



PROTECTION NEEDS ASSESSMENT

*An in-depth review of the protection needs in the West Nile refugee
hosting districts*

UGANDA REFUGEE RESPONSE

West Nile, Uganda

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Tutapona



Table of contents

Contents

Table of contents	i
List of tables	ii
List of acronyms	ii
Executive summary	1
1. Background	3
2. Methodology.....	4
2.1 Purpose	4
2.2 Research methods and data collection.....	4
2.3 Inclusion and sampling.....	4
2.4 Limitations.....	5
2.5 Review of secondary data	6
3. Findings	6
3.1 Characteristics of respondents	6
3.2 Legal status and identity	1
3.2.1 Birth registration	2
3.3 Protection and safety.....	3
3.3.1 Physical protection.....	3
3.3.2 Places of insecurity for women and girls	4
3.3.3 Violence against women and girls	4
3.3.4 Perpetrators of violence against women and girls.	6
3.3.5 Availability of SGBV reporting channels.....	6
3.3.6 Reporting of SGBV Cases.....	7
3.3.7 Availability of services for SGBV survivors.	7
3.4 Child protection	10
3.4.1 Key threats to children due to staying at home.....	11
3.4.2 Availability of targeted services for girls and boys in communities	11
3.5 Women empowerment and inclusion	13
3.5.1 Women and Leadership	13
3.6 Livelihoods and resilience	14
3.6.1 Sources of income in the communities.....	14
3.6.2 Savings in the Refugee & Host communities	15

3.7 COVID-19 and its impact on communities	15
4. Recommendations	16
Annex	18

List of tables

<i>Table I Nationality of the respondents</i>	6
<i>Table II Respondent locations</i>	1
<i>Table III Reasons for not being registered (Refugee community)</i>	2
<i>Table IV Absence of birth certificates among children below 5 years</i>	3
<i>Table V Unavailability of mental health psychosocial support (MHPSS) for SGBV survivors</i>	8
<i>Table VI Legal services unavailable for survivors in the communities</i>	8
<i>Table VII Unavailability of protection Houses to the survivors in the communities</i>	9
<i>Table VIII Unavailability of case management services to the survivors in the communities</i>	9
<i>Table IX CP Concerns</i>	10
<i>Table X Key threats to children due to staying at home</i>	11
<i>Table XI Challenges women face in the quest for leadership positions</i>	13
<i>Table XII Casual work not as a source of income</i>	15
<i>Table XIII Households who do savings in the Refugee & Host communities</i>	15

List of acronyms

DRDIP	Development Response to Displacement Project
FGD	Focus Group Discussions
GBV	Gender-Based Violence
LWF	Lutheran world federation
MHPSS	Mental Health and Psychosocial support
NIRA	National Identification and Registration Authority
OPM	Office of the Prime Minister
ReHoPE	Refugee and Host Population Empowerment
SGBV	Sexual Gender-Based Violence
UNHCR	United Nations High commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
VSLA	Village Savings and Lending Associations
WVI	World Vision International

Executive summary

With over 760,000 refugees, the West Nile sub-region of Uganda is hosting a significant portion of the 1.4 million refugees that are residing in Uganda. The majority of the refugees are from South Sudan and are mainly women and children.

In December 2020, World Vision Uganda together with Lutheran World Federation (LWF), Tutapona and CAFOMI commissioned a Protection Needs Assessment to identify the main protection problems and needs in the West Nile refugee hosting districts. The assessment adopted a mixed approach methodology that involved both exploratory and descriptive methods of research. Quantitative data was collected through household interviews selected via multistage sampling (3,376 households) whereas qualitative data was collected through Key Informant Interviews (KII) and Focus Group Discussions (FGD).

Protection was assessed from a multidimensional perspective to gain a holistic insight into the existing gaps around legal status & identity, protection & safety, child protection, women empowerment & inclusion, livelihoods & resilience, COVID-19 and its impact on communities.

Legal status and identity revealed that around 27-30% of the refugees and host communities are not registered. Reasons for not registering include delayed access to registration services, long procedure, among other reasons. The failure of children having a birth certificate was attributed to a lack of knowledge about the process from both host and refugee communities.

Nearly half of the refugees surveyed reported being afraid of their safety. Most of the security concerns faced are related to sharing of resources with host community, especially fuel and land cultivation. Fear of insecurity is experienced more by women and girls in both the refugee and host communities. Majority of respondents cited firewood collection points as places of insecurity. 66% of the respondents highlighted women and girls experience violence in their communities. Forms of violence included domestic violence, forced marriages, sexual assaults, among other reasons. The availability of reporting channels was reported; however, existing channels were noted to be insecure. In addition, services for SGBV survivors are available, but respondents note that the availability of some of these services was inadequate.

The main child protection problem mentioned was child marriage (73%). Other problems mentioned were sexual abuse, inadequate meals, and child labor. FGDs with children revealed children not feeling safe within the communities. The fact that emotional violence was least reported, could be due to the failure to detect hence it needs the services of community psychologists with the capacity to identify psychosocial concerns in children. Key threats to girls and boys due to staying at home during the lockdown period included: tensions at home, stressors by parents, and social isolation as the most prevalent. Amidst these threats, there are targeted services for the girls and boys in communities which include medical services.

Women empowerment is still lacking with 46% of the respondents claiming that husbands are taking the lead in decision regarding how the money was used in the household. The majority of the respondents (48%) are claiming that low levels of education are the main challenge in women's quest for leadership.

Agriculture is seen as the main source of income by both the refugee and host income. However, it should be noted that many refugees still rely on food aid and are facing challenges in cultivating the land received from government.

The COVID-19 pandemic has had a far-reaching impact on multisectoral scale. Little is known of COVID-19-related stressors among refugee and displaced adolescents and youth, and how these may amplify pre-existing stressors. Reportedly, COVID-19 has affected the livelihoods of both the refugees and hosts, it has also been linked to the increase in domestic violence in homes and crime rates within the communities.

Based on the needs assesses a throughout list with recommendations is outlined in section four regarding registration, protection, GBV/VAC, legal and physical protection, child protection, psychosocial support.

I. Background

As the protracted emergency enters its sixth year, the South Sudan situation remains the largest refugee situation on the African continent. According to OPM and UNHCR (November 2020), Uganda hosts 1.4 million¹ refugees in the 15 settlements spread across the different regions of the country. The West Nile sub-region alone is currently hosting 766,254 refugees, 99% of whom are refugees from South Sudan² mainly women and children (83%) and elderly (3%)³. While most of the refugees depend on food aid, the main occupation of the population is farming.

Of the total refugees in the country, 65.4% of the refugees are from South Sudan and are hosted in the West Nile districts of Madi-okollo, Yumbe, Terego, Adjumani, Obongi, and Kiryandongo refugee settlement. 81% of the refugees in Uganda are women and children and are settled in 172,357 households⁴. Other countries of origin for the refugees in Uganda include the Democratic Republic of Congo, Burundi, and Ethiopia. 94% of the refugees live in rural settlements whereas the remaining 6% are urban refugees with the majority in Kampala city. Refugees in Uganda are allowed to coexist with the nationals and in some settlements, they share public resources like wood lots for firewood, water collection points, and grazing land. The government has an open border policy and refugees have been granted status on a prima facie basis without any hurdles and there are no cases of refolement during transit. The protection of refugees in Uganda is under the mandate of the UNHCR who is working closely with the Office of the Prime Minister. Much as international and cross-border protection is guaranteed there are other protection risks refugees are facing in the communities they settle in that make them more vulnerable. It is also important to note that refugees have both positive and negative impact in the areas they settle in. In a quest to mitigate the negative impacts, efforts have been directed to policies and frameworks like the ReHoPE, the Comprehensive Refugee Response Framework (CRRF) – a multisectoral coordination model that not only focuses on the refugees but also the host communities. Refugee operations now have programs that not only benefit refugees but also hosting districts. The latest of example of targeting both refugees and hosting district is the Development Response to Displacement Impact Project (DRDIP).

