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THE INFLUENCE OF COVID 19 ON THE SOCIAL ECONOMIC WELFARE OF REFUGES: A CASE OF NAKIVALE REFUGEE SETTLEMENT

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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.*

Keywords*–Covid-19, refugees, Social Economic welfare, Uganda*

I. BACKGROUND

Historical background

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 (Sloots et 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 al., 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, 2019). 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 were closed. 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 hand washing 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 posters to stop misinformation about the virus in the community.

Theoretical background

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:

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, biopoliticalsecuritisation, 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 (2020) 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.

Push-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, a Push-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. They incorporated several variables in the PPM model to explain the consumer's shifting action in the hairdressing and vehicle mend service context. Afterward, many studies have been using PPM to explore the individual's switching or shifting behavior as an effective theoretical framework. 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 meet the research objective through the lens of the PPM framework. The PPM model works as an incorporated framework to explore various factors that impact users' switching actions, entailing push, pull, and mooring factors.

Conceptual background

Coronavirus

AMREF (2019) defines coronaviruses (CoV) are 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.

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 includes interest 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.

Contextual background

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 lock down resulted 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 (Tugume at al., 2021).

In Nakivale refugee settlement which is the third-largest refugee settlement in the country hosting 142,544 refugees 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. 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).

II. PROBLEM 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. 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 increasingly relied on survival strategies such as reducing food consumption, buying cheaper and less nutritious food, buying food on credit and borrowing money from relatives and friends thus causing negative consequences on health and contributed to worrying levels of food insecurity and skyrocketing debts for refugees (UNDP, 2021). 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 transportation and 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.

Purpose of the study

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

III. LITERATURE REVIEW

The Influence of COVID-19 on the education welfare of 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 avoid chains 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 not preparedly 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). Bol et 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.
The 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 Nakivale Refugee 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).

The 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 sharply by 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, 2020)

IV. METHODOLOGY

Research 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 case attempt 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.

Study Participants

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.

Sample Size

The sample size in this study was 54 participants which included 36 refugees from FGDs, 10 refugee leaders, 3 Project officers of WFP, USAID, UNHCR and FRC, 3 Refugee welfare Committees members, 1 OPM staff and 1 commandant of Nakivale Refugee settlement.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).

Sampling Technique

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 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 his own interest based on the knowledge, stake and experience they have with the particular phenomenon on consideration (Cresweell, 2002).

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. This sampling method was preferred because it makes it easy to select a representative sample with minimal bias (Dudovskiy, 2017).

Data collection methods

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.

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 Sudanese totaling 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.

Data collection Instruments/tools

Primary data was collected using focused group guides during focused group discussion. Interview guide were used to obtain data from key informants

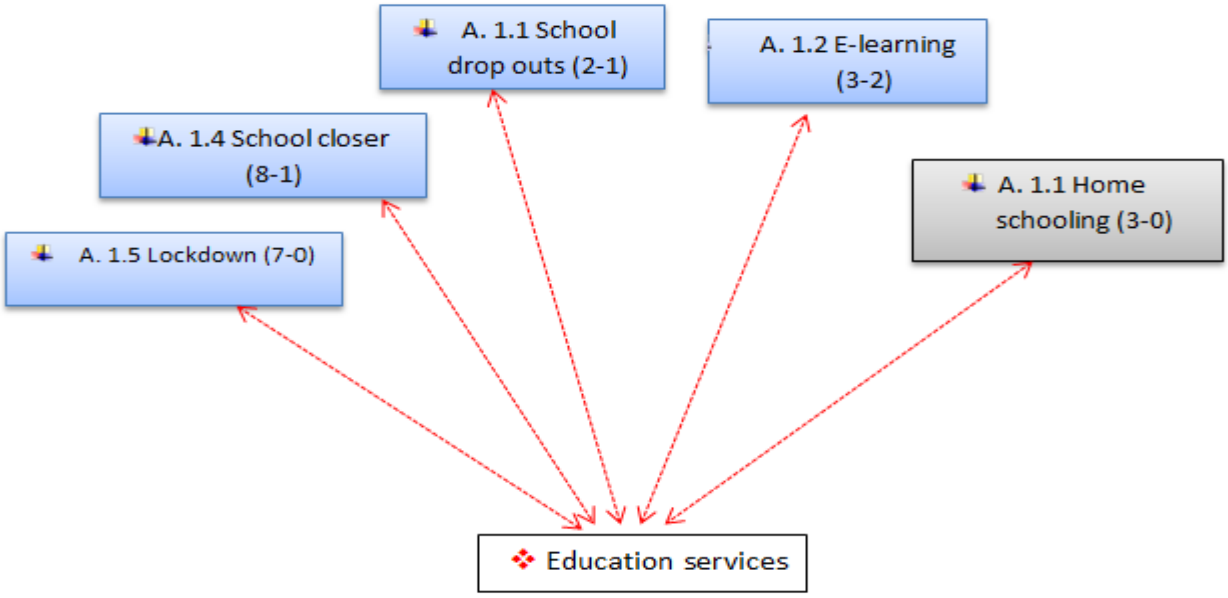
Data analysis Plan and Management

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 were carefully 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 were organised together to form themes. To strengthen research, multiple coding was considered, researcher scrutinised all codes and finally used on formulation of themes.

V. DATA ANALYSIS AND PRESENTATION

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.

