



**UGANDA
AGE, GENDER AND DIVERSITY
PARTICIPATORY ASSESSMENT
REPORT
2018**



Acknowledgements

This report is based on dialogues with refugees and asylum seekers conducted in Uganda between September 2018 and March 2019. UNHCR is grateful for the extensive involvement and support of UNHCR's partners, local authorities, civil society, and international organizations. Crucially, UNHCR would like to acknowledge the refugees and asylum seekers whose participation demonstrates a commitment to engage pro-actively in decision-making concerning their protection and finding solutions to their needs despite the challenges and difficulties faced in their current situation.

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COVER PHOTOGRAPH:

*(Top) Focus group discussions with urban refugees at the Antonio Guterres community centre, Kabusu © Interaid Uganda.
(Bottom) Focus group discussions with refugees in Bidibidi settlement, Yumbe District © UNHCR*

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A UNHCR Field Officer walks through a roadside market during the monthly aid distribution in Zone 1, Bidibidi Refugee Settlement.

Executive Summary

The United Nations High Commissioner for Refugees (UNHCR) continues to uphold the virtues of inclusion and participation by advocating for the recognition of different perspectives when determining individual experiences, capacities and needs of refugees, asylum-seekers and other persons of concern.

UNHCR's Age, Gender and Diversity (AGD) approach is hinged on the notion that persons of concern can enjoy their rights, irrespective of their age, gender, socio-cultural background, religious beliefs, ethnic background or other characteristics. To safeguard their rights and well-being, the approach emphasizes the engagement of persons of concern of diverse backgrounds in the conception of interventions designed to address their concerns while building upon existing strengths and capacities of refugees and their host community.

In 2018, the Uganda operation organized and facilitated AGD participatory assessments under the leadership of the Office of the Prime Minister (OPM) and UNHCR. Countrywide consultations were conducted with women, men, girls and boys of concern of various nationalities, age and other diverse groups in the 13 refugee hosting districts of Uganda namely Adjumani, Arua, Koboko, Lamwo, Moyo, Yumbe, Kiryandongo, Hoima, Kyegegwa, Kamwenge, Isingiro, Kisoro and Kampala. The consultations sought to promote meaningful participation of refugees in shaping UNHCR and partners' interventions, to ensure that programmes are informed by perspectives of refugees and host communities, address priorities and needs of the community, and that the communities' capacities are mobilized in pursuing solutions to the issues faced.

The most pressing issues refugees face as highlighted in this report are access to livelihoods, access to and quality of services such as education and health, as well as protection risks which manifest in different forms and pose a risk to physical safety and security. Persons with specific needs were also noted to be particularly challenged in accessing services as they received inadequate support. It is also evident that there is a dire need for enhanced mental health and psycho-social support (MHPSS) services given the growing trend of suicides amongst South Sudanese refugees. This is an issue that needs to be addressed with urgency as there are currently few partners that offer specialized MHPSS services in the refugee response. The report also highlights approaches and existing capacities within the refugee community to cope with hardship as well as mitigate protection risks. Some of these capacities can be harnessed to effect positive outcomes and community ownership of interventions.

Detailed findings of the assessment are covered in the reports of specific locations where consultations were conducted. Therefore, in order to garner a comprehensive overview of the findings, this report as well as those compiled from the different settlements and Kampala should be read in tandem.

Background

Forced displacement impacts people differently, depending on age, gender, and diversity. Understanding and analysing the impact of intersecting personal characteristics on people's experiences of forced displacement are necessary for an effective response. Effective and accountable humanitarian responses therefore require:

- a) Continuous and meaningful engagement with persons of concern;
- b) Understanding their needs and protection risks;
- c) Building on their capacities; and
- d) Pursuing protection, assistance, and solutions that consider their perspectives and priorities.

The UNHCR Participatory Assessment Methodology was developed in 2006¹ and has been implemented in nearly all UNHCR operations. Participatory Assessments (PA) seek to build partnerships with populations of concern by promoting meaningful involvement through structured dialogue for purposes of safeguarding their rights and well-being. The PA methodology incorporates the Age, Gender and Diversity (AGD) framework which aims at building partnerships with refugee women, men, girls and boys of all ages and backgrounds. Further, the assessment recognizes power relations among groups (political, social, economic, gender, etc.) and provides an insight into the gender, age, race, ethnic, or tribal power dynamics that can lead to abuses within and between communities so that preventive measures can be adopted.

These annual consultations are conducted with refugees to gather accurate information on the specific protection risks that populations of concern face, the underlying causes, capacities as well as proposed solutions. This forms the basis for the implementation of the rights and community-based approaches.

This report seeks to provide a consolidated overview of key protection risks, capacities and proposed solutions identified by persons of concern in Uganda. The report highlights key findings per sector and incorporates a sector analysis of the findings as well as recommendations to be considered by humanitarian and development actors while designing projects for refugees and host communities in the Uganda refugee operation. **NOTE:** While some sector strategic recommendations have been included in the report, most recommendations were proposed by refugees.

Specific objectives

- To ensure participation of all refugees and asylum seekers, inclusive of various age groups, gender and diverse backgrounds, in mapping protection risks;
- To provide data and information that can be used for operation programs prioritization;
- To identify existing capacities and resources that could be strengthened for future intervention and promoted for self-reliance and resilience within the framework of Comprehensive Refugee Response Framework (CRRF);

¹ UNHCR, *UNHCR Tool for Participatory Assessment in Operations*, May 2006, First edition, available at: <https://www.refworld.org/docid/462df4232.html>

- To ensure inclusion of refugees and asylum seekers in program planning as rights holders rather than mere recipients of aid.

Themes

To achieve the objectives of the PA, desk reviews of existing documents were conducted thereby identifying various themes (protection and assistance issues) to guide facilitators of the multi-functional teams (MFTs) in carrying out the assessment. The themes identified were categorised into seven main groups with several sub-themes or subjects as follows.

| PROTECTION | | |
|---|--|---|
| Safety and Security (General safety and security problems, incidents encountered and relation of refugees with authorities, police/law enforcement and refugee Neighbourhood Watch Team relationship with host communities, lighting, alcoholism, suicide etc.) | Registration and Documentation (Particularly registration of new born babies and additional family members, continuous registration activities, civil registration and documentation (birth, marriage and death etc.) | Legal assistance and Legal Remedies (Awareness of legal rights and obligations, reporting of cases, access to courts, access to legal assistance services) |
| Sexual and Gender Based violence (SGBV) (Including understanding of SGBV, prevalence of SGBV, reporting and referral pathways, services provided to SGBV survivors, sexual exploitation and abuse, etc.) | Child Protection (Including protection risks for children, support to children with specific needs including children with disability, child protection community structures, child-friendly space services, youth specific programming) | Community Representation and Participation (Including availability and support of community representation, capacities of communities, participation of women, youth and persons with specific needs, etc.) |
| Peaceful Co-existence (Relationship between refugee and host communities, and between refugees, cause of conflicts and dispute resolution) | Support to Persons with Specific Needs (PSNs) (Including access to services, quality of support and feedback availed to PSNs) | |
| Education (Including access to education, attendance, quality of education and accessibility to secondary education and perception of children on education etc.) | Health and Nutrition (Including accessibility and quality of health services, availability of mental health and reproductive health services etc.) | Water, Sanitation, and Hygiene (WASH) (Including water supply for domestic use, water container, quality of water, water points, sanitation) |
| Food and Non-Food Items (NFI) (Including food and non-food items distribution, accessibility of distribution centres to person with specific needs) | Shelter (Conditions of shelters, accommodation capacity of shelters, renovation of shelters, availability of skills of refugees to renovate etc.) | Livelihoods and Environment (Income generating activities (IGA), Vocational training, host community relationships, access to local market, land, sustainability of self, energy and environment etc.) |

Methodology

The assessments were organized and facilitated under the leadership of OPM and UNHCR in September - November 2018 in 13 refugee hosting districts of Uganda as noted above.

The exercise was mainly conducted using qualitative methods through review of secondary data i.e. desk reviews of existing documents (assessments/reports); meetings with community leaders and partners for planning; training of partners and leaders; data collection and analysis. The assessment was conducted by Multifunctional Teams (MFTs) constituting of partners (Operational and Implementing), OPM, WFP and UNHCR staff. Gender representation was ensured in each MFT group of facilitators.



Training of partners on the AGDM participatory assessment in Rwamwanja
© Tita Chang, UNHCR.

The methodology used for data collection was mainly focus group discussions, key informant interviews, semi structured discussions and observations/spot checks. The selective sampling approach was used to select participants to ensure adequate representation in terms of age, gender, nationality, ethnic/religious background and involvement of people with specific needs.

MFTs consulted refugees of different age groups (10-13, 14-17, 18-40, 40+), sex (male, female) and diverse backgrounds in each settlement and location (nationality, ethnicity, specific needs, key informant groups). Targeted community structures and individuals within the community for key informant interviews included senior teachers, child protection committees (CPC), gender task force (GTF), head teachers, health workers, local council chairpersons, officer in charge of police, landlords, school management committee (SMC), village health team (VHT), refugees and host community members among others.

Limitations

- The sample groups might not 100% represent the views of entire communities.
- A multifunctional, interagency approach was applied with varying knowledge, background and expertise of team members.
- Given that the assessment is qualitative in nature, the findings provide insights into common issues faced by communities, including those expressed by specific groups such as persons with specific needs or marginalized / minority groups. However, it does not discount that a unique finding per sector may be revealed.

Operational Context

Uganda hosts the largest refugee population in Africa and third largest in the world, with 1.19 million refugees as of December 2018. The main population groups comprise of 789,099 refugees from South Sudan; 312,699 from the Democratic Republic of Congo (DRC); 34,981 from Burundi; 23,633 from Somalia; and 30,510 from other nationalities. 62 percent of Uganda's refugees and asylum seekers are children, while 83 percent are women and children. The majority of refugees are accommodated in settlements in 12 districts in northern and mid/south-western Uganda, and approximately 5 percent of the refugee population resides in urban areas, predominantly Kampala.

The Government of Uganda (GoU) continues to maintain an open border and progressive asylum policy that allows refugees to be settled and integrated into host communities in line with GoU's Refugee Policy. Under the Refugee Act 2006 and its 2010 Regulations, refugees are guaranteed a range of rights including the right to documentation, freedom of movement, access to social services and the right to work and establish businesses. It is also the policy of the GoU to allocate a plot of land to refugee households for shelter and agricultural production. UNHCR collaborates closely with and supports the Department of Refugees within OPM and several line ministries.



Delphine, 60, attends a women's community meeting at the Women's Protection Centre in Zone 3 of the Bidibidi Refugee Settlement.

Key Protection Concerns and Recommendations

Physical Security and Safety

Limited number of police and police posts: Refugees cited that they felt insecure due to the limited presence of police in the settlements.

High crime rates and violence in the community: Refugees attributed the crime rate to poverty and limited police presence which delays reporting and response. Additionally, idleness among youth was noted as a contributing factor to crime, violence at home and in the community. It was reported that theft among adolescents, youth, school dropouts and the community at large was attributed to idleness as a result of lack of employment and increasing cost of living.

Violence against women, girls and children: Refugee women and girls reported that they were exposed to violence such as rape and forced marriage among others. They further reported that they were prone to attacks by the host community when they travelled long distances to collect firewood. This breeds animosity and violence between refugees and the host community. To mitigate this challenge, refugee women and girls walk in groups to collect firewood. Additionally, children are also privy to violence in the form of corporal punishment perpetrated by parents and at school.

Unaccompanied and separated children tend to be affected more by different forms of violence due to the care arrangement when the caretakers subject them to mistreatment.

Lack of protection houses: Refugees reported the lack of protection houses for the protection of individuals with serious security related concerns. Lack of safe spaces for SGBV related cases, attributed to inadequate funding, was further noted. As existing capacity within the community, refugees noted the availability of community leadership structures to handle and respond to protection related incidents/minor offences and disputes.

Security concerns emanating from the country of origin: A few individuals in settlements and Kampala expressed security concerns emanating from their country of origin.

Risks to physical safety: Rivalry between refugee tribes (caused by tribal differences in the country of origin), lack of well-established security structures as well as limited police personnel and poor facilitation were cited as risk factors. It was highlighted by refugees that delivery of expired food items to stores, insufficient quantity of food, delays and exposure to harsh weather conditions (rain and strong sun shine) at distribution points are causes of frustration that could potentially trigger violence.

Poor lighting was also cited as a risk factor, leaving the community feeling exposed to insecurity. For example, male PSNs added that they lived in fear at night due to worn out solar lanterns/lamps. In some incidences, it was asserted that new arrivals were not provided with household lights (solar lanterns) in their CRI package. Further, vandalism of solar lights in the settlements was also widely reported.

New arrivals cited that they feared attacks by unknown people at night who on numerous occasions threw stones into facilities at night for unknown reasons. More so, refugees cited uncontrolled foot paths close to accommodation facilities as a threat to their physical security.

Some refugees also reported that they continue to face physical threats by some hosts who threaten refugees especially those engaged in collection of firewood, charcoal burning and brick laying business as sources of livelihood.

In Kampala, refugee women and girls reported that because of poverty and other hardships, refugees have resorted to negative coping mechanisms such as survival sex, sex trade and alcohol/substance abuse among others. This has left some PoCs exposed to protection risks particularly in certain areas of Kampala.

Increased alcoholism and drug abuse: Adolescent boys (14-17) emphasized the prevalence of drug abuse among their peers. They attributed this to idleness in the community as well as peer group influence. High alcohol consumption was noted to contribute to violence including sexual assaults.

Insecurity for minority groups: South Sudanese refugees raised allegations of witchcraft by some tribes. To mitigate witchcraft related concerns, refugees highlighted the availability of religious leaders,

elder's forums, Local Councils (LCs) / Refugee Welfare Councils (RWCs) that have the capacity to hold and organise community dialogues to resolve these disputes. Refugees from minority groups also cited verbal and physical harassment.

Risk of physical assault: Female refugees expressed that they lived in fear of former convicts that are released back to the community upon serving their sentences. They assert that these former convicts could revert to similar offences that would cause them harm. It was also emphasized that the community is often not informed of the release of these convicts.

Risk of suicide: South Sudanese refugees reported increased attempted cases of suicide which they attributed to HIV, alcoholism, unwanted pregnancy, mental illness, drug abuse and inadequate provision of psychosocial support. In some settlements, they cited the lack of a dedicated partner providing psychosocial support to refugees.

Other risk factors threatening physical safety and security

- Poor shelter offering very limited security against crime.
- Reported presence of members of rebel groups from countries of origin in some settlements.
- Motor accidents as a result of over speeding particularly in Kyaka and Nakivale as the roads are narrow and close to populated places such as markets.
- Tensions between refugees and host communities attributed to land/ plot allocation.
- Poor road network.
- Collapsing of bridges due to heavy rain.
- Security incidents have occurred on occasions where delayed registration resulted in refugees and asylum seekers missing food rations.
- Community-based protection and overall presence of UNHCR has been impeded by limited protection staff who have to deal with overwhelming protection issues in South West region.
- Abuse of authority by refugee leaders who at times beat other refugees as reported in some settlements
- Thunder and lightning were reported as a serious concern in Pagirinya and Mungula refugee settlements in Adjumani. Lightning strikes have resulted in the death of refugees and destruction of houses.
- Inadequate number of neighbourhood watch groups due to lack of incentives such as transport, torches, gumboots and rain coats.
- High number of unregistered refugees in the settlement caused by presence of new arrivals from South Sudan and refugees who missed the verification exercise.
- Community reported that some parents abandon their children in the settlement and return to South Sudan in search of opportunities and a way of making ends meet.
- Presence of discotheques, lodges and video halls which encourage negative coping mechanisms like alcohol and drug abuse. The lodges encourage SGBV especially affecting the women and girls and promote school drop outs among the youth.