¹ [Country - Uganda \(unhcr.org\)](https://data2.unhcr.org/en/country/uga)

² UNHCR, Uganda Refugee Statistics September 2020 <https://data2.unhcr.org/en/country/uga>

³ UNHCR Uganda Daily update, April 2020

⁴ Resource is in the annex, [Annex](#)

2. Methodology

2.1 Purpose

The aim of the assessment is to identify main protection problems and needs in the West Nile refugee hosting district. The assessment will document key findings, lessons, and recommendations for addressing the protection gaps that will be shared with and/or used by the different stakeholders including: World Vision Uganda, Lutheran World Federation (LWF), Tutapona, CAFOMI, Government Counterparts i.e. Office of the Prime Ministers Department of Refugees and District local government, UNHCR, other Development Partners and Civil Society Organizations who support the improvement of protection of the refugees and host communities in Uganda.

The assessment relies on the consortium partners to bring on their expertise in the respective programmatic areas: specifically, World Vision Uganda will bring in expertise regarding Child Protection especially in Emergencies (CPiE), Lutheran World Federation will bring on expertise associated with general protection in refugee contexts, CAFOMI will bring in the legal expertise in refugee contexts, and Tutapona will bring on expertise regarding Mental Health and Psychosocial Support (MHPSS)

2.2 Research methods and data collection

A mix of both quantitative and qualitative data collection techniques were used. The convergence model was used where quantitative and qualitative data were collected and analyzed independently and later merged at report writing. Quantitative data was collected through household interviews whereas qualitative data was collected through In-Depth semi-structured Interview (IDIs), Focus Group Discussions (FGD), and Key Informant Interviews (KII). Ethical issues were considered in all procedures and mitigated with strategies and principles like: informed consent and assent, voluntary participation, Do No Harm, and maintaining confidentiality.

Enumerators and facilitators that assisted with data collection were taken through training on consent, selection of participants, group dynamics, facilitating discussions/interviews, common understanding, and roles of the various themes and protection issues before the actual assessment. A total of 60 enumerators (25 females, 35 males) were used for data collection. Data was collected between 14th to 17th December 2020.

All staff involved in the Protection Needs Assessment underwent training in research ethics. Each of the staff possesses a Research Ethics Training Curriculum certification from FHI360, and has completed the Adult and Child safeguarding requirements as well.

2.3 Inclusion and sampling

The data was collected from both girls, boys, women and men, including those with special needs like disabilities. The analysis took disaggregation according to age, gender, and location into consideration – specifically, age and gender were the basis for the analysis, and specific age groups were targeted within the different locations to explore the variations in the survey responses. Similarly, in KIIs and FGDs, the gender aspect was emphasized as the aim was to capture the information from different age and gender groups.

The quantitative data collection targeted adults and youth, women and men of working age (18-60 years) in the various locations. For qualitative data collection, in-depth interviews were conducted in English with South Sudanese adults and youths of working age (18-60 years) after informed consent had been given. The sample was not representative and respondents were recruited through community leadership. Within this group, maximum variation sampling was used to select respondents to analyze differences and similarities between different groups, with criteria including documentation status (OPM registration), gender (female heads and household members, male heads), age, and family size. The average number of years respondents had been in Uganda was 2 with approximately 30% having arrived in Uganda as early as 2016. The seven Key Informant interviews (KIIs) were conducted with policy-makers and practitioners at the sub-national level.

The quantitative data collection tool was designed using Kobo Collect. Kobo Collect is a data collection software leveraged on smartphones with Global Positioning System (GPS) enabled to support geo-referencing of survey locations, and spatial analysis. Qualitative data collection was done through document reviews. Gap-filling was done by using the secondary sources of data on some and using periodic data from other sources. Secondary data was pivotal in the triangulation and validation of the findings. The tables illustrating the distribution of the respondents both for KIIs, FGDs, and the household surveys are in the annex

Multistage sampling was used, where the clusters involved the targeted districts. The districts were then divided into five villages and zones (for the host and refugee communities respectively) – chosen from within each selected target district. From each of the villages and zones, we sampled out the households (population under study, both refugee and host). The representative sample of 3,376 households was calculated using Yamane’s sampling formula at a 95% confidence interval as shown below.

$$n = \frac{N}{1 + N(e)^2}$$

Where N is the total number of households

n is the sample size

e is the error margin

2.4 Limitations

Household surveys were not conducted in the host communities in Yumbe district due to logistical challenges, however, qualitative data was collected using FGDs and KIIs.

The assessment didn’t have enough data to support the need for Mental Health and Psychosocial (MHPSS) services or specific types of needs in the community; such as questions regarding emotional health/resilience, suicide, general motivation, symptoms related to depression, and Post Traumatic Stress Disorder (PTSS).

The findings are based on self-reported responses and may therefore be subject to bias. Additionally, the survey was conducted at household-level, meaning some key indicators for certain were not included. For example, some protection indicators such as incidence of Sexual and Gender-Based Violence (SGBV) were not incorporated as respondents are often reluctant to

discuss sensitive topics such as SGBV with enumerators together with other household members. Collecting this type of information should be done through an individual-level survey with trained protection staff.

2.5 Review of secondary data

The assessment also reviewed secondary data from a multitude of resources, both internal and external. Internal resources included World Vision evaluation reports and relevant literature whereas the external resources included published literature – these are attached in the annex section.

3. Findings

This section presents findings from both primary data analysis and secondary data review. The chapter has been organized according to subcategories that have an interplay with the protection of people in the communities they live. These include: legal status & identity, protection & safety, child protection, women empowerment & inclusion, livelihoods & resilience, COVID-19 and its impact on communities. The secondary data along with the primary data collected through KII and FGD was used in triangulation with the household surveys.

3.1 Characteristics of respondents

The representative sample of 3,376 respondents was sufficiently considered after the calculations for inference. Proportional allocation to sampling gave the number of households that were randomly selected by the enumerators using the right-hand rule. The table can be found in the Annex section.

Category	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall	Number
Host	31%	27%	18%	40%	47%	0%	28%	n=788
Refugee	69%	73%	82%	60%	53%	100%	72%	n=2046

Table 1 Nationality of the respondents

Overall, the assessment reached 28% of the respondents from host communities and 72% of the respondents from refugee communities. The distribution of the respondents was good enough to bring out the 70:30 % representation from both refugee and host communities.

Respondent locations

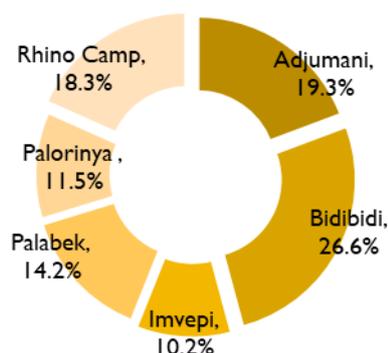


Table II Respondent locations

Of the respondents, 19.3% were from Adjumani, 26.6% from Bidibidi, 18.3% from Rhino Camp, 11.5% from Palorinya, 14.2% from Palabek and 10.2% from Imvepi.

92% of the households that participated in the assessment had at least one member who was below 18 years of age. Yumbe district had the highest percentage of households with children (97.8%) followed by Madi-Okollo (95.5%). The findings on the presence of children in families pointed at the need to think of children in any program that targets the surveyed districts. Overall, 35% of the respondents were male whereas 65% of the respondents were female - this was in line with the reality that 82% of the population of concern are women and children⁵.

From the host communities, we were more likely to find women in the household to survey, as men tend to leave the households for sustenance and livelihood activities. The respondents' median age was 32 years while the mean age was 37, this generally depicted that households had members of productive age.

