

Cash transfers and COVID-19: Experiences from Kiryandongo, Uganda

Mini-report- Round 2 of 3

October 2020



Scenes from Kiryandongo refugee settlement, Uganda.
Photo Credits: Heather E Lanthorn, January 2020

SUMMARY

This report reflects an August and September 2020 snapshot of our work in the Kiryandongo Refugee Settlement in Uganda, exploring the effect of cash transfers on health and household welfare outcomes during the COVID-19 pandemic. In this second of three rounds of ~30-minute structured phone interviews, we interviewed 630 refugee respondents between 18 August and 14 September 2020. These phone surveys are layered onto an on-going randomized evaluation of a 1000 USD cash transfer to households registered in the settlement. The treatment group has already received their transfers, while the control group will receive a transfer in 2021. Some of the key findings in this second round include:



Compliance with COVID-19 public health measures

Respondents reported to have **left home 3.2 days a week** on average; **one-third reported maintaining social distancing** each time they left the house. **Four-fifths reported wearing masks** when out; mask-wearing was 6%-points higher in the treatment group than the control group.



Food consumption

We did not detect higher food consumption in households with transfers relative to the control group. Overall weekly household consumption is 118.48 USD PPP (with 7 household members on average.)



Safety and security in settlement

Respondents most commonly report **burglary and water disputes as key community safety and security concerns**. More than half of respondents also felt unsafe to go to the market and to fetch water. The majority of respondents **(63%) reported that they had experienced, witnessed or heard of burglary (including theft and muggings) occurring in the settlement** in the past seven days.



Intra-household conflict

Half of the respondents **(51%) reported experiencing either quarreling, intimidation, or damaging of personal property** among adults in their household while **30% of the households reported experiencing all three dimensions of intra-household conflict** in the past seven days.

CONTEXT

Kiryandongo Refugee Settlement

Uganda is one of the world's leading refugee-hosting countries.¹ This study focuses on households registered in the Kiryandongo refugee settlement, initially established in the 1970s and located in Uganda's Western Region. This ~10,000-household settlement is situated on formerly cleared ranch land, adjacent to Kiryandongo district's commercial centre, Bweyale. Most households (99%) are from South Sudan and are predominantly ethnically Nuer, Dinka, or Acholi/Luo, though there are over ten languages spoken in the settlement. Most refugees arrived after 2014, which marked South Sudanese independence and the ensuing civil war. As of September to November 2019 (when we collected baseline data for the on-going randomized evaluation), many people in the settlement were making a living traveling for casual labour, running small enterprises, or depending on remittances from abroad and food rations from organizations like the World Food Programme (WFP). At the time of this survey, respondents were just about to receive their bi-monthly food ration from WFP.



*A house being constructed by a family with their GiveDirectly cash transfer, using half-burned bricks.
Photo credit: Heather E Lanthorn, February 2020*

Across Uganda since March 2020, there have been reports of increased tensions in most of the 11 refugee settlements. These tensions have occurred between refugee and Ugandan communities, across ethnic groups, and between clans of the same ethnic group. The tensions often reflect political and ethnic cleavages carried from South Sudan and possibly exacerbated by restricted social and economic activity caused by COVID-19.² While Kiryandongo settlement generally experiences peaceful co-existence among communities, it has not been spared from recent tension. Understanding the security situation in Kiryandongo is particularly important as we measured safety and security in this round of questions. In Kiryandongo, intra-tribal conflicts have been mainly concentrated among the Nuer ethnic group³ (see the timeline in Figure 1 below).

COVID-19 in the settlement

On 30 March 2020 — as shown in Figure 1 — Uganda entered a nationwide lockdown to prevent COVID-19 spread, restricting almost all movement and commerce within the country, as well as across international borders. In June, the Government of Uganda, United Nations High Commissioner for Refugees (UNHCR), and some NGOs also started issuing masks and small bottles of sanitizers to people in the settlement. By August and September 2020 — the time of our second round of phone surveying — the government had allowed non-essential businesses such as hair salons and shopping arcades to open, and motorcycle taxis (boda bodas) were allowed to operate. However, religious gatherings and refugees' movement across settlements were still restricted, and schools were still closed. On 15 August 2020, the government reported the first COVID-19 death in Kiryandongo.

