



THE REPUBLIC OF UGANDA



Child Poverty and Deprivation in Refugee-Hosting Areas

EVIDENCE FROM UGANDA

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ACKNOWLEDGEMENTS

Building on the inclusion of a module on the consensual approach to measuring child poverty and deprivation in the Uganda National Household Survey (UNHS, 2016/17) by the ever-innovative Uganda Bureau of Statistics (UBoS), this study represents the first attempt to compare child poverty and deprivation in host and refugee communities in the country. Globally, it represents the first application of the consensual approach to poverty in emergency situations.

The research and drafting of this report was led by Sheila Depio, Gemma Ahaibwe and Ibrahim Kasirye at the Economic Policy Research Centre (EPRC), in close collaboration with Shailen Nandy and Marco Pomati at the University of Cardiff, and Nathalie Meyer and Diego Angemi at UNICEF Uganda.

Frances Ellery provided significant editorial inputs, while Rachel Kanyana designed the report and all associated advocacy materials.

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CHILD POVERTY AND DEPRIVATION IN REFUGEE-HOSTING AREAS

EVIDENCE FROM UGANDA

2018



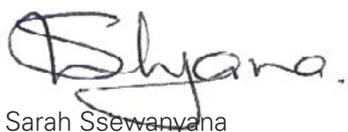


FOREWORD

While Uganda's rigorous involvement with refugees dates back to the 1960s, the recent influx (starting in mid-2016) has been the greatest the country has ever experienced. In fact, for the first time in the country's history, the number of refugees has crossed the 1 million mark and in some districts such as Adjumani and Moyo there are now more refugees than host population.

This study provides evidence on the situation and vulnerability of refugees in Uganda, including urban refugees in Kampala, and that of host communities in the main refugee-hosting regions. It identifies the determinants of social service sufficiency, and provides practical recommendations on how to manage social service delivery equitably for both refugee and host communities.

Most importantly, the findings and policy recommendations provide an unprecedented opportunity to alleviate child poverty and deprivation by strengthening the connections between national development and humanitarian response. Only by fostering better cohesion and integration between refugees and hosts will we make progress vis-à-vis the post-2015 SDG agenda and achieve inclusive growth.



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ACRONYMS

DRC	Democratic Republic of Congo
ECD	Early childhood development
FGD	Focus group discussion
NEMA	National Environmental Management Authority
NPHC	National Population and Housing Census
NPA	National Planning Authority
OPM	Office of the Prime Minister
ReHoPE	Refugee and Host Population Empowerment
SDG	Sustainable Development Goal
SPN	Socially-perceived necessity
SRS	Self-reliance strategy
UBoS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNEPI	Uganda National Expanded Programme on Immunization
UNDP	United National Development Programme
UNICEF	United Nations Children’s Fund
UNHCR	United Nations High Commissioner for Refugees
UNHS	Uganda National Household Survey
VHT	Village health team
WASH	Water sanitation and hygiene

DEFINITIONS

Asylum seekers	Individuals in search of international protection and whose claims for refugee status are yet to be determined
Consensual approach to Poverty measurement	Deprivation measured in terms of enforced lack of socially-perceived necessities as determined by public opinion
Equality	Equal rights for all
Food security	A situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hosts	Nationals who live within a 15km radius of the refugee settlement/ community
Refugees	Individuals recognized under the 1951 United Nations Convention relating to the Status of Refugees; its 1967 Protocol; the 1969 Organization of the African Union Convention Governing the Specific Aspects of Refugee Problems in Africa; those recognized in accordance with the UNHCR Statute; individuals granted complementary forms of protection; or those enjoying temporary protection. Since 2007, the refugee population also includes people in a refugee-like situation.
Sanitation deprivation	Deprived if there is no latrine/toilet or if toilet facility is unimproved
Self-settled refugees	Refugees who decide not to live in gazetted settlements and in doing so become ineligible for humanitarian assistance
Shelter deprivation	Deprived if unimproved materials are used for the construction of roof, floor, wall or a combination of all
Social equity	Fairness and/or justice in the delivery of social services regardless of economic resources or personal circumstances
Social services	A range of public services provided by government, private, and non-profit organizations aimed at building stronger communities and promoting equality and opportunity for all
Water deprivation	Deprived if source is unimproved, waiting time and/or travel time exceed 30 minutes



EXECUTIVE SUMMARY

The Sustainable Development Goals (SDGs) set an ambitious agenda for Uganda to improve the lives of its population. Target 1.2 of SDG 1 specifically requires governments to have reduced by at least half the proportion of men, women and children of all ages living in poverty by 2030. The target has three explicit elements: (i) the multidimensional nature of poverty; (ii) the distinct needs of adults and children; and (iii) national definitions of multidimensional poverty. Along with other countries, Uganda has to develop valid and reliable indicators that meet all three elements of the target.

In addition to ending poverty, the SDGs also call on countries to: ensure healthy lives and promote well-being (SDG 3); guarantee inclusive and equitable quality education and promote lifelong learning (SDG 4); ensure the availability and sustainability of clean water and sanitation for all (SDG 6); and promote peaceful and inclusive societies for sustainable development – including by providing a legal identity for all and promoting birth registration among children under 5 years of age (SDG 16).

Uganda has traditionally had a generous and progressive refugee policy and hosted refugees from across East Africa. However, in 2016/17, largely as a result of the crisis in South Sudan, Uganda's refugee population almost doubled, reaching 1.38 million.¹ Given the recent upheaval in the Democratic Republic of Congo (DRC), this figure is likely to escalate even further. Between January and February 2018, more than 40,000 refugees had already entered Uganda² from the DRC, against a projection of 60,000 in Uganda's integrated refugee response plan for 2018.³

This has put refugee-hosting areas, most of which are extremely poor and lack the economic resources and technical capacity to support the increasing numbers of refugees, under enormous pressure. Humanitarian efforts have contributed significantly in responding to the emergency and attempts have been made to build the resilience and livelihoods of both refugee and host communities. Key interventions aim to support refugees to integrate and become self-reliant, so that their living conditions are on a par with that of the host population.

This study assessed child poverty, deprivation and social service delivery in refugee and host communities in selected districts in the country's three major refugee-hosting areas: West Nile, a sub-region of Northern region that borders South Sudan; the country's South West, which borders the DRC and Rwanda; and the capital, Kampala. The overall aim was to compare child poverty and deprivation among refugee and host communities, determine whether there are any (in) equities in the delivery of social services, and identify impediments to the effective delivery of services. Primary data was obtained from households and communities in the districts of Arua, Yumbe, Adjumani, Kamwenge, Isingiro and Kampala.

Emerging evidence suggests that:

1. Refugee children are more deprived of socially perceived necessities.

For all items perceived by the majority of the population to be necessities for children, refugee children are more deprived than hosts' children, ranging from 8 per cent to 32 per cent depending on the item. Refugee children are much less likely to receive gifts on special occasions and less likely to have new sets of clothes than hosts' children.

1 <https://ugandarefugees.org/category/policy-and-management/refugee-statistics/?r=48>

2 <https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Uganda%20Multi-Hazard%20Humanitarian%20Situation%20Report%20-%20February%202018....pdf>

3 <https://ugandarefugees.org/wp-content/uploads/Uganda-I-RRP-2018pdf.pdf>

2. Deprivation among refugees tends to reduce over time.

For selected basic indicators (water, sanitation and shelter), recent arrivals are the most deprived. Within five years of residence, deprivation rates among refugees are on a par with those of hosts, the reason being that levels of deprivation among host communities are already high. At the time of the survey, 62 per cent, 46 per cent and 49 per cent of hosts were deprived of water, sanitation and shelter respectively, while the corresponding proportions for refugees of more than five years' residence were 69 per cent, 25 per cent and 42 per cent.

3. There are wide regional disparities in deprivations.

While water deprivation is far lower in Kampala than in other refugee hosting areas, West Nile has the highest levels of sanitation deprivation, with over 80 per cent of host households deprived. Among refugees, households that have been in Uganda for 'less than two years' experience the highest rates of deprivation. Shelter deprivation is highest in West Nile, with over 80 per cent of all households – hosts as well as refugees – being deprived.

4. With the exception of West Nile, access to services tends to be similar for both host and refugee communities.

Service delivery shows some differences – but most of these are not necessarily inequitable. Apart from a concentration of refugee-specific social service interventions in West Nile – which can be explained partly by the state of emergency there – host and refugee communities in the same area tend to experience similar social service conditions.

5. There is an urgent need to facilitate integration.

To sustain the lives and livelihoods of refugees and hosts, there is a need to facilitate integration – not just in the physical sense. This would improve communication between the various parties and allow for the peaceful sharing of limited resources. At the intervention level, stakeholders need to go beyond emergency response and build the livelihoods and resilience of recent arrivals without compromising that of longer-term refugees, while continuing to prioritize poverty reduction programmes aimed at lifting Ugandans out of poverty.

6. A special focus in refugee-receiving districts is required.

Overall, both refugee and host communities experience a significant level of deprivation, given that the main refugee-hosting areas are among the poorest and least developed in the country. Although conditions for refugees improve over time, basic needs deprivation among hosts remains high – in some cases higher than among refugees (e.g. water and shelter deprivation in West Nile). Such situations represent important social challenges in terms of growing resentment and potential conflict between host and refugee communities. Deliberate and targeted efforts to improve service delivery and the livelihoods of the host community should be explored as a measure to foster long-term peaceful coexistence.



chapter one

INTRODUCTION

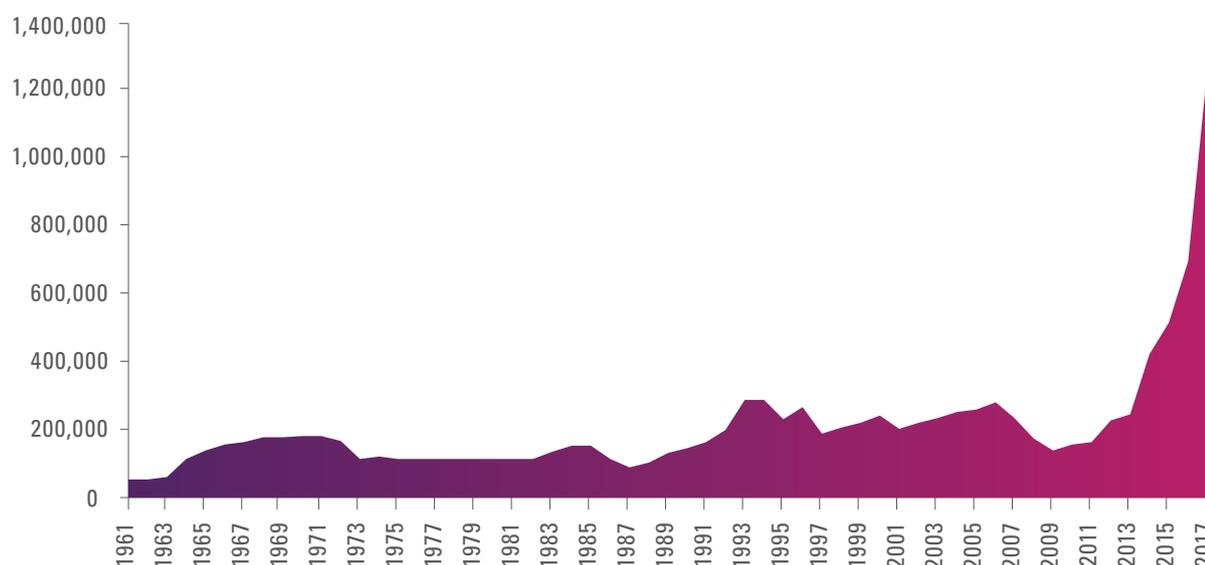
1.1 Background and overview of refugee hosting in Uganda

Forced migration is an increasing global challenge and understanding how countries are dealing with people forced to flee their homes is both a humanitarian and an economic priority. During the past 20 years, the global population of forcibly displaced people nearly doubled – from 33.9 million in 1997 to 65.6 million in 2016 (UNHCR, 2017). At least 34 per cent of those displaced ended up as refugees in a country other than their own, and 15 per cent were displaced recently, during 2016.