Across the districts, 70% of the respondents were household heads while 30% were any other adult members within the households – this braces the survey results since we have more household heads interviewed. The household head median age was 41 years which was higher than most of the respondent's median age (32 years) by 9 years.

3.2 Legal status and identity

Registration and documentation are the first steps in ensuring protection and facilitating access to basic services by refugees and other persons of concern – it is therefore vital in the identification of persons with specific needs within a population for appropriate protection response hence its importance within the refugee population.⁶ According to a UNHCR report⁷, the majority (78.6%) of the refugees claimed that their family members were registered and own some form of identity documents⁸. However, 13% claimed to neither being registered nor having a form of identification document, this seems in line with the findings of the assessment where 27% of the refugees who lived in the household three months before the assessment were not registered. Compared to the host counterparts, 29.8% of the host respondents in the households were not registered.

The same report noted that unregistered populations were noted among newborns and highest among women aged 25 – 59 years in Adjumani district. The reasons included delayed access to

⁵ UNHCR, Uganda Refugee Statistics Dashboard – December 2019

⁶ UNHCR Guidance on Registration and Identity Management

⁷ UNHCR Age, Gender and Diversity (AGD) 2019 report

⁸ Identification documents include asylum seeker certificate, refugee family attestation and refugee ID card.

registration services especially experienced with new arrivals due to long stays at the reception centers. Furthermore, during the Focus Group Discussions, female ethnic and religious minorities in Terego district highlighted that they could not access the registration services due to family reunification being temporarily halted in Lobule settlement. During the focus group discussions in Omugo settlement, both male and female refugees also complained about long procedures, delays, and bureaucracy in accessing documentation – these delays were attributed to the high number of refugees seeking registration services at the same time hence long queues experienced in the centers. “We normally go early to the registration centers but they [OPM] delay to work on us, we stay in long lines under the sun and its tiring...” (Young Woman, FGD, Omugo). Children born within intermarriages between the refugees and nationals were also noted to have challenges in accessing registration services in Yumbe district due to delays especially in merging documents. Other reasons for not being registered are summarized in the table below.

Reasons for not being registered (Refugee community)							
Reason	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall
Absent during verification	33%	29%	32%	43%	20%	22%	28%
Denied registration	0%	0%	2%	0%	2%	1%	1%
Newly arrived	46%	34%	47%	22%	48%	31%	38%
Others	22%	37%	18%	28%	30%	46%	32%
Refused to register	0%	0%	0%	7%	0%	0%	0%

Table III Reasons for not being registered (Refugee community)

The key informants also reported similar causes of the problems of registration. The OPM highlighted that refugees lacked proper documentation to ascertain the origin and this always led to delays in registration. Besides, scheduling of the registrations was noted as some of the causes of the lack of registration among the refugees. Other challenges noted by the OPM included difficulties in registering spontaneous arrivals, absence of UNHCR staff, prolonged time taken to interview asylum seekers, forging of birth documents by the refugees, delays in obtaining police letters, lack of knowledge about proper procedures to follow during registration and children becoming heads of households due to absence of parents.

The VENA⁹ report findings are in agreement with the above, where it is noted that the most common reasons why households had unregistered members included being new arrivals in the settlement and awaiting registration, missing the 2018 verification exercise, and having newborn babies that were not yet registered. This calls for targeted interventions in bringing registration services closer to people.

3.2.1 Birth registration

We also asked the respondents about birth registration, as evident by the presence of a birth certificate; over 40% of these respondents in both refugee and host communities claimed that most of their children didn't possess birth certificates as shown below;

Absence of birth certificates among children below 5 years							
Birth certificate	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall

⁹ Vulnerability and Essential Needs Assessment October 2020

Host	24.30%	55.30%	62.00%	76.50%	47.60%	39.80%	47.10%
Refugee	18.2%	53.3%	52.8%	60.5%	40.1%	0.0%	42.0%

Table IV Absence of birth certificates among children below 5 years

The reasons for not registering their children at birth revolve around the issues discussed previously including being new arrivals in the settlement and awaiting registration for the refugees among others as cited by the VENA 2020 report. Furthermore, the failure of children to have their birth certificates was also attributed to a lack of knowledge about the process from both host and refugee communities. Quantitative data indicates that over 835 household respondents claimed they had members that were unregistered with males (928) and females (879). Among the host community, respondents claimed that most of the members were too young to be registered whereas in the refugee community, they were characterized by most being newborns, being absent during registration, and others claimed that COVID-19 restrictions had hindered them from accessing the service. However, it was also noted that some of these members deliberately did not turn up for registration.

We also note that only 35% of the respondents claimed that they could access services with identification, which is a rather low number. On further investigation about the matter, approximately 30% of the focus group discussion participants expressed their concern on how hard it is for them to access medical services without registration – this was rampant in the refugee communities and it was a major issue for both women and men. *“At the health centers they first ask us for our identity documents, and some doctors don’t even pay attention to your case unless you can provide proof of registration”* (Young Man, FGD, Imvepi). Targeted interventions for birth registration are a critical need for residents in the areas of study.

3.3 Protection and safety

3.3.1 Physical protection

Nearly half (46.5%) of the refugee respondents interviewed reported being afraid of their safety. Of the 6 study districts, Yumbe recorded the highest percentage (63.1%) of respondents reporting fear of their safety, followed by Madi-okollo (49.9%), Obongi (49.1%), and Terego (28.4%). The VENA 2020 report highlights the presence of concerns including safety and security issues among vulnerable persons. However, it was not possible to statistically demonstrate that a number of these groups meet indicators of protection vulnerability solely through reliance on the VENA dataset. This was due to limitations of the VENA dataset, small sample sizes in respect of certain groups (for example, concerning certain categories of PSNs) and gaps in the data collected during VENA and from the ProGres v4 registration database. During a FGD with men in Imvepi Settlement, most of the security concerns they faced relied upon sharing of the resources especially fuel and land for cultivation – they noted that this led to conflicts with the host community hence threatening peaceful coexistence.

We also note that fear of insecurity is experienced more by women and girls in the refugee and host communities since the majority of both men (68.9%) and women (66.4%) interviewed reported that women and girls worry about their security in their community. Refugee women and girls experience more fear as noted by the findings - almost half (49.4%) of refugee women interviewed

reported being worried about their security while just 17% of their counterparts from the host community interviewed reported being worried about their security.

Through secondary data, we observed that even the legal and physical structures like the Refugee Welfare Committees (RWCs), police courts were inaccessible to the refugees in instances of insecurity. This translated to lack or delayed response and feedback, lack of justice, discrimination, and language barrier. It was highlighted that the RWCs lacked physical presence or offices within the settlements and this often hindered access to their services. Furthermore, they were associated with corruption cases and this was attributed to lack of incentives. It was noted that the police lacked support and relevant infrastructure (*fuel, vehicles, holding cells*) hampering service delivery to the refugee communities. Besides, poor remuneration to the police contributed to corruption incidences since they demand bribes to facilitate their service delivery. The refugees also indicated that many times, the courts and the police lack adequate personnel to efficiently deliver their mandate resulting in a backlog of cases hence justice not being delivered to victims.

3.3.2 Places of insecurity for women and girls

The respondents were also asked about the places that make them feel insecure, the majority 81% cited firewood collection points as places of insecurity, of these 53% were female as compared to the 28% male. The firewood collection points are insecure because of competition of resources between the host and refugee communities as observed by a key informant.

This shows that women are more affected by the firewood collection points – furthermore, the safety audit report 2020 highlighted that over 51% (56% male, 45% female) of the respondents in Lamwo district reported being aware of sexual violence happening all in the community spots especially including firewood collection points. There were other places where the respondents cited as insecure places for women and girls namely; water points, when traveling to the market; at latrines/bathing facilities, and the disco halls.

