

Area-Based Assessments on Movement, Livelihoods, and Access to Basic Services in Adjumani Town and Mbarara City, Uganda

July and August 2024 | Uganda

Abstract

Enclosed in this document are two assessment reports, one on Adjumani Town and one on Mbarara City. The former was funded by the European Union through ECHO. The latter was implemented in coordination with the International Organization for Migration (IOM), funded through the European Union. While the assessments were implemented separately, the timelines, methodology, and tools were closely aligned.

Adjumani Town and Mbarara City are both secondary urban centers in Uganda that host considerable yet unquantified numbers of urban refugees who have typically moved there from one of the designated refugee settlements. Both assessments had the objective of informing local authorities, national organizations, and international organizations about the needs of urban refugees and host communities as well as the challenges faced by local authorities associated with hosting urban refugees.

Key findings from the assessments were also roughly aligned. In both locations, refugees experienced improved access to services and livelihood opportunities in urban centers compared to the settlements, despite the lack of formal humanitarian assistance. Nonetheless, key challenges emerged related to service provision, sustainable livelihoods, and shelter.

There are significant opportunities for refugees in these urban centers, yet there are various barriers that need to be addressed for refugees, host communities, and local authorities to capitalise on these opportunities.

Key Recommendations

- Generate **realistic estimates of urban refugee populations** in secondary urban centers to support urban planning.
- **Improve public service provision**, notably in health education, and WASH, by accounting for urban refugees in planning processes and through the extension of services to refugee-dense areas.
- Implement **tailored livelihood support programmes** in urban centers focused on both refugees and host communities, with an emphasis on access to financial services.
- Facilitate **access to affordable and adequate housing** for urban refugees with **secure tenure** agreements.
- Integrate **language support** across programmes and services.
- Foster **close collaboration between local authorities, refugee support actors, and local communities** to ensure support is coordinated, sustainable, and aligned with the needs of the communities.

Movement, Livelihoods, and Access to Basic Services Assessment in Adjumani Town

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Context & Rationale

Uganda hosts over 1.6 million refugees, primarily in settlements located in the South-West and West Nile regions.^{1,2} Guided by progressive policies, Uganda's refugee response aims to empower refugees economically while providing them with services comparable to those available to nationals.

However, refugees residing outside settlements or Kampala formally do not have similar access to support tailored to refugees' needs.³ This asymmetry, coupled with the strain on services in hosting cities like Adjumani, presents substantial challenges. Adjumani lacks sufficient government funding to address these issues, hindering sufficient service provision to both refugees and host communities, and sustainable integration for the duration of forced displacement, or as a durable solution.⁴

Surrounded by refugee settlement zones, Adjumani town hosts an undefined yet substantial refugee population. To address the refugee population's needs alongside those of the town folk, there is a need to enhance the town's services accordingly.

This assessment was conducted to explore Adjumani's basic service provision capacity as an urban area, as well as refugee and host community needs, focusing on settlement-urban and cross-border migratory patterns, durable solutions such as integration, livelihoods, and barriers to accessing basic services. This assessment aims to inform stakeholders and local governance about the needs, priorities, and intentions of urban refugees and host communities, aiding in evaluating Adjumani's feasibility as a secondary refugee-hosting urban area within the broader context of refugee solutions and urban refugees in Uganda.⁵

Key Messages

Movement: The findings indicated that many refugee households had family members who regularly returned to the settlement, and quite a few also traveled back to their home country, often making these trips at least once a month. This frequent travel shows the strong ties refugees maintain with their home countries, whether for social connections, economic activities, or to check on the situation back home. Despite these regular movements, most refugee households in Adjumani did not plan to relocate soon, suggesting a relative stability in their current circumstances.

Livelihoods: Most refugee households reported that their livelihood situation improved since moving to Adjumani. However, access to livelihood opportunities reportedly posed a persistent challenge for refugees, with barriers such as language differences, limited job opportunities, and lack of identification documents, hindering their ability to secure employment and financial stability. Additionally, both refugees and host communities relied on varying coping strategies, with refugees often depending more heavily on these methods, particularly spending savings to manage financial stress. Differences in percentages indicate variations in economic pressures and resource availability between the two groups. Interestingly, borrowing money was prevalent and reported equally by both refugees and host households.

Access to Basic Services: Efforts have been made to provide basic services such as healthcare, education, and water and sanitation facilities to both refugees and host communities. Some KIs even mentioned the introduction or ease of access of services due to the presence of refugees.

However, challenges persisted. Issues such as limited infrastructure, inadequate staffing, and funding constraints were some of the challenges

that hindered the effective delivery of services, particularly in the health and education sector, impacting both refugees and hosts. Additionally, data revealed that many refugee households reported only having some members with ID documents, while a small percentage had no IDs at all. Findings also indicated that a lack of documentation had substantial consequences, with more than half of the affected households reporting difficulties in accessing essential services.

Social Cohesion: It is reported that refugees and hosts in Adjumani lived together harmoniously, with minimal conflicts, supported by a hospitable host community and a mutual commitment to adhere to Ugandan laws. Cultural similarities between refugees and hosts facilitated smooth integration, strengthened through intermarriage and community engagement. Despite not having voting rights, some refugees reportedly actively participated in village-level planning meetings alongside hosts, showing a degree of civic integration.

Please find linked the published [ToR](#), [Quantitative data](#), and [Qualitative data analysis](#).

Methodology

A mixed methods approach was employed for this assessment to thoroughly investigate four key themes: 1) Movement Patterns; 2) Access to Basic Services; 3) Livelihoods; and 4) Durable Solutions, with a focus on social cohesion and integration.

To ensure a comprehensive understanding, these themes were explored through the surveying of a representative sample of 439 household surveys (218 with refugees and 221 with host households) with a 95% confidence level and 7% margin of error, and 19 key informant interviews with service providers (Education, Health, Livelihoods, WASH), local government officers, and refugee and host community leaders. The household surveys provided quantitative data on pendular movement dynamics, barriers to basic services, and livelihoods, including coping strategies, while the key informant interviews offered qualitative insights, adding depth and context. This methodological choice aimed to triangulate and complement the research findings, providing a nuanced and holistic perspective.

The quantitative component covered four divisions of Adjumani town, Cesia, Central Ward, and Biyaya divisions, targeting both refugees and the host community in pre-identified areas with high refugee concentrations, which were elucidated during scoping with local government officials in January 2024 (please see the coverage map). Data collection occurred between February and March 2024.

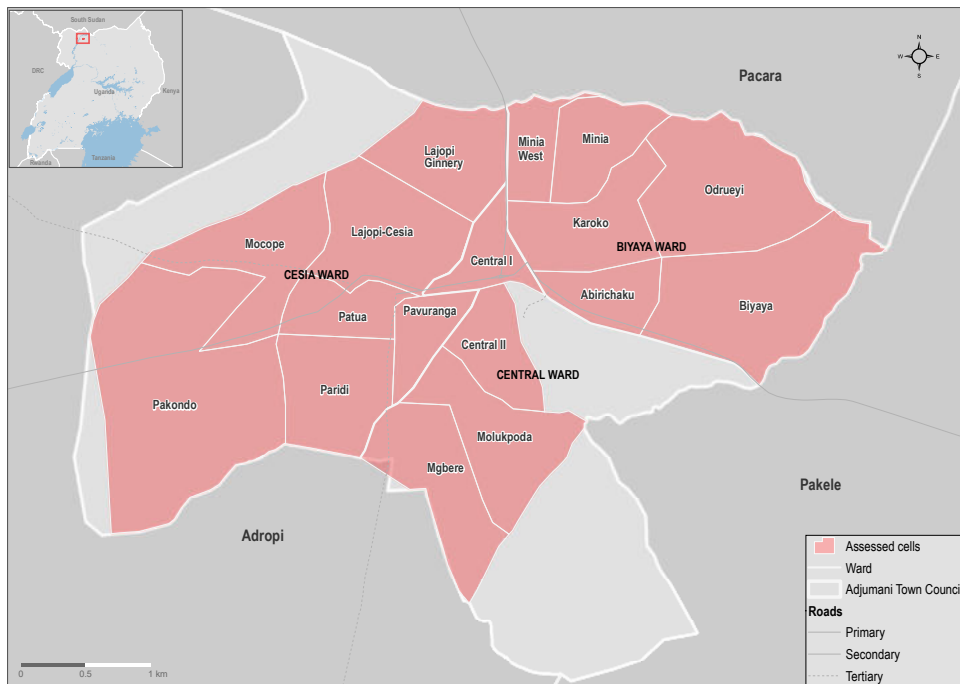
The selection of villages was based on the findings of the scoping exercise, which identified specific villages within the three divisions of Adjumani town with concentrated refugee populations. To ensure uniformity, we sampled host communities from the same villages. The required number of surveys per stratum at the town level was determined based on the aggregate populations of hosts and refugees within the pre-identified villages. Additional details on the methodology can be found in the [Terms of reference](#).⁶

In this Situation Overview

This Situation Overview contains the key findings from data collection regarding the assessment conducted in Adjumani, titled "Movement, Livelihood, and Access to Basic Services." The findings explore Movement (particularly pendular movements), Livelihood, Access to Basic Services, and Social Cohesion. Additionally, the report includes findings and conclusions from similar assessments.

The insights shared in this report can be used to develop strategies and programs that support the refugee and host communities in Adjumani Town.

Map 1: Assessed divisions in Adjumani, Uganda



Movement Patterns

Push factors

The majority (79%) of refugee households in Adjumani Town reported having moved to Adjumani from other settlement locations within Uganda, with no difference according to the gender of the head of household (HoH). South Sudan was the second-most reported place of previous residence (16%), followed by Sudan (4%). Other similar studies conducted by REACH indicate that settlement to urban movement has generally been the most prevalent type of movement among urban refugees in assessed urban areas.⁸ Almost all (98%) of assessed refugee households identified as South Sudanese. The majority reported having left their country of origin due to armed conflict (89%), followed by the death, injury, or disappearance of family members (38%), and fear of conscription (20%). Findings from other assessments echo these reasons.⁹

Furthermore, of the refugee households whose previous place of residence was another settlement in Uganda (79%), the primary reasons for households leaving were access to education (73%), healthcare (39%), and livelihood/job opportunities (27%). Access to land (25%) was another crucial factor. Food-related issues also played a substantial role, with 23% citing the availability of food and 12% citing the quality of food as a reason to leave their previous residence. Additionally, 9% of households reported conflicts between groups within the settlement, and 8% were concerned about the price of food. The order of priorities resembles findings from other REACH assessments in urban areas.^{10,11} In terms of the length of stay, the majority of refugee households reported having lived in Adjumani town for over five years prior to data collection (see Figure 1).

Figure 1: Reported length of stay in Uganda among refugee households

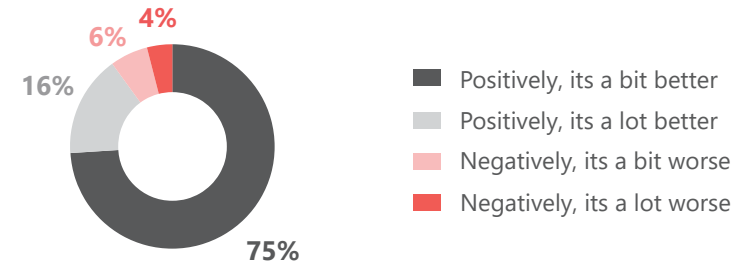


Impact of settling in Adjumani on livelihoods

As seen in Figure 2, the majority of refugee households (91%) reported improvement to their livelihoods since moving to Adjumani. Only a small fraction of households (6%) reported no change, and an even smaller fraction (4%) reported a negative change. Similar assessments in urban areas conducted by REACH yield similar findings on livelihood change.⁷

Of the 4% of refugee households who reported that their livelihoods had worsened, the majority had larger household sizes of 5 to 15 members, predominantly located in Biyaya. Among these, the most frequently mentioned reasons included the inability to access livelihoods or job opportunities, failure to access land, and inability to secure loans.

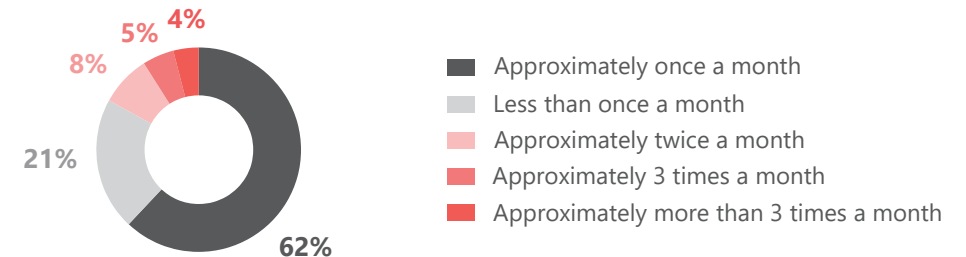
Figure 2: Impact of settling in Adjumani on livelihoods, among refugee households¹²



Frequent travel back to the settlement and home

A majority (71%) of refugee households in Adjumani reported having members who frequently traveled back to the settlement, while almost half of the households (44%) had members who frequently traveled back to their home country. As seen in Figure 3, among this group of refugee households, travel to the home country occurred quite frequently, with 79% households reporting they travelled back at least once a month.

Figure 3: Frequency of travel to home country, among refugee households who reported traveling to home country (44%)



Among the 44% of refugee households who reported traveling back to the country of origin, the primary reasons included maintaining social connections with friends and family (52%), economic activities such as managing or working on their own land (23%), traveling for employment opportunities (12%), running businesses (4%), but also to assess the situation back home (20%). Some households had members travel to access essential services such as healthcare and education (8%) or to receive various forms of assistance (7%).

In terms of intentions, while most refugee households (91%) in Adjumani did not have concrete plans to move in the six months following data collection, 9% were considering relocation due to various challenges. Among this small group, the primary issues driving this intention included a failure to access land, inability to secure livelihood or job opportunities, and difficulties in accessing markets for purchasing products.

Conclusions on Movement Patterns

Movement patterns for refugees in Adjumani revealed that most households moved from other settlement locations within Uganda, primarily driven by the desire for better access to education, healthcare, and job opportunities. The main push factors included armed conflict, family tragedies, and fear of conscription. Upon settling in Adjumani, most refugee households experienced improved livelihoods, though a small percentage faced worsening conditions due to a lack of access to jobs, land, and loans.

In terms of pendular movements, a substantial proportion of refugee households reported having members who travel back to settlements or their home countries, often to maintain social connections, manage land, or seek employment. Despite these pendular movements, the majority of households did not have immediate plans to relocate, though some households reported considering relocation due to ongoing challenges in accessing essential resources and opportunities in Adjumani Town. These findings highlight the need for continued support in providing stable livelihoods, enhancing access to basic services, and addressing the barriers that drive the intention to relocate. This support is crucial for ensuring the long-term stability and integration of refugee households in Adjumani.

Access to Livelihoods

Primary income source

Refugees and host communities reported diverse sources of income. Among refugees, 40% of female-headed households and 39% of male-headed households ran their own businesses, such as shops, hairdressing, tailoring, and other services. Similarly, among host households, 38% of female-headed and 28% of male-headed households engaged in these types of businesses. This shows a strong entrepreneurial spirit in both groups.

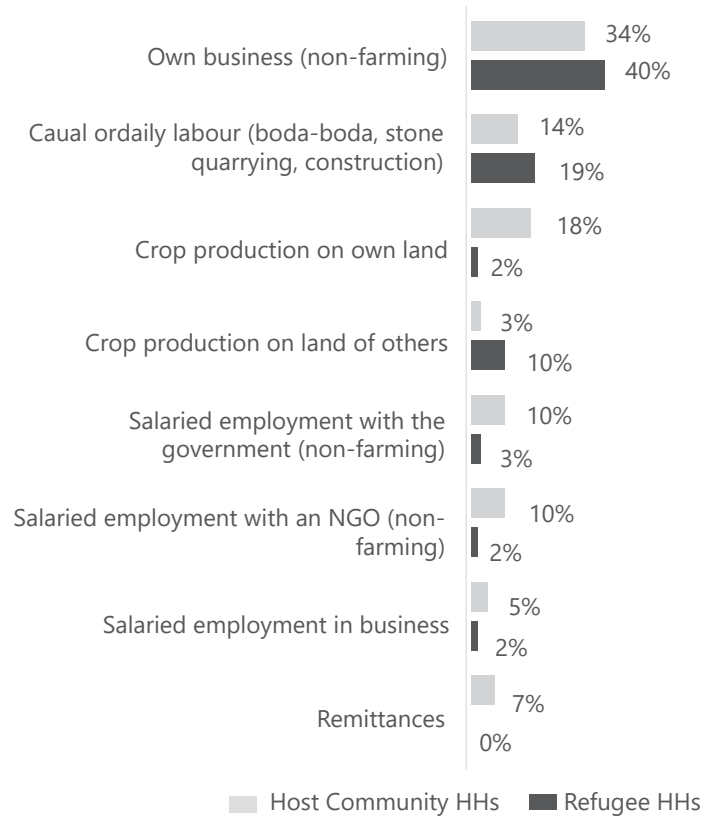
Salaried employment was also an important source of income, especially for host households. Among hosts, 9% of female-headed and 13% of male-headed households reported that at least one member of the household worked for the government, and 8% of female-headed and 12% of male-headed households had at least one household member employed by NGOs. In contrast, fewer refugee households reported being engaged in salaried employment, with only 3% of households in government jobs and 3% in NGOs. This highlights potential disparities in access to formal employment opportunities.

Furthermore, refugee households showed higher involvement in salaried employment in business. About 18% of female-headed households and 25% of male-headed households reported employment in general stores. Employment in foodstuff stores was also common, reported by 18% of female-headed households.

Informal casual or daily labor was a noteworthy source of income. Among refugees, 20% of female-headed and 16% of male-headed households depended on casual labor, which included jobs like boda-boda riding, stone quarrying, and construction work. For host households, 12% of female-headed and 17% of male-headed households were engaged in similar activities. These jobs are crucial for many families but often come with instability and low pay.

Agriculture was a key livelihood for both refugee and host households, though their focus varied. Among refugee households, 11% of female-headed and 7% of male-headed households were involved in crop production on others' land, while 3% of female-headed households farmed their own land. Among host households, 19% of female-headed and 17% of male-headed households grew crops on their own land, with a smaller percentage farming on others' land, indicating higher land ownership and implied stability of assets.