Low-income countries are shouldering an increasing burden of hosting refugees, with 28 per cent (4.9 million) of the global number of refugees receiving asylum in least developed countries. Furthermore, some of the countries that the highest numbers of people have been forced to flee are in sub-Saharan Africa – notably South Sudan, Burundi, Central African Republic, DRC and Sudan. According to UNCHR, the number of refugees from South Sudan increased by 85 per cent in 2016 (UNHCR, 2017).

Uganda is ranked among the top five refugee-hosting countries globally and in 2016 became the country with the most refugees in sub-Saharan Africa.⁴ Between December 2016 and May 2017, largely as a result of the crisis in South Sudan, Uganda’s refugee population almost doubled, reaching more than 1.38 million.⁵ Given the recent upheaval in the DRC, this figure is likely to escalate even further. Between January and February 2018, more than 40,000 refugees had already entered Uganda⁶, from the Democratic Republic of Congo (DRC), against a projection of 60,000 in Uganda’s integrated refugee response plan for 2018.⁷

FIGURE 1: TRENDS IN REFUGEES AND ASYLUM SEEKERS IN UGANDA (1961–2017)



Source: Based on UNHCR database (1961–2015) and OPM statistics (2016 up to 31 September 2017)

4 http://ec.europa.eu/echo/files/aid/countries/factsheets/uganda_en.pdf

5 <https://ugandarefugees.org/category/policy-and-management/refugee-statistics/?r=48>

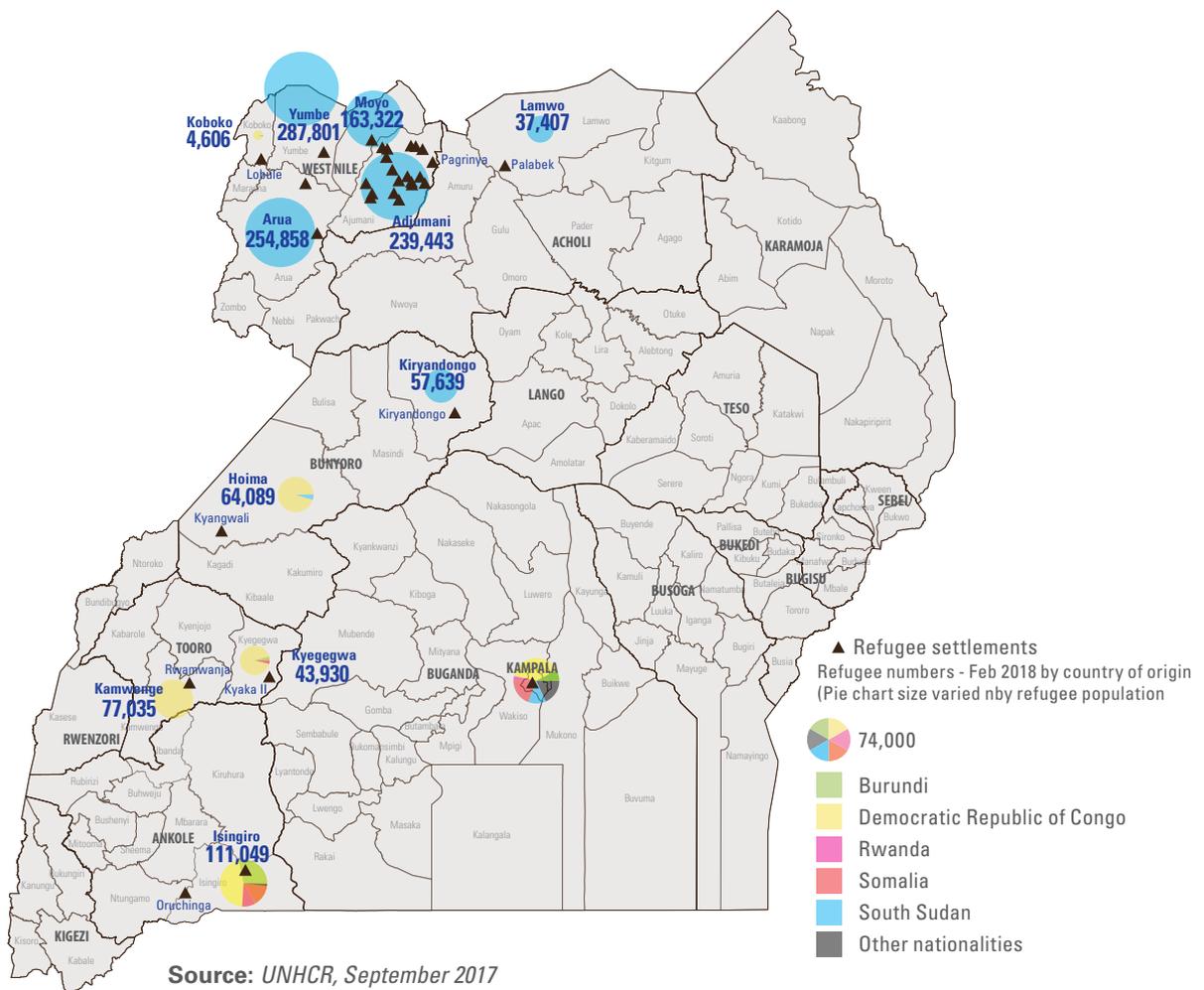
6 <https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Uganda%20Multi-Hazard%20Humanitarian%20Situation%20Report%20-%20February%202018....pdf>

7 <https://ugandarefugees.org/wp-content/uploads/Uganda-I-RRP-2018.pdf.pdf>

The high number of refugees in Uganda is partly explained by the country's traditional hospitality and its progressive refugee policy. In fact, many international agencies such as UNHCR and the World Bank have lauded Uganda's refugee policy as one of the most progressive in the world (World Bank, 2016) and the 2016 New York Summit on Refugees declared Uganda's refugee policy a model. From a regulatory standpoint, Uganda's 2006 Refugee Act and 2010 Refugee Regulations offer refugees various rights. Key among these rights are: the allocation of land to each refugee household for residential and agricultural use; the right to access public social services including education, health, water and sanitation; the right to engage in income-generating activities and to seek employment; and the right to documentation, security and protection, and freedom of movement. These rights and entitlements are meant to provide a pathway for refugees to establish their own livelihoods and attain some level of self-reliance, thereby becoming progressively less reliant on humanitarian assistance.

However, despite Uganda's progressive refugee policy, challenges remain. First, access to good-quality basic services such as health care, education, water, sanitation and shelter is constrained given that the main refugee-hosting areas are among the poorest and least developed in the country. Second, the presence of refugees exacerbates existing vulnerabilities and renders the population in refugee-hosting areas less resilient to economic and environmental shocks (UNDP, 2017).⁸

FIGURE 2: MAP SHOWING REFUGEE SETTLEMENTS IN UGANDA (FEBRUARY 2018)



8 <https://reliefweb.int/sites/reliefweb.int/files/resources/UNDPUG2017%2520-%2520UNDP%2520Emergency%2520Response%2520%26%2520Resilience%2520Strategy%25202017%5B1%5D.pdf>

Refugees in Uganda are hosted in 11 districts and in over 30 settlements located in some of the poorest areas of the country (Figure 2).⁹ Currently, 70 per cent are hosted in four districts in the West Nile sub-region – Yumbe, Adjumani, Arua and Moyo – one of the least developed areas of Uganda. The presence of refugees in such areas, where host communities have limited social capital, less diverse livelihoods and low levels of assets (OPM, 2016), further undermines coping abilities. According to the 2016/17 Uganda National Household Survey (UNHS), communities in West Nile are most likely to report that living conditions have worsened during the past three years (90%) compared with non-refugee-hosting districts (UBoS, 2017). The same survey also shows that a high proportion of children from West Nile are unable to afford school fees, uniforms and other school equipment (90%) and are deprived of access to health facilities (77%). In addition, children in West Nile are second only to those in Karamoja in being deprived of two sets of clothing (UBoS, 2017). These items are all considered essential, or to be socially-perceived necessities (SPNs), by the majority of Ugandans today and therefore fall within the consensual definition of poverty.

This study provides evidence on the situation and vulnerability of refugees in Uganda, including urban refugees in Kampala, and that of host communities in the main refugee-hosting regions. It identifies the determinants of social service sufficiency, and provides practical recommendations on how to manage social service delivery equitably for both refugees and host communities. It is the first attempt to compare child poverty and deprivation between host and refugee communities in the country. Globally, it represents the first application of the consensual approach to poverty in emergency situations.

Key objectives:

- Determine and compare child poverty and deprivation among refugees and hosts
- Document inequities and/or equities in access and outcomes related to social services
- Identify barriers to service delivery
- Provide recommendations to inform policies and interventions aimed at supporting the sustainable delivery of basic services to refugees and host populations

Recently arrived refugee children from South Sudan playing in Bidi bidi Refugee Settlement in Yumbe district



9 Arua, Adjumani, Yumbe, Lamwo, Isingiro, Kamwenge, Kyegegwa, Hoima, Kiryandongo, Kampala, Moyo



◀ David (right) makes a clay model at the Early Childhood Development Centre in Nyumanzi refugee settlement, Adjumani district

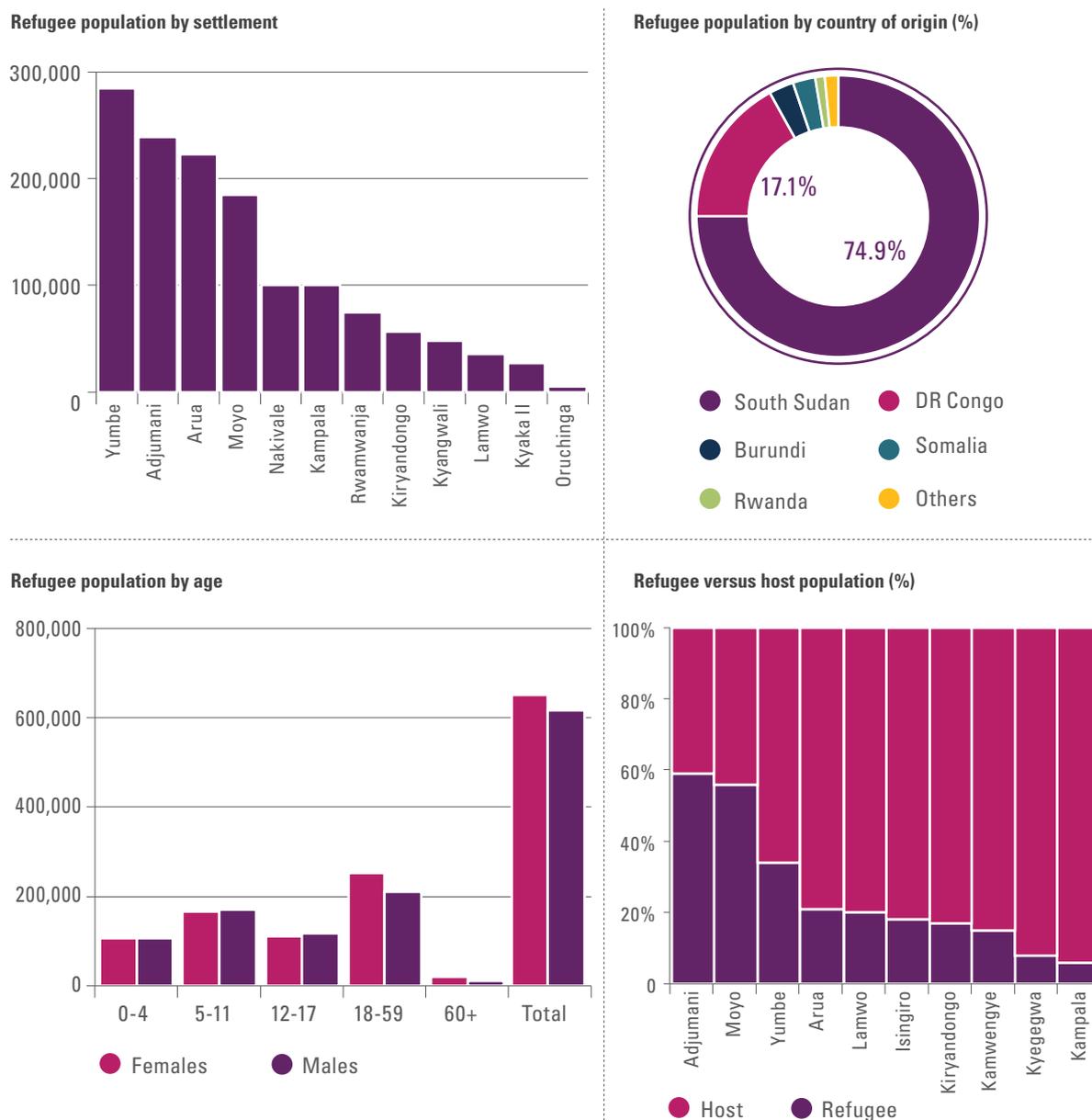
1.2 Trends and demographic characteristics of refugees and asylum seekers