Recommendations by refugees

- Advocate for deployment of additional police officers (while ensuring gender balance) to address the insufficient manpower at police posts and strengthen capacity of police to respond to incidences.
- Build capacity of community based security structures notably Refugee Night Watch (RNW) / neighbourhood watch groups. They should be supervised and provided with support such as torches, gumboots, rain jackets, etc. to facilitate night patrolling and apprehension of criminals in collaboration with Police.
- Enhance psycho-social support programming.
- Strengthen police mobility in settlements.
- Advocate for by-laws to outlaw sale and production of alcohol in the settlement.
- Construct more protection houses and create safe spaces for SGBV cases.
- Explore the installation of more street lights at strategic locations.
- Sensitize the community on the dangers of alcoholism and psychosocial support for alcoholics.
- Strengthen community policing and provision of IGA support to idle and unemployed youth.
- Enhance psychosocial support and mental health interventions as well as legal action against PoCs that attempt suicide as a deterrent (section 210 of Penal Code Act 1950).
- Enhance SGBV prevention and response.
- Provide alternative energy sources as well as enhanced refugee and host community peaceful co-existence interventions.
- UNHCR/OPM to strengthen partnerships between refugees and hosting communities/ humanitarian and development actors.
- UNHCR and the local government to repair Olijji bridge in Adjumani.
- Level roads and upgrade bridges to facilitate access to settlements
- Advocate for the adoption and enforcement of bylaws regarding discotheques, video halls and lodges.
- UNHCR and NGOs to build fences around all schools to protect children and school properties.

Registration, Documentation and Refugee Status Determination (RSD)

Lack of access to services due to registration related challenges: Refugees reported existence of some unregistered members in the community, which hinders their access to services and assistance. This gap has greatly affected the welfare of some households in the community. They acknowledged that some community members were not present during refugee verification. However, the inadequate information on where unregistered/unverified members can get support on registration services was also emphasised as well as the long distance to access registration and documentation services. Relatedly, the refugees report that due to challenges related to verification/registration of unregistered family members, they are obliged to share the existing resources particularly shelter and food. On the other hand, it was reported by male refugees (40+) in Arua that cases which require family reunification are not given priority by the registration team and yet these people live in the refugee settlement and require assistance and support.

Language barrier: It was asserted that access to registration was hampered by language barriers which often resulted in the recording of wrong data by the registration team and vice versa. In particular,

it was cited that there is need for additional translators for some languages at the verification/registration points. The situation is worse for minority tribes that speak French and Lingala (mainly Congolese). The adult Congolese refugees (18-40) also reported long delays at registration and verification sites since priority is given to South Sudanese refugees who are the majority with readily available interpreters.

Access to documentation: Refugees in settlements and in urban Kampala reported that their movements are restricted as some had not received documentation, such as refugee IDs and refugee attestations. Some refugees in Rhino Camp had not been provided with identity cards at the time of the assessment. This also hinders access to some services such as employment and access to loans among others. Further, refugees and members of the host community also reported challenges in accessing birth certificates due to the lengthy and undefined procedure of acquiring the document. Additionally, it was noted that in circumstances where refugees sought to replace their lost documents, the process of replacement was often lengthy. It was also reported by urban refugees that, in situations where they lost their documents and reported to the police, the police often ask for bribes to get a reference number, a condition for replacement. Further, urban refugees emphasized that they could not afford transport related costs to access sites for registration and processing birth certificates among other processes.

Risk of delayed access to services: New arrivals asserted that the registration process is lengthy resulting in long stays at reception centres beyond 3 days (sometimes more than 2 weeks). It was noted that basic items were given out only once without due consideration of the duration of stay. Additionally, refugees noted that there is delayed issuance of documentation and relocation to settlements. In situations where there are few new arrivals, it was reported that relocation is not conducted because of the assumption by OPM that the numbers were low.

Delays in Refugee Status Determination (RSD): PoCs in Kampala perceive the RSD process as a “very long and slow process”. The general perception in urban areas is that it takes a long time before the Refugee Eligibility Committee (REC) takes decisions on refugee status. An example was cited in Kampala whereby a refugee waited for seven years to be granted refugee status. Some PoCs expressed that they missed opportunities in education, employment, and health as a result of their unresolved status. Concerns over the RSD process are exacerbated by bureaucratic processes, inadequate access to information and feedback leading to frustration, limited awareness of refugee rights and responsibilities, reports of corruption/bribery and language barrier among other factors.

Further, the findings of the participatory assessment indicate PoCs have high expectations of resettlement upon recognition of refugee status. Some PoCs assume that upon recognition of refugee status they automatically and immediately qualify for resettlement which is not the case.

Recommendations by refugees

- Provide timely refugee documentation including individual identity cards, birth certificates for children etc.
- Enhance supervision of registration staff.
- Train staff on protection principles and code of conduct.

- Prioritize family reunification.
- Carry out inter-settlement transfers.
- Follow up on registration related complaints in all settlements.
- Encourage all staff serving refugees to act with professionalism.
- Encourage refugees to co-operate with local leaders; LC system, security team, police and employ self-protection measures.
- Sensitize urban refugees, especially new arrivals, on their rights as well as on resettlement to manage expectations.

Legal Assistance and Legal Remedies (Access to Justice)

Limited access to justice: Refugees across the settlements expressed that they face a number of challenges, such as language barriers, cultural differences/gender-related sensitivities (*e.g. some Somali women are sensitive about being attended to by male officials, and differences in legislation regarding age of consent with regard to marriage*), shortage of legal aid service providers and limited knowledge of refugees on national laws, such as the national prison laws and procedures, and their rights and obligations. The host community also expressed challenges in accessing justice, highlighting that no particular attention is paid to cases reported by them. It was alleged that response is only received when cases involve refugees as survivors while cases perpetrated by refugees against nationals are unattended to. Negative attitudes towards the formal legal process were cited as a major cause of underreporting of cases and witnesses' attendance. Persons of concern also raised concerns over the fact that cases related to witchcraft are not addressed in court.

Additionally, delayed or incorrectly filled police forms to be adduced as evidence in courts of law poses a challenge in access to justice. Defilement and rape cases often suffered because of the inadequate information captured on the police form 3 provided by health centres (HC).

Preference to informal justice mechanisms: Refugees perceived informal justice mechanisms as fair and more efficient. However, it was noted that these informal systems require money to resolve cases and if one does not have the means, they cannot be assisted. Charges range between 5,000-20,000 Ugandan Shillings (Ugx) per litigant.

Delays in court proceedings: Refugees attributed the delays in court proceedings to the frequent adjournment of cases discouraging litigants and witnesses; inadequate interpretation services and difficulties in investigating cross border crimes as a result of porous borders; and increased mobility of refugees/asylum seekers and mixed migration flows. Further, it was noted that most refugees fail to satisfy the requirement of bail due to lack of substantial sureties and the cost of bail.

Prolonged investigation by the police: This fact is exacerbated by the sparse police stations/posts, long distances to police posts, inadequate vehicles and fuel, and limited number of police officers in the settlements especially female police officers due to lack of police accommodation. As such, the police presence/response is not felt in settlements, and refugees report that the police does not conduct community policing regularly and are not involved in legal awareness campaigns. Consequently, cases in need of police intervention are not reported. Further, the perceived arrogance of police officers was

noted as contributing to alienation within the community as witnessed by the level of late/under reporting.

Obstructed justice: It was cited that RWCs & neighbourhood watch committees occasionally obstruct justice by preventing arrests, handling cases, lack of/late reporting of cases to either police or partners. Families were also noted to be interfering in sexual offences especially in cases involving minors. Further, perceived corruption at different levels of positions of authority such as the refugee leadership structures, police and court officials were reported. The risk of bribery rendered survivors vulnerable and effectively hindered reporting of cases. Under/late reporting of cases stifles timely justice as evidence may be destroyed/tampered with and perpetrators may flee.

Increased suicide rate: In Bidibidi, it was noted that there were increased cases of attempted suicide as a result of traumatic experiences.

Increased crime rate: Refugees perceived that there was an increase in crime rate due to the following factors. They reported that suspects were being released back into the communities without any reasons given to complainants or refugee leaders due to bribery. This has the potential to increase the recidivism rate. Refugees asserted that police pay is inadequate and the refugee leadership on which they rely to handle cases is apathetic and accept bribes to do away with the cases (fail cases). It was also asserted that the police had a negative attitude towards refugees and often did not attend to those that report cases. Ignorance and misinterpretation of the laws of Uganda was also noted to contribute to the increased crime rate. For example, some refugees indicated that wife battering/physical assault and defilement were perceived as normal and therefore such incidents are not reported. Despite the lack of capacity and mandate, some refugee leaders continue to handle criminal cases at their level and report to the police when it is too late. Some leaders have been observed to be siding with some of the perpetrators. This has led to poor case management and is believed to have contributed to an increase in crime.

Inadequate support to police: The police was noted to be inadequately facilitated to execute their duties. For example, In Rhino camp settlement there is only one shared motorcycle, which frequently runs out of fuel.

Insufficient facilitation of witnesses: It was noted by the police that some survivors do not get justice due to inadequate facilitation of witnesses to court. For example, transport of witnesses through the partners is scarce and unreliable.

Insufficient custody facility: Refugees reported that the lack of remand facilities for women and children resulted in juveniles being placed in the same detention cells as adults. It was also noted that custody facilities lacked access to adequate WASH facilities.

Risk of prolonged detention: Suspects are detained in custody beyond 48 hours. This is attributed to the limited number of police officers including female detectives and forensic investigators, lack of contacts or interests of witnesses (complainants), incomplete statements/files, limited logistical support

such as facilitation to the police (fuel, vehicles, airtime and phones) to ensure timely response and follow-up on cases. These inadequacies often result in prolonged investigations and ultimately prolonged detention. Refugees also reported that they often lacked information on the whereabouts of their relatives in detention.

Lack of food for suspects detained at police: There is no provision made for food for suspects (especially those without relatives within the settlement) detained overnight in police cells.

The dominant factors affecting the provision of legal services is the lack of institutional support and disrupting service delivery in the whole continuum of access to justice for refugees. Lack of adequate funding and resources available to the justice system are also a major barrier to progress. This has resulted in a chronic backlog of cases.

Recommendations by refugees

- UNHCR to facilitate enhanced communication, collaboration and cooperation amongst actors in the Justice, Law and Order Sector (JLOS). This includes logistical support to the police to investigate, strengthen the mobile courts system, enhance legal partners' capacity in terms of staffing and transport to enable expedited follow up of refugee cases.
- Intensify protection training to border officials and security agencies.
- Sensitize refugees on their rights and responsibilities.
- Construct separate facilities for holding juvenile offenders and women.
- Provide food and water to prisoners.
- Increase police/security patrols in the settlements.
- Increase the number of police officers in the settlements especially female police officers to handle female and child related issues.
- Strengthen community police structures in the settlements and strengthen community policing.
- Train informal justice members on refugee rights and responsibilities.
- Strengthen access to the courts' Alternative Dispute Resolution (ADR) mechanism.
- Need for close coordination, at all levels between legal, SGBV, police and health to ensure that PoCs receive holistic responses to their cases.
- Advocate for mobile courts sessions to be as rotational as possible to acquaint PoCs with court ethics and procedures.
- Need for OPM to follow up on alleged police misconduct and take administrative measures thereof on the culprits.
- Senior managers of respective partners to prioritize transport facilitation to ensure timely and effective case management.
- Need for routine capacity building sessions for community structures and police in case management and professional etiquette and code of conduct to enhance reporting of cases in a timely manner.
- Construct more detention cells across settlements and open up more police outposts.
- Provide programmes for re-integration of ex-convicts for holistic interventions; such as provision of livelihoods, and psychosocial support.
- Provide continuous legal education across all settlements.

- Advocate for police to inform relatives of suspects of their arrest.
- Provide continuous legal awareness sessions and recruit interpreters.

Sexual and Gender Based Violence (SGBV)

Irrespective of SGBV prevention activities conducted, there is still limited awareness on SGBV. Under-reporting due to concealment of SGBV incidents by parents, survivors and the community remains a barrier to case response. Similar to findings of the previous year, refugees highlighted that they were at risk of various forms of violence such as rape, defilement, forced marriages, physical and sexual assault among others. It was reported that refugees were at risk of violence when collecting firewood, food, water and accessing other services. Further, sexual exploitation was noted within schools with complaints of lack of investigations, follow up and actions taken. Children in foster care arrangements were also at risk with incidences of discrimination, assault, child labour and sexual violence being noted. Cultural norms and traditional beliefs remain a social risk factor for SGBV. Additionally, the lack of economic empowerment opportunities and changing gender roles with pressure to provide for the families has resulted in maladaptive coping strategies such as survival sex. Below is a detailed description of some of the concerns related to SGBV:

Risk of sexual assault: Refugee girls are subjected to sexual assault when fetching firewood and water and on their way to school. Adolescent girls (14-17) expressed fears of rape or defilement alluding it to idle youth who practice substance abuse and peer pressure. In Rhino settlement, adolescent girls (14-17) report that some boys in their community form groups, kidnap girls and force them into relationships. They also allege that perpetrators who are HIV positive often target them with the intention of transmitting the disease. Further, the girls reported that places where girls are targeted include disco halls, forests or bushes, when left at home alone, when they move at night and also when they refuse relationships with boys and men.

Risk of physical assault: Refugees assert that incidences of physical violence exist between intimate couples as a result of changes in gender roles and unequal power relationships. Female PSNs attributed the violence to disagreements over control and use of resources collected by some female family members. Alcohol abuse was also cited as a contributing factor of physical and emotional/psychological violence.

Risk of child marriage/forced marriage: Child/forced marriage was noted to be common within the refugee community. The practice is attributed to cultural beliefs/practices, poverty, peer influence, teenage pregnancy (fear of reactions by parents, friends, community members etc.) and inadequate career counselling among other factors. Unaccompanied and separated children were reported to be at a heightened risk of child marriage as they lack support from their guardians. It was further cited that addressing SGBV was hindered by the lack of clearly defined peer/youth targeted support programmes in settlements to ensure effective engagement in the community. Refugees proposed the enforcement of by-laws on forced marriages as a solution to curb the practice.

Teenage pregnancy: It was reported that teenage pregnancies are on the rise in the settlements. This was largely attributed to inadequate support, and negligence of parents/caregivers. It was asserted that

the risk of teenage pregnancy was amplified by the lack of adequate community engagement/mechanisms to sensitize adolescents and adults. Part of the cause is also the lack of sexual reproduction awareness in schools and communities. To address this challenge, parents often talk to their children on issues regarding early pregnancy. It was proposed that there is a need to provide adequate training in life skills for girls/teenagers to reduce teenage pregnancies.

Risk of sexual exploitation and abuse (SEA): SEA was reported to have been perpetrated in schools with complaints of lack of investigations, follow up and actions taken to address the issue. Children in foster care were also noted to be at risk. Perpetrators of the violence include teachers and contractors among others. In one settlement, it was reported that in some cases, teachers reduced marks of girls who were unwilling to have relations with them.

Among women, it was reported that in some instances, the limited support (inadequate economic empowerment opportunities) resulted in some women engaging in survival sex as a coping mechanism. To address this protection risk, the community advocated for the need to promote economic empowerment of women through trainings on business skills.

Denial of resources, opportunities or services: It was reported that men use power to control resources within their homes/communities. Men feel superior and want to control decisions related to food ration as well as cash for food for their own interest without due regard for the family members. The delayed response by partners and police especially in effecting arrests aggravated the situation.