Figure 4: Primary household source of income, per community



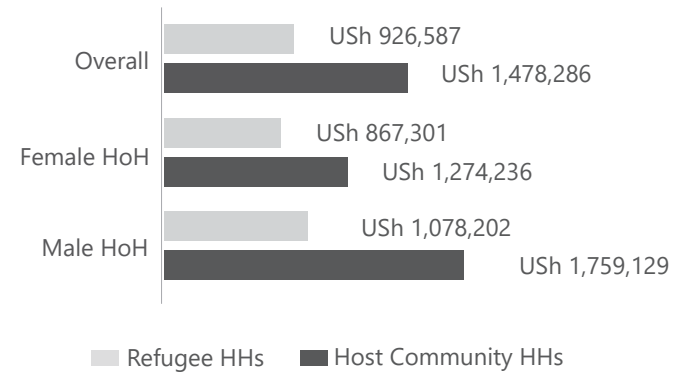
Regarding the frequency of income, both groups had a substantial portion of households earning income on a daily basis (36% of refugees and 35% of hosts). However, a slightly higher percentage of host households (32%) earned income monthly compared to refugees (25%).

The mean total household income from all sources provides valuable insights into the economic differences between refugee and host households, as well as between female-headed and male-headed households within these groups. Host households generally had higher mean incomes. Female-headed host households earn 47% more than their refugee counterparts, while male-headed host households earned 63% more than male-headed refugee households. These differences highlight the economic differences experienced by refugees compared to the host community. There was a noticeable difference in income for refugee households between female-headed and male-headed households. Female-headed refugee households' median total household income was UGX 867,301, whereas male-headed refugee households had a higher median income of UGX 1,078,202.

This indicates a major income gap, with male-headed households earning, on average, about 24% more than female-headed households. This discrepancy highlights potential gender-based economic inequalities within the refugee community.

Among host households, the income difference between female-headed and male-headed households was even more pronounced. Female-headed host households had a median total income of UGX 1,274,236, while male-headed host households earned substantially more, with a median income of UGX 1,759,129. This represents a difference of approximately 38%, suggesting a substantial gender income gap within the host community as well.

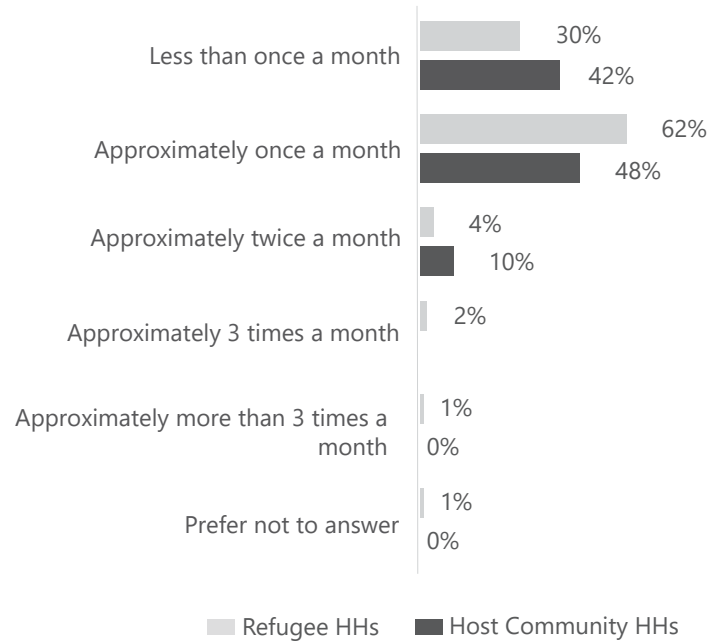
Figure 5: Median reported HH income in Ugandan Shillings (USh) within the last 30 days on the interview, by type of HH



Remittances

Remittances played a crucial role in the livelihoods of both refugees and hosts, with 39% of refugee households and 22% of host households reportedly receiving remittances with frequencies of receipt indicated in Figure 5 below. The majority of households receiving remittances did so once a month (62% of refugees, 48% of hosts). The median remittance amount was higher for refugee households (624,000 UGX) compared to host households (403,750 UGX). Within both groups, male-headed households received higher remittances than female-headed households, highlighting a gender discrepancy in financial support from remittances. For refugees, male-headed households received approximately 24% more in remittances than female-headed households (Male, UGX 728,857, Female, UGX 589,048). For hosts, male-headed households received about 61% more in remittances than female-headed households (Male, UGX 551,429, Female, UGX 342,941). The substantial gender disparity in remittance amounts points to potential vulnerabilities for female-headed households.

Figure 6: Frequency of receiving remittances among households who reported receiving remittances (Ref. N=84, 39%, Host N=48, 22%)



Livelihood coping strategies

The following section describes responses to households having applied, not applied, or exhausted certain common coping strategies in the 30 days prior to data collection as defined by WFP. These coping strategies are categorized in three classes of severity: Stress, Crisis, and Emergency.¹³

It is worth noting that refugee households more often reported using some of the more severe strategies than host households.

Stress Coping Strategies

The most commonly used Stress coping strategy in the 30 days before data collection, was spending savings, by 61% of refugee households and 68% of host communities. Borrowing money was also prevalent, reported by 50% of both refugees and host households. Moreover, the findings indicated that 6% of refugee households had already exhausted this coping strategy.

Purchasing food on credit was another common strategy, utilized by 43% of refugee households and 29% of host households. Selling household assets was reported by 15% of refugees and 10% of host households while selling more animals than usual was reportedly utilized by 17% of host communities and 7% of refugees.

Another assessment conducted by IMPACT REACH/U-Learn titled “The Realities of Self-Reliance within the Ugandan Refugee Context” also revealed that the most commonly reported coping strategy used or exhausted by refugee households across all settlements in the 30 days prior to data collection was borrowing money, reported by 50% of households, indicating wide use across urban refugees in Uganda. Other commonly reported coping strategies included purchasing food on credit (48%) and spending savings (45%).¹⁴

Crisis Coping Strategies

In the 30 days before data collection, reducing expenditure on health and education was the most common Crisis coping strategy, used by 39% of refugee households and 15% of host households. Withdrawing children from school was reported by 17% of refugees and 9% of host households while selling productive assets or means of transport was a less common strategy, reported by 6% of refugees and 9% of host households.

Emergency Coping Strategies

In the past 30 days before data collection, households commonly utilized the emergency strategy of increasing the number of family members searching for work outside the village, particularly among refugee households, with 34% resorting to this measure compared to 17% of host households. Moreover, 2% of the host respondents mostly female-headed households had already exhausted this coping strategy. It is noteworthy that begging or relying on charity was reported by 33% of refugee households compared to only 5% of host households, showing distress among a large proportion of refugee households. Additionally, 9% of the refugees had already exhausted this coping strategy highlighting the greater vulnerability and reliance on emergency measures among refugees.

Barriers faced in livelihood activities

Only 8% of refugee and 6% of host households reported not facing any livelihood barriers. When the respondents were asked what barriers they and other adult household members faced in their livelihood activities, **a substantial proportion faced a lack of work opportunities (44% refugees, 32% hosts), lack of credit to start or continue a business (36% refugees, 38% hosts), and low wages (23% refugees, 18% hosts).**

Other barriers included competing domestic duties (10% refugees, 18% hosts), lack of skills/qualifications (20% refugees, 26% hosts), and competition with other businesses (11% refugees, 35% hosts).

Furthermore, the findings reveal that **a noteworthy portion of households struggled to cover basic needs, with 91% of refugee households and 69% of host households reporting insufficient funds to cover food needs.** Similarly, 91% of refugee households and 75% of host households reported a lack of sufficient money to cover education expenses. Participation in livelihood programs was relatively low, with only 11% of refugees and 12% of hosts engaged in such programs.

Conclusions on Access to Livelihood

Refugee households generally seemed to face greater economic challenges compared to host households, as they tended to be involved in lower-paying and less stable jobs, which often require fewer productive assets. Both communities showed a strong entrepreneurial spirit, but host households had more access to salaried employment, highlighting disparities in job opportunities. Refugees more frequently relied on severe coping strategies, such as borrowing money and selling assets, reflecting their heightened economic struggles. Noteworthy barriers included a lack of work opportunities, low wages, and financial constraints and affected both groups, with refugees particularly struggling to meet basic needs like food and education.

Both communities expressed a strong need for job opportunities, skills development programs, and better access to financial services and productive assets. These findings underscore the necessity for targeted interventions to boost economic resilience and livelihood sustainability for both refugee and host communities.

Priority needs








Top 3 priority needs

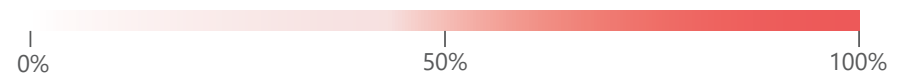
Economic pressures, including high food prices and limited livelihood options, were a major challenge for both communities, as reflected in the priority needs of the households. Around three quarters (78% refugees, 73% hosts) reported that basic food was their top three priority needs. The KIs further highlighted pervasive poverty affecting both groups and noted that refugees in particular faced limited access to land for farming and other essential activities, exacerbating their economic vulnerabilities.

Healthcare access was another major concern, with 52% of refugee households and 60% of host households prioritizing it. The KIs revealed that both communities faced inadequate healthcare facilities and medication shortages. Refugees encountered additional obstacles such as ID requirements, delays in medication access without referrals, and perceived discrimination, where doctors reportedly spent more time with host patients. These barriers lead to delayed care and perceived inequities in treatment, making healthcare access more challenging for both refugees and host communities.

In terms of education, both refugee and host households identified it as a critical need, with 54% of refugee households and 50% of host households prioritizing children’s education. The KIs indicated that educational challenges included overcrowded classrooms, high school fees, and low teacher-to-student ratios. Additionally, refugees faced high dropout rates due to ration cuts and poor attitudes towards education. For instance, it was reported that in private schools, refugees were charged higher fees, further exacerbating educational inequalities.

Table 1: Most commonly reported top 3 household priorities needs at the time of data collection

Priority needs	Refugee HHs	Host Community HHs
 Basic food needs	78%	73%
 Health needs	52%	60%
 Education needs for children	54%	50%
 Livelihoods support/employment	33%	31%
 Water needs	6%	21%
 Shelter/housing needs	13%	15%
 Education/training needs for adults	6%	12%



As indicated in table 2, a higher percentage of refugees (66%) reported needing job opportunities or steady income sources compared to host households (55%). This made sense, given that the livelihood findings also suggested that **refugees often had less stable jobs, typically in domestic labor or street hawking, whereas host households more frequently had livelihoods tied to productive assets like boda bodas and construction tools.** Both groups expressed a strong need for access to training or skills development programs, with 46% of refugees and 49% of hosts indicating this need. This highlighted a shared desire for skills that could improve their employability and economic resilience. Financial services or credit access was also a major concern, reported by 40% of refugees and 49% of hosts. This reflected the broader economic pressures both communities faced as reported by the key informants, and the critical role that financial inclusion played in enabling households to invest in income-generating activities and manage economic shocks as also highlighted the livelihood coping strategies.

Access to productive assets or resources, such as land and tools, was a particular concern for 19% of refugees and 35% of hosts. This difference highlighted the challenges refugees faced in securing essential resources for sustainable livelihoods. Additionally, better access to markets for selling goods or services was reported by 26% of refugees and 29% of hosts, indicating the shared necessity of improving market access to create more robust economic opportunities.

Table 2: Most commonly reported top 3 unmet livelihood needs at the time of data collection

Unmet livelihood need	Refugee HHs	Host Community HHs
Job opportunities	66%	55%
Access to training programs	46%	49%
Access to Financial services	40%	49%
Access to markets	26%	29%
Access to productive assets	19%	35%
Access to social networks	13%	19%
Access to technology	17%	12%
Access to inputs for agriculture	11%	24%

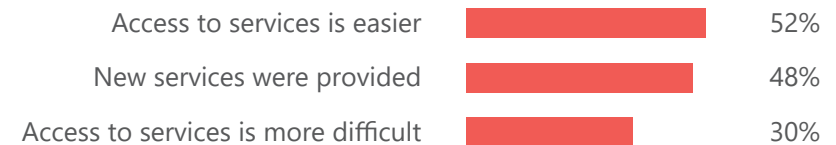
Access to basic services

Impact on access to basic services

The data indicated that the refugee population in Adjumani town has had a mixed impact on access to basic services. Among the households who reported an impact (89%), **half (52%) of host community households reported that access to services has become easier, and 48% also mentioned the provision of new services, as seen in Figure 7.**

Positively, key informants mentioned improvements in some services, such as the construction of Health Center 3 in Adjumani, the influx of specialized medical personnel, and the installation of equipment like X-ray machines.

Figure 7: Most commonly reported types of impact on access to social services due to refugees' presence, according to host respondents that reported an impact (n=196, 89):



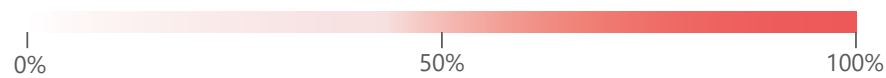
However, **30% of host community households reported that access to services has become more difficult. Among these, 93% identified healthcare as the most affected area, followed by education (31%).** Employment was reportedly less affected, with only 3% of host community households reporting challenges due to Adjumani town's refugee population.

Key informants also indicated some negative impacts of the refugee population in Adjumani town, such as strained resources in healthcare and education, namely shortages of medical supplies, overcrowding of facilities, and overcrowded schools, which likely hinder learning. WASH informants reported that despite the town's efforts to accommodate the refugee population in addition to the general population, inadequacies remained in infrastructure, waste management, and water availability due to budgetary constraints.

Access to Health Services

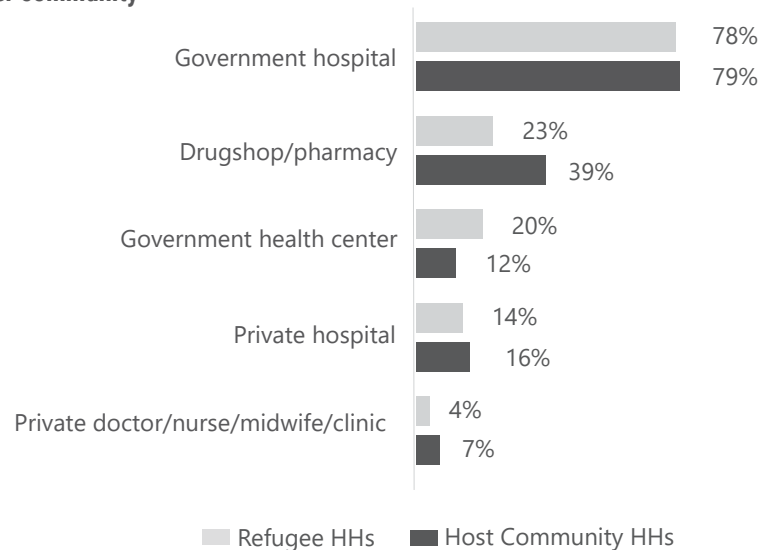
Table 3: Most commonly reported health needs in the 6 months before data collection, per community

Type of health need	Refugee HHs	Host Community HHs
Medical	83%	88%
Medical consultation	43%	47%
Dental	5%	16%
Ante-natal or post-natal	14%	11%
Mental health related needs	6%	6%
Surgery	3%	3%
Rehabilitation	2%	1%
No needs	8	5



Among the households that reported health needs, most households, both refugees (89%) and hosts (99%), reportedly accessed medical treatment, showing slightly less reported access among refugee households. The majority of both groups accessed government hospitals as indicated in figure 8.

Figure 8: Type of health facility accessed by households in the 6 months before data collection, per community

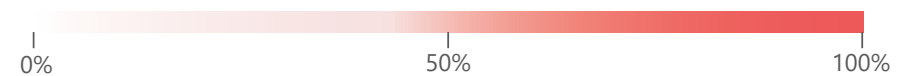


Healthcare was predominantly sought within Adjumani town (94% of refugees, 97% of hosts), with minimal travel to other localities, Kampala, or settlement health facilities. The primary reasons for choosing health facilities included lower costs (64% of refugees, 50% of hosts), proximity (51% of refugees, 67% of hosts), and better-quality services (32% of refugees, 36% of hosts). Refugees also cited the availability of specific medicines and treatments (22%), specific health services (14%), and free health services (5%), while hosts emphasized less waiting time (9%) and language of communication (12%).

Despite some households (33% refugees, 40% host) reporting no barriers to accessing healthcare, the majority faced noteworthy challenges, as indicated in table 4 below. Other barriers included transportation costs (8% of refugees, 2% of hosts), insufficient staff at health facilities (5% of refugees, 10% of hosts), and discrimination based on refugee status (3% of refugees).

Table 4: Top 3 most reported barriers faced by households in accessing healthcare in the 3 months prior to data collection

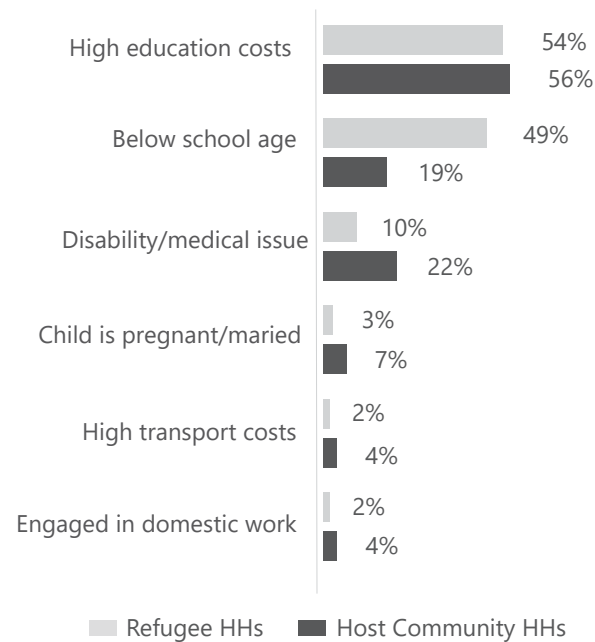
Type of barrier	Refugee HHs	Host Community HHs
Specific medicines and treatment unavailable	35%	36%
Long waiting time for the service	15%	27%
Specific health care service needed unavailable	19%	17%
Could not afford cost of consultation/treatment	17%	14%
Lack of documentaion	16%	2%
Not enough staff at health facility	5%	10%
Could not afford transportation to the health facility	8%	2%
Wanted to wait and see if problem got better on its own	7%	0%



Access to Education Services

The findings indicated that the majority (88%) of both refugee and host households in Adjumani had at least one school-aged child. **Among these households, 69% of refugee households and 88% of host households reported that all their children were enrolled in school. Regular attendance was also reportedly high, with 73% of refugee households and 88% of host households reporting that all their children attended school regularly.** Data did therefore indicate that refugee households with children less often reported having all their children enrolled and/or attending school regularly. Among refugee households, female-headed households reported a higher percentage of children with irregular school attendance (with either some or all children not attending regularly at 29%) compared to male-headed households (22%). In the host community, female-headed households also reported a slightly higher percentage of irregular attendance (some or all children not attending school regularly at 13%) compared to male-headed households (10%).