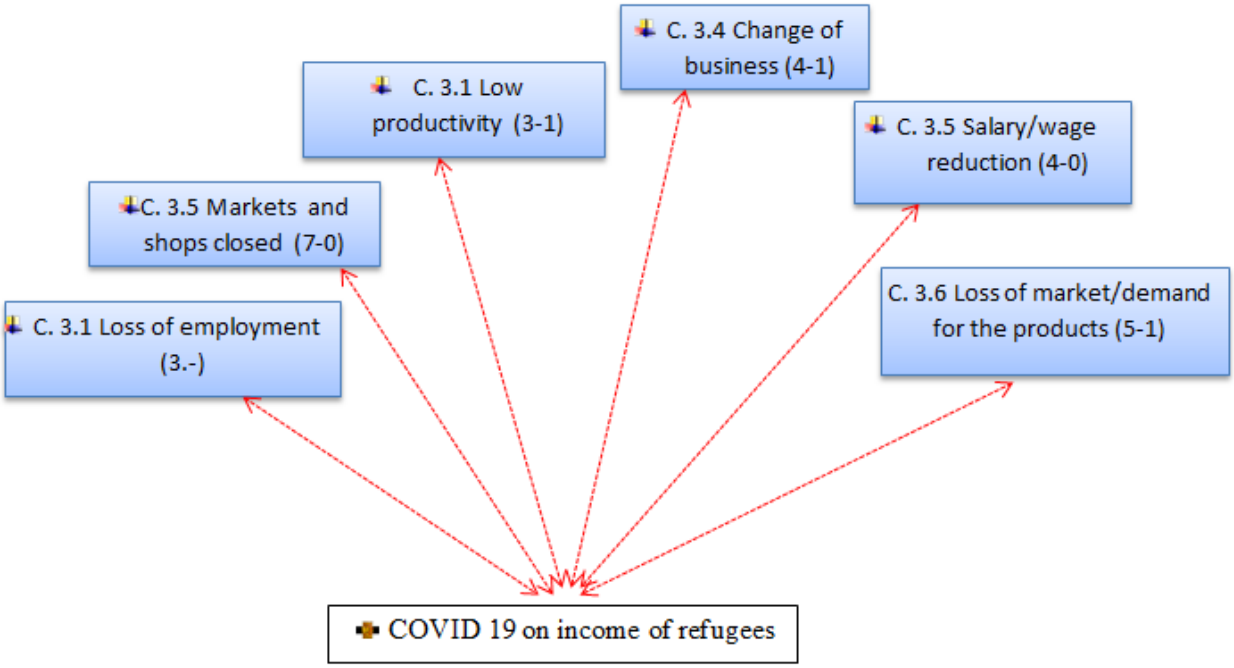


Influence of COVID 19 on the health services of refugees

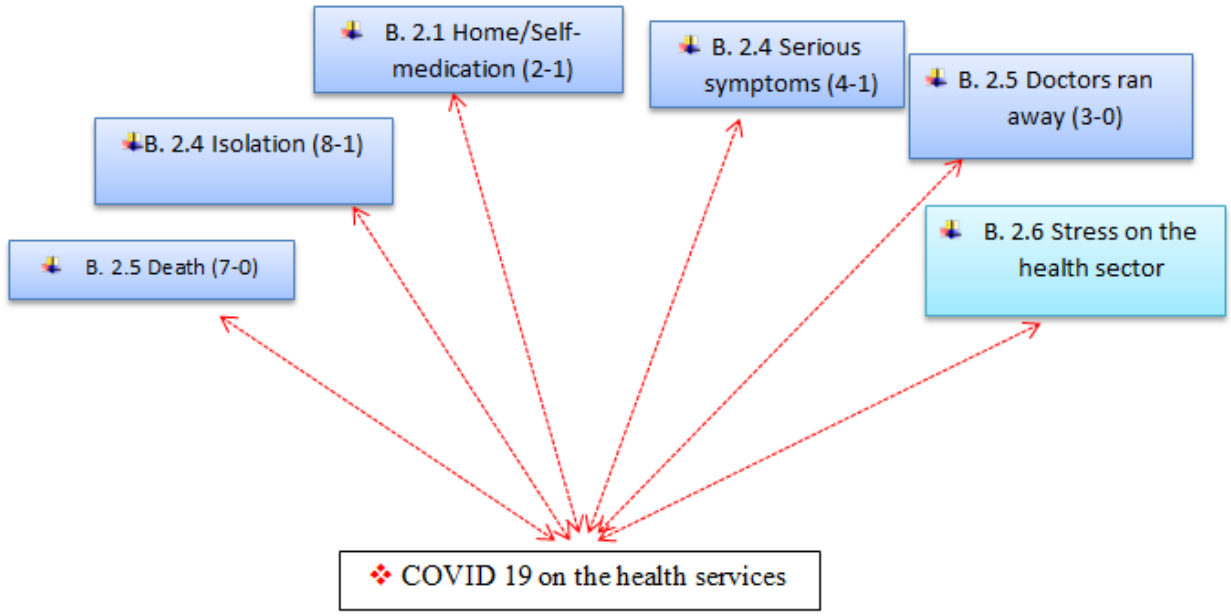
The study set out to establish the influence of COVID 19 on the health services of refugees and the following section presents and interprets the opinion of the respondents. As far as influence of COVID 19 on health services of refugees is concerned, findings from the analysis revealed that Covid-19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

Influence of COVID-19 on the income of 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.



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.



VI. DISCUSSION OF THE STUDY FINDINGS

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.

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 &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 b 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& 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.

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 Ssewanyana&ElizabethBirabwa, 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''.*

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& 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.

V. CONCLUSIONS AND RECOMMENDATIONS

The study concluded that it 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.

Further, 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.

Finally, 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.

The study recommended that taskforce on education in each region 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.

The study further 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 emphasizing health literacy and telemedicine.

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