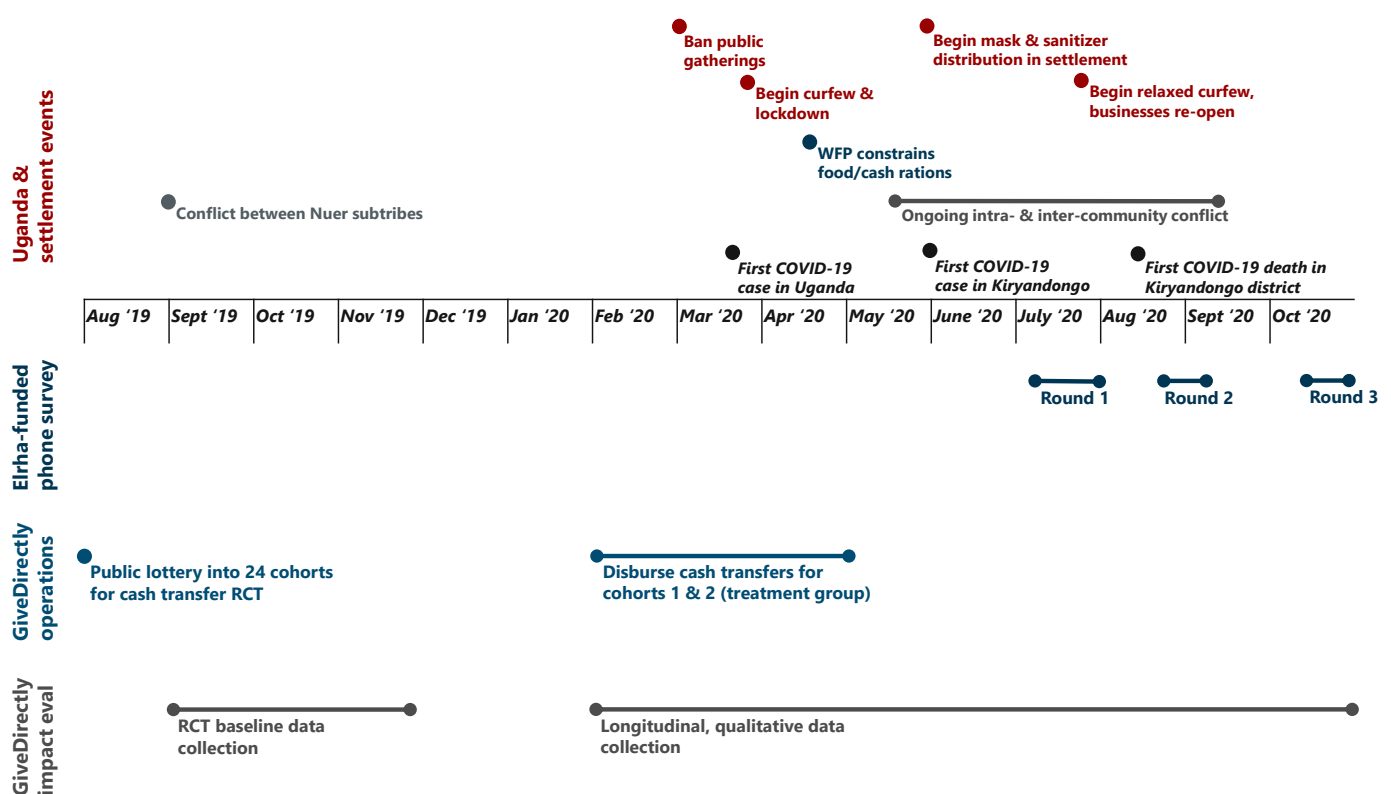
The 30% cut in rations for refugees that WFP implemented in April 2020, in response to globally increased demands on their funding, remained in place as of September 2020. WFP not only cut the amount of each ration delivered but also switched their food distribution cadence from monthly to every other month. The cut applied to both refugees who received in-kind food rations and to those who have opted for the equivalent in cash (see Figure 1).

¹ The World Food Programme's (WFP) in-kind General Food Assistance food basket includes maize grain, beans, vegetable oil and salt.

² Read more on the impact of COVID-19 and related measures on peaceful co-existence between communities in refugee settlements in Uganda [here](#).

³ To illustrate both the unrest in Kiryandongo and the tenacity of our enumerators: two of our seven enumerators (both from the Nuer ethnic group) have sought temporary shelter outside the settlement during this time because of safety concerns.

Figure 1: Timeline of studies and COVID-19 related events



ABOUT THIS STUDY



Isaac Franco, an IDinsight enumerator talking, to a respondent on the phone outside his house, in Kiryandongo refugee settlement. Photo credit: Joice Joseph, August 2020

The goal of this set of three rounds of phone-based surveys is to understand the current state of welfare and health outcomes in the Kiryandongo refugee settlement and to explore the impact of having received a large cash transfer on each of these parameters. In this second of three rounds of short⁴, structured phone interviews, we focused on COVID-19 attitudes and behaviour, food consumption, safety and security in the settlement, and conflicts in households.

We hypothesized an overall decline in food consumption relative to baseline (Sept – Nov 2019). We also hypothesized that households who have received large cash transfers (considered the treatment group in the study) would, relative to control:

- Show higher adherence to public health directives
- Report higher food consumption outcomes
- More often be victims of household theft

Data collection for this round took place from 19 August to 14 September 2020 (see Figure 1). A team of seven enumerators conducted these interviews, covering Acholi, Dinka, Juba-Arabic, Nuer, and Bari languages. Six of our seven enumerators are South Sudanese refugees living in or near the settlement.

Our phone survey sample ($n = 630$ for round 2) was randomly drawn from a larger, on-going randomized control trial (RCT) with GiveDirectly; this larger study ($n=1,264$) was randomly sampled from the ~10,000 households registered in Kiryandongo settlement. GiveDirectly is in the process of rolling out 1,000 USD unconditional cash transfers to all refugee households using mobile money.

⁴ Round 2 interviews lasted, on average, 38 minutes.

Our treatment group consists of those who received their transfers starting from February 2020; control households will receive transfers in 2021 (see Figure 1)⁵. The phone survey sample represented in this report was drawn from the 1,060 households for whom we had phone numbers.

