Access to Services – Situational Analysis

This thematic analysis document, an update from the initial 2021 version which featured broad WASH/Education/Health/Environment expert and field-level input, examines the extent to which refugees can access services in these sectors in Uganda, as well as the barriers they face in doing so. Adopting a multi-sectoral lens, this desk review attempts to understand which population groups are particularly affected by which barriers. This situational analysis is intended to provide:

- Compiled data from various datasets and reports on refugee and host community access to WASH/Education/Health services and environmental issues/impacts
- Top-level analysis by IMPACT-REACH in advance of sector input/review
- Structured input/review format to guide sectoral inputs

This thematic analytical document comprises of data and findings from published and unpublished secondary data sources and multi-sectoral, crisis-wide assessments, including:

- Individual Profiling Exercise (IPE), UNHCR (2021-22)
- Participatory Assessment (PA), IMPACT-PANDA on behalf of UNHCR (2022-23)
- National Service Delivery Survey (NSDS), Uganda Bureau of Statistics (2021)
- The Realities of Self-Reliance Within the Ugandan Refugee Context, U-Learn, REACH, and the LRSWG(2022-23)
- Results Monitoring Survey (RMS), IMPACT-PANDA on behalf of UNHCR (2022)
- Food Security and Nutrition Assessment (FSNA), WFP and UNHCR (2022)
- Resilience Index Measurement and Analysis (RIMA), FAO (2021)
- ERP Endline survey report, MoES (2022)
- Gender and Well-Being Assessment, MoES (2022)
- GIZ, Baseline Assessment for Market-Based Energy Access for Scale Up Projects in Refugee Settlements in Uganda (2020)v
- UNHCR, Safe Access to Fuels and Energy Strategy, 2016-2020 (2016)
- UNHCR & OPM, Inter-Agency Uganda Country Refugee Response Plan (UCRRP 2022-2025)
- UNHCR, Price Points in East and Horn of Africa (2023)
- Ministry of Water and Environment, Water and Environment Sector Performance Report (2022)
- Ministry of Energy and Minerals Development, Strategic Investment Plan (2019)
- UNHCR, Uganda 2021 Year-End Narrative, (2022)

Light green: top-level findings and national analysis completed by IMPACT-REACH based on secondary data sources
White: Headlines findings from key secondary data sources used to populate the light green section
Light blue: granular/expert findings populated by sectors/experts

INTRODUCTION: ACCESS TO SERVICES AND CROSS-CUTTING ISSUES

Access to services and infrastructure

This desk review has explored two main dimensions of access to services in any sector: the physical access to services and infrastructure, as well as the quality and affordability of these services (meaningful access).

Physical access

First, service and infrastructure need to be physically accessible. Physical access depends on the **presence of a certain service or infrastructure** in each area and the **travel time** towards this service or infrastructure. For example, despite the presence of health facilities in settlements, travel and waiting time towards/at health facilities are often mentioned cross-source as a main driver of health vulnerability. Similarly, the distance to water sources was found to be an important barrier to drinking water according to several sources. Long distances to facilities that provide higher quality services, such as public taps, could lead populations to choose to access lesser quality services that are closer, such as the reliance on boreholes or even surface water as a main source of drinking water.

Certain population groups may face higher challenges in their ability to physically access services. For example, those with mobility constraints (e.g., elderly persons or persons with disabilities) or particular population groups facing potential protection concerns on their way to access services or infrastructure (e.g., women and girls) face additional constraints to their ability to meet their needs. This is especially true in settlements with security issues as highlighted in the Participatory Assessment.

Meaningful access

Even when refugees are physically able to access facilities, they might not be able to fully benefit from services, either due to the quality of the services provided, or because of other types of challenges, such as the affordability of services. **IPE data indicates that at least 60% of refugee households reported being forced to apply the coping mechanism of reducing spending on non-food expenses (healthcare, education), in order to compensate for a lack of food or money to buy food. Simultaneously, IPE data also indicates that the largest household priority is "more food", by 33% of households, followed by education (28%) and shelter/rent support (10%)**. In fact, these seemingly 'secondary' barriers are sometimes the main drivers of needs and vulnerabilities.

Across the sectors, the **affordability** of services is a key concern. According to several sources, a main reason why children are not attending schools is the financial burden, including school fees. On top of affordability, 3% of households in the IPE dataset reported having their child (age12-17) work to contribute to household income, hindering education. According to the Child Protection Assessment conducted by REACH in 2021, up to 27% of households have a child that can be considered to be engaged in child labour. Similarly, in the health sector, financial constraints were repeatedly identified as the main reason why households did not access the healthcare they needed.

Although there is limited data available about the functionality of services in refugee settlements and refugees' satisfaction with using these services, the **quality** of the services or infrastructure could drive vulnerabilities and needs. Similarly, the skills of service providers and the information available regarding service provision can impact meaningful access.

These indicators may be inter-related with challenges related to affordability; a household or community may have limited capacity to afford rehabilitation of their communal services and resources. The same logic could also be applied to access to water: refugees might opt for water sources of lesser quality due to either the lack of available options in the vicinity of their dwellings, or due to the cost associated with certain sources of water.

The quality of services might also be related to the **range** of services that are being provided. While health facilities might be available, they might not offer all necessary services. Similarly, health facilities might not be able to provide the full range of medicines needed by refugee populations, as is often indicated by household respondents in the desk review's sources. Often, the burden is then on refugee populations to reach various different service centres in order to meet their needs.

EDUCATION

General situation and top-level analysis:

- **Gross enrolment ratio (GER) has increased over the years. GER at the primary school level increased from 58% (2017) to 73% (2019),88% (2020) and 87% in 2021. The GER at the secondary school level increased from 11% at baseline (2020) to 12.1% at endline (2021) and ECCE from 35% (2020) to 48% (2021) as per ERP Database 2021.**

- **According to the 'Realities of Self-Reliance Within the Ugandan Refugee Context' assessment, among urban refugee and host communities, households with at least one school-age child (SAC) not enrolled lay between 20-65%. Non-enrolment was reportedly largely due to cost, health-related issues, and according to the Participatory Assessment, due to the need for children to contribute to the household work or income. According to the Gender and Well-being Assessment, child marriage is also a factor negatively influencing enrolment, particularly among girls, as well as parents' attitudes on the benefits of education or the lack of parental guidance.**

- **Most refugee households reported that travel time to primary school exceeded 30 minutes, while many settlements' households had large minorities who reported over 60 minutes' travel. Figures for secondary school were much more dire as 43% reported having to travel over 60 minutes**

UBOS, National Service Delivery Survey (2021)	The UBOS data presented here is for all of Uganda and does not include refugees. It is important to be aware of the general context of access to education in Uganda to frame the understanding of access to education for refugees and host communities.
	
	• Tables 1 and 2 below indicates the gross/net Primary and Secondary Level enrolment by gender, urban/rural residence, and sub-region. At the national-level, 73.2% of school-age children are enrolled into school. The lowest enrolment at both levels was found in Karamoja.
	
	• While the gender parity index indicates equality of enrolment at the national-level, fluctuations occur at the sub-regional level (especially in Kampala and Bukedi).
	
	• The most commonly reported reasons for not attending primary school were:
	  o Child was too young (55%)
	  o Not enrolled due to COVID-19 (14%)
	  o The costs to send a child to school was too expensive (11%)

Table 1 – Primary-level enrolment and Gender Parity Index 2021:

Background characteristics	Gross Enrolment Ratio			Net Enrolment Ratio			Gender Parity Index
	Male	Female	Total	Male	Female	Total	
Residence							
Rural	117.3	112.7	114.8	75.5	78.5	77.0	0.98
Urban	124.4	120.1	122.1	71.3	73.0	72.2	1.00
Sub region							
Kampala	110.2	109.8	110.0	66.6	90.2	77.3	1.04
Buganda South	106.0	100.8	103.2	71.2	74.2	72.7	1.08
Buganda North	114.0	108.1	110.8	67.6	69.9	68.8	0.90
Busoga	129.0	123.5	126.2	77.4	76.1	76.8	0.94
Bukedi	149.4	151.2	150.4	78.8	87.9	83.3	1.14
Elgon	146.9	135.5	140.9	79.8	79.0	79.4	0.94
Teso	140.7	139.4	140.0	70.4	75.1	72.8	1.07
Karamoja	67.7	63.1	65.3	39.3	37.3	38.3	0.93
Lango	135.9	124.7	130.0	66.1	70.4	68.4	1.14
Acholi	138.1	127.9	133.0	77.9	77.5	77.7	0.94
West Nile	133.8	135.1	134.5	76.1	80.0	78.2	1.03
Bunyoro	119.9	118.9	119.4	75.3	76.5	75.9	0.95
Tooro	120.6	116.7	118.6	76.4	78.3	77.3	0.95
Ankole	107.2	109.0	108.2	70.6	67.8	69.2	0.96
Kigezi	108.1	99.5	103.5	74.5	68.1	71.1	0.97
National	**122.8**	**118.4**	**120.5**	**72.2**	**74.2**	**73.2**	**1.00**

Table 2 – Secondary-level enrolment and Gender Parity Index 2021:

Background characteristics	Gross Enrolment Ratio			Net Enrolment Ratio			Gender Parity Index
	Male	Female	Total	Male	Female	Total	
Residence							
Rural	51.7	54.6	53.3	36.0	46.1	41.2	1.21
Urban	32.2	31.3	31.7	20.2	23.0	21.6	1.01
Sub region							
Kampala	71.0	80.9	76.2	54.6	67.1	61.2	1.60
Buganda South	52.4	50.6	51.4	41.3	47.8	44.7	1.20
Buganda North	34.7	36.3	35.5	21.0	37.6	29.0	1.47
Busoga	30.1	27.6	28.8	23.3	20.8	22.0	0.98
Bukedi	32.2	32.8	32.5	21.5	16.0	18.4	0.96
Elgon	49.2	52.0	50.6	18.6	32.8	25.6	1.24
Teso	33.0	32.6	32.8	14.5	17.7	16.1	1.03
Karamoja	14.0	14.2	14.1	7.9	8.2	8.0	1.01
Lango	23.6	25.2	24.4	13.2	10.3	11.6	0.83
Acholi	40.9	36.2	38.6	26.2	18.4	22.5	0.53
West Nile	21.5	20.2	20.8	14.2	9.4	11.8	0.61
Bunyoro	34.1	37.8	36.0	24.7	26.3	25.5	0.93
Tooro	43.4	43.9	43.6	26.9	36.7	32.0	1.06
Ankole	35.8	35.2	35.5	23.8	36.3	30.7	1.38
Kigezi	30.0	31.5	30.8	20.4	24.5	22.5	0.95
National	**36.9**	**37.1**	**37.0**	**24.3**	**28.9**	**26.7**	**1.09**

- In tables 3 and 4 below, we see that the majority of SAC have access to a primary school within 3km. However, secondary schools are less ubiquitous, especially in rural areas.

Table 3 – Proportion of communities by distance to nearest government primary school:

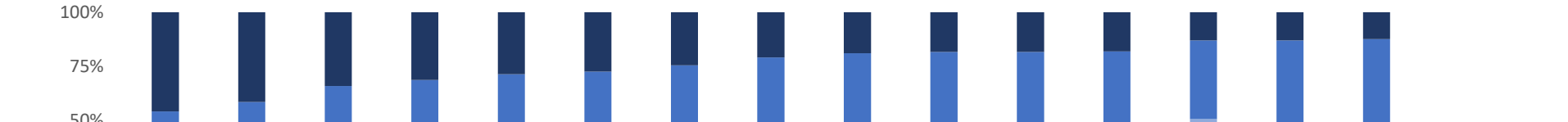
Background characteristics	Distance				Total	Average Distance (Km)
	0.0 - 3.0 kms	3.1 - 5.0 kms	5.1 - 8.0 kms	Above 8 kms		
Residence						
Rural	87.1	9.0	2.4	1.5	100	1.8
Urban	91.6	7.2	1.2	0.0	100	1.4

Table 4 – Proportion of communities by distance to nearest government secondary school:

Background characteristics	Distance				Total	Average Distance (Km)
	0.0 - 3.0 kms	3.1 - 5.0 kms	5.1 - 8.0 kms	Above 8 kms		
Residence						
Urban	73.6	14.8	6.9	4.7	100	3.0
Rural	30.4	22.8	22.3	24.5	100	6.7

UNHCR, Individual Profiling Exercise, 2022	• The average household expenditure on education within **three months** of data collection across all locations was UGX 64,000. • These reported quarterly expenses were averagely highest in Kampala (UGX 220,000), Lobule (UGX 176,000), Kiryandongo (UGX 138,000) and Adjumani (UGX 128,000), indicating high variance across locations. • As seen in figure 1 below, the average reported travel time to primary school among children with SAC vary across locations. Locations with the largest proportions of households who reported long travel times to primary school lived in Rwamwanja, Palabek, Oruchinga, Palorinya, and Nakivale.

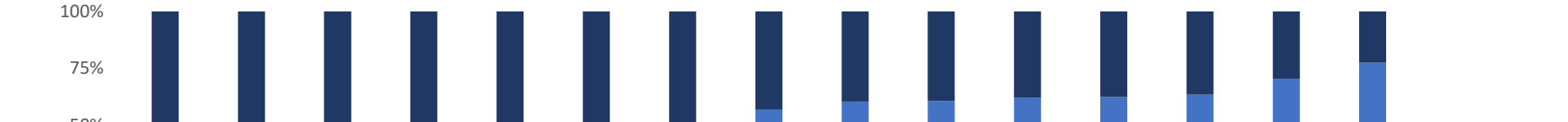
Figure 1 – Average reported travel time to **primary school**, among households with SAC in primary school:



	Rwamwanja	Palabek	Oruchinga	Palorinya	Nakivale	Kyaka Ii	Imvepi	Nationwide	Kiryandongo	Kampala	Kyangwali	Lobule	Rhino	Adjumani	Bidibidi
60+ mins	46%	42%	34%	31%	29%	28%	25%	21%	19%	18%	18%	18%	13%	13%	12%
30-60 mins	34%	42%	37%	43%	37%	47%	41%	40%	48%	33%	49%	41%	36%	40%	39%
0-30 mins	20%	16%	29%	25%	35%	26%	35%	39%	33%	48%	33%	41%	51%	47%	48%

- For secondary school, travel time to school among households with children in secondary school was averagely much longer than to primary school with a plurality of children (43%) having to travel over 60 minutes, as seen in figure 2 below.

Figure 2 – Average reported travel time to **secondary school**, among households with SAC in secondary school:



	Lobule	Palabek	Rwamwanja	Kyangwali	Imvepi	Palorinya	Rhino	Nationwide	Nakivale	Oruchinga	Kyaka Ii	Adjumani	Bidibidi	Kiryandongo	Kampala
60+ mins	69%	65%	58%	53%	53%	51%	50%	43%	40%	39%	38%	38%	37%	30%	23%
30-60 mins	23%	25%	31%	31%	29%	37%	24%	32%	31%	39%	29%	33%	37%	39%	28%
0-30 mins	8%	10%	12%	15%	18%	12%	26%	25%	30%	21%	33%	29%	26%	32%	49%

- Given that travel time is a substantial barrier to education also indicated in common reasons not to attend secondary education, the provision of secondary education closer to settlements or the provision of localized transport for secondary school-age children could mitigate this fundamental issue to the development of refugee children in the most-affected areas.
- All registered refugee households in Uganda were asked what their top priority was in the IPE exercise. While the nationwide proportion of households which chose "Education/books or school materials" was 28%, higher proportions were found in the below locations.

Table 5 – Locations where an above national average proportion of households reported that "education/books or school materials" was the household's top priority:

Location	%	Number of households
Rwamwanja	48.72	34150
Kiryandongo	41.37	20567
Adjumani	37.83	63703
Nakivale	35.12	43361
Kampala	33.56	21757
Kyaka Ii	32.37	34060

- While 3% of refugee households with children across all locations reported having a child aged 12-17 work to contribute to household income, these figures were much higher in Palabek (14%), Lobule (9%), and Palorinya (6%).
- Overall, 25% of households with SAC reported having withdrawn an SAC from school in order to meet basic needs. The highest proportions at location-level can be seen in table 6.

Table 6 – Locations with above-average proportions of households with children who reported having had to withdraw a child from school in order to meet basic needs:

Location	%	Number of households
Oruchinga	50.24	3602
Nakivale	48.91	60392
Kyaka Ii	41.95	44134
Adjumani	33.47	56365
Rwamwanja	27.18	19049
Lobule	26.85	1413

U-Learn, REACH, and the LRSWG, Realities of Self-Reliance Within the Ugandan Refugee Context, 2022/3

- As shown in the table below, the locations with the highest proportions of households who reported having at least one SAC **not enrolled/attending** among refugee households are in Nakivale (65%), Kampala (58%) and Gulu (40%), and for host community households in Gulu (44%) and Kampala (41%).

Table 7 – Proportions of households reporting having at least one SAC **NOT enrolled or attending school**, among refugee and host community households with SAC, per location:

Location	Type HH	At least one SAC not enrolled and/or attending
Arua	Host Community	31%
Arua	Refugee	37%
Bidibidi	Host Community	24%
Bidibidi	Refugee	22%
Gulu	Host Community	44%
Gulu	Refugee	40%
Kampala	Host Community	41%
Kampala	Refugee	58%
Kitgum	Host Community	33%
Kitgum	Refugee	24%
Mbarara	Host Community	21%
Mbarara	Refugee	32%
Nakivale	Host Community	32%
Nakivale	Refugee	65%
Palabek	Host Community	38%
Palabek	Refugee	24%
Rhino Camp	Host Community	27%
Rhino Camp	Refugee	20%

- In table 8 below, it is indicated that the most commonly reported reasons for refugee households having at least one child not enrolled/attending school was cost-related. While the second-most frequently reported reason, health-related issues is not cost-related, the third (having to support the household) and the fourth (school too far away) are either unequivocally or partly cost-related, given that costs of transport are a common barrier to access to services more generally. Between 90-100% of refugee households with at least one non-enrolled/non-attending SAC in Mbarara, Kampala, Kitgum and Nakivale reported school being too expensive, much higher than host communities.
- In Palabek, a larger proportion of refugee households reported non-enrolment/attendance due to health-related issues (69%) than the most frequently reported reason, costs (55%), which could indicate specific health issues in Palabek.

- The highest degrees of children not enrolled/attending due to pregnancy or child marriage were reported among host community households in Rhino Camp (21%), and both refugee and host community households in Bidibidi (16% for each group).