Risk of domestic violence: Partner violence impacts on behaviours and social upbringing of children. Fights among husbands and wives result in wives and their children living in fear. Police noted increased cases of domestic violence against older/elderly men perpetrated by women with alcohol abuse being highlighted as the main cause of domestic violence.

Men attributed the main causes of domestic violence to alcohol abuse, low self-esteem caused by the inability to provide for their families, inadequate food, cash assistance and disrespectful spouses. Female refugees, on the other hand, attributed domestic violence to disagreements with spouses over monthly cash distributions, a culture of tolerance and alcoholism. It was reported that some men opt to use cash received for food to furnish their desire for alcohol consumption. The presence of men in bars reportedly increased after food/cash distribution. Women also mentioned that husbands force them to have more children as a traditional sign of respect. In other instances, women empowerment, family negligence and retaliation for reporting cases was often cited as reason for the violence.

To mitigate the violence, refugees cited that they were aware of SGBV referral pathways and also relied on intervention by community activists to address domestic violence. In some instances, it was reported that some parents force battered women to return to their husband or to sort the matter through informal systems.

Under reporting of SGBV: Concealment of SGBV cases by parents and community members remains a barrier to case response. Refugees highlighted that the reluctance to report SGBV cases in the

community encourages perpetrators to commit SGBV with impunity. Due to stigma associated with the violence, male survivors fear reporting SGBV because of the community's perception that they will not be attended to. It was highlighted that cases of child/forced marriages are often settled out of court and therefore not consistently reported. To strengthen the response to SGBV, it is therefore paramount to raise awareness on SGBV referral pathways and engage males on SGBV prevention and response.

Limited knowledge on SGBV: In some settlements, community ownership and active involvement in SGBV prevention activities continues to be minimal. Irrespective of various SGBV community prevention activities conducted, there is still minimal awareness of prevention activities at the women centres, schools and within the host community. The female teachers in a Primary School in Kiryandongo revealed that no specific SGBV training had been given as of the time of the participatory assessment. The teachers proposed community meetings or dialogues to raise awareness on SGBV.

Risk of Suicide: In Bidibidi settlement, incidents of suicide due to depression associated with SGBV were reported. To avert this trend, it was recommended that community and individual counselling are conducted.

Weak response to SGBV: It was mentioned that responses in term of case referral and tracking were weak. Case management responses to SGBV need strengthening as concerns about delayed referrals, limited physical presence of partners, uncommunicated project end and lack of coordinated exit strategies, limited resources and negligence of police in responding to SGBV cases were reported by women. Further, limited logistical capacity for police to appropriately respond to cases continues to be a challenge in case management.

Harassment and Intimidation of refugees due to their sexual orientation was reported by a few refugees who expressed their concerns through individual interviews.

Impunity: This was mentioned as an obstacle to justice, especially for SGBV cases. Fear of reprisal, lack of formal and timely remedies, and lack of witness protection was mentioned as the main causes leading to lengthy trials and absence of adequate evidence to allow prosecution of SGBV cases.

Female Genital Mutilation (FGM): Women and girls in Kyempanngo, Rwamwanja settlement reported that the practice of FGM was taking place.

Survival sex work: It was highlighted by refugees that sex workers, especially those that are married, are discriminated by community. It is well documented that refugees are compelled to engage in sex work as a survival mechanism to cover basic needs. This puts them at risk of HIV and STIs. Those engaged in survival sex know that this activity is illegal and do not report violence committed by "clients" against them.

Recommendations by refugees

- Establish recreational centres and increase livelihood opportunities, provide vocational skills, and create jobs for youth. Strengthen livelihood activities targeting women/girls and survivors of SGBV.

- Create anti-violence clubs in schools and villages. Assist students who drop out of school due to early pregnancies (because of rape) to go back to school.
- Increase the number of adult literacy programs.
- Increase scholarships for girls.
- Set up community by-laws, identify and engage communities in dialogues through use of elderly men and women to give guidance and counselling.
- Intensify awareness campaigns in the settlements and within host communities.
- Replicate best practices such as awareness through Boda-boda riders in other settlements.
- Urge implementing partners to follow-up on identified cases, provide appropriate services; develop an alternative to firewood for domestic energy sources as a priority issue for SGBV prevention and wood conservation.
- OPM/UNHCR/Partners to follow up strict implementation of laws on sexual abuse/violence and make accountable perpetrators of SGBV incidents and negative cultural practices.
- Police to increase female police officers in the settlements; strengthen community police to identify and report SGBV incidents.
- Work with communities to increase reporting of SGBV incidents for necessary assistance. Activate toll free lines in all settlements.
- Support the recruitment of additional female teachers.
- Support the establishment and activities of community watch groups in all settlements.
- Increase police patrols, especially during late hours and in dark spots.
- Increase the number of security lights especially around water points, pathways and other communal areas.

Further recommendations by sector actors

- Strengthen complaints, reporting and case management mechanisms for sexual exploitation and abuse.
- Revise and closely monitor foster care arrangement.
- Increase facilitation and support to police.
- Properly coordinate partner exit strategies.
- Invest more in locally translated SGBV Information Education and Communication (IEC) materials.
- Invest in the economic empowerment of women/girls and skills building.
- Explore other sources of fuel for domestic use and engage the host and refugee community on resource sharing.
- Operationalize by-laws on alcohol and disco operation.
- Base survivor support on proper needs assessment.
- Increase male engagement in SGBV, sexual and reproductive health (SRH) and menstrual hygiene management (MHM).
- Explore other approaches for community engagement on SGBV prevention and behavioural change.
- Increase number of street and domestic lighting.
- Improve gender mainstreaming in WASH, Education, Health, Livelihood, shelter and all sectors.
- Increase life skills and livelihood support for men and boys.
- Improve hygiene and sanitation for women and girls and boys.

- Improve housing structures e.g. putting doors.
- Explore sustainable community based protection strategies for prevention and response to SGBV.
- Provide comprehensive service support for survivors including livelihood, health, safety, and legal assistance.
- Designate slots for women in the RWC structure.
- Conduct women leadership programs to empower women to be more confident, to engage in advocacy and demand for equality.

Child Protection (CP)



Focus group discussions with school boys (7-12 years old) in Rwamwanja © Albert Byaharunga, LWF

The participatory assessment highlighted a plethora of child protection concerns and issues on the ground, which are often dynamic and constantly evolving. However, capacities on the ground are limited, and already over-stretched to deal with some of the concerns. Below are some of the key child protection concerns raised.

Inadequate access to services (schools, child friendly space centres) for children with disabilities: Parents and the community tend to neglect children living with disabilities in their support for access to basic services. This is exacerbated by a lack of special needs education programmes for children with visual, hearing and mental impairment. For example, the child care centre in Rwamwanja (operated by police) is not functional due to lack of operational costs. Although alternative schools and child friendly spaces (CFS) exist, they are often distant and children with physical disabilities cannot access the facilities due to a lack of mobility appliances.

Child neglect: Children reported neglect by parents and caretakers who do not cater for their needs. This situation is aggravated by the fact that parents/caretakers have limited access to livelihood opportunities to support their families. It was also reported that some parents abandon children with neighbours and disappear for several weeks and sometimes do not return.

Access to education: Early pregnancies, inadequate scholastic materials, peer influence, negligence of some parents, lack of funds to pay for school fees and negative attitudes towards girl child education were noted to hinder access to education. Awareness raising on girl child education is carried out in an effort to counter negative perceptions and subsequently advocate for education of girls in the community. Further, child headed household are often unable to partake in education.

Child abuse, violence and exploitation: Due to limited access to livelihood opportunities and poverty, children engage in various forms of labour to support their families. This effectively leads to school dropouts. Boys are engaged in casual labour like digging while girls are employed as housemaids and sometimes engaged in forced prostitution. In most cases, children are not paid as they are considered too young to possess money. Children are also exposed to abuse during these activities. For example, girls stressed that while fetching water from distant sources, they are often the subject of harassment (sexual and verbal).

Church based institutionalization of children is rampant in Rwamwanja. Refugees noted that it is a covered up business venture whereby involved churches mobilize the community to enrol orphaned and needy children and thereafter use them to solicit funds in and out of the country. Some of the children have to take care of sick adults.

Defilement and rape incidents in schools, at household levels and within the communities were also highlighted. Girls reported incidences of SGBV at home, while grazing animals, working in the farm and collecting firewood. They endure a lot of sexual assault of both verbal and physical nature.

In Kampala, refugees reported that there were some cases of children as young as seven (7) being used in child sacrifice. Community leaders reported such cases to partners, but they did not advance.

Foster Care: Refugees noted that foster care procedures are not followed up properly by child protection partners. Proper assessment is not conducted on the ability/motives of foster families. Fostered children are discriminated/neglected, turned into housemaids and denied to access to education schools by their foster parents or step-parents. The separated children are not receiving adequate food ration because foster families consume or sell off the food. Additionally, access to food was reported to be a challenge with the new biometric system. Children below 12 years old are supposed to be allocated an adult alternative food collector for them to access their food. It was reported that unaccompanied and separated children (UASC) are discriminated against at health centres as adults refuse to respect them in queues.

It was also reported that fostered children were the subject of child abuse and discrimination in terms of work load and access to services. Punishments were often incommensurate, and some foster parents denied fostered children education by engaging them in heavy work.

Lack of awareness on reporting and support avenues: Some children are unaware of how and where to report abuse and exploitation and how to seek support. This is highlighted by limited knowledge of child protection referral pathways, limited interaction between child representatives with

the RWCs and children as well as limited interactions between communities and some Child Protection Committees (CPCs) arising from inadequate logistical support.

Persistent child marriages and teenage pregnancies: This was attributed to negative conceptions of girls as sources of wealth (dowry), poverty, school dropout, psychological distress and frustration among caregivers/parents, limited access to basic needs for the girls (marriage as opportunity), negative cultural practices of some tribes, power abuse by leaders, drug abuse and peer group influence, and negligence by parents. Boys from Omugo in Rhino Camp also added that mistreatment of children in foster care forces them to resort to child marriage. Child and forced marriages are pursued as a cultural and protective practice, particularly for girls. In some instances, sex education taught at schools (in relation to HIV) was cited to be exposing children to information that influences bad decisions.

Inadequate basic needs for children: This is as a result of negligence by parents/caregivers, limited income generating activities (IGAs) for caregivers/parents and limited funding to partners to support individual case management among others. In some cases, inadequate access to basic needs has resulted in the sale of food rations by parents/caregivers to cater for children's basic needs.

Denial of resources: This was particularly the case for unaccompanied children due to limited resources in many families. Home visits are conducted to foster families and referrals are made to the different sectors for support, but little or possibly nothing is received as most agencies have limited resources.

Youth delinquency: Limited social activities, projects and programs targeting youth, limited opportunities for education (secondary, vocational & tertiary) and psychosocial distress, frustrations and trauma were cited as contributing factors.

Current humanitarian and community responses should be geared towards addressing the above concerns as a priority. Regardless of the child protection system and mechanisms in place, the assessment highlighted a number of gaps. These gaps continue to undermine child protection interventions in the operation.

Poor hygiene and health: This is mainly caused by lack of sufficient sanitary materials. The girls groups reported WASH issues in the schools and communities. The girls reported challenges in waste management of used sanitary pads in schools and communities-in terms of disposing disposable pads and in cleaning reusable pads due to lack of adequate water and soap. Concerns were raised over inadequate sanitary kits leading to school absenteeism especially for girls during their menstrual cycles.

Recommendations by refugees

- Increase capacity of child protection actors on the ground for effective child protection response.
- Invest in youth programming and vocational training.
- Carry out technical assessment for the provision of appliances and inclusive programs and services for children with disabilities.

- Strengthen child protection systems at the community level, with participation of youth and children. Train and support child protection structures as well as leadership structures like LC1 and 3 that should be well informed of the rights of the children.
- Organize awareness sessions at community level to prevent and respond to child protection concerns and inform on referral pathway.
- Mainstream child protection across all sectors to effectively respond to child protection concerns.
- Augment resource mobilization to meet child protection priority needs.
- Advocate for legal documentation for children e.g. birth certificates.
- Strengthen collaboration with school clubs and Senior Women Teachers (SWT) and Senior Men Teachers (SMT) in CP awareness raising.
- Strengthen youth programming through vocational training, accelerated education programme (AEP), youth clubs, youth friendly centres and scholarships.
- Enhance village level child protection coordination mechanisms.
- Train members of children clubs in and out of school to support and advise fellow children to attend school and encourage them to report children engaged in child labour and wrongful acts.
- Train the police on child friendly procedures. Advocate for separate holding cells for juvenile offenders and UNHCR/partners to see that food is provided for detained children or those kept at the holding centre.
- UNHCR and partners strategy to focus on reduction of issues of child abuse and strengthening the protection of children. Monitor foster parents/caregivers and ensure that UASC are followed up frequently.
- Strengthen existing child protection structures in schools to monitor student school attendance, community structures to identify and report child protection concerns and hold foster parents accountable.
- UNHCR to advocate with OPM to gazette spaces and build recreational facilities to enhance the right to play for children and youth.
- WFP to increase food rations to enable parents to feed their families and avoid child labour.
- Strengthen coordination by adequately involving the districts in all program planning cycles.
- Provide material support and livelihoods to foster families and caregivers to vulnerable children.
- Strengthen referral pathways and reporting mechanisms using active and accessible helpline. The inter-agency toll-free helpline has been operationalized across the operation and can be used for this purpose.
- Improve child friendly spaces and provide game materials for both children and youth.

Community Participation and Mobilization

Risk of exclusion of minority tribes in leadership: Refugee minority groups mentioned that their issues are not represented in the existing leadership structures and they are not appropriately addressed by the Refugee Welfare Councils (RWC). Minority groups among South Sudanese refugees cited tribalism and dominance of the leadership structures by the majority (Bari, Dinka and Nuer) ethnicities which also leads to social exclusion e.g. in community social support. Male refugees added that there is lack of engagement of minority ethnic groups in decision making on important issues in their community.

Lack of special facilities for children with disabilities in schools and child friendly spaces: Some families hide children with disabilities as they are considered a curse. Foster parents are reluctant to take children with disabilities under their care. Refugees with disabilities and older refugees are not given specific assistance in terms of compatible shelter, necessary movement aiding tools, and there is no consideration on their inability to engage in activities that can supplement their nutrition and basic needs. Refugees also expressed concern over lack of adequate shelter support for female heads of households and orphans. Refugee shelters poses a risk for people with chronic illness/serious medical conditions such as epilepsy.

Lack of representation of persons with special needs: It was reported that children, persons with disabilities (PWD), women and youth are not represented in most community structures and decision making processes because their voices are not heard.

Women participation: Low participation of women in leadership was identified by both male and female respondents, attributing it to illiteracy, low self-esteem and cultural perceptions of female inferiority. It was also noted that community sensitization on women's rights was inadequate. Additionally, it was highlighted that there was a lack of affirmative action to enhance women's participation in leadership, and women therefore opted for lower leadership positions. Women reported that they are not empowered to make decision in homes/community due to cultural beliefs where men are culturally considered to be superior to women, low education and lack of exposure.

Low capacity of refugee leaders: according to some female respondents, their leaders are not empowered to lead. They cited that the women representatives do not share the concerns of women with partners and that they do not organize meetings. This was attributed to the low representation of women in the RWC and inadequate knowledge on their roles.

Inadequate support to refugees for funerals: It was reported that refugees receive inadequate support during funerals of their loved ones. They reported that the burial package provided by UNHCR through partners is insufficient for a decent burial. The package entails mainly a blanket and a mat.