3.3.3 Violence against women and girls

According to the assessment, women and girls experience violence in their communities. The majority (66%) of respondents (65% female, 35% male) interviewed reported that women and girls experience violence in the communities they live. The district of Lamwo reported the highest percentage (84.2%) of respondents that reported women and girls as experiencing violence in their communities. This was followed by Yumbe (67.9%), Obongi (65.7%), Terego (61.5%), Adjumani (60.7%) and lastly, Madi-okollo (57.6%).

The respondents were also asked about what forms of violence they experienced within their communities; the majority 39% (24% female, 14% male) cited domestic violence as the most common form of violence against women and girls. They also named other forms of violence as forced marriage noted by 14% of the respondents (10% female, 5% male), and sexual assault, denial of resources, & emotional violence cited each by 13% of the respondents and rape by only 9%.

These findings confirm similar claims by the AGD report¹⁰ where refugees highlighted that they were at risk of various forms of violence such as physical violence and assault from fellow refugees and

¹⁰ UNHCR Age, Gender and Diversity (AGD) 2019 report

host communities, rape, defilement, domestic violence, and emotional abuse. Girls and women were at more risk of physical violence and assault when fetching grass, firewood, and water, having no male figure in the household, and when they fail to fulfill their conjugal rights to their partners (husbands). School going girls aged between 12 and 17 years indicated that they faced the risk of rape and defilement from boys who would threaten them with physical assault in case they refused their advances – this group also noted that girls would be laughed at during menstruation by their male counterparts who would say “a billy goat has been killed in class” as mentioned in a mixed FGD in Adjumani.

The respondents were further asked about what caused this violence against women and girls in the community where the majority 42% (27% female, 15% male) claimed that the low levels of income were the main cause of violence. In most cases, the respondents (50.6%) cited that COVID-19 hindered their access to various services, this led to the loss of incomes as their petty businesses were disrupted by the lockdown. Compared to the other locations, 60.3% of the respondents in Yumbe also note this pinch of the COVID-19 effect. Even for the other locations 51.1%, 49.7%, 42.2%, and 39.4% of the respondents in Terego, Madi-okollo, Obongi, and Adjumani districts respectively cited COVID-19 leading to the loss of income. Consequently, through Focus Group Discussions, we realized that the refugees and hosts operate small businesses that were closed following the SOPs for the Ministry of Health to prevent the spread of the virus in the communities, “Most household heads especially the men are now idle and spend more time at home where the pressures for home-based needs makes them violent with their families” a young woman in Yumbe noted.

A qualitative study¹¹ conducted in Bidibidi refugee settlement highlights that a lack of economic resources was seen as contributing to early marriage to ease financial strains felt by families. As a young woman explained, “poverty is one of the causes of SGBV in our community. Most people here force their young girls to get married at an early age against their will just to get rich and this is very common in the settlement” (Young Women, FGD, Bidibidi). Another participant reiterated poverty’s negative impacts on adolescent girls and young women: “There is poverty where resources are not enough, bringing desperate measures taken by young girls like prostitution, early marriages, and even spouses fighting.” (Young Men FGD Bidibidi). Early marriage was also described as a phenomenon that occurred at the nexus of poverty and sexual violence. “sometimes parents cause some of the abuses such as early marriages by pushing their girls to get married to the people who rape them. This is probably due to sometimes culture and other times poverty of the parents” (Young Woman, FGD Omugo). The same study observed that inequitable gender norms and practices such as dowry underpinned SGBV targeting adolescent girls and young women. As one youth elaborated: “Our culture elevates men more than women, thus many rules are against women and girls. All these are factors that lead to SGBV in our communities. For example, a man cannot for any reason be denied sex when he paid the dowry. This can cause a serious fight, even when it comes after assault for something else, and can cause reporting to elders. In most cases when it comes to sex-related matters in wedded families, the women are on the losing end.” (Young Man, FGD, Bidibidi).

¹¹ Exploring resource scarcity and contextual influences on wellbeing among young refugees in Bidi Bidi refugee settlement, Uganda: findings from a qualitative study 2021, by Carmen H. Logie^{1,2*}, Moses Okumu³, Maya Latif¹, Daniel Kibuuka Musoke⁴, Simon Odong Lukone⁵, Simon Mwima⁶ and Peter Kyambadde⁷

Our findings also reveal that 18% of the respondents (12% female, 6% male) claimed that cultural norms are one of the main causes of violence against women and girls, followed by unequal gender dynamics (14%, 9% female, 5% male), inadequate action against perpetrators (11%, 7% female, 4% male), and women empowerment (10%, 6% female, 4% male). *“Women vulnerabilities are mostly to do with sexual abuse”,* one KII informant notes, *“we have had rape cases happening and then perpetrators not being apprehended, mostly because of it’s how the system plays out in terms of apprehending perpetrators.”* In some instances, as mentioned during one female FGD, young girls are at risk of teenage pregnancy – this kind of situation exposes young mothers and girls to sexual exploitation and abuse (SEA) in the struggle to reach their basic needs and for the child.

Consequently, we also noted that COVID-19 amplified violence, especially against women and children, the majority of the respondents (from mixed group FGDs) highlighted that there were increased stressors on the household (i.e., loss of income, limited food, lockdown/ isolation) which has led to a sharp increase in domestic violence. A key informant also observed that crime rates increased within the communities for example theft, rape, defilement and she further claims that this is because of drug and substance abuse brought about by the redundancy.

3.3.4 Perpetrators of violence against women and girls.

The respondents were asked about who the perpetrators of violence against women and girls were. The majority (36%, 23% female, 13% male) claimed that drug addicts/users were the main perpetrators, followed by husbands cited by 29% (19% female, 11% male) of the respondents, youth by 28% (18% female, 11% male) and Boda-boda riders by 6% (4% female, 2% male).

Fascinatingly, the majority (61%) of host male respondents reported husbands as perpetrators of SGBV. There was a slight difference with the refugee male respondents with 52% of those interviewed reporting husbands as perpetrators of violence. Madi-Okollo (53%) recorded the highest proportion of refugee male respondents reporting husbands as perpetrators of SGBV. This was followed by Terego (56%) and Yumbe (52%). This provides evidence that community members are aware of these perpetrators, and more efforts need to be channeled in apprehending these wrongdoers.

A lesser percentage of the respondents (2.3%) highlighted that humanitarian workers as perpetrators of violence. It is however important to note that considering the role that humanitarian workers play in these communities, 2.3% of the respondents reporting them as perpetrators is a significant proportion that calls for the attention and concern of all the stakeholders to safeguard the refugees and host members

3.3.5 Availability of SGBV reporting channels in communities

When asked about the availability of channels for reporting SGBV, a big proportion (93%) reported the availability of reporting channels. Sadly, the existing reporting channels include; block leaders, Local Council leaders, RWCs, parasocial workers, neighbors, Child Protection Committees, and the police, who were noted to be insecure in terms of breaching confidentiality as claimed by a key informant. Additionally, this has limited the freedom of the victims especially the young women and girls to report such cases in time. The assessment also notes that over 37% (37.2% refugee, host 44.5%) of the respondents, both refugee, and host claim to have ever experience SGBV, this is a large number that needs to be addressed.

The findings of the Safety Audit report¹² in Lamwo district also confirm the above claims highlighting that the majority 80% (85% male and 73% female) of the community members interviewed were knowledgeable and aware of at least three (3) service points where children and adolescent girls often go to for help when they have been victims of a certain form of violence. The report further notes that 75% (78% of the male and 72% of the female) of the respondents were aware of at least three (3) service points where women often go to for help when they have been victims of a certain form of violence

3.3.6 Reporting of SGBV Cases.

Majority of host community respondents (79.2%) who had reported knowledge of someone who had experienced violence confirmed that the SGBV cases were reported. 10.8% answered that the cases were not reported. Obongi (94.3%) recorded the biggest proportion of respondents while Terego (74.0%) recorded the least proportion. This is associated with the fact noted that when perpetrators are reported, they are released in just a few days without serving their punishments. The qualitative data also elaborates that cases when reported to the police, they ask for 'transport money' for taking perpetrators to court and airtime to follow-up with the cases – this makes it difficult for the victims to afford such funds given their vulnerabilities.