Table 8 – Commonly-reported reasons for households to have at least one SAC not enrolled/attending school, per location and type of household:

Location	Type HH	Too expensive	Health-related issues	Having to support the household	School too far away	Pregnant and/or married	Child/children too young
Arua	Host Community	68.29%	17.07%	9.76%	4.88%	4.88%	12.20%
Arua	Refugees	73.91%	23.91%	2.17%	4.35%	4.35%	2.17%
Bidibidi	Host Community	65.79%	21.05%	18.42%	26.32%	15.79%	7.89%
Bidibidi	Refugees	36.00%	40.00%	12.00%	16.00%	16.00%	8.00%
Gulu	Host Community	87.76%	26.53%	4.08%	8.16%	0.00%	0.00%
Gulu	Refugees	86.27%	37.25%	1.96%	7.84%	0.00%	0.00%
Kampala	Host Community	80.00%	6.67%	33.33%	3.33%	0.00%	10.00%
Kampala	Refugees	97.62%	9.52%	2.38%	4.76%	0.00%	2.38%
Kitgum	Host Community	79.49%	35.90%	2.56%	2.56%	2.56%	5.13%
Kitgum	Refugees	91.67%	33.33%	0.00%	0.00%	0.00%	0.00%
Mbarara	Host Community	66.67%	11.11%	11.11%	0.00%	0.00%	11.11%
Mbarara	Refugees	100%	10.34%	13.79%	6.90%	0.00%	0.00%
Nakivale	Host Community	81.08%	16.22%	29.73%	2.70%	2.70%	0.00%
Nakivale	Refugees	90.28%	16.67%	19.44%	4.17%	0.00%	1.39%
Palabek	Host Community	78.26%	54.35%	13.04%	8.70%	4.35%	0.00%
Palabek	Refugees	55.17%	68.97%	20.69%	13.79%	0.00%	6.90%
Rhino Camp	Host Community	33.33%	24.24%	24.24%	21.21%	21.21%	6.06%
Rhino Camp	Refugees	52.17%	34.78%	4.35%	8.70%	8.70%	4.35%

UNHCR, Participatory Assessment (PA), 2022

- 15.4% of households with school-age children (SAC) reported having at least one SAC not going to school for the school year during data collection. Amongst the respondents who reported that at least one SAC in their household is not going to school, 78.8% reported that the reason for the child not going to school is that the cost is too high (transport, supplies and fees).

Figure 3 – Most commonly reported reasons why at least one SAC was not attending school at the time of data collection, among households with SAC (%):

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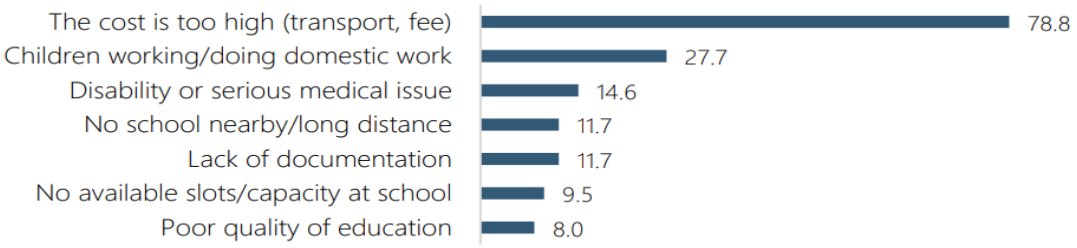

N=137; respondents could select multiple answers

Qualitative data collected tends to confirm that the cost of education is problematic for refugees with children. The cost of education includes both the school fees and the associated costs, such as uniform, supplies like books, and transportation to school. In some FGDs, participants pointed that one of the challenges related to education was the overcrowding of schools, according to them because of the lack of teachers. Several KIs confirmed this.
Common community recommendations from key informant interviews (KIIs) and focus group discussions (FGDs):

Sponsor children education more, either through cash or through material support (transportation, books, school supplies).
Construct more schools and having more teachers to address overcrowding and the long distance to some secondary schools.
Introduce school feeding programs.
Provide more cultural activities for the youth so they are not idle.

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<td>UNHCR, Results Monitoring Survey (RMS), 2022</td>
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Proportion of households who reported having a former household member who was enrolled in tertiary/higher education at the time of data collection: 34%
Little difference of reported tertiary/higher education was found between male (35%) and female (33%) household members.
In Table 9 below, the disaggregation by nationality shows that levels of tertiary/higher education among the most prevalent refugee nationalities are similar, ranging between 33-38%. It should be noted that deviations from this range are paired with small sample (instance) sizes.
In Table 10 below, we find that proportions of surveyed households having a former member enrolled in higher/tertiary education varies per settlement. Please keep in mind that this data is indicative given the low N.

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Table 9 – proportion of households reporting having a former household member who was enrolled in tertiary/higher education at the time of data collection, per nationality:

Nationality PoC	Results	# of instances
SSD	35%	193
COD	33%	136
BDI	38%	14
ERI	38%	9
SOM	38%	8
RWA	19%	6
other	40%	2
KEN	100%	1

Table 10 – proportion of households reporting having a former household member who was enrolled in tertiary/higher education at the time of data collection, per settlement:

Settlement PoC	Results	# of instances
Kyaka	41%	32
Kampala	41%	33
Rhino Camp	38%	30
Adjumani	37%	28
Lobule	37%	28
Nakivale	36%	27
Palorinya	35%	29
Rwamwanja	35%	28
Bidibidi	34%	27
Imvepi	33%	27
Kiryandongo	33%	27
Oruchinga	29%	22
Palabek	26%	18
Kyangwali	17%	13

MoES, Gender and Well-being Assessment Report, 2022

- The following table on post-lockdown re-enrolment pertain to both host and refugee communities. Common factors contributing to non-attendance are related to financial constraints and the entailing need for children to work or be married young, as well as societal deterrents such as parents' views on education, lack of parental guidance, and peer pressure. Health-related reasons appear to be less reported here, which may simply be the impact of differences in survey design. Common between all questionnaires is the impact of costs associated with education.

Table 11 – Most-commonly reported factors affecting enrolment (multiple choice – results can exceed 100%):

Reason	%age Refugee communities		%age Host communities		Overall	
	Girls	Boys	Girls	Boys	Girls	Boys
Negative attitude towards girls' education	40%	0%	50%	0%	45%	0%
Negative attitude towards boys' education	0%	29%	0%	19%	0%	24%
Peer pressure	6%	31%	4%	25%	5%	28%
Trauma/psycho-socio issues	19%	15%	29%	6%	24%	11%
Financial hardships (tuition)	44%	40%	46%	58%	45%	49%
Child labour / domestic chores	23%	21%	25%	21%	24%	21%
Teenage pregnancy	15%	0%	27%	0%	21%	0%
Early child marriage	25%	4%	19%	4%	22%	8%
Lack of scholastic materials for the children	13%	8%	21%	38%	17%	22%
Lack of parental guidance	29%	37%	13%	29%	21%	33%
Lack of MHM facilities at school	15%	0%	4%	0%	10%	0%
Drug/alcohol abuse	4%	2%	0%	0%	2%	1%
Poor attitude towards vocational education	2%	0%	0%	4%	1%	2%
Long distance	0%	0%	2%	0%	1%	0%
Involved in petty business	0%	2%	0%	0%	0%	1%

FAO, Resilience Index Measurement and Analysis (RIMA), 2021 (unweighted)

- For refugees and host communities, average reported distance in km to primary school was 2km.
- For refugees and host communities, average reported distance in km to secondary school was 5km.

ERP Endline survey report, 2022	Improved equitable access and inclusive, relevant learning opportunities. • The Gross Enrolment Rate (GER) at the primary school level increased from 58% (2017) to 73% (2019),88% (2020) and 87% in 2021. The GER at the secondary school level increased from 11% at baseline (2020) to 12.1% at endline (2021) and ECCE from 35% (2020) to 48% (2020) as per ERP Database 2021. • The GER at the secondary level remains low, particularly in the districts of Kikuube (Kyangwali) with 3%, followed by Kyegegwa (Kyaka II) at 6% and Isingiro (Nakivale) and Kamwenge (Rwamwanja) both with 8%. Improved delivery of quality education and training as depicted by the improvement in the following indicators: • Improved pupil-teacher ratio (PTR). The ERP supported recruiting additional national teachers and certifying qualified refugee teachers. The PTR in primary schools reduced from 85:1 (in 2019) to 67:1 in (2021), which was an achievement below the ERP target of 65:1, below the national standard of 53:1 and the national level performance of 43:1. • The PTR at Early Childhood Care and Education (ECCE) was 56: 1, below the national standard (25:1) and the national level performance (22:1). The improved PTR was due to an increased number of teachers supported by IPs especially at primary level, rather than reduced number of learners. • The PTR challenge is notably higher at primary school and ECCE levels. Human resources' capacity improved with 3,375 teachers (40% females and 60% males) in primary schools supported by partners. • Pupil-classroom ratio (PCR). Although PCR progress is still far below the expected standards at all levels, there was a slight improvement in primary school PCR from 154:1 at baseline (2018) to 135:1 at endline (2021), below the national standard (53:1) and national performance (55:1). • The ECCE PCR was 122:1, far below the national standard (25:1) and below national performance (28:1). Secondary school PCR improved from 143:1 in 2018 to 87:1 in 2021, though still lower than the standard (53:1). Continuous Professional Development (CPD). • The teachers supported with CPD were: ECCE (1,043 beyond the target of 233), primary (1,679 beyond the target of 1,074), and secondary (157 beyond the target of 77). However, it was slightly low at the Accelerated Education Programme (AEP) level, where only 130 out of the targeted 868 teachers were supported in CPD by ERP partners. • In all, 292 primary school teachers (108% of the target) and 24 secondary school teachers (120% of the target) were accredited. These interventions were geared toward improving the quality of education. Improved pupil-textbook ratio (PTR). • The PTR improved from 10:1 at baseline to 5:1 at the endline among refugee settlement schools and 2:1 among host community schools by providing textbooks and re-stocking libraries. At secondary, the PTR improved from 7:1 to 6:1. Other efforts to improve the quality of education included introducing the double-shift school system to decongest classrooms and create more opportunities for learners to access education; applying EGRA and EGMA learning assessments; constructing the teachers' houses to address the shortage of housing, and regular school inspection and monitoring.

Access to Education for Learners with Disabilities and School Physical Accessibility Assessment

- The ERP made significant efforts towards enhancing access to education for learners with disabilities. With 3,644 female and 4,466 male learners with disabilities were in primary schools by 2021. Additionally,182 female and 339 male learners were enrolled in secondary school. During the COVID-19 lockdown, 1,127 learners with disabilities (52% boys and 48% girls) were supported to participate in home learning.
- Findings reveals that 33% of classrooms and other school infrastructure had ramps although some were dilapidated and not easily motorable. However, more needs to be done to address factors limiting access to education for learners with disabilities. These factors include stigmatisation from teachers who often put them in the back seat, peers, parents and other community members, children; lack of assistive devices, inadequate adapted educational materials and school fees; long-distance to the schools; limited availability of teachers trained using adapted pedagogical approaches.
- Overall, only 33% of the surveyed schools (n=89) reported having classrooms with adequate quantities of ramps, 52% had inadequate ramps, and 15% had no ramps. Most classrooms with adequate ramps were in the northern region (53%), while Kampala (15%) had the least. Less than half (48%) of the schools with libraries did not have ramps. Note that adequacy of ramps was self-reported, rather than assessed based on objective standards.
- Most schools with dining halls (61%) did not have ramps. Only 32% of the school water, hygiene and sanitation (WASH) facilities were adequately accessible to people with disabilities. As with the points on ramps, this data is self-reported than assessed based on objective standards.

Lessons Learned on Access:

- To increase enrolment of children at all levels, it is essential to intensify community sensitisation for positive mindset change towards education for girls and boys. Children with disabilities can only access education when the facilities in the schools are accessible, educational support, and inclusive learning materials are provided, with welcoming and inclusive atmosphere among teachers and peers. Addressing financial barriers and providing social protection is crucial to increasing access to education.

Contextual analysis (during sector input/review phase):

a) Based on your experience/expertise and the provided data, what is the current situation?

Attendance

- Currently, the sector has an average of 70% in primary and in secondary level 60% attendance rate as compared to 69% in primary and in secondary 66% rate in 2022.
- One of the major issues is availability of data. Due to the high number of students, particularly in lower primary, and the fact that is still paper based the monitoring of attendance is challenging. Based on some FGDs conducted recently in Nakivale secondary school food is also an issue related to low or partial attendance. Some learners confirmed that they attend only the morning sessions and then leave because they don't have food for their lunch.

Infrastructure / materials / service

- The education sector continues to experience gaps in infrastructure mainly in primary and pre-primary with a gap of 1836 classrooms, 2631 latrine stances in primary while a gap of 4013 classrooms, 293 latrine stances in pre-primary school. These gaps are attributed to the disproportionate increase in enrolment in refugee-hosting schools compared

to the available infrastructure. The total enrollment as of term 1 2023 is at 489,534 (70,809 in ECD, 365,055 in Primary, 28,665 in secondary, 14,465 in Accelerated Education Programme and 706 in vocational centers).

- The majority of the learning spaces are not inclusive enough to enable equal access to learners with physical disabilities and requires rehabilitation. This has contributed to an average pupil-classroom ratio of 1:127 in primary far above the recommended standard of 1:53. Due to the limited infrastructure and funding gap, the sector has adopted. Double Shift School System (DSSS) to increase the absorption capacity of the available facilities in schools.

Home-learning

- The innovation of home learning was mainly implemented during school closure as a result of Covid-19 out. A total of 77,623 home learning packs were printed and distributed compared to the target of 384,681. Radio lessons and small group learning were conducted with the support of teachers. Since the reopening of education institutions after Covid-19, the education sector is not implementing home learning.

Secondary education

- 10% enrollment with a total number of 28,665 learners enrolled as of term one 2023. Major challenges include low transition rates from primary to secondary, inadequate number of secondary schools, distance to the nearest secondary school, language-bridging, accreditation, and affordability. Issue of science and ICT laboratories. Both are mandatory subjects, and most schools don't have them.

Teachers

- A total number of 7794 teachers (1422 caregivers, 5541 teachers in primary and 831 teachers in secondary education levels supported by both government and partners) are supporting ECD, Primary and secondary level. At the primary level with teacher pupil ratio of (1:66) as compared to the recommended standard ratio of 1:53.[1] However, the sector still experiences a gap of teachers; 1804 in ECD and 1347 in primary. Further the implementation of the DSSS exacerbates the already insufficient available teachers as it calls for recruitment of additional workforce.
- Though the policy provision permits refugees to work in Uganda, limitations in the teacher information management systems which requires non-nationals to have work permit hinders registration of qualified refugee teachers.
- Partners have mapped refugee teachers who may require accreditation of their documents to be recognized as qualified teachers. UNENSCO with MoES developed a draft policy guideline on pathways to certification process of refugee teachers.

<u>b) Based on your experience/expertise and the provided data, what are the existing barriers to access?</u>

Barriers to home-learning

- The program faced several challenges including limited coverage across the settlements, HLP was not translated to easily be used by learners who language challenges, limited support from parents, and learners experiencing an inadequate number of radio sets to support home learning coupled with limited radio station coverage in refugee and hosting district. Home learning required extra support from teachers to support learners which was not feasible at the community level. Due to the full reopening of the education system, home learning is not implemented across the refugee settlement.

Affordability

[1] ERP data enrolment and gap analysis

- Primary education is freely provided by the government, primary school learners are mainly challenged with funds to procure scholastic materials including school uniforms and examination fees. School-age-going children have engaged in income-generating activities in order to meet school requirements. However, this has contributed to increased absenteeism and dropout rates. Additionally, the education sector through some partners has provided cash for education and cash for scholastic materials to ensure increased access to education in consideration of the different vulnerabilities.
- Affordability mainly affects secondary education level where learners have to pay school fees. In the settlements humanitarian actors support schools with most of the costs and children pay a small fee. In Nakivale SS learners are supported with full or partial scholarships.

Physical access to schools

- Long distances, issues around physical disability child labour especially for child-headed households, teenage pregnancies/early marriages, inadequate support to child mothers and breastfeeding corners in schools, hunger among learners, and access to MHM kits for girls.

Culture / language barriers

- Poor attitude toward girl education coupled with early marriages and language barriers for the new arrivals. Limited trained refugee teachers to support language bridging programs. To overcome the language barrier issue and support with translation refugee assistant teachers are hired by partners.
- Children affected by change in language of instruction upon arrival in Uganda. Language of instruction according to UG curriculum is mother tongue until P4, when it switches to English, but in refugee settlements English is generally used through due to significant number of languages spoken. (Can share language mapping

Other

- Reduced funding in the education sector to support equitable and quality delivery of education services. Particularly funding gaps to support the recruitment of teachers.

c) Based on your experience/expertise and the provided data, what are specific situation/risks for persons who are especially vulnerable?

Girls

- Poor culture and parents' attitudes toward girl's education and long distances
- Limited number of gender-sensitive WASH facilities in schools pose a risk to the retention of girls in schools.
- Limited girl empowerment programs including life skills training.
- Increased household chores that limit access, survival sex, and child labor which exposes girls to the risk of not attending or dropping out of school.
- Limited support to child mothers (the number of which has increased since Covid-19-related school closures) which has exposed them to the risk of not attending school or dropping out of school.
- Insufficient MHM materials, leads to negative coping mechanisms.

Children with special need

- Increased mental health and physical distress that affects their self-esteem and confidence to continue accessing education services.
- Limited scholarship opportunities coupled with reduced funding gaps for children with disabilities expose them to a risk of dropping out of school.
- Lack of adaptive materials or assistive devices to support their learning of children with disabilities, this is coupled with a limited number of trained teachers to support inclusive quality learning processes, increased stigma and limited parental support.
- Lack of trained teachers to support delivery of inclusive education in existing schools.
- Negative attitudes towards education for children with disabilities, and tendency to rely on special schools.
- High protection and safeguarding risks. Note that children with disabilities are 3.7 times more likely than their peers with disabilities to be victims of violence.
- Increased mental health and physical distress that affects their self-esteem and confidence to continue accessing education services.
- Limited scholarship opportunities coupled with reduced funding gaps for children with disabilities expose them to a risk of dropping out of school.

d) Based on your experience/expertise and the provided data, what is the current support available?

Infrastructure / programmes

- Due to increased gaps in the classrooms, Double Shift School System was adopted in schools with high enrolment versus a limited number of infrastructures.
- Provision of temporary tents as addition learning spaces were installed in schools receiving new arrivals.

Home-learning material

- Home learning or community-based learning were immediate responses to school closures, taking place throughout the closures and immediately after. Remedial, catch up (including TaRL) were adopted by different partners to supplement home learning materials and to cover lost learning. The development and deployment of the abridged curriculum were approaches implemented after schools reopened to address learning loss/poor learning outcomes.
- Continuous assessment of learners at all levels was adopted.

