

Background & Methodology

Due to its proximity to three major humanitarian emergencies in South Sudan, Burundi, and the Democratic Republic of Congo (DRC), its progressive refugee hosting and settlement policies, and the ease of border crossings, Uganda has received a large number of refugees over the past 3 years.

With over 1 million refugees in Uganda¹, humanitarian needs across the country are significant with little capacity for actors to clearly map the landscape of needs across refugee and host communities alike. UNHCR, with support from REACH, conducted a Multi-Sector Needs Assessment with the aim to address this information gap by providing evidence-based analysis to inform the Refugee Response Plan (RRP) for 2019-2020.

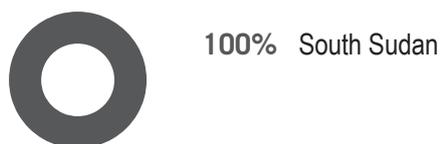
A total of 4,313 refugee household (HH) level surveys were conducted across all 30 refugee settlements. Households were randomly sampled with a confidence level of 95% and 10% margin of error and findings are generalisable at the settlement level.

101 HHs were interviewed in Alere II Settlement between 19 May and 22 May 2018.



Demographics

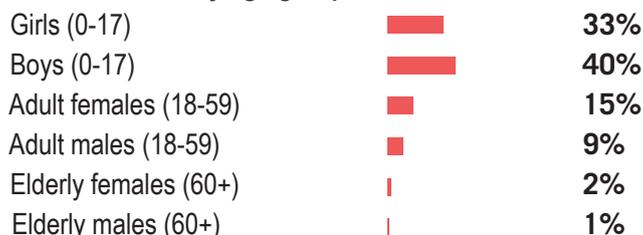
% of assessed HHs by area of origin:



% of HHs that have lived in the settlement for:

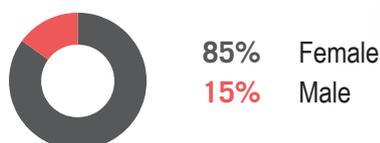


% of individuals by age group:



Average HH size:² 10.1 members

Gender distribution of the head of the HHs:



Top sectors with most reported HH needs:³



1) OPM RIMS statistics, June 2018, Uganda Comprehensive Refugee Response Portal.

2) The MSNA found the average size of refugee and host community HHs to be larger than previous assessments conducted in Uganda. HH was defined as a group of members who regularly share resources, such as water, food, and living space.

3) Respondents could select multiple options.

4) Refugees are registered in settlements by Uganda's Office of the Prime Minister (OPM).

Note: For questions asked only to a subset of households, a lower confidence level and a wider margin of error may apply.

Protection

99% of HHs reported being registered in the settlement.⁴

% of HHs with at least one vulnerable member:

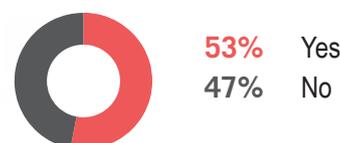
- 63%** Unaccompanied or separated children
- 35%** Individuals with chronic illnesses
- 39%** Individuals with disabilities
- 48%** Pregnant and/or lactating women

% of HHs reporting at least one member with psychological distress:



21% of the HHs with at least one member with psychological distress were unable to receive psychological care.

% of HHs with at least one unaccompanied or separate child that reported still needing targeted protection services:



% of HHs that reported being reached by protection awareness campaigns on:



47% of HHs with at least one woman or girl of reproductive age reported at least one female member could not access sanitary pads.

Livelihoods & Environment

Top 3 reported income source over the 30 days prior to data collection:¹

Remittances		36%
Small business		24%
Agriculture		21%

% of HHs that had access to agricultural land in Uganda during the most recent harvest season:



Of the assessed HHs with access to agricultural land, **72%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

Top 3 reported ways HHs accessed land for agricultural purposes:

Free through OPM		76%
Rents the land		11%
Free access		11%

9% of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:²

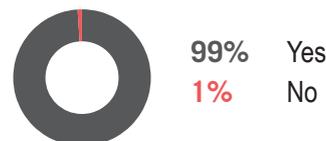
Sold assistance items received		39%
Borrowed money		25%
Spent savings		24%

% of HHs where at least one member participates in community-based savings/loan/insurance schemes:



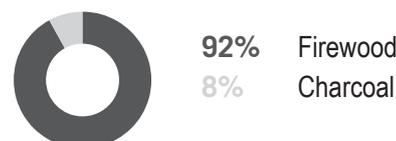
14% of the assessed HHs have members that have ever received vocational training.

% of HHs reporting having access to local markets within walking distance:



17% of the HHs reported that they had faced challenges in accessing a market to sell or buy agricultural products or livestock in the 30 days prior to data collection.

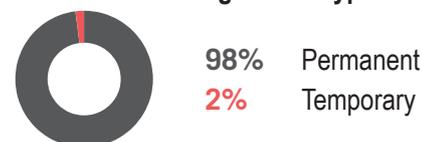
% of HHs reporting the following primary fuel sources:



63% of the assessed HHs reported having an improved cooking stove.³

Shelter & NFIs

% of HHs with the following shelter types:⁴



% of HHs reporting the following shelter vulnerabilities:

Leaking when it rains		68%
Flooding in past 1 year		12%

Top 3 reported NFI priorities:¹

Water storage items		68%
Bedding (e.g. mats)		67%
Mosquito nets		54%

1) Respondents could select up to three options.

2) Respondents could select multiple options.

3) Improved cooking stove or energy saving stoves are designed to consume less firewood and produce less fumes.