The refugees also acknowledged the existence of reporting structures within the community and services for SGBV survivors. However, it was noted that there were challenges experienced during reporting and accessing services. Fear was reported as the major challenge. The majority of the female refugees reported fear due to threats from perpetrators especially when these were relatives or husbands, in addition to fear of being divorced. Young girls mentioned the fear of being beaten by their parents in case they reported cases of rape and defilement to the authorities. SGBV survivors, both male, and female feared being stigmatized and discriminated against by their community members. It was noted that police posts were located far from the settlements and this hindered survivors from reporting SGBV incidents. The majority of the refugees in the focus group discussions expressed concern about the fact that when they reported, no action was taken by the police and this was attributed to corruption cases where the perpetrators bribed the police for release without any charges.

3.3.7 Availability of services for SGBV survivors.

Medical services

Regarding the availability of medical services for survivors, the majority (82.9%) of all the respondents interviewed reported the existence of medical services for SGBV survivors. Adjumani (95.8%) followed by Obongi (89.0%) and Yumbe (84.5%) districts recorded the highest proportion of respondents who reported the availability of medical services for SGBV survivors. Lamwo (30.2%) followed by Madi-Okollo (29.2%) and Terego (20.4%) recorded the biggest proportion of respondents who reported unavailability of medical services for SGBV survivors. Of all the respondents for this question, only 17.9% reported the unavailability of medical services for SGBV survivors. As was the case for all the respondents, Lamwo (30.5%) followed by Madi-okollo (26.8%)

¹² Safety Audit Report Palabek Settlement, Lamwo District August 2020

and Terego (22.9%) recorded the biggest proportion of *female* respondents who reported unavailability of medical services for SGBV survivors.

Much as the respondents reported the availability of medical services for the SGBV survivors, secondary data highlights that the distance to the health facilities was a challenge to access health services for the SGBV victims – lack of information on what services to seek or where to report was also highlighted across the focus discussions among all age groups.

Mental Health Psychosocial Support (MHPSS)

During the interaction with respondents in the highlighted districts, the majority (69% and 55%) of the respondents in both refugee and host communities respectively disagreed upon having access to Mental Health Psychosocial support in their communities for survivors. This is also associated with the lack of safe space for girls to go and express their issues and the low numbers of partners to provide the services directly to the SGBV survivors in the communities as conveyed by a key informant. Secondary data from one of the partners (Tutapona) supports the position that the mental health needs in the general population are significant, but are often overlooked in favor of services just for specialized categories – the MHPSS needs include emotional health/resilience, suicide counseling, general motivation, symptoms related to depression, and Post Traumatic Stress Disorder. This calls for more targeted programming, especially in this line.

Unavailability of MHPSS for survivors in the communities.

Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall	
64.2%	69.2%	84.9%	68.2%	69.6%	0.0%	69.0%	Host
41.0%	72.5%	54.5%	67.1%	59.8%	50.6%	55.7%	Refugee

Table V Unavailability of mental health psychosocial support (MHPSS) for SGBV survivors

Legal services

We also note that there are legal services within the communities, both refugee and host, however, these services are not spread evenly in the areas under study. We asked the respondents if the GBV survivors accessed legal services, it's sad to note that these survivors often don't get the stature of such services as highlighted by 69.6% and 73.5% of the respondents in the refugee and host locations respectively as seen below;

Legal services unavailable for survivors in the communities

Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall	
70.7%	70.8%	55.8%	69.7%	68.8%	74.1%	69.6%	Refugee
83.2%	70.1%	39.6%	77.1%	73.4%	0.0%	73.5%	Host

Table VI Legal services unavailable for survivors in the communities

Furthermore, qualitative data suggests that the bureaucracy in the legal services is unbearable – a young woman in an FGD in Bidibidi refugee settlement noted that the GBV cases 'die' at the police station due to lack of follow up by the partners.

Protection Houses to the SGBV survivors

Respondents were also asked if there were protection houses for the SGBV survivors, and the majority of the host community (77.3%) claimed that there were no houses for the survivors as compared to the 74.2% of the respondents in the refugee communities. It is important to note that 100%, 95.3%, and 88.7% of the respondents in Yumbe, Lamwo, and Madi-okollo districts respectively are greatly affected by this in the host communities as compared to the 88%, 79.6%, 77.2%, and 76.8% of the respondents in refugee communities in Lamwo, Yumbe, Terego, and Madi-okollo districts as shown in table below.

Unavailability of protection Houses to the survivors in the communities							
Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall	
77.5%	95.3%	88.7%	66.2%	74.4%	100.0%	77.3%	Host
59.8%	88.0%	76.8%	61.5%	77.2%	79.6%	74.2%	Refugee

Table VII Unavailability of protection Houses to the survivors in the communities

A key informant also notices this restrictive factor and advocates for safe spaces and one-stop centers for the GBV survivors – “... for GBV survivors, what's lacking, in our context [where we have multiple refugee settlements], is the one-stop center or safe space where girls and women can come in and report these cases.” KII Implementing Partner.

Education/Training support

The majority of the respondents in the host community (78.9%) disagree that education and training support is available as compared to 85.3% of their counterparts in the refugee settlements. Shockingly, 100% of the refugee respondents in Madi-okollo disagreed that education and training support is available - this calls for targeted intervention in education for the refugees in this area.

Case Management Services

The majority 74.7% of the respondents in the communities (both refugee and host) agree that there were no adequate case management services given to the survivors of GBV. Perhaps this was because of the underfunding that Implementing Partners faced. This was collaborated with a key informant who expressed her concern about the limited funds given that they cannot cover such services effectively, “... this makes our work tough, especially when you go to the community and you meet such cases day in day out” she adds.

Unavailability of case management services to the survivors in the communities							
Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall	
73.0%	89.7%	62.5%	81.2%	59.5%	79.3%	74.7%	Refugee
76.9%	86.0%	77.4%	86.6%	80.2%	0.0%	81.4%	Host

Table VIII Unavailability of case management services to the survivors in the communities

The respondents also expressed their concerns regarding the lack of a resettlement package for the GBV survivors. Over 98% of the respondents (both refugee and host) claim that the GBV survivors don't get appropriate services, this also collaborates with the qualitative findings where respondents find it hard to access health services in the settlement in case of emergencies because of the lengthy

procedures and documentation at the police stations; for example, the bureaucracy experienced during handling of SGBV cases as noticed by a young woman in an FGD.

3.4 Child protection

According to UNICEF¹³, Child protection refers to preventing and responding to violence, exploitation, and abuse against children – including commercial sexual exploitation, trafficking, child labor, and harmful traditional practices, such as female genital mutilation/cutting and child marriage.

The table below shows the Child Protection concerns as highlighted by the respondents.

CP Concerns	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall
Child Marriage	82%	73%	47%	89%	61%	79%	73%
Sexual Abuse	55%	37%	26%	31%	46%	37%	41%
Child labor	51%	17%	32%	38%	35%	47%	38%
Reduced Meals-Refugee	50%	32%	65%	37%	42%	50%	46%
Physical violence	47%	32%	46%	46%	41%	47%	43%
Reduced Meals-Host	41%	15%	45%	30%	40%	0%	35%
Emotional Violence	19%	22%	31%	24%	18%	24%	22%

Table IX CP Concerns

Child marriage was the main protection problem across the district as cited by 73% (47% female, 26% male) of the respondents. Others included sexual abuse, inadequate meals in households, and child labor.