The on-going impact evaluation also includes a longitudinal qualitative component. For this report, we complement our phone survey data with both the RCT baseline data (Sept – Nov 2019) and this qualitative data (on-going since January 2020). Further data collection details are in Appendix 2.

SAMPLE

For the round reflected in this report (Round 2), we spoke to 630 households (see Appendix 1 for more details), which represents 50% of the full sample (n=1264), 59% of baseline phone numbers (n=1060), and 67% of the sample from Round 1. We reached a different mix of households during Round 2 compared to Round 1, detailed in Table 1 below, but maintained balance between treatment and control households on key baseline characteristics. One possible explanation for the differences between Round 1 and Round 2, suggested by our enumeration team, is that some households charge their phones intermittently and leave them uncharged for long periods.

Table 1: Number of respondents in the treatment and control groups called during Round 1 and 2 of phone surveys

Description	Treatment	Control
Number of respondents called in both rounds	549	511
Responded during Round 1 (total)	330	303
Responded during Round 2 (total)	322	308
Responded during both Round 1 and Round 2	215 (65% of Round 1)	208 (69% of Round 1)
Responded during Round 1 but not Round 2	115 (35% of Round 1)	95 (31% of Round 1)
Responded during Round 2 but not Round 1	107	100

In Round 2, three-quarters of our sample households were female-headed.⁶ Households have spent an average of 5.8 years in the settlement and have an average of 6.9 members per household. Respondents represented the main ethnic groups in the settlement: Acholi/Luo (20%), Bari (14%), Dinka (26%), and Nuer (21%).

⁵ Cash transfers have continued to be rolled out to the rest of the households. At the time of this round two survey in September 2020, 25% of the households across the settlement had received their transfer.

⁶ During phone calls, we spoke to household heads where possible and in case the household head was absent, we spoke to an alternate adult member of the household.

FINDINGS

In this section, we present brief findings for each of our areas of inquiry. For notes on the analysis, please see Appendix 2. For many findings, we report the sample average and then disaggregate by both respondent's sex and the respondent's ethnic group. We include this disaggregation because we hypothesize that these groups may have different experiences, including the ability to access COVID information and other services in their preferred language. We also provide information on differences in outcomes for our treatment and control groups, representing the impact of having received a large cash transfer before the lockdown.

COMPLIANCE WITH COVID-19 PUBLIC HEALTH MEASURES

Respondents reported having left their homes an average of 3.2 days a week, but only one-third maintained social distancing each time they left the house. Most respondents who went outside (79%) reported wearing masks when out. Mask-wearing was higher among those who received a transfer.

Most respondents (89%) reported leaving their house and grounds at least once in the past week. On average, respondents reported leaving their house/compound on about half (3.2) of the last seven days and 18% reported going out each day in the past week. The average number of days respondents reported to have left the house was slightly higher ($p=0.08$) in male-headed (3.5) compared to respondents from female households (3.2). Additionally, slightly more ($p=0.06$) respondents from male-headed households (23%) reported having left the house on all seven days compared to female-headed households (16%). There were no notable differences by ethnic group.

There were no significant differences in the number of times respondents noted leaving the house between the treatment and control groups. This finding was counter one of our hypotheses, as we thought the transfer might allow household members to sometimes forgo leaving the house.

Close to a third (29%) of those who left the house in the past week were able to maintain social distancing each time they went out. Sixty-eight percent of the respondents who reported leaving the house on at least one day ($n=515$) interacted closely with people (closer than "a mattress' length" or 1.5 meters) on a few days. Fewer than 5% of respondents reported interacting closely with others on most or all days when they went outside.

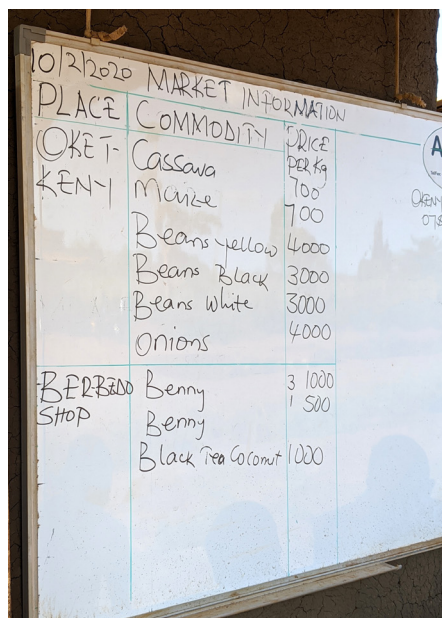
The majority of respondents who reported going outside also reported wearing masks over their noses and mouths when leaving their homes. Seventy-nine percent of respondents reported wearing masks 'always' or 'most of the time' when going outside in the last seven days. However, 15% noted that they only wore masks in a few instances; 6% did not wear masks at all. Of all the respondents who did not wear masks ($n=33$), most noted they did not wear masks due to lack of money to purchase the mask (88%); both members of the treatment and control group cited insufficient funds for mask purchases. An additional 12% reported not wearing masks because they were not able to breathe comfortably with the mask on.