Figure 9: Most commonly reported reasons for child (age 3-18) not attending school, by % of households with at least one child enrolled in school but not attending (Ref. N=50, 27%, Host N=23, 13%)



As seen in Figure 9, the primary barrier to regular school attendance was the high cost of education, reported by 54% of refugee households and 56% of host households with some children not attending school regularly.

Other barriers included children being below school age, disability or serious medical issues, and various other issues such as pregnancy, harassment, bullying, and high transport costs. Another barrier that may also explain lower attendance or enrolment among refugees was the perception among refugee households that their children were not yet of school age between the ages of 3-5 (49%), potentially pointing to a gap in early childhood education for refugee children, relative to host households (19%).

Primary education was the most commonly reported level of attendance for both refugees (92%) and hosts (80%), followed by lower secondary (43% of refugees, 40% of hosts) and pre-primary (41% of refugees, 47% of hosts). Attendance at upper secondary, vocational, and tertiary levels was much lower for both groups.

Most school-aged children attended schools within Adjumani town (96% of refugees, 95% of hosts), showing the reliance on local schools. Refugee households chose schools primarily based on lower costs (76%) and proximity (54%), while host households emphasized proximity (70%) and lower costs (69%). Better quality education and available spaces for children were also important factors for both groups.

Protection

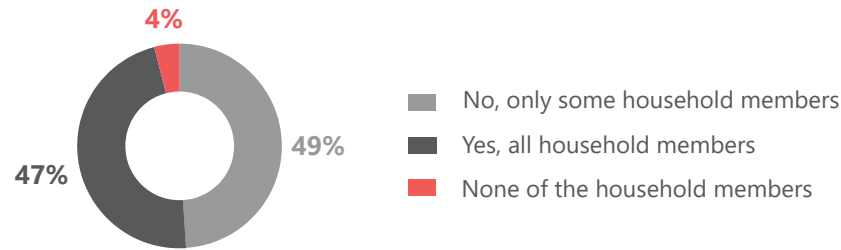
Child protection

The findings showed that 34% of refugee households and 38% of host households reported their school-aged children were engaged in labor. The most common activities for children involved in labor included helping on the family plot or garden (39% of refugees, 68% of hosts) and assisting in a family business (33% for both groups). Refugee children were more likely to be involved in selling things around the community/town (19%), repairing things (9%), and working in someone else's garden for money (17%) compared to host children. In contrast, host children were more frequently engaged in grazing cattle (27%), catching fish or animals (10%), and domestic work (10%).

Possession of identification documents (ID)¹⁵

The data indicates that less than half (47%) of refugee households had an ID for all members, while 49% of households had only some members with ID documents, and 4% did not have IDs for any of their household members. Among some members of the households who reported lacking IDs, 34% did not apply for refugee status, 24% were asylum seekers without documents, and 23% included minors who did not have IDs. Other reasons included leaving the ID at the previous place of residence (9%), IDs being lost (5%), expired (5%), or difficulties in securing registration (1%).

Figure 10: Refugee household's possession of IDs



The main obstacles to obtaining new or replacing old refugee ID documents among refugee households who had at least one member lacking ID reportedly included the lengthy process and repeated visits required (16%), lack of time to visit authorities (16%), and the necessity to access documentation in the place of origin or registration (15%). Additional barriers included a lack of knowledge about the registration process (14%), lack of local offices to obtain documents (15%), and other minor issues such as needing connections (3%), proving some form of identity (4%), or being minors (3%).

Figure 11: Most commonly reported obstacles in obtaining a new or replacing old ID document (Ref. N=112, 53%)



There were consequences for the 53% of refugee households without IDs for all their members. Among this group of households, these issues included difficulty accessing essential services such as healthcare (60%) and education (42%), inability to prove identity for official purposes (38%), and limited mobility or travel restrictions (26%).

Other challenges include exclusion from certain rights or benefits (14%), difficulties in opening bank accounts or accessing financial services (14%), and increased vulnerability to exploitation or discrimination (2%).

Key informants also highlighted that the lack of identification for refugees could pose some challenges, potentially hindering their access to essential services like healthcare, and education, limiting their employment opportunities, and access to financial services.

An assessment conducted by the NRC, titled "Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda," revealed that the absence of documentation by refugees gives rise to challenges, including accessing essential services such as healthcare and education (30 %), accessing humanitarian assistance (28 %), being exposed to arrest and/or harassment (16 %), complications in obtaining other documents (15 %) and facing barriers to employment (10%).¹⁶

Table 5: Challenges faced due to lack of refugee ID, by % of households, among those who reported missing documents (Ref. N=112, 53%)

Difficulty accessing essential healthcare services	60%
Difficulty accessing essential education services	42%
Inability to prove identity for official purposes	38%
Limited mobility/restrictions on travel	26%
Exclusion from certain rights or benefits	14%
Challenges in accessing financial services	14%
Difficulty proving status eligibility	6%
Difficulty accessing essential shelter services	6%

Safety and security concerns

A higher percentage of host households (24%) reported feeling unsafe in their community compared to refugee households (11%). Among those who reported feeling unsafe, **being robbed was the most reported safety concern for both groups**, but it was notably higher among host households (96%) compared to refugee households (63%). Refugee households, however, reported concerns about being threatened with violence (21%) more frequently than host households (13%).

Safety concerns for different groups varied. For children, refugee households identified threats such as being robbed (21%), threatened with violence (29%), and suffering from verbal harassment (25%), while host households reported fewer concerns overall, though being robbed and threatened with violence were notable among female members (22%). For women, refugee households reported being robbed (33%), threatened with violence (17%), and suffering from verbal harassment (29%), with discrimination also noteworthy (29%). Host households expressed concerns about being robbed (37%) and threatened with violence (25%), with some concerns about sexual harassment or violence (6%). For men, refugee households reported concerns about robbery (21%) and discrimination, while host households had higher concerns about robbery (46%) and detention (13%).

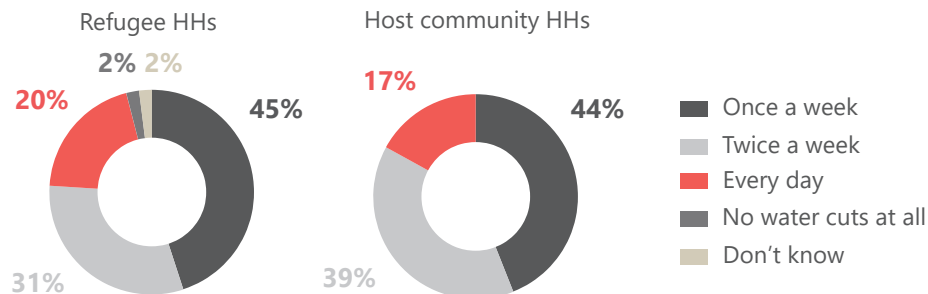
Regarding unsafe locations for women and girls, a substantial portion of host households (40%) reported areas that women and girls avoided, compared to more than half (58%) of refugee households. Refugee households identified specific unsafe locations, including water sources (21%), social/community areas (4%), and their homes (8%). Host households reported fewer and different unsafe locations, such as markets (10%) and social/community areas (10%).

Access to WASH services

Access to water

The findings indicated that the main water sources for drinking and cooking for both refugee and host households were primarily public boreholes (46% of refugees, 38% of hosts) and piped water into the household dwelling/plot (28% of refugees, 32% of hosts). Water cuts were a commonly reported issue, experienced by 59% of both refugee and host households, with weekly water cuts being the most frequent (45% of refugees, 44% of hosts) as shown in Figure 12 below.

Figure 12: Frequency of water cuts by households who experienced water cuts a month prior to data collection (Ref. N=128, 59%, Host N=131, 59%)



Half of the refugee households (50%) and 62% of host households reported difficulty accessing water. The primary problems faced included insufficient number of water points and long waiting times (44% of refugees, 63% of hosts), non-functioning or closed water points (18% of refugees, 22% of hosts), and the high cost of water (44% of refugees, 36% of hosts). Additionally, issues such as distant water points, lack of containers for water storage, and access problems for people with disabilities were also reported.

Key Informant Interviews (KIIs) highlighted further challenges in waste management, noting inadequacies in incinerators and garbage collection systems, which could lead to environmental contamination and public health risks, such as an increase in vector-borne diseases like malaria. KIIs also reported that water scarcity and management issues, particularly during dry seasons, could exacerbate the situation, leading to consistent water cuts, prolonged waiting times at water points, and an overall insufficiency in water supply. Furthermore, KIIs pointed out that the WASH infrastructure faces financial barriers, including high connection fees, which could further complicate the situation.

To cope with water access problems, households reported adapting by fetching water from further sources (58% of refugees, 75% of hosts), sending children to fetch water (refugee 17%, host 18%), relying on less preferred or unimproved water sources (refugee, 8% host 5%). Both groups also spent money or credit on water that could otherwise be used for other purposes (30% each).

Access to a latrine

Table 6: Most commonly reported type of latrine accessed by the household

Type of latrine	Refugee HHs	Host Community HHs
Covered pit latrine with a slab	51%	42%
Flush toilet	17%	26%
Covered pit latrine without a slab	12%	21%
Uncovered pit latrine with a slab	8%	6%
Ventilated improved pit latrine	6%	3%

As shown in table 6, most households had access to some form of latrine, with 51% of refugee households and 42% of host households using covered pit latrines with a slab. Access to flush toilets was higher among host households (26%) compared to refugee households (17%). **The sharing of latrines was common, with 43% of refugee households and 42% of host households sharing their facilities,** averaging about 4 households sharing per latrine for both groups.

Most households used sanitation facilities located outside but within the compound (71% of refugees, 55% of hosts). However, a substantial proportion of host households (42%) reported having facilities within their premises compared to 28% of refugee households.

Regarding latrine-related issues, **46% of refugee households and 37% of host households reported experiencing problems.** Among those facing issues, overcrowding (18% refugees, 9% host), lack of segregation between men and women (16% refugees, 15% host), and unclean facilities (12% refugees, 14% host) were the most common problems. Lack of privacy and safety concerns were also reported, affecting both refugee and host communities.

The findings revealed that **a relatively high number of households still lacked access to handwashing facilities, with 42% of refugee households and 44% of host households reporting that they did not have access.** This highlights a crucial gap in basic hygiene infrastructure that needs to be addressed to ensure the health and well-being of these communities. For those who had access to handwashing facilities (58% refugees, 56% host), the most commonly used type was a jerrycan with a tap, found in 45% of refugee households and 50% of host households. This choice likely reflected the practicality of portable and adaptable solutions in areas where fixed handwashing stations may not be feasible. However, there was still a reliance on less optimal facilities like buckets with taps (20% refugees, 25% host), tippy taps (17% refugees, 11% host), and jugs (15% refugees, 11% host), and especially among refugee households.

On a positive note, the majority of households with handwashing facilities had the necessary supplies to maintain good hygiene practices. Specifically, 76% of both refugee and host households reported having both soap and water available at their handwashing stations. This is encouraging, as it indicated that those with access to facilities were generally well-equipped to practice proper hand hygiene. However, the remaining 24% of households that lacked either soap, water, or both, highlighted the need for ongoing support to ensure that everyone can maintain effective hygiene practices. Addressing these gaps will be essential for improving public health and preventing the spread of diseases in these communities.

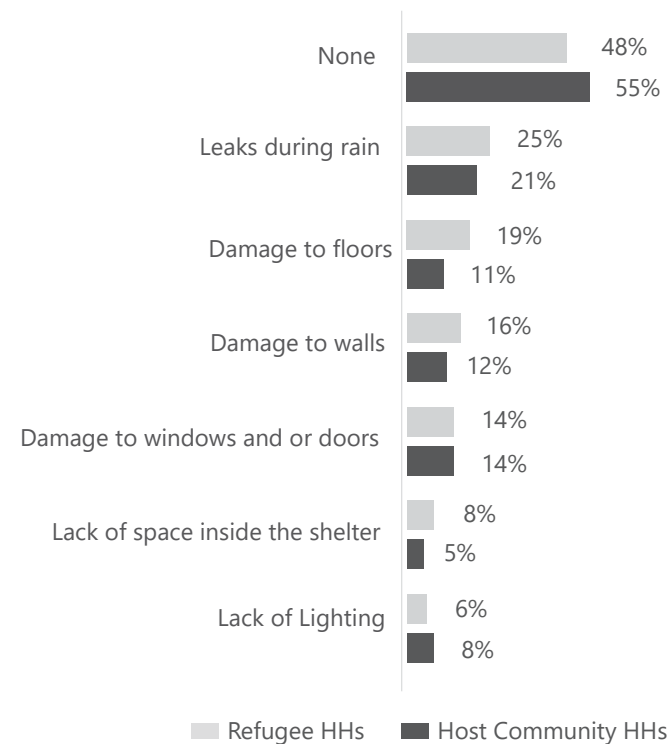
Access to shelter or accommodation

Most refugee households (56%) lived in permanent structures, compared to 46% of host households. A similar percentage of refugee households (17%) reported residing in semi-permanent houses compared to hosts (15%), while a slightly higher proportion of host households (39%) lived in thatched houses compared to refugees (28%).

Most households reportedly did not share their shelters or houses, with 96% of refugee and 91% of host households living as independent units. Among those who shared, refugee households shared their shelter with an average of 5 people, while host households shared with an average of 2 people outside of the household.

As shown in Figure 13, the commonly reported shelter issues included leaks during rain (25% refugees, 21% hosts), floors (19% refugees, 11% hosts), and damage to windows and doors (14% each for both groups). Additionally, 16% of refugee households and 12% of host households reported damage to the walls.

Figure 13: Most commonly reported types of shelter damage or noticeable issues

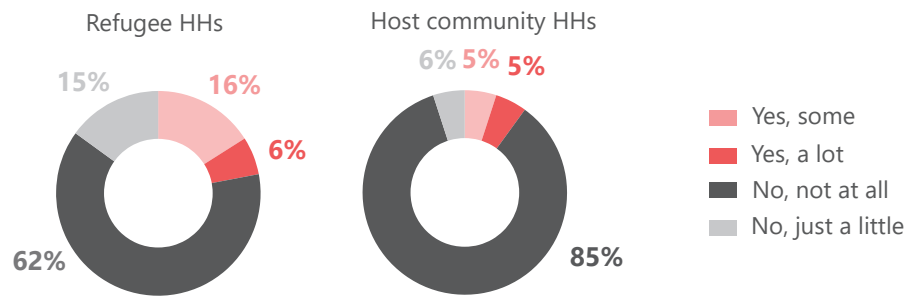


Financial constraints were the primary reported barrier to accessing adequate shelter, affecting 51% of refugees and 70% of hosts. Other barriers included the limited availability of adequate housing in the area (10% refugees, 1% hosts), lack of access to basic services (7% refugees, 25% hosts), lack of legal documentation (2% refugees, 3% hosts), deterioration housing conditions and lack of resources for repairs (2% refugees, 2% hosts).

In terms of occupancy arrangements, **53% of refugee households reported renting their shelter compared to 18% of host households, whereas most host households (79%) owned their shelters compared to 39% of refugee households.**

Eviction was a somewhat common issue among refugees, with 15% having experienced eviction in the six months prior to data collection compared to 5% of hosts. The main reasons for eviction among these refugees included unpaid rent and rent increases. Fear of eviction was higher among refugees, with 22% expressing some level of fear compared to 10% of host households as shown in Figure 14.

Figure 14: Proportion of households living in constant fear of eviction, by households who reported fear of eviction within the next six months from the time of data collection (Ref. N=82, 37%, Host N=33, 16%)



NRC’s Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda assessment notes that “forced evictions not only uproot refugee households from their communities and support networks but also often force them into even more inadequate living conditions or homelessness.”¹⁷

Conclusions on Access to Basic Services

The findings indicated a mixed impact of the refugee population in Adjumani town on access to basic services. While 52% of host community households reported that access to services has improved, with new services being provided, 30% experienced more difficulties, particularly in healthcare and education. Healthcare access was a major issue, with both refugees and hosts reportedly facing challenges such as medication shortages, long waiting times, and high costs. Refugees also faced additional barriers like lack of documentation and perceived discrimination.

Education access revealed discrepancies, with fewer refugee children enrolled and attending school regularly compared to host children, mainly due to high costs and perceptions regarding school age. In terms of WASH services, both groups experienced water cuts and difficulties accessing water, with refugees reporting slightly higher issues with latrine access and hygiene facilities. Shelter conditions showed that a higher percentage of refugee households rented their homes and faced eviction risks, leading to heightened insecurity and fear of forced evictions. These findings highlight the need for targeted interventions to improve access to healthcare, education, WASH services, and shelter, addressing the unique challenges faced by both refugee and host communities.

Social Cohesion

Household Participation in Social Activities

The levels of engagement in social activities differed between refugee and host communities in Adjumani town. Among refugee households, 42% reported involvement or engagement in social activities, compared to 34% of host households. Additionally, 39% of refugee households reported participation in social or communal activities with host community members.

Relationships with the Host Community

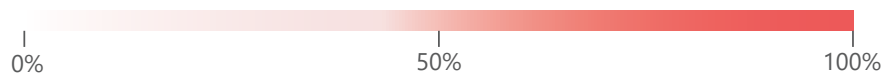
Regarding relationships with the host community, the findings depicted a predominantly positive perception, with a combined 87% of refugee households reporting good or very good relationships with hosts, and only 12% maintaining a neutral stance. **There were no reports of a bad relationship, indicating a generally harmonious coexistence.** Similarly, the Area-Based Assessment in Mbarara highlighted a good relationship between refugees and hosts, with 56% of hosts reporting a good relationship and 27% reporting a very good relationship. Only 1% reported a bad relationship.

Insights from key informant interviews underscored this harmonious coexistence, with refugees and hosts living together with minimal conflicts, supported by a hospitable host community and mutual adherence to Ugandan laws. Cultural similarities were reported to further facilitate integration, often strengthened through intermarriage and community engagement. Despite lacking voting rights, refugees were reported to actively participate in village-level planning meetings alongside hosts, indicating a degree of civic integration.

