

Uganda Refugee Operation - Participatory Assessment 2019

National Report



Wakaga Empire, winners of the 2019 'Refugees Got Talent' contest in Nakivale Refugee Settlement © UNHCR/Caroline Irby



Contents

EXECUTIVE SUMMARY	iii
PRIORITY AREAS AND RECOMMENDATIONS.....	1
Recommendations	3
OPERATIONAL CONTEXT	6
BACKGROUND	8
METHODOLOGY	9
Sampling	9
Focus Group Discussions	9
Key Informant Interviews	10
Data Analysis	11
Limitations	11
THEMATIC ANALYSIS.....	12
Cross Cutting	12
Registration	14
Refugee Status Determination (RSD) and Access to Territory	17
Legal and Physical protection.....	18
Community participation	20
Gender Equality	22
Sexual and Gender Based Violence (SGBV)	25
Child Protection	27
Peaceful Co-existence	29
Education.....	31
Health	34
Food Assistance and Nutrition	36
Livelihoods.....	37
WASH.....	39
Environment and Energy	41
Shelter and Core Relief Items (CRIs)	43
CONCLUSION	45

EXECUTIVE SUMMARY

With over 1.4 million refugees, Uganda is the third largest refugee hosting country in the world and the largest refugee-hosting country in Africa. Its progressive refugee policy enables refugees to enjoy access to asylum, freedom of movement, the right to work and own a business, and access services such as healthcare and education. However, despite Uganda's generosity, refugee women, men, girls and boys of diverse backgrounds face numerous challenges to access protection, economic opportunities, and services such as healthcare, education and food assistance. The findings of the 2019 participatory assessment show that refugee women, men, girls and boys face a multitude of issues, often aggravated due to age, gender and other considerations.

The 2019 participatory assessment was organized by UNHCR in collaboration with the Office of the Prime Minister (OPM) and partners working in the refugee operation. The assessment was conducted in all 12 refugee hosting districts in Uganda including Kampala and transit centers in Matanda and Kisoro. A total of 275 focus group discussions (FGDs) with an average of 10 participants per discussion were conducted with women, men, girls and boys of different nationalities and backgrounds, including persons with disabilities and ethnic and religious minorities. In addition, a total of 264 key informant interviews (KIIs) took place with community leaders, government officials and partner staff among others. The aim of the exercise is to ensure the meaningful participation of different groups of refugees by engaging in a dialogue about their challenges, capacities and proposed solutions.

Access to registration and documentation, quality food assistance and good quality healthcare were identified to be the overall priority areas for the refugee community. However, there were some notable differences between priority areas identified by women and girls and men and boys. Women report access to healthcare, registration and documentation and quality food assistance to be their main priorities, while men list access to food assistance, livelihoods and quality shelter as the main priorities. Girls reported sexual and gender-based violence, access to quality education and registration and documentation as their main concerns. Boys reported child abuse and exploitation, access to food assistance and registration and documentation to be their main priorities. The findings show that both boys and girls consider physical security and safety to be a priority.

The main barriers in accessing services such as healthcare, food assistance, WASH facilities, legal services, and registration and documentation reported were the long distances to reach these services, the long waiting times, the lack of or limited access to information, language barriers, the negative attitude of service staff and discrimination on the basis of nationality, ethnicity and sex. Additionally, women and girls reported a lack of security to be a barrier to access services, noting that they are exposed to SGBV when walking long distances, fetching water and grass or collecting firewood. The limited security lighting in and around the settlements further adds to their sense of insecurity.

Several challenges to access existing feedback and response channels were also reported. The majority of refugee women, men, girls and boys of diverse backgrounds complained about the delayed and at times lack of response to feedback. Language barriers, illiteracy, and technological challenges were also mentioned to be barriers to access information and provide feedback.

While the findings show that both women and girls and men and boys face challenges in accessing services, women and girls often face additional challenges. The results show that women of almost all age groups in all settlements experience gender discrimination and restrictive socio-cultural norms expose them to SGBV and prevent them from

fully enjoying their rights. Women and girls are generally seen as less valuable and are expected to stay at home to perform domestic chores, rather than enjoy education or engage in livelihood activities for remuneration. Men and boys are also negatively affected by the restrictive social and cultural norms. The pressure to provide for the family and the unacceptability of helping in and around the house was reported to have negative effects on men and boys. Both women and men with disabilities reported higher barriers in access to services, mainly due to long distances and lack of transportation options. Ethnic minority women and men of different ages report discrimination from service providers and refugees from the majority groups, referring to the low representation of ethnic minorities in refugee leadership structures as an example.

FGDs with children between the age of 12 and 17 years old and adults of diverse backgrounds, conclude that children face various risks including physical violence, child labour, child marriage, rape and other forms of SGBV and harmful practices, leading to a general sense of insecurity among children. Separated and unaccompanied children, orphans, children with disabilities, child headed households and girls were reported to be at the greatest risk. It was reported that children with disabilities are often unable to enjoy education and girls' education is often deprioritized within refugee families, as it is believed that they will not be able to financially contribute to the family.

The report highlights existing capacities within the refugee community to cope with the challenges that were identified, ranging from the provision of translation services and psychosocial counselling to sensitization of the community on the importance of gender equality and eradication of harmful practices. The report also highlights recommendations from the refugee community for each sector. The findings of this assessment are to inform and improve UNHCR and partner programming.

PRIORITY AREAS AND RECOMMENDATIONS

The identified priority areas vary slightly depending on location, age and gender, although some of the priorities are common across population groups and locations. Overall, the main priority areas mentioned are: (1) access to registration and documentation; (2) access to quality food assistance and; (3) access to quality health care.

Top priority areas – boys (below 18 years)

- 1) Protection from child abuse and exploitation
- 2) Access to quality food assistance
- 3) Access to registration and documentation

Top priority areas – girls (below 18 years)

- 1) Protection from sexual and gender-based violence
- 2) Access to quality education
- 3) Access to registration and documentation

Top priority areas – men (above 18 years)

- 1) Access to quality food assistance
- 2) Access to livelihood options
- 3) Access to quality shelter

Top priority areas – women (above 18 years)

- 1) Access to quality healthcare
- 2) Access to registration and documentation
- 3) Access to quality food assistance

There are some notable differences between priority areas identified by women and girls and men and boys. Women report access to healthcare, registration and documentation and quality food assistance to be their main priorities, while men list access to food assistance, livelihoods and quality shelter as the main priorities. This may be due to the fact that women often act as caretakers for their families and are concerned with the overall wellbeing and health of the family. Men on the other hand often take up the role of protectors and providers of households, hence the focus on livelihoods and shelter.

Girls reported protection from sexual and gender-based violence, access to quality education and registration and documentation as their main concerns. Boys reported protection from child abuse and exploitation, access to food assistance and registration and documentation to be their main priorities. The higher exposure of girls to sexual and gender-based violence compared to boys and their lower school enrolment rates may be reasons for them to prioritize these areas. The fact that boys are reporting protection from child abuse and exploitation and access to food to be priority areas may be linked to the fact that they more often work outside of the home to support the family, compared to girls.

The findings show that both boys and girls consider physical security and safety to be a priority. This may be attributed to the fact that children are often more vulnerable and at a greater risk of violence, abuse, and exploitation due to their young age.

Top priority areas – ethnic/religious minority men

- 1) Access to registration and documentation
- 2) Physical safety and security
- 3) Access to quality food assistance

Top priority areas – ethnic/religious minority women

- 1) Access to quality healthcare
- 2) Access to registration and documentation
- 3) Access to quality shelter

Ethnic and religious minority men list physical safety and security to be one of the main priorities. This may be linked to the discrimination they experience, as earlier mentioned under some of the sectors, and the fact that they feel unsafe in both the refugee and host community. Ethnic and religious minority women report similar concerns as other women, which may indicate that they have similar responsibilities. The prioritization of shelter may also be linked to a greater sense of insecurity.

Priority concerns also differ slightly depending on the location. The selection of priority areas per location may have been influenced by local conditions and opportunities for refugees as well as the background of the refugee population.

Priority areas in Arua:

Top priority areas – Imvepi

- 1) Access to registration and documentation
- 2) Physical safety and security
- 3) Access to livelihood options

Top priority areas – Lobule

- 1) Access to livelihood options
- 2) Access to registration and documentation
- 3) Access to quality shelter

Top priority areas – Rhino Camp

- 1) Access to quality food assistance
- 2) Access to livelihood options
- 3) Access to quality shelter

Priority areas in the Mid-West:

Top priority areas – Kiryandongo

- 1) Access to registration and documentation
- 2) Access to quality food assistance
- 3) Protection from child abuse and exploitation

Top priority areas – Kyangwali

- 1) Access to registration and documentation
- 2) Access to quality healthcare
- 3) Access to WASH facilities

Priority areas in the South-West:

Top priority areas – Nakivale

- 1) Access to registration and documentation
- 2) Access to quality healthcare
- 3) Access to quality education

Top priority areas – Kyaka II

- 1) Access to registration and documentation
- 2) Access to quality food assistance
- 3) Access to livelihood options

Top priority areas – Oruchinga

- 1) Access to quality education
- 2) Protection from sexual and gender-based violence
- 3) Access to livelihood options

Top priority areas – Rwamwanja

- 1) Access to quality education
- 2) Access to quality food assistance
- 3) Access to livelihood options

Top priority areas – Transit Centers

- 1) Access to quality food assistance
- 2) Access to quality healthcare
- 3) Protection from sexual and gender-based violence

Priority areas in Yumbe:

Top priority areas – Bidibidi

- 1) Access to registration and documentation
- 2) Access to quality healthcare
- 3) Access to quality education

Priority areas in Kampala:

Top priority areas – Kampala

- 1) Access to quality healthcare
- 2) Access to quality education
- 3) Access to livelihood options

Priority areas in Adjumani:

Top priority areas – Adjumani

- 1) Access to quality food assistance
- 2) Access to registration and documentation
- 3) Access to quality education

Priority areas in Lamwo:

Top priority areas – Lamwo

- 1) Access to quality education
- 2) Access to quality WASH services
- 3) Access to quality healthcare

Recommendations

The highlights of the main recommendations from refugee women, men, girls and boys of diverse backgrounds are summarized as follows. For detailed sector recommendations, please refer to the “Thematic Analysis” section below.

