

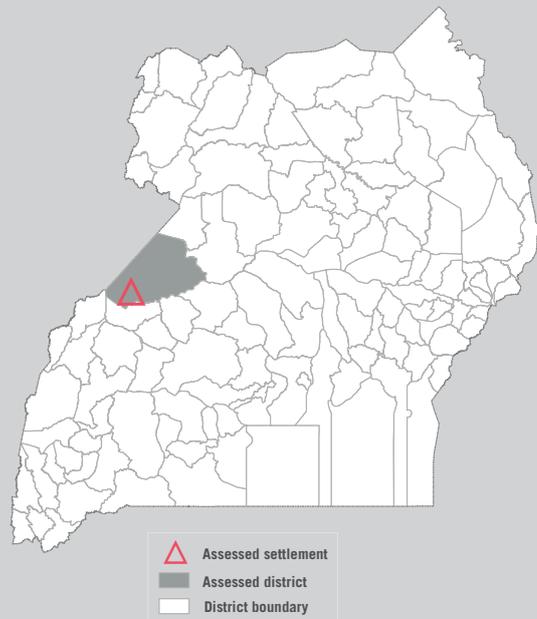
### Background & Methodology

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 Uganda<sup>1</sup>, 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.

125 HHs were interviewed in Kyangwali Settlement between 31 May and 8 June 2018.



### Demographics

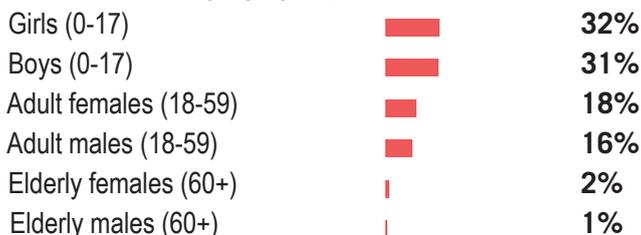
% of assessed HHs by area of origin:



% of HHs that have lived in the settlement for:

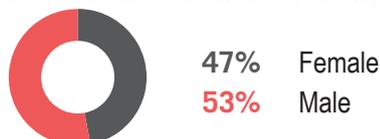


% of individuals by age group:



Average HH size:<sup>2</sup> 5.5 members

Gender distribution of the head of the HHs:



Top 3 sectors with most reported HH needs:<sup>3</sup>



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

98% of HHs reported being registered in the settlement.<sup>4</sup>

% of HHs with at least one vulnerable member:

- 36% Unaccompanied or separated children
- 48% Individuals with chronic illnesses
- 30% Individuals with disabilities
- 43% Pregnant and/or lactating women

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



52% 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:



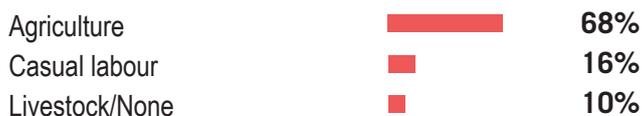
% of HHs that reported being reached by protection awareness campaigns on:

- SGBV 36%
- Child protection 26%
- Psycho-social 22%

30% 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:<sup>1</sup>**



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



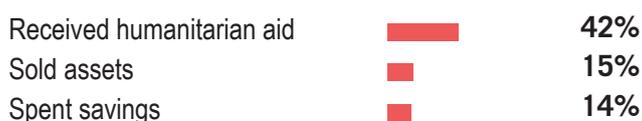
Of the assessed HHs with access to agricultural land, **72%** reported that the land did not provide sufficient enough food for the entire HH in the most recent harvest season.

**Top 3 reported ways HHs accessed land for agricultural purposes:**

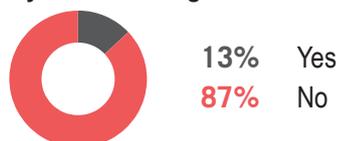


**2%** of the HHs that had access to agricultural land did not cultivate or plant crops in the most recent harvest season.

**Top 3 reported livelihood coping strategies used by HHs over the 30 days prior to data collection:<sup>2</sup>**

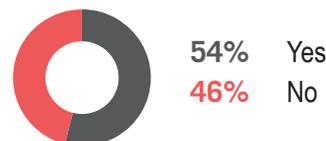


**% of HHs where at least one member participates in community-based savings/loan/insurance schemes:**



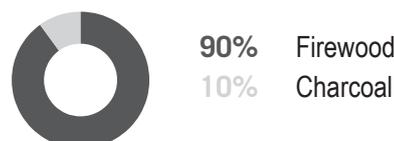
**6%** of the assessed HHs have members that have ever received vocational training.