While Uganda's rigorous involvement with refugees dates back to the 1960s, the recent influx (starting in mid-2016) has been the greatest the country has ever experienced (Figure 1). In fact, for the first time in Uganda's history, the number of refugees has crossed the 1 million mark and in some districts there are now more refugees than host population. For example, in Adjumani and Moyo districts, the refugee population accounts for about 59 per cent and 56 per cent of the total population respectively (Figure 3). As at 31 September 2017, refugees from South Sudan made up 75 per cent of the refugee population, the remainder consisting of refugees from other countries, mainly the DRC and to a lesser extent Burundi, Somalia, Rwanda, Eritrea, Ethiopia and others (Figure 3). The proportion of refugees from the DRC increased in the early months of 2018, and is expected to rise.

Unlike in many other countries where refugees are hosted in camps and have limited rights, refugees in Uganda are hosted in settlements where, as well as having equal rights to services as Ugandan nationals, they are provided with basic assistance such as land, food and non-food items. Due to the dramatic rise in the number of refugees from South Sudan, new settlements have been set up since July 2016. Bidi Bidi settlement in Yumbe district, which opened in August 2016, has become the biggest refugee settlement not only in Uganda or Africa but in the world. Other new settlements are located in Lamwo and Moyo.¹⁰ Asylum seekers in Kampala are not housed in settlements. They are defined as 'self-settled' and have to rely on themselves or relatives for support.

10 Uganda emergency update on the South Sudan refugee situation (July 2016) <https://data2.unhcr.org/en/documents/download/49536>

FIGURE 3: REFUGEE SUMMARY STATISTICS (2017)



Source: Based on OPM statistics as of September 30th 2017

Where refugees settle is influenced by various factors: the availability of land; the area’s proximity to the refugees’ country of origin; and ethnic similarity between refugees and the local population (Orach and De Bronwera, 2005). For instance, most refugees from South Sudan have been settled in West Nile among similar ethnic groups (Lugbra, Kakwa and Madi), while those from the DRC, Rwanda and Burundi, who belong to the Bantu ethnic group, have been settled among the Bantu people in South West.

As far as age and gender disaggregation of refugees is concerned, the majority (60%) are children (below 18 years of age) and more than half are women (Figure 3). The high presence of children among the refuge population implies that there is a massive demand for critical health services, clean water, education, food, shelter and other support to help them survive and enjoy their rights as children.

1.3 Policy framework for refugee hosting in Uganda

The 2006 National Refugee Act and the 2010 Refugee Regulations introduced to operationalize the 2006 Act are the two major regulatory frameworks that guide the settlement of refugees in Uganda. As noted earlier, this legal framework provides refugees with, among other things, the right to documentation (e.g. identity cards, birth certificates, death certificates, etc.), the same rights as Ugandan nationals to access social services such as health, water and sanitation and education, the right to land for agricultural use and shelter, the right to work (start a business or seek employment), freedom of movement, the right to receive fair justice, and the principle of family unity.

Due to the protracted nature of refugee situations in Uganda, a number of interventions had been implemented prior to the 2006 Refugee Act. Key among these is the self-reliance strategy (SRS) that was initiated in 1998 to integrate services for refugees and host communities and promote self-reliance among both communities in the long term. Prior to the SRS, services in the refugee settlements were run in parallel to those of the host community. Since the refugee community was receiving substantial humanitarian aid, their services were perceived as better, which compromised harmony between the two communities (World Bank, 2016).

Other key strategies that have subsequently been implemented by the Government in collaboration with partners include the Development Assistance to Refugee-Hosting Areas programme, Refugee Settlement Transformative Agenda, Refugee and Host Population Empowerment (ReHoPE) Strategic Framework and, more recently, the Comprehensive Refugee Response Framework (CRRF). These programmes are aimed at strengthening the resilience and self-reliance of host communities and refugees through multisector and coordinated interventions that involve both refugees and the host communities. As per the ReHoPE framework, refugees who have been in Uganda for more than five years are assumed to be self-sufficient in terms of food and other basic needs and are thus not eligible for assistance unless they fall into the categories of persons with special needs.

Worth noting is the fact that the current National Development Plan (NDP II) includes a Refugee Settlement Transformative Agenda, which provides for the expansion of services such as health, education, water and sanitation for refugees and refugee-hosting areas in addition to reviewing domestic laws governing refugees and receiving/granting asylum to refugees.

Stages of refugee settlement in Uganda

The standard process of securing refugee status in Uganda involves three stages: i) the entry phase; ii) the settlement phase; and iii) the integration phase.

1

For prima facie refugees (currently from South Sudan and the DRC), the process is quite straightforward. They are received into reception and transit centres where they spend two to three days, during which they are screened, registered and provided with food rations and non-food items.

Thereafter the household is allocated a piece of land for settlement and in some cases an extra piece of land for agricultural purposes.

2

3

During the last phase, through the local integration policy the refugees have access to social services such as education, health, water, agricultural extension services and security.

Note: If prima facie refugee status is not granted, a fact sheet is generated for each asylum seeker and used by the Refugee Eligibility Council in Kampala or its sub-committees within the settlements to grant or deny refugee status. Where refugee status is denied, an asylum seeker remains ineligible for humanitarian assistance

Refugees who choose not to settle in designated refugee settlements (self-settled refugees in urban areas) are not granted agricultural land and are not entitled to monthly food rations or cash grants.

Source: Authors' compilation based on interviews with refugee settlement commandants



◀ South Sudanese refugee children at a transit camp near the Busia border

1.4 Extent of vulnerability in refugee and host communities

While Uganda's legal framework for refugee settlement is comprehensive, effective implementation and enforcement of the regulations is ineffective and inadequate, mainly due to underlying poverty and vulnerabilities (World Bank, 2016). In this sub-section, we profile the extent of vulnerability in refugee and host districts¹¹ based on the 2014 NPHC and UNHS 2016/17. The focus is on indicators such as food insecurity, schooling status, access to water and sanitation, teenage pregnancies and orphan status.

Food security: Food insecurity status is determined by household consumption of the minimum number of meals a day (NPA, 2017; International Phased Classification, 2017). Based on the 2014 NPHC, most refugee households consume less than two meals per day (Figure 4).

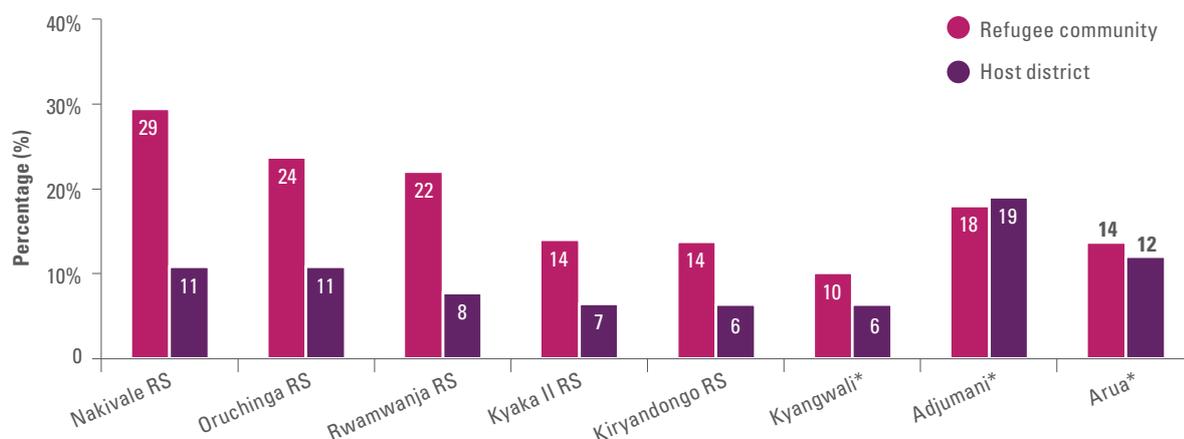
In particular, households located in the refugee settlements in South West (e.g. Nakivale, Oruchinga and Rwamwanja districts) reported higher percentages of households consuming less than two meals a day. The proportions range from 30 per cent in Nakivale to about 10 per cent in Kyangwali.

It is also worth noting that at the time of the Census, host community households from Adjumani district had a slightly higher prevalence of food insecurity than the refugee households. Previous reports indicate that food insecurity is linked to the inability of refugees to produce their own food, inadequate food rations, and inadequate income to purchase food from available markets (OPM et al., 2014). Nonetheless, the relatively lower rate of food insecurity in West Nile settlements shown in Figure 4 should be interpreted in the context of when the census was carried out – in August 2014. At that time, the number of refugees in Adjumani and Arua was 78,435 and 11,311 respectively.¹² As indicated in Figure 2, by February 2018 the refugee population had increased by more than 200 per cent in Adjumani to 239,443 and by more than 18 fold in Arua to 254,858. As such, it is possible that the food security situation of both refugees and host communities may have worsened.

¹¹ We use host district rather than immediate host community due to data constraints.

¹² UNHCR Operational Update for the South Sudanese emergency 6-12 August 2014

FIGURE 4: HOUSEHOLDS HAVING LESS THAN TWO MEALS A DAY BY SETTLEMENT (%)

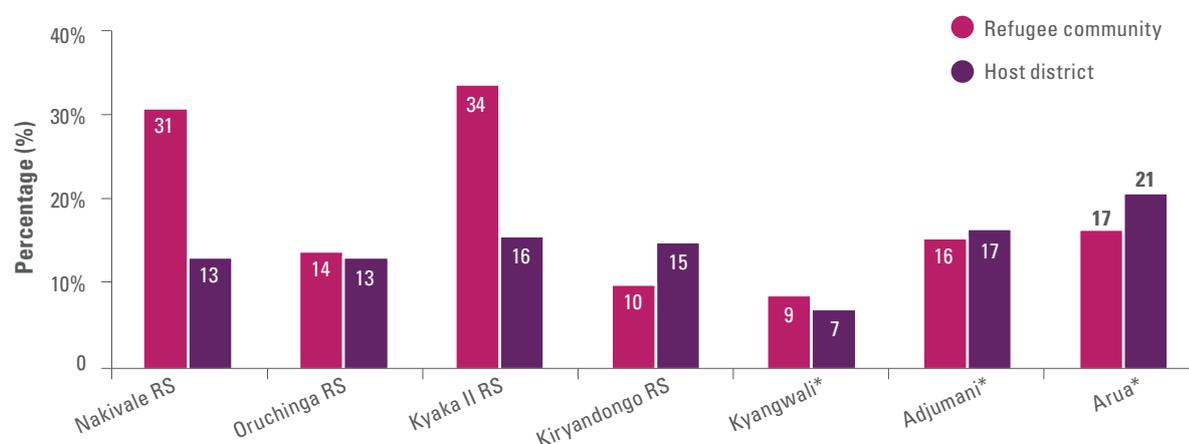


Source: UBoS (2016b); NPHC 2014: Sub-county profile reports

* For West Nile, the refugee community refers to the sub-county hosting refugees and not the refugee settlement per se.