Inadequate community involvement by partners: The male refugees from a zone in Rhino camp settlement reported that partners do not involve them in making critical decisions that pertain to their lives. An example was cited in recently established food distribution points which were drastically reduced to seven (5 stationery and 2 mobile) yet Rhino Camp is vast. This decision also had no consideration for vulnerable members of the community such as the elderly who are unable to walk long distances. Male refugees felt left out by partners who do not include them in community programmes, resulting in their challenges not being heard.

Male refugees asserted that partners do not engage refugees in the implementation of some projects even when they have the requisite skills. Additionally, when refugees are hired, their payment is delayed. This could lead to lack of ownership of some projects.

Inadequate youth engagement/empowerment: Most youth are not actively engaged in community activities because their representatives are not effectively performing their roles. There are few youth friendly spaces and recreational materials in the settlements which leaves them idle and causes many to end up engaging in maladaptive behaviours such as drug/substance abuse.

Issues with refugee leadership: It was noted that there is a lack of knowledge among leaders on roles and responsibilities within structures while other leaders especially those at the RWC III Structure are not known to the community. According to the refugees, the elected RWC leadership lacks sufficient knowledge on laws and procedures on how to conduct their duties. These leaders ask for facilitation whenever they are approached by the community for support. On the other hand, refugee leaders reported facing challenges due to limited facilitation and support that stifle the ease of mobilization and coordination, including lack of airtime and transportation.

Ex-inmates are stigmatised in the community due to their criminal records. Their views are not respected and they sometimes face hostility from the community and their victims. They face rejection from communities and cannot ask for targeted assistance from humanitarian workers.

LGBTI+: LGBTI+ individuals reported living in extreme fear as homosexual activity is viewed to be illegal in Uganda. They face extreme isolation and discrimination in the community and fear to seek medical services in the settlement health centers. They feel that UNHCR is not supporting them openly given the Ugandan legal perspective. They completely lack support from their families and some fear to be disowned by their families if they come to know of their sexual orientation.

Peaceful co existence with host communities: The tensions between nationals and refugees are mainly caused by land issues, language barriers and stray animals from host communities that destroy refugees' crops. Host communities acknowledged enjoying social services originally meant for refugees. These include schools, health centres and roads. To boost peaceful co-existence, cultural exchanges and inter-marriages were cited as a crucial factor for enhancing peaceful relations.

Inadequate feedback mechanisms: Although there are community meetings, and suggestion boxes and notice boards do exist, community members reported that there are no effective mechanisms to provide feedback. Some of the suggestion boxes have never been used and the padlocks are rusting.

Coordination gap between refugees/community leaders and partners: Leaders often lack prior information on activities that they are expected to participate in. The leaders lack contact addresses where they can be easily located and also lack means of transport.

Recommendations by refugees

For refugee leaders

- Partners to strengthen information sharing and participation of leaders in key activities such as joint monitoring among others. Strengthen support to refugee leaders (stationery, transport, airtime, and office space) to support them in carrying out their functions including community mobilization and coordination.

- Partners to share work plans/information with the leaders well in advance.
- Establish coordination points for RWC leaders especially level III.
- Jointly develop a standardized facilitation package for refugee leadership and community volunteer structures.
- Arrange proper induction ceremonies of Refugee leaders.
- Exchange visits between refugees and host community leaders and other settlements.
- Analyse gaps and enhance leadership skills.

For women and persons with specific needs

- UNHCR /partners to provide targeted programs for PSNs, LGBTIs, sex workers and ex-inmates to enable improved livelihoods.
- OPM/UNHCR/Partners to take affirmative action to enhance women and PSNs participation in leadership structures.
- Increase the number of PSN friendly structures in public places like schools. Provide people with disabilities with necessary aiding tools.
- Conduct awareness raising on the needs and rights of PSNs.

For youth

- Support the establishment of functional youth spaces/centres.
- Diversify youth engagement activities beyond sports and drama to include livelihoods, enterprise skills development/ enhancement and strengthened cash for work engagements.
- Strengthen vocational skills development/training to focus on market oriented courses.

Other recommendations

- Sensitize the communities on community based protection.
- Strengthen community feedback mechanisms.
- Partners to budget for activities such as community bazaars.
- Develop clear procedures for opening the complaint boxes and time frame to give responses (effective use of suggestion box as a means to feedback to communities).
- Build on capacities that are existent within the community. This includes families, religious leaders and teachers among others.
- For cultural differences, refugees suggested to hold dialogues between communities, cultural galas creating an appreciation for cultural diversity.

Further recommendations by sector actors

- Standardize support to refugee structures to enable them to effectively execute their duties in the community, for instance, stationary, transport, airtime/communication etc. This should include the neighbourhood watch groups and other structures.
- Support refugee structures to establish physical addresses (offices) through community participation to strengthen the visibility of leaders in the community and enhance coordination with other stakeholders.
- Strengthen community capacities through refresher trainings, with emphasis on their roles and responsibilities, in addition to skills they may require to improve on their work.

- Build confidence in women to take up leadership roles, such as Functional Adult Literacy, community dialogues, capacity building and exposure visits to other settlements.
- Support the establishment of comprehensive youth friendly spaces with facilities for games and sports, vocational skills training, recreation etc.
- Strengthen Cash for Work interventions to ensure engagement of idle youth and community members.
- OPM and District authorities to spearhead and ensure all refugees have access to farm land and diversify livelihood opportunities.
- Encourage the participation of marginalised groups in the different community structures and consult them on matters that concern them in their best interests.

Support to Persons with Specific Needs (PSNs)



Consultations with elderly persons with specific needs in Rwamwanja during the participatory assessment

Inadequate support to PSNs: The majority of refugees cited that support and feedback to PSNs is inadequate. Common challenges include access to water, decent clothing and adequate shelter. In Ofua in Rhino Camp, females (40+) stated that PSNs are observed to be challenged during food collection. This concern was also expressed by male PSNs who cited that there is a lack of mobility appliances (assistive devices) to aid movement of PSNs (especially PWDs, elderly persons and persons with medical conditions). Where appliances have been provided by partners, they are often in poor condition and left unrepaired.

Female PSNs asserted that PSNs have chronic illnesses such as HIV and lack special diets as recommended by doctors. The situation is goaded by unwillingness of the community to help. It was further alluded that PSNs are not attended to at FDPs, line up with able bodied individuals, and receive limited information on new food collection processes and lack support in transporting food. In some instances, PSNs resorted to selling portions of their food to facilitate their transportation.

Ex-combatants reported that due to fears to openly associate with community members, some PSNs among them are not identified and as such do not access assistance.

Additionally, boys (10-13) emphasized that some vulnerable children/ unaccompanied children had leaking shelters. These dilapidated shelters exposed them to physical insecurity and other associated risks.

In Kampala, PSNs reported that they were affected by inadequate access to government hospitals. They reported that they did not receive any attention at hospitals and that there were no operations to correct their medical condition, which negatively affects their wellbeing.

Inadequate food rations: Refugees and persons with disabilities reported that there was a reduction in food rations and cash in lieu of food, inability to farm, lack of IGAs and land to cultivate thereby affecting their feeding. It was noted that PSNs at times depend on food given by good Samaritans while other PSNs engage in small scale cultivation. To improve food security for PSNs, refugees recommended the increase of food/cash rations, provision of IGAs and distribution of seeds.

Lack of livelihoods opportunities: Refugees cited lack of livelihood as a key challenge for PSNs. PSNs lacked start-up capital, land for cultivation and seeds provided were of poor quality. To mitigate this gap, PSNs hire land from nationals to start cultivation while others joined livelihood savings groups.

Duplication of services: Females (40+) in the settlements of Arua reported that some PSNs enjoy the same service more than once. They cited examples of some households having more than one pit latrine provided by partners.

Poor social cohesion in the community: This has negatively affected support as some PSNs have been abandoned by their relatives including their children. It was further stressed that some community members envy PSNs because of the specific support/attention availed to them.

Discrimination in service delivery: Among females (18-40) in settlements in Arua, it was asserted that while construction materials were provided to some PSNs, others were allocated semi-permanent structures. These concerns were reported to partners at complaints desks however there was no feedback by partners. Likewise, elderly PSNs had similar concerns and reported that some PSNs in some villages in Imvepi received assistance in terms of cash, animals, and drums for water, while PSNs in another village were neglected. Similarly, host community PSNs, especially the elderly, were cited as being subjected to discrimination as they were not prioritized by partners during identification and screening despite the fact that they live with refugees.

Poor selection of PSNs for assistance: According to PSNs, the selection criteria for support was not clear to them, thus making them feel discriminated against. Refugees reported that leaders influence the selection process and favour PSNs from their tribes while marginalizing those from minority tribes. Further, in Omugo 1 in Rhino Camp, adolescent females reported that some genuine PSNs did not receive shelter assistance while refugees they considered not to be PSNs did receive assistance.

Poor living conditions: Persons with disability cited that they live in poor conditions that leave them exposed to further risks. They cited that their right to privacy and dignity was being violated as they had no option but to bathe in open places due to lack of bathing facilities. This was attributed to partners who constructed houses and latrines without due consideration for bathing facilities. Further, the dire living conditions of PSNs were highlighted in Bidibidi settlement where PSNs reported that their latrines were often filled up and not assessed for emptying.

The elderly male PSNs cited the use of weak construction materials which they attributed to fraudulent contractors who purchase cheap materials to save money. It was suggested by PoCs that partners should closely monitor shelter construction.

Lack of access to psychosocial services and support to PSNs: The new arrivals at Imvepi Reception Centre (RC) reported that there are no timely psychosocial services despite the existence of individuals with post-traumatic stress disorders (PTSD) in need of urgent intervention. It was noted that there was inadequate information sharing at the RC by partners. It was further alluded that there is inadequate attention availed to other vulnerable individuals such as elderly and persons with disability.

Risk of diseases: PSNs attributed this risk to cold weather, inadequate warm clothing, dilapidated PSN shelters, inadequate materials for construction/repair and the inability of PSNs to construct latrines. These gaps left PSNs prone to bronchial, hygiene and sanitation related diseases.

Recommendations by refugees

- Review / assess the vulnerability criteria in beneficiary selection for PSN shelters. Strengthen both household and PSN latrine coverage by use of durable material like concrete slabs, digging kits and other durable materials.
- Strengthen the FMC and CPC structures to support PSNs during distribution. Identify PSNs and allow them to be served first or line up separately at FDPs.
- Work closely with community structures (RWC, FMC and CPC) to ensure that PSNs are supported by the community to carry their food home from the FDP. (Neighbours or relatives).
- Provide specialized assistance to PSNs based on needs-based assessment, while encouraging community support.
- Encourage provision of IGAs and vocational skills training to PSNs.
- Partners to establish clear selection criteria for programmes targeting PSNs and conduct awareness campaigns to sensitize the community on the said criteria.

Peaceful Co-existence

The participatory assessment revealed that refugee and host communities were generally living in harmony, despite isolated cases of conflict because of sharing the limited resources such as agricultural land, firewood, and water and education facilities. A few incidents of tribal differences among the refugees were highlighted. Some of the gaps that need to be addressed include stray animals that attack the crops of both nationals and refugees, inadequate land for cultivation, some incidents of tribal

clashes and environmental degradation among others. Below is a detailed depiction of the risks and capacities as reported by respondents:

Risk of conflict with the host community: According to some members of the host community, conflict between refugees and nationals is attributed to access to limited resources (grass, wood fuel, water, construction poles and land) and environmental degradation as a result of refugee activities (tree cutting, farming, bush burning among others).

Additionally, it was raised by some host community members that management of water points was a source of conflict as refugees claimed that the water points belonged to them. Consequently, the host community refused to participate in cleaning water points and refused to pay the fees. Water user committees were partly to blame as they were inactive and reluctant to refer or address the concerns to relevant authorities. It is further alleged by nationals that better services are availed to refugees while the host community is neglected. This breeds animosity towards refugees.

Refugee women and adolescent girls added that they are attacked by nationals while on their way to or from fetching firewood. They also assert that there are counter accusations made by refugees or host community of missing animals in the area. Refugees further assert that some landlords have evicted refugees from land that was allocated to them by OPM. They are also being prevented by some host community members from accessing firewood and grass for thatching their houses and grazing. Allegations of witchcraft on either side (refugees and host communities) are also alleged to contribute to conflict.

It was recommended by refugees that community dialogues on benefits of sharing resources and sustainable use of existing natural resources should be promoted to mitigate potential conflicts. Additionally, refugees called for the government leadership structure to conduct more sensitisation to the community with regard to land usage and ownership.

Risk of intra-tribal conflicts: South Sudanese refugees cited that there have been tribal conflicts among the communities due to the historical background in South Sudan as well as influence of the recent conflicts in South Sudan (between the SPLA and IO), which have been carried over into the settlements. Refugees recommended the promotion of peacebuilding activities among refugees and between refugee/host communities to avert conflict.

Risk of conflict amongst refugee groups: Male Congolese refugees in some settlements alluded that while they are willing to co-exist with South Sudanese, the South Sudanese are not willing and cooperative. The Congolese further stressed that their girls and women have been “allowed” to have relations with South Sudanese boys and men. However, South Sudanese prohibit their girls and women from building relations with Congolese men and boys.

Risk of hostility towards partner staff: It was reported that members of the local host community are unemployed, and partners recruit personnel from elsewhere. Conflicts registered in settlements between partners and host community is due to the failure to acknowledge this gap.

Other concerns cited

- Uganda Revenue Authority impounding vehicles and motor bikes of refugees, due to failure to pay taxes as a result of ignorance of tax laws and payment procedures.
- Stray animals from host communities that destroy refugees' crops.
- Language barrier that propelled misunderstanding between refugees but also among refugees and the host community, breeding suspicion and hence conflicts and fights.
- Witchcraft that has led to family disintegration, suspicions among PoCs, mob justice, and community fights and murders.
- Ignorance of the laws of the host nation.
- Theft of core relief items (CRIs) and other properties of refugees and host community residents.
- Inter-marriages between refugees and host community residents.
- Queries over ownership of structures left behind when refugees acquire durable solutions (voluntary repatriation or resettlement) was identified as a likely potential cause of conflict.

Capacities

- Refugee and host community leadership structures like the RWCs and LCs which mobilise the communities.
- Elder's forum and landlord's forums in place both within the refugee and host community including local courts. These handle minor offences and disputes.
- Refugees and host communities inform the police of offences and disputes that arise.
- Refugees report any offences or disputes through the toll free helplines.
- Presence of refugees who have been trained in knowledge and skills that are relevant to peace building (e.g. law, leadership), who can use their skills to sensitize their own communities and to become ambassadors of peace.
- To boost peaceful co-existence, intermarriages were also cited as a crucial factor for enhancing peaceful relations.
- Community members are willing to stand against discrimination to PSNs and people with disabilities. Family members can offer required support in a more positive manner.
- Religious leaders are willing to instil morals in positive treatment of PSNs.
- Teachers are willing to monitor and prevent mistreatment of PSN at schools.
- Refugees and the host community attend each other's functions including weddings, funerals, etc.

Recommendations by refugees

- Initiate targeted programs to protect the environment.
- Hold dialogues between communities to bridge cultural differences; cultural galas creating an appreciation for cultural diversity.
- Sensitize the host community to share the natural resources notably grass, firewood and land.
- Ensure effective implementation of the "30% to host communities" approach.
- Empower refugees through livelihood opportunities.
- Encourage intermarriages between refugees and host community and integration of cultures.
- Continue to sensitize refugees on peaceful coexistence and good parenting.
- Establish District Peace Committees at the community level.