The majority of those who reported wearing masks reported buying them. Although the Government of Uganda has worked to distribute free masks, the majority (88%) of those who wore masks ($n=482$) reported buying the masks, and most people (96%) wore a cloth or homemade type of mask. This finding may be explained by increased suspicion of the quality of government masks in Uganda. Some of our enumerators noted that there were rumours that government masks were of low quality and could not protect people from contracting COVID-19.

Those who had received cash reported wearing masks significantly more than the control group (82% versus 76%, $p=0.02$). Though this difference is not very large in practical terms, it is in line with our expectations about the transfer leading to increased adherence to public health directives. There were no differences in wearing of masks by gender of the household head or ethnic group.

FOOD CONSUMPTION

Overall, the refugee households' weekly food consumption value increased by 7% ($p=0.05$) in August-September 2020 compared to October-November 2019, but this is mostly explained by rising prices.⁷



PLACE	COMMODITY	PRICE
OKET-KENY	Cassava	700
	Maize	700
	Beans yellow	4000
	Beans black	3000
	Beans white	3000
BERRIN SHOP	Onions	4000
	Berry	3 1000
	Berry	1 500
	Black Tea Coconut	1000

Market information board at a shop in Kiryandongo settlement. Photo credit: Heather E Lanthorn, February 2020

Food prices have been fluctuating in the settlement and Bweyale for various food items since April 2020. Food prices rose considerably following the lockdown; however, they are slowly stabilizing back to regular prices, perhaps driven by maize and bean harvests in July and August 2020. Through our longitudinal qualitative study, we have borne witness to peoples' changing experiences, from feeling worried about starvation at the start of the lockdown when WFP food rations were also reduced, to trying to figure out how to cope with children home from school, to starting to feel some relief in the August harvests — even though, as one woman told us, “*hunger is there.*” One man recounted this whole experience, reflecting in August 2020 about the past several months: “*The food [ration] has been reduced and the children are fully at home. So, we have to eat more than we would when they were in school. Also, the maize price per kilo has been increased, so it wasn't easy [for the past month]... [But today] I don't feel worried too much because the maize is harvested, so we have something to eat.*”

The average food consumption value in our sample around 118 USD PPP. Based on WFP's food market monitoring report in August 2020, a household of seven members in Kiryandongo Refugee Settlement would require about 83.60 USD PPP per week to meet their food Minimum Expenditure Budget (MEB).⁸ The MEB represents the lower bound of refugee households' monthly expenditure, meaning that our measured

level of household consumption indicates, on average, households are able to consume above the minimum level.

Overall, food prices and reported food consumption values were higher during this second round of phone surveys (August-September 2020) than at baseline (October-November 2019).

The food consumption value was 7% higher ($p=0.05$) in August-September 2020 than in October-November 2019. This difference can primarily be explained by increased prices, as the total cost of purchasing food items in the MEB was ~6% higher in August 2020 compared to October 2019.⁹ This increase was driven by higher prices of beans, fish, leafy greens, salt, and sorghum in August 2020 compared to October 2019.¹⁰ That said, given the dual shocks of the COVID-19 lockdown and decreased WFP food rations, we were surprised that food consumption did not decrease, at least in the control group. One possible explanation is that households have grown in size since baseline due to children who were initially studying away from the settlement coming home, and those who relied on day-time meals at school are now eating at home.¹¹ Additionally, this survey took place closer to the harvest season for primary crops than did baseline.¹²

During qualitative interviews in August 2020, one woman explained how the reduced WFP food ration “gets finished before one month [but is meant to last two]. So, you need to work hard to see how you push to the day of the receiving ration. You also need to run up and down and do other things and you add to the ration.”

7 To calculate the food consumption expenditure, we summed the food consumed by the household at home and away from home in the last 7 days. The total value was added, divided by the World Bank's 2018 Ugandan Shillings (UGX) and United States Dollar (USD) Purchasing Power Parity (PPP) conversion rate, and Winsorized at the top 1%.

8 A [Minimum Expenditure Basket \(MEB\)](#) is an operational tool to identify and quantify the average minimum cost of the regular or seasonal basic/essential needs. The Uganda food MEB includes maize flour, beans, sorghum, oil, fresh cassava, salt, dried fish, leafy greens, fish, and milk. The WFP market monitor for food prices in refugee settlements in Uganda can be found [here](#).