Cross Cutting

- Promote gender equality in the access to services by assessing the needs of women, men, girls and boys and addressing barriers to access
- Increase community participation in service delivery
- Provide comprehensive interpretation services to ensure access for all
- Sensitize and raise awareness on the importance of ensuring access to services for marginalized and minority groups

Registration

- Invest in new registration staff, procurement of registration equipment and capacity building of existing staff
- Provide interpretation or hire multilingual staff during registration and verification exercises
- Inform the community about the importance of registration for marginalized and minority groups

RSD and Access to Territory

- Strengthen the capacity of border officials to ensure respectful treatment and hire female staff to screen female asylum-seekers
- Increase information sharing on RSD processes in accessible formats

Legal and Physical Protection

- Raise awareness in the community on how and when to access legal and protection services
- Strengthen the capacity of police officers to respond in an adequate and timely manner

	<ul style="list-style-type: none"> Strengthen the capacity of community-based structures, such as the community watch groups, to respond to security incidents in the settlements
Community Participation	<ul style="list-style-type: none"> Strengthen the capacity of existing community structures through trainings and material support Increase the accessibility of UNHCR offices and increase the number of face-to-face meetings Raise awareness on the presence of existing community structures and communication channels and promote their accessibility by establishing physical offices and providing interpretation services
Gender Equality	<ul style="list-style-type: none"> Sensitize the community on gender equality, especially the importance of equal distribution of roles and responsibilities and access to education for girls and boys Create an environment and put in place conditions under which both women and men feel comfortable to take up leadership positions
SGBV	<ul style="list-style-type: none"> Strengthen reporting structures and mechanisms by making use of existing community structures for referral and follow up on cases Ensure access to psychosocial counselling for SGBV survivors Raise awareness in the community on the dangers of SGBV and the importance of reporting cases to access services
Child Protection	<ul style="list-style-type: none"> Strengthen the child protection structures, such as the child protection committees, in the settlements Strengthen the capacity of community structures to report and follow up on violations against children Support the community to accompany children to school and other social places
Peaceful Co-existence	<ul style="list-style-type: none"> Conduct continuous community sensitization on the importance of peaceful co-existence and sharing of resources Conduct continuous community dialogues between refugee and host communities to resolve conflicts
Education	<ul style="list-style-type: none"> Strengthen the capacity of teachers and train them on positive behavioural methods Improve the accessibility of schools by addressing harassment on the way to school, constructing roads, clearing bushes alongside roads, providing transportation and assisting poor families with scholarships and scholastic materials for children
Health	<ul style="list-style-type: none"> Build the capacity of the community to provide first aid and strengthen the capacity of VHTs Provide interpretation services at the health facilities Strengthen the capacity of health workers and hire more female staff to ensure respect for all
Food Assistance and Nutrition	<ul style="list-style-type: none"> Diversify the food rations and ensure timely distribution Establish maize millers in the settlements

Livelihoods

- Provide market-based vocational training and skills development
- Increase access to capital for business start-ups and growing businesses

WASH

- Strengthen the capacity of Water User Committees to improve the management of water points
- Sensitize the community on proper hygiene, use of latrines and waste disposal
- Increase the number of boreholes and repair existing water sources

Environment and Energy

- Raise continuous awareness on the importance of environmental conservation, climate adaptation and resilience
- Implement tree planting projects as a means of livelihood and reduce deforestation

Shelter and Core Relief Items (CRIs)

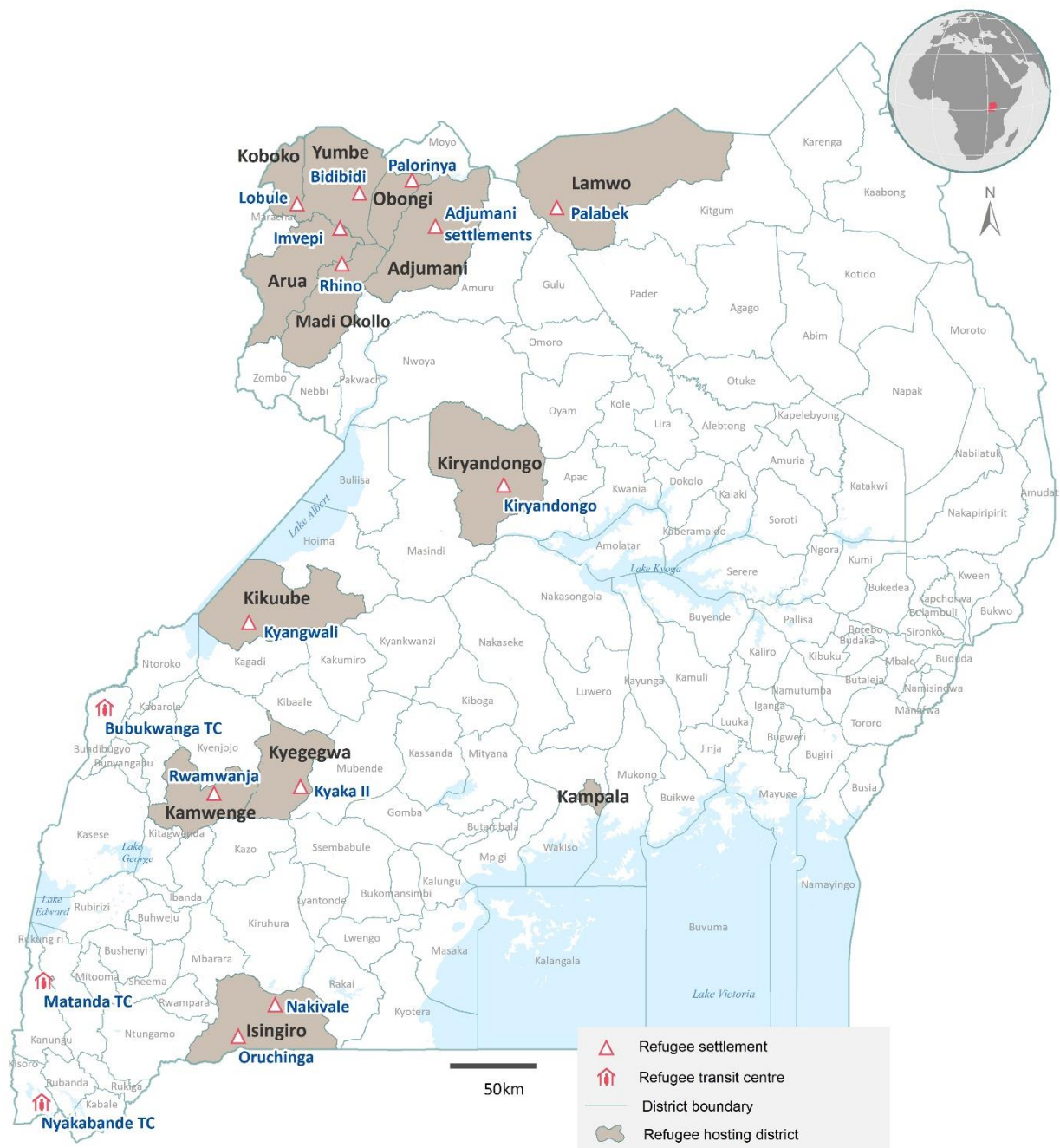
- Strengthen the capacity of community members to construct and maintain their own homes
- Improve the quality of building materials used to construct shelters and treat wood to be resistant to termites and rain

OPERATIONAL CONTEXT

Uganda hosts 1.4 million refugees, making it one of the largest refugee-hosting nations in the world and the largest refugee-hosting country in Africa. Armed conflicts, violence and persecution in the Horn of Africa and Great Lakes Region are the main drivers of forced displacement into Uganda, caused by conflict in South Sudan, insecurity and ethnic violence in the Democratic Republic of the Congo (DRC) and political instability and human rights violations in Burundi. As of December 2019, South Sudanese make up the largest refugee population in Uganda (861,590 people), followed by refugees from the DRC (397,638) and Burundi (45,671). Another 76,223 refugees from Somalia, Rwanda, Eritrea, Sudan and Ethiopia have lived in protracted exile in Uganda for the past three decades. Approximately 82% of the refugee population in Uganda are women and children. 52 percent are women and girls, and 60 percent are under the age of 18, while 23 percent are youth (15-24 years old).

Twelve of Uganda's 121 districts host the majority of refugees. Some 95 percent of refugees live in refugee settlements alongside the local communities, with urban centres being home to 5 percent of the refugee population, mainly in Kampala. Uganda's progressive refugee policy enables refugees to enjoy freedom of movement, the right to work and establish a business, and access services such as health care and education. Refugees living in settlements are given a plot of land and can access all services provided by the government and humanitarian partners, including food, water, sanitation services, education, health care and livelihood opportunities. Refugees who decide to live in Kampala can access government services such as health and education in the same way as nationals but are expected to be self-reliant.

With the government firmly in the lead, UNHCR continues to catalyse action amongst numerous stakeholders in Uganda to move toward a sustainable and comprehensive refugee response, including new investments from development actors and the private sector. Ministries, Departments and Agencies are increasingly including refugees into their plans, programmes and projects. Despite Uganda's progressive refugee policy and its firm commitment to providing protection to refugees in accordance with the 1951 Refugee Convention, the Global Compact on Refugees and the New York Declaration for Refugees and Migrants, challenges remain. With just 55 percent of the funding received to cater for the needs of the 1.4 million refugees in 2019, refugees in Uganda struggle to meet their basic needs. There continue to be critical gaps in protection, shelter, WASH, health, education and food security.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation: 17 Jan 2020 Sources: UNHCR, UBOS Feedback: IM Team Uganda (ugakaimug@unhcr.org) | UNHCR BO KAMPALA

BACKGROUND

Participatory assessments are UNHCR's primary tool to obtain a comprehensive understanding of the situation of persons of concern (PoCs) and host communities and the evolving context as they experience it. It is a process of building partnerships with refugee women, men, girls and boys of diverse backgrounds by promoting meaningful participation through structured dialogue and providing them with the opportunity to explain the protection risks they face and to participate as partners in the design of programmatic responses to issues affecting their lives. This includes identifying:

- The problems and risks faced by women, men, girls and boys in refugee and host communities;
- The strategies and coping mechanisms they employ to manage these problems and risks;
- The priorities they have for programming;
- Community and local capacities that should be supported;
- Opportunities and constraints that will affect implementation of programmes.¹

The participatory assessment seeks to promote meaningful participation of refugees in shaping UNHCR and partners' interventions, to ensure that programmes are informed by the perspectives of refugee women, men, girls and boys of diverse backgrounds and that the communities' capacities are mobilized in pursuing solutions to the issues faced. In Uganda, UNHCR, in collaboration with governmental and NGO partners, communities of concern, and other stakeholders, conduct the participatory assessment exercise on an annual basis in refugee settlements and Kampala with women, men, girls and boys of diverse backgrounds.



Refugee students on DAFI scholarships on campus in Kampala © UNHCR/Antoine Tardy

¹ UNHCR, *Programming for Protection Learning Package, Module 9, pp.4-5*

METHODOLOGY

The participatory assessment 2019 was organized by UNHCR in collaboration with OPM and partners. The assessment was conducted following a qualitative methodology including a desk review of existing documents and assessments, FGDs and key informant interviews (KIIs). Data collection took place between October and November 2019. Enumerators and facilitators who collected the data were trained on ethical standards, confidentiality, consent, selection of participants, group dynamics, how to facilitate discussions and conduct interviews and briefed on common protection issues before the actual assessment. Kobo toolbox, a web based and mobile platform for data collection, is the main tool that was used for data collection. A Kobo User Manual was developed to guide the data input into the toolbox as well as FGD and KII guidelines with instructions regarding the selection of participants and composition of FGDs.