- Increase opportunities for host communities in livelihood, education and health projects.
- Frequent community meetings between refugees and host communities.

Further recommendations by sector actors

- Establish community by-laws and strengthen community sensitisation on existing sub-county by-laws to enforce better livestock management for both host and refugee communities.
- Encourage community engagement in peaceful co-existence activities for purposes of identification of the most vulnerable groups to inform timely and appropriate interventions.
- Strengthen community policing within the settlement to ensure that protection from crime and other insecurities are strengthened.

Education

Education was categorized as a priority sector in most focus group discussions in the settlements and Kampala across all age groups. Specifically, children aged 10-13 years were concerned with the quality of primary education while those aged 14-17 years were more worried about access and retention in secondary education.

Quality of education: Due to inadequate numbers of teachers, lack of school feeding programs, insufficient number of classrooms, desks, teaching and learning materials among others, the learning environment and learning is compromised. This affects the quality of education/performance of learners. Quality of education is also closely linked to poor welfare of teachers which is characterized by limited incentives or support for teachers (*accommodation, transport facilitation, meals*) impeding the motivation of teachers in executing their duties.

Overcrowded classrooms: Refugees cited overcrowding in class rooms in both secondary and primary schools leading to concentration and listening challenges that hinder performance. As a result of overcrowding, teacher-student interaction is limited, and teachers are unable to control students. Some students are studying under trees. To mitigate this challenge, refugee children study in shifts as a way of overcoming the crowding. Refugees highlighted that they had the capacity to support efforts for development of community schools by availing labour and laying bricks for construction. Additionally, Parent Teacher Associations (PTA) participated in construction of temporary class room structures to reduce overcrowding and mobilized resources to address identified gaps. PTAs have also contributed to maintenance of existing facilities in schools, linked the community with schools, supported “back-to-school campaigns” and taken special measures to ensure participation of children. In Oruchinga, the PTA committee has constructed one block of 4 units at Kayenje and needs support for roofing.

Access to education: Refugees expressed access to education as a key concern across all settlements. This was attributed to factors including but not limited to poverty, lack of Functional Adult Literacy (FAL) programmes and an insufficient number of ECD centres which has greatly hindered access to early childhood education. The existing facilities are far away from other villages which takes children approximately an hour to reach. It was suggested in some settlements that community ECDs can be started by refugees.

Some refugee students noted that they had to walk 20 kilometres or more to access education. The long distances leave children exposed to security risks (physical and sexual assault) while travelling to school. To mitigate challenges of distance, some parents/ guardians have managed to provide bicycles to their children to aid their transportation. Additionally, it was cited that members of community police can ensure safety of children while going to school.

In some locations like Rhino Camp settlement (Katiku and Ofua 3), classes are up to primary 4 and 3 respectively. During the rainy season, some students such as those in Omugo 1 cannot go to school due to lack of a bridge over Nara River to connect them to the nearest primary school, hindering access to school during rainy seasons.

Access to post-primary education is impeded by the limited number of secondary schools, costly school fees (*Ugx 42,000 in the first term, and Ugx 22,000 in the second term*) and long distance (as far as 7km). Limited access to vocational/tertiary education institutions was attributed to lack of scholarships. Refugees further cited that scholarships tend to favour girls over boys, yet both are needy. Additionally, urban refugees in Kampala highlighted that there are limited scholarship opportunities for refugee children, and that the selection criteria for scholarships are perceived to be too restrictive.

In Kampala, it was also reported that refugee students are charged as foreign students at universities and tertiary institutions. This is contrary to the expectation of access to education at the same level as nationals (e.g. exam registration at UGX 64,000, compared to nationals who pay UGX 30,000).

Congolese and Burundian refugees in Kampala reported challenges with equating education certificates issued in their country of origin to the Ugandan education system, which affects their enrolment and completion of education while in Uganda.

Lack of special needs education (SNE): Only a small number of children are facilitated in SNE schools outside settlements. Children with physical disability cannot access schools due to lack of mobility devices. Some children mentioned that their parents do not prioritize their needs, and therefore do not provide them with basic support. They often enrol in school late and are at times unable to proceed beyond primary education.

High rates of absenteeism and school dropout: This was common among child-headed households and was also attributed to, *inter alia*, parents' poor attitude towards education, long distance to schools, discrimination of refugee students, gambling, poverty, corporal punishments, language barrier and lack of sanitary pads among others. Child marriage was reported as a key contributing factor to high school dropout among girls. In the urban, refugee parents often shift from one place to another in search of cheaper accommodation, and such constant movement affects the education of refugee children and at times leads to school dropout.

Refugee communities alleviate dropout rates by taking responsibility for children and referring these issues to community leaders and partners. In Imvepi settlement, refugees reported that double shift programs to maximize school attendance were introduced. Other refugees engage in income

generating activities while others sell NFIs to cater for school requirements. Among the solutions proposed by refugees, it was suggested that there is a need to provide sufficient sanitary pads to girls in schools, NGOs should carry out career guidance for students and that there is need to coordinate with UNHCR to ensure child headed families are given food on weekends.

High school drop-out rates leaving children idle due to limited opportunities for post-secondary education have increased a sense of hopelessness among secondary students. This has resulted in child labour as many children are not going to school because they have to work in order to sustain their families.

Inadequate number of teachers: Teachers are often overwhelmed by the number of students, with teacher /pupil ratios of 1:300 (*which is significantly beyond the government recommended ratio of 1:53*) in some settlements. Further, the inadequate numbers resulted in teachers being required to teach more than two subjects increasing their workload. In a primary school in Kiryandongo, some subjects have not been taught this year due to the inadequate number of teachers. Refugees expressed that they have qualified teachers within the refugee population and proposed that employment of refugees with relevant skills and experience in teaching should be encouraged.

Unsafe school environment: Refugees reported that schools are unfenced and can be accessed by anyone. The lack of fencing is also an opportunity for children to escape from school which puts the lives of children at risk because teachers cannot account for children given the easy in and outflow of children. In other instances, refugee children also highlighted that their classrooms lacked window panes exposing them to rain and thereby disrupting the learning process. It was also highlighted that some neighbourhoods in Kampala are generally unsafe and expose school going children to high risks of violence and abuse when travelling to and from school.

Poor sanitation in schools: Inadequate WASH facilities in schools (changing rooms, latrines, incinerators to cater for used sanitary pads) heighten the risk of exposure to diseases. To address the issues, schools implement cleaning rosters while teachers and cooks have been advised on general cleanliness. The refugee communities proposed that adequate water should be provided, latrines should be emptied, and schools should buy lawn mowers to maintain the sanitation levels and prevent diseases.

Sexual exploitation: Sexual exploitation by male teachers was identified at both primary and secondary school levels. Survival sex was reported among both primary and secondary pupils. In some settlements, it was reported that survival sex was referred to by the children as “selling Pygmies”. Girls in the age category of 14-17 were specifically concerned about risks of sexual harassment by boys on their way to/from and in the school as well as lack of adequate changing rooms.

Lack of school feeding programs: Children reported that they were subjected to hunger and thirst especially during school hours thus hindering positive learning. Some children mentioned that they were compelled to walk long distances and most of the time their parents are unable to provide for their meals since the rations they receive are insufficient.

Recommendations by refugees and sector actors

- Jointly conduct a refresher training on teachers' professional code of conduct.
- As a cost reduction mechanism, upgrade/operationalize Apo primary school Special needs section so that children with Special Needs Education (SNE) in Bidibidi can enrol in the settlement rather than continue to enrol in schools in Arua.
- Strengthen community awareness campaigns, go-back to school campaigns and use community structures to curb the irregular attendance of school by the pupils.
- Mobilize/increase support to construct school shelters like classrooms, accommodation blocks, libraries, incinerators, laboratories, water facilities, school halls, ECDs, & nursery schools, kitchens, as well as putting in place co- curricular facilities.
- Promote and encourage the employment of refugees who have skills and experience to teach.
- Develop capacity of teachers to support children with special needs and implement inclusive education.
- Use the community to identify the affected children to benefit from targeted support.
- Lobby for more scholarship opportunities to POCs especially those that are vulnerable.
- Improve access to education by providing scholastic materials to all students.
- Construct more classes / schools, vocational institutes with libraries, laboratories, child friendly spaces and latrines to accommodate higher numbers of students.
- Funds for the recruitment of more teachers; there are qualified refugee teachers for secondary education.
- Provide school uniforms, scholastic materials and adequate sanitary materials for girls and targeted support for UASC, and assistive devices for children with specific needs where needed.
- Provide start-up kits to all graduates of the institutes and encourage partners to offer employment opportunities to educated teachers, health workers and others among the refugees and hosts.
- Increase livelihood opportunities for parents to enable them to pay school fees.
- Improve coordination with other sectors like WASH, livelihoods, SGBV and Psychosocial for better education services.
- Empower PTAs through SGBV partners to support girls' rights and education to reduce early marriages.
- Establish FAL classes for both refugees and the host community to address the need for adult education.
- Increase the supervision and accountability of teachers.
- Enhance sensitisations of teachers against corporal punishment and monitoring of the code of conduct.
- Store emergency sanitary kits in schools.
- Monitor/track refugee children enrolled in schools.
- Provide remedial English lessons to refugee pupils to bridge the language barrier gap. Consider making special arrangements to teach refugee children English and Mathematics to help them catch up with the curriculum.

Health and Nutrition

Refugee settlements are served by Health Facilities (HFs) established and equipped to provide health services. The health systems are also backed up by robust community structures of Village Health Teams (VHTs) affiliated to the different Health facilities who serve as level 1 virtual health facilities to support disease surveillance, community referrals, pregnancy mapping, mobilization for service uptake and follow up for patients especially on chronic care. Among the capacities of refugees to tackle health issues, it was noted that there are skilled midwives within the communities who are willing to support the health centres/hospitals. Additionally, interpreters are available in the communities and are willing to work at the health centres/hospitals. However, despite the established health systems in place, service delivery in the Health and Nutrition sector is still privy to challenges as highlighted below.

Limited access to quality health care: Refugees reported that they walk long distances to access health facilities. This is aggravated by limited numbers of ambulances to meet referral needs. In the absence of ambulances, refugees' resort to carrying the sick, using bicycles, tricycles and motorcycles while others sell household items to facilitate transportation. In Bidi-Bidi settlement, there is one ambulance in zone 1. This limits response times and as a consequence in some cases, women have been forced to deliver at home.

Further, in Bidibidi, newly constructed Health Centres (HCs); Kombge, Jomorogo and Okubaniwere were reported to be non-functional further limiting access to quality healthcare. For the health centres (HCs) that were functional, early closure of health facilities and less dosage given by the health workers was reported. Refugees in settlements in the Arua region expressed fears that this could lead to disease resistance which is detrimental to their lives.

Overall, refugees highlighted that they were unable to afford the costs of health care. It was noted in Kampala refugees have a strong social cohesion within the community. Community members support one another, for instance, they contribute towards cost of medicines unavailable at hospitals.

Quality of Care is below standard: Poor health service delivery is one of the key challenges highlighted in the participatory assessment that cuts across the different settlements and urban areas. This is highlighted by inadequate equipment, facilities, medical treatment for complicated cases and irregular drug supply among others. The following issues have been reported in this regard:

- Refugees in Bidi-Bidi reported frequent stock outs of medicine. Health workers (HWs) at times prescribed half the required dose while in other instances no drugs were given after diagnosis. To cope, patients often bought their own medicines. In Omugo in Rhino Camp, refugee boys (10 -13) added that they were only given pain killers. On the other hand, children in Rwamwanja settlement claimed to have been provided expired medicines. Further, stock outs are worsened by inadequate number of health personnel forcing patients to wait for as long as 4 hours before treatment. Some of these health workers are unskilled and untrained.
- Discrimination based on tribe and nationality was cited in service delivery. For example, adult females (age group 18 – 40 Tika minority) in Rhino camp cited discrimination in accessing health services. According to this sub-group, the majority tribes are served first and received better

treatment. In other instances, it was reported that nationals were prioritised over refugees at public health facilities (HFs) while nationals were discriminated against in refugee HFs.

- Refugees reported that they were frustrated with the unprofessional behaviour of some health workers who were depicted as rude, impatient, resentful, abusive and lacking respect for patients. In Rwamanja, women groups indicated that some health staff were rude and, in some instances, women were assaulted by nurses during delivery. It was also reported that some health workers come to work late. In addition, they are frequently absent at night and during weekends. In several instances, refugees reported that some health staff ask for money in exchange for services which should be free of charge. Further, in a settlement in Arua, male nationals (14-17) emphasised the poor code of conduct of health workers and cited the theft and sale of drugs to private clinics. The respondents indicated that they were aware of the reporting mechanism, but few had reported these incidents.
- Elderly men reported that they were neglected at health centres while persons with disabilities reported that they were not given special consideration and had to queue for long periods.
- It was reported that some health facilities lacked incinerators, placenta pits, storage spaces and inadequate equipment like MAMA kits for pregnant mothers. Additionally, some HCs did not provide supplementary feeding for patients on strong medication (HIV & Tuberculosis).
- In Kampala, refugees highlighted that there was limited funding for community health extension workers by partners. This was coupled with limited logistics to cater for emergencies and few ambulances and Community Health Extension Workers (CHEWs).

Risk of communicable diseases: It was highlighted that communities are at risk of contracting diseases owing to limited numbers of latrines and subsequent open defecation. This was attributed to the lack of financial capacity to acquire construction materials. Families without latrines improvised by visiting homes with latrines which at times resulted in conflicts when owners did not allow access to latrines, or when found using latrines without permission. The communities further assert that they are prone to infections owing to poor menstrual hygiene as they are not adequately assisted with Menstrual Hygiene Management (MHM).

In reception centres, the risk of contracting diseases stemmed from congestion exacerbated by poor sanitation and hygiene. It is feared that this could lead to contraction of airborne diseases, skin and respiratory tract infections among others. Within schools, it was noted that classrooms were dirty and overcrowded, thereby heightening the risk of health issues. It was also noted that there were no nurses at schools to provide first aid.

High prevalence of malaria: It was reported that the prevalence of malaria was on the rise due to the bushy environment, and regular stock outs of anti-malarial drugs. In Rhino Camp, a key informant in charge of Ofua 1 Health centre, cited that out of 10 people tested for Malaria, 8 are confirmed positive. In an effort to reduce the risk of malaria due to inadequate mosquito nets, PoCs in Palorinya settlement reported resorting to sharing the nets.

Referral system: It was cited that some implementing partners did not provide enough care and follow up resulting in patients having to wait for weeks before being attended to. Referrals were reported to

be delayed until the conditions of patients became critical or unless health officials were bribed. The referral pre-departure information and guidance provided to the patients and caretakers was also reported as being insufficient. In some cases, caretakers are not provided with accommodation or meals while attending to patients. While at the referral hospitals, refugees reported that preferential treatment was availed to nationals.

Language barrier and inadequate transportation posed significant challenges with PoCs reporting congestion during transportation. In some cases, it was reported that although health partners transport patients to hospitals, they do not bring them back and patients have no alternative but to use public transportation. In one case, refugees reported having been forced to bury their deceased relative in Kampala because of lack of transport to the settlement.

In Midigo HC in Bidibidi settlement, it was reported that patients are asked to buy surgical blades, gloves and liquid soap; and other health workers ask for money at the referral points. Further, some refugees were being asked to pay money for treatment at the regional referral hospitals, despite the fact that services to all patients are supposed to be free.

In Kampala, refugees highlighted the inadequacy of referral services and responsiveness by service providers. It was cited that cases with long standing chronic health problems lacked remedial treatment. The delays in referrals and linkage to health services from implementing organizations to public health facilities often exacerbated existing health conditions.