Education: Although the 2006 Refugee Act entitles asylum seekers to access education – including through the universal primary education programme – a large proportion of children of primary school-going age remain out of school. Figure 5 shows the results from the 2014 NPHC, which indicate that in two settlements – Nakivale and Kyaka II – more than 30 per cent of children aged 6–12 years are out of school. However, as Figure 5 shows, in some settlements – Kiryadongo, Adjumani and Arua – host communities have lower school attendance rates than their refugee counterparts. Based on the UNHS 2016/17, across Uganda the two most cited reasons for children aged 6–12 years being out of school are being too young (43.2%) and parental indifference (e.g. ‘parent did not want’) (19.1%) (UBoS, 2017). Furthermore, there are wide gender differences in the reasons given for school non-attendance – for instance, a higher proportion of females cite being too young (55.3%) compared to males (34.9%). The second most cited reason, parental indifference, is three times more likely to be cited for boys (26.6%) than girls (8.0%). On the other hand, a similar proportion (14%) of boys and girls cite expensive costs of schooling as the reason for not attending school.

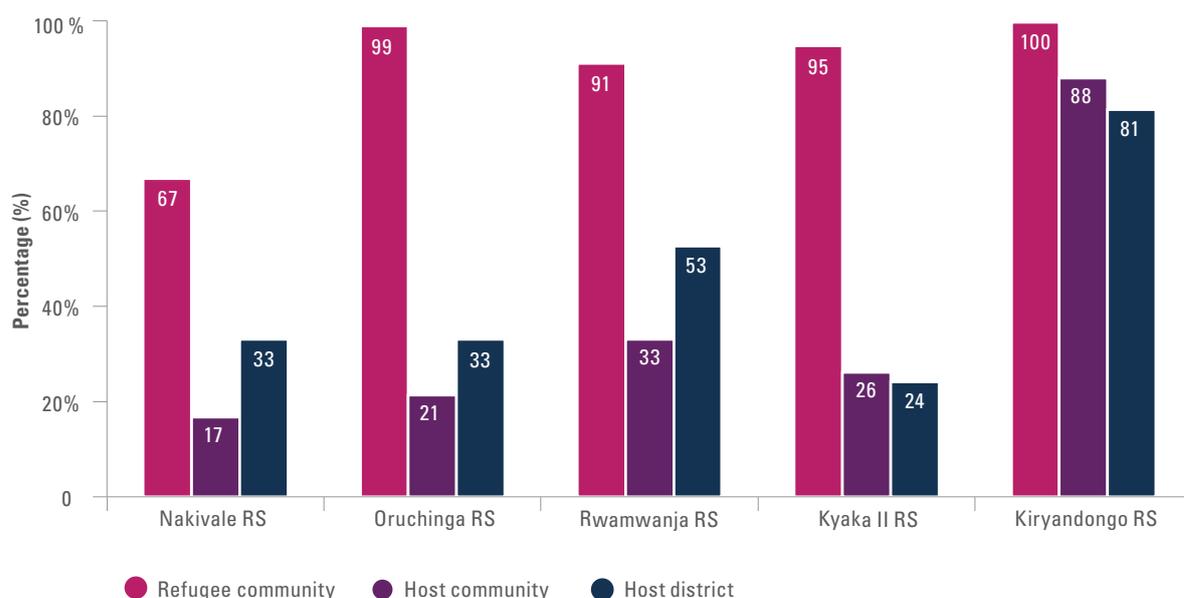
FIGURE 5: PROPORTION (%) OF CHILDREN AGED 6–12 YEARS WHO ARE OUT OF SCHOOL



Source: Based on 2014 NPHC sub county reports, UBoS

Water and sanitation: Access to safe water and sanitation reduces morbidity and mortality and enhances the quality of life. Also, evidence shows that walking long distances and queuing for a long time at water points is associated with high social costs in the form of lost opportunities for productive work (UNHCR, 2014). As Figure 6 shows, in 2014 refugees were more likely to use protected sources for fetching drinking water than host communities in five refugee settlements. These results may in part be explained by the ease with which water infrastructure can be established for settlements compared with geographically dispersed host populations.

FIGURE 6: PERCENTAGE OF HOUSEHOLDS USING A PROTECTED SOURCE FOR DRINKING WATER¹³



Source: Based on 2014 NPHC sub-county reports, UBoS

Safe excreta disposal is an essential element of any WASH programme as it reduces the potential contamination of water, food or hands.¹⁴ It also guarantees privacy and reinforces human dignity. Compared with hosts, refugees are less likely to have a toilet facility. In some settlements such as Kiryandongo and Rwamwanja, the proportion of households without any toilet facility is as high as 28.5 per cent and 14.9 per cent respectively (see Table 1). Unlike water infrastructure that is mostly provided by NGOs and government, the setting up of toilet facilities is largely initiated by households.

13 Protected water sources include piped water, public taps, boreholes, protected well springs and tanker trucks unprotected water sources include water drawn from unprotected wellsprings and open water sources like rivers, streams and lakes

14 http://www.who.int/water_sanitation_health/hygiene/settings/hvchap4.pdf?ua=1

TABLE 1: TYPE OF TOILET FACILITY (%)¹⁵

	Refugee community			Host district		
	Improved	Un-improved	No Toilet	Improved	Un-improved	No Toilet
Nakivale	20.6	73.0	6.5	15.7	80.8	3.6
Oruchinga	35.8	58.3	5.9	15.7	80.8	3.6
Rwamwanja	12.2	72.9	14.9	19.3	77.9	2.8
Kyaka II	48.1	42.6	9.3	15.7	80.7	3.7
Kiryandongo	32.2	39.3	28.5	16.9	69.2	13.9

Source: Based on 2014 NPHC sub county reports, UBoS

Marriage and fertility choices: Teenage pregnancy obstructs girls' education and places both the young mother and her child at increased risk of sickness and death. On average, children in Nakivale (aged 12–17 years) from refugee households were more likely to have started child bearing than children of the same age range in the host community. The opposite is true in Kiryandongo (Table 2).

Despite the existence of a law banning marriage before the age of 18, cases of child marriage still exist. Child marriage leads to lower educational attainment for girls and their children, higher population growth, substantial health risks, higher intimate partner violence, lower earnings for women and higher levels of poverty (World Bank, 2017). The reasons for child marriages are rooted in discriminative traditional and social norms, as well as factors such as poverty, and biases against girls' education (Ahaibwe et al., 2017). Apart from Nakivale refugee settlement, hosts reported higher levels of early marriage than refugees.

TABLE 2: EXTENT OF MARRIAGE, PREGNANCY AND ORPHANHOOD AMONG CHILDREN

	Refugee community			Host district		
	Ever Married	Ever had a birth	Orphan hood	Ever Married	Ever had a birth	Orphan hood
Nakivale	9.1	17.4	12.4	7.0	10.7	8.1
Oruchinga	6.8	9.1	19.4	7.0	10.7	8.1
Kyaka II	5.0	9.3	15.3	8.0	9.3	8.1
Kiryandongo	5.9	6.9	18.7	10.6	11.1	8.1

Source: Based on 2014 NPHC sub county reports, UBoS

Orphanhood: Traditionally in Uganda, communities and relatives tend to absorb orphaned children into the extended family. However, given that more than one-fifth (21.4%) of the population lives in poverty (UBoS, 2017), many households are already overburdened and often lack the capacity to support these children. The situation is worse among displaced people such as refugees because some children are likely to have lost their parents during times of conflict. As Table 2 shows, children born to refugees are nearly twice as likely as their hosts to be orphaned. If not supported, these children are likely to end up on the streets or be engaged in exploitative work as means of survival.

15 Improved toilet facilities include flush toilet, VIP latrine, covered pit latrine with a slab, ecosan composite toilets while unimproved toilet facilities include covered pit latrine without a slab, uncovered pit latrine with a slab, uncovered pit latrine without a slab and where there is no facility e.g. open defecation, polythene, bags, buckets etc.



chapter two

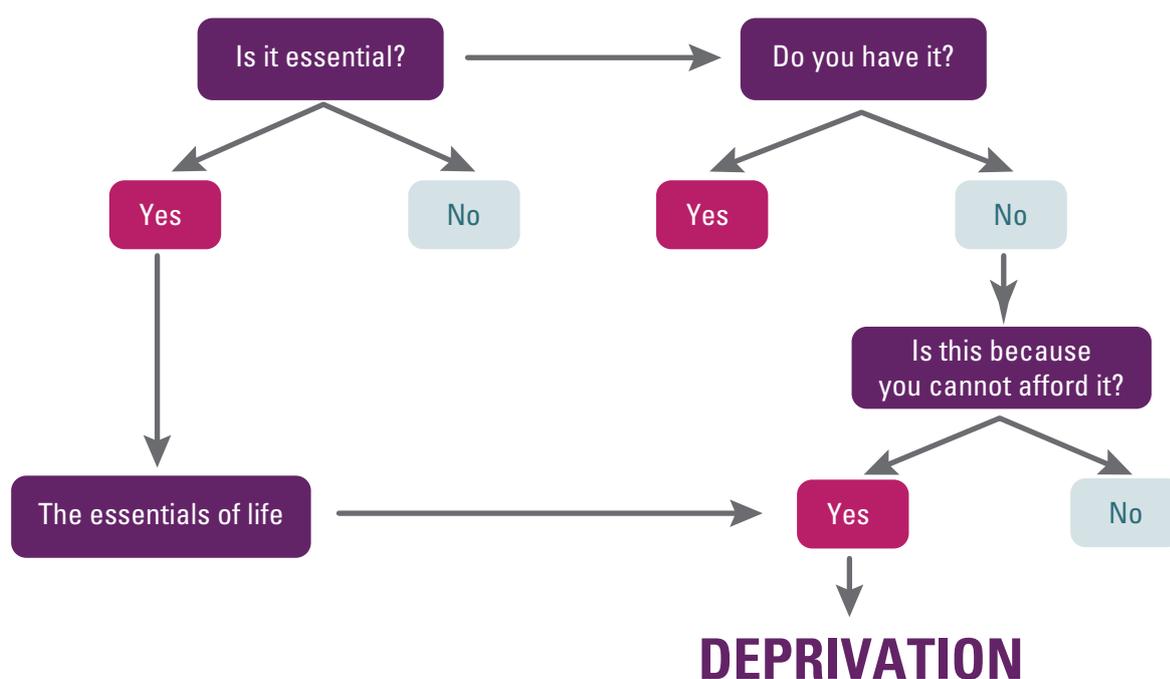
METHODOLOGY

The first Sustainable Development Goal (SDG), and target 1.2 specifically, requires governments to report on poverty in all its dimensions, for men, women and children of all ages, according to national definitions. The target has three explicit elements, for each of which a reliable and successful indicator must reflect: (i) the multidimensional nature of poverty; (ii) the distinct needs of adults *and* children; and (iii) national definitions of multidimensional poverty. Countries have to develop valid and reliable indicators that meet all three elements of the target meaningfully.

The analytical approach used in this report to measure child poverty and deprivation is commonly referred to as the consensual approach. Based on the work of Peter Townsend (1987) and others (Mack and Lansley, 1985; Gordon and Pantazis, 1997), the approach enables researchers to develop socially-realistic indicators of multidimensional deprivation and poverty that are of relevance to men, women and children of all ages and reflect national definitions of poverty. The approach has been used successfully in high-, medium- and low-income countries around the world (Guio et al., 2016; Gordon and Nandy, 2016; Abe and Pantazis, 2013; Noble et al., 2004), and has attracted growing interest from countries intending to report on progress towards SDG 1.2.