HEALTH

General situation and top-level analysis:

- **According to the UBOS NSDS, 87% of Ugandans who feel sick sought health care.** Close to half (45%) of the population seek services from the government health facilities with the rest seeking services from the private health facilities. The health insurance coverage is low in the country, resulting in a lot of out-of-pocket expenditure for health. The most commonly reported concern of users of government health facilities was non-availability of medicines and supplies. 73% of users of government health facilities reported to be satisfied with the services offered. Among non-users of government facilities, 45% reported that the facilities were too far to use; overall 23% of Ugandan reported having to travel over 5km to a government health facility.

- According to the IPE data, 63% of refugee households had a member who was sick in the 30 days prior to data collection. Of that 63%, 95% sought medical treatment at a health facility. For those that did not seek health care at health facility when a family member was not well, the most common reasons were related to cost and availability of medication, distance and/or transportation to the health facility, and long waiting time at the health facilities. In Kampala, cost was the key barrier for refugees' access to health services.

- **Refugees in the Southwest and Kampala were particularly likely to report health care and/or medication as their household's top priority.**

- **Most sources indicate that access to health services is hindered by both supply (service-provider) and demand (households) level barriers. Supply-side barriers included lack of medication, staff, long waits. Demand-side barriers included high costs (especially in Kampala), long travel times, and lack of awareness.**

- **While refugees are generally entitled to free health services, respondents reported instances of paying for medication or services, particularly in Kampala, according the FSNA. Reports of long waits and lack of staff signal pressure on health providers.**

- **FSNA (2022) data shows worryingly low respondent awareness of their access to health care.**

- **Sources indicate a lower degree of access among households with a person with a disability.** Overall, 7% of refugee individuals were found to have a level-3 disability during the IPE verification exercise. According to the UNHCR PA, households with a member with a disability were more likely to report that medical personal behaviour is problematic, compared to households without a member with a disability. **Households with persons with a disability also more often mentioned requiring mental health and psycho-social support (MHPSS), while also much more often experiencing barriers to that support.**

- **More generally, a quarter of Participatory Assessment respondents indicated to have needed MHPSS within 30 days of data collection, of which circa two-thirds reported not having access to MHPSS.**

Sub-Theme: Access to Healthcare

UBOS, National Service Delivery Survey (2021)

The UBOS data presented here is for all of Uganda and does not include refugees. It is important to be aware of the general context of access to health services in Uganda to frame the understanding of access to healthcare for refugees and host communities.

- Health insurance coverage is low in Uganda with less than one percent (0.8%). One in every ten persons (12%) reported an illness in the 30 days preceding the date of the survey with slightly more females than males. Fever (22%) and headaches (19%) were the most reported symptoms. Eight in every ten persons (87%) sought health care when they fell sick, 45 percent sought care from government health facilities (33% from a health centre and 12% from a hospital) and a lower percentage sought from private health facilities (37%). Over half of the sick persons who did not seek health care (53%) did not seek because they felt the illness was mild.

- The greatest concern among users of government health facilities is non-availability of medicines and supplies (89% in health centres and 90% in hospitals).

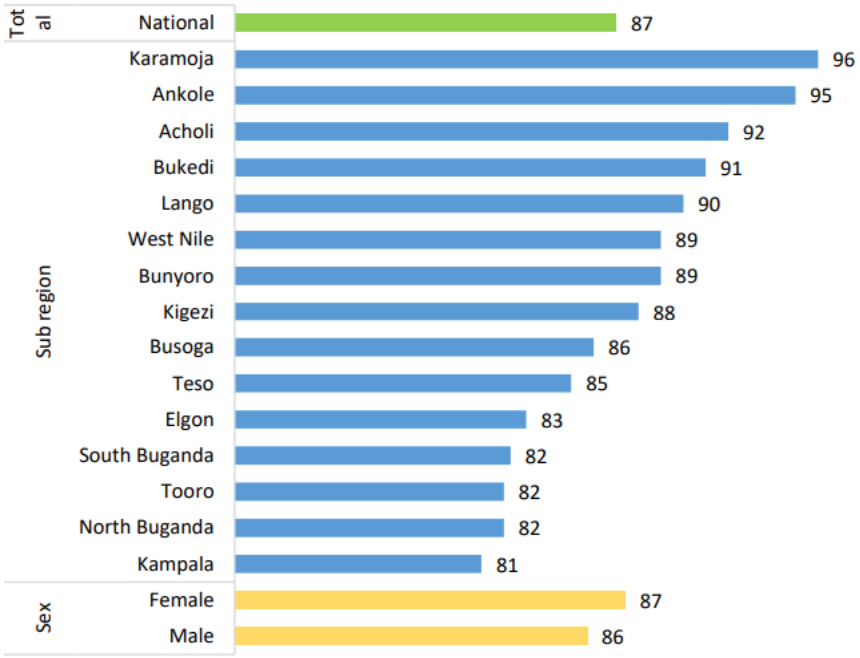
- Only 16 percent of the persons that sought care from a government health facility paid for the service and, 73 percent were satisfied with the services offered in government health facilities despite 45 percent of the non-users of government health facilities reporting that the facilities are too far to use. Seventy-seven (77%) of community development assistants and Health Assistants offered services to their communities.

- The overall quality of government health services rated as good has stagnated at 46 percent since 2015 and half of the households (51%) reported that the overall quality of services provided at government health facilities between 2021 and 2015 had improved. However, the highest drug stockout was for paracetamol by 63 percent of government health facilities. Only 26 percent of children aged less than five years required immunisation services which is a reduction from 40 percent in 2015 and on the other hand, willingness to pay for immunisation and maternal health services has declined since 2015.

- Half of the health facilities (53%) had adequate toilets while half of the health facilities (45%) had piped water as the main source of drinking water and the majority (81%) of the health facilities mainly use solar energy.

- Two thirds (62%) of the population washed their hands with soap more often than before COVID-19, while 56% avoided handshakes more than before COVID-19 pandemic. Only 12% of the population wore a mask all the time while in public and 62 percent of the population accessed government distributed masks.

Figure 4 – proportion of household members who fell sick and subsequently consulted health personnel:



- The average reported distance to a government health facility was 3.9km, with 77.4% of households reporting to have a government health facility within 5km from home. See table 12 for the disaggregation between urban and rural locations.

Table 12 – distance to the nearest government health centre from the community in %:

Background characteristics	Distance From 0.0 to 3.0 kms	From 3.1 to 5.0 kms	From 5.1 to 8.0 kms	From 8.1 or more kms	Total	Within 5 kms	Average distance
Residence							
Urban	70.4	20.7	6.3	2.6	100	91.1	2.8
Rural	49.4	21.2	17.8	11.7	100	70.6	4.5

- As shown in table 13 below, the NSDS data indicates that Ugandans experience different concerns depending on the type of facility they were asked about.

Table 13 – most-commonly reported major concerns regarding access to services at the most-used health facility (%):

	Gov't Health Centre	Gov't Hospital	Private/ NGO/ Clinic	Private/ NGO Hospital	Pharmacy/ Drug Shop	Any health facilities
Medicines/supplies not available	88.6	89.9	25.8	5.9	61.5	83.1
Long waiting time	62.0	78.6	12.1	31.6	23.1	59.4
Long distance	56.1	40.8	13.4	47.1	53.8	51.8
Limited range of services	46.6	11.2	59.1	38.9	61.5	44.1
Limited staffing	45.0	35.4	36.4	16.7	46.2	43.1
Open hours not convenient	33.3	8.2	15.2	5.9	7.7	29.0
No means of transport available	27.0	10.2	7.5	33.3	23.1	24.2
Facility do not operate on weekend	24.8	5.2	1.5	5.9	7.7	21.0
Absenteeism	18.4	19.4	4.6	5.9	7.7	17.3
Expensive/not affordable	2.8	15.3	68.2	50.0	53.8	9.5
Disability	2.0	2.0	0.0	0.0	0.0	1.8

UNHCR, Individual Profiling Exercise (IPE), 2022

- 63% of refugee households reported having had a sick household member within 30 days of data collection. For Kampala, this figure was 19% while the settlements ranged between 55% (Imvepi) and 83% (Ochuringa), showing a remarkable difference between urban and settlement-level illness. Differences in percentages per location may be due to influxes in particular districts and settlements (particularly in Imvepi, which has seen significant influxes in 2022), as newly arrived refugees may be more likely to require health care. Additionally, the timing of data collection may have played a role here, as diseases like malaria tend to have seasonal trends.
- Of the households that needed health care, 95% sought medical treatment at a health facility, with little variation across locations (i.e., the IPE data indicates no differences in access across locations). For the 5% that did not seek medical treatment, the reasons are reported in Figures 6 and 7. The most commonly reported reason was that drugs were (perceived to be) unavailable.
- Average health-related expenditure within **three months** of data collection across all locations was UGX 27,000.
- In figure 5a below, data indicates that hospitals are in closest proximity in Kampala, (and perhaps also other urban areas), compared to settlements. In figure 5b below, data indicates that the locations where the most households reported having a long walk to the nearest health facility are Imvepi, Oruchinga, and Palabek.

Figure 5a – reported time to walk to the nearest hospital, bracketed, by (all) settlements, Kampala, and nationwide:

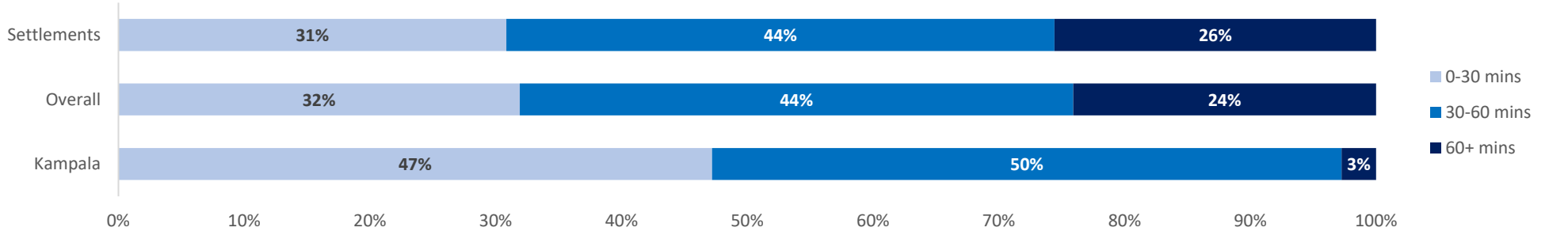
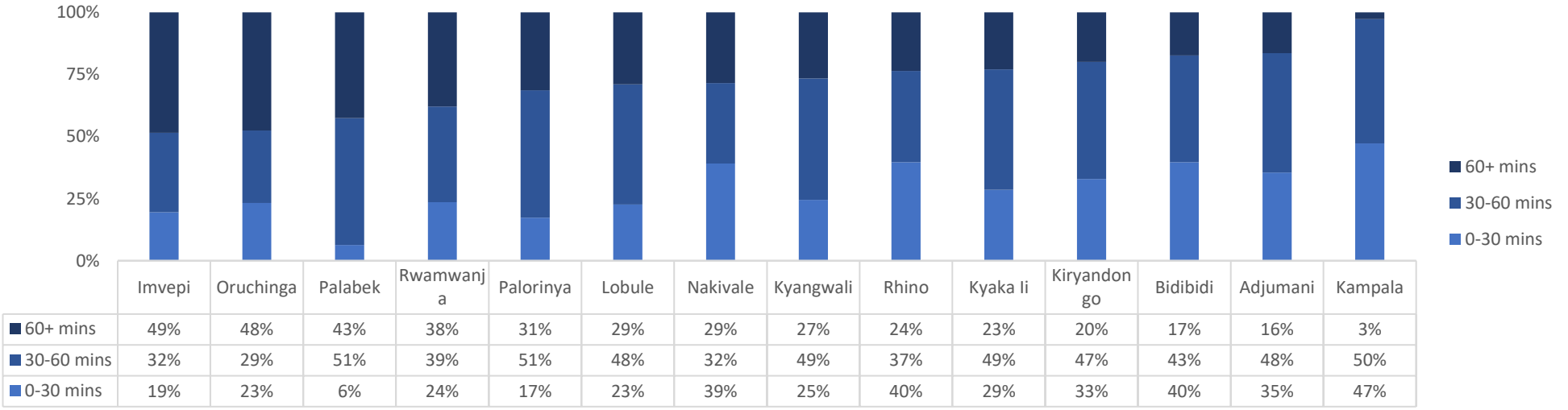
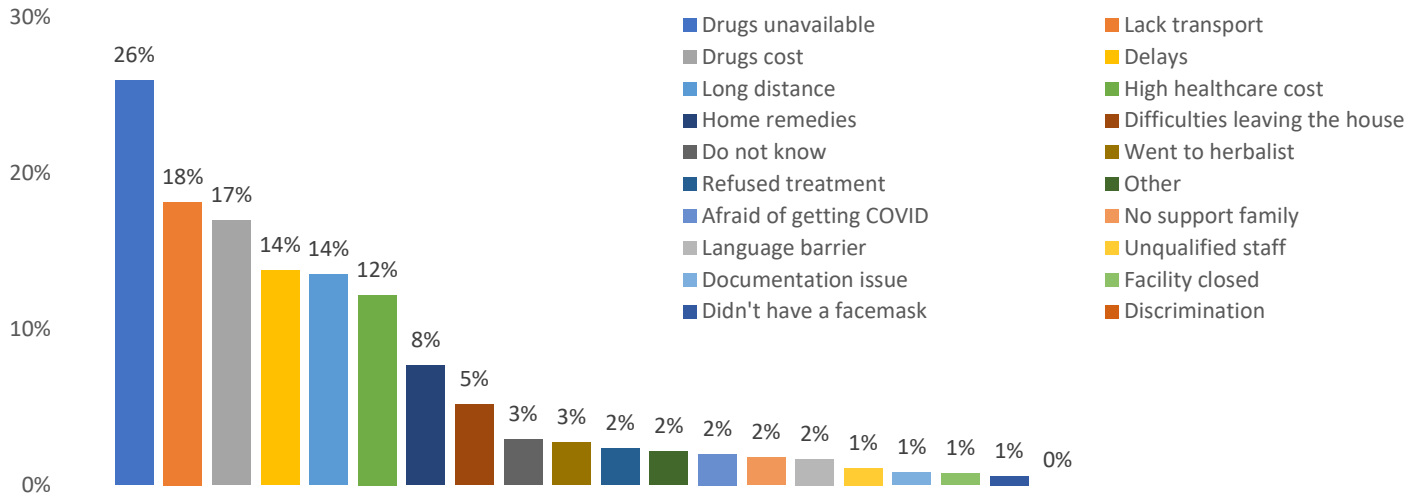


Figure 5b – reported time to walk to the nearest hospital, bracketed, per location:



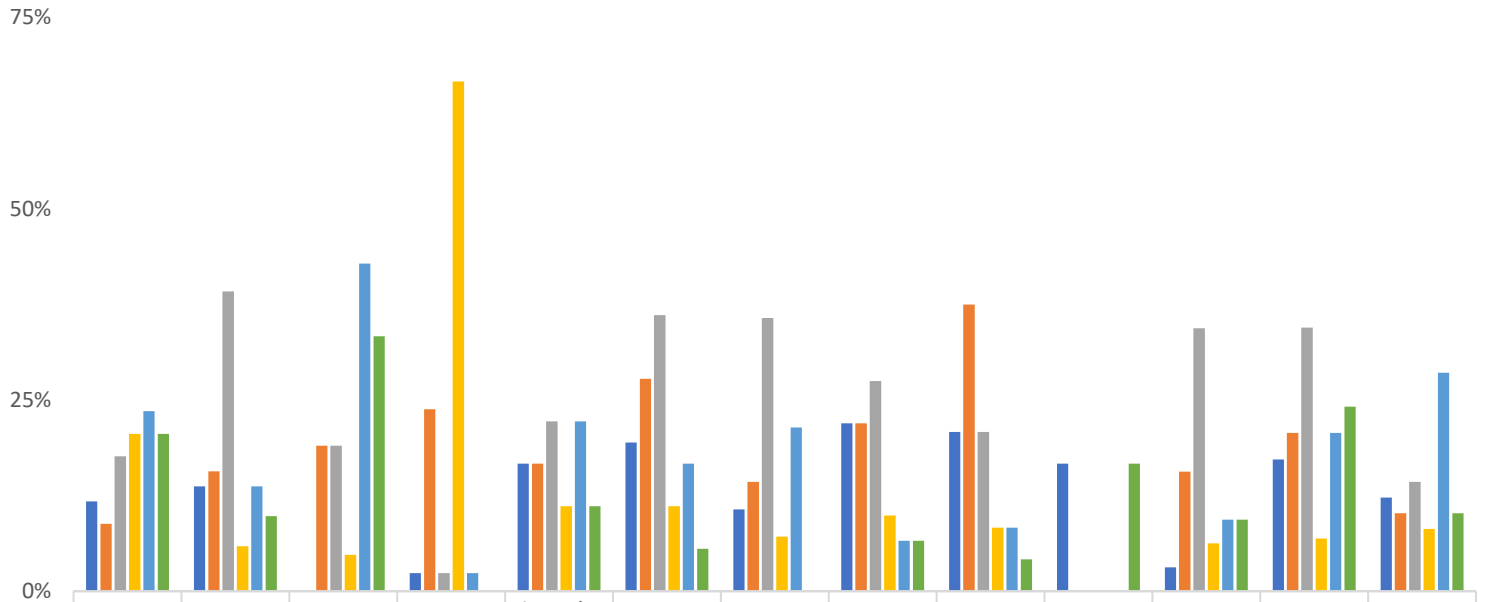
	Imvepi	Oruchinga	Palabek	Rwamwanja	Palorinya	Lobule	Nakivale	Kyangwali	Rhino	Kyaka Ii	Kiryandongo	Bidibidi	Adjumani	Kampala
60+ mins	49%	48%	43%	38%	31%	29%	29%	27%	24%	23%	20%	17%	16%	3%
30-60 mins	32%	29%	51%	39%	51%	48%	32%	49%	37%	49%	47%	43%	48%	50%
0-30 mins	19%	23%	6%	24%	17%	23%	39%	25%	40%	29%	33%	40%	35%	47%

Figure 6 – Most commonly reported reasons not to seek medical treatment, among HHs with a member who fell sick but did not seek medical treatment (multiple-choice – total may exceed 100%):



- Both supply and demand-side barriers to access prominently recurred among all locations: lack of drugs and delays in service featured among 40% of households to whom this question applied, and 47% struggled with costs of service, drugs or transport. This data shows that access to health services among refugee households requires a multi-pronged approach. This finding is also supported by seeing the multitude of various explanations at location-level, as seen below in figure 7:

Figure 7 – Top-6 most commonly reported reasons not to seek medical treatment, among HHs with a member who fell sick but did not seek medical treatment, by location (multiple-choice – total may exceed 100%): (**note: sample sizes for this question per location are very small, and percentages are not representative)**



	Adjumani	Bidibidi	Imvepi	Kampala	Kiryandongo	Kyaka Ii	Kyangwali	Nakivale	Oruchinga	Palabek	Palorinya	Rhino	Rwamwanja
Delays	12%	14%	0%	2%	17%	19%	11%	22%	21%	17%	3%	17%	12%
Drugs cost	9%	16%	19%	24%	17%	28%	14%	22%	38%	0%	16%	21%	10%
Drugs unavailable	18%	39%	19%	2%	22%	36%	36%	27%	21%	0%	34%	34%	14%
High healthcare cost	21%	6%	5%	67%	11%	11%	7%	10%	8%	0%	6%	7%	8%
Lack transport	24%	14%	43%	2%	22%	17%	21%	7%	8%	0%	9%	21%	29%
Long distance	21%	10%	33%	0%	11%	6%	0%	7%	4%	17%	9%	24%	10%

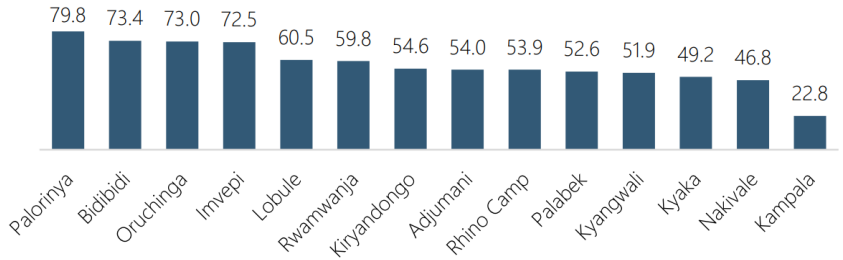
- As per Figure 7, barriers do differ between locations quite considerably. In Kampala, cost is the key barrier. In other locations, such as Imvepi, transport and distance are more commonly reported barriers, which aligns with the reported distances to health care facilities in these locations.
- All registered refugee households in Uganda were asked what their top priority was in the IPE exercise. While the overall proportion of households which chose "Medicine/healthcare" was 6%, higher proportions were found in the below locations.