Consequently, FGDs with children aged between 12 and 17 years and adults, revealed that children continue to face various forms of risks that included physical violence, rape, child marriages, child labor, SGBV, school dropouts, and harmful practices hence not feeling safe within the communities. Particularly, separated children, orphans, school dropouts, children with disabilities, and girls were at a greater risk. However, boys claimed to feel safer within the settlements as compared to the girls aged between 12 and 17 years.

Reviewing partner data (Tutapona), we note that emotional violence is prevalent, yet it's the most difficult abuse to detect amongst children. The fact that it was the least reported could be due to the failure to detect hence it needs the services of community psychologists with the capacity to identify psychosocial concerns in children.

According to the UNHCR AGD 2019 report, the children claimed that the host community members were hostile towards them and that they were being chased and beaten while going to school in addition to being faced with corporal punishments in schools. Furthermore, the girls indicated that they were faced with child and forced marriages due to the negative conceptions of girls viewed as a source of wealth (dowry), parents unable to provide basic needs to girls like sanitary kits, neglect, and family separation. Rape and defilement among girls, at the household level and within the community were also highlighted. Girls reported incidents of SGBV at home while fetching water, grass, and collecting firewood exposing them to both physical and emotional abuse

¹³ [What is Child Protection.pdf \(unicef.org\)](#) 03.01.2021

and exploitation. Women aged between 24 and 59 years also highlighted that young boys were being sexually exploited by older women. The report further highlights that findings from focus group discussions with adults revealed that the protection concerns facing children included school dropout, teenage pregnancies, early marriages, children without parents/caretakers, child exploitation, and violence towards children at home. Other concerns included SGBV, kidnappings, and accidents. The adults highlighted that the most vulnerable groups included separated/unaccompanied children, children living with disabilities, orphans, girls aged between 12 and 17 years, and child-headed households.

3.4.1 Key threats to children due to staying at home

Due to the Coronavirus pandemic, schools were closed in March 2020 and since then they have never been opened. Children have been home for now 9 months¹⁴. Secondary data (before COVID-19) also shows that home is not always a safe place for children, and this has implications for identifying abuse. In a more general sense, COVID-19 and the lockdown presented new and increased stressors on parents and caregivers and limited access and availability of support mechanisms. However, approaches and guidelines have been drawn by the government to ensure continuity of learning in the form of home-learning.

The assessment purposed to ascertain whether there were challenges faced by children as a result of staying at home for such a long period. Find below the findings on the threats and risks faced by children.

Threats	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall
Tensions at home	61.6%	52.8%	59.7%	53.7%	39.2%	34.9%	48.9%
Stressors by parents	67.3%	51.0%	52.1%	60.9%	59.2%	38.7%	55.2%
Social isolation	31.7%	8.8%	20.3%	29.2%	10.8%	20.5%	20.1%

Table X Key threats to children due to staying at home

Respondents mentioned other threats that stood out and these included the following: rampant child-to-child sex, bad peer groups, businessmen sexually exploiting children, hard domestic labor at home, alcoholism, early pregnancy, and uncontrolled movement.

3.4.2 Availability of targeted services for girls and boys in communities

Medical services

Overall, 85% of the respondents who participated in the assessment mentioned that children had access to medical services in the communities with the highest being Adjumani 96% and the lowest in Lamwo district at 70% of the respondents. During a FGD in Adjumani district, it was reported that sometimes children go to hospitals but get referred to clinics to buy medicine which they can't afford – this perhaps justifies why the 15% of the respondents claimed that children could not access health services in the community. It is also noted that it was hard to access health services in the settlement in case of emergencies because of the lengthy procedures and documentation at the police stations, for example, the bureaucracy experienced during handling of SGBV cases as noted by a young woman in an FGD.

¹⁴ At the time of the Assessment

Mental Health and Psychosocial Support (MHPSS) services

Access to Mental health and Psychosocial services was slightly higher in refugee communities compared to host communities. Secondary data notably highlights that the most common form of MHPSS is through safe spaces within the community which are most common in the refugee communities. Safe places in the context of the assessment included all places where children can gather and have recreational activities. These places are either private or public, attended by a caretaker or unattended. They include youth centers, child-friendly spaces, playgrounds, and others that closely fall in the category. Safe places were more available in refugee communities cited by 87% of the respondents compared to host communities 60%. The variation in the availability of safe spaces in the communities was reaffirmed by one of the key informants who stated that in most cases the funding is focused on the areas around the settlements and leaving out the other areas of the district.

It was also noted that in the host communities, 25% of the respondents reported having access to MHPSS as compared to 36% in the refugee communities. However, 36% of access is still not good enough for the refugees and 25% in the host communities is even worse given the occurrence of child abuses as mentioned earlier. It was also evident that there was a lack of specialized services to support people suffering from acute mental health challenges.

Education

30% of respondents cited the loss of education for the children, relating it to COVID-19. They further listed the other effects of COVID-19 on the families to include; limited food in regards to the loss of income (livelihoods), children become unruly, high level of alcoholism, and family separation where 9.9%, 5.9%, 4.4%, and 3.8% of the respondents reported.

Due to COVID-19, schools were closed leaving children at home and idle. This increased the number of juveniles within communities as noted by both male and female FGD respondents – “Children no longer listen to parents during this lockdown, they just drink alcohol, smoke, and play cards the whole day” (Men, FGD Bidibidi). There has been increased risk factors/vulnerabilities for example cases of teenage pregnancies have risen since young girls lack basic sanitary materials. Therefore, they resort to engaging in relationships to get some money to buy materials like pads and knickers – this has been a cause of concern for the women in the Omugo settlement.

Case Management Services

Case Management services involve identification, documentation, referral, and follow-up of child protection concerns in communities. These services are offered by Community Service Departments in both host and refugee communities. In refugee communities, case management for children is always spearheaded by the UNHCR child protection partner and in the host communities by the Probation Office under the Community Development Officer.

According to the assessment, the availability of Case Management for children was mentioned slightly higher in refugee communities (25% of the respondents) and (16% of the respondents) in the host communities. However, Case Management services were mentioned to be very low. There was a general will amongst the households to provide support to the children in case there was a need. 73% of the household mentioned that they could ably provide support to children in their families if

there was an urgent need related to Case Management. The 23% reporting the failure to support children mainly mentioned financial constraints (54%) as the main challenge and followed by the unavailability of services 21%. Other reasons for the failure to support children were stigma, distance, and corruption.

From the assessment, 9% of the respondents reported a lack of services in the communities to report violence against children. The lack of services to report was prevalent in Obongi and Madiokollo districts as 29% and 18%. From the qualitative review, a key informant stated that some of the cases that are not reported are associated with the fact that the perpetrators are sometimes close family members and friends as earlier mentioned.

3.5 Women empowerment and inclusion

Women’s role or lack thereof in making decisions as to how money is spent/used is a critical indicator. This was highlighted by a focus group discussion in Omugo settlement, where a young woman indicated that men make decisions about their money yet they [men] spend their days idle and doing drugs. Furthermore, when queried about decision making on how money is spent and used in the households, the majority (46%, 21% female, 25% male) of the respondents claimed that husbands took lead on decisions regarding how the money was used in the households. This was most appreciated in the Terego district with 59.2% of the respondents confirming it. However, significantly in Obongi the male respondents also reasserted that their wives also made decisions on how money was used in the households. However, in line with empowerment, most women reported taking on a big share of domestic unproductive roles represented by 73% of the respondents, and by their daughters at 9.1%.

3.5.1 Women and Leadership

Women's participation in leadership and associations was represented by 29% of the respondents across the districts that participated in the assessment. The least participation was in Obongi district represented by 19% of the respondents.

