UGANDA REFUGEE EMERGENCY SITUATION REPORT

FOCUS ON PROTECTION IN THE SOUTHWEST

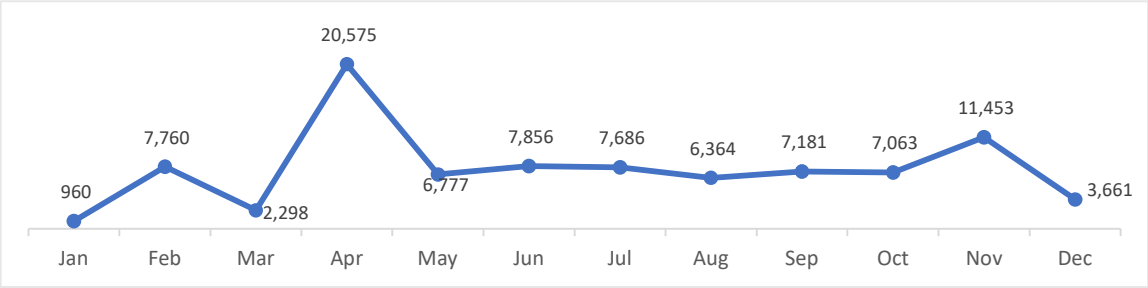
29 December 2022

New arrivals prepare to board buses from Nyakabande Transit Center to Nakivale refugee settlement.
Photo: @UNHCR/Sharmake Hassan

Situation Update:

Uganda has received **146,593** new arrivals from South Sudan and the Democratic Republic of Congo since January 2022. Since fighting intensified in March 2022[1], **89,634 individuals from the DRC** have arrived through different border points and received at Nyakabande Transit Centre (Kisoro district), Bubukwanga Transit Centre (Bundibugyo district) and Matanda Transit Centre (Kanungu district). 80 per cent of them are women and children. Refugees continue to flee from the DRC due to the fear of injury and death from crossfire, destruction of homes and property, conflict on land issues and economic resources, as well as intertribal conflicts between indigenous Congolese ethnic groups.

Monthly New Arrival Trend 2022, through all three Transit Centres in the Southwest



Transit Centres

- Nyakabande Transit Centre in Kisoro district has received a total number of **74,151** new arrivals in Uganda since 1 January 2022. Given the high number of new arrivals, a

[1] Since fighting intensified in March 2022 between the Non State Armed Group (NSAG) M23 and national army, FARDC (David Levine-Spound, *In a Worsening DRC, How Can the Security Council Keep Focus on Protection of Civilians*, IPI, 13 Dec. 2022, available at: https://reliefweb.int/report/democratic-republic-congo/worsening-drc-how-can-security-council-keep-focus-protection-civilians)

temporary holding area was erected. It was closed at the end of October 2022, and those in the holding area and the community were requested by the Government to either go to the settlements or return home. Approximately, 13,000 refugees from both locations chose to go back to the DRC. There are currently 523 individuals at the transit centres.

- Bubukwanga Transit Centre, in Bundibugyo district has received **14,766** new arrivals since January 2022. The current population at the Transit Centre is **523** individuals. The total population received through the Matanda Transit Center was **717** individuals.
- There are 51,035 individuals from the DRC who have relocated to the settlements. The receiving settlements in the Southwest are Nakivale for those coming from Nyakabande Bubukwanga Transit Centre, and Rwamwanja, for those coming from Bubukwanga Transit Centre.

Protection Update:

Child Protection (CP)

- Since 28 March 2022, 7 per cent or **6,623** children (3,397 boys and 3,226 girls) in the transit centres have been identified as at-risk.[2] Those in need of special care are placed with foster families and prioritized for relocation to the settlements.
- At the Transit Centers, due to the mobility of the population, some cases have been identified of children being left alone while their parents cross back into the DRC—sometimes for more than one day. This exposes them to various risks including trafficking, physical harm, and sexual abuse.

Children playing at Nyakabande transit centre. Photo: ©SCI

- Once in the settlements, the needs for Child Protection (CP) caseworkers remain high, with the caseworker-child ratio standard at 1:25 (maximum 30). The reality is well beyond this number with CP caseworkers having a minimum of **75** cases and up to **90** in receiving settlements.

Gender Based Violence (GBV)

- There have been **1,981** incidents (44 males, 1,937 females) of GBV in the different transit centres. The primary services provided include mental health and psychosocial support (MHPSS) as well as medical follow-up. Providing follow-up is particularly challenging, especially in treating long-term depression and trauma given the transitory situation on the border. Survivors are counselled to relocate to the settlements where more support can be provided to them.
- There is a shortage of caseworkers across the settlements due to insufficient resources allocation to GBV prevention and response programmes. GBV caseworkers often have between **60 to 75** cases at one time. The maximum acceptable ratio is 1:20. Measures to

[2] Child Protection (CP) cases received include concerns like neglect, child labor, child marriages, as well as physical, psychological, and emotional abuse.

address the negative cultural practices that result in continued prevalence of GBV as well as under-reporting have been reduced due funding constraints.