4) Permanent shelters includes mudbrick, tukul and concrete brick. Temporary shelters includes emergency tent and makeshift shelter.



Health & Nutrition

Top 3 reported health issues among HH members during the 2 weeks prior to data collection:¹

Malaria		78%
Respiratory infection		32%
Diarrhoea		28%

Of the HHs that reported having a member with health issues in the past year, **28%** reported facing challenges when they sought treatment.

Top 3 reported challenges in accessing health care:

No medicine available		52%
Delays		26%
Lack of transport		22%

Of the HHs with children:²

- 95%** reported they had been vaccinated against polio.
- 89%** reported that they had been vaccinated against measles.

% of HHs reporting owning mosquito nets:



Average number of HH members sleeping under nets: 3.7

% of HHs with pregnant and/or lactating women that had received the following services:

Counselling on infant and young child feeding	98%
Iron and folic acid supplements or micro-nutrient supplements	92%
At least 2 doses of fansidar ³	90%

1) Respondents could select multiple options.

2) Polio vaccination is given to children between 0-5 years old. Measles vaccination is given to children aged 15 or younger.

3) Fansidar is a prescription medication used to prevent and treat malaria. It can be used for pregnant women as the risks to the mother and fetus is small in relation to the benefits of the drug.

4) Basic HH needs include having enough water for drinking, cooking, bathing, etc.

5) The question was asked to HHs that reported to have inadequate water over the seven days prior to data collection.

6) The question was only asked for HHs that reported not having access to soap.

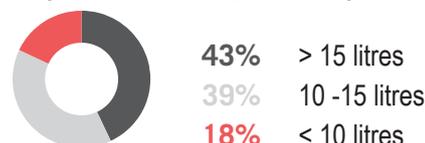


Water, Sanitation & Hygiene

Top 3 reported sources of drinking water:

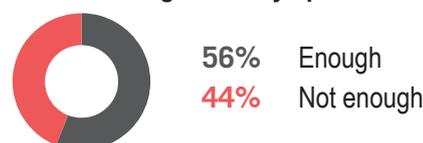
Borehole		89%
Public tap		11%
Household connection		0%

% of HHs, by litres of water/person/day:



Average litre of water/person/day: 16 litres

% of HHs reporting not having enough water to cover the basic HH needs during the 7 days prior to data collection:⁴



Top 3 reported strategies for coping with insufficient quantity of water during the 7 days prior to data collection:⁵

Fetch from further point		57%
Use less water for bathing		52%
Use less water for drinking		9%

% of HHs reporting challenges to collecting water:

Distance		3%
Queuing		25%
Queuing and distance		24%
None		49%

43% of the HHs do not have access to a functioning HH latrine.

40% of the HHs did not have soap in the HH during data collection.

Top 3 reported reasons for HHs not to have soap in the HH:⁶

Soap is too expensive		92%
Prefer a substitute		5%
Waiting for next distribution		2%

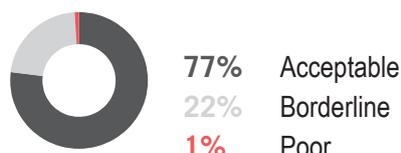
Food Assistance

Top 3 reported primary source of food during the 7 days prior to data collection:¹

Food distribution		67%
Bought with cash		26%
Gifts from family and friends		2%

HHs that had been living in the settlement for less than one year relied less on humanitarian aid (33%) than HHs that had lived there from one year or more (68%).

% of HHs with the following Food Consumption Scores (FCS):²

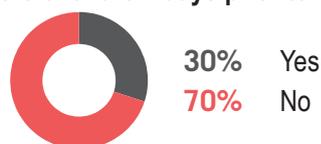


HH average Food Consumption Score: **45**

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	00%	100%	100%	77%
Borderline	100%	0%	0%	22%
Poor	0%	0%	0%	1%

% of HHs who reported having access to sufficient food for all members over the 7 days prior to data collection:



% of HHs reported using food coping strategies during the 7 days prior to the data collection:

Reduce number of meals / day		47%
Limit meal size		45%
Buy cheaper food		29%
Debt/Borrowing		20%
Skip days of eating		9%
Only children eat		2%
Exchanged food for different food		0%
None		10%

Education

20% of households with school-aged children have at least one child not enrolled in school

% of HHs with at least one child not enrolled in school, by age and gender:

	Boys	Age	Girls
24%		3 - 5	13%
8%		6 - 12	7%
6%		13 - 18	9%

% of HHs with at least one school aged children enrolled in school, by school type:

	Boys	Girls
ECD		47%
Primary		85%
Secondary		10%
Other ³		0%
Not enrolled		10%

Of the households with school aged children not attending school, 15% reported their children had been enrolled before displacement but had dropped out at the time of the assessment.

Top 3 reported barriers to education for HHs with at least one school-aged child not enrolled in school:¹

High costs		42%
Distance		16%
Child is disabled		16%

Of those HHs that reported cost as a barrier to education, the following were reported as the most common costs:

- 1 Tuition
- 2 Uniform
- 3 Books

1) Respondents could select multiple options.

2) The FCS is used as proxy for HH food security and is a composite score based on 1) Dietary diversity 2) Food frequency and 3) Relative nutritional importance of the various food groups consumed by HHs. The FCS is recorded from a 7-day recall and is based on 9 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. In the Ugandan context the thresholds used are as follows: ≥ 31 – Acceptable; 28 - 30 – Borderline; ≤ 27 - Poor.

3) Other types of education include accelerated learning program, non-formal skills training, and vocational training.