However, **barriers to integration for refugee households reportedly persisted.** While 35% reported no hindrances, 27% cited employment challenges, 16% language barriers, and 23% lacked access to education or vocational training. Limited healthcare access affected 15%, while 11% reported having experienced discrimination from the host community. Housing issues, social isolation, cultural differences, and awareness of support services were also cited as challenges.

Table 7: Factors hindering the integration of refugees in Adjumani town

Factors	Refugee HHs	Host Community HHs
None	34%	36%
Employment or economic challenges	26%	31%
Limited access to education services	26%	15%
Language barrier	18%	11%
Limited access to healthcare services	13%	18%
Discrimination from the host community	13%	5%
Lack of awareness of available services	10%	10%
Cultural differences or misunderstandings	3%	10%
Challenges securing housing	6%	7%
Difficulty making connections with locals	5%	2%
Fear of safety or security concerns	3%	2%



When the host community respondents were asked if they believed that refugees contributed positively to the social and economic fabric of Adjumani town, only 5% reported negative perceptions. These respondents cited several concerns; strains on resources, pressures to social services, integration barriers, while some also believed refugees compete for jobs, disadvantaging locals.

In terms of representation, **a noteworthy portion of refugees (69%) and hosts (86%) felt that refugee needs and voices were adequately represented in community decisions.** However, language barriers, social differences, and discrimination were reported to hinder effective representation, more so for refugees.

Regarding decision-making, while most refugee (71%) and host households (87%) felt able to contribute, a notable portion of refugees (28%) felt excluded. Furthermore, refugee involvement in local governance (13%) was much less reported than among hosts (44%).

Perceived discrimination against refugees within the community was reportedly relatively low, with 78% of refugee households not feeling discriminated against, but concerns existed, particularly in workplaces and public spaces, with 8% reporting discrimination in the workplace or when trying to find work opportunities, and 6% reportedly experiencing it on the street or marketplace. Most host households (88%) reported not observing discrimination, though some (6%) reportedly observed it in hospitals and 4% in the workplace or when seeking employment.

Conclusions on Access to Social Cohesion

Social cohesion between refugee and host communities in Adjumani was generally positive, with the majority of households reporting good or very good relationships. Cultural similarities and mutual adherence to Ugandan laws facilitated harmonious coexistence, often strengthened through intermarriage and community engagement. However, barriers to full integration persisted, including employment challenges, language barriers, and limited access to education and vocational training. Discrimination and social isolation also affected a portion of the refugee population. Despite these challenges, refugees actively participated in community decision-making and local governance, indicating a degree of civic integration. Efforts to enhance social cohesion and address integration barriers are essential for fostering a more inclusive community.

Endnotes

All pages: * Respondents could select multiple answers, findings may exceed 100%

Picture page 1: "Uganda-12" by StephenLukeEdD is licensed under CC BY 2.0."

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¹ [UNHCR, Uganda Comprehensive Refugee Response Portal, April 2024](#)

² [IMPACT-REACH, WFP, and UNHCR Vulnerability and Essential Needs Assessment: Volume One," October 2020.](#)

³ [VNG International Self-Settled Refugees and the Impact on Service Delivery in Koboko Municipal Council, 2018](#)

⁴ [Forced Migration Review Local integration as a durable solution January 2023](#)

⁵ Similar reports by IMPACT-REACH can be found here, for [Mbarara](#), [Arua](#), and [Kampala](#)

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⁶ [IMPACT-REACH Movement, Livelihoods, and Access to Basic Services Assessment in Adjumani Town March 2024](#)

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⁸ [IMPACT-REACH Uganda Mbarara Area Based Assessment Terms of Reference February 2024.pdf February 2024](#)

⁹ [IMPACT-REACH Mbarara Area-Based Assessment \(2024\)](#); 84% of surveyed refugee households reported that armed conflict was the most reported reason for refugees leaving their country of origin.

¹⁰ [IMPACT-REACH Uganda Movement and livelihood intentions of urban refugees in Uganda Situation Overview \(2023\)](#), limited access to education (69%), limited access to healthcare (58%), and limited availability of food (31%) were identified as top push factors.

¹¹ [IMPACT-REACH Mbarara Area-Based Assessment \(2024\)](#); 94% of households reported livelihood improvements, with 23% describing the improvement as greatly improved and 71% as slight.

¹² Due to rounding up, findings may not amount exactly to 100% on this Situation Overview

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¹³ [WFP Livelihood Coping Strategies](#), Indicator for Food Security March 2023

¹⁴ [IMPACT-REACH The realities of self-reliance within the Uganda refugee Context April 2023](#)

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¹⁵ By ID, we mean a refugee ID or an attestation that identifies the individual as a refugee usually issued by OPM

[NRC Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#) March 2024

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¹⁶ [NRC Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#), March 2024

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¹⁷ [Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#)

Acknowledgment

We would like to extend our heartfelt gratitude to all the participants who attended the dissemination workshop held on June 26th, 2024, at the Aragan Hotel in Adjumani. Your active participation and insightful contributions were invaluable in discussing the findings of our assessment. We deeply appreciate the presence and engagement of representatives from the following organizations and government bodies:

- Office of the Prime Minister (OPM)
- United Nations High Commissioner for Refugees (UNHCR)
- Adjumani District Officials
- Adjumani Town Council
- West Nile Development Association (WENDA)
- NGO Forum
- Non-Governmental Organizations: VNG, NRC, LWF, ACAV, Ayuda en Acción, C&D
- Community-Based Organizations (CBOs): Global Aim, Equal Steps, Friends of Zoka, MMA
- Political Leaders
- Religious Leaders
- Opinion Leaders

Your support and collaboration are crucial in addressing the challenges faced by the Adjumani community, and we look forward to continuing our joint efforts to create positive change. Thank you once again for your dedication.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

Mbarara City Area Based Assessment (ABA) July 2024 | Uganda

Context & Rationale

As of 30 June 2024, Uganda hosted 1,656,423 refugees and 45,855 asylum-seekers, with 79% being women and children, making it Africa's largest refugee-hosting country.¹ Most refugees (91%) live across 13 formal settlements. They are primarily South Sudanese (57%) and Congolese (31%).² The 2019 Vulnerability and Essential Needs Assessment (VENA) by REACH, WFP and UNHCR revealed that 91% of refugee households were highly economically vulnerable.³ In response to funding shortfalls, cuts to the General Food Assistance (GFA) which started in 2021 up until July 2023, potentially had severe consequences for many, already vulnerable refugee households.⁴

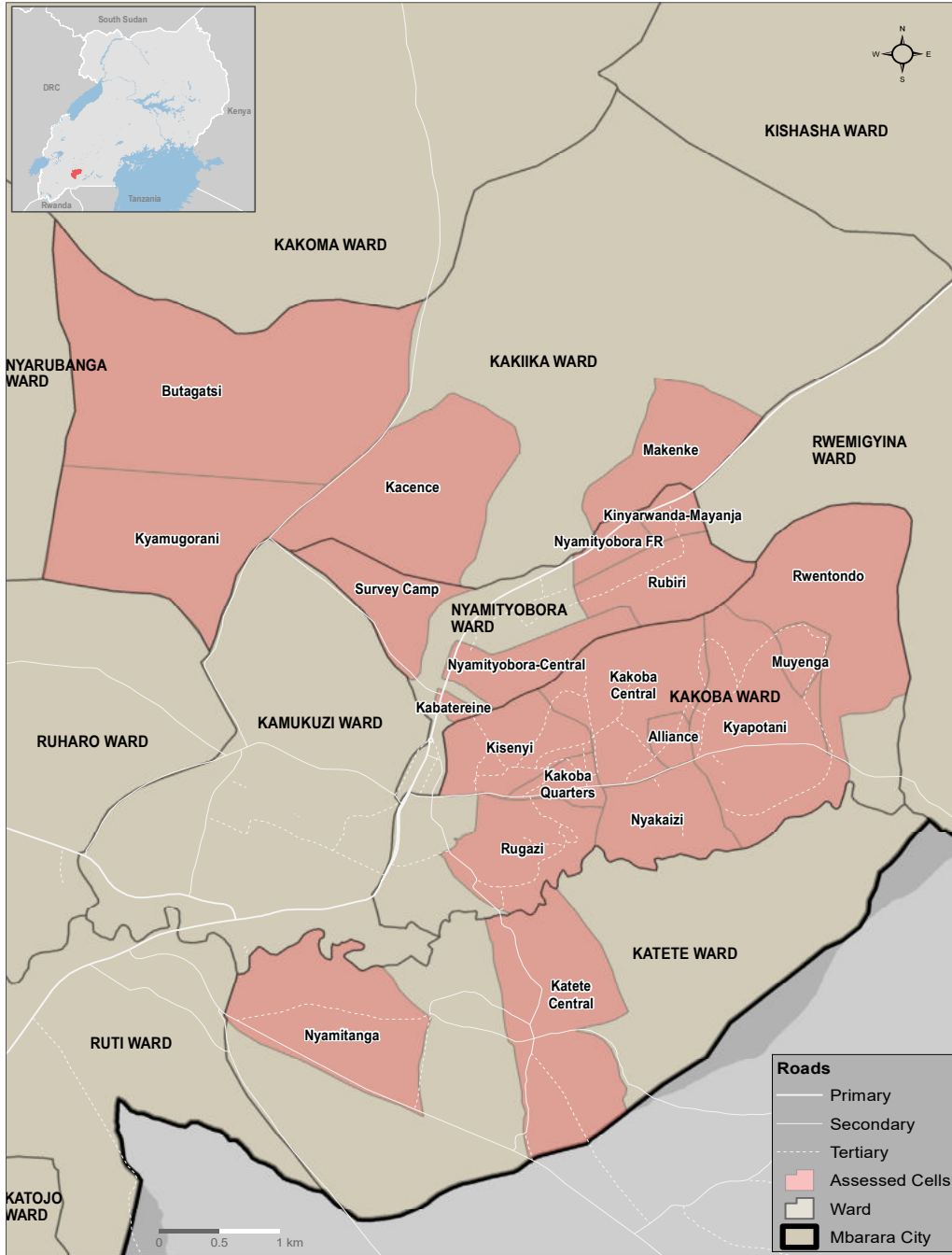
Uganda's unique and progressive 'Open Door' policy grants refugees freedom of movement, the right to work, and access to education and healthcare, and refugees are encouraged to live within the settlements or Kampala. However, various factors prompt many refugees to move from settlements to secondary cities, which strains urban services.^{5,6} Urban refugees living outside of Kampala, are not as well-accounted for in municipal budgets or refugee response plans, leaving districts and cities or towns to rely on underfunded local services to cater to these refugees' needs, in addition to the existing population.^{7,8}

Mbarara, Uganda's second-largest city, gained city status in July 2020 and lies in the South of Uganda, near several refugee settlements. This proximity has increased refugee numbers in Mbarara, stressing the city's services. Unlike Kampala, Mbarara lacks refugee-specific service provisions and population data or evidence on needs and vulnerabilities, complicating efforts to secure additional funding to support both refugees and host communities⁹. Current research more often focuses on Kampala and the West Nile sub-region, leaving a gap in understanding urban refugees in Mbarara, despite recent effort from actors such as REACH to fill information gaps on urban refugees.^{10,11,12,13,14}

Key Messages

- Refugee households primarily relocated from Nakivale settlement to Mbarara **due to reported insufficient access to services like healthcare, education, and livelihood opportunities**. Despite the move to an urban center, concerns persisted among refugee in Mbarara regarding basic needs such as food, livelihood, and education for children. This highlights the ongoing challenges faced by these communities to meet their essential requirements, even after moving.
- Most refugee households reported an improvement in their livelihoods since moving to Mbarara. Refugee households mentioned **depending on income from sporadic or seasonal work, along with cash aid from UN agencies, NGOs, and CSOs**. Income from cash aid is very little compared to other sources. This reliance on unstable employment and external assistance indicates economic vulnerability and reinforce the needs of refugee households for more stable livelihood opportunities.
- In addition to orphaned children and seniors, **female and single female headed households emerged as the most vulnerable demographics, across refugee and host community households**. These groups consistently exhibited more precarious conditions compared to male-headed households.
- Both refugee and host community households encountered similar obstacles in accessing services, such as lack of work opportunities and lack of credit to start a business. **Language barriers, identified by refugee households across multiple sectors such as livelihood and health, were also reported as a challenge by service providers**. This underscores the intersectionality of this barrier and the need for language support services across sectors.

Map 1: Assessed cells within Mbarara city, Uganda



Methodology

This assessment employed a mixed-methods approach, incorporating both quantitative and qualitative data collection methods. Household surveys, key informant interviews (KIIs) and focus group discussions (FGDs) were conducted with refugees, host community members and key informants in Mbarara. REACH also organized a scoping mission in January 2024 to consult with the Office of the Prime Minister (OPM) and to host mapping FGDs with local authorities to determine (i) [the cells in Mbarara hosting a high concentration of refugee households](#) (HHs), (ii) [the main health and education facilities accessed by refugee and host community HHs](#).^{15,16}

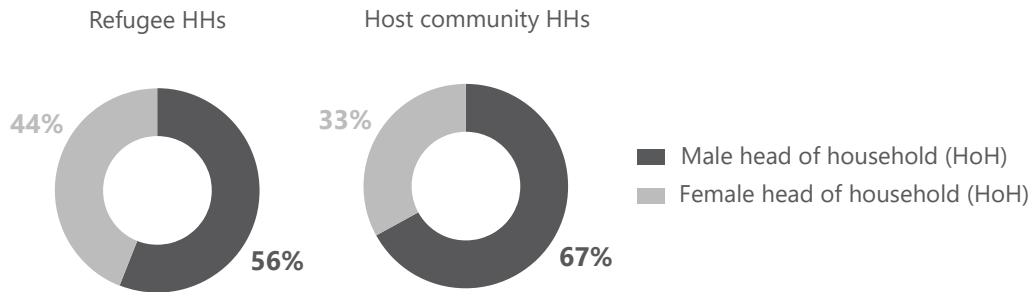
Quantitative interviews involved face-to-face interviews with self-reported heads of households (HoHs) or proxy respondents above age 18. The surveys included questions at the family level and individual level sections to collect information about each member of the HH. REACH conducted a total of 432 surveys with refugee HHs and 430 with host community HHs. The sampling strategy featured a stratified simple random sampling with a 95% confidence level and 5% margin error for both populations.¹⁷ Refugee and host households were selected via random allocation of geographic points in the city cells with high concentration of refugee HHs using GIS. In order to prevent the sampling of economic migrants, as per OPM's request, only HHs who met the following criteria were sampled: (i) being compelled or forced to flee their home, (ii) residing in a country outside Uganda prior to fleeing, and (iii) fleeing due to one or more of the listed reasons such as armed conflict, the death, injury, or disappearance of a family member, expulsion by governmental or non-governmental forces, damage or destruction of property due to conflict or disaster, occupation of house or land without consent, presence of landmines or unexploded ordnance (UXO), or natural disasters. The findings are considered representative at the level at which they are sampled (i.e., areas with high concentrations of refugees within Mbarara city). For additional information on the quantitative sample, please refer to the [quantitative analysis](#).¹⁸

Semi-structured FGDs were conducted with four groups with refugee populations and four with the host community. Additionally, three KIIs were conducted with community and church leaders (community network leaders and multi-faith church leaders where refugees pray), three with local authorities and 10 with service providers (three with the health sector, one with the WASH sector, three with the financial sector and three with the education sector).¹⁹ A questionnaire was developed for each of these groups. Findings should be considered indicative. For additional information on the qualitative sample, please refer to the [data saturation and analysis grid](#).²⁰

Data collection took place from the 4th to the 27th of March 2024.

Demographics

Figure 1: % of head of household (HoH) by gender and household (HH) type



% of HHs with a single female HoH



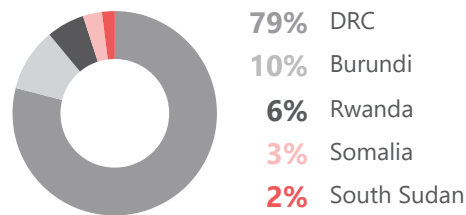
% of HHs with pregnant/lactating HH members



% HHs with a member >5 years old or HoH with a disability

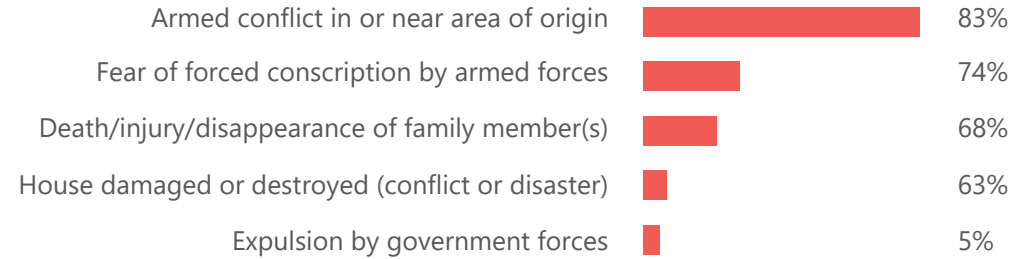


Displacement origin, by % refugee HHs (n=432)



There is no statistically significant differences between female and male refugee HoH regarding displacement origin or main causes of displacement. However, more males (15%) than females (4%) came from Burundi, and more males (33%) than females (24%) left their country due to fear of forced conscription by armed forces.

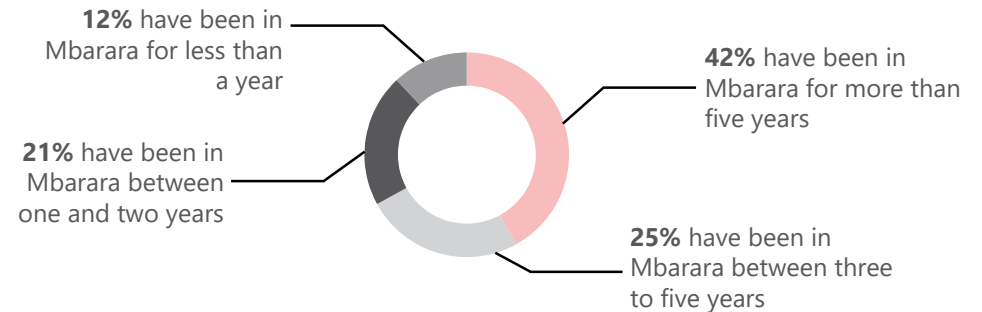
Figure 2: Main causes of displacement by % refugee HHs (n=432)*



Location of refugee households, push and pull factors to the city, and movement intentions

Almost all (93%) surveyed refugee households (HHs) in Mbarara reported that their **previous location was a refugee settlement in Uganda**, while 4% came directly from their home country and 1% came from another country (not being their home country), a rural area or an urban center in Uganda. Of those whose previous location was a refugee settlement in Uganda, 86% arrived from Nakivale settlement and 10% from Orunchinga. The other 4% reportedly arrived from Kyaka II, Rwamwanja, or Kyangwali.