Sampling

Purposive sampling was used to select participants for both FGDs and KIIs in order to ensure adequate representation in terms of age, gender, nationality, religious/ethnic background and involvement of persons with specific needs. The assessment targeted persons of 12 years old and above and the number of FGDs and KIIs per location were recommended, however, the Sub Offices were given the option to increase the numbers of FGDs and KIIs based on available resources, diversity of the population, and number of settlements covered by the office.

Locations and number of FGDs and KIIs:²

As of June 2019	Burundi	DRC + others	South Sudan	Grand Total	% of the population	Settlements	No. of FGD recommended	No. of FGD conducted	KI interviews conducted	Locations covered
Adjumani SO	3	433	254,267	254,703	19%	18	20	119	97	Adjumani and Lamwo
Yumbe SO		94	227,815	227,909	17%	1	10	7	24	Bidibidi
Arua SO	17	8,374	167,840	176,231	13%	3	30	25	28	Rhino Camp, Imvepi and Lobule
Kampala BO	4,093	61,091	3,134	68,318	5%	Urban	10	11	32	
Mbarara SO	38,081	254,838	322	293,241	22%	4	30	82	46	Kyaka II, Rwamwanja, Nakivale, Oruchinga, Kisoro and Matanda
Hoima SO	107	106,467	63,644	170,218	13%	2	20	31	42	Kiryandongo and Kyangwali

Focus Group Discussions

FGDs provide in-depth information on the perceptions and experiences of a purposively selected group of individuals. The FGDs conducted for the participatory assessment provide information on the protection situation of and access to services for women, men, girls and boys of diverse backgrounds from settlements across the country as well as their capacities and suggested solutions. The FGDs targeted women, men, girls and boys aged between 12-17, 18-24, 25-59, and 60+ years, including ethnic/religious minorities and persons with disabilities.

² The table reflects the structure as of the time when the 2019 Participatory Assessment was conducted.

A total of 275 FGDs with an average of 10 participants per discussion were conducted across the following population groups:

FGD Category	No of FGDs
FG1: Girls aged 12 to 17 years old, including those in school and out of school	29
FG2: Boys aged 12 to 17 years old, including those in school and out of school	24
FG3: Female youth aged 18 to 24 years old	28
FG4: Women aged 25 to 59 years old	37
FG5: Women aged 60+ years old	25
FG6: Male youth aged 18 - 24 years old	25
FG7: Men aged 25 - 59 years old	34
FG8: Men aged 60+ years old	24
FG9: Female Ethnic or Religious Minorities	21
FG10: Male Ethnic or Religious Minorities	7
FG11: Girls aged 12 to 17 years old in school	4
FG12: Girls aged 12 to 17 years old out of school	5
FG13: Boys aged 12 to 17 years old in school	4
FG14: Boys aged 12 to 17 years old out of school	4
TOTAL	275

Questions for the FGDs were categorized into core (mandatory) questions and optional questions through a semi-structured questionnaire, covering all sectors. The questionnaires were administered via Kobo Toolbox. A unique assessment identification ID was assigned to each selected enumerator conducting the discussion to serve as the primary key in the survey database. On average, each FGD was conducted within 3 hours.

Key Informant Interviews

KIIs are qualitative interviews with people who have particularly informed perspectives on specific aspects of service delivery and what happens within communities. The KIIs targeted existing community structures and individuals from the community, authorities, and partner staff, including but not limited to male & female refugee leaders, OPM, community structures for SGBV and child protection, staff of multi-sectoral partners, teachers, PTA members, and shelter construction workers. A total of 264 KIIs were conducted as follows:

Key Informant category	No of KII
Refugee leaders (male & female)	33
OPM staff	12
SGBV community activists	15
Child Protection Community Structure members	17
Child protection partner staff	11
Representatives of the host community	25
Teachers	18
PTA members / village education committee members	16
Class leaders and prefects	22
Village Health Team members	21
Livelihood partner staff	8
Construction workers (labourers, carpenters, etc.) or UN/NGO partner engineers (who spend considerable time in the settlements)	8

District authority officials	17
Protection partner staff	11
SGBV partner staff	9
Environment partner staff	8
District authority officials responsible for child protection	6
Health worker of health partners	5
Police commandants	2
Total	264

Questions for each key informant category were categorized through a semi-structured questionnaire and administered via Kobo Toolbox. A unique assessment identification ID was assigned to each enumerator conducting the interview to serve as the primary key in the survey database. On average, each interview was conducted within 2 hours.

Data Analysis

An analytical framework was developed to serve as a basis for the analysis of the collected data. The framework shows the links between the sectors, themes, research questions, indicators and questions. The main tools used for analysis of the data are Python and Microsoft Excel pivot tables.

Limitations

The views expressed by the participants in the FGDs and KII may not be statistically representative as they may not represent the views of the entire refugee community. While efforts were made to include a diverse group of individuals taking into account age, gender, and other diversity factors, as well as to provide a voice to marginalized groups, it is very well possible that some individuals and groups do not feel that the findings in this report represent them.

Furthermore, since the data was collected by different enumerators and facilitators in different locations, with varying degrees of expertise in data collection, the collected data may not all be of the same quality and there may have been differences in interpretation of questions or answers. However, through training of enumerators and facilitators and the distribution of key terms and definitions, the operation endeavored to mitigate such risks as much as possible.



Street scene near Mbarara, South-West Uganda © UNHCR/Caroline Irby

THEMATIC ANALYSIS

Cross Cutting

The participatory assessment shows that many refugee women, men, girls and boys of various backgrounds feel that services are not being provided equally. There are believed to be differences between the provision of services depending on the location. Refugee women, men, girls and boys in **Kampala** reported that various groups are discriminated against in the delivery of services. For instance, some refugee women and girls in **Kampala** mentioned being denied services based on their nationality and reported that language barriers prevent them from getting the required assistance, among other things.

Ethnic minority respondents feel discriminated against by both service providers and refugees from the majority groups. Ethnic minority women in **Imvepi**, **Nakivale** and **Kyaka II** referred to the low representation of ethnic minorities in refugee leadership structures as an example and claimed there is systematic discrimination in service delivery. They also mentioned older refugees from minority groups being left out of assistance. Ethnic minority men in **Imvepi** and **Kiryandongo** stated that ethnic minority refugees between the age of 35 and 50 years old are not included in decision making processes and often left out of assistance. Ethnic minority refugee women, men, girls and boys with disabilities reported to not receive the required assistance, opposed to similar groups from larger ethnic groups.

Refugee groups in the transit centers in **Matanda** and **Kisoro** complained least about discrimination in service delivery. The findings of the FGDs at the transit centers suggest that there is widespread belief that services are provided fairly. Men in **Bidibidi** were least favourable, with less than a third of the groups reporting that services are provided fairly.

It was reported that persons with specific needs, ethnic minorities, children, women and girls and older persons sometime miss out on services. Women, men, girls and boys of all ages mentioned during the FGDs that refugee leaders often favour their relatives and tribe members over others. Ethnic and religious minorities mentioned that they are often excluded because they are not adequately represented in leadership and other community structures. The long distances to access services was also reported to cause certain groups from missing out on services, such as persons with specific needs. Older persons often miss out on services due to language barriers and their inability to read, as they do not always understand the information that is provided.

Suggested cross cutting solutions from the community:

- Promote gender equality in access to services
- Increase community participation in the distribution of items and access to services
- Provide comprehensive interpretation services
- Conduct assessments on a regular basis
- Sensitize and raise awareness on the importance of including all minorities in access to services

Local community capacity:

- Use multilingual refugees to volunteer as interpreters
- The community to assist minority groups, elderly, PSNs and children to access services
- Report cases of discrimination to relevant authorities



Newly arrived refugees receive a briefing on personal hygiene and Ebola preparedness at Kagoma reception centre in Mid-Western Uganda
© UNHCR/Duniya Aslam Khan

Registration

Registration and documentation are the first steps in ensuring protection and facilitating access to basic services for refugee women, men, girls and boys. It is essential for the identification of persons with specific needs within a population which in turn is vital for an appropriate protection response.³

Findings from the participatory assessment show that in the majority of the FGDs, refugee women, men, girls and boys stated that family members were registered and are in possession of some form of identity documents⁴. However, some refugee women and men indicated to have family members who are not registered and do not have any form of identification. This was mainly reported by women and men between the age of 25 and 59 years old. The groups that they reported to most often be unregistered included newborns and new arrivals, the latter due to long stays at the reception centers and delayed access to registration services. Ethnic and religious minority women and girls in **Lobule** highlighted that they faced challenges in accessing registration services as well as family reunification, due to delays in service delivery and lack of information around ID issuance. Women between the age of 25 and 59 years old in **Rwamwanja** highlighted that mothers with disabilities struggle to register their newborns and single mothers. Unaccompanied children reported to experience difficulties in accessing registration services due to their lack of documentation from their countries of origin. Similarly, men between the age of 25 and 59 years old in **Rwamwanja** noted that children who came to Uganda for family reunification could not be registered due to lack of

³ UNHCR Guidance on Registration and Identity Management

⁴ Identification documents include asylum seeker certificate, refugee family attestation and refugee ID card.

identification documents from their country of origin. Also, in **Oruchinga**, the registration of children was reported to be a major challenge, as people are at times told to go to **Nakivale** to register their children.

Additional concerns raised by refugees during the FGDs as barriers to accessing documentation include the following: procedural delays, long distances, language barriers, and unprofessional attitudes and behavior of registration staff.

The delays were attributed to the high number of refugees seeking registration services at the same time as well as the inadequate staffing at the registration centers. Delays in accessing registration services were further attributed to technological and network failures, a challenge that was also highlighted by key informants at the **Matanda transit center**. It was further reported that children born from marriages between refugees and nationals face challenges in accessing registration services in **Bidibidi** due to delays in the merging of documents.

The long distance to registration centers and lack of awareness on how to access registration services for unregistered and unverified individuals was also highlighted to be a hindrance in accessing registration services, by women and men of all population groups and across **all settlements**.

All population groups across settlements reported language barrier challenges, attributed to the lack of interpretation services and multilingual staff at the registration centres. Mis-entry of personal details during registration, such as the misspelling of names, mismatching of parents to newborn babies, and errors in the age of older persons, was also reported to be an issue of concern, across different population groups in **Kiryadongo, Kyaka II, Rwamwanja and Bidibidi**.

In all settlements, refugees reported uncooperative and negative attitude of registration staff as a challenge in registration. In **Kyangwali**, boys between the age of 12 and 17 years old reported allegations of bribery to access registration services such as the replacement of identity cards and updating of attestation forms.

The majority of women, men, girls and boys in **Kampala** reported similar challenges as those in the settlements. South Sudanese women between the age of 25 and 59 years old however also mentioned that they were denied access to registration services by OPM and redirected to the border points and other settlements to access these services. This was reported to be a major reason for not being registered.⁵

The key informants described similar challenges with registration. In addition to concerns raised by the refugee community, the key informants mentioned the difficulties in registering spontaneous arrivals, regular absence of staff, the long times taken to interview asylum seekers, forging of birth documents by some individuals, delays in obtaining police letters, lack of knowledge about proper procedures to follow during registration and children becoming heads of households due to absence of parents, as challenges to timely registration.