In essence, the consensual approach asks a representative sample of a country's population whether they consider items/activities from a predetermined list to be either essential or desirable, or neither, for people to have an acceptable standard of living. A follow-up question is then asked of respondents to ascertain whether they themselves have/do the item/activity, or do not have/do the item/activity. If respondents report not having an item, they are then asked if this is because they do not want it or (importantly) if because they cannot afford it. This final question establishes whether the lack of an item is enforced (i.e. a lack due to insufficient resources) or simply the result of choice. Items/activities that a majority of respondents (>50%) consider 'essential' are thus identified as 'socially-perceived necessities' (SPNs). Separate lists of items/activities can be used to reflect the distinctive needs of children and adults (Noble et al., 2006), and households for whom there is an enforced lack of SPNs can be said to be deprived (see Figure 7).

FIGURE 7: ASCERTAINING ENFORCED LACK OF SOCIALLY PERCEIVED ESSENTIALS OF LIFE/NECESSITIES



Source: Adopted from Saunders, P. (2011)

The experience of a single deprivation, however, may not be sufficient to reflect poverty reliably, and so proponents of the consensual approach set a threshold using multiple deprivations (e.g. 4+, 5+, etc.), since the experience of many, concurrent deprivations correlates with poverty. Information about SPN deprivation is then combined with information on household expenditure or income, and thus a multidimensional measure of poverty is produced, reflecting both monetary and non-monetary poverty (Dermott and Main, 2017).

This study examined child poverty and deprivations as well as variations in access, use and outcomes of selected social services in refugee and host communities. To better understand the disparities in deprivations and unpack the vulnerabilities among the host and refugee communities, both quantitative and qualitative survey methodologies were employed. Quantitative information was collected through a household survey while critical administrative and service delivery information was gathered through a series of focus group discussions and key informants drawn from the district local governments, non-governmental organizations, the Office of the Prime Minister (OPM) and community leaders in selected host and refugee communities. The fieldwork was undertaken in July 2017.

2.1 Study site selection and study site profiles

Data collection covered the six refugee-hosting districts: – Kampala; Kamwenge and Isingiro in South West; and Arua, Yumbe and Adjumani in West Nile. These six districts were selected to ensure that refugees and hosts from different contexts (i.e. urban, rural, South West and West Nile) were represented. Apart from Kampala, which was chosen to encompass refugees in the urban context, the other districts and settlements were selected based on the refugee populations they host. Sites in South West were selected to showcase the situation of refugees hosted on government-owned land and those in West Nile to represent refugees living on communal land. In all cases, communities residing within a 15 kilometre radius of the refugees were considered hosts.

2.2 Household survey

The quantitative component provided an understanding of the extent of vulnerability and poverty, measured using the consensual approach, among the refugee and host communities. The survey adopted questions from the UNHS 2016/17 consensual poverty module and included questions about items perceived as necessary for children, adults and households. The poverty module was complemented with data on selected indicators related to education, health, water and sanitation, child protection and living standards (Table 3). Where the quantitative tool did not provide the necessary information, some of the information on indicators was obtained qualitatively.

TABLE 3: SELECTED INDICATORS FOR POVERTY AND DEPRIVATION

Dimension	Indicators
Poverty	<ul style="list-style-type: none"> • Extent of deprivation, child and adult poverty (measured using consensual approach)
Health	<ul style="list-style-type: none"> • Frequency of occurrence of illnesses at household level • Access to health care (number of facilities, distance, cost) • Vaccination coverage for children
Nutrition	<ul style="list-style-type: none"> • Number of meals in a day • Dietary diversity • Occurrence of food shortages and malnutrition among children • Coverage of nutrition-specific actions such as infant and young child feeding support
Education	<ul style="list-style-type: none"> • Accessibility (distance) to schools (ECD centres, primary and secondary) • School attendance/completion and learning outcomes for children aged 6–17 years • Barriers to school access and attendance
Water and sanitation	<ul style="list-style-type: none"> • Source of drinking water and distance/collection times • Type and availability of household waste disposal facility • Latrine coverage • Handwashing coverage • Hygiene promotion coverage
Child protection	<ul style="list-style-type: none"> • Birth registration • Prevalence of teenage pregnancies/child marriages • Occurrence of violence in schools/communities • Children reached with child protection services
Standard of living indicators	<ul style="list-style-type: none"> • Ownership of productive assets (land, tools, equipment) • Source of livelihood and employment status • Housing conditions

2.3 Qualitative data

The survey was supplemented by a qualitative component comprising targeted focus group discussions (FGDs) and key informant interviews. The qualitative method provided in-depth information about the feelings, attitudes, perceptions and beliefs of respondents. Researchers tried to identify some of the underlying norms, attitudes and practices that either perpetuate vulnerabilities or offer opportunities for self-reliance among the refugee and host populations. Key informant interviews were conducted with relevant stakeholders, including the implementing and operating partners in the refugee settlements, settlement commandants, and local government officials from refugee-hosting districts. The qualitative tools and techniques used are summarised in Table 4. Information generated from key informant interviews was analysed for (in)equities, as elaborated in Appendix 1.

TABLE 4: QUALITATIVE DATA COLLECTION TOOLS AND TECHNIQUES

Instrument type	Study participants	Purpose
<ul style="list-style-type: none"> • 25 FGDs in total (4 per rural district and 5 in Kampala) • 12 with host communities • 13 with refugee communities 	<ul style="list-style-type: none"> • Long-term refugees (> 5 years) • Relatively recent refugees (< 2 years) • Women and men representing different refugee nationalities • Opinion leaders from the host community 	<ul style="list-style-type: none"> • To understand the level of service delivery in the community and extent of self-reliance • To identify contextual or structural impediments to access to services among host and refugee communities
<ul style="list-style-type: none"> • 12 key informant interviews in total • 2 per study district 	<ul style="list-style-type: none"> • Settlement commandants • Implementing partners in selected sectors (education, health, protection, livelihoods) • Sub-county leaders 	<ul style="list-style-type: none"> • To provide a community profile • To provide expert insights on key issues related to the local integration and self-reliance agenda, understand vulnerabilities and opportunities • To identify contextual or structural impediments to access to services among host and refugee communities

2.4 Survey design and sample size

The survey design involved two stages. At the first stage, we classified zones in settlements according to how long they have been in existence; the intention was to have a mixture of long-term and recent refugees represented. From the selected zones, villages – enumeration areas (EAs) – were randomly sampled. For each sampled EA, a nearby host village was chosen for inclusion in the sample. A total of 29 EAs were sampled from six districts.

The second stage of sampling was at EA level. The target was to randomly select at least 15 households. At the EA level, with the help of local council officials, enumerators listed all the households and the resultant list was used as a sampling frame for the purposes of drawing up a random sample. Thereafter 15–25 households were selected using simple random sampling; in total 625 households were sampled and included in the survey (Table 5). The distribution of the sample size was based on the current number of refugees in the different regions.

TABLE 5: DISTRIBUTION OF ACTUAL SURVEY RESPONDENTS

Sub region (No)	Refugee settlement	Refugee	Host	Total
West Nile (300)				
Adjumani	Pagirinya	50	50	100
Arua	Rhino camp	50	50	100
Yumbe	Bidi Bidi	50	50	100
South West (205)				
Kamwenge	Rwamwanja	44	43	87
Isingiro	Nakivale	58	60	118
Urban Refugees (120)				
Kampala	Kisenyi, Katwe, Nsambya	60	60	120
Total		312	313	625

Note: In Kampala the selected areas are not refugee settlements per se but areas characterized by a high number of refugees



chapter three

CHILD POVERTY AND DEPRIVATION

This section compares perceptions of necessities of items for children in refugee and host communities. It then presents imputed rates of deprivation for host and refugee households. To reflect living standards, we use three simple indicators of basic needs deprivation – for water, sanitation and dwelling quality – to show how refugee households compare to host households in three receiving regions – Kampala, West Nile and South West. Refugees are placed in three categories depending on how long they have been in Uganda – recent arrivals (0–2 years), medium term (2–5 years) and longer term (5+ years).

3.1 Socially-perceived necessities (SPNs)

Table 6 presents responses about what items/activities people in Uganda consider essential for children. It is clear that there is broad-based consensus across host and refugee communities. Such consensus also exists at the national level, and across urban-rural areas, based on the UNHS 2016/17 data (see Appendix 2).

TABLE 6: PERCEPTIONS OF ITEMS/ACTIVITIES 'ESSENTIAL' FOR CHILDREN (%)

Item	Refugee			
	Host	Refugee (<2 yrs)	Refugee (2-5 yrs)	Refugee (5+ yrs)
A visit to a health facility when ill and all the medication prescribed to treat the illness	92	91	100	98
Three meals a day	97	96	97	100
Two sets of clothing	85	86	92	96
Toiletries to be able to wash every day (e.g. soap, hairbrush/comb)	94	89	100	97
All fees, uniform of correct size and equipment required for school	93	94	99	97
Own blanket	91	95	97	99
Own bed	84	85	92	95
Two pairs of properly fitting shoes, including a pair of all-weather shoes	85	90	91	97
Own room for children over 10 of different sexes	71	58	91	95
Books at home suitable for their age (including reference and story books)	63	64	83	73
Some new clothes (not second hand or handed on/down)	67	75	91	91
To be able to participate in school trips or events that cost money	59	50	72	78
Bus/taxi fare or other transport (e.g. bicycle) to get to school	67	55	69	77
A desk and chair for homework for school aged children	61	53	86	85
Presents for children once a year on special occasions, e.g. birthdays, Christmas, Eid	58	49	56	45
Educational toys and games	52	45	60	47
Some fashionable clothes for secondary school-aged children	42	34	39	42

Source: EPRC Survey 2017

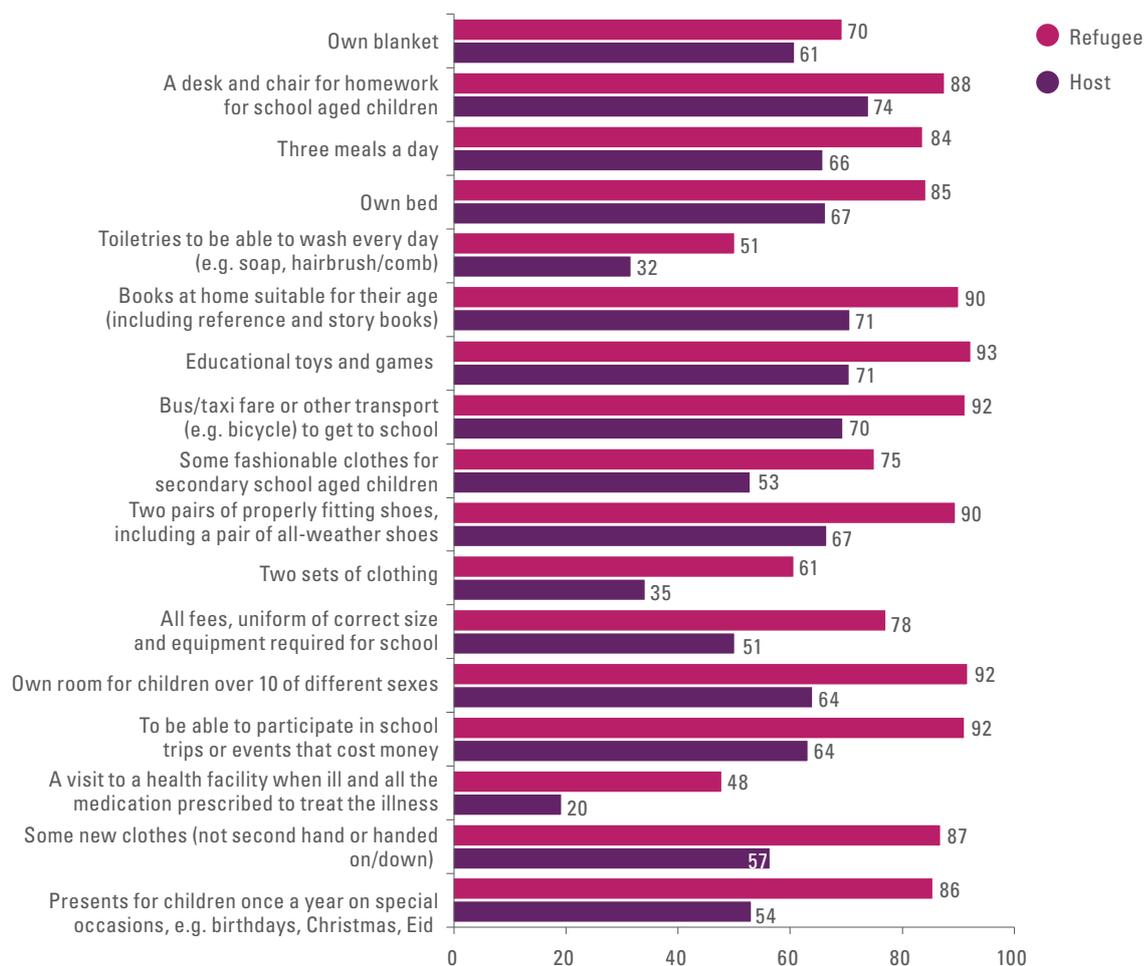
Notably, the item 'Some fashionable clothes for secondary school-aged children' was excluded in computation of the deprivation index since it did not pass the 50 per cent threshold across all four categories of respondents. The patterns of consensus were similar among all groups – reflecting a high degree of consensus between refugees and hosts about what is essential for children, and from which none should be excluded. Health care, food, sanitary and educational needs came top as the most important SPNs.