Figure 3: Length of stay in Mbarara by % of refugee HHs (n=432)





The primary reported reasons for leaving previous locations and choosing Mbarara were **linked to access to basic services and livelihood opportunities** as illustrated below. These reported reasons are common across several urban assessments within the REACH portfolio (access to education, healthcare and availability of food were the main reported reasons by refugee HHs for settling in [Adjumani](#) and [Gulu](#))²² and [NRC](#).²³

Participants of the refugee FGDs also mentioned that poor water quality and diseases due to inadequate living conditions in the settlements were factors that contributed to their decision to leave.

Main reported push factors by refugee HHs for leaving previous location (n=432)*

 Access to healthcare	46%
 Access to education	35%
 Access to livelihood/job opportunities	35%
 Quality of food	14%
 Availability of food	14%

Main reported pull factors by refugee HHs for coming to Mbarara (n=432)*

 Access to livelihood/job opportunities	31%
 Access to healthcare	31%
 Access to education	30%
 Proximity to the settlement	16%
 Availability of food	12%

94% of refugee households mentioned **their livelihoods greatly or slightly improved since moving to Mbarara**, a similar finding to REACH's [Adjumani](#) urban assessment.²⁴

It's interesting to note that despite this reported improvement, livelihood support remains the second most frequently reported priority need. This juxtaposition suggests that while progress has been made, **there are persistent challenges and unmet needs in ensuring sustainable livelihoods for refugee HHs** in urban areas like Mbarara.

Participants from refugee FGDs and KIIs noted that refugees occasionally returned to the settlements, primarily to collect cash and/or food from assistance occurring every three months (this could potentially change with the increased focus on digitized cash-based assistance).

Others mentioned that refugees came back to the settlement to engage in trading activities, visit relatives or to participate in verification processes within the settlement. Respondents reportedly noted that their HH members often divided their time between the settlement and the city of Mbarara to enhance their access to income and livelihood opportunities.

Only **5%** of refugee households had a plan to move outside Mbarara in the six months after the interview.

NRC's research on legal protection needs in secondary cities in Uganda found that 42% of their respondents reported having their families across various locations, often to ensure continued access to assistance.²⁵ Similarly, [IOM's 2024 Flow Monitoring](#) also observed that most of the flows in and out of Nakivale settlement were likely due to economic reasons.²⁶






KII and FGD respondents mentioned that if refugees return to their country of origin, it is mainly due to the challenges of settling in Uganda and adapting to the life there. However, there are also refugees who engage in pragmatic movement between their home country and Mbarara for trading purposes, such as procuring goods in their home country and selling them in Mbarara (e.g., fabric from DRC). The frequency of these movements remains unclear.

According to KIIs and FGDs, the frequency of movement between Mbarara city and other urban centers in Uganda remains unclear. However, the main motivation behind these movements appears to be livelihood and education opportunities, especially for refugee HHs relocating to from Mbarara to Kampala. Other reasons mentioned were the prospect of living in an area that is cheaper and the prospect to acquire more land for farming.

Priority needs and barriers of refugee and host community households in Mbarara

The main reported priority needs of the refugee households (HHs) in the HH survey are outlined in the table below. KIIs mentioned these are in high demand due to difficulties in affording basic needs. The main reported priorities such as basic food needs and employment, underscore concerns about household self-reliance, leading to less prioritization of essential needs like education, health and WASH.

Main priority needs reported by refugee HHs in Mbarara (n=432)*






 Basic food needs	56%
 Livelihood support/employment	50%
 Education needs for children	31%
 Shelter/housing needs	29%
 Healthcare needs	22%

56% of refugee HHs received aid over the three months prior to the interview (n=432)

Among the 56% of refugee households who reported having received aid within three months of the interview, cash (90%), food (18%) and health (5%) were the most common type of aid received by refugee HHs. This aid was mainly administered through UN Agencies, international NGOs and national NGOs/CSOs/RLOs.

KIIs also mentioned additional support was needed for specific refugee groups, such as seniors, orphans, widows/single female HoHs and families with newborns. The main priority needs for single female HoHs are outlined below. For single female HoHs, educational needs for children, along with shelter and housing, appear to be higher priorities compared to other needs outlined by refugee HHs.

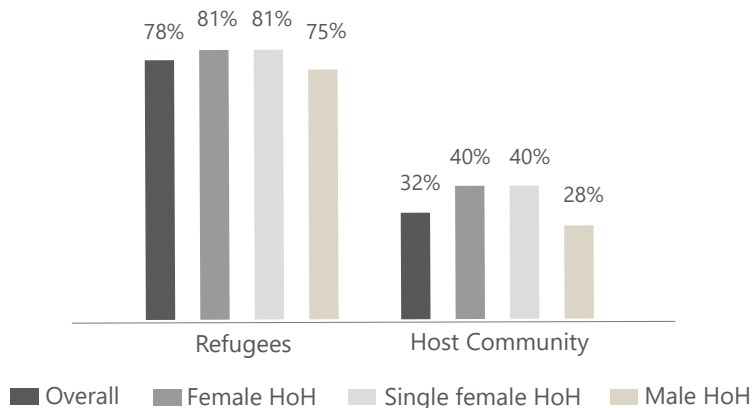
Main priority needs reported by refugee single female HoH in Mbarara (n=432)*

 Basic food needs	58%
 Education needs for children	45%
 Livelihood support/employment	41%
 Shelter/housing needs	28%
 Financial services (e.g., loan, credit)	25%

Basic food needs

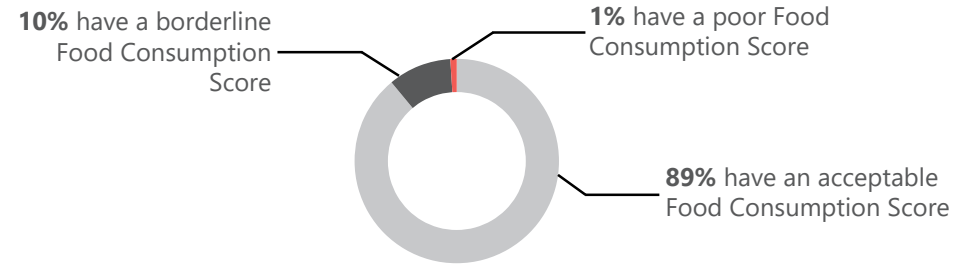
As shown below, 78% of refugee HHs reported they did not have sufficient money for food in the month preceding the interview, in contrast to 32% of host community HHs facing the same challenge. **This financial strain appears slightly pronounced among female and single female HoHs, then male HoHs**, regardless of whether they are refugee or host community HHs.

Figure 4: % of HHs reporting not having enough money for food 30 days prior to the interview by type of HH



Purchases from markets or stores were reported by 91% of refugee HHs as their main source of food, while food assistance from NGOs, WFP, and UNHCR was mentioned by 26% as a secondary source and by 24% as a tertiary source for their HH. Most of the interviewed refugee households (HHs) had an acceptable food consumption score (FCS), with no substantial difference noted between female and male HoHs.

Figure 5: Food Consumption Score (FCS) by % interviewed refugee HHs



Barriers to food access

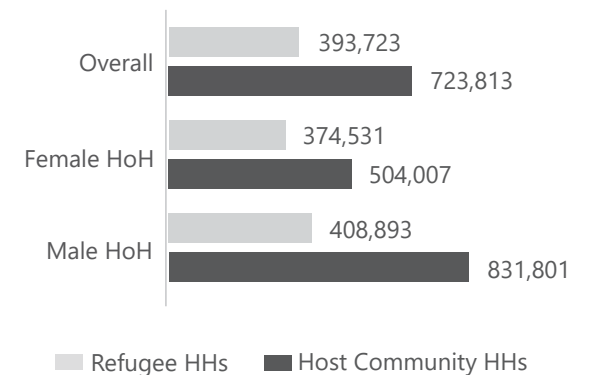
91%

of refugee HHs reported financial constraints as being the primary barrier to access food, followed by the lack of availability in the market or store, cited by 4%.

Livelihoods

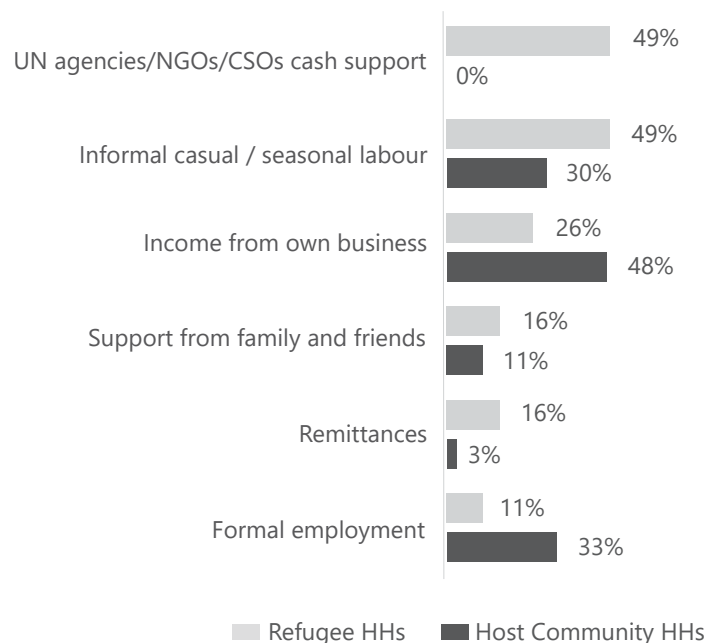
Host community HHs reported having an average income of US\$ 723,813 within the last 30 days of the interview. **This is about 84% higher than that of refugee HHs, US\$ 393,547.** Host community HHs face a larger income disparity between female and male HoHs, with male HoHs earning on average 65% more than female HoHs. For refugee HHs, this income difference is about 9%.

Figure 6: Average reported HH income in Ugandan Shillings (US\$) within the last 30 days of the interview



As depicted below, there is a notable disparity in the primary sources of income for refugee and host community HHs over the three months preceding the interview.

Figure 7: Main income sources over the three months prior to the interview by % of HHs*



Refugee HHs appeared to rely more heavily on cash support from UN agencies, NGOs, and CSOs, as well as income from informal casual or seasonal labour. Yet, cash support from UN agencies, NGOs and CSOs is on average very little (US\$ 72,151) compared to other sources of income. This outlines the importance of other sources of income for refugee HHs such as informal casual or seasonal labor.

Overall, **this suggests reliance on external support and unstable jobs, which may also suggest economic vulnerability**, as reported in other urban assessments within the REACH portfolio (in [Adjumani](#), 19% of refugee HHs were reliant on informal casual or daily labor).²⁷ Notably, livelihood support emerged as a primary concern for refugee HHs throughout this assessment. In contrast, host community HHs relied more on income generated from their own businesses and employment.

While refugee HHs also received income from their own business ventures and employment, support from family and friends, including remittances, played a significant role as 36% declared receiving some and 16% indicated it was their main source of income. On average, surveyed refugee HHs received US\$ 421,567 in remittances over the three months prior to the interview. In REACH assessments conducted in [Adjumani](#) and [Gulu](#), remittances were also highlighted as playing a significant role as a source of income and as a key factor influencing the decision and ability of refugee households to relocate to and sustain life in urban centers.²⁸

Only 16% of refugee HHs reported having enough money for basic services (i.e., education and health care needs) in the month prior to the interview, compared to 55% of host community HHs. Similar to food, this financial strain appears to be more pronounced for female and single female HoHs than for male HoHs, regardless of whether they are refugees or host community members.

Table 1: Average income by type of main income and household in Ugandan Shilling (US\$)

Type of household (HH)	Refugee HHs		Host Community HHs	
	Income	n	Income	n
Income from own business	US\$ 320,116	112	US\$ 515,123	203
Informal casual / seasonal labour	US\$ 267,448	210	US\$ 321,118	127
UN agencies/NGOs/CSOs cash support	US\$ 72,151	212	n.a	n.a
Employment	US\$ 255,102	49	US\$ 764,326	141
Remittances	US\$ 421,567	67	US\$ 338,000	15
Crop production	US\$ 171,667	6	US\$ 266,000	50
Support from family and friends	US\$ 251,957	69	US\$ 314,468	47

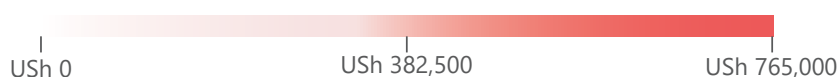


Figure 8: % of HHs reporting not having enough money for basic services during the previous 30 days of the interview, by refugee and host community HHs

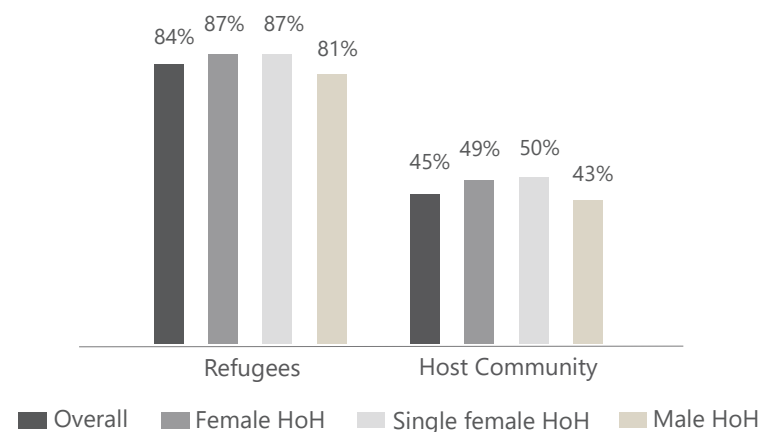
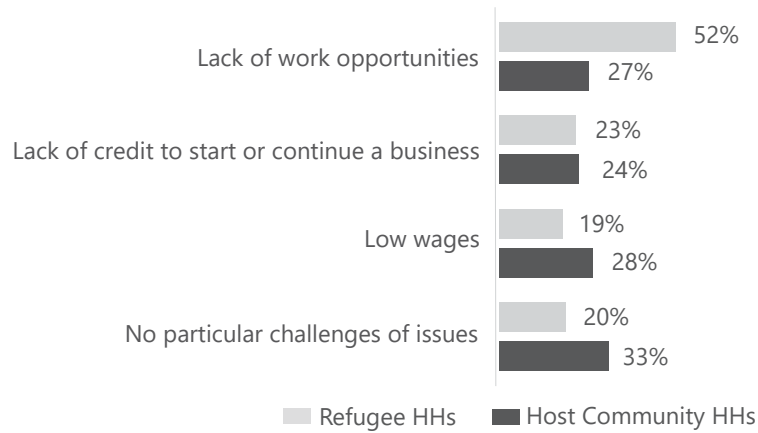


Figure 9: Type of barriers to livelihood activities by % of refugee and host community HHs*



Barriers to livelihoods

As illustrated in above, refugee and host community HHs reported similar primary barriers to livelihood activities. Yet refugee HHs reported barriers to livelihoods activities more frequently than host community HHs. According to FGDs, refugee HHs also faced language barriers and discrimination in trying to access livelihood opportunities, based on their refugee status or their origin. These barriers were reported by respondents as contributing to poverty, crime and debt among both groups.

According to REACH’s assessment in [Gulu](#), access to formal financial services and markets were the main barriers to sustainable livelihood among urban refugee and host community HHs.²⁹

Education

Refugee HHs with children reported that 12% of assessed children were not enrolled in formal school for the current school year, compared to 9% for host community children as reported by host community households. This mainly concerned children aged 17-18 and 3-5 years old for both groups regardless of gender. Host community children tend to pursue higher education more than refugee children. While one might assume that children from host communities stay in school longer due to a lower proportion of younger children in their households, data from Mbarara suggests otherwise. In fact, children aged 16-18 constitute only 13% of host community households, whereas they make up 18% of refugee households. This pattern is consistent across other age groups as well, such as those aged 1-3, 10-12, and 13-15 years old.

Figure 10: % of school-age children attending regularly, irregularly and not enrolled in the current school year

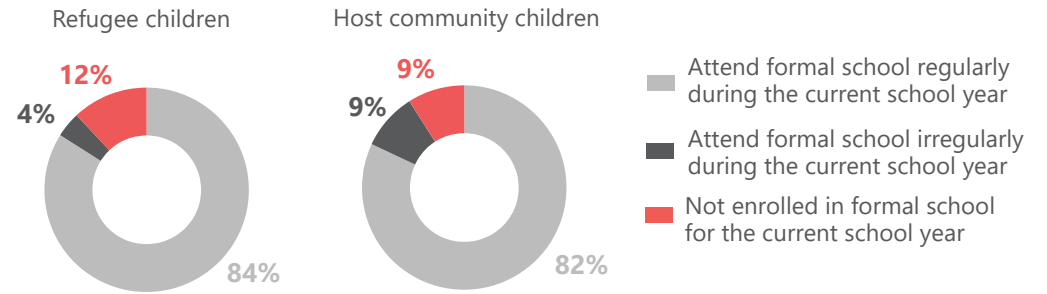


Table 2: attended levels of school by % of children and HH type

Levels of school	Refugee children	Host Community children
Pre-primary	29%	31%
Primary	54%	46%
Lower secondary	15%	19%
Upper secondary	2%	3%
Vocational college	0%	1%
Tertiary university	0%	1%

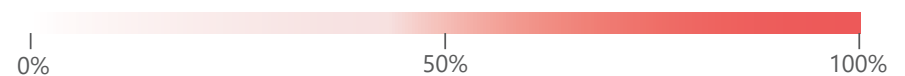
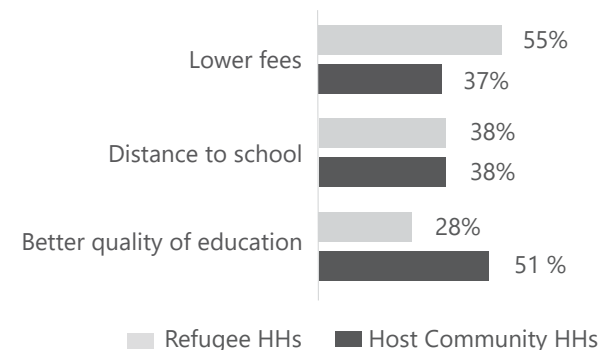


Figure 11: Main reasons for school choices by % of HHs and type of HH*



A higher percentage of host community children (63%) attended private schools compared to refugee children (56%). Host community HHs seem to chose schools based on perceived better quality and proximity. Conversely, refugee HHs seems to prioritize lower fees and also considered proximity.

