wa Janga hili? Chunguza ufanisi

d) Je, ni changamoto gani ambazo wakimbizi walikumbana nazo katika kuboresha hali yao ya elimu katika makazi ya Nakivale?

Sehemu B: ushawishi wa COVID 19 kwenye huduma za afya miongoni mwa wakimbizi

a) Je, ni huduma zipi zinazotolewa na mashirika yasiyo ya kiserikali kabla ya kuharibika kwa Covid-19 ili kuboresha hali ya elimu ya wakimbizi?

b) Je, ni masharti gani ya kupata huduma za afya katika Kambi kabla ya kuharibika kwa Covid-19?

c) Watu walishirikiana vipi na wengine kukomesha kuenea kwa Covid19 katika jamii huku kukiwa na covid-19 (Probe on SOPs)

d) Je, ni hatua gani zilichukuliwa ili kupunguza kuenea kwa ugonjwa huo kambini?

Sehemu C: Ushawishi wa COVID 19 kwenye mapato ya wakimbizi

a) Je, ni shughuli gani za kiuchumi zilizoathiriwa wakati wa janga la covid-19 katika makazi ya Wakimbizi ya Nakivale? (Probe: biashara na kilimo)

b) Je, kufuli kumeathiri vipi mapato ya wakimbizi wanaohusika katika kambi hii? (Chunguza: viwango vya ukosefu wa ajira, ufikiaji wa soko, kufungwa kwa biashara)

c) Hali ya mapato ya wakimbizi ilikuwaje na waliwezaje kuendeleza maisha yao? Chunguza juu ya kupata mikopo, kukopa, viwango vya kuokoa

d) Je, unadhani nini kifanyike ili kupunguza kuenea kwa Covid-19 na athari zake kuhusiana na makazi ya Wakimbizi ya Nakivale nchini?

Asante kwa kushiriki

Appendix iv: Focused group discussion guide

My name is **ProssyKobusingye**student of BSU. In partial fulfillment of the requirements for the Master's degree in public administration, i am required to conduct a research in an area of my interest. My interest in this study is social economic factors of Refugees amidst covid-19 in Nakivale Refugee settlement. The information obtained from you will be kept highly confidential. You are also requested not to write your name on this Interview guide.

Should you have any queries please do not hesitate to request for clarification.

Section A: Influence of COVID 19 on the education welfare of refugees

a) How did refugees study during the Covid 19 pandemic? *Probe on online learning, home schooling*

b) How were you affected by the measures put on the education sector?

c) How has online learning and home schooling helped you during the Pandemic?*Probe on the effectiveness*

d) What challenges did community face on enhancing the education status in Nakivale settlement?

Section B: influence of COVID 19 on the health services among refugees

e) What are the services being offered by NGOs before Covid-19 breakdown to enhance the education status of refugees?

f) What were the conditions for accessing health services before Covid-19 pandemic in the Camp?

g) What measures were put in place to reduce the spread of the Covid-19 in the camp?

h) How were the covid -19 patients in the camp treated ?

Section C: Influence of COVID 19 on the incomes of refugees

i)What are the economic activities that were affected during covid-19 pandemic in Nakivale Refugee settlement? *Probe: farming; market vending, night economy*

j)How has lockdown influenced the income of refugees involved in this camp? (Probe: *unemployment levels, market inaccessibility, business closure*)

k)How did you manage to sustain the day to day life? *Probe on acquiring loans, borrowing, saving levels.*

l)What do you think should be done to reduce the covid019 related impacts in Nakivale Refugee settlement?

Thank you for participation

Kiambatisho iv: Mwongozo wa majadiliano ya kikundi

Jina langu ni Prossy Kobusingye mwanafunzi wa BSU. Katika kutimiza kwa kiasi mahitaji ya Shahada ya Uzamili katika utawala wa umma, natakiwa kufanya utafiti katika eneo ninalopenda. Nia yangu katika utafiti huu ni sababu za kiuchumi za kijamii za Wakimbizi katikati ya covid-19 katika makazi ya Wakimbizi ya Nakivale. Taarifa zilizopatikana kutoka kwako zitahifadhiwa kwa siri sana. Pia unaombwa usiandike jina lako kwenye mwongozo huu wa Mahojiano.

Iwapo una maswali yoyote tafadhali usisite kuomba ufafanuzi.