3.2 Deprivation of SPNs for children among hosts and refugees

Figure 8 shows the deprivation of SPNs among children in host and refugee families, with items ordered by the difference in deprivation between hosts and refugees. Given there was a slight deviation from the standard protocol, data on SPN deprivations have been imputed, with details of these adjustments provided in Appendix 3. As such, the results shown in Figure 8 should be interpreted accordingly.

The data show that refugee children were more deprived than host children across all items (Figure 8). The smallest difference (8 percentage points) between refugee and host children was for owning a blanket; the largest difference was for being able to give gifts on special occasions and also to have some new (not second hand) clothes (32 and 30 percentage points respectively). Given that the data are imputed, separate estimates for the different sub-groups of refugees are not provided.

FIGURE 8: DEPRIVATIONS OF SPNS FOR CHILDREN, HOSTS VERSUS REFUGEES (%)

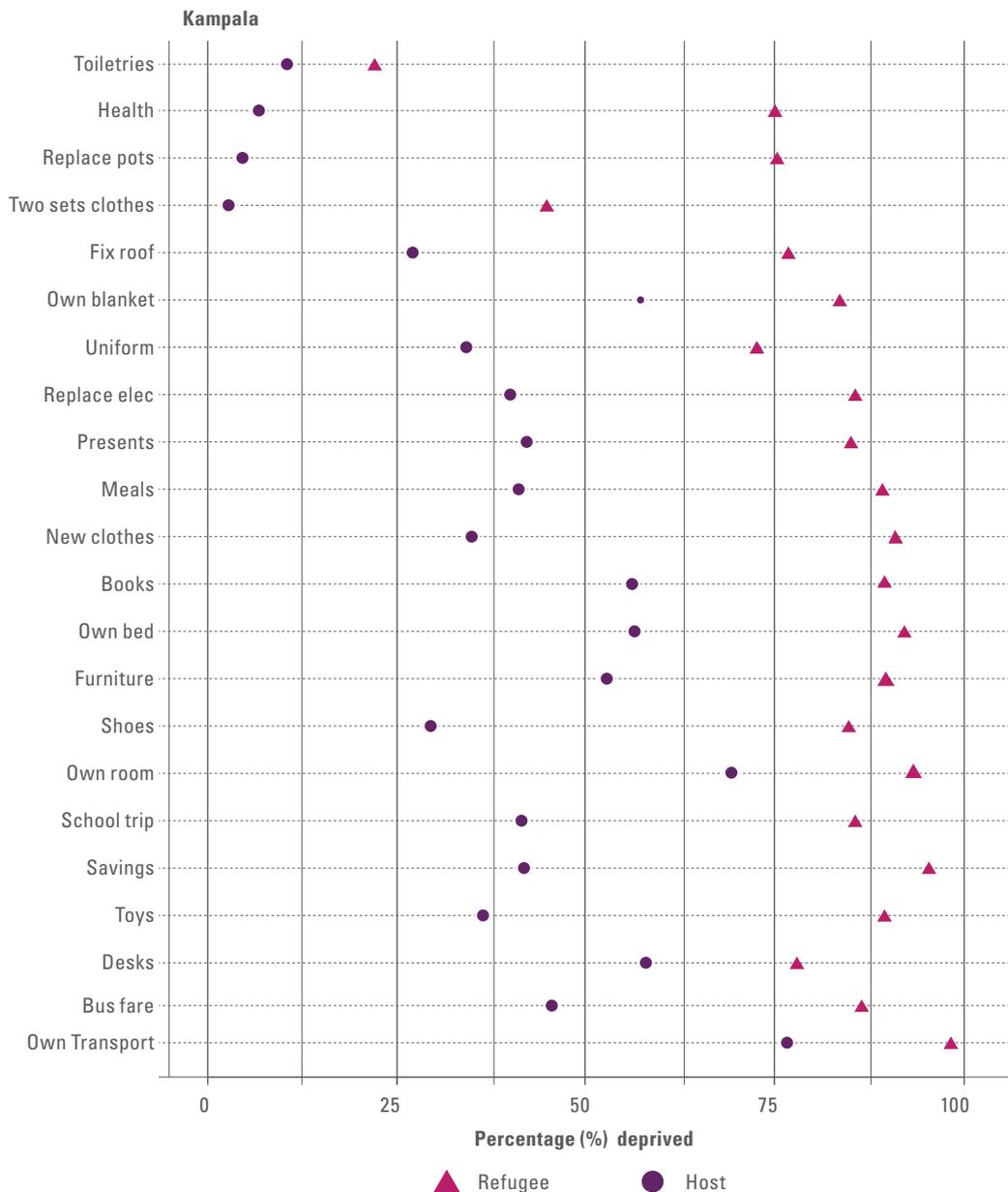


Source: EPRC Survey 2017

SPNs for refugee and host households: regional results of imputed SPN deprivation rates for host and refugee households are presented in Figures 9, 10 and 11.

Figure 9 shows that in Kampala the largest differences between host and refugee households (again, based on imputed deprivation) were for being able to replace broken pots and pans (75% of refugees vs. less than 5% of hosts), and in being able to visit a health facility when a child is ill and afford all necessary prescribed medication (labelled HEALTH in Figures 9, 10 and 11) – three-quarters of refugee households could not afford this SPN, compared with less than 10 per cent of host households in Kampala. Among host households in Kampala, the highest deprivations related to beds and bedding; for refugee households, deprivation was generally high for most SPNs, but least so for clothing items.

FIGURE 9: HOST AND REFUGEE HOUSEHOLDS DEPRIVED OF SPNS IN KAMPALA (%)



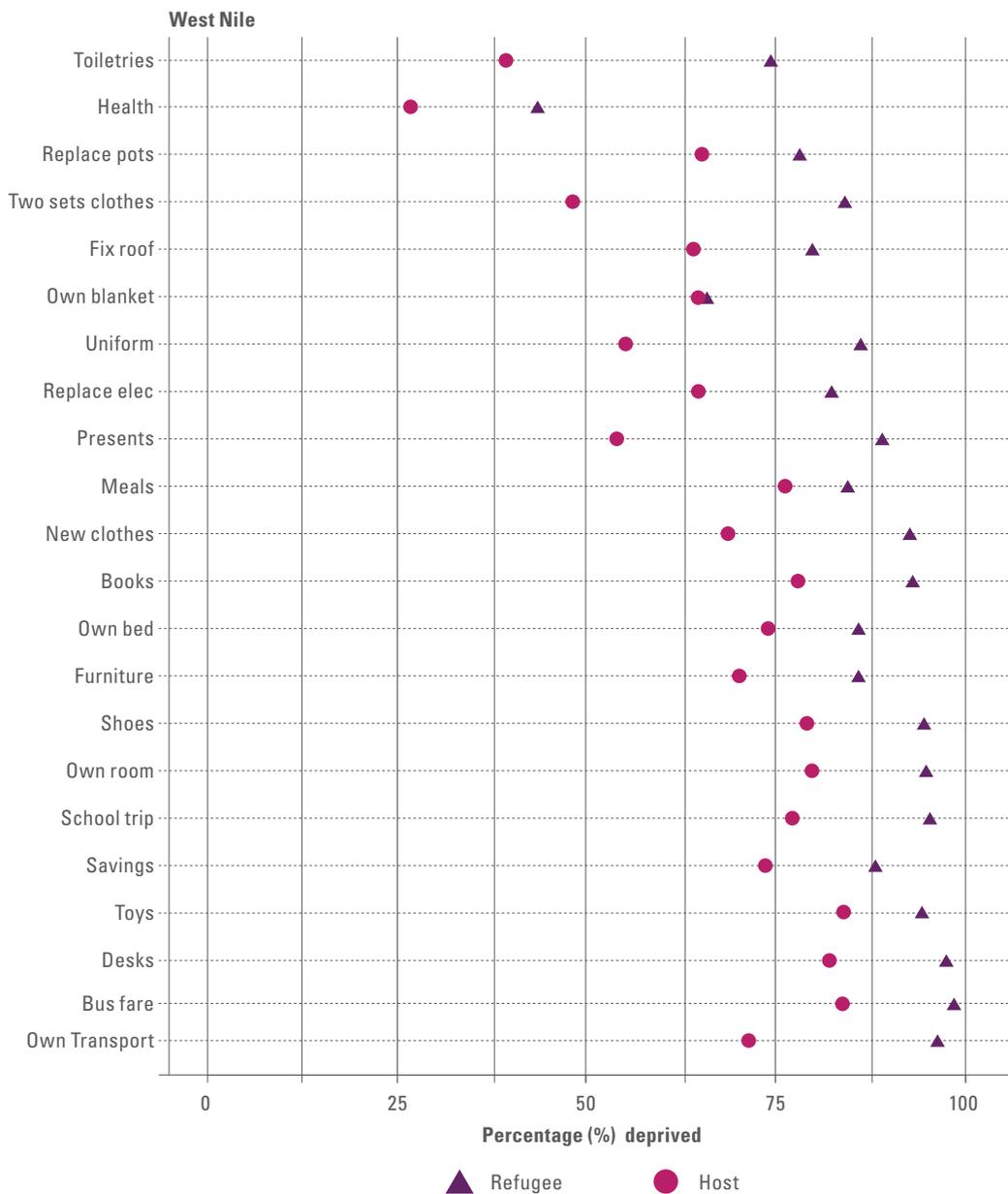
In South West, disparities between host and refugee families were generally less pronounced than in Kampala, with both experiencing significant deprivations. The greatest difference related to housing, i.e. being able to fix the roof or having sufficient rooms. For hosts, the most prevalent SPN deprivation was for school-age children having a desk at home for work (74%), and children having toys at home (71%); the lowest rates of deprivation were for access to health care and for clothing. For refugees, the rates of SPN deprivation are generally high, but again deprivation for clothing and health care are relatively low (39% and 43% respectively).

FIGURE 10: HOST AND REFUGEE HOUSEHOLDS DEPRIVED OF SPNS IN SOUTH WEST (%)



In West Nile, disparities in SPN deprivations between hosts and refugees related to uniforms for school-aged children, having two sets of clothes, toiletries and being able to give presents on special occasions. That said, levels of deprivation were generally higher, for both hosts and refugees, but for items like having a blanket, or having 3 meals a day, the differences were small (but deprivation was high).

FIGURE 11: HOST AND REFUGEE HOUSEHOLDS DEPRIVED OF SPNS IN WEST NILE (%)





chapter four

ACCESS TO BASIC SERVICES

This section presents data on household living conditions and access to basic services with a view to providing an important metric for comparison between hosts and refugees who have lived in Uganda for different periods of time, including the perceived quality of services and the social drivers of livelihood and economic activity. The following analysis also offers strategic insight into the extent of access, barriers and equity issues among refugee and host communities.