Barriers to education

Among children not enrolled in school or attending irregularly, 80% of school-aged refugee children and 60% of host community children are absent **due to their HHs' inability to afford education-related expenses such as tuition, supplies, and transportation**. In [Adjumani](#), cost of education being too high was mentioned by 54% of refugee and 56% of host community HHS as a reason for school-age children not attending school.³⁰ These costs typically increase with higher education levels. Given that refugee HHs have a lower average income and frequently report insufficient funds for basic services, **this financial strain likely contributes to the lower completion rates of higher education** among refugee children and influences their school choices.

Health

Unmet health needs were reported by 13% of host community HHs compared to 25% of refugee HHs. For both host community (n=58) and refugee HHs (n=109) reporting an unmet need, medication was the most frequently cited unmet health care need.

Table 3: Unmet health care needs, by type of need, HHs reporting unmet health needs and type of HH*

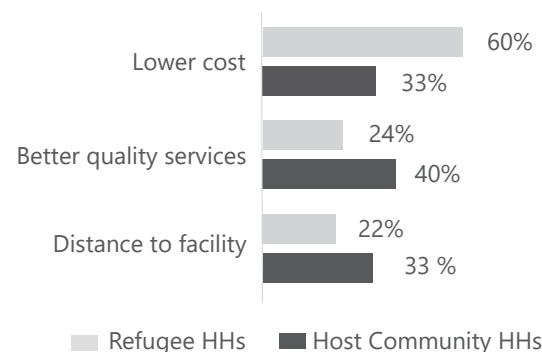
Type of health need	Refugee HHs	Host Community HHs
Medication	66%	47%
Medical consultation	28%	17%
Surgery	8%	24%
Ante-natal or post-natal	0%	12%
Dental	7%	16%
Mental health related needs	3%	7%

Most of refugee and host community HHs sought health care in Mbarara (95% respectively), while very few refugee HHs declared going back to the settlement to access this service (5%).

In the three months prior to the interview, 43% of host community households mentioned not accessing a health facility. Among those who did not access (n=183), 73% perceived that if they had to access one, they would have access to a functioning health facility if needed. Similarly, 46% of refugee HHs reported not accessing a health facility in the same period. Of those refugees (n=183), just over half (54%) perceived they would have access to a functioning healthcare facility if they needed to. Access to functioning healthcare facilities could be related to the scarcity of health facilities in certain northern and southern wards of Mbarara where refugees live (e.g., Nyarubanga ward does not have a main health facility used by refugee and host community HHs).³¹

Refugee HHs mentioned seeking healthcare at government hospitals (35%) and government health centers (26%), while host community HHs seem to more commonly go to private hospitals (31%) followed by government hospitals (25%). Lower cost was cited as the main reason for choosing these types of health facilities by refugee HHs. While cost is also a significant factor for host community HHs, the better quality of services appears to be a more important determining factor. It is important to note that the lower costs specifically for refugees was mentioned by 16% of refugee HHs as a reason for choosing a health facility. The need for documents was mentioned by 5% of refugee HHs.

Figure 12: Most commonly reported main reasons for choosing health facility, by type of reason and HHs*



Barriers to health care

While host community HHs reported fewer barriers to accessing healthcare services in the last three months before the interview compared to refugee HHs, **women across all HH types faced more barriers** (29% of refugee and 22% for host community women). **Cost of treatment emerged as the primary barrier** cited by both refugee and host community HHs, regardless of gender.

Accommodation

% of HH reporting a damage or noticeable issue to their accommodation



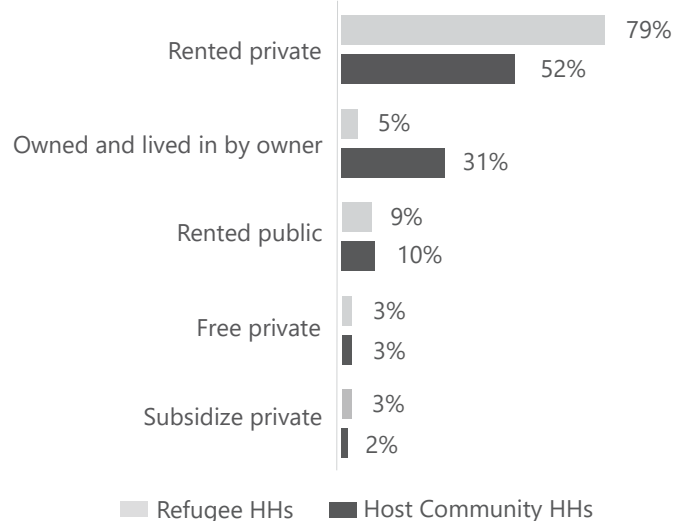
Average number of people sleeping per room (shelter crowding index)



For host community HHs that reported damages (n=100), 40% concerned minor damage to the roof, 39% damage to floors and 25% leaks during the rain. For refugee HHs who reported damages (n=67), 39% concerned damage to floors, 25% minor damage to the roof and 22% damage to windows and/or doors. Refugee HHs are slightly under the threshold of crowdedness, that is more than 3 people sleeping in one room. Both host community and refugee female HoHs generally reported more damage to their accommodations compared to male HoHs. This could be attributed to the fact that female HoHs from both communities reported having a lower average income and insufficient funds for food and basic services (health, and education) more frequently than male HoH.

More than half of refugee HHs (51%) reported living in a Muzigo,³² followed by room(s) in a house (22%) and detached houses (13%). This is very similar to host community HHs, with fewer reportedly living in a Muzigo (48%) and more in rooms of a house (27%) and detached house (17%).

Figure 13: Occupancy tenure by % of HHs and type



Refugee HHs indicated a higher reliance on rental accommodation than host community HHs, almost a third of which owned their accommodation. This could be attributed to the fact that refugee HHs have a lower average income and face more challenges accessing loans than host community HHs.

Barriers to accommodation

According to FGDs, high rent prices, landlord discrimination over large families, and the need for rent deposits were major barriers to host community HHs in securing accommodation, leading to eviction risks and financial strain. Refugee HHs faced similar challenges, along with overcrowding, poor living conditions, and discrimination, resulting in frequent evictions and increased vulnerability. **The most reported reason for eviction for both refugee and host community HHs was not paying the rent on time.** REACH's assessment in [Adjumani](#) also found that both refugee and host community HHs reported not paying the rent on time as the main contributing factor to eviction, followed by increasing rent and the inability of HHs to follow the increase.³³

REACH's findings align with [NRC's](#),³⁴ showing that few refugees in Uganda's secondary cities own their accommodation. About 60% of interviewed refugees lack formal tenancy agreements, leading to precarious housing situations. Without written agreements, arbitrary rent increases are common, causing unpaid rent and eventual eviction. These forced evictions disrupt support systems, resulting in poorer living conditions, loss of livelihoods, school drop-outs, and adverse mental health effects.

Water, Sanitation and Hygiene (WASH)

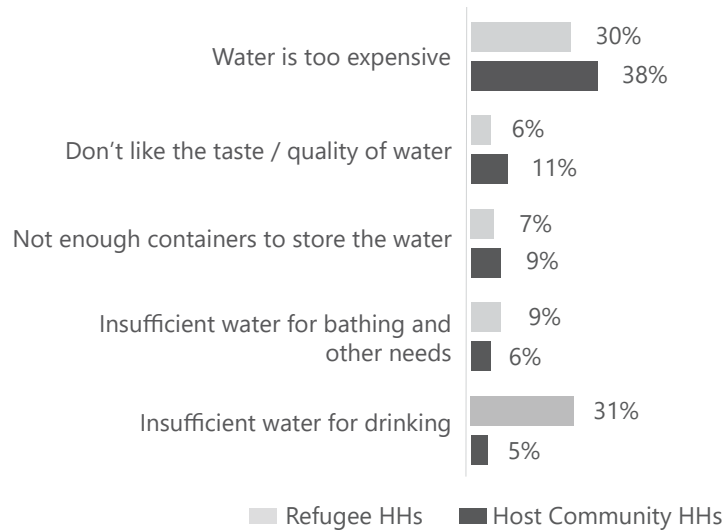
The main source of water for drinking was piped water into HH dwelling/plot for both host community HHs (58%) and refugee HHs (59%), followed by tap/standpipe and piped water into other's dwelling plot for both community type.

% of households reporting a challenge with water



Just under three quarters of the refugee HHs declared facing challenges the water. The main concerns with water expressed by refugee and host community HHs is the high price water, while refugee HHs also reported issues with access to water. In contrast in [Adjumani](#), more host community (62%) than refugee (58%) HHs reported facing issues with accessing water.³⁵

Figure 13: % of HHs with problem of access to water by type of problem and type of HHs*



Refugee HHs mostly use flush pit latrines (25%) or flush septic tanks (25%), with 14% using ventilated improved pit (VIP) latrines. In contrast, 43% of host community HHs use VIP latrines, 20% use flush septic tanks, and 12% use covered pit latrines with a slab. Better quality latrines are considered to be flush to piped sewer system, flush to septic tank and VIP latrines. Additionally, 45% of both refugee and host community HHs share their main toilet facility with other HHs.

% of HH reporting a problem with accessing toilet facilities

36%

Refugee



27%

Host Community

Average number of other HHs with whom HHs share their toilet facility

4

Refugee



5

Host Community

Among the refugee households surveyed, 36% (n=154) reported issues with sanitation facilities, including unclean or unhygienic facilities, overcrowding, lack of access to toilet facilities, and absence of gender segregation between men and women. In contrast, among the host community households, 27% (n=116) reported issues with sanitation toilet facilities. The main concerns included the lack of segregation between men and women, cleanliness and hygiene issues, and overcrowding.

Table 4: % of HHs with problem of access to toilet facilities by problem, HHs reporting a problem and type of HHs

Type of problem	Refugee HHs	Host Community HHs
Toilet facilities are not segregated by gender	23%	46%
Toilet facilities are unclean / unhygienic	50%	41%
Toilet facilities are too crowded	25%	41%
Toilet facilities are not private (no locks/door/walls)	14%	16%
Toilet facilities are not functioning or full	8%	11%
Some groups (children, women, etc.) lack access	10%	4%
Lack of toilet facilities	23%	1%

Capacity and needs of the local actors to respond to refugee and host community

According to KIIs (community and church leaders, local authorities and service providers: WASH, education and financial), service providers support refugees and host community households' (HHs) needs, however with limited assistance from other actors. **Respondents expressed a desire for increased involvement from the state and city or district governments, the UN, INGOs, as well banks.** Such support was suggested to come in the form of funding and/or provision of resources and services, among others. Respondents also expressed the need for more local and international actors, especially in the WASH and health sectors. Resource constrains have also been identified as one of the biggest challenge to the urban refugee response in [Yumbe, Lamwo and Moyo](#), especially for services providers in the education and health sectors.³⁶

Education

As reported by KIIs, the influx of refugees in Mbarara has led to increased enrolment in schools, resulting in higher income from registration. However, KIIs also highlighted some increase in disciplinary issues due to cultural differences between refugees and host community children. To respond to the needs of both refugees and host communities, educational service providers have recruited private teachers, implemented meal programs in schools, provided more staff accommodation, organized Parent-Teacher Association meetings, and increased collaboration with privately owned schools. Despite these efforts, significant gaps remained.

Educational gaps	Impact of gaps
Lack of staff accommodation	Higher dropout rates
Low staffing levels	Teacher absenteeism
Under performing school meal programs	Higher fees to bridge educational gap
Inadequate school infrastructure	Congested classrooms
Insufficient support for scholarships	Low staffing levels
Language barrier	

WASH gaps	Impact of gaps
Absence of liquid waste management plan	Low health coverage
Shortage qualified WASH service providers	Patient deaths
Low staffing levels	Delayed diagnosis of chronic diseases
Gaps in coverage data	Poor quality postnatal care
Limited resources for community outreach	Patient retention issues
Language barrier	High prevalence of maternal deaths

Health

KIIs highlighted that the health sector has faced increased pressure from the presence of refugees in Mbarara, though this situation has also broadened the scope of learning for health service providers to address more diverse patient needs. However, determining the target population for care has become challenging due to refugee movements. To respond to the needs of both refugees and host communities, health service providers have implemented various measures, including offering cheaper or free health services, conducting community outreach, home visits, and health education initiatives.

Health gaps	Impact of gaps
Lack of specialised care for newborns	Low health coverage
Absence of AIDS clinic	Patient deaths
Unaffordable services	Delayed diagnosis of chronic diseases
Inadequate supplies and space for care	Poor quality postnatal care
Limited resources for community outreach	Patient retention issues
Language barrier	High prevalence of maternal deaths

Water, Sanitation and Hygiene (WASH)

As reported by KIIs in the WASH sector in Mbarara, WASH provisions have faced heightened pressure due to the presence of refugees. The movement of refugees has complicated efforts to determine the target population for WASH services. To address the needs of both refugees and host communities, WASH service providers have implemented various measures. These include advising food vendors on food safety standards, conducting immunization and mass vaccination campaigns, inspecting wastewater and garbage disposals, organizing sensitization meetings, and establishing functional water points.

Finance

As reported in KIIs, financial service providers have had to adjust to the needs of the refugee and host population needs. Providers have focused on providing finance literacy and access to credit/loans as a primary support mechanism.

Finance gaps	Impact of gaps
Failure to repay loans on time	Losses from insecure loans
Lack of trust from host community	Business collapsing
Limited support for community based financing	Refugees registering their business through community members to access loans

Barriers faced by service providers in Mbarara

According to KIIs, service providers in Mbarara were facing numerous challenges in meeting refugees' financial, health, WASH and education needs. **All service providers interviewed reported struggling with language barriers and a lack of data on refugee needs to provide adequate services to refugees.** It reportedly affected refugees' access and willingness to seek healthcare or to receive effective WASH services. Limited access to loans due to their status also hinders financial inclusion and entrepreneurial ventures for refugees, while delayed school fees and lack of student profiling (i.e., emphasis and support for students with difficulties) lead to drop-outs in schools.

Community networks and church leaders

According to community and church leaders KIIs, they organize and engaged in various activities in support of refugees, such as assisting single mothers, school dropouts, facilitating cash saving groups, and organizing youth cultural and sports activities. These actors primarily relied on contributions from fellow refugees and host community households.

Respondents recommended enhancing efforts through increased collaboration with government, INGOs, and NGOs. They emphasized the importance of supporting the most vulnerable, facilitating business creation, and providing funding and educational opportunities for youth.

Local authorities

Respondents from KIIs indicated a **lack of specific measures implemented by local authorities in response to the presence of refugees in Mbarara**. While some respondents mentioned initiatives such as sensitization and guidance on income-generating activities with youth, there was still a perceived gap in the additional support needed by local authorities to effectively address the needs of both host communities and refugees. Those who highlighted gaps in service provision expressed **concerns that refugees are missing out on services due to insufficient support provided to local authorities**. The gap in local authorities' response to the presence of refugees in Mbarara could partly explained by the lack of clear stipulations in the current legal and policy framework regarding the role of local authorities in managing urban refugees.³⁷

KIIs all agreed that there is currently **no collaboration between the city administration and other actors regarding refugee support in Mbarara**. They identified waste management and refugee identification documentation as areas requiring more support. [NRC's](#) findings elaborate at length on the legal protection needs of refugees in secondary cities in Uganda. KIIs emphasized the necessity of securing additional funds to facilitate collaboration between local authorities and other stakeholders. They also stressed the importance of cooperation between the Office of the Prime Minister (OPM) and the United Nations (UN), and local authorities to address the needs of both refugees and host communities.

Protection concerns faced by refugees and host population

According to participants of the four gender-separated FGD with host communities, they often do not talk about safety and security concerns to any form of authority, attributing this to a lack of trust and concerns about the effectiveness. However, a few mentioned authorities were accessible and responsible. Threats to host community households' (HHs) safety primarily included theft and perceived risk associated with refugees and rebel groups active in the area. Vulnerabilities among different demographic groups were noted, with poverty posing a threat to seniors, and domestic violence to children and women.

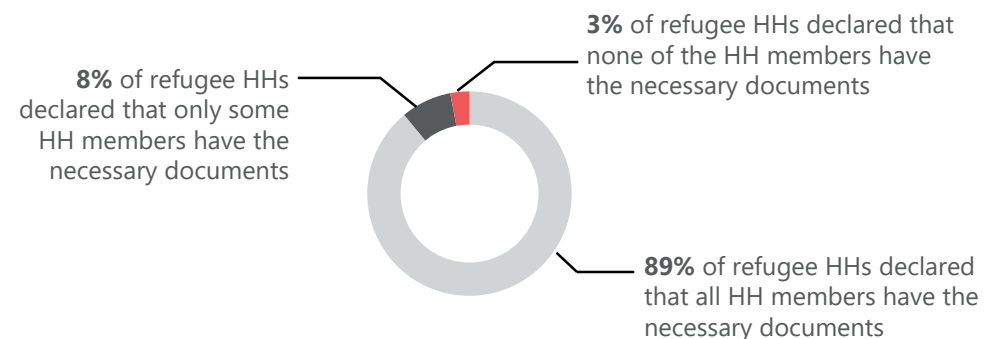
Participants reported that security concerns regarding refugees often involved theft, and FGDs/KIIs also elucidated that there is an overarching perception that if one refugee commits a crime, the blame is often generalized to the entire refugee population.

Risks of violence, particularly for children and women, and the lack of treatment for disabilities were also highlighted. Trust in community leaders and police varied among refugees, with some relying on community networks, while others expressed distrust due to concerns about fairness and transparency. Participants of the refugee FGDs expressed consensus that additional support for refugee safety and security was needed.

Both host community and refugee FGD participants mentioned that if they had to consult with local authorities, they would communicate face-to-face. Both groups also reported consulting with the community/area leader, the general chairman, the nearest police or between each other.