Challenges women face in the quest for leadership positions	Challenges women face in the quest for leadership positions		
	Female	Male	Total
Cultural norms and perceptions	14%	9%	23%
Low education levels	31%	16%	48%
Not encouraged to take up leadership	19%	11%	30%

Table XI Challenges women face in the quest for leadership positions

The majority 48% of the respondents (31% female, 16% male) reported low levels of education as one of the major challenges in their quest for leadership, followed by inadequate encouragement and cultural norms and practices reported by 30% (19% female, 11% male) and 23% of the respondents (14% female, 9% male) reporting cultural norms and perceptions. During a KII one of the respondents in Adjumani district confirmed that the low levels of education had limited their capacity to actively participate in leadership roles. She further asserted that the low numbers representing the women on the committees also make their contributions anecdotal. Through focus group discussions with women in Bidibidi, it was noted that the burden of the household chores shuttered their [women] will engage into leadership, as this would be tiresome and would lead to domestic violence in case the chores at home were left unattended to. Some women in an FGD in

Omugo claimed that their husbands were not supportive of their empowerment because they [men] were afraid of a power shift, which would render them ‘unmanly’ in their homes.

3.6 Livelihoods and resilience

3.6.1 Sources of income in the communities.

The respondents were also asked about what their main sources of income were, they mentioned the following.

Agriculture

The majority (84.9%) of the respondents in the host community reported that agriculture is one of their main sources of income. Madi Okollo has the highest number of hosts surviving on agriculture as part of their source of income as represented by 98.1%, followed by Lamwo at 87.9%, with Terego at 86.7%, Adjumani at 85.8%, Obongi district also with 74.5%, and Yumbe district with no response. Whereas 15.1% of the overall respondents noted that agriculture is not part of their main sources of income.

Also, the majority of the respondents (52.4%) within the refugee community cited agriculture as not being part of their main sources of income as compared to the minority (47.6%) of the respondents who reported that agriculture was one of their main sources of income.

It should, however, be noted that the refugees are given 50 by 50 feet plots of land for both settling and livelihood activities inclusive of agriculture – this perhaps justifies why the majority 52.7% of the respondents don’t rely on agriculture as their main source of income. Through discussions with a key informant on this topic, he cited out an example of most of the land within most settlements in Terego & Adjumani districts being rocky and which meant that the refugees settling in the area were not able to cultivate the land – “...the land is small and yet rocky that you cannot dig, which hinders agriculture.” KII Community Development Officer. Consequently, interviews with district leaders and livelihood partners supported the responses from the refugees. The focus group participants mentioned agriculture and agricultural-based trading and business as the major livelihood opportunities available to refugees. Language barriers, COVID-19 restrictions, lack of education and skills, culture and social norms like excluding women in livelihood activities among some groups, and lack access to credit facilities were mentioned by the key informants as the main hindrance to refugee livelihood efforts. More information about this can be found in the Annex section of the document.

Casual work

The majority of the respondents (64.8%) among the refugee communities coupled with 85.7% of the respondents in the host communities claimed that casual work is not one of the sources of their income. This is also collaborated by the qualitative findings where approximately 60% of the male and female respondents noted that casual work comes as a ‘by the way’ means to earn income and survive. The responses are represented below;

Casual work not as the source of income in the HH-Refugee community							
Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall	
43.3%	58.4%	75.5%	55.6%	70.1%	79.5%	64.8%	Refugees
87.5%	78.5%	79.2%	84.1%	89.1%	100.0%	85.7%	Host

Table XII Casual work not as a source of income

It is also important to note that the majority (95.6%) of the respondents reported that formal employment was not one of their main sources of income, with a small variance among all the districts. This is collaborated by the findings in the qualitative data, where the majority of the male and female respondents mentioned that they are in informal employment, for example, stone quarrying, boda-boda riding, and cutting grass for sale among others.

Business

The majority (79.7%) of the respondents in both host and refugee communities in the six districts (Terego, Yumbe, Obongi, Madi-okollo, Lamwo, and Adjumani) expressed their concern that major business was not part of their main sources of income. However, secondary data highlights that most of the refugee and host community respondents were involved in small-scale /petty businesses such as general merchandise, selling food crops in the markets among others through which they earned some money to sustain themselves and their families.

3.6.2 Savings in the Refugee & Host communities

When asked if the households were engaged in any form of saving, 56.6% of the refugee community respondents asserted that they were part of saving groups in the community as compared to 76.3% of the host community respondents. As shown in table below.

Households who do savings in the Refugee & Host communities							
Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall	
68.1%	64.8%	57.4%	73.1%	38.3%	47.7%	56.6%	Refugee
81.3%	75.7%	75.5%	82.8%	70.1%	0.0%	76.3%	Host

Table XIII Households who do savings in the Refugee & Host communities

Mode of saving

During the discussions about the mode of savings, it was discovered that the majority (60.5%) of the respondents were attached to Village Savings and Lending Associations (VSLAs) as their mode of saving whereas at low percentages other modes of saving included 'saving in a box' at 21.7%. It was also noted that the minority also save through mobile money, banks, and under the bed.

3.7 COVID-19 and its impact on communities

Secondary data¹⁵ highlights that COVID- 19's psychosocial impacts may exacerbate existing stress¹⁶. This is particularly salient to explore with refugees who may experience a high prevalence of psychological distress¹⁷. There are rising concerns of increased SGBV during COVID-19, including in humanitarian contexts^{18,19}. COVID-19 has had far-reaching impacts, especially on a multisectoral

¹⁵ Exploring resource scarcity and contextual influences on wellbeing among young refugees in Bidi Bidi refugee settlement, Uganda: findings from a qualitative study 2021, by Carmen H. Logie^{1,2*}; Moses Okumu³, Maya Latif¹, Daniel Kibuuka Musoke⁴, Simon Odong Lukone⁵, Simon Mwima⁶ and Peter Kyambadde⁷

¹⁶ Kola L. Global mental health and COVID-19. *Lancet Psychiatry*. 2020; 0366(20):19–20

¹⁷ Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*. 2019;394(10194):240–8

¹⁸ UNHCR. UNHCR warns second wave of COVID pandemic driving further violence against refugee women and girls; 2020. p. 1–6.

¹⁹ Singh NS, Abraham O, Altare C, Blanchet K, Favas C, Odlum A, et al. COVID-19 in humanitarian settings: documenting and sharing context-specific programmatic experiences. *Confl Heal*. 2020;14(1):79

scale, also, little is known of COVID-19-related stressors among refugee and displaced adolescents and youth, and how these may amplify pre-existing stressors. Reportedly, COVID-19 has affected the livelihoods of both the refugees and hosts, it has also been linked to the increase in domestic violence in homes and crime rates within the communities. Such impact cannot be quantified as it is difficult to clearly describe the exact relationship between the virus and the multisectoral needs.

4. Recommendations

As shown across the information presented in this Needs Assessment, protection is diverse and needs a multisectoral approach. Based on the findings the following recommendations are outlined in the section below.

Registration

- . Strengthened advocacy for newborn registration
- . Communities mobilizing their members during the registration/verification exercises especially in Madi-Okollo, Yumbe, and Lamwo where a high number of family members were not registered
- . As recommended by OPM conducting strict check-up at the border points for identification documents before allowing refugees into the country
- . Community leaders to follow up with the OPM on the issuance of documentation to community members

Protection

- . Scale-up awareness campaigns on SGBV prevention, child protection, and psychosocial support, especially among host communities
- . Need to focus attention on building the capacity of parents and caregivers in positive parenting skills so that they can provide proper care and support to children
- . Increase the provision of services and access to psychosocial support for people in distress
- . Conduct further research on protection issues among both population groups with targeted assessments especially conducting periodic safety audits in the districts to ensure that insecurity issues of the residents around public places like water and fire wood collection points are addressed.