Coordination: It was reported that there is limited support for Ministry of Health structures to conduct supportive supervision, mentorships, joint planning and reviews. Challenges in co-ordination between health partners and public health facilities/service providers was also noted in Kampala.

Lack of staff accommodation at the health facility: It was reported that there is insufficient staff accommodation. It was proposed that the state of temporary structures are improved at HCs.

Language barrier: Refugees emphasized that language barrier greatly affects communication between health workers and refugees in both the settlements and urban areas. Most health workers are from the host community and tend to communicate in their local language. This, in combination with the lack of interpreters, results in difficulties in scheduling appointments and refugees allege that in certain instances the prescriptions made for refugees are inaccurate.

Children unaccompanied for health services: Refugees reported that when children attend medical services without their caretakers or parents they are generally not attended to. In some instances, teachers tell sick pupils to go alone or arrange for them to be supported by the school prefects, who are fellow children. Not only does this pose protection concerns, but it is also feared that these children under-or overdose themselves. It is further observed that due to lack of close observation of children while sick, there is recurrence of some illnesses.

Inadequate information sharing: The provision of health related information on services provided at health centres to community and refugees was cited as a gap. For example, the male VHT representative from Omugo 6 in Rhino Camp cited a gap in communicating with potential beneficiaries. While there are many mothers with babies, only a few receive the Corn Soya Blend (CSB). It is unclear why some mothers do not receive CSB, as the reasons are often not provided. Parents also cited that they did not have adequate information on vaccination.

High rate of malnutrition: The high rate of malnutrition was attributed to poor feeding by breastfeeding mothers, lack of dietary diversification and negligence by mothers.

Rampant cases of mental disorders: South Sudanese communities suffer from rampant cases of mental disorders as a result of traumatic experiences during displacement. Despite efforts to ensure access to basic health care services in the settlements, there seems to be limited treatment for mental illnesses.

It was reported by the Officer in Charge (OC) - Ofua police post in Rhino Camp that refugees with psychological problems have not been provided with sufficient counselling. As a result, some suicidal tendencies have been observed in the community. Male refugees from Omugo in Rhino Camp attributed six suicide cases in their community to witchcraft.

Recommendations by refugees

- Enhance sensitization of health workers on the code of conduct.
- Increase the number of health facilities/blocks.
- Increase the number of specialised health workers.
- Train and employ midwives from refugee communities.
- Ensure that adequate drugs are in stock in all health centres and hospitals.
- Supply schools with first-aid kits and train staff on how to use them.
- Conduct regular monitoring of health facilities including on weekends.
- Sensitize communities on reproductive health including family planning.
- Increase outreach activities.
- Enhance antenatal and postnatal care.
- Increase routine health sensitisation of communities.
- Deploy adequate interpreters in all health centres.
- Build capacity of the literate village health teams (VHTs).
- Increase voluntary counselling and testing (VCT) in the communities.
- Enhance sensitisation on HIV/AIDS and support to persons living with HIV.
- Establish condom dispensers at the health centres and public places frequented by refugees and sensitise refugees on how to use and dispose used condoms.
- Provide services that are normally referred such as hernia and appendicitis surgeries.
- Advocate for more partnerships with psychosocial service providers to enhance services considering the high number of traumatised refugees.

Further recommendations by sector actors

- Enforce 24 hour coverage of all HF's; functionalize outreach services for all underserved communities.
- Establish feedback mechanisms in all HF's, Health Unit Management Committees suggestion boxes, community dialogues.
- Strengthen management of non-communicable diseases (NCD); communicate special clinic days to members of the community and stakeholders.
- Equip HF's with required equipment, especially for lab and other investigations.
- Ensure regular supply of medicines, rational medicine use and sensitize communities on Primary Health Care
- Advocate for feeding programs for non-target groups for nutrition support.
- Improve supervision of health staff.
- Conduct orientation of health workers on CRRF, integration of services and customer care.
- Recruit qualified interpreters.
- Improve staff accommodation; upgrade temporary HF's to permanent.
- Prioritize the construction of latrines, incinerators, placenta pits, and fencing.
- Engage partners on proper management of referrals and follow up
- Increase the number of ambulances.
- Conduct community sensitization on the use of ambulances and develop SOPs on ambulance use.
- Conduct community sensitization on referrals and caesarean sections.
- Prioritize engagement of community members on family planning; conduct dialogues and engage men on family planning.
- Earmark resources for Ministry of Health structures for joint supervision and mentorship.
- Provide proper induction/refresher training to medical staff on professional ethics and Code of Conduct.
- Health partner and District Local Governments (DLG) should consider regular outreach programs/mobile clinics.
- Have a refugee focal person in referral hospitals and support health workers to attend to refugees at night.
- Health workers to be mentored on attitude change through provision of trainings on ethical matters.
- Improve monitoring of medical services to ensure professional, confidential and adequate services and to increase staff.

Mental Health and Psychosocial Support (MHPSS)

Risk of suicide tendencies: Many refugees have undergone traumatic experiences yet there are limited PSS services provided by the partners. As a result, some suicidal tendencies have been observed in the community (especially among South Sudanese refugees). The refugees fear that the continued state of affairs may lead to increased suicidal tendencies.

The male adolescents (14-17) and out of school adolescent girls also report idleness, lack of functional recreational centres, inadequate family support, care and stress to be contributory causes of suicide.

Ex-combatants reported that psychological stress and torture attributed to idleness and loneliness due to family separation and forceful conscription into armed forces in the country of origin. The lack of financial material support, limited education opportunities and fears following escape from active participation in the opposition forces as well as unhealed wounds registered during the battlefield, heightened the risk of suicide.

Recommendations by refugees

- Advocate for increased MHPSS services for refugees.
- Increase coordination between community structures, protection partners, police and mental health department for support.
- Organize community and individual sensitization/counselling sessions.

Water, Sanitation, and Hygiene (WASH)



Children try to pump water from a dried up at Nyanzi refugee settlement in Adjumani district in Northern Uganda 3 May 2017. ©UNHCR/Jiro Ose

Despite significant improvements in water systems, the focus groups reported gaps in the provision of water and sanitation. As for the capacity of the refugee community, it was reported that refugees are willing to clean the environment surrounding the settlements; refugee community hygiene promoters are willing to support the community; and community members are willing to contribute to repair damaged boreholes. Below are some of the key concerns captured.

Risk of water borne diseases: Refugees are prone to water borne diseases as a result of unsafe water used for drinking, washing and bathing. The PA revealed that water points are often contaminated because of open defecation, are shared with animals, exiting boreholes have dirty and worm infested water, while some water trucked by partners is untreated or high in chlorine content making it unfit for human consumption. Further, it was cited that low water yields from some boreholes forces refugees to resort to collection of unsafe stagnant water. Refugees also attributed unsafe water to the irregular cleaning of water tanks and lack of maintenance of water points associated with non-functional water user committees. To mitigate some of these risks, refugees suggested that they could take up the responsibility of cleaning the tanks. Refugees also proposed that there should be frequent testing of water to guarantee its quality for consumption.

When latrines are full, the community covers the holes and removes the poles and tarpaulins because the WASH partners do not provide them with chemicals. While during rainy season they experience smelly bad scents exposing them to the risk of water and air borne diseases.

Inadequate access to water sources: Refugees highlighted that water sources are few in comparison to the high population. In areas such as Pasu in Palorinya, it was highlighted that there is an inadequate number of boreholes. As a result of these inadequacies, there are long queues with waiting times of up to 2 hours at operational water sources. In Ariwa I (Rhino settlement), it was reported by children (10-13) that parents send children to fetch water as early as 5:00 am. This exposes children to protection risks. The delays in accessing water are reportedly attributed to partners' delays in pumping water and frequent breakdown of water systems. In Ofua 3 in Rhino Camp, female adolescents expressed that in some instances water is delivered as late as 8:00 pm thus exposing women and girls to protection risks. Additionally, it was noted that there is no consideration for PSNs at the water points and that the few water points are often a source of conflict given the big population that vie for the scarce water.

Further, it was noted that many families have few or no containers to fetch and store enough water for their families. In particular, it was noted that there were insufficient numbers of jerry cans provided and the few available were worn out. In some villages in Imvepi, refugees have not received additional jerry cans since they arrived.

To mitigate these circumstances, refugees often travel long distances. Refugees also use basins and makeshift containers to collect water. In situations where tanks (water trucking) are not adequately filled, refugee leaders check tanks during supply of water to ensure they are filled. It was also noted that skilled labour such as pump mechanics and building contractors can be tapped into to maintain the boreholes. In this regard, refugees highlighted that they were willing to be trained as pump mechanics. Refugees also advocated for the provision of more water trucks to supply enough water.

Older persons and persons with disabilities mentioned that they face difficulties in accessing water because the hand pumps are hard and require a lot of energy to pump water. They also expressed that they are challenged in carrying water.

Inadequate sanitary materials: There is a lack of gender segregated washrooms in some schools for girls to wash themselves and change clothes which affects their dignity. This is exacerbated by the limited access to sanitary materials for Menstrual Health Management (pads, cloths, buckets etc.). Where sanitary materials are distributed, it is inconsistent and insufficient for some refugee females (those with heavy flow). Further, older women reported to be often excluded from receiving sanitary materials. To cater for themselves, they purchase sanitary pads while others resort to using small pieces of cloth as sanitary pads.

Poor sanitation and hygiene: Low latrine coverage in settlements was cited to be the cause of communities at times sharing latrines with schools. It was reported that hygiene promoters do not conduct frequent monitoring and transit centres had few latrines. In some locations, the poor soil texture often leads to the collapse of latrines. The lack of building materials and inadequate knowledge on latrine construction also contributed to limited latrine coverage which has resulted in open defecation.

Poor sanitation and hygiene were also observed at water points. It was cited that there is limited knowledge on hand washing practices, lack of hand washing facilities in homes, low number of

households with rubbish pits, lack of cleaning materials at schools and lack of emptying of existing latrines.

Potential for conflict at water points: It was reported that the refugee and host communities were at a risk of conflict at water points. Overcrowding at water points and poor management of the water points by water user committees were identified as aggravating factors. It was also noted that water user committees were reluctant to manage relations and power struggles over water points.

Insufficient quantities of water, especially for the new caseload: Water shortages and service interruptions were cited as causes of conflicts at water points as well as tensions in homes when there were delays in preparation of meals. Breakdowns in safe water supply services exposed women and girls to risks of collecting water from unsafe sources such as streams which were often located far away.

Recommendations by refugees

- Increase monitoring of water quality by WASH partners to ensure that the quality of water conforms to WHO guidelines.
- Invest in long-term water supply options to enable PoCs to access safe water.
- Allocate more resources with the aim to support PoCs with family latrine packages.
- Intensify community sensitization on the use of toilets and improvement of hygiene.
- Provide community members willing to construct latrines for PSNs with the necessary tools.
- Build permanent sanitation facilities at border points.
- Strengthen capacity of and coordinate between water user committees and RWCs to sensitize the community on water use and accountability.
- Construct more latrines at the household (HH) level and increase the water points.
- Include slabs and treated logs in the new arrival package. Routinely monitor to ensure that latrines are in place to avoid HH selling provided items.
- Sensitize the community on household water treatment, as suggested by the host community as a preventative measure.
- Provide water tanks to store water for use by the community.
- Increase the water system (pipes) at block level.
- Engage hygiene promoters and communities in cleaning exercises.
- Ensure schools have health and hygiene clubs.
- Increase the square footage allocated per plot to enable construction of adequate latrines.
- Distribute new water collection items to households.
- Provide water treatment tablets and solutions.
- Provide suitable construction materials that are resistant to rain and termites.
- Construct communal latrines to be used by households when family latrines are damaged.

Further recommendations by sector actors

- Improvement of piped water systems by merging smaller piped water systems together with high yielding production wells as one water system for effective future sustainability (Operation and maintenance).

- Transforming all piped water systems into hybrid water systems with solar energy as main power source backed up with diesel drive generators (Develop more high yielding production wells as back up water sources in future).
- Improve existing water pipeline extension within the water stressed areas factoring in both minimum sphere standards of 15 litres per day and allowable walking distance within 1km radius.
- Improve water quality tab analysis at both water points and households by fully equipping the water quality mini lab at Yumbe District Local Government Headquarters.
- Scale up capacity building of Water User Committees, hand pump mechanics and water system operators through refresher trainings
- Activate standard operating procedures (SOP's) for hand pump repairs at the district water department for effective and timely repairs of hand pumps with technical defects.
- Inclusion of integrated water resource management (IWRM) within all motorized production wells/boreholes with installation of ground water monitoring equipment comprising of divers/well props, Barometer, rain gauge to counter any technical bottle necks associated with over or under exploitation of any production well with technical measure put in place for protection of water catchment zones/recharging belts and different Aquifers.
- Improve on household water storage by provision of more containers with increased sense of ownership for water systems through payment of water user fees.
- Harmonize WASH-infrastructure technical designs through the water supply technical working group. All technical design processes, approvals, field technical support supervision should be well-coordinated for effective WASH project out puts.
- Strengthen both household and PSN latrine coverage by use of durable materials like concrete slabs, digging kits, use of drum tank (for collapsible soil), bamboo, fibre sheet lined pit as reinforcements/buffers for the sub-structural design details.
- Improve on the sludge management process by constructing large sludge drying beds/desludging filled up latrines, use of Sludge natural treatment process by use of effective microorganisms (EMO) at household levels to reduce rapid filling up of latrines.
- Improve hand washing campaigns at both household and institutions especially schools with provision of enough stock of hand washing facilities.
- improve household water storage and management by stocking enough water drinking buckets and jerry cans which shall also reduce both overcrowding and queuing time at water collection
- Strengthen the management of non-bio degradable waste within institutions (schools and health centres) by construction of sharp pits and incinerators at health institutions and schools (inclusive structural design for MHM).
- Harmonize strategies within the sanitation and hygiene working group with inter zonal learning visits for best practices shared and implemented among stakeholders and POCs/Hosting communities.
- Enhance NFI stocks (sanitary pads, soap etc.) within schools.
- Distribute more jerry cans periodically.

Food Distribution

Distance to distribution points: Refugees cited long distances travelled to access distribution points as a key concern. To put this into perspective, as an example, South Sudanese refugees in Lobule noted that it costs 10,000 UGX to travel from Ponyura to Waju Base which is the only cash distribution

point in the settlement. Further, some settlements such as Main Rhino Camp have only 7 distribution points in which 43 villages are served. Adolescent girls out of school in Omugo village 1 in Rhino Camp alluded that the nearest food distribution point (FDP) is approximately 6 kilometres away. This mainly affects PSNs who are unable to walk such a distance while laden with food. These long distances often leave refugees exposed to accidents and robbery among other risks while returning to their villages.

Security risks during food collection: Common issues cited included risks attributed to long distances to FDPs and challenges for persons with disability. Refugee boys and girls (10-13) reported that they are at a risk of losing their food ration entitlements while travelling to and from distribution points. This challenge is exacerbated by the fact that there is untimely communication of food schedules, lack of transport to carry rations and distribution that ends late in the night. Late distribution was noted to expose women, children and persons with disability to protection risks.

Female PSNs added that some names are misdirected to locations where they are not meant to be getting food. The misdirection of records of one family member normally affects the entire family and is exacerbated by distance and long litigation procedures.

The issue of the long distances to access food was further emphasized by male and female refugees with disability. However, men with disabilities added that they often find difficulty in accessing food when an Alternative Food Collector (AFC) is assigned, meaning that AFCs were sometimes rejected. They stressed that vulnerability among some PSNs cannot enable them to access food by themselves.