Refugee registration

Figure 14: HH member possessing documents that allows them to stay in Uganda by % of refugee HHs



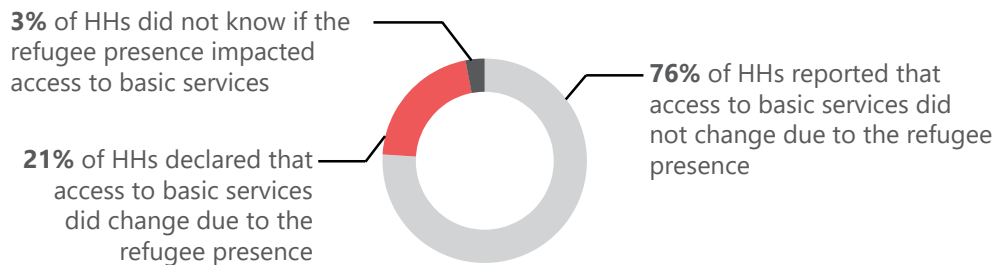
Most refugee HHs in Mbarara declared possessing a document that allowed them to stay in Uganda, a similar finding to REACH’s assessment in [Gulu](#).³⁸ On the contrary, REACH’s assessment in [Adjumani](#) found that 53% of interviewed refugees reported that some or all members were without refugees IDs.³⁹ Discussions with refugee FGDs and KIIs highlighted challenges related to refugee registration. Families may opt not to register due to various hurdles, including **alleged demand for payments, lengthy bureaucratic processes, and difficulties in obtaining necessary identification documents. The consequences of non-registration are substantial, potentially leaving refugees vulnerable and restricting their access to essential services.**

In [Adjumani](#), the lack of identification for refugees was also reported as causing problems in accessing essential services (i.e., education, health, finance).⁴⁰ Unregistered refugees may live more in isolation and be denied access and support. Additionally, undocumented refugees were reported as more easily suspected of crimes, which can heighten fear of refugees and contribute to potential tensions with or misperceptions among the host community. [NRC’s](#) findings dive at length into the legal protection needs of refugees in secondary cities in Uganda.⁴¹

Impact of the refugee presence on basic services provision for the host population

Most host community households (HHs) and KIIs **reported no changes** (positive or negative) in basic service provision due to the refugees presence in Mbarara.

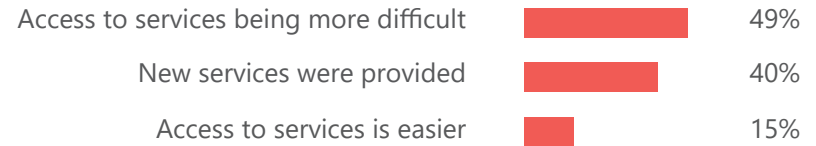
Figure 15: % of host community members reporting a change (positive or negative) in basic services access following the refugee presence in Mbarara



Among the host community HHs that reported a change (positive or negative), 49% states that access became more difficult against 15% reporting access to services becoming easier.

On the contrary, REACH’s assessment found that 30% of host community HHs reported access to services had become more difficult while 52% that access to services had improved due to the refugees presence in [Adjumani](#).⁴² In the districts of [Yumbe](#), [Lamwo and Moyo](#), service like education, health and water were reported as being affected by the presence of refugees in urban centers.⁴³

Figure 16: Type of change in access to basic services reported by host community HHs reporting a change (n=91) due to the presence of refugees in Mbarara*



Quantitative findings demonstrate that host community HHs reported that **employment was the most difficult service to access, followed by healthcare and education.** Qualitative findings suggest that health and the education sectors also bear a significant impact from the refugee presence in Mbarara, as they are the most requested and accessed services, a similar finding to REACH’s assessment in [Adjumani](#).⁴⁴ Both positive and negative impacts of the presence of refugees on basic services in Mbarara for the host population were mentioned during FGDs and KIIs.

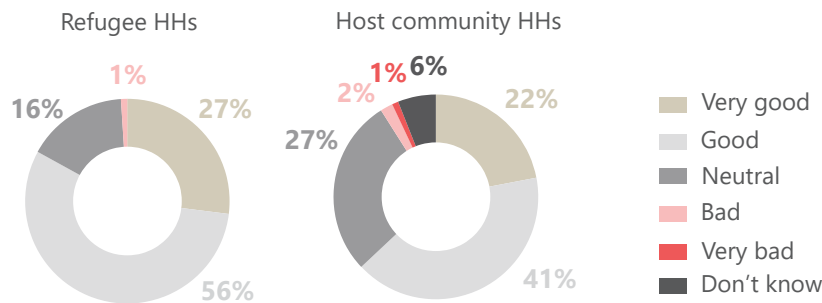
The negative impacts included resource strain on service providers, increased housing costs, heightened competition for businesses, and health concerns such as deteriorating WASH conditions and higher HIV prevalence.

Conversely, the positive impacts mentioned were increased school income due to higher student enrolment and improved trade opportunities and income from rentals.

Relationship between refugees and host population

Most refugee and host community households (HHs) **reported a good to very good relationship** between the two groups. Refugee HHs more frequently reported a positive relationship with the host community than vice versa. According to FGDs, host community perception of refugees varied, with some expressing mutual respect and others viewing refugees with suspicion and fear (i.e., some believed they are spies for neighbouring countries). The few host community HHs that reported a negative relationship (n=15) with refugees attributed it to competition over jobs (n=10), access to services (n=9), and language difficulties (n=9). Refugees reported mixed experiences, with some feeling comfortable and others facing discrimination. Discriminatory treatment was the main reason cited (n=3) by refugee HHs reporting a negative relationship (n=5) with the host community.

Figure 17: Type of relationship between refugees and host communities as reported by % and type of HH



Overall, most respondents from surveys, FGDs, and KIIs reported **minimal tensions and disputes between the host community and refugees**. Refugee HHs less frequently expressed the need for reconciliation between the groups than host community HHs, while host community HHs were more aware of reconciliation activities than host communities.

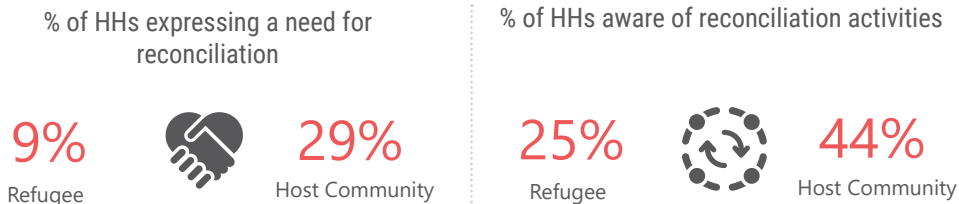


Figure 18: % of HHs aware of integration activities by main activities and HHs*



When conflicts did reportedly arise, **they were primarily attributed to cultural differences or historical discrimination**. Historical dynamics have left a legacy of tension and discrimination that affects current relations between Ugandans and Rwandese, particularly in areas with significant refugee populations. The influx of Rwandese refugees during the colonial period and subsequent independence era strained resources and led to local resentments while military operations against Rwanda led to fear and hostilities in Uganda.⁴⁵ Additionally, it was noted that **refugees and host communities typically led separate lives** and only come into contact during village meetings, when they attend the same religious institutions, or when refugee and host community children attend the same schools. Furthermore, informal authorities were described as mainly facilitating communication between the two groups rather than actively resolving any arising issues.

According to FGDs and KIIs, **both the host community and refugees generally feel unheard by local authorities during decision-making processes**. Indeed, 93% of host-community and 71% of refugee HHs reported not being able to contribute to decision-making in their area. However, it was noted by participants that if they give incentives, such as payments, their voices and opinions can be taken into consideration. Refugees specifically cited a bias from local authorities towards the host population, often feeling excluded from decision-making meetings and processes. Yet, a minority within both groups indicated feeling listened to.

Conclusion

The Area-Based Assessment (ABA) in Mbarara, for which data was collected in March 2024, reveals a multifaceted view of the living conditions, challenges, and needs for refugee and host community households (HH). Surveyed refugee HHs in Mbarara mainly came from Nakivale and Oruchinga settlements in Isingiro District. They predominantly reported moving to the city to access better healthcare, education, and livelihood opportunities, and left the settlements due to inadequate services and poor living conditions. Despite continued challenges to access livelihoods and services in Mbarara, most refugee HHs reported improved livelihoods after relocation, with only a few planning to move away from Mbarara (in the six months following the interviews), indicating some stability in their current situation.

Regarding the needs of refugee and host community HHs, the ABA revealed that both groups face significant challenges. However, refugees were found to experience more acute difficulties in the sector of basic food, livelihood support, education, and shelter. Indeed, 56% of refugee HHs mentioned basic food needs as their main need. Economic vulnerability also emerged from the data collected, with many refugee HHs lacking stable employment, relative to generally more stable host community livelihoods who more often reported engaging in livelihoods which required more substantial inputs or assets. Nonetheless, host community HHs also face financial constraints impacting food access and healthcare.

Both refugee and host community members expressed concerns about safety and security, with refugees in particular facing additional vulnerabilities due to their legal status. A substantial majority of interviewed refugee HHs possessed the necessary documents to stay in Uganda. However, challenges with refugee registration still pose significant barriers for some refugees. Overall, most host community HHs (76%) reported no changes (positive or negative) in basic service provision due to the refugee presence in Mbarara. Additionally, most refugee and host community HHs reported a good to very good relationship and minimal tensions and disputes between the two groups. When conflicts did reportedly arise, they were primarily attributed to cultural differences or historical discrimination.

Finally, the ABA in Mbarara highlights the intertwined challenges faced by both refugee and host community HHs, particularly in accessing basic needs and services. While refugee HHs have shown some stability, significant vulnerabilities persist. Service providers in Mbarara reported facing, among others, language barriers and lack of data on refugee needs, impacting service quality. Community and church leaders support refugees, but better collaboration with the government and INGO/NGOs could also prove to be productive. Overall, addressing the needs of both refugee and host community HHs requires a coordinated effort and enhanced partnerships among local

authorities, international organizations, and community leaders to create a supportive environment.

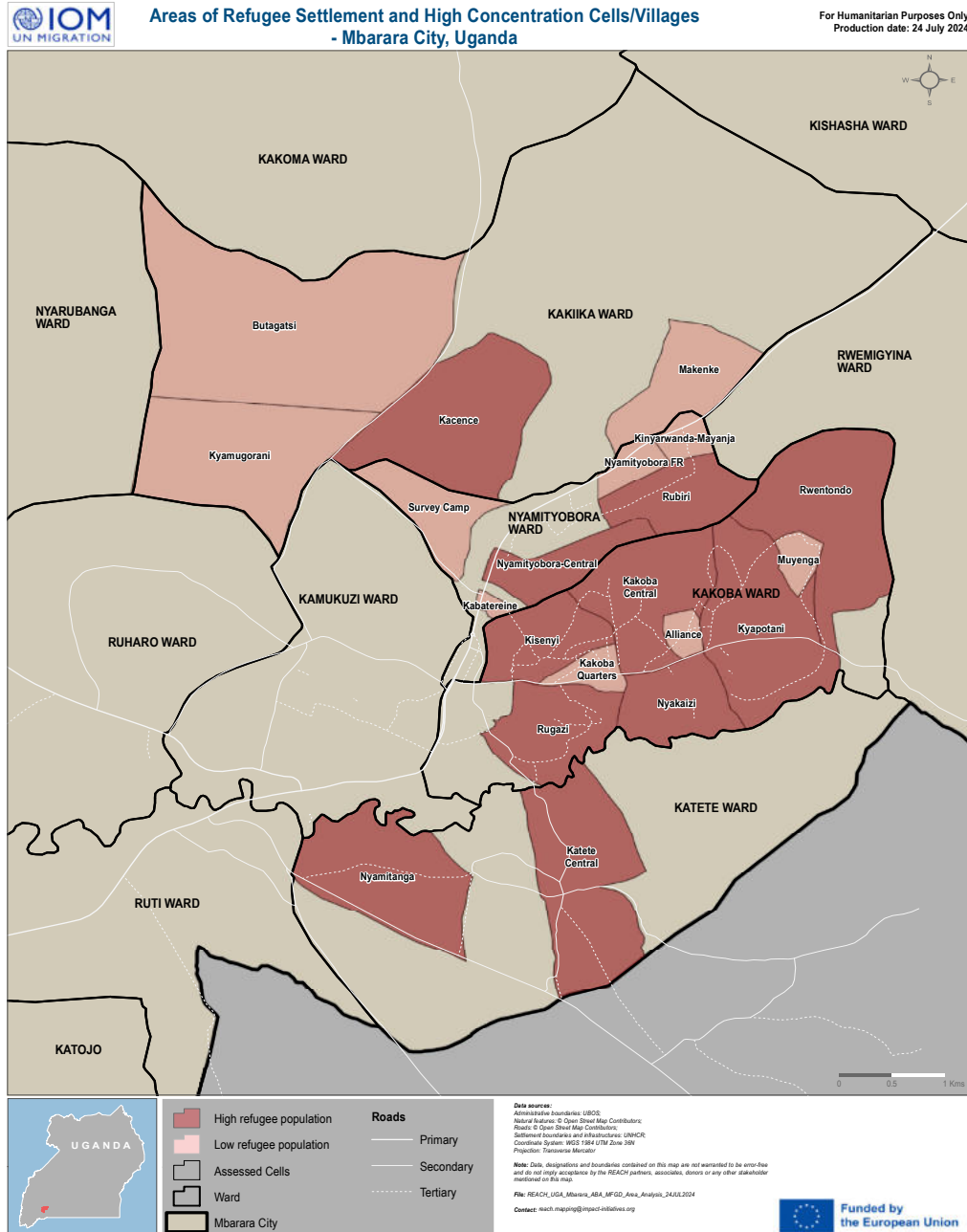
Methodological disclaimer:

Given the mixed-method approach applied for the Area-Based Assessment in Mbarara, quantitative findings from this assessment are representative with a 95% confidence level and 5% margin of error for both host and refugee households, specific to the aggregated areas assessed (see map 1 on page 2 of this document). Refugee and host households were selected via random allocation of geographic points in the city cells with high concentration of refugee HHs using GIS. In order to focus on refugees rather than economic migrants (as per OPM's request), only HHs who met the following criteria were sampled: (i) fled their home, (ii) residing in a country outside Uganda prior to fleeing, and (iii) fled due to one or more of the listed reasons such as armed conflict, the death, injury, or disappearance of a family member, expulsion by governmental or non-governmental forces, damage or destruction of property due to conflict or disaster, occupation of house or land without consent, presence of landmines or unexploded ordnance (UXO), or natural disasters. The findings are considered representative at the level at which they are sampled (i.e., areas with high concentrations of refugees within Mbarara city).

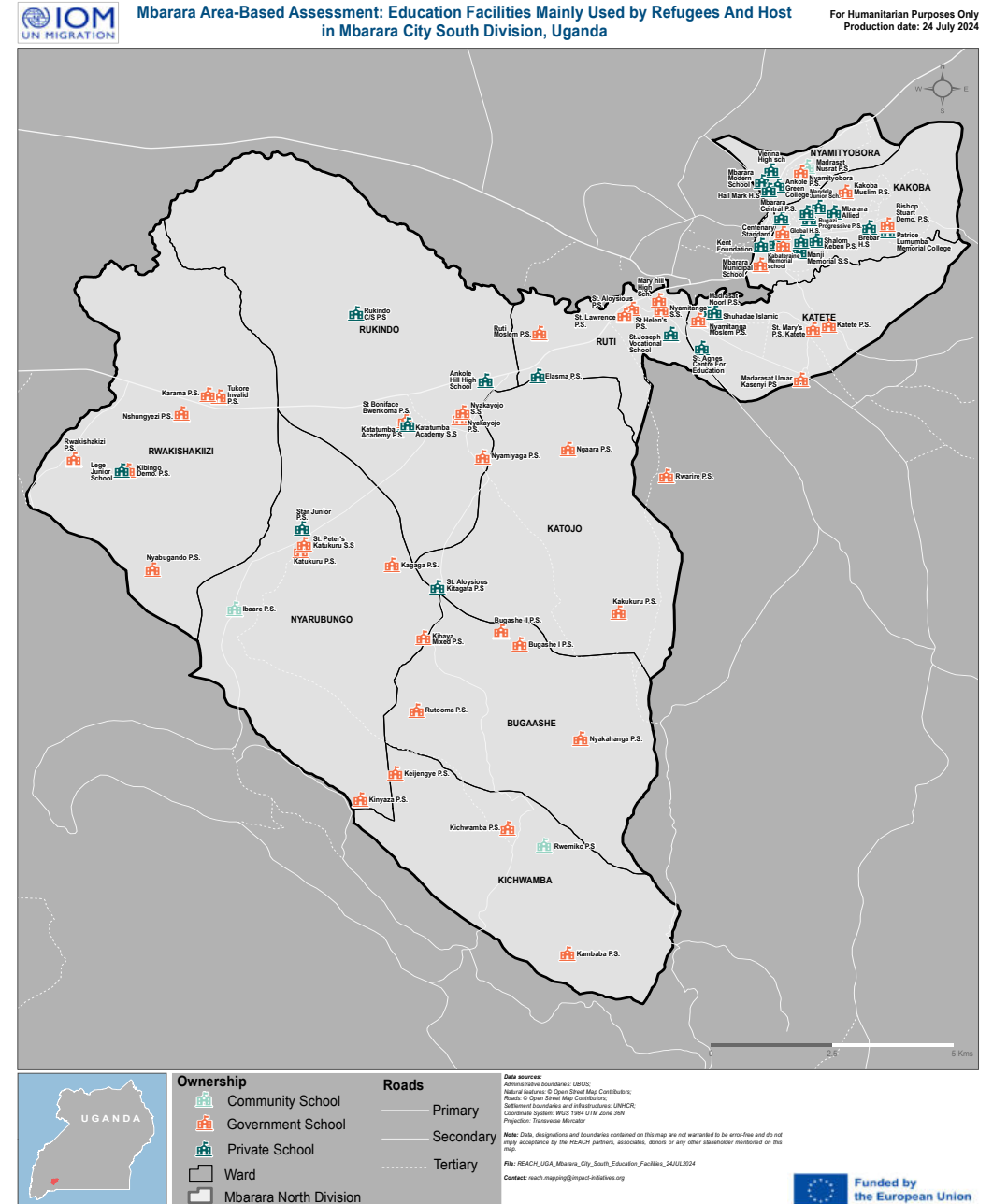
Qualitative findings derived from Key Informant Interviews and Focus Group Discussions are indicative.