GBV/VAC

- . As suggested by refugees, community policing and establishing by-laws related to various forms of SGBV such as early marriages
- . Strengthen and enhance multi-sectoral services at all levels and bridge the humanitarian-development divide in GBV and child protection programming
- . Increase the equal and meaningful participation of women and other minority categories of the community in leadership
- . Encourage husbands to be ambassadors of SGBV free communities. It came out strongly in all the PNA districts that husbands were perpetrators. Involving them as part of the solution will yield quick results.

Legal and Physical protection

- . Community sensitization on legal structures was suggested to create awareness on how and when to access legal and protection services.
- . Advocacy on the construction of police posts and mobile courts within the refugee settlements and deployment of more personnel to strengthen the capacity of the police to offer their services and respond to incidences.
- . Offer incentives to the community structures to motivate them to deliver their services efficiently

Child Protection

- . Provision of sanitary and hygiene kits to girls, the reduces the need for young girls to involve themselves sexually with men to get some money to buy these
- . Counseling of children faced with violations and experienced traumatic events
- . Great need for community sensitization on child protection risks, ensure the affected children/victims are also supported both physically, socially, and emotionally
- . Empower and equip community leaders to promote gender equality and facilitate awareness and sensitization campaigns on the importance of sharing power at the household a community level and supporting women and girls to claim their rights
- . Reporting violations against children and follow up made by community structures

Psychosocial Support

- . Provision of targeted community-based group therapy in order to improve access to MHPSS services
- . Provision of targeted individual therapeutic support for people struggling with more acute mental health needs

Annex

1. Documents reviewed under secondary data review

1. Exploring resource scarcity and contextual influences on wellbeing among young refugees in Bidi Bidi refugee settlement, Uganda: findings from a qualitative study 2021, by Carmen H. Logie 1,2*, Moses Okumu3, Maya Latif1, Daniel Kibuuka Musoke4, Simon Odong Lukone5, Simon Mwima6, and Peter Kyambadde7
2. Kola L. Global mental health and COVID-19. *Lancet Psychiatry*. 2020; 0366(20):19–20
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16. Figures informing ECHO assessment sar

2. Household survey sampling table

District	Total households	Sample Size		
		Refugees	Host	Total
Adjumani	32,997	395	169	565
Bidibidi	42,754	396	170	566
Imvepi	19,885	392	168	560
Palabek	15,930	390	167	557
Palorinya	30,466	395	169	564
Rhino	30,325	395	169	564
Total	172,357	2,363	1,013	3,376

3. Targets respondents, data collection methods, and tools

Data collection methods	Main respondents/Source	Tools	Respondents
Key informants	OPM, Protection partner officials, Refugee leaders, Community/District Development officers	Key Informant Guide	Female - 4, Male - 3 Partner 1 OPM 1 District 1

			Community Leaders 4																																				
Households surveys	Randomly selected from communities using the right-hand rule	Household survey tool	Refugees - 2,363 Host - 1,013 Total - 3,376 Enumerators Male Female Total 35 25 60																																				
Focus Group Discussions	Youth group, Women groups, mixed groups (Women, men, youth, and PSNs)	Focus Group Guide	<table border="1"> <thead> <tr> <th>FGD</th> <th>F</th> <th>M</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Mixed</td> <td>41</td> <td>39</td> <td>80</td> </tr> <tr> <td>Youth</td> <td>19</td> <td>26</td> <td>45</td> </tr> <tr> <td>Women</td> <td>47</td> <td></td> <td>47</td> </tr> <tr> <td>Men</td> <td></td> <td>12</td> <td>12</td> </tr> <tr> <td>PWD</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Elderly</td> <td>7</td> <td>3</td> <td>10</td> </tr> <tr> <td>Total</td> <td>115</td> <td>82</td> <td>197</td> </tr> <tr> <td>Host</td> <td>59</td> <td>Refugee</td> <td>138</td> </tr> </tbody> </table>	FGD	F	M	Total	Mixed	41	39	80	Youth	19	26	45	Women	47		47	Men		12	12	PWD	1	2	3	Elderly	7	3	10	Total	115	82	197	Host	59	Refugee	138
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Secondary data Review	Published reports both imprint and online	Note-taking guides developed by the GAM team at the National office	N/A																																				

4. Highest level of education

Category	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall
Completed primary	10.20%	11.80%	13.40%	15.30%	13.50%	7.90%	11.80%
Did not complete primary	37.50%	28.70%	41.70%	31.50%	44.70%	37.90%	37.60%
None	24.00%	23.40%	14.80%	14.10%	15.40%	27.00%	20.30%
Secondary (Completed s.4)	8.80%	9.10%	8.60%	13.80%	7.00%	8.80%	9.10%
Secondary (Completed s.6)	1.40%	1.50%	2.10%	0.80%	1.10%	1.30%	1.30%
Secondary (Did not complete s.4)	13.30%	17.60%	14.10%	21.70%	11.90%	15.10%	15.20%
Secondary (Did not complete s.6)	0.70%	1.30%	0.30%	0.80%	0.50%	0.50%	0.70%
Tertiary	4.20%	6.50%	4.80%	2.00%	5.70%	1.40%	4.10%

According to the assessment, the majority of the household heads did not complete primary level education (37%) Terego has the highest percentage of this category at 44% followed by Madi-okollo at 41%. Overall, only 4.1% (n=116) studied up to the tertiary level, with the highest percentage in Lamwo district (6.5).

Generally, illiteracy rates are high within the surveyed districts as 58% of the respondents never completed primary level education (including those who never stepped into school).

The majority of the household heads were married 73% and this was a good indicator of stability irrespective of the quality of marriage. However, Lamwo district had the highest percentage of divorced and separated household heads at 4.5% and 11.8% respectively. It is important to note that a higher number of household heads in host communities is married compared to refugee communities i.e., 78% as compared to 71% in refugee communities.

5. Causes of GBV in communities

GBV Cause	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall
Low levels of income	87.6%	56.7%	69.2%	73.1%	55.4%	62.5%	67.4%
Multiple sexual partners	49.0%	25.1%	33.4%	26.1%	34.2%	20.1%	32.0%

Cultural Norms	41.8%	24.7%	37.1%	29.1%	37.1%	21.1%	31.0%
Inadequate action against perpetrators	31.1%	7.9%	23.6%	29.1%	11.4%	12.3%	18.4%
Unequal power dynamics	23.8%	23.4%	33.8%	26.6%	23.6%	15.3%	23.4%
Women empowerment	22.7%	9.3%	5.7%	28.0%	15.6%	0.0%	18.1%
Displacement circumstances	14.2%	10.7%	4.2%	7.3%	13.8%	7.2%	9.8%

6.

How livelihoods have been mainly affected

	Adjumani	Lamwo	Madi-okollo	Obongi	Terego	Yumbe	Overall
Affected agriculture	18.4%	10.2%	8.0%	24.6%	11.8%	12.2%	14.2%
Business closure	17.3%	35.7%	17.0%	26.1%	23.2%	28.1%	24.6%
Job loss	3.6%	11.8%	5.8%	2.5%	5.8%	9.2%	6.5%
Others	0.2%	3.5%	5.8%	1.8%	4.1%	7.8%	3.7%
reduced livelihood opportunities	60.5%	38.9%	63.4%	45.1%	55.1%	42.8%	50.9%

According to the survey, the majority 84.8% of the respondents in the various locations are in agreement that COVID-19 affected their livelihoods. Regarding the statistics, over 92% of the respondents in the Adjumani and Lamwo districts express their concern that their livelihoods were affected by COVID-19. We went further to ask the respondents about how their livelihoods were affected where a large number (50.9%) claim that there were reduced livelihood opportunities. These reduced opportunities were prevalent among respondents from Adjumani, Madi-okollo, and Terego districts where 60.5%, 63.4%, and 55.1% of the respondents respectively claim the above.