Persons with Specific Needs (PSNs)

- Protection response for PSNs focuses on identification at the point of reception and fast-tracked service provision, as well as community engagement to provide support. Medical services in coordination with protection staff help to efficiently identify PSNs and provide an appropriate multi-sectoral response.
- Since 28 March 2022, the total number of PSNs received in Kisoro is **4,694** individuals (1,181 males, 3,522 females). The top five vulnerabilities are as follows:

S/no.	Description	Cumulative from 28 March 2022		
	Type of Vulnerability	Male	Female	Total
1	Elderly	695	1267	**1957**
2	Women at Risk	N/A	1404	**1404**
3	Single Parents	107	543	**650**
4	Persons with Disability	278	177	**455**
5	Persons with Serious Medical Condition	99	128	**221**

- In Bubukwanga since the beginning of 2022, **1,106** PSNs have been identified, with the majority being elderly, single parents, widows, and persons with disabilities.
- PSNs are counselled to move to the settlements and prioritized for relocation. Their case files are transferred with each transit-settlement convoy. Resources available to support PSNs upon arrival are limited to only a few selected households who receive shelter construction support as well as one-time cash grants.

Mental Health and Psychosocial Support (MHPSS)

- The new arrivals from the DRC try to maintain a real connection with their country. Both the nature and volume of the pendular movements and the numbers that steadfastly remain on the border are clear indications. There is also a sense of desperation and weariness regarding their situation that is reflected in the MHPSS reports of suicidal tendencies.
- In Kisoro, MHPSS provision consists of community mobilization and sensitization, targeting children, adolescents, and adults to increase awareness. In addition, there are activities including client assessments, play therapy for children every afternoon, follow up on the referral, individual case management, conducting interpersonal psychoeducational group therapy (IPGT). While in Bubukwanga, the services are in psychosocial counseling and linking individuals to community support.

- There have been **1,219** MHPSS cases identified (465 males, 754 females), with some receiving full or basic psychosocial assessment, as well as age/gender-specific group

counselling, family and/or individual counseling in the transit centres. Trauma and depression are the main concerns identified. MPHSS partners are focused on helping individuals through capacity building, community sensitization, and awareness raising. Limited targeted psychological interventions are possible.

Identified needs in the Settlements

New arrivals continue to be received in the settlements. Access is challenging as roads are in poor condition and have been worsened by the heavy rains. New arrivals are allocated plots and undergo continuous assessments as well as receive support in several protection areas. They are often allocated plots in areas where the older caseload has been cultivating. Until the crops are harvested the new arrivals have limited space, including to cook. This has created tensions amongst refugees and has a negative impact on peaceful co-existence. With food prioritization, after 3 months, new arrivals household capacities are reviewed, and they are then subject to the same reduction to 60% or 40% ration. Distribution of female hygiene kits was halted on 1 July, and it is unclear how this need will be covered in 2023.

There remain gaps in the receiving settlements that need to be addressed:

- Provide children with alternative care arrangements, as well as for the foster families.
- Increase access to education, including cash support to pay school fees.
- Improve road networks to and within the settlements.
- Child friendly spaces established in the new villages within Rubondo zone.
- Infrastructure in the areas of relocation, including shelters, communal bath shelters and lighting to reduce risk of GBV.
- Set up temporary community leadership structures, including female representation.
- Market area in the new villages within Rubondo zone to support access to goods.
- Essential medicines and decongestion of health facilities.
- Support for PSNs who have been identified, including with shelter construction.
- Distribution of female hygiene kits.
- Protection against Sexual Exploitation and Abuse (PSEA) —including materials and training for the communities as well as refugee response partners.
- Extend 100% food rations for six months.

Working in Partnership (South West): OPM, UNHCR, ACORD, ACT, AIRD, ALIGHT, CAFOMI, CARE, ChildFund International, Danish Refugee Council (DRC), Friends of Kisoro, Humanity & Inclusion, ICRC, International Rescue Committee (IRC), JAM, Lutheran World Federation (LWF), Malteser International, Medecins Sans Frontieres (MSF), Medical Teams International (MTI), Norwegian Refugee Council (NRC), REACH, Save the Children International, The Netherlands Red Cross, Transcultural Psychosocial Organization (TPO), Uganda 2040, Uganda Red Cross Society, UNICEF, UN Women, UNFPA, War Child and WFP.

CONTACTS:
Carol Sparks, Senior External Engagement Coordinator, sparks@unhcr.org
Erika Fitzpatrick, Senior Inter-Agency Coordination Officer, fitzpat@unhcr.org
Wendy Kasujja, Associate Reporting Officer, kasujja@unhcr.org