Sehemu A: Ushawishi wa COVID 19 juu ya ustawi wa elimu ya wakimbizi

a) Je! Wakimbizi walisomaje wakati wa janga la Covid-19? Chunguza ujifunzaji mtandaoni, masomo ya nyumbani

b) Je, uliguswa vipi na hatua zilizowekwa kwenye sekta ya elimu?

c) Kujifunza mtandaoni na kusoma nyumbani kumekusaidiaje wakati wa Janga hili? Chunguza ufanisi

d) Je, ni changamoto zipi ambazo jamii ilikabiliana nazo katika kuimarisha hali ya elimu katika makazi ya Nakivale?

Sehemu B: ushawishi wa COVID 19 kwenye huduma za afya miongoni mwa wakimbizi

e) Je, ni huduma zipi zinazotolewa na mashirika yasiyo ya kiserikali kabla ya kuharibika kwa Covid-19 ili kuboresha hali ya elimu ya wakimbizi?

f) Je, kulikuwa na masharti gani ya kupata huduma za afya kabla ya janga la Covid-19 katika Kambi?

g) Je, ni hatua gani ziliwekwa ili kupunguza kuenea kwa Covid-19 kambini?

h) Wagonjwa wa covid -19 katika kambi walitibiwa vipi?

Sehemu C: Ushawishi wa COVID 19 kwenye mapato ya wakimbizi

i) Je, ni shughuli gani za kiuchumi zilizoathiriwa wakati wa janga la covid-19 katika makazi ya Wakimbizi ya Nakivale? Uchunguzi: kilimo; uuzaji wa soko, uchumi wa usiku

j) Je, kufuli kumeathiri vipi mapato ya wakimbizi wanaohusika katika kambi hii? (Chunguza: viwango vya ukosefu wa ajira, kutopatikana kwa soko, kufungwa kwa biashara)

k) Uliwezaje kuendeleza maisha ya kila siku? Chunguza juu ya kupata mikopo, kukopa, viwango vya kuokoa.

l) Unafikiri nini kifanyike ili kupunguza athari zinazohusiana na Covid019 katika makazi ya Wakimbizi ya Nakivale?

Asante kwa kushiriki

Annexe iv : Guide de discussion en groupe ciblé

Je m'appelle Prossy Kobusingye, étudiante à la BSU. Dans le cadre de la satisfaction partielle des exigences de la maîtrise en administration publique, je suis appelé à effectuer une recherche dans un domaine qui m'intéresse. Mon intérêt pour cette étude porte sur les facteurs socio-économiques des réfugiés au milieu du covid-19 dans le camp de réfugiés de Nakivale. Les informations obtenues auprès de vous resteront hautement confidentielles. Il vous est également demandé de ne pas inscrire votre nom sur ce guide d'entretien.

Si vous avez des questions, n'hésitez pas à demander des éclaircissements.

Section A : Influence du COVID 19 sur le bien-être scolaire des réfugiés

a) Comment les réfugiés ont-ils étudié pendant la pandémie de Covid 19 ? Sonder sur l'apprentissage en ligne, l'enseignement à domicile

b) Comment avez-vous été affecté par les mesures mises sur le secteur de l'éducation ?

c) Comment l'apprentissage en ligne et l'enseignement à domicile vous ont-ils aidé pendant la pandémie ? Sondez sur l'efficacité

d) À quels défis la communauté a-t-elle été confrontée pour améliorer le statut de l'éducation dans la colonie de Nakivale?

Section B : Influence du COVID 19 sur les services de santé chez les réfugiés

e) Quels sont les services offerts par les ONG avant l'effondrement du Covid-19 pour améliorer le statut éducatif des réfugiés ?

f) Quelles étaient les conditions d'accès aux services de santé avant la pandémie de Covid-19 dans le Camp ?

g) Quelles mesures ont été mises en place pour réduire la propagation du Covid-19 dans le camp ?

h) Comment les patients covid -19 du camp ont-ils été traités ?

Section C : Influence du COVID 19 sur les revenus des réfugiés

i) Quelles sont les activités économiques qui ont été affectées pendant la pandémie de covid-19 dans le camp de réfugiés de Nakivale ? Explorer : agriculture ; vente au marché, économie de nuit

j) Comment le confinement a-t-il influencé les revenus des réfugiés impliqués dans ce camp ? (Essayer : niveaux de chômage, inaccessibilité du marché, fermeture d'entreprise)

k) Comment avez-vous réussi à maintenir la vie de tous les jours ? Sondez sur l'acquisition de prêts, les emprunts, les niveaux d'épargne.

l) Selon vous, que devrait-on faire pour réduire les impacts liés au covid019 dans le camp de réfugiés de Nakivale ?

Merci pour votre participation