4.1 Health

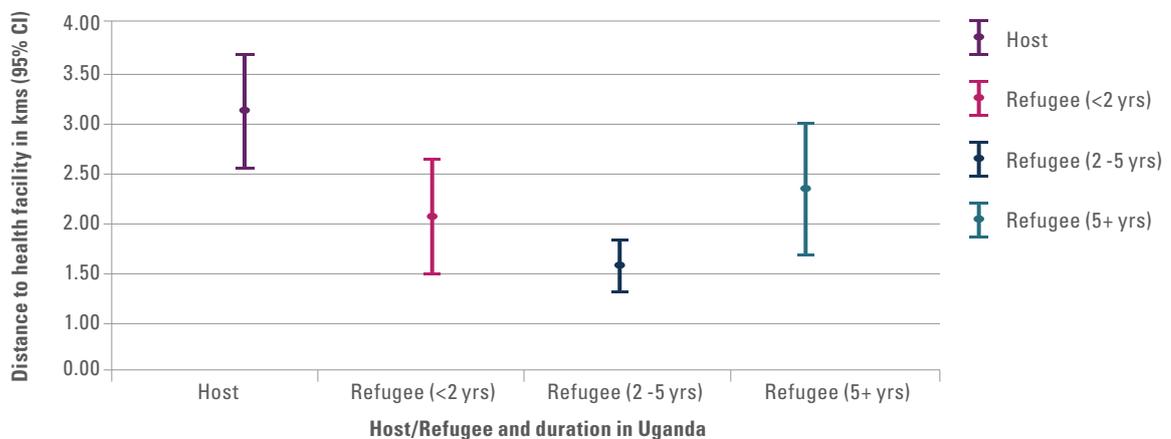
4.1.1 Access to health services

Health care in refugee and host communities is provided through an integrated model, i.e. refugees and hosts are served with government health centres as well as private (mainly not for profit) health facilities and referrals are directed to the nearest hospital. This allows refugees and nationals to access free health care at the available health facilities irrespective of whether they are public or privately supported. Integration of services is considered an opportunity to improve access to health services and ultimately the standard of living for both refugee and host communities. While a number of health facilities have been put up by partners to match the increasing number of refugees, the demand for health services continues to exceed existing capacity.

a) Distance to health facilities

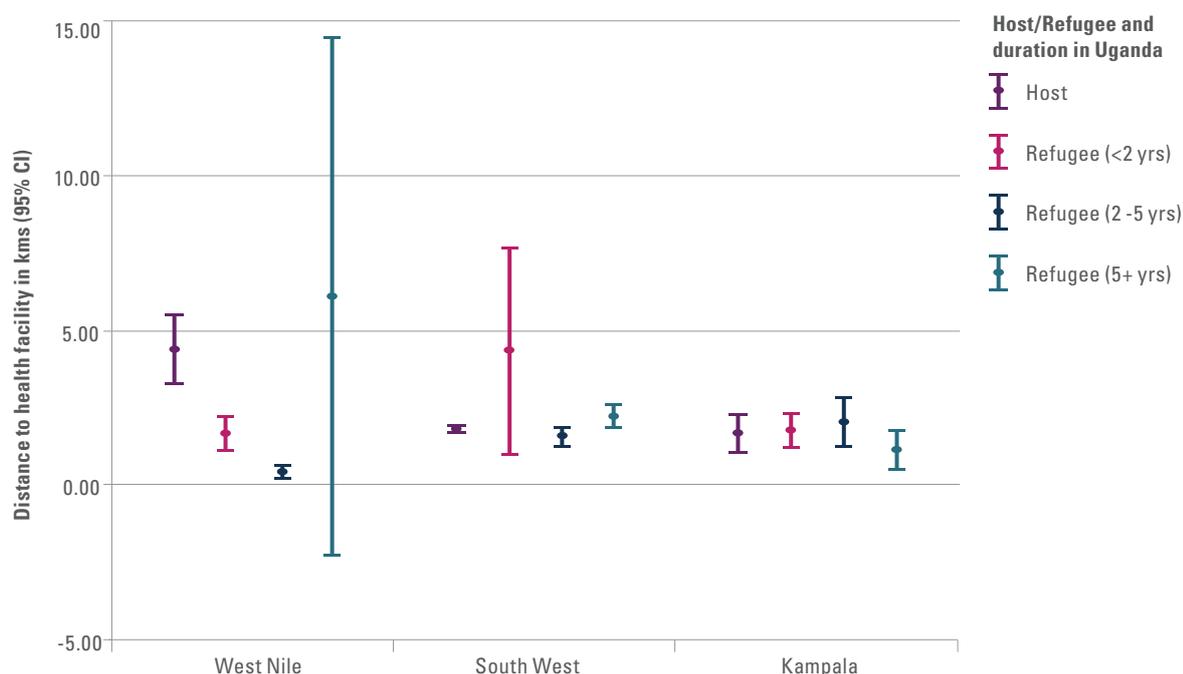
Respondents were asked where sick family members received treatment for an illness in the 30 days preceding the survey, and how far the facility was from their home. Based on a sub-sample of those who had fallen sick in the 30 days preceding the survey, they reported having sought treatment from a facility within an average distance of between 1 and 1.32 km for both hosts and refugees. At the aggregate level of the survey, most households accessed health facilities within 5 kms of their homes. However, there were instances where both hosts and refugees travelled over 8 km to reach higher level health centres (HC) (i.e. HC III, HC IV and Referral Hospitals). With the exception of a few new and some old settlements, the HCs in refugee communities are located near the reception centres as these are also used to screen recent arrivals. In general, and especially in West Nile, health centres were more accessible for refugee communities as shown in Figures 12 and 13 below.

FIGURE 12: DISTANCE TO HEALTH FACILITY



Regional differences in access were apparent, as shown in Figure 13. Host households in the West Nile region had significantly longer distances to a health facility compared to all other households in the sample, and longer distances than short and medium term refugees in the same region.

FIGURE 13: DISTANCE TO HEALTH FACILITY, BY REGION



b) Type of facility and Common diseases

Government health facilities dominate the service provision among host communities in both South West and West Nile. Contrarily, health services among refugees in West Nile (where the largest number of recent arrivals are located) are provided by partners as part of the national humanitarian response (Table 7). This could be due to the high level of humanitarian intervention in response to the emergency. Unlike in West Nile, refugees in South West mostly seek medical care from government facilities. Although there is some degree of integration in access to health services for both hosts and refugees, there is still reluctance among host communities to use health facilities that were primarily set up for refugees in the settlements. While they do not bluntly point to discrimination issues, host community FGD respondents indicated that refugees are prioritised when resources are limited. In Kampala, a high proportion of refugees and hosts (62.5%) seek care from private health facilities.

TABLE 7: TYPE OF FACILITY WHERE FIRST CONSULTATION OF MAJOR ILLNESS WAS SOUGHT (%)

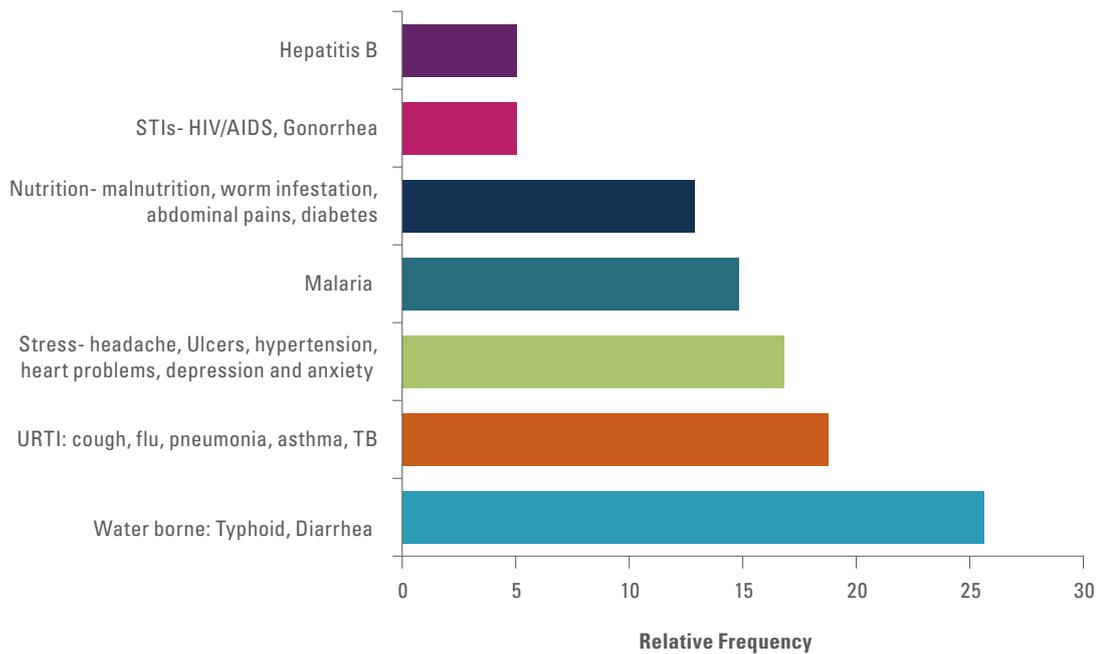
	West Nile			South West			Kampala		
	Host	Refugee	Total	Host	Refugee	Total	Host	Refugee	Total
Government	64.3	21.9	40.7	73.1	75.4	74.54	27.2	41.4	35.6
Private	20.9	6.5	12.9	25.7	23.7	24.53	69.7	57.4	62.5
NGO/Community Base	13.1	71.5	45.6	1.1	0.3	0.69	0.0	0.0	0.0
Other*	1.2	0.0	0.5	0.0	0.3	0.23	3.0	1.1	1.8

*Other includes traditional healers, relatives and friends

Source: Authors' calculation based on EPRC survey 2017

During the emergency phase, refugee populations tend to have poorer health indicators than the host communities. Mortality is attributed mostly to diarrhoeal diseases, measles, acute respiratory infections, malaria, malnutrition and other infectious diseases (UNHCR, 2014). But as refugees settle in their country of asylum, health indicators tend to improve. However, analysis from the household survey reveals 38 per cent of refugees were likely to report having suffered an illness during the 30 days preceding the survey compared with 29 per cent of hosts. Malaria, water borne diseases (typhoid and diarrhoea) and respiratory infections were reported in the FGDs as the leading causes of morbidity among refugees and hosts (Figure 14).

FIGURE 14: COMMON DISEASES



Source: Authors' computation based on FGDs

4.1.2 Utilisation of health services

Three indicators were used for utilization of health services: 1) if a sick member of the household was attended to by a qualified skilled health worker; 2) if a child was immunized against polio, DPT, BCG and measles; and 3) if a mother attended antenatal care services and gave birth in a designated health facility.

a) Medical services

As pointed out earlier, on average, a larger proportion of refugees (38% against 29% for hosts) reported having been sick in the 30 days preceding the survey. The highest prevalence of morbidity was reported among refugees in South West Uganda. Medical assistance was sought in close to 95 per cent of cases in both rural refugee and host communities. No major differences were observed across the different settlements in terms of health care utilization, save for urban refugees where more than 12 per cent did not seek medical help. It is also worth noting that three out of four urban refugees (75%) cited the high cost of medical care as the major impediment. In rural areas, hosts decry long waiting times, while refugees in both West Nile and South West complain about recurrent problems with drugs being out of stock.

b) Vaccination

Child survival is dependent on many factors, including high vaccination coverage. The World Health Organization recommends that all children receive vaccinations to protect against polio, diphtheria, pertussis (whooping cough), tetanus and measles. The Uganda National Expanded Programme on Immunization¹⁶ (UNEPI) runs routine immunization services at health facilities, and through outreach services and national immunisation days. According to the 2016 Uganda Demographic and Health Survey (UDHS), over half of eligible children (aged 12–23 months) received all eight basic vaccinations. Encouragingly, nationally representative survey data on Uganda show there was relatively little difference in coverage rates for children in the lowest and highest wealth quintiles (Figure 15).