9 See Table 3 in Appendix 1 for more details.

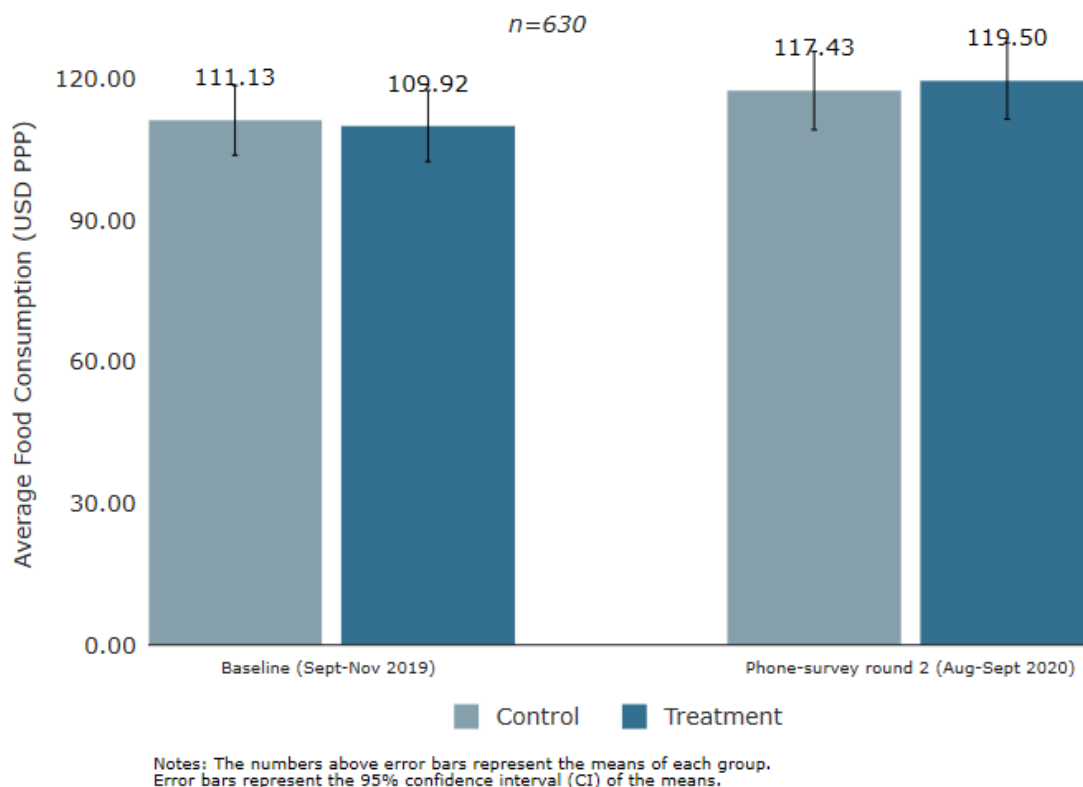
10 We compared market food prices reported by WFP in October 2019 (when baseline data collection happened) and August 2020 (during these phone surveys were administered).

11 We did not measure household size in this follow-up survey, but plan to do so in a later round.

12 The first harvest season of maize grain happened in August while beans were harvested in July.

There is no significant difference in food consumption between households that received cash transfers seven months ago and those yet to receive transfers. We show this below, in Figure 2, plotting the average food consumption for baseline and the phone survey, for both treatment and control households.¹³ Further, there were no notable differences in food consumption by gender of the household head or ethnic group. The lack of difference between treatment and control food consumption is surprising, given that we found treatment households were marginally more food secure than control households in the first follow-up survey.

Figure 2: Average food consumption (USD PPP) at baseline and Round 2 of phone surveys for treatment and control groups



SETTLEMENT SAFETY AND SECURITY

The most common types of community issues reported were burglary and water disputes; many respondents felt unsafe to go to the market and to fetch water.

Respondents consistently reported they felt unsafe when leaving their houses and grounds in the past week (including feeling unsafe due to COVID-19 and the general sense of physical and mental safety). Three-quarters of respondents reported feeling unsafe when going to the market in the past week; slightly more than half (59%) reported feeling unsafe when going to fetch water. One-third of respondents reported feeling unsafe to go to their garden/plot (33%) and to fetch firewood (35%). Intriguingly, this reflects greater feelings of feeling unsafe than we came across in our qualitative work, where refugees, both men, and women, generally report feeling safe going about their business — though with differing opinions on safety after dark.¹⁴ Reflecting the general sentiment, one woman explained in August 2020 : “I don’t fear anything. I can go to the market and come back and nothing bad... If before 8pm, I don’t fear. But beyond that I can fear a lot, you know, at night.”

Slightly more respondents from the Nuer (69%) ethnic group (compared to non-Nuers -58%) reported feeling unsafe to go fetch water ($p=0.06$). The on-going conflicts among the Nuer community in the settlement could explain this difference in reported disputes. There were no notable differences in reported experiences of feeling unsafe by the respondent, on behalf of themselves and others in their household, compared by the sex of respondent or household head.

¹³ During the round two phone survey we used a shortened food consumption module to that constituted 89% of the baseline consumption. The baseline food consumption was re-calculated to fit this shortened module and comparisons were only made for respondents who were part of the round two sample. The one exception to this is that we omitted in-school meals from the follow-up survey since schools were closed at follow-up, but we kept in-school meals included in the baseline calculation. This is because the children are now fed midday meals at home, so this consumption still shows up in our endline module, even if it isn’t a separate category.