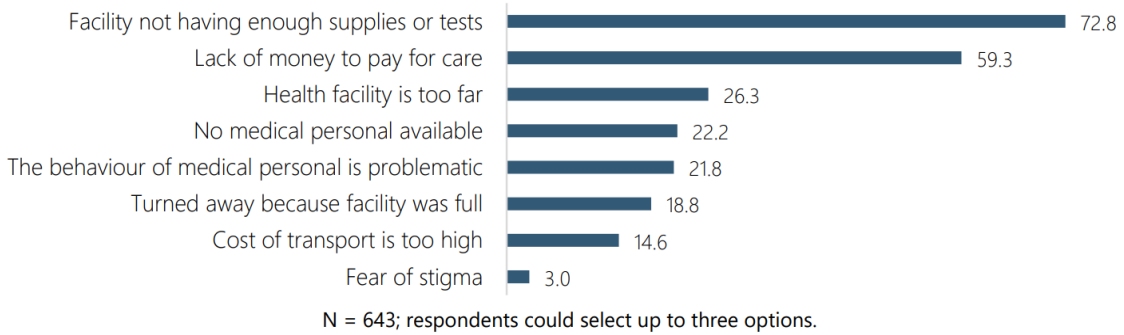
Table 14 – Locations where an above national average proportion of households reported that "medicine/healthcare" was the household's top priority:

Location	%	Number of households
Nakivale	11.3	13950
Kampala	9.96	6455

Kyaka Ii	9.56	10058
Rwamwanja	8.63	6047
Oruchinga	7.63	547
Adjumani	6.46	10873
Kiryandongo	6.24	3101
Kyangwali	6.17	7053

- Among all registered refugees, 11% of individuals reported having had a medical condition which had lasted for at least three months prior to the time of data collection. At location-level, these proportions were particularly high in Oruchinga (36%), Lobule (31%), and Nakivale (22%).
- Among all registered refugees, among individuals who reported having had a medical condition which had lasted for at least three months prior to the time of data collection, 26% reported not having sought healthcare. These proportions were highest in Palabek (47%), Bidibidi (40%), Rhino (38%), and Adjumani (34%).
- 7% of individuals reported having a level-3 disability (according to WGSS standards). Among the households to which these individuals belong, 25% of households reported that the head of households had a level-3 disability.

UNHCR, Participatory Assessment (PA), 2022	• 6.9% of respondents reported they did not need this service in the 6 months prior to data collection, which aligns roughly with the IPE data. • 57.2% of respondents reported that they or members or their household faced difficulties in accessing health services in the six months prior to data collection. Note that does not mean that the households did not access health services. • Difficulties seem more pronounced in West Nile where 62.4% of respondents reported challenges while 55.3% reported challenges in South-West and 22.8% in Kampala. • Difficulties to access health services vary greatly across settlements with Palorinya respondents reporting the most difficulties and Kampala the least, as shown by Figure 8 below. This may suggest that access to health is easier for respondents based in Kampala, maybe because of the higher number of health facilities available in the capital city. Access to health was also mentioned as one of the main challenges faced by the communities in almost all the FGDs conducted. • Respondents falling in the age category of 40-59 years old reported more difficulties in accessing health services (63.0%). Figure 8 – Proportion of respondents who reported having at least one household member who faced difficulties in accessing health services in the six months prior to data collection:  Figure 9 – Most commonly reported issues faced by households in accessing health services within six months of data collection (%):



- Overall, the most cited difficulties faced when accessing health services were that:
  - The health facility does not have enough medical supplies and tests (72.8% of respondents who reported difficulties)
  - Lack of money to pay for care (59.3%)
  - The health facility is too far (26.3%)
- This is coherent with the feedback from qualitative data collection where most FGDs participants and KIs reported a shortage of medical supplies and tests at health facilities.
- Looking at the quantitative data at settlement level, the most cited difficulties follow what is observed across settlements, with a few exceptions. Lack of money to pay for care was the most cited challenge in Kampala (94.4% of respondents who reported difficulties) and South West (66.1%), but the lack of supplies or tests at the health facility was the most cited challenge in West Nile (81.6%). In Bidibidi and Palorinya 93.1% and 93.7% of respondents respectively reported that the health facility does not have enough medical supplies or tests.
- Two-thirds (66.1%) of respondents with disability in their household reported that they or members of their household faced difficulties in accessing health services in the six months prior to data collection (N=107). This is 10% more than respondents without disability (55.7%). 9.4% of respondents with disability in their household who experienced difficulties in accessing health reported that the difficulty was fear of stigma, vs 1.7% of respondents without disability in their household.
- 36.5% of respondents with disability in their household also reported that the medical personal behavior is problematic, a problem reported by 18.8% of respondents without disability in their household.

UNHCR, Results Monitoring Survey (RMS), 2022

- 36% of PoC reported having access to health services. Some difference in access to health services was found between female (33%) and male (40%) respondents. Note that is significantly lower than the findings from the IPE data.
- Similarly, a degree of difference in reported access to health services was found between households with a person with a disability (32%) compared to households without a person with a disability (44%). This difference could indicate that the persons with disabilities may have less access to health facilities in general, or less access to the specific type of care they may need.
- In table 15 below, it is shown that substantial majorities among the largest refugee nationalities lack access to health services.

- Worryingly, as show in table 16, lack of access to health services seems to root in both the supply and demand side, given that households commonly reported not having enough money (75%) or money for transport (6%), but also that facilities often did not have enough supplies/tests (44%) or staff (21%), or the facility was over capacity and unable to treat the service-seeking PoC (6%).

Table 15 – proportion of households reporting having access to health services, by nationality:

Nationality	Results	# of instances
SSD	31%	139
COD	42%	128
BDI	40%	12
ERI	57%	8
RWA	35%	7
SOM	44%	4

Table 16 – proportion of households reporting having access to health services, by settlement:

Nationality	Results	# of instances
Adjumani	21%	15
Bidibidi	33%	22
Imvepi	28%	16
Kampala	34%	15
Kiryandongo	38%	22
Kyaka	46%	27
Kyangwali	44%	25
Lobule	43%	26
Nakivale	43%	23
Oruchinga	30%	18
Palabek	50%	29
Palorinya	33%	21
Rhino Camp	19%	13
Rwamwanja	53%	29

Table 17 – Most commonly reported reasons among PoC households to access health services (multiple options allowed):

Choices	Results	# of instances
Illness	88%	658
Injury	12%	92
General check-up (not for pregnancy)	19%	140
Pre/post-natal check-up	2%	14
Giving birth	2%	18

Table 18 – Most commonly reported reasons among PoC households to access health services (multiple options allowed):

Choices	Results	# of instances
Lack of money to pay for care	75%	406
Hospital/Clinic not having enough supplies or tests	44%	237
No medical personal available	21%	113
Health facility is too far	11%	62
Turned away because facility was full	6%	35
Cost of transport is too high	6%	33
Turned away because facility was closed	5%	27
Fear of contracting a communicable disease	1%	5

WFP, Food Security and Nutrition Assessment (FSNA), 2022

- As shown in table 19, large proportions of refugees in Kampala district were not aware that health services are free, nor where to access hospital services or health support.

Table 19 – Knowledge of the health services provided to refugees in Kampala District:

Service	No	Yes	No. of households
Know that health services are free	45.9 (41.6 - 50.2)	54.1 (49.8 - 58.4)	519
Know where to access hospital services	51.1 (46.8 - 55.3)	48.9 (44.7 - 53.2)	519
Know where to get health support	53.4 (49.1 - 57.6)	46.6 (42.4 - 50.9)	519

- As shown in table 20 below, lack of drugs and long distances and waiting times constituted some of the main hinderances to refugees wanting to access health services.

Table 20 – Most-commonly reported barriers to accessing health services:

Challenge	No	Yes	No. of households
Long distance to health facility	75 (71.1 - 78.5)	25 (21.5 - 28.9)	519
Poor attitude of health care workers	85.7 (82.5 - 88.5)	14.3 (11.5 - 17.5)	519
Lack of drugs	51.8 (47.5 - 56.1)	48.2 (43.9 - 52.5)	519

Lack of investigations/equipment	86.5 (83.4 - 89.2)	13.5 (10.8 - 16.6)	519
Long waiting time at the facility	63.8 (59.6 - 67.8)	36.2 (32.2 - 40.4)	519
Other	68.4 (64.3 - 72.3)	31.6 (27.7 - 35.7)	519

- As shown in Table 21, the largest group of households (26.8%) spent less than 10,000 Ugandan Shillings per month on medical services as shown in Table 12.4. Only 2.9% of households spent more than 500,000 shillings per month on health services. The average amount of money spent on health services was 130,638 shilling per month.

Table 21 - Monthly expenditure on health services by refugee households in Kampala District

Monthly health expenditure (UGX)	% (95% CI) /Mean
<= 20,000	26.8 (23.1 - 30.7)
20,100 - 50,000	15.2 (12.3 - 18.5)
50,100 - 100,000	21 (17.7 - 24.7)
100,100 - 200,000	22.2 (18.7 - 25.9)
200,100 - 500,000	11.9 (9.4 - 14.9)
> 500,000	2.9 (1.7 - 4.6)
Mean Monthly expenditure on health	130,638
No. of households	519

FAO, Resilience Index Measurement and Analysis (RIMA), 2021 (unweighted)

- Among refugees and host communities, average reported distance in km to public/private health facility was 2km.
- Among refugees and host communities, average reported distance in km to a hospital was 30km.

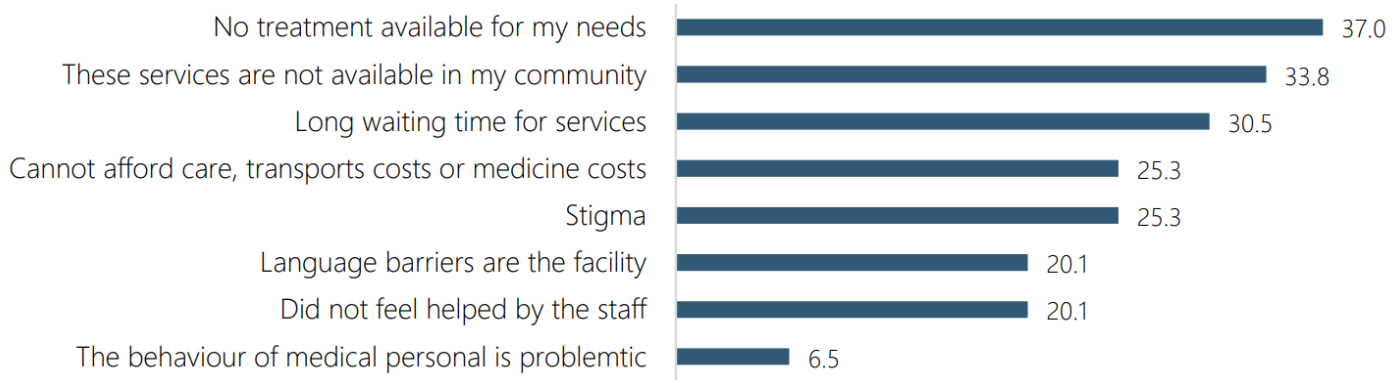
Sub-Theme: Mental health and psychosocial support (MHPSS) services

UNHCR, Participatory Assessment (PA), 2022

- 22.5% (253) of respondents reported that they or members of their household have needed mental health and / or psychosocial support in the six months prior to data collection. Of these, 60.7% (154) reported that there were difficulties in accessing the services. Few of these respondents were located in Kampala, and the rest divided equally between South West and West Nile. Considering the stigma around mental health, the percentage of respondents reporting that they or members of their household have needed mental health might be underestimated.

- Difficulties reported in accessing mental health and or psychosocial services are displayed in Figure 10 below and include that there is no treatment for the needs (37%), the services are not available in the community or are too far (33.8%), and the long waiting time for services (30.5%). These responses may suggest that mental health and psychosocial support are scarce in comparison to the demand.

Figure 10 – Most commonly reported issues faced by households accessing mental health and psychosocial services within 6 months of data collection (%):



- While a similar proportion of male and female respondents reported they or members of their household have needed mental health and psychosocial services in the 6 months prior to data collection, 67.9% of male respondents reported difficulties in access, vs 53.6% of female respondents.

- 29.9% of male respondents reported that the challenge was fear of stigma, vs 19.4% of female respondents. This may suggest that male respondents have more difficulties to access mental health services, including because of the fear of stigma associated with seeking such services. This may also provide an indication of the differences in perception between men and women when it comes to barriers to accessing mental health services, since the respondents were asked about their household.

- 33.9% of respondents with disability within the household reported they or members of their household have needed mental health or psychosocial services in the six months prior to data collection, vs 20.6% of respondents without disability within the household. 80% of these respondents with disability within the household reported challenges, vs 55.6% of respondents without disability within the household.

Contextual analysis (during sector input/review phase):

a) Based on your experience/expertise and the provided data, what is the current situation?

Overall, all refugees access health services within 5 km radius both at health facilities and outreach services. As part of the Humanitarian-Development nexus, MoH has transitioned 85 percent of the health facilities to government health services. This integration provides limited number of health workers, commodities, recurrent costs and more importantly they are included into the national health programmes like malaria, HIV, Tuberculosis, health information and special projects. This has been made possible with support from the Development partners (*like World Bank, Global Fund, USG – USAID/CDC, GAVI etc*). Ministry of Health has an Integrated Refugee Response Plan (HSIRRP) with a secretariate and a steering committee that guides that implementation. Currently, UNHCR is still supporting salaries for 2,643 health workers, maintains 64 ambulances, and ensures availability of life saving obstetric surgical services through supporting existing 10 government health facilities near the settlements as part of the health system strengthening for district health services some which are the best performing in the country.

Region	Settlement	Permanent	Temporary	Total HFs	Coded	% Coded
West Nile	Adjumani	17	0	17	17	100%
	Bidibidi	10	6	16	10	63%
	Imvepi	2	4	6	2	33%
	Palorinya	6	3	9	9	100%
	Rhino	9	3	12	9	75%
Mid West	Kiryandongo	3	0	3	3	100%
	Kyangwali	7	3	10	9	90%
South West	Kyaka II	2	1	3	3	100%
	Rwamwanja	3	3	6	6	100%
	Nakivale	6	0	6	6	100%
	Oruchinga	2	0	2	2	100%
North	Palabek	3	0	3	3	100%
	Grand Total	**70**	**23**	**93**	**79**	**85%**

Financing – Whilst services are integrated, gaps remain prevalent. In the past few years, the UNHCR per capita allocation for health care was USD 11 per refugee per year (in 2023 we currently only have USD 7 which will run out in August) with medicine and medical supplies budget at USD 3 per year (in 2023 we currently only have $1.6 per refugee which should run out in September).In 2022, the L2 emergency necessitated reprioritizing resources to new arrivals and as a result, the Representation is facing a serious medicine and supplies gap. In 2023, the health sector Partnerships are only signed until 1st July and is dependent on OL increase to continue providing services.

b) Based on your experience/expertise and the provided data, what are the existing barriers to access?

Multi-sectoral nature of health determinants – 75% of disease burden is preventable for which the determinants are beyond the health sector and continued evolving and rising burden of preventable diseases, new epidemics and pandemics. Health is still viewed as a hospital-based curative service with little focus on the long-term prevention and health promotion of diseases.

Health workforce – is still a key bottleneck for the appropriate provision of health services, with challenges in adequacy of numbers and skills, challenges with attraction and retention, motivation, and performance challenges. The current staffing norms stands at 75 percent which means that government health facilities located in the settlements will have health workers allocated by government moved to other priority health facilities outside the settlements.

Equipment - procurement of medical equipment for specialized diagnostics, treatment and care has remained limited because of underfunding as such few health facilities providing specialized diagnostics, treatment and are overloaded and therefore incapable of meeting the growing demand for specialized health care and diagnostics. Diagnostic equipment is lacking in most referral facilities. This leads to inappropriate diagnosis, treatment and irrational use of medicines and high out-of-pocked expenditure by refugees.

Medicines and financing –the per capita government expenditure on health is $36.9 of these government contributes 15 percent while household contribute 38 percent of the health expenditure. Essential medical and health commodities contribute to US$ 2.4 which is below the estimated requirement in the HSSIP of US$ 12.