Inadequate food rations: Refugees cited that some families are at risk of starvation due to delayed food distribution schedules and inadequate food rations to sustain family nutrition needs. Adult females (18-40) emphasised the inadequate food ration citing that family size 1 receives a cup of beans and maize grains. The adolescent girls further cited that despite the inadequate food rations, they are forced to give 5kgs of maize to support school feeding programmes. On the other hand, elderly female and male PSNs lamented that they are forced to sell 7 cups of maize at 1,000 UGX in order to buy a bundle of fire wood, further reducing their food quantity.

Refugees cited the sale of food to cater for transportation as well as food cuts by WFP from 12 to 10kgs. They also attributed food insecurity to lack of money for milling, forcing them to sell some food to meet costs. In addition, they noted that as a result of the lack of assistance offered by partners to persons with disability during food distribution, they opted to sell part of their food rations to meet transport costs.

Female refugees (18-40) cited that food rations could not last until the next cycle and highlighted the **risk of malnutrition** and poor immunity of the community members as a result. This predicament is further aggravated by parents who sell part of the food ration to meet family basic needs. They stressed that some of their peers have resorted to theft to survive given the inadequacy of food provided. This was equally reported by adult males (18-40) who emphasized inadequate dissemination of information on food distribution schedules. Additionally, refugee boys (10-13) reported, besides the above issues, that parents sell food to purchase alcohol while ignoring the food requirements of the family.

Inadequate cash for food: Refugees reported that cash received for food is partly spent on meeting transport costs from FDPs which are quite far. They also reported that they are at times robbed of their cash as they return. Also reported were complaints that sometimes there are sudden changes with regard to changes from cash to food assistance without consent and vice versa.

Denial of food: Refugees stated that food insecurity in some households is caused by some husbands/men who deny their wives and children food because of the existence of non-biological children in the families.

Risk of malnutrition: According to the males (40+), PoCs are at a risk of exposure to contagious diseases at FDPs like HEP B due to overcrowding and long queues. The risk of malnutrition among children was attributed to limited dietary considerations such as inadequate CSB (porridge) for malnourished children, poor breast feeding practices and irregular feeding of children due to inadequate food.

Inadequate cash for food: In settlements in Arua, it was noted that cash provided per individual (31,000 UGX) is not sufficient for the whole month. This situation is worsened by increased food prices in markets as well as delayed cash distribution. Some children whose parents or caretakers are PSNs reported over dependency on cash for survival and when cash is depleted they remain vulnerable. As such, inadequate cash has resulted in many families being subjected to hunger and negative coping mechanisms such as crime.

It was noted that WFP is progressively reducing the amount of cash distribution following post emergency phase, and the only prospect for refugees to catch up is to increase their own food production/security through an alternative coping mechanism of hiring agricultural land from the host community. This on average costs 40,000 UGX per hectare which is rather costly for small size families.

Rigidity of the current cash distribution system: Female refugees (18-40) and female PSNs reported that the system of cash distribution is not flexible, as only the heads of household are allowed to collect cash (as of the time when the PA was conducted). According to female PSNs, no one is allowed to collect cash on their behalf. In instances (such as sickness), individuals cannot collect cash and yet there is no mop up for cash distribution. Refugees are left to starve or to find other options resulting in negative coping mechanisms such as theft. Some PSNs also reported that their names were missing on the manifest.

Condition at distribution points: It was reported that there is no provision for shades at FDPs. This exposes refugees to harsh weather (sunshine and rain).

Other concerns cited

- Untimely communication of food schedules and lack of transport to carry ration.
- Missing names on the food logs caused by poor data capture, entry, updating processes, rampant POC self-relocation to new areas, and failure of PoCs to go for registration process.

- Delayed food distribution in between cycles due by the poor roads, weather conditions stock outs, delayed delivery of food to the settlement.
- Loss of ration cards affecting food distribution is caused by increased negligence on the side of both the beneficiaries and the distribution staff, fraud on either side as well as theft.
- Lack of supplementary food for the persons living with HIV and diabetic PoCs.
- Discrimination in the distribution of food (inconsistent supply of food in the different zones i.e. some get maize while others get sorghum, cassava flour in the same cycle) caused by stock outs.
- Lack of finances to mill the provided maize/cereal grains causes poverty and inadequate support from partners to provide grinding mills in the settlement.
- Lack of shades in the distribution points exposing the PoCs to the scorching sun/rain as they wait for food distribution. To cope, refugees make use of umbrellas, the biometric shelters and other community centres.
- High refugee population leading to long queues during distribution.

Recommendations by refugees

- Generate food logs early enough and display in the community for PoCs to cross check missing names.
- Open more distribution centres to increase access to food, manage the distance and long queues as well as reduce the potential for risks while travelling from distribution points.
- Partners to institute a complaints desk before, during and after food distribution.
- Ensure that health centres are well equipped/stocked with food supplements against malnutrition for PoCs living with HIV and diabetes and conduct sensitization campaigns to raise awareness on their availability.
- Institute protection desks during distributions.
- Partners to inform PoCs of shortages and advise them to consume their food cautiously.
- Advocate for uniformity to avoid inconsistencies in food distribution.
- Serve beneficiaries with ration cards first and mark those without cards to show that food was received.
- Supply millers to the community or supply already ground/milled food.
- Construct waiting shades for beneficiaries at food distribution points.
- Construct a food distribution point in zone 5A in Lamwo.
- Distribute maize flour instead of maize grain due to challenges with grinding mills and the cost thereof.
- Increase the quantity and quality of food rations.

Core Relief Items

Lack of Core Relief Items (CRIs): South Sudanese refugees (40+) reported that some refugees who arrived in 2016, were not provided with basic items such as jerry cans, sauce pans, hoes, solar lanterns, blankets among others. In particular, blocks such as Ofua 4 Block A and B as well as Ariaze B in Rhino Camp were cited. They also claim that they have not been given any feedback.

Refugee children (10-13) also asserted that refugees have limited access to basic needs particularly clothes and uniforms for school-going children. This is due to the poverty among parents/guardians

which hampers their responsibility to provide for their children. They also cited theft of CRIs and other property within the settlement by unknown people, while members of the family sell off part of the household items to acquire other basic needs.

Among South Sudanese communities, the adult female (40+) and female PSNs cited delayed distribution of some CRIs such as soap and sanitary materials to girls and women in the reproductive age. They further highlighted that the CRIs provided some two years ago, such as mats, blankets and construction items, are now worn out, and more are needed for increased family sizes due to family reunification with additional family members. Additionally, the same age group cited inconsistent distribution of CRI's. In some instances it was noted that while certain villages received sanitary materials, other villages were missed out.

Lack of awareness on the scale/ratio of CRIs distributed by the partners: Male refugees (18-40) from Omugo 6 in Rhino Camp expressed ignorance over the CRI ratios provided to them. They also assert that the PSNs in their community are not supported with CRIs.

Recommendations by refugees

- UNHCR and partners to consider supporting refugees with CRIs since they are worn out while some locations did not receive CRIs at all.
- Create awareness on the CRI scale among the refugees and translate the CRI distribution scale in local languages of refugees.
- Partners to intervene in supporting refugees with CRIs especially those that were not previously provided.

Livelihood



South Sudanese refugees are carrying the rice that they harvested. She works with other fellow refugees in the farm in Mirieyi village in Adjumani in Northern Uganda. © UNHCR/Michele Sibiloni

It was reported that refugees are highly dependent on relief assistance because of lack of income generating activities and inadequate land. Livelihood was highlighted among the key sectors to be prioritised by most focus groups across the settlements and Kampala. It was emphasized that livelihood interventions can contribute towards addressing risks such as SGBV, lack of access to education, shelters and non-food items (NFIs), among others. Overall, respondents indicated that targeted support for livelihood is not adequate both in terms of numbers and selection of beneficiaries. The consultations showed that refugees have among other capacities; skills that can be harnessed, are willing to form groups for various income generating activities (IGAs), are willing to be trained as para-veterinarians, both refugees and host communities are willing to work together in groups if sensitized and supported. It was also highlighted by refugees that land is available within the host community and that refugees can negotiate with host communities for larger plots for agricultural activities. Below are some of the key concerns and recommendations regarding livelihood.

Limited access to livelihood opportunities: The available livelihood interventions were reported to be insufficient in supporting refugees to attain a life with dignity. It was reported that refugee women and girls, to make ends meet, resorted to survival sex.

Livelihood interventions were cited as lacking diversity (inclusiveness) and thereby limiting engagement of various refugees. Refugees also asserted that partners plan projects alone without input from refugee leaders or community members. Female persons with disability in Imvepi settlement in Arua emphasized discrimination by partners who prioritise able bodied beneficiaries, leaving out persons

with disability who are more vulnerable. Further, ex-combatant members of another zone also stressed that they are excluded, lack financial assistance, adequate agricultural land, and lack livelihood support due to their concealed status to the partners for consideration. Refugees also cited the poor selection criteria for livelihood interventions and attributed this to discrimination against minority tribes.

The lack of livelihood opportunities renders most refugees idle and unable to cater for their basic needs. This heightens the risk of refugees engaging in maladaptive behaviours such as drug abuse, survival sex and alcoholism. In some instances, refugees have resorted to selling their food rations to meet other basic needs.

In an effort to cope with the limited opportunities, some refugees in Kampala managed to join nationals under community-based associations. The majority of refugees as reported in Kampala, belong to community-based associations formed along nationality, or gender specific activities. Other refugees subscribed to groups that were economically oriented such as Savings and Credit Cooperative Organizations (SACCO), or group action with potential for employment, access to credit/finance, enterprise start-up and targeting of vulnerable groups.

Risk of low food productivity: Refugees reported poor crop harvest premised on unpredictable weather patterns, pests and diseases, late distribution of seeds, poor quality seeds (expired/ dormant), lack of agricultural tools and theft by unknown people affecting their harvests. To increase production, it was proposed that improved seed varieties need to be provided. Further, it was reported by boys (10-13) from Omugo in Rhino Camp that the land allocated was often small and rocky not suitable for agriculture. In Palabek, refugees reported that the 30mx30m plot given to them was too small to support any meaningful agricultural activities to supplement the limited food ration given by WFP. In such instances, refugees end up renting land from nationals to cope.

Children also stated that their mothers were involved in food production (farming) whereas their fathers engaged in alcohol consumption. This resulted in inadequate food stock for some families. Additionally, some parents were cited to be engaging in the sale of food to purchase alcohol.

Limited access to market: Despite poor weather, limited access to land, inadequate inputs, among other things, refugees endeavour to engage in agriculture. However, they are constrained by inadequate markets for their produce, overproduction affecting prices, few buyers and lack of storage at household levels, forcing individuals to sell their crops at cheap prices. Middlemen continue to exploit refugees by buying their goods/produce at lower prices. To cope with the circumstances, refugees are left with no option but to sell their crops at prevailing prices while those with storage facilities store their produce in anticipation of increased prices.

Limited access to grants/capital: Refugees with skills and interest in business are hindered by the lack of capital to start up business. They also cited discriminative tendencies during selection criteria of beneficiaries of the few existing cash-based interventions. Further, the selection criteria for IGA by partners is unfavourable and leaves out many genuine host community members. Some South

Sudanese communities are willing to create Village Saving and Loans Associations (VSLAs) for the acquisition of loans to create IGAs.

Lack of male engagement: This was cited with regard to support of family efforts in food production. Adult males are seen to be idle in the trading centres engaged in alcohol consumption during working hours when their women and children are fending for the families. Additionally, youths were reported to be equally idle and engaged in drug abuse and alcoholism.

Limited access to vocational skills training: Refugees attributed the limited access to vocational skills training due to few scholarship slots which marginalizes minority groups, lack of information on vocational training opportunities, low income levels among the refugees to enable self-sponsorship and lack of presence of vocational institutions in the settlements. To fill these gaps, refugees utilized the available skilled and unskilled labour from within their communities and host community to improve farming practises, set up farmer groups and run IGA Projects.

Low participation in Village Saving and Loans Associations (VSLA): Refugees noted that their lack of participation stemmed from fear of defaulting. They feared that if they defaulted, their household properties would be confiscated by the group.

Recommendations by refugees

- NGOs to support refugees with income generating activities.
- Scale up vocational skills trainings such as carpentry, welding and tailoring to inmates.
- Provide raw materials to carry out livelihood activities in prison like crafting and tailoring.
- Provide refugee communities with sewing machines for making sweaters and baking materials.
- Establish vocational training schools for the refugee and host community.
- Engage in advocacy for apprenticeship skills and programs to cater for unskilled labour.
- Support the community with loans to act as a start-up capital.
- Advocate to increase employment opportunities for youth.
- NGOs to support with the creation of market linkages.
- Provide training and mobilize farmers into group storage and collective marketing.
- Support families with cribs for storage of produce.
- Negotiate more land for crop and animal farming.
- Facilitate formal agreements with the Local Council to ease the use of land given to refugees by the landlords.
- Provide insecticides and fertilizers to improve yield.
- Strengthen dialogue with the host communities to provide agricultural land to refugees.
- Distribute tools and seedlings for planting in a timely manner.
- Support vulnerable households including child headed households with cash grants.
- Follow up with students after they have been trained on vocational skills.
- Provide timely treatment to livestock; train para-veterinary staff in the communities.
- Increase community knowledge on criteria for accessing livelihood opportunities.
- Sensitize the community on the importance of women participation in society and provide women with training, including agro-business.

- Facilitate linkages between refugees, refugee groups (VSLA's) and financial service providers.
- Distribute agricultural tools (i.e. hoes and wheelbarrows) to refugees.
- Provide alternative plots of land to refugees who are currently accommodated in waterlogged/rocky areas.

Further recommendations by sector actors

- Support market oriented agricultural initiatives and value chain activities.
- Aim to adapt to climate change and lower emission intensities per output in order to achieve food security and agricultural development goals. This transformation must be accomplished without depletion of the natural resource base.
- Leverage financial services (savings and credit) to facilitate access to needed capital.
- Introduce integrated and graduated skilled based interventions that seek to improve refugees' access to wage or self-employment. It is worth noting that the barriers refugees face in obtaining work often go beyond deficits in hard skills and qualifications, but also include gaps in soft skill, such as a lack of local networks and contacts.
- Explore cash for work or food for work rather than in kind support; access to cash for example, increases the purchasing power of a household and may thereby allow them to protect their assets, particularly productive assets that can be crucial means of earning a living (vehicle or property).
- Adopt a graduation approach to livelihoods programming that pairs economic development goals with wider social support. This aims to transition those in extreme poverty into sustainable livelihoods through targeted, step-by step (or graduated) programmatic intervention.
- Establish initiatives to connect refugees with remote or internet-based employment opportunities and programs to increase refugees' access to information and communication technology. While internet-based work is likely to provide little in the way of substantial or long-term income for refugees, it might be a reasonable interim solution.
- Base the design and implementation of livelihoods programs on the capacity, assets, knowledge and motivation of the refugee community; program designers to consult with refugees regarding their needs, aspirations, and skills.
- Promote the inclusion of refugees in government livelihood programs and services, including agricultural extension training and advisory services.