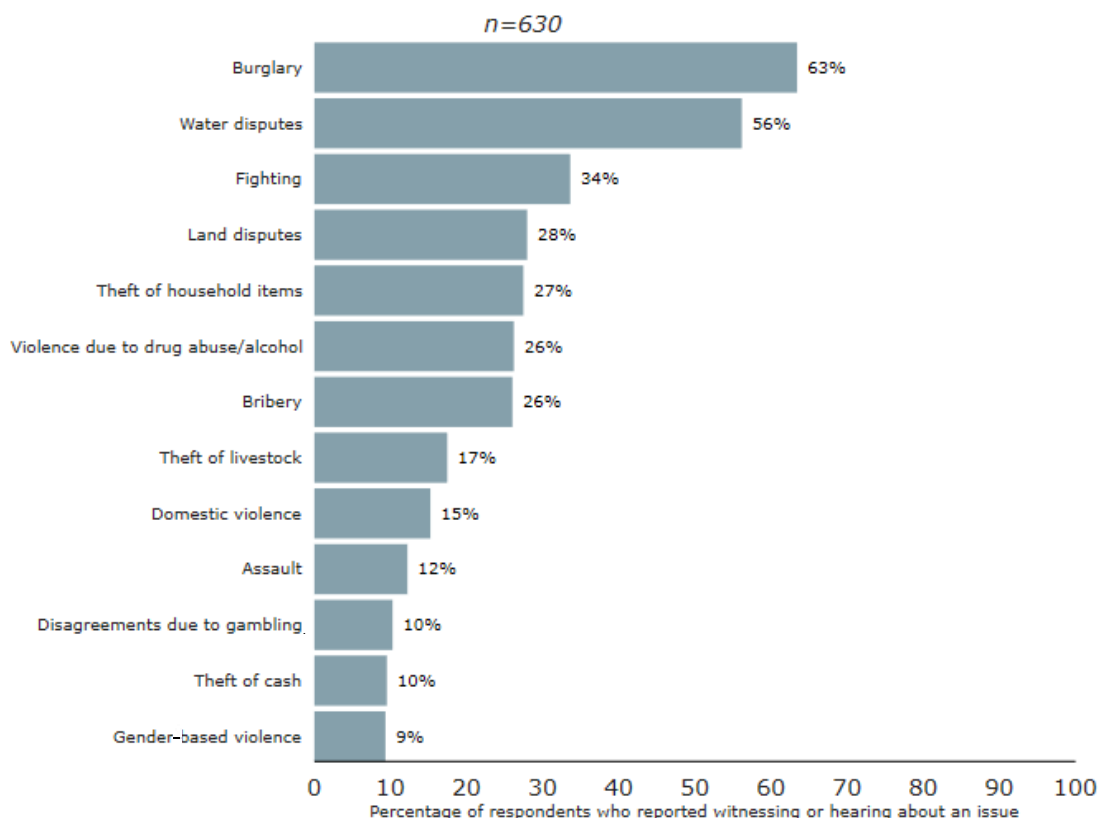
¹⁴ It is possible that our qualitative questions were more clearly not about COVID-19, whereas this may be more mixed into our quantitative responses.

The majority of respondents (63%) reported they had experienced, witnessed, or heard of occurrences of burglaries (including theft and muggings) in the settlement in the past week. One-quarter (27%) reported personally experiencing theft of household items from their homes, while 17% and 10% reported experiencing theft of livestock and cash, respectively, from their households in the past week. In our qualitative work, we heard about theft somewhat regularly — especially immediately following the lockdown but starting before and continuing beyond this. More than half (56%) of respondents had witnessed or heard about water disputes between refugees residing in the settlement. In Figure 3 below, we show different community safety issues that respondents reported in August and September 2020.

For personal experience of household theft (of household items, livestock, or cash), we find limited differences between those who have received cash and those who have not. These types of thefts are the only ones for which we expected there might be a difference between treatment and control households, as other safety and security issues focus on generalized settlement experiences. We expected that people who had received their transfer already might be at higher risk for household crimes. However, for most types of crime directed at the respondents' household, there was no difference between treatment and control. We did find that theft of household items is larger ($p=0.02$) in control households (33%) compared theft.

In June, one community leader elaborated on the challenges he has been dealing with in the settlement: "Theft was there. They can steal goats, pigeons, chicken; so, keeping these domestic animals at home is very hard... When someone is keeping animals at home, he keeps them for a purpose — it is not good for someone to come and steal them we are not happy on that... Then, one community member lost a bicycle, solar [panel], battery all were taken last week."

Figure 3: Community safety issues that respondents reported witnessing or hearing about since August 2020



INTRA-HOUSEHOLD CONFLICT

Half of the respondents (51%) reported experiencing either quarreling, intimidation, or damaging of personal property among household adults, while 30% of the households reported experiencing all three dimensions of intra-household conflict in the last seven days.¹⁵

¹⁵ Because of the wide variety of household compositions in the settlement and in our sample, as well as our mix of male and female respondents, we opted to focus on general conflict and violence among household adults rather than more standard approaches of focusing just on violence between intimate partners.