Inadequate budget – to cover the health promotion and disease prevention interventions that are intended to reduce the health facility visits and contribute to the reduction of the cost of health care in the longer term. The current budget allocation is to maintain status of curative health care and no major investment has been made in disease prevention and health promotion.

Inter-sectoral collaboration – sectors plan activities to contribute to the welfare of refugees in parallel yet these interventions have direct impact on the physical and mental health outcomes of the refugees. There is therefore need for deliberate convergence of sectoral outcomes for health.

Integrated approach at the community level – delivery of health and WASH messages are predominantly done by the village health team, other community structures (social workers, lay counsellors, case workers) do not have a health package to deliver because they are not oriented on what to tell the households when they visit. There is therefore need for a basic minimum health package for all community structures.

Low population coverage with key interventions to ensure adequate coverage e.g., family planning, immunization, health promotion and prevention programmes which is partly attributed to the refugee knowledge, behaviours attitudes and practices.

c) Based on your experience/expertise and the provided data, what are specific situation/risks for persons who are especially vulnerable?

The overall refugee population is vulnerable to disease outbreaks and challenges with access to services increases their vulnerability to diseases that would otherwise be preventable. Children under-five, persons living with HIV/AIDS and Non-communicable diseases are particularly vulnerable.

Elderly / PWDs – as demonstrated in the studies above, persons living with disability are vulnerable due to the limited access, possible discrimination and lack of disability accessible facilities.

Girls / women – are vulnerable to gender-based violence, sexual and reproductive health access challenges during their growth cycle. They are more vulnerable to dropping out of school therefore at risk of early pregnancy and complicated child births.

d) Based on your experience/expertise and the provided data, what is the current support available?

Currently, UNHCR is still supporting salaries for 2,643 health workers, provides medical and medical supplies, maintains 64 ambulances, and ensures availability of life saving obstetric surgical services through supporting existing 10 government health facilities near the settlements as part of the health system strengthening for district health services. These provide health services at the refugee health service points that serves both refugees and host population. The community prevention and health promotion activities are provided by the village health teams in the settlements. These inputs provide a comprehensive primary health care package that benefit refugees in line with the universal health coverage.

WASH

Sub-Theme: Access to Water

General situation and top-level analysis:

Access to water

- **Between 10-25% of Ugandan households reported not having a safe source of drinking water in either the wet or dry season, with the higher proportions being rural households according to the 2021 NSDS. According to IPE data, 82% of refugee households used a standpipe/tap or borehole. However, certain settlements (notably Kyangwali, Kyaka, Nakivale) saw large minorities of refugee households reporting using unprotected sources of water for drinking and cooking.**

- **According to the Participatory Assessment, half (50.6%) of households reported barriers to accessing water within six months of data collection. Barriers to accessing were quality, distance, queues, fees, and security to/from the source. The latter barrier was mostly reported in Palabek and Palorinya and Kiryandongo. More generally, FSNA 2022 data indicates that households use less than the prescribed 20L/PP due to access issues.**

- **35% and 47% of urban and rural Ugandan households walked further than 0.5km to the nearest safe source of drinking water according to NSDS. Refugee households surveyed in the IPE reported spending an average of 33.5 minutes on a roundtrip for water, though this varied quite heavily across locations with households in some locations averagely spending well over an hour.**

Sanitation and hygiene

- **According to the NSDS, half of respondent Ugandan households reported not having improved latrines, most often due to high cost and lack of awareness. Similarly, almost 70% of respondent Ugandan households reported not having handwashing facilities.**

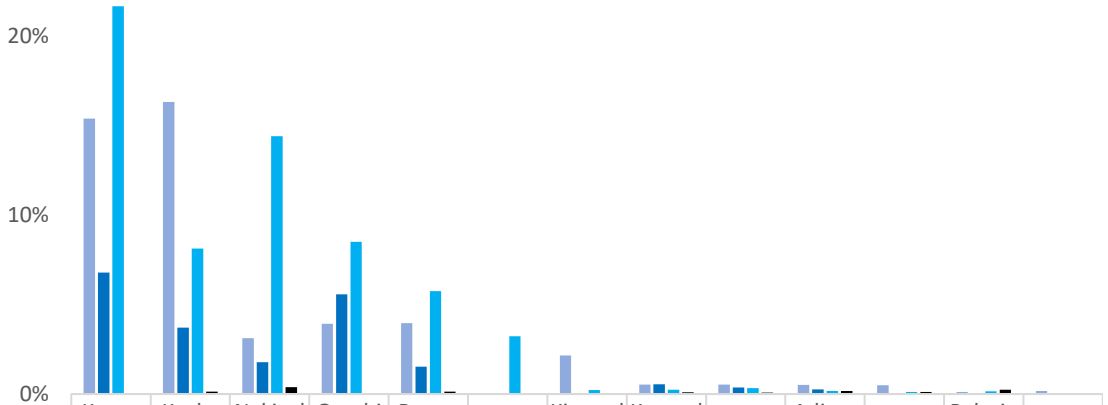
- **Refugee households reported similar proportions, though large minorities across all settlements reported their latrines, whether communal or within the household, to be in a bad state and/or in need of rehabilitation.**

- **The Participatory Assessment yielded responses on insufficient sanitary provisions such as pads and soap, as well as the need for rehabilitation of sanitation, among female and PwD representatives.**

UBOS, National Service Delivery Survey (2021)	The UBOS data presented here is for all of Uganda and does not include refugees. It is important to be aware of the general context of access to WASH services in Uganda to frame the understanding of access to WASH for refugees and host communities.

	• Dry season: 80% of households nationwide (74.4% rural and 89.7% urban) had access to any of these safe sources of water: 51.2% boreholes/protected springs/gravity flow schemes, 11.3% public tap, 10% piped water in compound, 4.5% piped water in dwelling, 1.5% bottled water and 0.9% rainwater.
	• These figures varied across the rural/urban divide in that more urban respondents relied on piped/public tap water (65.3%) and rural respondents more on boreholes/protected springs/gravity flow schemes (61.6%).
	• One-fifth (20.7%) of households nationwide reported not having access to a safe source of drinking water during the dry season, with this lack of access leaning more heavily towards rural households (25.7%).
	
	• Wet season: 88% of households nationwide reported having access to similar proportions of safe water sources. Compared to the dry season, the wet season offers higher access to safe drinking water and the gap in access to safe drinking water between urban and rural households is smaller (93% and 86.6% resp.).
	• One-tenth (11.2%) of households nationwide reported not having access to a source of safe drinking water during the wet season.
	
	• 65% and 53% of urban and rural households travel up to 0.5km to a safe water source. The NSDS finds that the period 2015-2021 saw a slight increase (4-5%) in households' distance to the nearest safe water source in both the wet and dry seasons.
	
	• While there may have been a slight decrease in access in terms of the 0.5km group, trends since 2008-2015 also indicate:
	  o a smaller proportion of households has to travel over 3km to the nearest safe water source than before.
	  o a general convergence from 1km+ in 2008-15 towards the 0.51-1km group in 2021.
	
	• Urban and rural households spent an average of 35 and 45 minutes respectively on a roundtrip to fetch water (including waiting time) regardless of season. This ties into the use of unsafe sources of drinking water: the most commonly reported reason to not use safer water sources during wet and dry season is the long distance to these sources (39.8% and 41.9% resp.), with the next most-commonly reported reason being unreliability of these sources (21%).
	
	• Urban and rural households averagely reported using between 61 and 69 litres per day respectively across seasons.

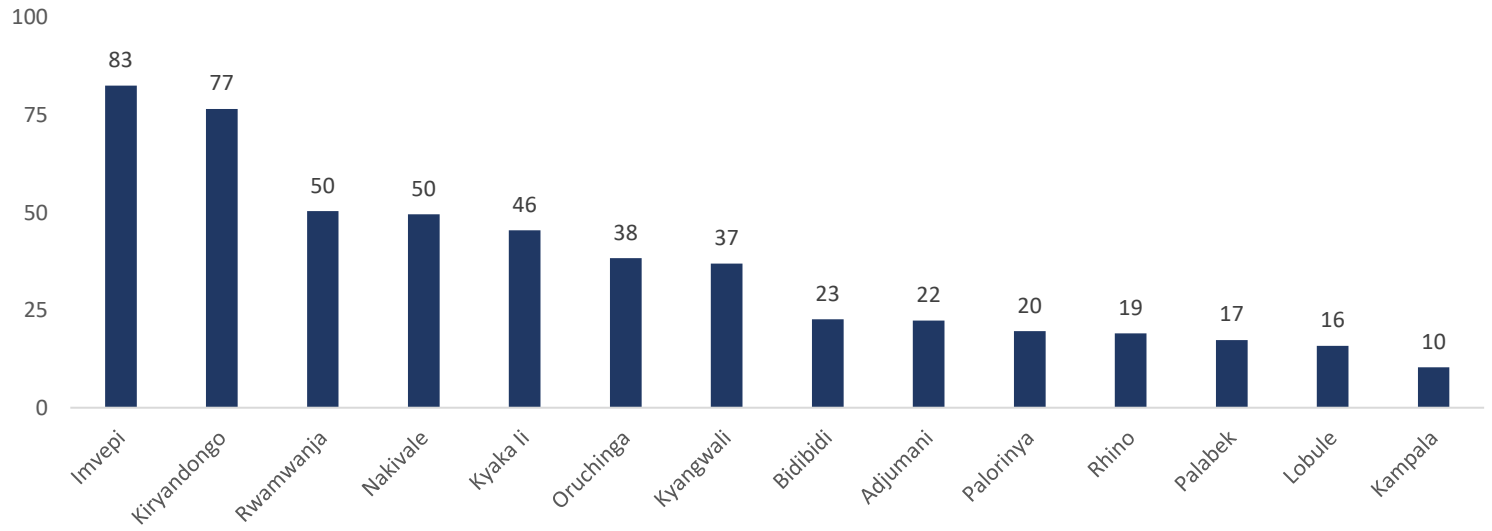
UNHCR, Individual Profiling Exercise (IPE), 2022	• The most commonly reported sources of water for drinking and cooking are public water tap/stand/pipe (51%) and tube-well/borehole handpump (31%). Unprotected sources of water for drinking and cooking were most often found in the locations shown in figure 11 below. Figure 11 – Most-commonly reported unprotected sources of water for drinking cooking, by location (not a subset):



	Kyangwali	Kyakali	Nakivale	Oruchinga	Rwamwanja	Lobule	Kiryandongo	Kampala	Bidibidi	Adjumani	Rhino	Palorinya	Imvepi
Dug well - unprotected	15%	16%	3%	4%	4%		2%	1%	1%	1%	0%	0%	0%
Spring unprotected	7%	4%	2%	6%	2%			1%	0%	0%			
Surface water	22%	8%	14%	9%	6%	3%	0%	0%	0%	0%	0%	0%	
Unprotected water tank - rainwater	0%	0%	0%		0%			0%	0%	0%	0%	0%	

- The average household expenditure on drinking water and household water within 30 days prior to data collection was 1140UGX and 2700UGX, with no remarkable variation across settlements.
- The average number of minutes for a full roundtrip to fetch water was 33.5 minutes. Settlement-level figures can be seen in Figure 12.

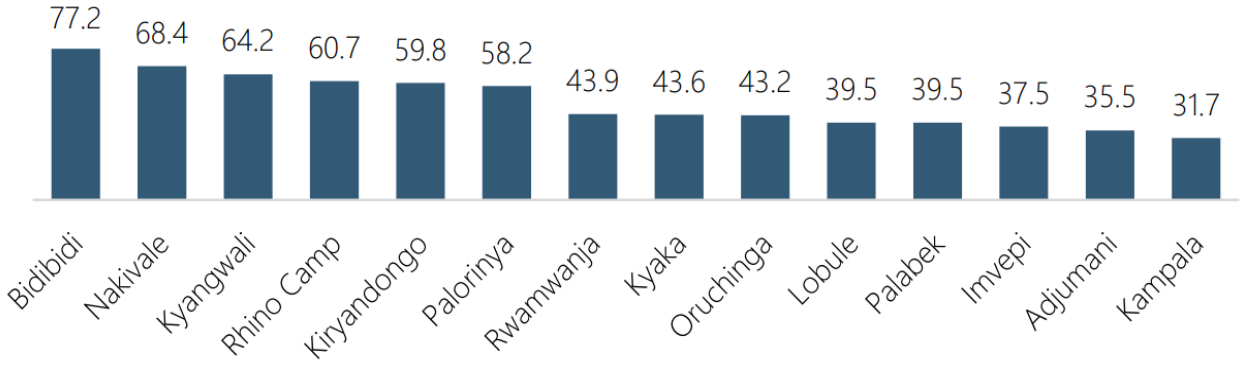
Figure 12 – Average reported number of minutes for a roundtrip to fetch water (including waiting):



UNHCR, Participatory Assessment (PA), 2022

- 50.6% of respondents reported that they or members of their household faced difficulties accessing water for drinking, cooking, and for personal care in the six months prior to data collection. As shown by Figure 13, there are substantial differences between settlements, even though the data at regional level does not show a significant difference between the South West and West Nile regions.

Figure 13 – proportion (%) of households reporting having faced difficulties accessing water within six months prior to data collection, per location:



- More than half of the FGDs participants also reported that there are challenges related to the WASH sector in their communities. Almost half of the FGDs participants mentioned water shortages, sometimes during dry season or throughout the year.

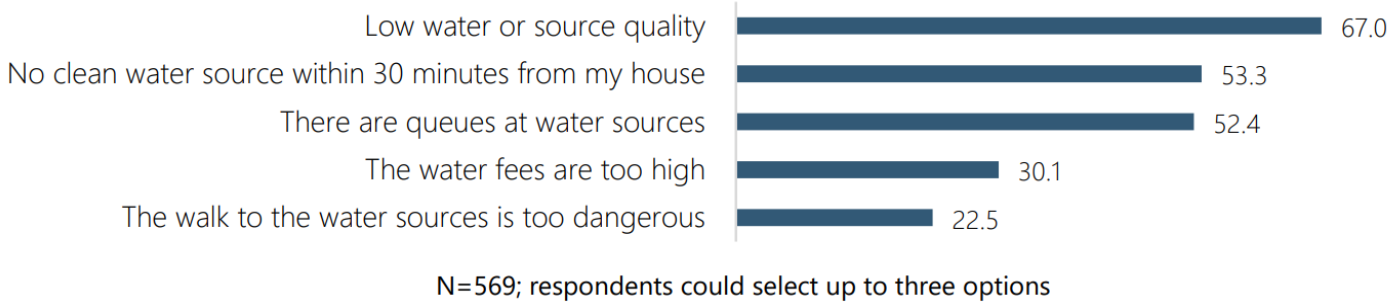
	• Respondents in the 60+ category less often reported difficulties. One explanation could be that elders are not necessarily going to fetch water if there are younger members in the household and this could imply that these respondents had lower knowledge of the difficulties faced by their household in this sector. • In Bidibidi, 90.2% of respondents who faced difficulties reported the low water or source quality as the main challenge. Considering that deep ground water, rather than surface water, is used in Bidibidi, it is likely that low water is the key issue here. The same challenge was also reported by 90.0% of respondents that faced difficulties in Lobule. "Queues at the water sources" was the challenge reported the most in Palabek and Adjumani. "Lack of clean water within 30 minutes from the house" was mostly reported in Rwamwanja, Oruchinga, Nakivale, Imvepi and Adjumani. The "walk to the water source is too dangerous" was mostly reported in Palabek and Palorinya and Kiryandongo. This is coherent with the findings on security as around 40% of respondents reported security challenges in these three settlements. Respondents in Kampala mostly reported on the high cost of the water fees. • Figure 14 below shows the challenges for all the locations. 67.0% of respondents reported the low water of source quality as a difficulty related to access to water. This is followed by the long distance to a clean water source (53.3%) and queues at the water source (52.4%), which may suggest that there might be a lack of water points in some areas since the sources are reportedly either crowded or more than 30 minutes away. Figure 14 – Proportion (%) of households who reported having faced difficulties accessing water within six months of data collection, per type of difficulty: 
UNHCR, Results Monitoring Survey (RMS), 2022	• 34% of PoC households reported using at least basic drinking water services. Calculations for this indicator were based on three conditions: (1) the source of water needs to be accessible under 30 minutes, (2) there must have been no water shortage when drinking water was needed in the 30 days prior to data collection, and (3) the source needs to be an improved source. No distinction was found between male (34%) and female (33%) PoC. • 62% of households reported not having had sufficient drinking water when needed, within 30 days of data collection. • The average reported time taken for a roundtrip to fetch drinking water was 39 minutes. • As shown in Table 22 below, there is some variety even among PoC from SSD/COD in their reported access to basic drinking water services, though not by a large margin. Please keep in mind that this data is indicative. • Most households reported procuring their drinking water from either tube wells/boreholes (44% or public taps/standpipes (33%).