Both male and female refugee leaders highlighted that family reunification often leads to registration challenges, especially for family members who arrived separately and settled in different settlements. In these cases, letters from settlements of origin are requested from the individual seeking family reunification, which often takes a long time, hence causing delays in registration. Another challenge reported by refugee leaders in **Bidibidi** includes the

⁵ This policy changed and South Sudanese are now able to register in Kampala. Refugees and asylum seekers from the DRC continue to face this problem.

registration of children born to women who are married in other settlements than the place of current residence; they are then required to go back to settlements of origin to update information. In addition, refugee leaders in **Kampala** highlighted that LGBTI persons are often discriminated against due to their sexual orientation and denied access to registration services, as well as Rwandese asylum-seekers who are believed to not be eligible for refugee status and hence not registered.

Suggested solutions from the community:

- Build the capacity of registration staff
- Hire more registration staff
- Procure more registration equipment
- Improve registration scheduling
- Strengthen the use of mobile registration centers
- Strengthen advocacy for newborn registration
- Strengthen the biometric systems within the registration centers
- Provide interpretation or use multilingual staff during registration and verification exercises
- Deploy police officers during registration and verification exercises and within the settlement to strengthen security
- Conduct sensitization sessions on the importance of registration for minority groups such as LGBTI individuals and child headed households

Suggested solutions from key informants and other stakeholders:

- Improve the visibility of the interagency helpline and other feedback mechanisms to encourage reporting of wrongdoing for further investigation and referral of all allegations for investigation in accordance with policy and applicable SOPs.
- Provide additional services at registration centres such as water
- Schedule registration for different groups at different dates to reduce congestion at the registration centres
- Improve provision of information on registration / asylum procedures at border points to prevent asylum-seekers of certain nationalities being sent back and forth to border points
- Review procedures for registration of children born from mixed marriages and streamline as appropriate

Local community capacity:

- Refugee leaders to conduct continuous advocacy on the importance of registration and documentation for all refugees
- Mobilize the community during the registration/verification exercises
- Employ multi-lingual refugees as volunteers to offer interpretation services during registration and verification exercises
- Community leaders to regularly follow up with the OPM on issuance of documentation to unregistered community members
- Community leaders to advocate with OPM to bring offices closer to the communities
- Community leaders in partnership with OPM to monitor the registration exercises to ensure efficiency in the delivery of services
- The community to exercise patience and understanding during the registration process
- Prioritize older persons and persons with specific needs at registration centers

Refugee Status Determination (RSD) and Access to Territory

RSD is a core protection function carried out by the government of Uganda. The purpose of the RSD process is to determine whether a person seeking international protection falls within the criteria of international and national refugee protection. The determination of refugee status has potentially profound implications for the life and security of the individuals concerned. The effectiveness of RSD as a protection function depends on the fairness and integrity of RSD procedures and the quality of RSD decisions.

The findings from **Nakivale**, **Oruchinga**, **Rwamwanja** and **Kampala**, locations where most of the asylum-seekers reside, show that most asylum-seekers experience challenges in the RSD process. In **Rwamwanja**, the duration of case processing was reported as one of the main challenges. Refugee leaders in **Kampala** highlighted that LGBTI persons and Rwandese nationals often face challenges to access RSD as they are unable to register due to their sexual orientation and nationality respectively.

Women, men, girls and boys of different ages at the transit centres in the **South-West** reported to have faced challenges to enter Uganda. At the DRC side of the border, DRC security forces request money before allowing crossing of the border, causing many to spend several days at the border before entering Uganda. Those who are unable to pay are sent away and resort to irregular routes, on which they face harassment and theft. After entry into Uganda, there are complaints of shortage of food, poor hygiene facilities in tents and overcrowding. Congolese refugee men in **Kisoro** claimed that linguistic minorities are discriminated against because they are thought to be Rwandese. Women between the age of 25 and 59 years old in **Matanda** reported sexual harassment and incidences of rape at the border.

Suggested solutions from the community:

- Increase information sharing on RSD processes
- Increase efforts to prevent extortion
- Treat asylum-seekers at the border with respect
- Provide sufficient amounts of food, shelter and health services at the points of entry
- Recruit more staff at the border to prevent delays
- Recruit more female staff to screen and security check female asylum-seekers
- Work together with Congolese security officials
- Recruit more interpreters and create more awareness on the roles and responsibilities of reception staff
- Increase sensitization on following of instructions at points of entry and reception centres

Local community capacity:

- Increase information sharing among refugee families in Kampala
- Community leaders to improve information sharing on RSD processes
- Educate communities on issues of corruption and extortion
- Help clean the tents and maintain order at points of entry

Legal and Physical protection

In accessing structures such as the Refugee Welfare Committees (RWCs), police and courts, refugee women and men reported malpractice within the system, lack of or delay in response and feedback, discrimination and language barriers as challenges. A lack in access to justice was highlighted in **Lobule, Kyangwali, Kyaka II, Rwamwanja, Nakivale and Bidibidi**. This was noted to discourage reporting of cases on the assumption that no action would be taken against perpetrators.

It was highlighted that the RWCs lack physical presence (e.g. do not have offices) within the settlements, often hindering access to their services. They were also being associated with corruption which according to the respondents was attributed to a lack of incentives. This was highlighted by all population groups across all settlements.

It was further noted that the police lack material support and relevant infrastructure (e.g. fuel, vehicles, holding cells) hampering service delivery to refugee communities. In addition, poor remuneration of the police was said to contribute to incidences of extortion to facilitate their service delivery. Furthermore, findings indicated that oftentimes, the courts and the police lack adequate personnel to efficiently deliver on their mandate resulting in a backlog of cases. The refugee community further reported that the police and courts often release perpetrators without punishment, which was attributed to bribery of the police and court personnel. Incidences of extortion by police were mainly reported in **Kiryandongo, Kyangwali, Kyaka II, Rwamwanja, Nakivale and Oruchinga**.

The lack of and delay in feedback from community structures was noted as a challenge to access justice. For instance, girls between the age of 12 and 17 years old in **Rhino Camp** noted that the RWCs did not seem to take children seriously when reporting cases of child exploitation. The same group noted that past traumatic experiences with the police posed a hindrance in accessing justice.

Discrimination was mentioned to be a challenge to access the justice system by women, men, girls and boys of various backgrounds. Ethnic and religious minority women in **Kyaka II** claimed that women albinos are discriminated against when seeking legal services. Women between the age of 25 and 60 years old highlighted that women living with disabilities are also discriminated against while seeking access to services.

The majority of refugee women and men claimed to feel safe within their communities. However, girls and boys between the age of 12 and 17 years old felt that their physical safety and security was at risk due to the lack of security lighting at night, hostility from the host community, the high number of theft and robbery incidences, and the occurrence of physical assault within the settlements. Other factors that were mentioned to contribute to insecurity included alcohol and drug abuse, witchcraft, unattended mines, dilapidated housing and the high number of incidences of sexual and gender-based violence (SGBV) such as rape and defilement. The insecurity was attributed to conflicts between refugee and host communities on sharing of the limited natural resources (e.g. grazing lands, firewood and land), poverty, and the high unemployment rate among refugees. Dilapidated shelters were mentioned to expose refugees to theft and robbery, as some of the shelters had broken or ununlockable doors. Women between the age of 25 and 59 years old expressed the fear of being subjected to rape due to the lack of security of the shelters.

Refugee women and men in **Kyaka II** settlement indicated that the frequent sounds of bomb shells and gunshots from the Kabamba military barracks could pose a risk to them. Refugee women in transit centers in **Kisoro and Matanda**

indicated to feel unsafe due the fear of rebel threats and attacks, noting that rebels were present among those seeking protection at the transit centers.

Most of the protection concerns reported by refugee women, men, girls and boys were corroborated by the key informants. OPM officials in **Adjumani** noted that SPLA soldiers and SPLA-IO rebels often follow refugees into settlements with the aim to assault them. Protection partners reported that refugees and asylum seekers face specific legal challenges including lack of access to lawyers when arrested, detention without trial and long distances to the courts to which cases are referred. It was noted that this often makes follow up of cases difficult. Further, distance hindered the arrested or detained refugees from receiving visits from their families.

Suggested solutions from the community:

- Sensitize the community on the presence of legal structures to increase awareness on how and when to access legal and protection services
- Advocate for the construction of more police posts and mobile courts within the refugee settlements and deployment of more personnel to strengthen the capacity of the police to respond to incidences
- Provide community structures with incentives to motivate them to deliver their services more efficiently
- Improve the reporting of protection incidences to the relevant authorities and community leaders to ensure justice is served.
- Improve the community policing services and build the capacity of community-based security structures notably the community watch groups
- Install more security lighting and solar lights
- Establish income generating activities to reduce the unemployment rate within the community
- Invest in vocational training opportunities for the youth

Local community capacity:

- Report incidences to relevant authorities and follow up through the community leaders
- Undertake community policing through establishing community watch groups
- Facilitate community dialogues between refugee and host communities for conflict resolution and peaceful coexistence
- Conduct community sensitization on access to legal structures and conflict resolution



Refugee Welfare Committees Women Awards in Adjumani refugee settlement © UNHCR/Eunice Ohanusi

Community participation

The majority of refugee women, men, girls and boys of diverse backgrounds indicated that they seek help from community structures when faced with problems. The community structures most often consulted include the Refugee Welfare Committees, block leaders, Child Protection Committees, women leaders and Village Health Teams. Other structures sought for include village chairmen, social workers, SGBV Task Forces, elders, Water User Committees and Crisis Response Teams. The police were also highlighted as a structure that refugees seek assistance from.

Refugee women, men, girls and boys of different ages reported to rely on community structures for guidance and counselling, mediation in conflict resolution among themselves and host communities, mediation in domestic disputes (particularly among girls between the age of 12 and 17 years old in **Rwamwanja**) and referrals to higher and relevant authorities. The crisis response team in **Rhino Camp** was acknowledged to play a positive role in responding and dealing with cases with mental health concerns within the settlement.

Despite most refugee women, men, girls and boys embracing existing community structures and acknowledging their impact, some indicated that the structures do not make much of a difference because they lack the capacity to effectively offer services. For instance, women between the age of 25 and 59 years old noted that the structures do not provide much support to the structures and groups that already existed in their countries of origin.

In their day to day lives, refugee women, men, girls and boys actively seek updates, advice and assistance from UNHCR and partner organizations through the toll free helpline, protection desks, community structures, complaints and suggestion boxes, via email and through community meetings and dialogues, the latter being the most preferred channel of communication. However, several challenges to access existing communication and feedback mechanisms were cited. The majority of refugee women, men, girls and boys of diverse backgrounds reported the delayed and at times lack of response to feedback. Language barriers, illiteracy, and technological challenges were also mentioned to be barriers to access information and provide feedback. These concerns were mainly raised by boys and girls between the age of 12 and 17 years old and men between the age of 25 and 59 years old, in **Kiryandongo, Kyangwali, Kyaka II, Nakivale and Bidibidi**. The refugee women, men, girls and boys who prefer to use the protection desks, indicated that the attitude of some protection staff and the fear of being reprimanded are barriers to access.