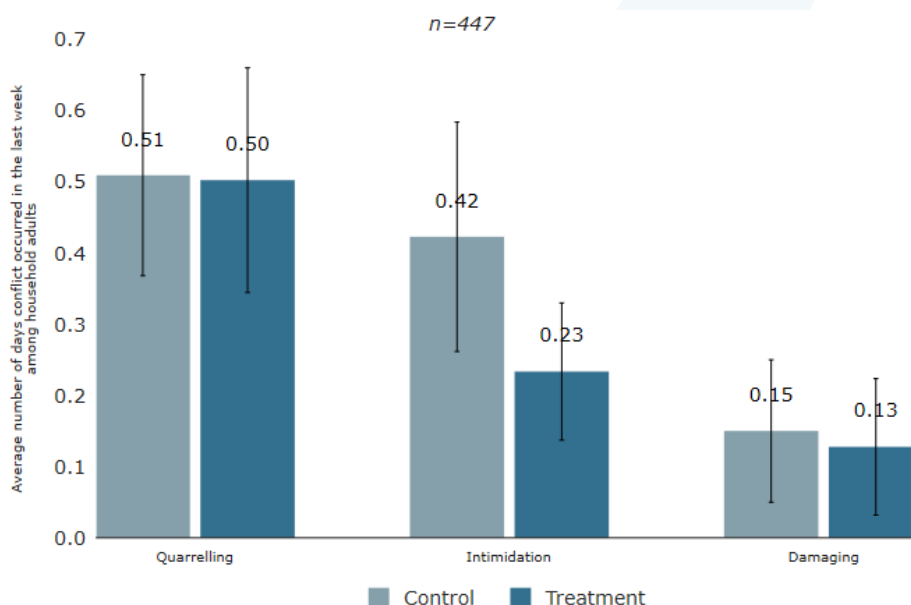
Overall, respondents reported experiencing conflicts in their households on 0.3 days on average over the last seven days. There were no notable differences by treatment group on overall conflicts reported. Households reported experiencing quarreling in their households for 0.5 days, intimidation for 0.3 days, and damage of property for 0.1 days on average.

The majority (45%) of respondents reported quarreling among adults in their households in the last week. Forty percent noted they experienced intimidation from another household adult on at least one day last week, while 33% reported violence that involved damage of personal property inflicted by another adult member of the household. In our qualitative work, we do not ask directly about the level or type of conflicts that occur but rather focus on sources of tension and disagreement. In their own homes, reported causes of disagreement range from quotidian concerns, such as “the football we watch... and Ludo (board game),” to more severe ones, such as, (from the same respondent), “the issue of girls sometimes causes disagreements also.” Other respondents tell us that tension in their household stems from money, co-wives, and husbands staying in South Sudan and/or not fulfilling their duties. When speaking about causes of conflict in households more generally, people become more expansive mentioning alcohol consumption, not sharing money or food within the family, and infidelity all come up regularly. Respondents offer mixed opinions on whether fighting within settlement households has increased since the pandemic started, citing different sources of hearsay.

In July 2020, a male respondent noted that “For married people, what causes disagreements is mostly money issues. Some men don’t provide enough care or food to the family. Sometimes the married people disagree over the distance; maybe the man is far from the wife then the wife mostly have that disagreement, arguing about the husband distancing himself from the family. All those cause disagreements.”

There are limited differences in the experience of intra-household conflict among those that have already received a cash transfer and those that have not. As we show in Figure 4, of the dimensions of intra-household conflict we explore — quarreling, intimidation, and damaging of personal property — we found insignificant differences in days experiencing conflict for all but one. The average number of days respondents reported experiencing intimidation by another adult household member was slightly higher ($p=0.05$) in the control group (0.42) than in the treatment group (0.23). There were no notable differences by gender of the respondent or household head. When we asked specifically about conflicts related to transfer use, one man reported calm discussion, reflecting what we hear from most respondents: “Things are going okay since we got the last money, we will discuss as a family. There is nothing wrong, for us we always share ideas and if any problem comes, we sit as family and address it.” Only one respondent reported the transfer causing household conflict — and this was at his uncle’s home, where it led to the exchange of “bitter words”; no one explicitly stated that the transfer has decreased tension in their household.

Figure 4: Percentage of households with more than one adult in each household that report different types of conflicts among household adults, by treatment group



APPENDIX 1: HOUSEHOLD CHARACTERISTICS & MONTHLY MINIMUM EXPENDITURE BUDGET

Table 1: Key characteristics of our phone survey sample (n=633)

Characteristics	Mean	Standard deviation
Household size	6.8	(3.4)
Time in settlement (years)	5.8	(5.1)
Male head of households	25%	(0.43)
Female head of households	75%	(0.43)
Ethnicity-Acholi / Luo	20%	(0.40)
Ethnicity-Dinka	27%	(0.44)
Ethnicity- Nuer	21%	(0.40)
Ethnicity- Bari	15%	(0.35)
Other ethnicities	18%	(0.38)

Table 2: Monthly Minimum Expenditure Budget of food items in Kiryandongo in October 2019 and August 2020

Food item (Monthly requirement per person (kg))	Price per kg in October 2019	Price per kg in August 2020	Monthly expected cost per person in October 2019	Monthly expected cost per person in August 2020	% change in the monthly cost of food item
Maize flour (8.7)	2500	1888	21750	16425	-24.5%
Beans (5.4)	3333	3694	17998	19947	10.8%
Sorghum grain (1.5)	1111	1194	1667	1791	7.5%
Oil (0.75)	6000	5679	4500	4259	-5.4%
Cassava fresh (0.6)	500	400	300	240	-20.0%
Salt (0.15)	1200	1688	180	253	40.7%
Leafy vegetable (3)	1250	3333	3750	9999	166.6%
Fish-dried (0.6)	1666	1792	999.6	1075	7.6%
Milk (0.3)	1400	1400	420	420	0.0%
Total cost per person per month (UGX)	-	-	51564	54411	5.5%

APPENDIX 2: METHODS NOTE

RESEARCH OVERVIEW

METHODOLOGY

In May 2020, IDinsight added a phone-based COVID-19 study component to an on-going impact evaluation of GiveDirectly's unconditional cash transfer program in the Kiryandongo refugee settlement, Uganda. This COVID-19 component, funded by Elrha, explored the refugees' current experiences, knowledge, attitudes, and behaviour. It further compared refugee households who have already received their GiveDirectly cash transfer with refugee households who will receive their cash transfer in the near future in order to understand how unconditional cash transfers impact a variety of relevant outcomes, such as health behaviour, health access, and food security.