Table 22 – Proportion of PoC households using at least basic drinking water services, by nationality:

Nationality PoC	Results	# of instances
SSD	28%	158
COD	37%	153
SOM	81%	17
ERI	67%	16
RWA	42%	13
BDI	22%	8
other	40%	2
KEN	100%	1

Table 23 – Proportion of PoC households using at least basic drinking water services, by settlement:

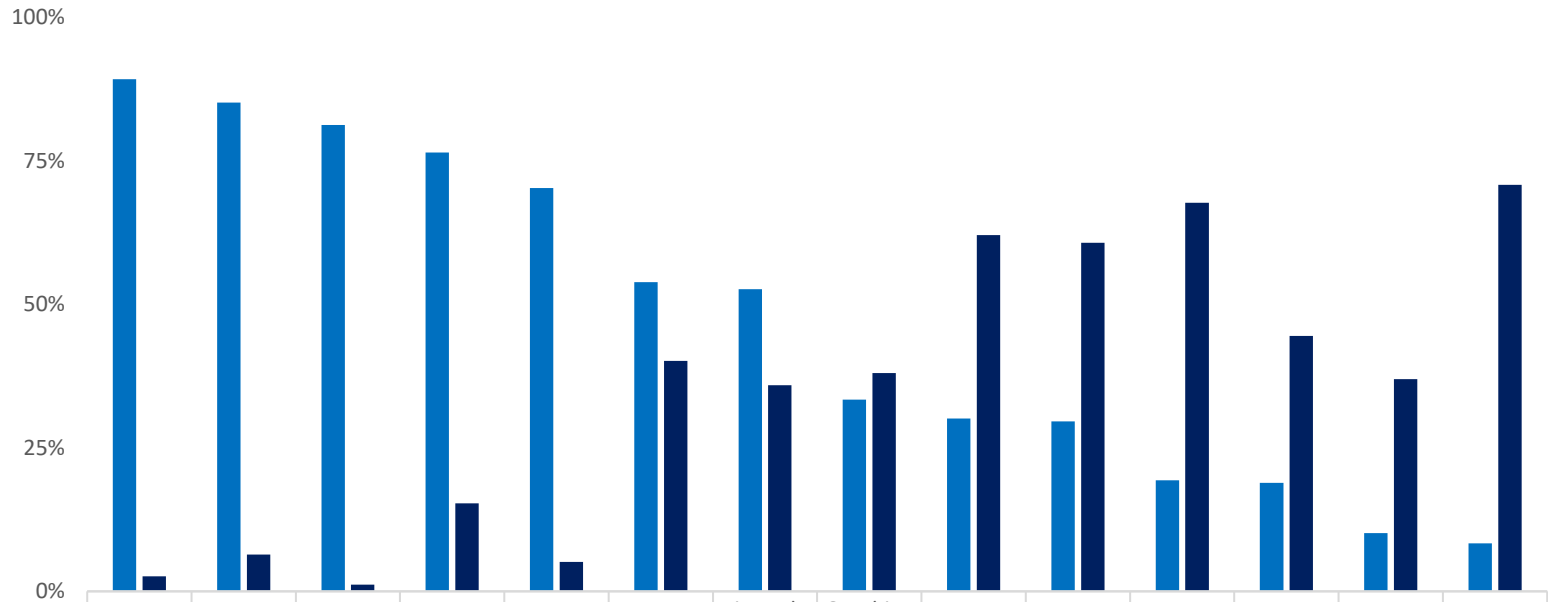
Settlement	Results	# of instances
Adjumani	21%	16
Bidibidi	11%	9
Imvepi	33%	27
Kampala	63%	51
Kiryandongo	30%	24
Kyaka	29%	23
Kyangwali	27%	21
Lobule	47%	36
Nakivale	26%	19
Oruchinga	37%	28
Palabek	47%	33
Palorinya	30%	25
Rhino Camp	25%	20
Rwamwanja	45%	36

Table 24 – Most commonly reported sources of drinking water by PoC households:

Choices	Results	# of instances
Tube Well/Borehole	44%	484
Public Tap/Standpipe	33%	361
Surface Water	3%	37
Piped To Neighbor	3%	36
Piped Into Dwelling	3%	35
Protected Spring	3%	31
Protected Dug Well	2%	26
Piped Into Yard/Plot	2%	23
Bottled Water	2%	20
Tanker Truck/Water Vendor	1%	10
Unprotected Dug Well	1%	8
Rainwater Collection	1%	7
Unprotected Spring	0%	5
Cart With Small Tank/Drum	0%	3
Other (Specify)	0%	1
Sachet Water	0%	1
Water Kiosk	0%	1

Definition of basic drinking services used: The water source has to meet three conditions: (1) the source of water needs to be accessible under 30 minutes, (2) there must have been no water shortage when drinking water was needed in the 30 days prior to data collection, and (3) the source needs to be an improved source

WFP, Food Security and Nutrition Assessment (FSNA), 2022	Key findings: 1. Most households use less than the recommended 20 liters of water per person per day. 2. Some households use unprotected water sources such as unprotected springs or unprotected hand dug wells as sources of water. 3. There is inadequate supply of water (access, affordability) in some of the communities leading to a low per capita use of water. 4. There is low ground water potential in some areas leading to inadequacy of the water supplied. 5. The quality of water in some areas is poor. 6. Some communities must walk long distances in order to access water for household use (this is based on data reported by respondents. WASH sector mapping suggests that the average walking distance to the nearest water source is 600m). 7. There is a long queuing time in the water points that are used by some of the communities. 8. The supply of water is irregular in some areas. 9. Communities have to pay for water that they use yet they are financially constrained. The households that cannot afford to pay for the water are forced to collect water from unprotected sources. • 85.9% of refugee and 73.4% of host community households reported having sources of drinking water deemed improved. • The settlements with the lowest proportions of households reporting access to improved water sources were Kyangwali (71.2%) and Kyaka II/ (85.9%). These findings align with IPE data and highlight the severity of the issue particularly in the Southwest. • 81.7% of sources were outside of the dwelling or property entailing that 55.9% of households reported a time of up to 30 minutes to the source, and 25.8% more than 30 minutes. These distances reflect common sources of dissatisfaction with the water supply. • As seen in Figure 15 below, there is substantial difference in the type of source on which households reported relying at settlement-level. Figure 15 – Distribution of the two most-commonly reported sources of drinking water, per settlement:	

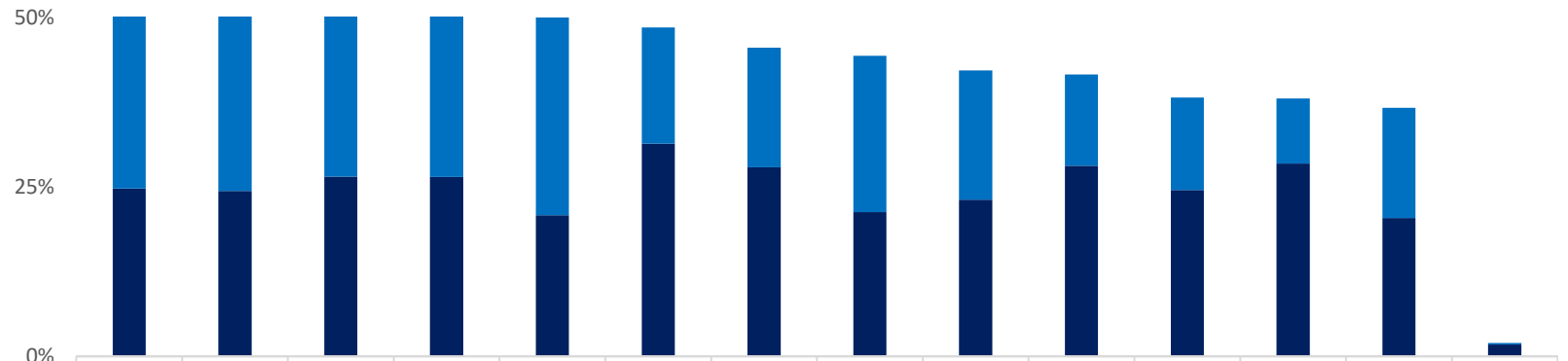


	Rhino	Imvepi	Kampala	Bidibidi	Nakivale	Palorinya	Kiryandongo	Oruchinga	Adjumani	Palabek	Lobule	Kyaka Ii	Kyangwali	Rwamwanja
Public tap/standpipe	89%	85%	81%	76%	70%	54%	53%	33%	30%	30%	19%	19%	10%	8%
Handpump/borehole	3%	6%	1%	15%	5%	40%	36%	38%	62%	61%	68%	45%	37%	71%

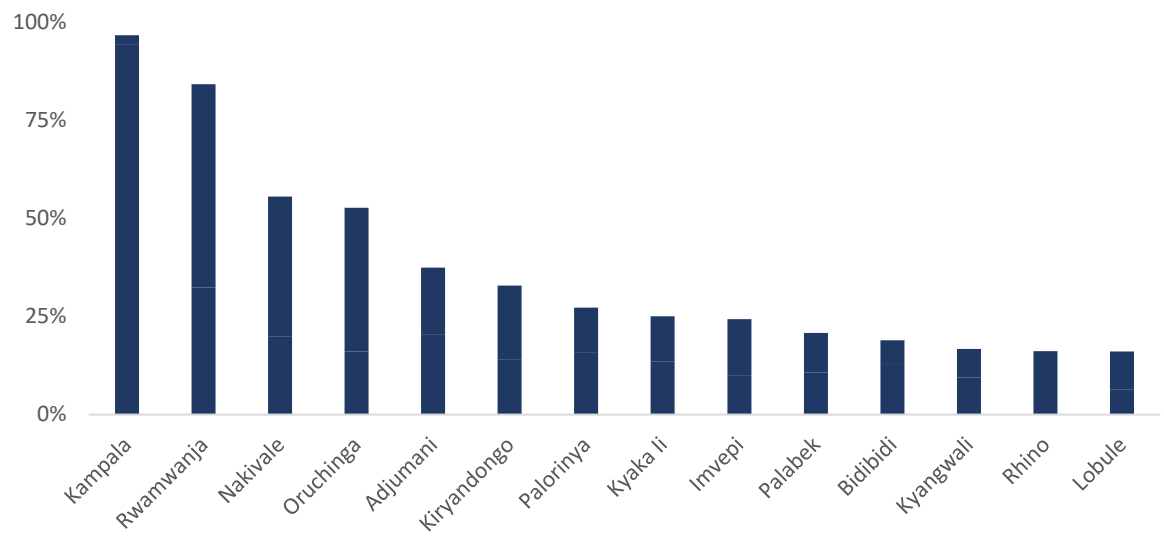
Key recommendations:

1. In areas where the water table is low, proper site selection for the water point should be carried out.
2. Rehabilitate shallow and hand dug wells that were poorly sited.
3. Develop a WASH masterplan.
4. Co-fund the development of water systems for communities without piped water.
5. Conduct capacity building and sensitization/mindset change of the communities on good hygiene and sanitation practices.
6. Operation and Maintenance of water supply systems to ensure consistent and reliable supply of water.
7. Promote rainwater harvesting as a source of water for non-drinking purposes.
8. Invest more resources in establishment of sustainable water systems / sources.
9. Enhance house water collection and storage by providing storage containers to new arrivals and creating an enabling environment to communities to acquire water storage containers.
10. Improve unprotected springs and hand dug wells.
11. Enhance water treatment through the use of filters, solar disinfection, or flocculants.

<table>
<tr><td></td><td>12. Develop water safety plans for the different communities.
13. Enhance water quality monitoring.
14. Sensitisation of communities on the safe clean water chain.
15. Improve on the functionality of the water supply system.
16. Increase the number of water points to reduce on long distances travelled to get water as well as the queueing time at water points.
17. Stock fast moving spare parts of the water supply system to enable fast and timely repairs in the event of breakdowns.
18. Bridging communication gaps between the community and water service providers whenever there are breakdowns.
19. Conduct regular monitoring of water systems and pipelines.
20. Intensify awareness creation on payment for water (commercialization).</td></tr>
<tr><td>FAO, Resilience Index Measurement and Analysis (RIMA), 2021 (unweighted)</td><td>• Average reported time required to fetch water (round trip) was 33 minutes.
Table 24 – most commonly reported persons within the household to fetch water:
<table><tr><td>Female household head (Woman heading the household)</td><td>25.14%</td></tr><tr><td>Jointly by male(s) and female(s) within the household</td><td>22.32%</td></tr><tr><td>Jointly male and female children</td><td>20.83%</td></tr><tr><td>Female children</td><td>10.38%</td></tr><tr><td>Male household head (Male heading the household)</td><td>6.06%</td></tr></table></td></tr>
<tr><td colspan="2">Sub-Theme: Sanitation and Hygiene</td></tr>
<tr><td>UBOS, National Service Delivery Survey (2021)</td><td>• The four most-commonly used methods of waste disposal nationwide are: garden (35.7%), pit (33.8%), burning (10.6%), waste vendor (10.1%). The first two methods are more prevalent in rural areas whereas the latter two are more prevalent in urban areas.
• 50% of households in Uganda use unimproved toilet facilities (anything other than flush/flush-pour to sewer/septic tank/VIP/pit-slab or composting toilets).
• The most-commonly reported factors limiting toilet construction are high costs (29%) and ignorance (26%).</td></tr>
</table>

	• 68.8% of households reported not having any handwashing facilities, while only 14% reported using both soap and water.
UNHCR, Individual Profiling Exercise (IPE), 2022	• Two-thirds (66.4%) of households reported having access to a household latrine, with the lowest proportions in Palabek (51.4%) and Kyangwali (54%). • 30% of households with access to a latrine reported sharing their latrine with other households, with higher proportions in Oruchinga (48%), and 36% in Nakivale, Kiryandongo and Bidibidi. • 55% of households reported having access to a household bathing shelter, with the lowest proportions in Kyaka (27%), Nakivale (28.4%), and Kyangwali (35%). • Overall, 42% of households reported that their latrine was either in bad condition or needed rehabilitation. Particularly worse-off settlements can be found in figure 16. Figure 16 – proportion of households per location reporting having a latrine either in bad condition or in need of rehabilitation:  • 36% of households reported having access to soap, which is relatively low, and also varies heavily across locations as can be seen in Figure 17. Figure 17 – Proportion of households who reported having access to soap, per location:

	Kyangwali	Oruchinga	Nakivale	Rwamwanja	Lobule	Bidibidi	Kyaka Ii	Imvepi	Rhino	Palabek	Kiryandongo	Palorinya	Adjumani	Kampala
Need for rehabilitation	34%	28%	25%	24%	29%	17%	18%	23%	19%	14%	14%	10%	16%	0%
Bad condition	25%	24%	27%	26%	21%	31%	28%	21%	23%	28%	25%	28%	20%	2%



WFP, Food Security and Nutrition Assessment (FSNA), 2022

Key Findings:

1. Limited access to soap that can be used for handwashing.
2. The practice of washing hands after use of the toilet is low.
3. Poor sanitation practices such as open defecation are being carried out by some communities.
4. Negative cultural practices are fuelling the practice of open defaecation in some communities.
5. A large proportion of households shared latrines.
6. Inadequate sanitation facilities (Institution and household).
7. Some of the refugee settlements lack waste strategies for the management of fecal and solid waste.

- 93.9% of refugee households in-settlement reported having an improved type of sanitation. The lowest degrees thereof were indicated in Palabek (79.4%), Kyangwali (84.6%) and Kyaka II (87.9%). The latter two also reported having the lowest proportion of improved sources of drinking water. Kyangwali and Palabek also reported the highest proportion of instances of fever (49.2% and 41.1%) within two weeks of data collection.

Key recommendations:

Sanitation

1. Awareness campaigns on the need to construct and use HH latrines.
2. Develop innovative, sustainable and market-driven waste management approach.

	3. Continued sanitation improvement approaches and sensitization. 4. Enhance awareness campaigns on the need to construct and use latrines (enhance CLTs approach). **Hygiene** 1. Enhance livelihoods and income generation activities to allow communities to buy soap and water, or to make soap. 2. Community sensitisation and awareness creation about: a. alternatives to handwashing with soap b. the need to install and use a hand washing facility in the household c. inclusive hygiene practices
UNHCR, Participatory Assessment (PA), 2022	• Female FGDs participants mentioned that there is a lack of sanitary items (such as pads and soap). In the KIIs, women and persons with disabilities' representatives also highlighted this challenge. Some FGDs participants also reported that latrines are in poor conditions and need repairs but there is no one to repair the latrines.

Contextual analysis (during sector input/review phase):

a) based on your experience/expertise and the provided data, what is the current situation?

WATER

- **WASH access levels may be lower than data suggests if taking into account continued influxes of new arrivals.**
- **Distances to water sources are perceived to be less than reported in the data.**
- **Waiting times for accessing water services are also thought to be lower than the data here. KAP survey states 33 minutes round trip as the average.**
- **Water systems maintenance is regular, and waiting times tend to be short, other than for new arrivals.**

SANITATION AND HYGIENE

Handwashing/soap

-

Latrines

- Access to latrines in Palorinya and Adjumani negatively impacted by the floods.
- Need to note that the absence of latrines does not imply open defecation, but rather the use of communal latrines, especially in areas with new arrivals.

Girls/women hygiene

-

b) Based on your experience/expertise and the provided data, what are the existing barriers to access?

WATER

- **New arrivals may struggle to access WASH services and are more likely to face long waiting times.**

Inadequate / poor infrastructure

-

Weather / environment conditions

-

Other

-

SANITATION AND HYGIENE

-

Latrines/defecation

- Materials and financial means are at times missing for proper construction of latrines.

Handwashing facilities

-

Other

-

c) Based on your experience/expertise and the provided data, what are specific situation/risks for persons who are especially vulnerable?

-

d) Based on your experience/expertise and the provided data, what is the current support available?

Infrastructure

-

Distribution/sensitization

-

ENERGY & ENVIRONMENT

General situation and top-level analysis:

Loss and Degradation of Environmental Resources

- **Uganda's rate of forest loss is highest in the world, estimated at 4% per annum and have diminished from 24% in 1990 to 9% in 2019.**
- **Refugees are often settled close to environmental resources. Kyangwali settlement is located close to Bugoma Central Forest Reserves (CFR) and Palorinya settlement is located close to Eria and Era CFR. Nakivale settlement is also located proximate to Lake Nakivale.**

Unsustainable and Unstable Access to Cooking Energy at Household Level

- **In terms of cooking energy, more than 90% is derived from woody biomass. For refugees, it increased to 97% and they walk a distance of 4-10km to access firewood. This has resulted in refugees undercooking and skipping meals, selling food rations to buy firewood, thus affecting their nutritional intake.**
- **An average refugee household has five members and consumes an average of 8.5kg of firewood per day, or 1.7kg/per person/per day.**
- **Cooking is done in poorly ventilated kitchens which cause indoor air pollution and predispose refugees to respiratory infections. According to the Global Alliance for Clean Cookstoves, exposure to cookstove smoke contributes to 13,000 premature deaths every year in Uganda and affects 35 million where women and children are most affected, spending more time in kitchens preparing food. Design aspects, culture and tradition of refugees leads to poor adoption of cookstoves.**

No or Extremely Limited Access to Lighting at Household Level

- **Access to national grid electricity is less than 2% while solar PV penetrations is estimated at 23% among refugee households.**
- **In terms of household lighting in settlements, 45% use alkaline battery torches, 14% firewood, 13% kerosene and 10% use candles.**
- **Energy issues are not prioritised in contingency and humanitarian response.**
- **In Palabek settlement specifically, all refugee households were handed a solar lantern. However, most of the solar lamps had gotten damaged and there were no programs to replace or repair them. Therefore, most households resorted to use torches bought from retail shops in the settlement.**
- **In Majj settlement specifically, torches are UGX 500 and only be used once or even for a few hours. Many expressed their discontentment but were not able to afford solar lamps in one single payment. Most installed solar streetlamps were not operational mostly due to lack of maintenance and monitoring mechanisms.**

Lack of Access to Clean Energy at Institutional Level

- **About 30% of health centers in settlements have no access to a power source while another 30% use diesel generators.**
- **Out of 89 health facilities in the settlements, only 7 have access to the national grid and 61 facilities rely on solar systems. However, these solar systems are small and not sufficient to meet the energy requirements.**
- **The demand gaps in the various settlements present opportunities to increase the coverage of one stop energy kiosks with local operators skilled in basic business and technical knowledge required to operate and maintain the kiosks.**

Low Level of Protection and Safety in Community

- **78% of the installed solar streetlights are functioning in the Nort West, while in the Southwest only 41% are functioning. The remaining streetlights either require repair or complete replacement due to vandalism.**

Broad reports of environmental phenomena impacting households' crop production

- **Majority of households across all settlements reported having been moderately to very severely affected by environmental or climatic phenomena such as droughts, pests, and crop failures.**

Ministry of Water and Environment, Water and Environment Sector Performance Report (2022)	Key findings: Decreases in Tree Cover 1. Heavy reliance on wood resources to meet the basic needs of food (biomass energy for cooking) and shelter (timbers, logs, grass and reeds for housing) and as such it has seen its forest cover diminish over the last few decades from 15% in 1994 to 5% in 2022.
Ministry of Energy and Minerals Development, Strategic Investment Plan (2019)	Key findings: Over 90% Rely on Fuelwood 1. Uganda's energy mix is predominantly biomass with approximately 90% of primary energy derived from woody biomass. In terms of cooking energy, more than 90% is derived from biomass energy. Refugees rely almost entirely on biomass energy for cooking and therefore exerting pressure on the natural resources wherever they settle.
UNHCR, Uganda 2021 Year-End Narrative, (2022)	Key Findings: Challenges in Using Biomass Briquette – Poor Quality 1. With the need for alternative clean fuels to firewood and charcoal which can be used for cooking, briquettes have been promoted by UNHCR and its partners. However, these briquettes produced within the settlement are often of a poor quality (burning slowly, having significant soil content which doesn't burn, etc.) making them less competitive with charcoal and firewood on the market. Solar PV Penetration rate among Refugee Households – 23% 2. Access to electricity either from the national grid or via off-grid renewable energy options remains very limited with access to grid electricity at less than 2% while solar PV penetrations is estimated at 23% among refugee households. Lack of Access to Energy Hinders Creation/Promotion of Value-Adding Business 3. Access to energy for productive use is one of the drivers for sustainable livelihoods, thus with limited access, value-addition business such as grain milling, milk chilling, refrigeration of drinks and farm produce, etc. are limited.