The key informants confirmed that the refugee community generally knows through which channels to report feedback or wrongdoing. There was also consensus among the key informants that the preferred channels and venues for refugees to receive information on resettlement were UNHCR and refugee leaders. Women and men refugee leaders as well as protection partners acknowledged the importance of refugee structures and recommend they are supported.

Suggested solutions from the community:

- Further enhance the accessibility and promote the visibility of community structures through establishing physical offices within the settlements
- Strengthen the capacity of existing community structures within the settlements through trainings and support
- Increase awareness on the existing community structures and communication channels and how to access them
- Advocate for the election of multilingual individuals to take up leadership positions in the community structures as well as language interpretation services at the various communication channels
- Set up community feedback mechanisms within the community through the use of community structures
- Make the UNHCR offices more accessible for refugees and increase the number of face-to-face meetings
- Announce community dialogues well in advance to allow different groups to attend
- Provide transportation for vulnerable groups to attend community meetings and access the UNHCR offices

Local community capacity:

- Increase community participation through establishing follow up mechanisms with refugee leadership on reported issues
- Raise awareness on the importance of using the existing community structures and communication channels



The young women's football team based out of the Women's Centre in Nakivale Refugee Settlement © UNHCR/Caroline Irby

Gender Equality

Effective, equitable and participatory humanitarian action cannot be achieved without understanding and responding to the specific needs, priorities and capacities of diverse women, girls, men and boys of different ages. Integrating gender equality in service delivery reinforces a human rights-based approach to humanitarian action which improves programming by respecting and protecting the universally recognized rights and dignity of every individual as a human being. Incorporating gender equality in humanitarian action therefore enhances the impact of humanitarian and protection strategies and interventions.⁶

Findings from the participatory assessment indicate that there are restrictive socio-cultural norms that prevent refugee women, men, girls and boys of different ages from fully enjoying their rights. These restrictive norms lead to gender discrimination and harmful practices such as child and forced marriages, female genital mutilation (FGM), wife inheritance, cultural markings/tattooing, removal of the front teeth, cutting off body parts and others.

The results show that women and girls of almost all ages across all settlements experience gender discrimination. Women and girls reported that boys often receive preferential treatment in accessing education and that girls are expected to stay at home to perform domestic chores like cooking and fetching firewood and water.

Men and boys of all ages across all settlements indicated that girls are generally seen as weaker and less valuable. Men above 60 years old reported that boys are often seen as more valuable and there is no point in spending money

⁶ *Gender handbook for Humanitarian action, 2018*

on girls' education, since girls end up getting married, after which they will "benefit" other families. Men between the age of 18 and 24 years old claimed that boys are a source of security and therefore more valuable than girls. They argued that men can do manual labor and are thus able to create wealth for the family, while girls will eventually be married off. Men between the age of 25 and 59 years old and women ethnic and religious minorities also noted that women in the community are seen as "weaker" and less capable to take up leadership roles. Women between the age of 25 and 59 years old confirmed that women are often less willing to take up leadership positions.

The findings also revealed that many women and girls between the age of 12 and 24 years old are at risk of being forced into (child) marriage by their parents or relatives. This is due to cultural beliefs but can also be attributed to poverty. The practice of child marriage was reported more frequently during FGDs in the **Mid-West** and **South-West**. Furthermore, women of various ages reported practices of wife inheritance and women above 60 years old in **Adjumani** mentioned the practice of cultural markings and tattooing. Men between the age of 25 and 59 years old in **Nakivale** mentioned the continued practice of female genital mutilation in Somali and Ethiopian refugee communities, attributing it to cultural beliefs.

Men and boys may also be affected by the existence of restrictive socio-cultural norms. Male ethnic and religious minorities in **Adjumani** and men above 60 years old across settlements stated that there are some cultural norms that prevent them from carrying out household work, such as cooking, cleaning, or water fetching, in the presence of women. There were reports that most men and boys between the age of 12 and 24 years old are subjected to customary practices such as tattooing and the removal of teeth. Men and boys of the same age group in **Imvepi** and **Kyangwali** complained having been subjected to forced circumcision. Male ethnic and religious minorities in **Lobule** mentioned that unmarried men often experience caning within the community.

Men and boys of different population groups across all settlements claimed that women are often advantaged over men, through women empowerment initiatives and programs. Women above 60 years old pointed out that girls are provided with sanitary materials and soap while the boys do not receive such items. This implies that more effort could be made to explain the reason behind certain interventions.

Both male and female refugee leaders in **Kiryandongo** observed that husbands often deny their wives the opportunity to engage in gainful employment and women are not part of decision-making within households. Protection partners in **Kampala** further highlighted that some communities, such as the Somali community, discourage women from accessing ante-natal healthcare services due to restrictive cultural beliefs. They suggested that more sensitization and awareness raising is needed to tackle this.

Male and female refugee leaders as well as protection partner staff agreed that humanitarian actors have the ability to advance gender equality through their programming. Some key informants expressed concerns that women are too often prioritized in interventions and there should be equal opportunities for men and boys.

Suggested solutions from the community:

- Continue to sensitize and raise awareness on the importance of equal access to education for boys and girls
- Enforce the rights of women and girls and report cases of discrimination against women and men
- Promote gender equality, especially in the distribution of roles and responsibilities
- Put in place conditions to ensure that both women and men feel comfortable taking up leadership roles and responsibilities

- Enforce child protection laws and report cases of rights violations of boys and girls
- UNHCR and partners to support persons of 60 years and older with sanitary items such as soap

Suggested solutions from key informants and other stakeholders:

- Engage refugee leaders and women's groups in the sensitization of the community on negative socio-cultural practices that have the potential to lead to SGBV
- Sensitize the community on the importance of equal sharing of responsibilities and domestic work
- Sensitize the community on the importance of girls' education
- Increase livelihood opportunities for women
- Partners to report child marriages to the police

Local community capacity:

- Create awareness on gender equality among community members through community dialogue
- Community structures to support enforcement of child protection laws through timely reporting
- Promote gender equality within refugee households
- Report gender discrimination in a timely manner and promote equal access to services for women and men



Single South Sudanese women receiving special protection at the Women's Protection Centre in Bidibidi refugee settlement © UNHCR/Charlotte Allan

Sexual and Gender Based Violence (SGBV)

Refugees are often at heightened risk of SGBV during displacement and forced movements due to breakdown in family and community structures. Certain groups within the refugee community may be more vulnerable to SGBV, such as adolescent girls, persons with specific needs, older persons, child heads of households, female heads of households and women and girls living with disabilities.

During the participatory assessment, refugees across all populations and settlements highlighted that they are at risk of various forms of violence from other refugees and host communities. This includes but is not limited to rape, defilement, domestic violence and emotional abuse. Women and girls reported to be at a higher risk of physical violence and assault when fetching grass, firewood and water. Women reported to be subjected to violence by their husbands when refusing to have sex. School going girls between the age of 12 and 17 years old indicated that they are at risk of rape and defilement from boys who threaten to physically assault them if they refuse their advances. The same group also noted that girls are laughed at and ridiculed during menstruation by their male counterparts. This was reported to be one of the reasons for girls to skip school or drop out. There was agreement across population groups across settlements that exposure to verbal abuse and sexual violence may result in emotional and psychological trauma to women and girls. Women between the age of 25 and 59 years old in **Rwamwanja** noted that women living with disabilities face physical violence. They further highlighted that the rate of domestic violence increases after food distributions, due to increased tension regarding control over resources.

Male aggression towards females was attributed to poverty, alcohol and drug abuse, conflicts between refugees and host communities, unemployment and insecurity. Women between the age of 25 and 59 years old in **Kyangwali** reported that culturally women were not expected to report cases of either physical or domestic violence perpetrated by their husbands since it is believed that "if a man beats his wife, it shows that he loves her."

Women and men across population groups in the settlements acknowledged the existence of reporting structures within the community and services for SGBV survivors. However, it was noted that there are challenges with reporting and accessing services. Fear was reported to be the main challenge. A majority of the women reported to be afraid to report for fear of repercussions from the perpetrators, especially when they were relatives or husbands. Women also reported to fear divorce. Young girls mentioned the fear of being beaten by their parents if they report cases of rape and defilement to the authorities. The findings also showed a strong fear of stigmatization of SGBV survivors, both male and female, which is another cause of underreporting. It was further noted that police posts are far away from the settlements, hindering survivors from reporting SGBV incidents. The majority of refugee women, men, girls and boys also expressed concerns about the fact that when they reported, no action was taken by the police, claiming that in some cases perpetrators bribe the police for their release.

The long distances to health facilities was pointed out across settlements to be a challenge to access health services for SGBV survivors. The lack of information on what services to seek or where to report was also highlighted, by women, men, girls and boys of different ages.

Suggested solutions from the community:

- Strengthen reporting structures and mechanisms by making use of the existing community structures (e.g. refugee leaders, women leaders, block leaders, RWCs) and mechanisms established by UNHCR/partners for referral and follow up of cases
- Construct additional police posts within the refugee settlements and increase police presence in areas with high incidents of cases to increase access to legal services for survivors
- Ensure access to psychosocial counseling for SGBV survivors to assist in emotional health and wellbeing through recommended counselors, elderly persons and church leaders
- Introduce or strengthen community policing and establish by-laws related to various forms of SGBV such as child marriages
- Increase sensitization and awareness in the settlements and within the host communities on the dangers of SGBV, its effects on individuals and the importance of reporting of SGBV cases to access services
- Conduct community dialogues to create awareness and resolve conflicts within refugee and host communities
- NGOs to enhance the support to survivors with clothes and sanitary materials
- Promote the re-enrollment of girls who dropped out of school due to early pregnancies
- Create awareness on SGBV through sex education within the settlements by engaging influential leaders and organizing debates and drama in schools
- Strengthen and build capacity of community structures like RWCs for support for case management
- Promote income generating activities to empower both men and women to support their households
- Establish solar lighting within the communities especially at waterpoints

Local community capacity:

- Offer psychosocial first aid to SGBV survivors through elderly community members and selected community and church leaders
- Report SGBV to relevant authorities in a timely manner
- Raise awareness among community members on SGBV and related effects as well as the importance of supporting SGBV survivors, through community dialogues
- Provide community policing to ensure general security in the settlements, through the establishment of community watch groups



Alexia, 14, a refugee from the Democratic Republic of the Congo, arrived in Nakivale refugee settlement as an unaccompanied child and now lives with a foster family © UNHCR/Caroline Irby

Child Protection

Children are usually at a greater risk of abuse, neglect, violence, exploitation and forced labour than adults, particularly during displacement. This is due to the weakening of their family and social support networks during forced displacement. Despite UNHCR and its partners delivering protection to children and responding to their specific needs and the risks they face, the participatory assessment, through FGDs with children between the age of 12 and 17 years old and adults of diverse backgrounds, shows that children continue to face various risks including physical violence, child labour, child marriage, rape and other forms of SGBV and harmful practices. This all contributes to a sense of insecurity within the community. Separated and unaccompanied children, orphans, children with disabilities and girls are at an even greater risk.