Annex 1: Mapping focus group discussion maps

Map 2: Areas of refugee settlements and high concentration cells in Mbarara City



Map 3: Education facilities mainly used by refugees and host community in Mbarara City South Division

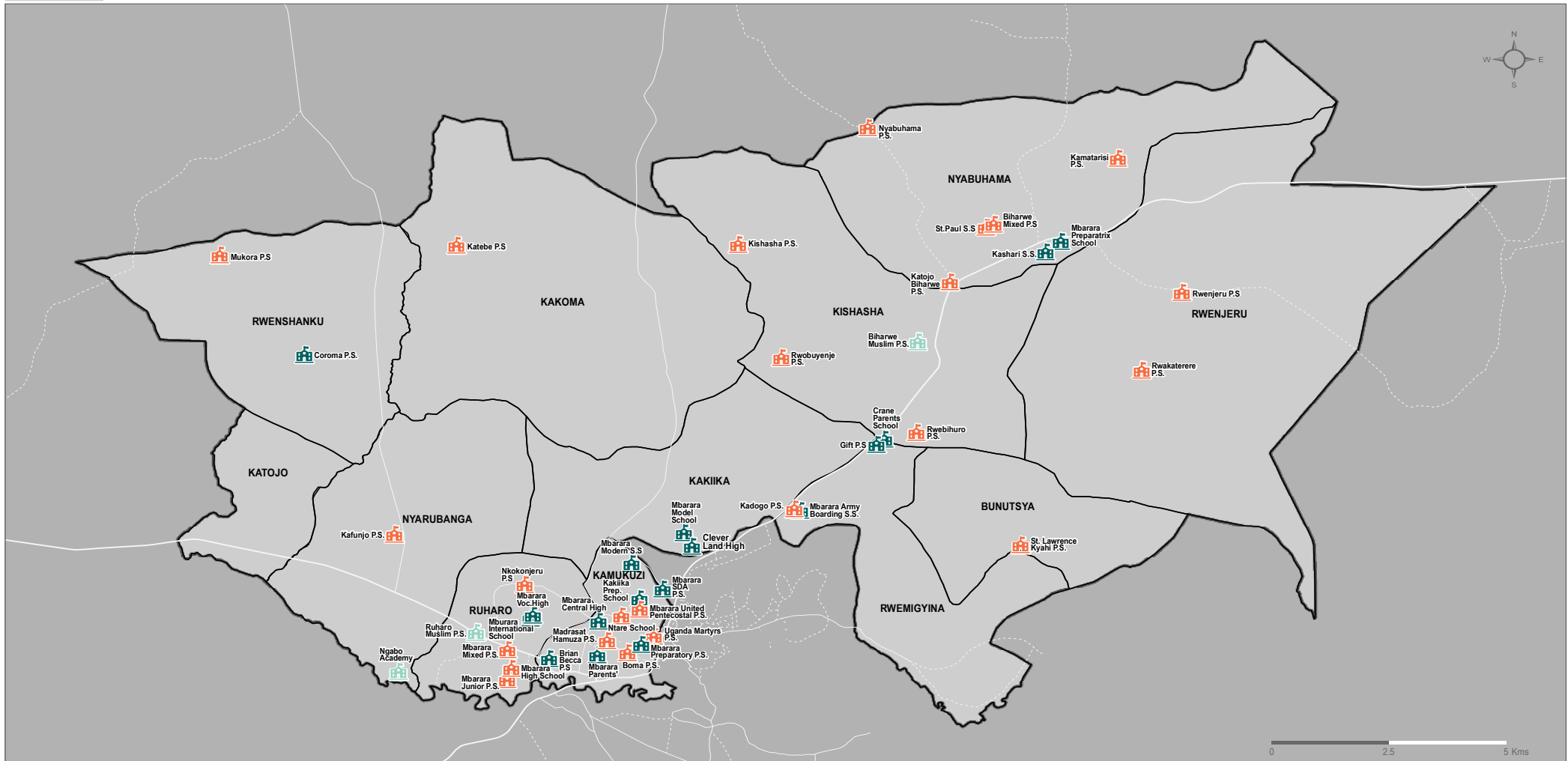


Map 4: Education facilities mainly used by refugees and host communities in Mbarara City, North Division



Mbarara Area-Based Assessment: Education Facilities Mainly Used by Refugees And Host in Mbarara City North Division, Uganda

For Humanitarian Purposes Only
Production date: 24 July 2024



Ownership

- Community School
- Government School
- Private School
- Ward
- Mbarara North Division

Roads

- Primary
- Secondary
- Tertiary

Data sources:
 Administrative boundaries: UBOS;
 Natural features: © Open Street Map Contributors;
 Roads: © Open Street Map Contributors;
 Settlement boundaries and infrastructures: UNHCR;
 Coordinate System: WGS 1984 UTM Zone 36N
 Projection: Transverse Mercator

Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates, donors or any other stakeholder mentioned on this map.

File: REACH_UGA_Mbarara_City_North_Education_Facilities_24JUL2024

Contact: reach.mapping@impact-initiatives.org

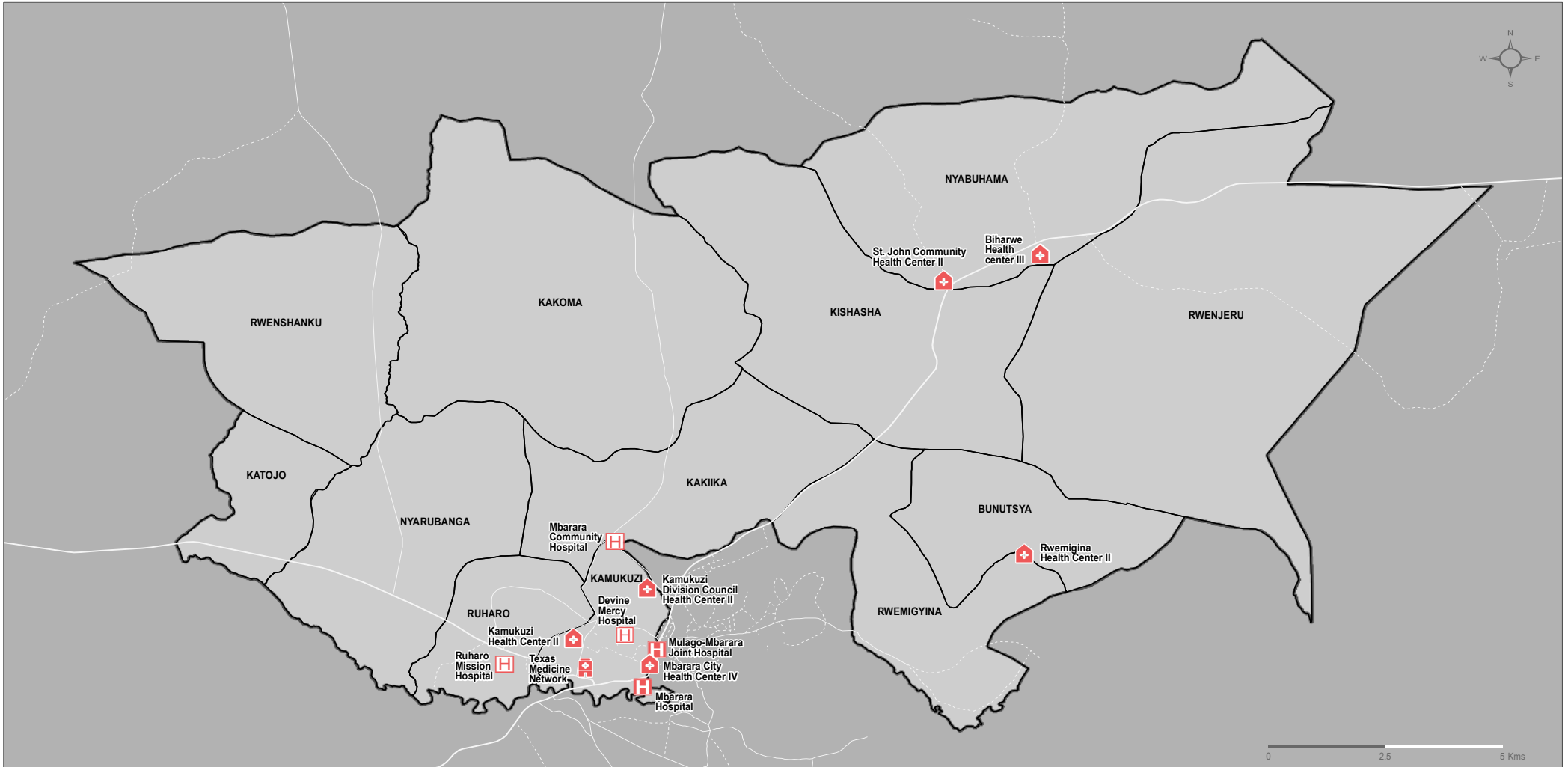


Map 5: Health facilities mainly used by refugees and host communities in Mbarara City, North Division



Mbarara Area-Based Assessment: Health Facilities Mainly Used by Refugees And Host in Mbarara City North Division, Uganda

For Humanitarian Purposes Only
Production date: 24 July 2024



Grade

- Government Health Center
- Government Hospital
- Private Clinic
- Private Hospital

- Ward
- Mbarara North Division

Roads

- Primary
- Secondary
- Tertiary

Data sources:
Administrative boundaries: UBOS;
Natural features: © Open Street Map Contributors;
Roads: © Open Street Map Contributors;
Settlement boundaries and infrastructures: UNHCR;
Coordinate System: WGS 1984 UTM Zone 36N
Projection: Transverse Mercator

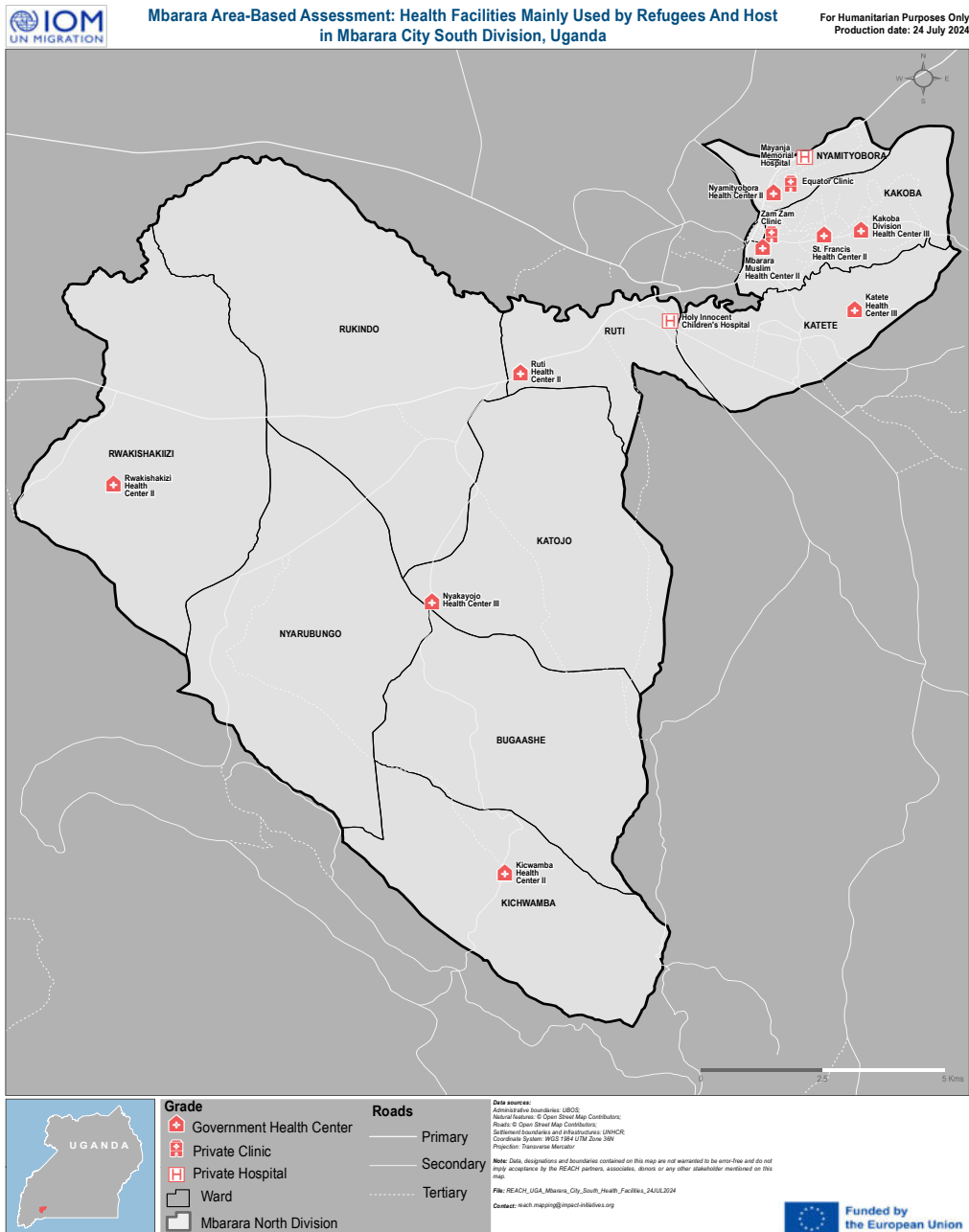
Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates, donors or any other stakeholder mentioned on this map.

File: REACH_UGA_Mbarara_City_North_Health_Facilities_24JUL2024

Contact: reach.mapping@impact-initiatives.org



Map 6: Health facilities mainly used by refugees and host community in Mbarara City South Division



Endnotes

All pages: * Respondents could select multiple answers, findings may exceed 100%
Picture page 1: "Mbarara at Sundown" by notphilatall is licensed under CC BY-SA 2.0.

Page 1

- 1 UNHCR, OPM, [Uganda – Population Dashboard as of 30 June 2024](#), 2024
- 2 UNHCR, OPM, [Uganda – Population Dashboard as of 30 June 2024](#), 2024
- 3 IMPACT, WFP, and UNHCR, [Vulnerability and Essential Needs Assessment: Volume One](#), 2020
- 4 WFP, [WFP prioritises food assistance for the most vulnerable refugees in Uganda as needs outstrip resources](#), 2023
- 5 African Affairs, [Volume 120, Issue 479](#), April 2021, Pages 243–276, 2021 .
- 6 Center for Policy Analysis, [The impact of refugee influx to social service delivery in district host communities: A case of Hoima, Lamwo, Moyo, and Yumbe refugee host communities](#), 2018
- 7 Ibid
- 8 Msabah, B.A., [Uganda’s refugee policies: the history, the politics, the way forward](#), 2018
- 9 UNHCR, [Uganda Country Profile](#)
- 10 Mixed Migration Centre, [4Mi Cities: Data Collection on Urban Mixed Migration – Kampala City Report](#), 2022
- 11 REACH, [Movement and livelihood intentions of urban refugees in Uganda - General trends & Gulu case study](#), 2023
- 12 Cities Alliance, UBOS, AVSI, [Arua City Central Division Census of Migrants and Host Communities](#), 2021
- 13 VNG International, [Self-settled refugees and the impact on service delivery in Koboko municipal council: Empowering refugee hosting districts in Uganda, making the Nexus work](#), 2018
- 14 Norwegian Refugee Council (NRC), [Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#), 2024.

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- 15 REACH, [Area Based Assessment Mbarara: Refugee Settlement and High Concentration Cells/Villages in Mbarara City](#), Uganda, June 2024
- 16 REACH, [Area Based Assessment Mbarara: Education and Health Facilities mainly Used by Refugees and Host Community in Mbarara City, Uganda](#), June 2024
- 17 A 95% confidence level signifies a high degree of confidence in the accuracy of survey results, suggesting that they likely represent the broader population. Meanwhile, a 5% margin of error indicates the potential variability in the survey findings, allowing for a small degree of uncertainty in the estimated values.

¹⁸ REACH, [Area Based Assessment Mbarara: Quantitative Analysis](#), June 2024

¹⁹ Only one WASH KII was conducted because of the similarity in the WASH structures in Mbarara.

²⁰ REACH, [Area Based Assessment Mbarara: Qualitative Analysis](#), June 2024

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²¹ An unaccompanied minor is a child under the age of 18 who has been separated from both parents and is not being cared for by an adult who, by law or custom, is responsible for doing so

²² REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024; REACH, [Movement and livelihood intentions of urban refugees in Uganda - General trends & Gulu case study](#), 2023

²³ Norwegian Refugee Council (NRC), [Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#), 2024

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²⁴ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

²⁵ Norwegian Refugee Council (NRC), [Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#), 2024

²⁶ IOM, [Displacement Tracking Matrix, Refugee flow monitoring: Nakivale Refugee Settlement in the Southwest Region of Uganda](#), April 2024

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²⁷ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

²⁸ Ibid; REACH, [Movement and livelihood intentions of urban refugees in Uganda - General trends & Gulu case study](#), 2023

Page 7:

²⁹ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

Page 8:

³⁰ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

³¹ REACH, [Area Based Assessment Mbarara: Education and Health Facilities mainly Used by Refugees and Host Community in Mbarara City](#), Uganda, June 2024

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³² A type of tenement (semi-permanent house with roof in thin aluminum sheets).

³³ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

³⁴ Norwegian Refugee Council (NRC), [Legal Protection Needs of Refugees Self-Settled](#)

[in Secondary Cities in Uganda](#), 2024

³⁵ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

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³⁶ Center for Policy Analysis, [The impact of refugee influx to social service delivery in district host communities: A case of Hoima, Lamwo, Moyo, and Yumbe refugee host communities](#), 2018

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³⁷ Center for Policy Analysis, [The impact of refugee influx to social service delivery in district host communities: A case of Hoima, Lamwo, Moyo, and Yumbe refugee host communities](#), 2018

³⁸ REACH, [Movement and livelihood intentions of urban refugees in Uganda - General trends & Gulu case study](#), 2023

³⁹ Ibid

⁴⁰ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

⁴¹ Norwegian Refugee Council (NRC), [Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#), 2024

⁴² REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

⁴³ Center for Policy Analysis, [The impact of refugee influx to social service delivery in district host communities: A case of Hoima, Lamwo, Moyo, and Yumbe refugee host communities](#), 2018

⁴⁴ REACH, [Migration, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#), May 2024

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⁴⁵ International Refugee Right Initiatives, [Abuses against Rwandan refugees in Uganda: Has Time Come for Accountability?](#), August 2018; Monitor, [The coming of Rwandan refugees and why Ugandans turned against them](#), April 2017.

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).