Environment and Energy

Refugee and host communities heavily rely on the natural environment (wood) for fuel. This has imminent negative consequences including indiscriminate deforestation, increased accumulation of solid wastes and heavy extraction of ground water resources as well as land degradation due to soil erosion. To date, interventions encompass a comprehensive response to reduce these risks and mitigate the negative impacts. A major concern across settlements is that firewood collection increases risk of assault, SGBV and damages the environment. This increases tensions between the refugee and host community. Indeed, most of the refugees depend on biomass energy to meet their daily energy needs. Refugees also access and save energy by using energy-saving stoves and to some extent alternative energy (briquettes). Although there is an increasing effort by livelihoods and environment partners on tree plantation, and promotion of energy saving technology together with the PoCs, more effort is required to embrace sustainable forest management strategies in consolidating environment

conservation impact. It was noted that some refugees were aware of the dangers of environmental degradation, community members are willing to plant trees around their shelters especially fruit trees to supplement their diet, and some refugees had the skills to make energy saving stoves. Some of the key concerns captured are highlighted below.

Limited access to energy sources (fuel sources): Refugees are faced with inadequate wood fuel for cooking. This has been caused by indiscriminate cutting of trees for building, long distance to firewood collection points and fear of conflicts with host communities during firewood collection. Refugees emphasized that some host community members prohibit them from collecting firewood in their localities for fear of depletion of the environment and because firewood is considered a source of income to some host community households. To address the challenge of inadequate wood fuel, refugees use maize cobs for cooking, trade food for fire wood while others venture longer distance to collect firewood. It was highlighted that some women and girls travel to areas over 4 kilometres away from their settlements in search of wood fuel. The long distances travelled heightens the risk of exposure to SGBV.

Lack of construction materials: Refugees highlighted that they were faced with the challenge of grass and poles for construction due to the lack of construction materials.

Deforestation: The rampant practice of cutting down trees is attributed to the need for wood for fuel and poles for construction. Additionally, the increased refugee population and prevailing poverty has driven refugees to engage in charcoal burning and cutting trees for income generation. This has led to the depletion of vegetation cover which has left the soils bare and exposed it to agents of erosion. It was also revealed that there is limited awareness and capacity building in environmental protection. The rampant deforestation practices are mitigated by the use of energy saving stoves that PoCs construct at home. Further, communities reiterated that they could plant trees if provided with seedlings and land. They also emphasized that they could implement environmental protection projects.

Risk of land degradation: Land degradation was reported to be on the rise as a result of refugee involvement in excavation of land for soil to lay bricks. Excavation has created wide open holes containing stagnant water which have become breeding grounds for mosquitos hence malaria prevalence has been registered especially in village 16, zone II in Imvepi Settlement.

Recommendations by refugees

- Establish community woodlots for firewood.
- Sustain penalties for tree cutting.
- Strengthen management of protected areas.
- Implement joint refugees/host communities' tree planting projects.
- Increase nursery production and distribution of trees seedlings to household.
- Train and support the community on the construction of energy stoves.
- Promote alternative energy cooking and renewable sources.
- Integrate casual work (Cash for work) in woodlot/tree planting.
- Introduce long forest management project to allow meaningful harvest of trees planted to support construction material.

- Let community woodlots be managed and maintained by both the refugee and host community
- Upscale smart agriculture and promote fast growing tree species in the settlement.
- Mainstream environmental protection in other sectors i.e. wash, shelter, education, health and livelihoods.
- Raise awareness on energy savings practices.
- Promote planting of fast-growing tree campaigns to counter environmental protection.
- Aim to adapt to climate change and lower emission intensities per output to achieve food security and agricultural development goals. This transformation must be accomplished without depletion of the natural resource base.
- Encourage the use of more bricks (mud) for constructions versus the use of wood.
- Plant fruit trees to help reduce tree cutting since these are more valued by the communities.
- Practice zero tolerance towards individuals engaged in burning bushes and cutting trees.
- Mobilize forest guards.

Shelter

The condition of shelters was reported to expose refugees to cross cutting issues such as security and health risks. This was particularly true with regard to PSNs who often lacked requisite support to construct and renovate their shelter. Lack of access to construction material was cited by all groups as a major factor hindering refugees from having adequate shelters. Grass and poles for construction are expensive and host communities are unwilling to give grass to the refugees for free or at cheap cost. In some instances, it was reported that host community members deliberately destroyed refugee shelters to force them to buy their construction materials such as grass and poles. In some settlements, the land that is provided for shelter construction is not suitable (water logged, rocky and on a slope), making the construction of shelters and latrines very difficult. To mitigate some of the challenges related to shelter, some refugees engage in casual work, sell part of their food rations while others engage in negative coping mechanisms (theft) to be able to earn an income to purchase construction materials. It was also noted that refugees are able to make bricks for construction. Given the limited support available to PSNs, it was noted that refugee youth are willing to assist PSNs in the construction of huts.

Recommendations by refugees

- Increase the size of plots.
- Allocate plots to refugees who have not received plots.
- Distribute plastic sheets to refugees who are in need of the items.
- Provide iron sheets instead of plastic sheets.
- Promote dialogue with the host communities to provide land and construction materials to refugees.
- Support women in IGAs to enable them access income to purchase construction materials.
- Improve the design of PSN shelters and latrines as well as increase the number of PSN huts and renovate the dilapidated ones.
- Implement cash-based interventions instead of distributing construction materials, to enable beneficiaries procure construction materials of their choice.
- Plant trees in homesteads to act as windbreakers.
- Relocate refugees from water logged and rocky areas to suitable sites.
- Treat construction poles before distribution.

- Provide communities with necessary materials/equipment like poles and logs, as well as brick making tools to support PSN in shelter construction. Provide PSNs with shelters and support with shelter repair as opposed to one time support.
- Re-distribute CRIs to refugees who arrived in April 2017 at the beginning of the influx (e.g. sleeping mats, blanket, and soap).

Durable Solutions

Refugees reported that the duration of the resettlement process was extremely long. This created a helpless and hopeless state amongst refugees. It was also highlighted that no clear information/feedback was given regarding the status of resettlement cases. In Kampala, PoCs also reiterated that some nationalities are under-represented in resettlement plans. It was highlighted that, in an effort to secure resettlement, some refugees intentionally provide false information.

It was reported that refugees encounter certain practical barriers to enjoy economic rights and access employment, which is a component to achieve local integration. Refugees reported discrimination in access to resources and services by service providers. Refugees are entitled to equal treatment as nationals however when accessing certain services such as health, employment and education among others, the inaccessibility of these services leads to extortion/fraud by service providers and middlemen.

It was reported that in some instances, asylum seekers' properties were unfairly confiscated by officials at the borders upon arrival to seek asylum. A few refugees were unable to use their assets such as motorcycles meant for livelihoods activities because settlement authorities confiscated them for lack of permits and other documentations.

Recommendations by refugees

- Increase the number of resettlement counselling and protection reception days.
- Increase community information dissemination on durable solutions/resettlement through continuous focus group discussions.
- Develop IEC material such as placards in local languages describing the durable solution process in the communities.
- UNHCR to advocate for peaceful talks in DRC, and avail refugees with information regarding the security situation in their countries.
- Sensitize leaders and communities on the Ugandan legal frameworks and structures.
- Ensure fair treatment of all refugees, build capacity on ethics for staff misusing offices.

Refugee Capacities

Irrespective of UNHCR's protection mandate, refugees adopt different approaches to mitigate the challenges they face. The participatory assessment findings have identified some approaches and existing capacities within the refugee communities to cope with hardship as well as mitigate protection risks. Some of the existing capacities within the refugee community can be harnessed to effect positive

outcomes and community ownership of interventions. There are various ways in which refugees harness their own capacities to improve their own situations as well as that of the community at large.

For example, South Sudanese communities conducted and proposed to conduct continuous community sensitization in the settlements on dietary diversification to address malnutrition, and to reduce the risks of sexual assault and other forms of violence, refugees opt to move as a group to collect firewood, and in some instances, men escort their wives to collect firewood.

To mitigate challenges of overcrowding in schools, refugee children proposed to study in shifts. Moreover, refugees highlighted that they had the capacity to support efforts for development of community schools by availing labour and laying bricks for construction. Additionally, Parent Teacher Associations (PTA) participated in construction of temporary class room structures to reduce overcrowding and mobilized resources to address identified gaps. PTAs have also contributed to maintenance of existing facilities in schools, linked the community with schools, supported “back-to-school campaigns” and taken special measures to ensure participation of children. In Oruchinga, the PTA committee has constructed one block of 4 units at Kayenje and needs support for roofing.

Among the capacities of refugees to tackle health issues, it was noted that there are skilled midwives within the communities who are willing to support the health centres/hospitals. Additionally, interpreters in the community are available and willing to work at the health centres/hospitals. It was noted that refugees in Kampala have a strong social cohesion within the community; community members support one another, for instance, they contribute towards cost of medicines unavailable at hospitals.

As for refugees’ capacity regarding WASH, it was reported that refugees are willing to clean the environment surrounding the settlements; refugee community hygiene promoters are willing to support the community; and community members are willing to contribute to repair damaged boreholes.

Concerning livelihood, the participatory assessment showed that refugees have numerous capacities, such as a variety of skills that can be harnessed, and that they are willing to form groups for various income generating activities (IGAs), to be trained as para-veterinarians, and both refugees and host communities are willing to work together in groups if sensitized and supported. For example, in an effort to cope with the limited opportunities, some refugees in Kampala managed to join nationals in various community-based associations. In fact, the majority of refugees in Kampala reported to belong to community-based associations formed along nationality, or gender specific activities. Other refugees subscribed to groups that were economically oriented such as Savings and Credit Cooperative Organizations (SACCO), or group action with potential for employment, access to credit/finance, enterprise start-up and targeting of vulnerable groups. Also, due to limited access to vocational skills training, refugees utilized the available skilled and unskilled labour from within their communities and host community to improve farming practises, set up farmer groups and run IGA Projects.

Finally, refugees indicated that they are aware of the dangers of environmental degradation and community members are willing to plant trees, especially fruit trees around their shelters to supplement their diet. Additionally, some refugees reported to have the skills to make energy saving stoves.

Although this represents a positive outlook on the capacities within the refugee communities, some of the approaches or coping strategies used to mitigate strife could potentially be harmful and increase exposure to protection risks. For example, engaging in negative coping mechanisms such as survival sex could expose refugees to SGBV and sexually transmitted diseases. As comprehensive protection approaches are developed with the community, it will be important to replace harmful community protection measures or mitigate their effects.

Conclusion

It is well documented that persons of concern endure numerous hardships throughout the displacement cycle. Addressing these hardships forms the basis of UNHCR's protection work and search for solutions. To effectively address concerns experienced throughout the displacement cycle, PoCs need to be placed at the center of the operations management cycle. UNHCR's AGD policy and community-based approach upholds this virtue by engaging persons of concern and other relevant stakeholders with due consideration given to diversity. Harnessing broad perspectives ensures that effective and accountable solutions to the plight of refugee needs are captured in the conception of refugee responses.

The findings of the participatory assessment exercises across all settlements and urban Kampala indicate that the most pressing issues refugees face are limited access to livelihoods, and services such as education and health, and protection risks which manifest in different forms that pose a risk to physical safety and security.

Irrespective of UNHCR's protection mandate, refugees adopt different approaches to mitigate the challenges they face. The participatory assessment findings have identified some approaches and existing capacities within the refugee communities to cope with hardship as well as mitigate protection risks. Some of the existing capacities within the refugee community can be harnessed to effect positive outcomes and community ownership of interventions. For example, it has been noted that some refugees have the requisite knowledge and skills in teaching, making energy saving stoves and midwifery among others. Harnessing these skills would provide employment for refugees which could effectively mitigate challenges regarding but not limited to access to livelihood opportunities, education and health services. Although this represents a positive outlook on the capacities within the refugee communities, some of the approaches or coping strategies used to mitigate strife could potentially be harmful and increase exposure to protection risks. For example, engaging in negative coping mechanisms such as survival sex could expose refugees to SGBV and sexually transmitted diseases.

In the settlements and in Kampala, it was evident that refugees prioritized the need for enhanced and sustainable livelihood activities to improve the economic and subsequent social wellbeing. The physical safety and security of refugees was also highlighted by the different population groups of refugees as a key concern. Various factors left refugees exposed to protection risks that include but were not limited to SGBV and protection risks against children. Some of the common risk factors highlighted included poor lighting, poverty and changes in the social dynamic which led refugees to adopt negative coping mechanisms such as survival sex and alcoholism. Access to and the quality of services availed to PoCs

was also a key concern raised during the exercise. This was particularly highlighted with regard to education, health, shelter, livelihood opportunities and access to justice among other services. Persons with specific needs were particularly disadvantaged when it came to accessing some of these services, and received inadequate support when accessing services. For example, persons with disabilities (including children) lacked assistive devices, few children are facilitated in special needs education (SNE) schools and PSNs lacked adequate support at food distribution points among other challenges. An issue that was particularly raised by South Sudanese refugees was the need for enhanced mental health and psycho-social support (MHPSS) services given the growing trend of suicides. This is an issue that needs to be addressed with urgency as there are currently few partners that offer specialized MHPSS services in the refugee response.

Another key issue refugees emphasized was the inadequate feedback received across the various sectors. The findings indicate the need for enhanced communication with refugees through networking at grass root level to pave the way for community engagement and ultimately community empowerment initiatives. In addition, there is a need for enhanced targeted interventions to address the root causes of challenges such as poverty, food insecurity, lack of livelihood opportunities which leave refugees exposed to multiple protection risks such as negative coping mechanisms, suicide, domestic violence, inability to access or continue education including school drop outs, delinquency, teenage pregnancies, stress, trauma, few among others.

There is a need to enhance community sensitisation campaigns with involvement of refugees through their preferred means such as traditional, cultural/social activities, and through sports as an effective means of peace building within the communities.

Rapid interventions in the area of child protection and education are needed to enhance school enrolment and retention especially at secondary level education and provide solutions to children at risk to improve quality of their lives in dignified manner.

Way Forward

The findings will be shared with the District Local Government (DLG), OPM, and partners to take into consideration, align the design and implement complementary interventions to improve the wellbeing of refugees and host communities. The findings will be used to inform the setting of priorities and the design and implementation of programs that meet the needs of refugees and host community pursuant to the 2016-2020 Multi-Year Multi-Partner Protection and Solutions Strategy, the Refugee Response Plan, Comprehensive Refugee Response Framework (CRRF), Refugee and Host Community Empowerment (ReHope) and Settlement Transformative Agenda (STA).

UNHCR, Partners and OPM will continue to provide feedback to refugees as well as engage them in all the phases of the Programme cycle to enhance transparency and accountability in service delivery.

Our Work



WHAT WE WANT TO ACHIEVE

A world where every person forced to flee can build a better future.

OUR FUNDAMENTAL FOCUS

Everything we do helps protect people forced to flee their homes.



WHO WE ARE

UNHCR, the UN Refugee Agency, is a global organisation dedicated to saving lives, protecting rights and building a better future for refugees, forcibly displaced communities and stateless people.



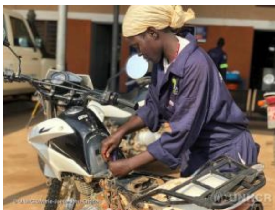
WHAT WE DO

UNHCR, the UN Refugee Agency, leads international action to protect people forced to flee their homes because of conflict and persecution. We deliver life-saving assistance like shelter, food and water, help safeguard fundamental human rights, and develop solutions that ensure people have a safe place to call home where they can build a better future. We also work to ensure that stateless people are granted a nationality.



WHY WE MATTER

Every year, millions of men, women and children are forced to flee their homes to escape conflict and persecution. We are the world's leading organisation dedicated to supporting people forced to flee and those deprived of a nationality. We are in the field in over 125 countries, using our expertise to protect and care for nearly 64 million people.



UGANDA 2018 PARTICIPATORY ASSESSMENT

The 2018 Participatory Assessment Report for
refugees and asylum seekers in Uganda.

August 2019



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