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



**37%** 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.

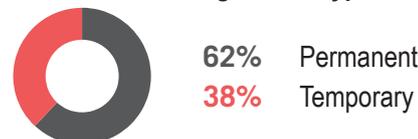
**% of HHs reporting the following primary fuel sources:**



**26%** of the assessed HHs reported having an improved cooking stove.<sup>3</sup>

## Shelter & NFIs

**% of HHs with the following shelter types:<sup>4</sup>**



**% of HHs reporting the following shelter vulnerabilities:**



**Top 3 reported NFI priorities:<sup>1</sup>**



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:<sup>1</sup>**

Malaria		58%
Diarrhoea		32%
Rapid weight loss		22%

Of the HHs that reported having a member with health issues in the past year, **54%** reported facing challenges when they sought treatment.

**Top 3 reported challenges in accessing health care:**

No medicine available		54%
Cost of drugs		20%
Lack of transport		17%

**Of the HHs with children:<sup>2</sup>**

- 82%** reported they had been vaccinated against polio.
- 44%** reported that they had been vaccinated against measles.

**% of HHs reporting owning mosquito nets:**



**Average number of HH members sleeping under nets: 1.1**

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

Counselling on infant and young child feeding	78%
Iron and folic acid supplements or micro-nutrient supplements	69%
At least 2 doses of fansidar <sup>3</sup>	67%

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.

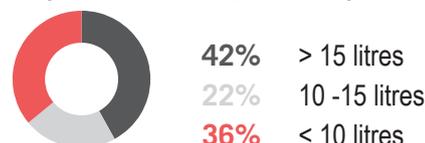


## Water, Sanitation & Hygiene

**Top 3 reported sources of drinking water:**

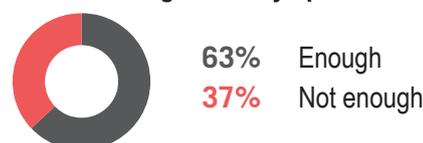
Borehole		56%
Protected rainwater tank		18%
Public tap		8%

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



**Average litre of water/person/day: 18 litres**

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



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

Use less water for bathing		59%
Fetch from further point		30%
None		15%

**% of HHs reporting challenges to collecting water:**

Distance		10%
Queuing		42%
Queuing and distance		21%
None		26%

**36%** of the HHs do not have access to a functioning HH latrine.

**50%** 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:<sup>6</sup>**

Soap is too expensive		67%
Waiting for next distribution		22%
Soap isn't necessary		5%

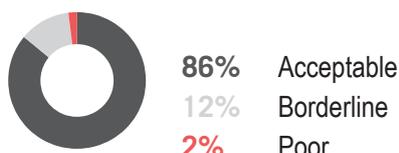
## Food Assistance

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

Bought with cash		42%
Own production		26%
Food distribution		22%

HHs that had been living in the settlement for less than one year relied more on humanitarian aid (50%) than HHs that had lived there from one year or more (17%).

% of HHs with the following Food Consumption Scores (FCS):<sup>2</sup>



HH average Food Consumption Score: **47**

% of HHs FCS by time spent in the settlement:

	<6 months	7 - 11 months	1 - 2 years	>2 years
Acceptable	89%	100%	82%	85%
Borderline	11%	0%	9%	13%
Poor	0%	0%	9%	2%

% 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		27%
Limit meal size		35%
Buy cheaper food		28%
Debt/Borrowing		6%
Skip days of eating		7%
Only children eat		6%
Exchanged food for different food		7%
None		10%

## Education

44% 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
42%		3 - 5	
6%		6 - 12	
24%		13 - 18	

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

	Boys	Girls
ECD		11%
Primary		60%
Secondary		8%
Other <sup>3</sup>		0%
Not enrolled		22%
		28%

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:<sup>1</sup>

High costs		23%
Child needs to do chores		12%
Distance		9%

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

- 1 Books
- 2 Uniform
- 3 Tuition

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.