	Limited Land in Settlements for Tree Growing 4. Within refugee settlements, access to land is limited as refugees are allocated plots of about 30m x 30m per household which has to cater for their shelters and the remainder for food production. Therefore, there's barely any space left for tree growing. Households can only take about 5 trees to plant alongside their boundaries, which further limits the scale of tree growing in the settlements. Rate of Environmental Degradation is Superseding the Rate of Reforestation 5. The rate of reforestation/afforestation is outmatched by the rate of environmental degradation. We would need to plant approximately 20 million trees annually. However, due to inadequate resources, we are only able to plant a little over 5-10 million seedlings annually. Need for a Baseline and Needs Assessment in Energy and Environment Sector 6. Detailed baseline and needs assessment studies focusing on environment and energy issues must be conducted to generate baseline data and support target setting to plan environment and energy activities adequately. This would enable the identification of needs and gaps and following strategies for appropriate intervention. Need for an Integrated Land Use Plans in Settlements 7. Integrated land use plans that designate which areas within the settlements are allocated for tree growing and which are allocated to other land uses are lacking. This has hampered expansion of woodlot establishment within the settlement because no clarity where tree growing can be implemented.
UNHCR, Price Points in East and Horn of Africa (2023)	Key Findings: Price Points in East and Horn of Africa **Environment** 1. $185 to maintain 1 hectare of woodlot or plantation in Central Forest Reserves (this needed to be done 3 times a year for successful results). 2. $200 to establish a 1 hectare of woodlot or plantation or restored an area in the Central Forest Reserves. 3. $220 to map a 1 hectare of a forest site including surveying and mapping for restoration activities in the Central Forest Reserves. **Energy** 1. $8 can provide a biomass cookstove to 1 household. 2. $12 can provide per month cash for energy to 1 household. 3. $20,000 can provide solar energy for health facility for 5-10 years.

UNHCR & OPM, Inter-Agency Uganda Country Refugee Response Plan (UCRRP), (2023)	Key Findings: Uganda: Highest rate of forest loss in the World 1. Uganda's rate of forest loss is highest in the world, estimated at 4 per cent per annum. Forest cover has diminished from 24 per cent of Uganda's land area in in 1990 to a 9 per cent in 2019. Location of Settlements – Close to Natural Resources 2. Refugees are often settled in environmentally sensitive areas and marginal land, often close to central forest reserves (CFR). Kyangwali settlement close to Bugoma CFR in Kikuube district, Palorinya close to Eria and Era CFRs in Obgongi district with part of the settlement in flood plain, Nakivale settlement in proximity to Lake Nakivale. Rate of Deforestation is Greater than the Rate of Growing Demand for Wood Resources 3. Even with various interventions for environmental restoration and promotion of alternative fuels for cooking, the scale of these interventions has not kept pace with the rate of deforestation and the growing demand for natural resources. Energy as an Enabling Sector to Achieve Outcomes of Other Sectors – Lack of Solar Energy in Settlement Facilities 4. The lack of adequate supply of electricity is impacting the ability to operate health facilities, hospitals, schools, water pumps, reception centers, and street lighting. About 30 per cent of health centers serving the refugee settlements have no access to a power source while another 30 percent still use diesel generators. Out of 89 health facilities within the settlements, only 7 have access to the national grid. 61 facilities rely on solar systems. However, these solar systems are small and not sufficient to meet the energy requirements of hospitals. Less than Half of Solar Streetlights are Functioning in South-West 5. Solar streetlights are installed in refugee settlements to prevent and reduce criminal activity including GBV. In the North West, 78 per cent of the installed solar streetlights are functioning while in the South West only 41 per cent are functioning. The remaining streetlights either require repair or complete replacement due to vandalism.
UNHCR, Safe Access to Fuels and Energy Strategy, 2016-2020 (2016)	Key Findings: 97% of refugees use firewood for cooking and have to walk 4-10km (6-10 hours) to have access ----> Threat to Physical Security 1. According to rapid assessments conducted by UNHCR Uganda in 2015, 97% of refugees use firewood for cooking and yet have to walk a distance of 4-10km to access firewood. This has resulted in refugees undercooking and skipping meals, while others sell some food rations to buy firewood, thus affecting their nutritional status. Women and girls, who mostly collect firewood, have also suffered from SGBV in the form of assaults, rape, attempted rape and defilement among others. These are serious protection issues which have become a cause of tension between the refugees and host communities. Threats to Respiratory Health 2. Cooking is done in poorly ventilated kitchens which cause indoor air pollution and predisposing refugees to health conditions such as respiratory infections. According to the Global Alliance for Clean Cookstoves, exposure to cookstove smoke contributes to 13,000 premature deaths every year in Uganda and affects 35 million people within the country (GACC, 2014) with women and children being most affected because they spend more time in kitchens preparing food).

Statistics on Lighting in Settlements

3. 45% use alkaline battery torches, 14% firewood, 13% kerosene and 10% use candles.

Identified Constraints Facing Sustainable Environment & Energy Use and Management in and around Settlements

- Energy issues are not prioritised in contingency plans
- Poor awareness and knowledge of energy saving stoves and the environment
- Poor adoption of improved stoves due to design aspects, culture and tradition of refugees
- Vandalism of solar streetlights
- Lack of clean, alternative means of cooking and lighting
- Limited plot sizes (30-50m2)
- Low survival of trees due to damage and lack of aftercare
- Lack of clear ownership of established woodlots
- No immediate benefits of tree planting realized
- Weak implementation of natural resource management by-laws
- Dysfunctional local environment committees
- High cost of renewable energy technologies

Uganda's National Development Plan – Clean Energy

4. Uganda's Vision 2040 (which seeks to improve household access to clean energy to 80 percent of the population), is far yet to be met.

Main Environmental Issues in Settlements

5. The main environmental challenges faced in the settlements are a result of small plots of land (e.g., 30m² and 50m²) allocated to refugees which inhibits sound natural resource management. The continuous use of these plots for competing land use activities such as shelter and agriculture has led to local deforestation, household pollution, soil exhaustion, flooding, siltation and eutrophication of surrounding water bodies. The main environmental problems are summarised in below table.

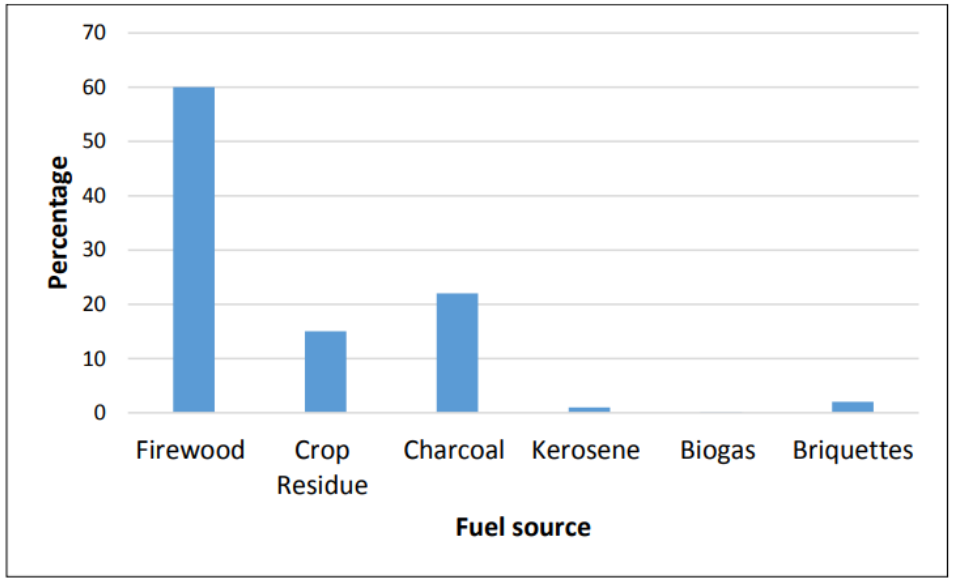
Region	Settlement	Main Environmental Issues
West Nile	Adjumani, Rhino Camp	- Soil erosion/exhaustion/infertility - Natural Hazards (flooding due to poor drainage, wildfires from bush burning) - Local deforestation/vegetation cover loss - Poor solid waste management (disposal of lead batteries) - Indoor air pollution - No management plans for established woodlots and poor land use planning
Mid-west	Kiryandongo, Kyangwali	- Water turbidity due to iron core contamination of water sources - Poor solid waste management - Bush burning - Deforestation - No management plans for established woodlots and poor land use planning

	South-west	Nakivale, Oruchinga, Kyaka II, Rwamwanja	- Water turbidity due to iron core contamination of water sources - Soil erosion - Wetland degradation - Deforestation - Flooding - Sand mining - Indoor air pollution - No management plans for established woodlots and poor land use planning

Daily Firewood Consumption by one Refugee Household (made up of 5 people)

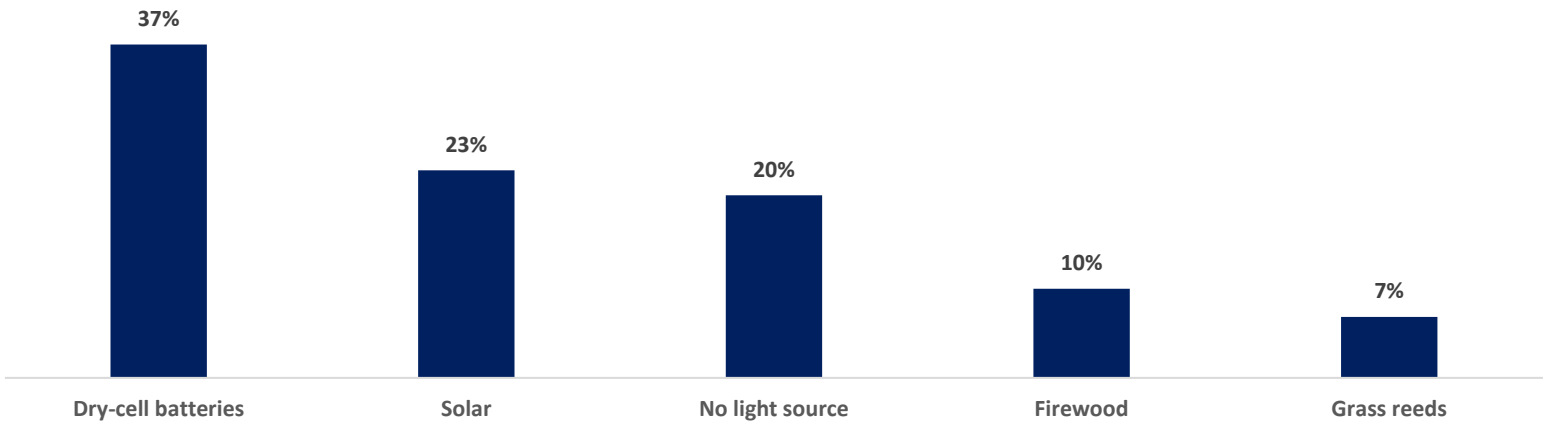
6. An average refugee household has five members and consumes an average of 8.5kg of firewood per day, or 1.7kg/per person/per day.

Main Fuel used in Refugee Settlements



GIZ, Baseline Assessment for Market-Based Energy Access for Scale Up Projects in	Nakivale Settlement - The energy fuels include charcoal, briquettes and largely scarce firwood. Given the high fuel prices, residents in the settlement resort to the use of crop remains (bean pods) and shrubs as an alternative source of fuel.

Refugee Settlements in Uganda (2020)	Palabek Settlement - At the time of reception, all refugee households were handed a solar lantern. However, the household survey revealed that most of the solar lamps had gotten damaged and there were no programs to replace or repair them. Most households resorted to use torches bought from retail shops in settlement. - OPM highlighted a foreseen energy crisis that requires immediate sustainable action. However, energy access in Palabek is slow because of a low lack of awareness and appreciation of improved cooking methods. - In both the settlement and host there were no dedicated dealers in energy products such as solar products and accessories Maaji Settlement - Although majority of the households (200 households) interviewed used solar to power 1 or 2 lights, 96 of the households interviewed used single-use torches sold in the settlement's trading centers. These torches are UGX 500 and only be used once or even for a few hours. Many expressed their discontentment but were not able to afford solar lamps in one single payment. - Majority of the installed solar streetlamps were not operational mostly due to lack of maintenance which is a result of ineffective monitoring mechanisms. Willingness to pay - Willingness to pay for an improved cookstove was assessed and overall findings that only 40% of the total respondents were willing to pay. Respondents in Palabek settlement were least willing to pay, with 88% saying No, whilst Nakivale had the highest percentage willingness with 63% saying yes followed by Kiryandongo at 52% and Maaji at 36%. Appropriate interventions - The demand gaps in the various settlements present opportunities to increase the coverage of one stop energy kiosks with local operators skilled in basic business and technical knowledge required to operate and maintain the kiosks
UNHCR, Individual Profiling Exercise (IPE), 2022	• Across all settlements, 85% of refugee households reported primarily using wood as fuel, while 23% reported primarily using charcoal. Disaggregated between South-West, West Nile and Kampala, wood is used by 95% in West Nile, 84% in South-West, while 80% of households in Kampala reported using charcoal, followed by gas/LPG/LNG (multiple choices possible; total may exceed 100%). • As seen in figure X, batteries are the most commonly reported main source of household lighting, followed by solar. One-fifth of households overall reported not having a source of lighting, a worryingly high proportion. The settlements with the highest proportions of reportedly not having any light source were Rhino camp (33%), Palabek (30%) and Bidibidi (29% and Adjumani (27%). Figure X – Top-5 most-commonly reported sources of lighting among refugee households:



- The settlements with the highest reported use of dry-cell batteries as a main source of light were reported in Lobule (74%), Imvepi (68%) and Kyangwali (51%). The settlements with the highest reported use of firewood as a source of light were reported in Rhino camp (27%), Imvepi (23%) and Oruchinga (17%). The findings regarding the lack or use of wood as a main source of lighting especially in Rhino camp are concerning.

- 46% of refugee households reported to take more than an hour for a roundtrip to collect cooking fuel materials. Among the settlements (excluding Kampala, these proportions ranged between 21-77%, where more than half of households in most settlements reported taking over an hour.

- Commensurately, 41% of households reported facing barriers when accessing energy sources, most commonly reported in Imvepi (67%), Lobule (61%) and Oruchinga (57%), though all settlements yielded high affirmative responses on facing barriers to access fuel. Among the households who reported facing such barriers (41%), the three most-commonly reported barriers were that areas for fetching firewood were too far (82%, walking towards the fetching area is not safe (28%), and a lack of firewood in the settlement (25%).

- Among the sizeable minority of households who reported that it was not safe to walk to the wood-fetching area (28%), households reported that this is due to physical (57%) or verbal (29%) attacks by host community members, as well as sexual harassment (5%) (not specific to host community members). As a proportion of all households interviewed, 7-8% of households reported barriers of some form of verbal or physical violence or harassment by host communities, refugees, or wild animals in the process of fetching firewood.

- Only 18% of refugee households overall reported having an energy-efficient stove for cooking. Among these, the most commonly-reported stoves are Jiko Matawe (56%) and a rocket-Lorena stoved (36%). The range of proportions across the settlements of households who reported having an energy efficient stove ranged between 10-55%, showing a disparity. The lowest proportions were found in Palabek and Kyaka II (10%), Rhino (11%) and Adjumani (12%).

FAO, Resilience Index Measurement and Analysis (RIMA), 2021 (unweighted)

- FAO's RIMA dataset includes data on environmental shocks experienced by households in settlements. As shown in table X below, the most commonly-reported shocks are detrimental to households' ability to sustain their agricultural livelihood and food consumption, given the environment's impact on yield. High food prices could constitute a reflection of low yields caused by these and other commonly reported environmental impacts on agriculture. In addition, small-scale farming households such as refugee households may be less well-accustomed or able to prevent the impacts of these environmental impacts.

- Households were able to indicate multiple shocks (out of 14 options) yielding insight into which settlements had the highest average reported shocks experienced amongst its interviewed households, as seen in table X below. Both tables indicate high reported instances of commonly-reported shocks among households in Kiryandongo, Rwamwanja, Rhino, Palabeck and Palorinya, with between 2-4 shocks averagely reported. As expected, the drought, crop failure and crop disease are above-averagely reported in the most-affected settlements with the highest average number of reported shocks per household.