Children reported neglect by parents and caregivers due to the inability to provide for their basic needs. This is aggravated by poverty and lack of livelihood opportunities. It was also reported that some parents abandon their children, exposing them to many risks. Boys between the age of 12 and 17 years old reported that children face the risk of expulsion from their homes by foster parents. This was attributed to rising conflicts and misunderstanding between foster parents and children. It was pointed out that children face hunger and poor nutrition due to the inability of households to obtain quality food for children. Men above the age of 60 years old reported that some children are turning to alcohol and drugs in order to cope, and that this exposed them to more risks, such as the risk of exploitation.

In general, girls and boys reported that the host community is hostile towards them and that they are chased and beaten on their way to school. Girls reported incidents of SGBV while fetching water, grass and collecting firewood, exposing them to both physical and emotional abuse and exploitation. Boys between the age of 12 and 17 years old

claimed to feel safer within the settlements than girls of the same age group. The general sense of insecurity is exacerbated by the many bushy areas and lack of lighting at night. The poor roads and recklessness of boda boda drivers which regularly cause accidents, often involving children, was also mentioned to be a reason for children to feel unsafe in the settlements. Refugee women and men highlighted that the most vulnerable children include separated and unaccompanied children, children living with disabilities, orphans, girls aged between 12 and 17 years, and child headed households.

In addition to harassment on the way to school, school going girls and boys also reported insecurity while at school. Girls and boys in **Kyangwali** and **Imvepi** reported that corporal punishment is still used in schools, and girls between the age of 12 and 17 years old in **Kyaka II** complained about bullying among students.

The findings show that children are exposed to various forms of SGBV, in particular girls between the age of 12 and 17 years old. Girls in this age group across all settlements indicated that they are at risk of being married off, owing to negative perceptions of girls as a source of wealth (dowry), and the parents' inability to provide girls with basic needs. Incidents of rape and defilement of girls, at household level and within the community, were also highlighted. Women between the age of 25 and 59 years old in **Rwamwanja** mentioned that young boys are at times sexually exploited by older women.

As a result of child marriages and sexual exploitation of young girls, teenage pregnancies were noted to be common among school going girls. This would consequently result in high rates of school dropouts. The boys also noted that because of the need for them to look for livelihood opportunities to fend for themselves and their siblings in the case of child-headed households or separated children, they were also likely to drop out of school.

The risks children are exposed to were also outlined and emphasized during the key informant interviews across all settlements. It was noted that the challenges and protection concerns that children experience have negative impacts on their mental health, and child protection staff highlighted the limited capacity to identify and manage cases of children with mental health concerns in the settlements.

Suggested solutions from the community:

- Create awareness about children's rights within the settlements and host communities
- Strengthen child protection structures in the settlements
- Strengthen the capacity of community structures to report and follow up on violations against children
- Accompany children to schools and other social places for their protection
- Provide sanitary materials and hygiene kits to girls of reproductive age in a timely manner
- Counsel children who experienced traumatic events
- Install more security lights in the settlement

Local community capacity:

- Report violations against children and follow up through the child protection committees
- Create awareness on children's right within the settlements
- Accompany and escort children to schools and public areas
- Offer counseling services through elders and other identified children custodians
- Protect children through child protection structures in the community

Peaceful Co-existence

Refugees flee their countries of origin due to conflict, civil strife, war, and persecution among other things, forcing them to seek asylum or refuge in other countries. Mistrust and division (including along ethnic, political or religious lines) originating from countries of origin can trigger tensions and conflicts amongst refugee communities in countries of asylum unless there is confidence building and reconciliation. Receipt of large numbers of refugees can also lead to new conflicts with host communities or among refugee communities, for example through increased pressure on resources and services, or the real or perceived favouring of one group over another. Such tensions and conflict present tangible risks to safety, security and peaceful co-existence of refugees, undermining the protection that refugees sought when fleeing to their country of asylum.

Findings of the participatory assessment point to the existence of conflicts and tension within refugee communities, which population groups across all settlements attribute to the competition over limited shared resources such as grazing areas, land, water points and firewood, as well as tribal conflicts. Alcoholism was highlighted to be a major source of conflict within refugee households.

Forced displacement often requires refugees to live side by side with host communities, which has the potential to result in tension and conflicts between the refugee and host communities. Women and men across all settlements reported that such conflicts are often caused by land issues, the limited availability of shared resources such as firewood, grass and water points, language barriers, alcohol and drug abuse, theft and stray animals destroying crops. Women and men of all population groups across the settlements claimed that the host community is hostile towards them because they believe that aid organizations favor refugees over the host community.

A representative of the host community in **Bidibidi** claimed that generally there are good relationships between refugees and members of their community although there are some areas of conflict. According to the representative, conflicts over land often take place during dry seasons, claiming that refugees keep large herds of cattle which damage their gardens and farms. He also claimed that they cut grass and trees to construct shelters, resulting in conflicts, as cutting trees is illegal in some areas. Other causes of conflict reported include theft of host community farm products and livestock, alcoholism and other social vices among refugees. A representative of the host community in **Kampala** highlighted that some refugees in Kampala do not respect the local councils or attend village meetings, which does not contribute to peaceful relations.

Protection partner staff in various settlements explained that host communities often feel that refugees are more protected than them, generally leading to challenging relationships between refugees and host community members.

Suggested solutions from the community:

- [Conduct more community dialogues between refugee and host communities](#)
- [Conduct continuous sensitization on the importance of integration and peaceful co-existence and sharing of resources like grazing lands, water points and social places](#)
- [Ensure timely reporting of conflicts](#)
- [Explore collaborative land use planning for shared spaces between refugee and host communities, such as agreements on land use between the two communities with assistance of authorities](#)
- [Implement joint livelihood activities between refugee and host communities](#)

Suggested solutions from key informants and other stakeholders:

- Relocate refugees with their animals to areas with vast pasture e.g. Maaji in Adjumani (recommendation from host community representatives)
- Conduct continued sensitization on the importance of abiding to rules and regulations (recommendation from refugee leaders)
- Create joint committees of refugee and host community representatives tasked with prevention and resolution of conflicts between the refugee and host community
- Refugee leaders to more regularly attend events and meetings of the host community to show respect and willingness for peaceful coexistence and ensure representation of refugees among the host community

Local community capacity:

- Conduct continuous community dialogues for conflict resolution as well as sensitization on the importance of peaceful coexistence
- Report conflicts within the communities to existing structures in a timely manner



Ensuring refugee children with disabilities have access to education with support from EAC and UNHCR © UNHCR/Antoine Tardy

Education

The New York Declaration for Refugees and Migrants pinpoints education as a critical element of the international refugee response and Sustainable Development Goal 4 aims to deliver “inclusive and quality education for all and to promote lifelong learning”. The Education Response Plan for Refugees and Host Communities in Uganda (ERP) sets out a realistic and implementable plan to ensure improved learning outcomes for increasing numbers of refugees and host-community children and adolescents across Uganda. Despite efforts made by UNHCR, partners and the government of Uganda to ensure quality education for all refugee children in Uganda, many challenges remain, as also shown by the findings of the participatory assessment.

The children who are not in school mentioned their inability to pay school fees, the traditional beliefs in the community, and the long distances to schools as the main reasons of why they are not enrolled. Girls between the age of 12 and 17 years old are often forced into marriage or expected to help at home, causing them to miss out on education. Boys in the same age group indicated that they are at times forced to engage in livelihood opportunities to fend for their families. Women above the age of 60 years old highlighted that children living with disabilities or those with mental health conditions are not able to attend mainstream schooling, and there are insufficient alternatives for them to enjoy education.

Girls who are enrolled in school continue to face challenges, both on the way to school as well as at school. The majority of girls between the age of 12 to 17 years old reported to feel unsafe in and on their way to school, mainly due to physical assault and SGBV from boys on the way to school, the long distances and bushy roads leading up to

schools and the lack of lighting in schools. These factors, in combination with the lack of sanitary materials were reported to be the main contributors for girls to drop out of school. Girls between the age of 12 and 17 years old in **Rhino Camp** also stated they fear going to school due to language barriers.

While the majority of parents, both mothers and fathers, indicated to attend PTA and SMC meetings, some parents claimed not to attend due to lack of information about the time and venue of the meetings, their low educational level and a general feeling of discomfort in the school environment.

Ways in which the community encourages learning and school attendance among children and youth:

- Paying for school fees
- Providing scholastic materials
- Encouraging studying
- Awareness raising about the importance of education and monitoring school attendance
- Attending PTA/SMC meetings and escorting children to school
- Packing food for the children
- Use of role models within the communities
- Rewarding good performance

During key informant interviews, additional problems were reported. For instance, teachers across settlements reported the use of corporal punishment to discipline students. Defilement by teachers in schools and child marriages were also highlighted. The overcrowding in classrooms was also noted.

Problems encountered in refugee schools:

- | | |
|---|--|
| • Overcrowding in classrooms | • Few qualified teachers |
| • Inadequate classrooms | • Short supply of scholastic materials |
| • Dilapidated state of existing classrooms | • High rate of school dropouts |
| • Lack of adequate toilet facilities | • Lack of school feeding programs |
| • Neglect of children with special needs | • Long distances to school |
| • Lack of special needs facilities within schools | |

Suggested solutions from the community:

- Create awareness about the issues that girls face in and on the way to school
- Construct roads leading to schools
- Clear some of the bushes alongside the roads
- Work towards the peaceful resolution of conflicts among boys
- Accompany children to school to protect the youth and children from gangs
- Provide girls of reproductive age with sanitary materials and sensitize the youth on hygiene practices, including menstrual hygiene
- Establish vocational training facilities for those who drop out of school
- Assist poor families with school fees or scholarships and scholastic materials for their children
- Advocate for specialized facilities and equipment in schools for children with disabilities
- Report cases of children dropping out and create awareness on the importance of education for both boys and girls
- Construct additional classrooms
- Employ qualified teachers and build capacity of current teachers
- Introduce school feeding programs
- Provide transportation for children living far from the schools

- Disseminate information about PTA and SMC meetings to parents and guardians in a timely manner

Suggested solutions from key informants:

- Build the capacity of teachers and train them on positive behavior reinforcement methods
- Advocate for inclusive education and recruit more teachers who are qualified to teach children with special learning needs

Local community capacity:

- Provide counselling to boys and girls
- Assist with the clearing of bushes alongside roads
- Assist with the maintenance of the roads
- Accompany children to school
- Create awareness on the importance of education for both girls and boys

Health

Health and nutrition were reported to be major concerns for the refugee community and access to healthcare a key priority. The refugee community accesses health services through Village Health Teams (VHTs), clinics and hospitals. The use of traditional medicine was reported to be an alternative to conventional medication. The most reported ailments across population groups across settlements are malaria, skin diseases, watery diarrhea, intestinal worms, eye diseases, lower respiratory tract infection, tuberculosis and upper respiratory tract infection. Other diseases reported include typhoid, hepatitis, pneumonia, hypertension, diabetes, HIV/AIDS, cancer, Urinary Tract Infection (UTI) and ulcers.