For the primary impact evaluation of GiveDirectly's programming, around 10,000 refugee households in Kiryandongo were randomized into 24 cohorts using a public lottery. Each group has received (or will receive) cash transfers (worth around USD 1000 per household) via mobile money sometime over the next 24 months, beginning in March 2020. The treatment group comprises cohorts 1 and 2, and the control group comprises cohorts 17-20, which provides a baseline sample of 1,264 households (1,053 with phone numbers).

The phone-based component involves three rounds of structured rapid phone surveys with a random subset of the baseline sample; we conducted 633 phone interviews for Round 1, based on a sample size calculation for an MDE 0.21 standard deviations and a p-value of $p < 0.12$.

Initially, we had planned to focus on three broad outcomes of interest: (i) Knowledge of COVID-19 and preventative measures; (ii) Propensity to adhere to public health directives, such as social distancing; and (iii) access and use of medical services. At the time, the first case of COVID-19 in Uganda had just been announced, and the situation in the settlement seemed to be changing rapidly, such that there were different rules and regulations affecting livelihoods in the settlement every week. However, based on findings from the first round of data collection and co-current qualitative research we are conducting, we do not anticipate changes to responses to similar questions between rounds. Instead, we decided to ask about some different outcomes that are of interest to us as researchers and GiveDirectly.

In this round, we explored six main COVID-19 topics: 1) Knowledge of COVID-19 symptoms and interventions in the settlement, 2) Attitude, perceptions, stigma, and anxiety around COVID-19, 3) Public health behaviour around COVID-19, 4) COVID-19 household shocks and effects to health access, 5) COVID-19 effects on food security and, 6) COVID-19 effects on psychological wellbeing. By layering this work onto the on-going impact evaluation, we can provide precise estimates of treatment effects in each of these areas.

DATA COLLECTION

IDinsight's enumerator team included six experienced enumerators who worked with us during our baseline survey and predominantly resided in the settlement. These enumerators had previously attended our in-person training during baseline. Additionally, we conducted remote training using Google Meets and WhatsApp. Due to poor network connectivity in Kiryandongo, we also provided the enumerators with written and pre-recorded training materials. Finally, enumerators also completed quizzes and survey pilots, which they submitted to IDinsight for feedback. With training and enumeration being conducted by phone, our data collection limited the risk of COVID-19 transmission due to our work.

Enumerators administered and captured the surveys using the SurveyCTO advanced case management Computer Assisted Telephone Interviewing (CATI) system. We reached 630 households, calling over 17 days, from 18 August to 14 September 2020, and interviews lasted 36 minutes on average. We called 1060 potential respondents and achieved a 59% response rate overall. To improve our response rates, we implemented a callback protocol whereby 1) Respondents were called seven times on different days and at various times of the day, 2) Enumerators sent text messages to respondents whose phones were off or who did not pick phone calls during the first attempt to notify them about the survey and enquire when they could call back, 3) Respondents were able to schedule calls at a time that was convenient to their schedule, and 4) Enumerators recorded why households did not answer calls and set up appointments for callbacks. Additionally, we offered a small incentive to respondents to participate in the survey (approximately 1 USD mobile money transfer). This incentive was to cover phone-charging costs since electricity is not available to most households in the settlement data analysis.

¹ This is a common effect size to use in a study such as this where there is little data to inform a possible effect size.

² We suggest this p-value is appropriate for a rapid response study such as this one, in which we are trying to achieve rigour while accounting for the significant constraints the study faces.

RISK MITIGATION AND ETHICAL APPROVAL

We ensured that informed consent was administered at the start of all surveys to ascertain that respondents understood their rights and risks. Respondents were able to refuse to answer any questions and end the survey at any time.

We used strict data security protocols. All data were collected via SurveyCTO, encrypted, and uploaded to a secure central database. We stored back-ups on password-protected computers and folders to ensure the confidentiality of the data. The encrypted raw data was not accessible to anyone without the decryption key, which was only available to the research management team.

As per Ugandan government regulations, we obtained ethical approval for this study in a two-stage process:

- First, our research protocol was reviewed and approved by the Research Ethics Committee (REC) of Mildmay Uganda. Mildmay is a Uganda-based non-profit that focuses on health research and programming. Mildmay has been accredited by the Ugandan Government, which allows them to function as a REC to protect the rights and welfare of research participants in Uganda.
- Second, the Uganda National Council for Science and Technology (UNCST) reviewed the Mildmay-approved research protocol and provided final government approval.

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IDinsight uses data and evidence to help leaders combat poverty worldwide. Our collaborations deploy a large analytical toolkit to help clients design better policies, rigorously test what works, and use evidence to implement effectively at scale. We place special emphasis on using the right tool for the right question and tailor our rigorous methods to the real-world constraints of decision-makers.

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