Table X – Top-4 most commonly-reported environmental shocks experienced by refugee households living in settlements (ordered by settlements with highest total % for these four shocks):

Settlement & Shock type	Drought/dry spells – water shortage for crops and livestock	Crop failure	High food prices	Crop diseases & pests
Kiryandongo	82%	66%	38%	26%
Rwamwanja	61%	47%	46%	48%
Rhinocamp	81%	52%	24%	20%
Palabeck	83%	27%	35%	19%
Palorinya	57%	40%	26%	20%
Omugo Rhino	59%	30%	38%	15%
Bidibidi	72%	38%	14%	15%
Lobule	33%	49%	28%	6%
Kyaka II	11%	22%	52%	25%
Imvepi	53%	18%	26%	10%
Nakivale	58%	9%	29%	2%
Adjumani	47%	15%	25%	9%
Kyangwali	29%	10%	36%	17%
Overall	**58%**	**33%**	**32%**	**18%**

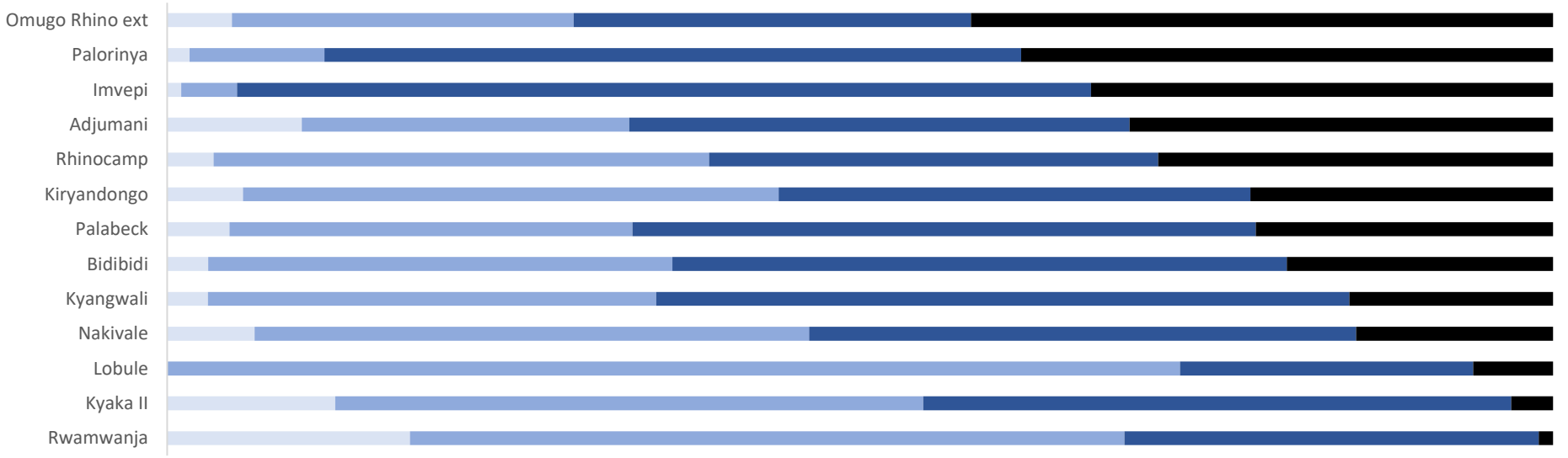
Table X – average number of shocks reportedly experienced by refugee households living in settlements:

Settlement	Average reported number of shocks
Rwamwanja	4.0
Palabeck	2.8
Rhinocamp	2.7
Kiryandongo	2.6
Palorinya	2.5
Lobule	2.4
Omugo Rhino	2.3
Bidibidi	2.0
Kyangwali	1.9
Imvepi	1.8
Kyaka II	1.7
Adjumani	1.4
Nakivale	1.3
Overall	**2.3**

- Next to type and variety of shocks, the RIMA dataset includes data on severity of these shocks, as reported by the interviewed households. Given the high number of possible shocks to report (14), the below graphs pertain to the three most-commonly reported environmental shocks (leaving out high food prices): drought/dry spells – water shortage for crops and livestock; crop failure; and crop diseases & pests.

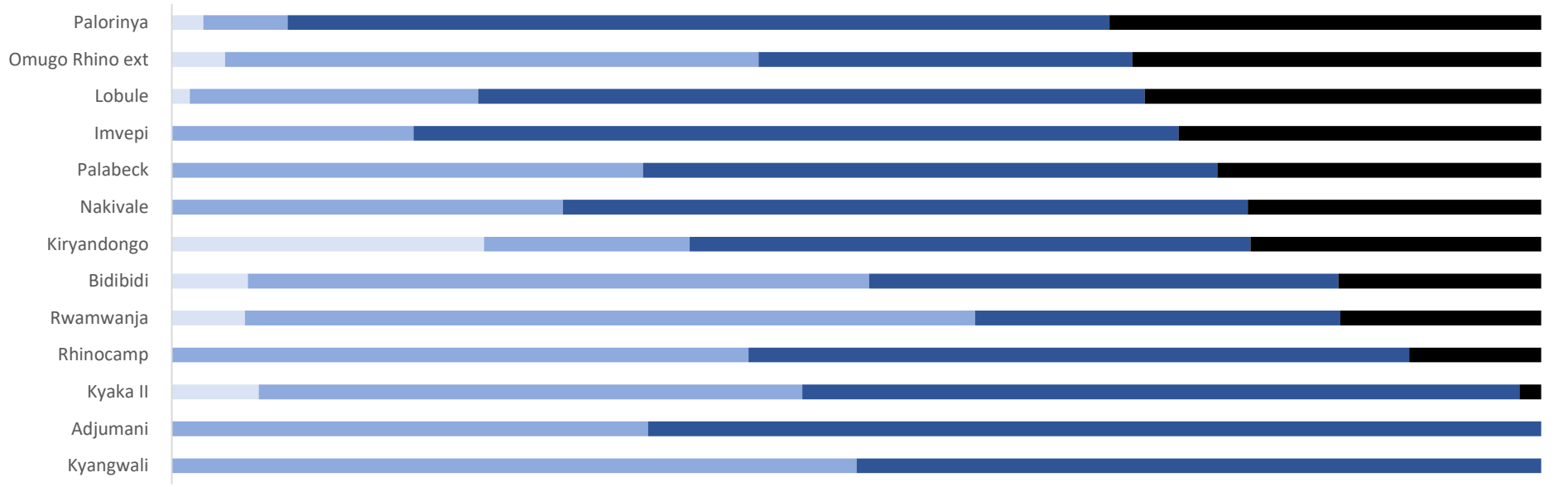
- Since the RIMA dataset does not attribute numerical scores to severity, the settlements are ordered by the highest "very severe" proportions. Please take into account that this is not conclusively the order of highest average severity among all households. As seen in the graphs below, certain settlements recur in having high proportions of households reportedly experiencing the most common shocks, experiencing a multitude of shocks, and also reporting high severity of these shocks. It should be noted how "Minimal" severity was indicated quite infrequently, showing that **substantial majorities of households in all settlements reported being at least "Moderately" to "Very Severely" affected by all three shocks**.

Figure X – % of households who experienced **drought/dry spells – water shortage for crops and livestock**, by severity brackets and settlement:



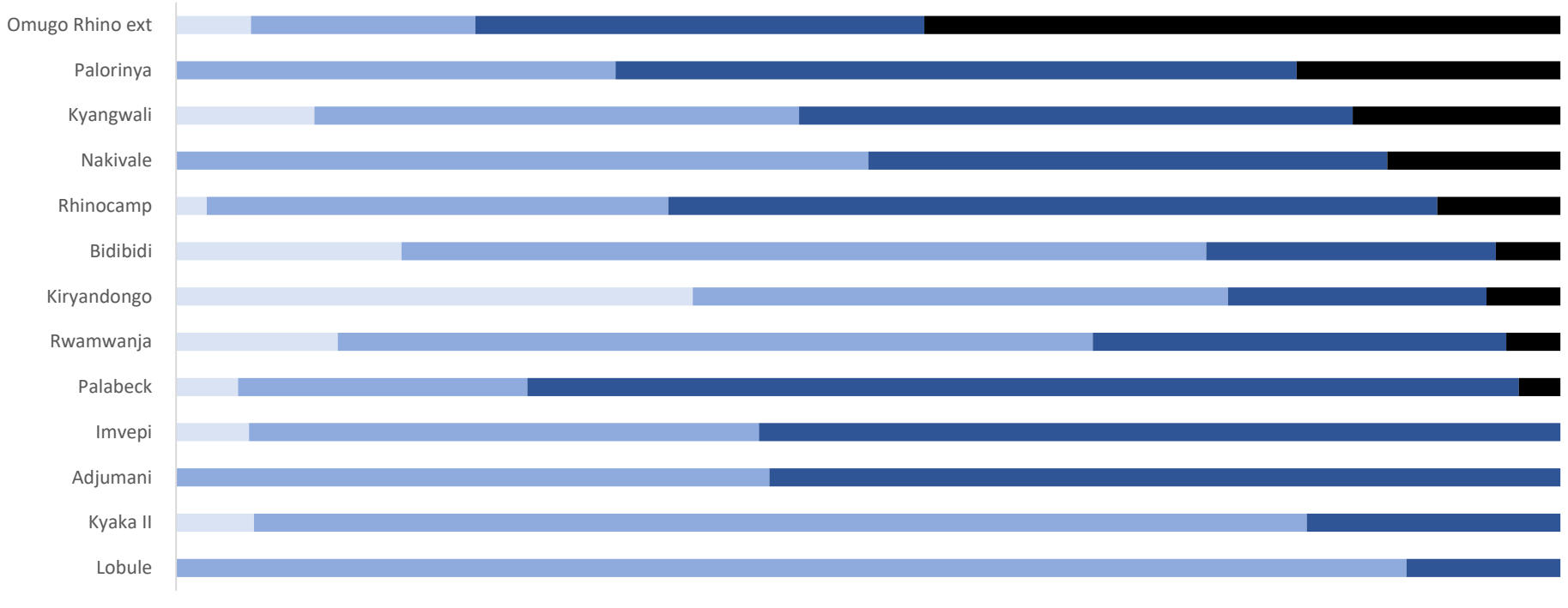
	Rwamwanja	Kyaka II	Lobule	Nakivale	Kyangwali	Bidibidi	Palabeck	Kiryandongo	Rhinocamp	Adjumani	Imvepi	Palorinya	Omugo Rhino ext
Minimal	18%	12%	0%	6%	3%	3%	4%	5%	3%	10%	1%	2%	5%
Moderate	52%	42%	73%	40%	32%	33%	29%	39%	36%	24%	4%	10%	25%
Severe	30%	42%	21%	39%	50%	44%	45%	34%	32%	36%	62%	50%	29%
Very Severe	1%	3%	6%	14%	15%	19%	21%	22%	28%	31%	33%	38%	42%

Figure X – % of households who experienced **crop failure**, by severity brackets and settlement:



	Kyangwali	Adjumani	Kyaka II	Rhinocamp	Rwamwanja	Bidibidi	Kiryandongo	Nakivale	Palabeck	Imvepi	Lobule	Omugo Rhino ext	Palorinya
Minimal	0%	0%	6%	0%	5%	6%	23%	0%	0%	0%	1%	4%	2%
Moderate	50%	35%	40%	42%	53%	45%	15%	29%	34%	18%	21%	39%	6%
Severe	50%	65%	52%	48%	27%	34%	41%	50%	42%	56%	49%	27%	60%
Very Severe	0%	0%	2%	10%	15%	15%	21%	21%	24%	26%	29%	30%	32%

Figure X – % of households who experienced **crop diseases & pests**, by severity brackets and settlement:



	Lobule	Kyaka II	Adjumani	Imvepi	Palabeck	Rwamwanja	Kiryandongo	Bidibidi	Rhinocamp	Nakivale	Kyangwali	Palorinya	Omugo Rhino ext
Minimal	0%	6%	0%	5%	4%	12%	37%	16%	2%	0%	10%	0%	5%
Moderate	89%	76%	43%	37%	21%	55%	39%	58%	33%	50%	35%	32%	16%
Severe	11%	18%	57%	58%	72%	30%	19%	21%	56%	38%	40%	49%	32%
Very Severe	0%	0%	0%	0%	3%	4%	5%	5%	9%	13%	15%	19%	46%

UNHCR, Results Monitoring Survey (RMS), 2022

- 63.2% of individuals were reported to have energy to ensure lighting. No noteworthy or statistically differentiable results were found when disaggregating by gender, age, disability or nationality. As seen in table X, households in certain settlements less often reported having energy to ensure lighting, namely Lobule, Kiryandongo, Imvepi and Kyangwali.

Settlement/Area	%	Number of households interviewed
Kampala	86.4	70
Palorinya	73.2	60

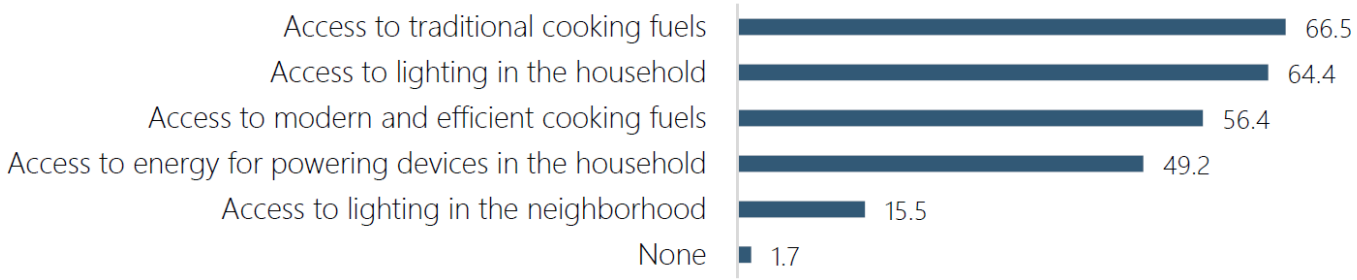
	Rhino Camp	69.6	55
	Kyaka II	66.7	52
	Oruchinga	66.7	50
	Rwamwanja	66.3	53
	Adjumani	64.0	48
	Palabek	61.4	43
	Nakivale	60.8	45
	Bidibidi	60.0	48
	Kyangwali	58.4	45
	Imvepi	58.0	47
	Kiryandongo	56.8	46
	Lobule	34.2	26

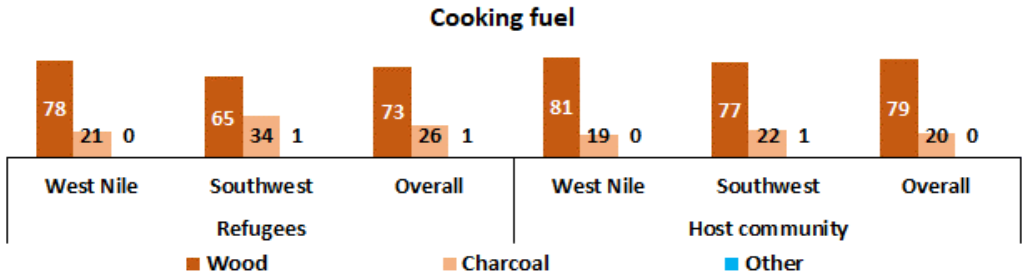
UNHCR, Participatory Assessment (PA), 2022

- Respondents were asked about the top three energy needs of their households that are not met by the current service provision. As shown by Figure 29, access to traditional cooking fuels (e.g., firewood, briquettes, charcoal) was reported by 66.5% of households, while access to modern, efficient, and environmentally friendly cooking fuels (e.g., improved stoves, solar power) was reported by 56.4% of respondents. Lighting and energy for powering devices were reported respectively by 64.4% and 49.2% of respondents. For these answers, it is important to keep in mind that the survey was conducted over the phone, implying that respondents were able to access energy to power their device and take the phone call. In this sense, need for access to energy for powering devices is likely to be underreported. Only 1.7% of respondents reported that their household currently has no energy need that is unmet by the current service provision.

- Respondents in the category 18-24 and 25-39 years old reported more needs related to access to cooking fuels (both traditional and modern) than respondents above 40 years old. This may suggest differences in perceptions of the needs of the household between age groups. Need for access to lighting in the household was reported the most in Lobule, Palabek, and Rhino Camp (more than 75% of respondents), suggesting households in these locations may have little access to lighting in their household.

Figure X - % of respondents reporting of their household's top three energy needs not met by the current service provision:



	• There were no questions on infrastructures in the quantitative survey. However, it was mentioned by participants several times in the qualitative data collection. In the FGDs, participants in Lobule and Kiryandongo reported the quality of infrastructure as poor, mostly mentioning the road quality. This may indicate poor road infrastructure in these settlements or be reported because of the distance to the services which requires to be on the road to access basic services. Infrastructures such as lighting and roads were also reported as challenges by a few KIs in Lobule and Kiryandongo. KIs from the host community also recognized there is a problem with existing infrastructures. However, a bit less than half of the KIs representing the host communities mentioned that the district unfortunately does not have the budget to maintain infrastructures at this moment.
WFP, Food Security and Nutrition Assessment (FSNA), 2022	Key findings/recommendations • The most common cooking energy source is wood fuel. Most households in the West Nile (80.3%) and Southwest (63.5%) refugee settlements use wood fuel. Palabek (84.2%) had the highest proportion of households using wood fuel. Kiryandongo (45.2%) had the highest proportion of refugee households using charcoal. The main energy sources that are being used for cooking bring about environmental degradation and may lead to Climate Change.  • The traditional three stone cooking stove is the main cooking stove used by refugee and host communities. Access to safe, sustainable and accessible cooking fuels and technologies is an essential aspect of addressing both energy poverty and food security as without access to energy for cooking, many foods, including staples, cannot be consumed. The most common cooking technology in the refugee settlements is the traditional three stone stove. More than half (West Nile 59%; Southwest 63.7%) of the refugee households reported that they use the traditional three stone stove. Lobule (48.4%), followed by Palorinya (43.6%) and Bidibidi (41.6%), had the highest proportion of households using improved cookstoves. Among the host communities, more than three quarters (79.2%) of households used wood fuel for cooking. Key recommendations include massive sensitization on alternative energy sources and how to access or market them, afforestation (Climate Smart land Management and technologies), and to promote the use of clean energy technologies such as Lorena stoves. • Among refugee households in the West Nile, a battery powered torch/flashlight (30.2%), followed by solar lighting (28%), and rechargeable lantern/flashlight or torch (25.7%) was the common type of lighting used at night. In the Southwest refugee settlements, solar lighting (43.5%), followed by rechargeable lantern/flashlight or torch (22.3%), and battery powered torch/flashlight (16.8%) was the most common type of lighting among the refugee households. Solar lighting (47.6%), battery powered torchlight (22.1%), and rechargeable lantern (14%) were the most common type of lighting used at night by host community households. A key recommendation is to scale up the use of safe alternative sources of energy such as briquettes, solar, etc.