Malaria was reported to be the most common disease in the community, due to stagnant water and bushes in the settlements. Refugee women, men, girls and boys from all locations mentioned malaria as the leading health issue, followed by skin diseases. Refugee women, men, girls and boys of different age groups complained about the lack of mosquito nets to prevent malaria and noted that pregnant women and children are most vulnerable to it. There were some differences between settlements regarding the most reported diseases. Tuberculosis was reported to be one of the main health problems in **Bidibidi**, while upper and lower respiratory tract infections were most prevalent in **Imvepi**. Refugee women and men in **Kampala** reported that malaria is the leading health problem followed by watery diarrhea. Respiratory illnesses were less reported among urban refugees in Kampala, while in both transit centers in **Kisoro** and **Matanda**, malaria and upper respiratory infections were mentioned to be the leading health problems.

The reported causes of the health problems are common among women and men of different ages and population groups. These include poor hygiene and sanitation, lack of safe drinking water and poor water supply from existing sources, especially in the settlements. The poor disposal of human waste and open defecation due to the unavailability of adequate latrines also contributes to the spread of diseases. It was highlighted that the capacity of existing latrines is overstretched due to the large population in settlements. The large population is also believed to result in congestion in public places such as schools, which in turn leads to the spread of airborne diseases. Poor nutrition and the lack of variety of good quality food was said to also contribute to poor health.

Refugee women, men, girls and boys of different backgrounds face barriers to access healthcare. The ill-equipped health facilities with inadequate drug supply were reported to be a major problem in this regard. It was reported that health facilities constantly experience stock outs of medicine. In addition, women and men above 60 years old **across settlements** and **Kampala** mentioned the long distances to health facilities and the lack of available transportation options. The long waiting times at the health facilities were also pointed out. Women between the age of 25 and 59 years old in **Nakivale** also reported the poor attitude of health staff and lack of referrals as a barrier to access. Women and men under 24 years old and boys and girls also mentioned the long distances to the health facilities and the long waiting times. Young women and men in **Lobule** indicated that it takes an average of two hours to travel to the health center and four hours of waiting before receiving assistance. Women and men **across settlements** reported language barriers to pose a challenge to access. The unavailability of health workers in the evenings and nights is a recurring problem mentioned in all the locations and among all the groups. Women and men in **Kampala** specifically mentioned the cost of drugs, discrimination due to the lack of identification documents and language barriers.

The poor attitude of health staff was reported by women and men of different ages and population groups. According to them, this could either be attributed to the language barriers or because health workers are overworked. Some

women and men from ethnic and religious minorities claimed that health workers choose who to assist based on who they know.

Community health workers and other key informants interviewed mentioned similar health problems as refugee women, men, girls and boys. They explained that malaria is the leading health problem caused by the lack of or misuse of mosquito nets and the fact that refugee houses are often surrounded by plants and crops which serve as habitats for mosquitoes. They also explained that transportation remains a major problem for refugees to access health services.

Suggested solutions from the community:

- Provide more mosquito nets
- Sensitize the community on proper hygiene and sanitation practices, focusing on waste disposal
- Promote regular health check ups
- Equip health facilities with sufficient amounts of drugs and relevant equipment
- Promote water treatment; boiling and chlorination
- Increase food rations introducing a wider variety of food items
- Train community members on first aid
- Construct more latrines to prevent congestion
- Clear bushes and drain stagnant water for proper drainage
- Provide interpretation services at the health facilities
- Use traditional medication as a complementary treatment
- Build the capacity of VHTs
- Establish a robust referral system

Local community capacity:

- Promote and practice water treatment through boiling and chlorination
- Maintain cleanliness and hygiene of water points and surroundings
- Sensitize community members on the use of mosquito nets
- Maintain environmental hygiene through clearing bushes, draining stagnant waters and maintaining drainages
- Create awareness on the proper use of latrines and dangers of open defecation
- Collaborate with health workers and facilities in the use of alternative or traditional medication
- Multi-lingual refugees to volunteer as language interpreters at the health facilities

Food Assistance and Nutrition

The findings of the participatory assessment show that refugee women, men, girls and boys of different ages and population groups have different preferences regarding in-kind or cash assistance. Most refugee women and men expressed a preference for cash assistance, except in **Bidibidi, Imvepi, Rhino Camp** and **Oruchinga** where women and men unanimously expressed a preference for in-kind assistance. In **Lobule** and **Rwamwanja**, there was unanimity regarding the preference for cash as the modality for assistance. Differences between population groups regarding preferences were reported in **Kiryandongo** and **Kyaka II** where the majority of persons of 60 years and older indicated to prefer in-kind assistance while the majority of the rest of the population reported to prefer cash assistance. In general, women reported a higher preference for cash than men.

The findings also showed that there are concerns regarding food assistance. Refugee women, men, girls and boys of different ages expressed concerns about the quantity of food assistance, stressing that it is insufficient. The long distances to reach the food distribution points as well as congestion and long waiting times were also pointed out. It was further reported that families of absent heads of household and child-headed households miss out on the food distribution, the latter due to age requirements (18 years and above) for ration receipt.

Maize, sorghum and cowpeas were identified as food items that are not preferred by the refugee community, due to their lack of access to energy for grinding and preparation. Some refugee women and men reported to prefer food items that consume less energy during preparation, such as rice.

At the transit centers in **Kisoro** and **Matanda**, long queues and waiting times were reported to be the main challenges to access hot meals. Some refugee women, men, girls and boys also indicated to not be satisfied with the quality and frequency of the meals. The quality of the beans served was specifically mentioned. It was also reported that the kitchen staff and supervisors sometimes show a lack of respect for refugees. Discrimination based on ethnicity in the serving of meals was also mentioned by respondents in **Kisoro**. The refugee community expressed hopes for the provision of a dining hall and improvement of the quality of food and distribution management.

Suggested solutions from the community:

- Increase the food and cash rations and improve their timely distribution
- Diversify the food rations
- Establish maize millers in the settlements, considering that maize is a big part of the food rations

Suggested solutions from other stakeholders:

- Further explore the provision of cash for food to allow for diversification of food options, stimulation of the local economy and the improvement of relations between the refugee and host community



South Sudanese refugee Gladys Acacio trained in motorcycle repair through vocational skills training provided by Action African Help (AAH) in partnership with UNHCR © UNHCR/Marie-Joëlle Jean-Charles

Livelihoods

The availability of livelihood opportunities depends on the location. Findings of the participatory assessment indicate that most refugees in settlements predominantly engage in farming and petty trading or work in the informal sector. Overall, refugee women reported to primarily be engaged in business and petty trading, however women in **Imvepi**, **Nakivale** and **Bidibidi** reported farming as their main livelihood activity. Refugee men in most settlements listed farming as their main livelihood activity, except for men in **Lobule** and **Rhino Camp**, who reported casual labour to be their main source of livelihood and men in **Kyaka II** who said business is their main source of income. Mining was mentioned to be one of the most important sources of livelihood in **Imvepi**, **Lobule**, **Oruchinga** and **Bidibidi**. The refugee community in **Adjumani** reported to be primarily engaged in farming and small-scale trading. Refugee women and men in **urban areas** are mainly working as traders or boda boda drivers, engaged in informal banking and cooperative schemes or using their skills in dressmaking, mechanics, repair, and construction. They also report to be employed as domestic workers or in the hospitality industry, such as hotels and restaurants. Hawking was also mentioned as a major livelihood activity for refugee women and men in **Kampala**.

Barriers to access livelihoods were reported by refugee women and men of different ages and population groups in **all settlements**. They mentioned the long distances, lack of transportation options and poor state of roads to business centers and markets as barriers to access livelihoods. Refugee women and men in **Imvepi**, **Kyangwali** and **Rhino Camp** specifically mentioned the limited accessibility of markets due to long distances and limited transportation options, to

be the leading challenge. Limited access to credit facilities and land, language barriers, discrimination and lack of available training were also mentioned, by all population groups in all settlements. Refugees in younger age groups reported the lack of capital to start or expand businesses as a challenge. Discrimination (e.g. nationals shopping with nationals) and corruption in the market areas were also mentioned. It was noted that persons living with disabilities and pregnant women are most vulnerable and most often not able to access the various services and market facilities. In most locations, young women and men between the age of 18 and 25 years old mentioned the lack of training facilities and challenges in acquiring and registering SIM cards for mobile phones or accessing credit options that are only available to mobile phone owners. Women's groups also mentioned the low profit margins and barriers to access to markets for trading as the main hindrance to livelihood. Refugees in **Kampala** reported more livelihood options than refugees in the settlements.

Due to limited livelihood opportunities, some refugee women, men, adolescent girls and boys adopt negative coping mechanisms in order to meet basic needs such as healthcare, education and food. This was particularly reported among the youth. Negative coping mechanisms include alcohol and drug abuse, prostitution, theft and survival sex and were reported in **all locations**. Youth groups in **Nakivale** and **Kiryandongo** particularly mentioned the abuse of alcohol and drugs and survival sex. Alcohol and drug abuse were primarily mentioned by the male youth groups while prostitution and survival sex were predominantly reported by women under 60 years old.

Interviews with district leaders and livelihood partners confirmed what was reported by the refugee community. The key informants mentioned agriculture and agricultural-based trading and businesses as the main livelihood opportunities available to refugees. Language barriers, limited education and skills, cultural and social norms, and lack of access to credit facilities were listed as the main barriers to access livelihoods.

Suggested solutions from the community:

- Provide market-based vocational training and skills development
- Increase support with income generating activities
- Increase access to capital for business startups and growing businesses
- Establish and strengthen community / village savings and loans facilities
- Empower school going children through incentives and scholarships
- Provide psychosocial counselling
- Establish markets near the community

Suggested solutions from other stakeholders:

- Organize market days in the settlements for refugees to sell their produce where this is not already in place
- Encourage sharing of good practices and success stories between settlements

Local community capacity:

- Engage in income generating activities
- Elders and identified refugee leaders to offer counselling to other community members
- Encourage the formation of village savings groups
- Establish partnerships with host communities in setting up local markets

WASH

Access to safe water of sufficient quality and quantity, improved sanitation and hygiene, and improved WASH services in institutions, such as schools and health facilities, are essential to the health and wellbeing of refugee women, men, girls and boys of diverse backgrounds. Many refugee women, men, girls and boys indicated to have access to sufficient amounts of clean good quality water. In particular refugee women and men in **Adjumani**, **Bidibidi** and transit centers in **Matanda** and **Kisoro** reported access to sufficient amounts of clean water. Refugee communities in settlements the **South-West** and **Mid-West** reported a lack of clean and sufficient water. Refugee women and men in **Kyaka II**, **Kyangwali** and **Rwamwanja** most often expressed concerns about the quality and quantity of safe and clean water.

In a few locations, refugee women, men, girls and boys of different ages expressed different opinions or observations about the water situation in their locality. In **Bidibidi**, FGDs with refugee women unanimously concluded there is sufficient clean water while only half of the FGDs with refugee men concluded the same. In settlements in **Arua**, women more often reported access to clean water in sufficient quantities than men.

The reported causes of the lack of access to adequate water included the inadequacy of water sources, poor maintenance of the existing water systems (both piped and boreholes) and overcrowding at water points. It was highlighted that there are not enough water sources to cater for the whole population and some refugee women and men mentioned that it is not uncommon for two clusters to share one borehole. It was further noted that many of the boreholes are not easily accessible due to long distances and queues, often causing women and children to be exposed to protection risks. The constant breakdown of water pumps was also mentioned. Refugee women and men also expressed concerns about the water storage tanks not being cleaned regularly hence producing dirty water contaminated with sediments, and some refugee women and men mentioned that the jerricans they use to fetch water are worn out. It was further reported that some of the pipes produce dirty water due to poor maintenance of the water systems and it was noted that sometimes there is a lack of fuel to run the water pumps.

Regarding access to latrines and toilet facilities, the findings show that there is a relatively high level of access in all locations. However, in some locations there were differences between the level of satisfaction of women and men. While in **Bidibidi** and the **transit centers**, women are reportedly more positive regarding access and quality of latrines than men, in **Kiryandongo** and **Rhino Camp** the men reported to be more positive than the women. Refugee women and men who were critical of the access and quality of toilet facilities attributed this to the general poor condition of latrines. It was noted that most of the latrines are either filled up and can therefore no longer be used or are in a dilapidated state due to heavy rains and floods, sometimes resulting in their collapse. Many women and men mentioned the poor materials that are used, exposing the latrines to rain damage. It was reported that there are not enough facilities to cover the entire population and that in some areas, people lock up the public latrines with padlocks for private use. Some girls between the age of 12 and 18 years old mentioned that the latrines are often located far from their homes, exposing them to higher risks of SGBV. They also mentioned being afraid to use the latrines at night due to the lack of lighting.

While many of the reported challenges to access water and sanitation facilities are common across all locations, there were some notable differences between challenges faced by women and girls on the one hand and men and boys on the other hand. The main challenges highlighted by refugee women and girls include the overcrowding and lack of lighting at water points, sanitation facilities and within the settlement, the long distances to access these facilities and the insufficiency of latrines and water points. Refugee men and boys highlighted the insufficiency of latrines and water

sources as the main challenge to access water, hygiene and sanitation facilities. Limited land allocated for the construction of toilets was also noted as a challenge.

Sanitation was one of the leading problems mentioned by refugee women, men, girls and boys and the limited availability of latrines and toilet facilities was mentioned to be the main cause of open defecation in some of the settlements, which was recognized to have negative effects on health and the environment.

Community leaders and district officers as well as protection partners interviewed particularly mentioned the unhygienic waste disposal practices and overcrowding in settlements as causes for the WASH related problems.

Suggested solutions from the community:

- Drill more boreholes
- Build the capacity of the Water User Committees to improve management of the water points
- Maintain and repair existing water sources, water pipes and boreholes
- Provide building materials resistant to termites and rain for the construction of toilets and their repairs
- Sensitize the community on proper hygiene, use of latrines and waste disposal
- Install flood/security lighting within the community
- Provide water storage tanks and jerricans
- Provide sanitary kits to girls and women

Suggested solutions from other stakeholders:

- Advocate for the full inclusion of refugees in the national system for utilities, such as water and electricity

Local community capacity:

- Conduct awareness raising campaigns on proper hygiene and sanitation practices at the water points
- Advocate for the drilling of more boreholes and establishment of piped water systems within the community
- Community members to assist in the maintenance of the water points and the latrines, through servicing of existing boreholes, continuous cleaning of water tanks and replacement of worn out pipes
- Advocate for and practice household water treatment; chlorination, water filtering and boiling
- Accompany girls, children and PSNs to access the WASH facilities



Solar power delivers clean water to South Sudanese refugees' doorstep © UNHCR/Michele Sibiloni

Environment and Energy

Refugee women, men, girls and boys across settlements mentioned that environmental and energy related challenges are among the most important issues affecting their daily lives. They recognize that they are highly dependent on the environment for most of the resources they use in their daily life, e.g. firewood for energy, timber for construction, grass for building of shelters and grazing, among others. Firewood was reported to be used as the primary source of energy by most refugee families.

Refugee women and men reported several challenges to access energy for domestic use. In most of the settlements, the long distances to collect natural resources and unaffordability of energy sources, were reported to be the leading challenges in accessing energy for domestic use, however **Adjumani** also reported exposure to violence as a big challenge. In accessing firewood, refugee women and men identified the long distances as the leading challenge. It was noted that especially women and children are exposed to violence (e.g. SGBV, hostility from the host community). Attacks from wild animals i.e. snakes and scorpions was also mentioned to be a threat to women and girls' safety. Women and girls are more exposed mainly since they are often responsible for firewood collection.

Some of the challenges, particularly the exposure to violence, were also attributed to existing conflicts between refugees and host communities; it was reported that the latter often feel that refugees use their resources at their expense. The large population of refugees was mentioned to put a strain on existing resources and therefore cause challenges in access to water points, firewood and grass. The competition over shared resources was reported to often causes conflicts between refugee and host communities. It was further stressed that restrictions and by-laws against firewood and charcoal businesses made some of these items more expensive.

Environmental challenges signaled by refugee women and men in the settlements include deforestation, strong winds and flooding. Some of these challenges were linked to the large population of refugees who are dependent on limited resources. It was further noted that poor drainage and inadequate water flow channels lead to flooding during rainy seasons. Deforestation was attributed to the high demand of wood and poles for construction and energy, leading to overexploitation and uncontrolled cutting of trees. Climate change was recognized as the cause of erratic weather patterns. Some refugee women and men expressed concerns about the amount of rain, strong winds and high temperatures during certain periods of the year.

The key informants recognized that practices of both refugees and the host community add to the environmental problems. They mentioned that the root causes of the negative practices affecting the environment are poverty and the scarcity of resources, coupled with sharp increases in refugee and host community populations. More efficient and low-cost sources of energy were highlighted as potential solutions, to replace the reliance on firewood.

Suggested solutions from the community:

- Explore the use of alternative sources of energy such as solar energy, energy saving “jikos” (stoves) and charcoal briquettes
- Raise continuous awareness on environmental conservation, climate adaptation and resilience
- Construct drainage channels within the settlements
- Support afforestation and reforestation through tree planting programs among the refugees and host communities
- Construct toilets and bathroom shelters to prevent open defecation
- Implement tree planting projects as a means of livelihood and reduce deforestation

Local community capacity:

- Raise awareness on tree planting and negative effects of deforestation
- Promote the production of briquettes and energy saving “jikos”
- Dig ditches and water channels to improve drainage
- Create awareness on environmental protection and conservation
- Conduct community dialogues with the host community on sharing and management of the limited resources



© UNHCR/Michele Sibiloni

South Sudanese refugees regenerate rice-growing economy © UNHCR/Michele Sibiloni

Shelter and Core Relief Items (CRIs)

Many refugee women, men, girls and boys of various ages across settlements reported not feeling safe and secure in their house, due to their limited access to safe and secure shelters. Women and girls reported to feel unsafe and insecure more often than men and boys. Participants in all the FGDs in **Bidibidi** and all the FGDs with women and girls in settlements in **Arua** conclude that refugee women and children, but also men, do not feel safe and secure in their current housing. Refugee women, men, girls and boys in the transit centers in **Matanda** and **Kisoro** felt most safe and secure. It was noted that housing was often temporary and in poor conditions.

The refugee community attributed the poor conditions of the shelters to the low quality of building materials used, which is easily damaged by termites or rains. The shelters were reported to be leaking, contain cracks and the tents provided by UNHCR being worn out and old. Challenges in accessing materials for repair or construction of the shelters are often experienced. Grass and poles for construction were said to be expensive and most refugee men noted that host communities are unwilling to share grass with the refugee communities. It was further pointed out the host communities deliberately burn bushes during the dry season to prevent refugees from accessing grass for roofing of their shelters, causing hostility and conflicts.

While the poor state of housing units was mentioned to be a problem in all locations, the reported reasons differed between locations. In **Bidibidi**, **Imvepi** and **Kyaka II**, termites were mentioned to be the main cause, while the weather was considered a more significant factor in **Kyangwali** and **Imvepi**.

Refugee women and men acknowledged being provided with household items to assist with daily household activities; however, they stated the items are often of poor quality. Refugee men in **Kiryandongo** reported that the shelter

materials and CRIs are insufficient for a household and often of poor quality; worn out, old or damaged. Some households noted to be in need of sleeping materials, jerricans and cooking materials, and claimed to have never received it. They also indicated to have insufficient money to buy the items themselves. Delays in the distribution of CRIs was also highlighted.

The key informants provided additional information regarding the problems associated with the construction and maintenance of homes. The refugee leaders interviewed reported that access and cost of materials is a major problem as well as delays in the supply of building materials for those who are provided with assistance to build or maintain their homes.

Suggested solutions from the community:

- Provide quality building materials
- Fumigate households against termites
- Treat wood to be termite and rain resistant
- Conduct routine maintenance and repair of shelters
- Replace and provide CRIs
- Increase the frequency of distribution of the CRIs
- Create awareness on peaceful coexistence and sharing of resources between the host and refugee communities
- Create income generating activities to improve livelihoods of refugees and empower them to purchase the core relief items and non-food items themselves
- Provide more funding to organizations to provide shelter support
- Construct more durable and permanent structures
- Train members of the community to enable them to construct or maintain their home

Local community capacity:

- Encourage innovation among refugees for instance through the production and usage of mats made of papyrus
- Engage in casual labour and income generating activities with the host communities
- Support routine maintenance and repair of shelters
- Conduct community dialogues to create awareness with host communities on the importance of sharing of building materials
- Create awareness on conflict resolution and resource sharing through community dialogues
- Support the repair and maintenance of shelters
- Promote and participate in tree planting activities

CONCLUSION

Wars, violence and persecution in the Horn of Africa and Great Lakes Region continues to drive forced displacement into Uganda, causing major impact on the lives of affected individuals. In order to effectively fulfil UNHCR's mandate of providing protection to people fleeing violence and persecution, refugees must be at the centre of all that we do. This means they need to be able to meaningfully participate in decision-making concerning their protection and wellbeing.

The participatory assessment aims to facilitate the participation of refugee women, men, girls and boys of diverse backgrounds in the definition of problems and challenges and the design of programmes for their benefit. The findings of this assessment show that the community is able to not only identify the challenges affecting different groups within the community, but also able and willing to work towards solutions. The engagement of refugee women, men, girls and boys of different ages and backgrounds as equal partners in service delivery will not only increase community ownership of programmes but also allow monitoring and course corrections to be driven by the communities themselves.

As highlighted in the report, diverse capacities exist within the community to address challenges identified. It is important for all actors to work closely with refugee communities in finding solutions, building on existing capacities of women, men, girls and boys, for the community to take ownership and play a leading role in achieving their own protection. Actors in the humanitarian response are encouraged to carefully study and use the recommendations made by refugee women, men, girls and boys in this report to adapt their programming.

PARTICIPATORY ASSESSMENT UGANDA REFUGEE OPERATION

NATIONAL REPORT