FIGURE 15: TRENDS IN FULL VACCINATION STATUS, UGANDA



Source: ICF International (2015) *The DHS Program STATcompiler*, funded by USAID <https://www.statcompiler.com>. 24 January 24 2018; UDHS, 2016

Mindful of the fact that immunization is among the most successful and cost effective public health interventions in preventing children from dying before celebrating their first birthday, the survey asked questions regarding immunization coverage for all children below five years of age. The questions related to four major vaccinations, namely: polio, tuberculosis (BCG), DPT and measles. According to UNEPI, a child is considered fully immunized if she or he has received four polio vaccinations, three doses of DPT, one dose of BCG and one vaccination against measles.

The EPRC survey shows a high prevalence of vaccination for young children who received one of the recommended dosages, among both hosts and refugees. However, these rates tend to drop significantly for full immunization status (Table 8).

16 <http://health.go.ug/programs/uganda-national-expanded-program-immunisation-unepi>

TABLE 8: IMMUNIZATION COVERAGE (%) FOR CHILDREN AGED 1–5 YEARS

Vaccine Type	Hosts	Refugees	Total
BCG	98.8	94.3	96.6
Polio	63.5	64.3	63.9
DPT	82.4	78.3	80.3
Measles	96.6	91.1	93.7
Fully immunized	57.6	58.9	58.3

Source: Authors' calculation based on EPRC survey 2017

Full immunization coverage was at 57.6 per cent for hosts and 58.9 per cent among refugees, which is on a par with national and sub-regional averages (UDHS, 2016). Regarding immunization for specific vaccinations, BCG and measles recorded the highest coverage among the refugees and hosts, with no significant differences. Gender disaggregated analysis reveals no stark differences between male and female children. In fact, there was a general consensus during FGDs that immunization is one of the most efficient health programmes provided by the Government.

c) Maternal health services

Although maternal mortality has been declining, it remains an issue, with 368 pregnancy-related deaths per 100,000 live births (UDHS, 2016). During the FGDs, a few questions were posed regarding the use of maternal services – indicators related to seeking antenatal care and health worker assistance during child birth. Seeking antenatal care is important for purposes of monitoring the pregnancy and to avoid any risks for the child and mother during pregnancy. There seems to be improvement as far as seeking antenatal care from health providers is concerned. Also, giving birth at health facilities is common among refugees and hosts.

“These days it’s rare to see women giving birth at home, majority go to health facilities. Maybe just a few cases of women who give birth on their way to a health facility.”

Host FGD participant, Rwamwanja

The relatively high rates of health worker assisted births could be attributed to the incentives for giving birth at health facilities. Refugees have to present a birth notification form to the implementing partners in charge of food provision if the additional family member is to start receiving a food ration; these are easily obtainable from health facilities. Moreover, giving birth at a health facility comes with non-food items such as buckets and baby clothes.

4.1.3 Nutrition

Food and nutritional security is a critical determinant of the health and productivity of a population. This study assessed the food and nutritional situation of refugees and hosts using indicators such as adequacy (quantities), diversity (quality of diets) and local food preferences. Questions were also asked about the existence and coverage of nutrition programmes. In many cases both refugee and host community households exhibited high vulnerability to food shortages, with food and nutrition insecurity being persistent.

a) Dietary adequacy

On average both refugee and host community households have insufficient food for three meals a day. As a result, most households eat only one meal a day, supplemented by early morning porridge for children. Although there are variations in food supply patterns within the different districts, what is clear

is that the vast majority of refugees (except self-settled refugees) irrespective of location depend on food rations. Subsequently, in the rural settings food shortages among refugees are largely dependent on the amount and regularity of food distribution. For example, some refugees in Bidi Bidi – the newest settlement among those sampled – had more meals a day because food supplies were greater in quantity and were supplied more regularly and timely (see Table 9). In contrast, refugees in other settlements (Rhino camp, Pagirinya, Nakivale and Rwamwanja) had fewer meals because their food supplies were often delayed.

“It’s now July and we are just receiving food for May. If God wishes, we shall get the June food in September. Delays in food supply have left us in a vicious cycle of debt since people are constantly borrowing food from shops with interest.” FGD participant, Rwamwanja refugee settlement

TABLE 9: MONTHLY FOOD RATIONS (QUANTITY AND ITEMS) BY CATEGORY

New <i>(arrived after June 2015)</i>	Recent <i>(Arrived between June 2013 and June 2015)</i>	Long term <i>(Arrived before June 2013)</i>	Extremely vulnerable people/ household <i>(regardless of duration of stay)</i>
12 kgs of cereal (maize or sorghum)	6 kgs of cereal	3 kgs of cereal	11.7 kgs. of flour
2.4 kgs of beans	1.2 kgs of beans	0.6 kgs of beans	2.4 kgs of beans
1.5 kgs of corn soy blend (CSB)	0.75 kgs of corn soy blend	0.75 kgs of corn soy blend	1.5 kgs of corn soy blend
0.9 kgs of cooking oil	0.45 kgs of cooking oil	0.45 kgs of cooking oil	0.9 kgs of cooking oil
			Salt

Source: Interview with Samaritan’s Purse aid worker, Nakivale refugee settlement

Although refugees are expected to supplement the food rations with their own food production from the piece of land they are allocated, to a great extent the majority continue to depend on food rations. According to the discussions with refugees, not all of them have been allocated land for agriculture and for those that have, it is too small to grow sufficient food. In some cases, the arable land is rocky and infertile and does not support productive agriculture.

“Even the nationals who have land are starving. How can anyone expect us to produce on this land – this land is simply infertile.” FGD participant, Rhino camp refugee settlement

Also, with the current refugee influx, land that was allocated to refugees is now being subdivided to accommodate the recent refugees. While one of the major assumptions of the local integration policy (partly through the provision of land) was to facilitate self-sufficiency over time and less reliance on aid and food rations, this objective remains largely unachieved. Comparison between long-term and recent refugees shows no significant differences in terms of food supply patterns and therefore feeding adequacy at household level. Although the food ration is based on the standard requirement of 2,100 kcal per person per day (according to WHO), even the recently-settled refugees contend that the amount of food supplied is not enough. In the case of the older refugees, food rations have been reduced and not replaced with enough food production or income-generating alternatives. According to FGD participants, on average the food rations last for about two weeks in the old settlements and about three weeks for recent arrivals, who receive a full ration. Refugees continue to question the applicability of self-reliance in their context.

“How can you say refugees should be self-reliant on a 30x30metres piece of land, with 5 poles of trees, 1 hoe, 2 saucepans, 1 panga, 1 slasher, 1 jerry can, 1 basin, 2 plastic sheeting?” asked one FGD participant, Nakivale refugee settlement.

It was also common practice to sell part of the distributed food to enable households to process grains and acquire other household necessities such as soap, salt, sugar, clothes and firewood. Furthermore, since the maize is provided as grain (except for the extremely vulnerable who receive flour), some poor households sell off some of their food to secure money for milling services, further reducing the available food for consumption at household level. In lieu of food, some households in selected refugee settlements receive cash based on their year of arrival. The monthly cash payment per person ranges from 31,000shs for recently settled refugees, 17,000shs for 'relatively old' refugees, and 8,500shs for 'old' refugees. Many refugee households are increasingly adopting negative coping mechanisms, including a reduction in meal portion and frequency, sale of household assets, withdrawing children from school, and criminal acts such as stealing. Other coping mechanisms include the supply of casual labour to Ugandan nationals.

"We do not find pride in stealing but the situation forces us to. When a child demands food and there is nothing to offer, sometimes one is forced to steal food from the gardens and granaries of the nationals."
Refugee FGD participant, Kampala

In the urban setting, whether or not refugee households have sufficient food is dependent on their purchasing power and social networks rather than food distribution or weather patterns. While Uganda is lauded for its progressive policies, current interventions by the Government and humanitarian actors focus almost exclusively on refugees in rural settlements. While the OPM recognizes and provides identity documents to refugees who opt to stay in Kampala, they are assumed to be self-sufficient and do not receive any food rations or money, save for a few interventions that are targeted specifically at urban refugees. According to FGD participants in Kampala, urban refugees are not a homogeneous population and are composed of three categories of people: the thriving (business owners), the managing, and the destitute. Among the destitute, even one meal per day is a matter of chance. Contrarily, among the well off, a household has an average of two meals a day and those with excess food say they would readily share with poorer refugee households in the neighbourhood or community. Although some refugees are still registered under certain rural settlements with active food voucher cards, a number do not collect their food from distribution points in the settlements due to transport challenges. Asked why they prefer to remain in the city with limited support instead of the rural settlements, a high proportion cites harsh social and economic conditions.

"I grew up in town and have never stayed in a rural setting. How can I now handle settling in those isolated rural settlements? Life in the settlement is not favourable and the services are poor. At least in town there is an opportunity of hawking some necklaces that my friends from Congo send to me as and when they are able to." Refugee FGD participant, Kampala

While the majority of nationals may face the same challenges as urban refugees, the refugees' situation is exacerbated by the language barrier, hopelessness, psychological stress and trauma and, in some cases, lack of documentation for legal refugee status.

"We have no food, no jobs, no school fees for our children. We are going to run mad. In fact, most of us have high blood pressure as a result of stress." Refugee FGD participant, Kampala

Although the hosts in urban areas are relatively better off than refugees regarding food sufficiency, the situation among rural hosts is as dire and in some instances worse than their refugee counterparts.

"It's 3pm but I have not had any meal since morning. I expect to prepare a small meal at 5pm for supper, and that is the routine. Even eating one meal is by God's grace. In this area, those who eat one meal in a day are well off." Host FGD participant, Nakivale

Among the rural hosts, adequacy of food was found to follow seasonal weather patterns and hence harvests. Good weather translated into more food and better feeding but when harvests failed, the entire community was hunger stricken. In South West, the majority of Ugandan nationals around the refugee settlements used to derive their livelihood from government land that has been allocated to the refugees. The majority remain landless with limited resources to produce enough food for their households. Below are excerpts from discussions with host communities.

“When the refugees came, a lot changed. The land we were using for agriculture was taken away and given to refugees. Food production was greatly affected. Currently, refugees steal the little food that we produce. Our animals like goats and pigs, and cats among others have also not been spared. While various organizations provide food to the refugees, we are not considered for food rations by the government as immediate hosts to the refugees. And the government that brought the refugees into our area has not intervened with food support. As a result, we have no food at home and our children go to school without food.” Host FGD participant, Rwamwanja

“We were glad to hear that refugees were coming. We thought we would get the same food with the refugees but nothing like that has happened. We used to sell charcoal and buy food but these days, because of the refugee influx, all trees have been cut down to resettle refugees.” Host FGD participant, Yumbe

“Unless the government intervenes, hunger and malnutrition will remain the key challenges to this community for three reasons. (1) We have no land, the land that we previously had access to was taken away from us to host refugees. (2) The little we grow is affected by the changing climate conditions. (3) The remaining crops and our animals are stolen by refugees.” Host FGD participant, Rwamwanja

b) Quality of diets

As noted earlier, the basket of food distributed to refugees is monotonous and comprised of corn soy blend, beans and a cereal – either sorghum or maize. Within refugee communities, high incidences of malnutrition have been experienced. According to FGDs, the effects of limited diets are worse among children, who have reduced immunity and increased susceptibility to opportunistic infections.

“Children always have inadequate diets because they feed on one colour of food (maize and beans).” FGD participant, Rwamwanja refugee settlement

“Some children and mothers have never tasted an egg. The majority here eat beef three times a year on Christmas, Easter or independence day.” Host FGD participant, Adjumani

While a number of organizations continue to provide food for refugees, the food supplied is considered inappropriate.

“The maize and beans provided to us is actually food for prisoners in Congo.” FGD participant, Nakivale refugee settlement

Even the corn soy blend – which according to health workers is scientifically adequate for the treatment of severe acute malnutrition – is despised by households in preference for commodities like rice, sugar and milk, which are seen as necessary for children to grow well.

Among host communities in West Nile, vegetables are grown to supplement diets and any excess is sold to refugees. However, vegetable consumption is limited to refugees who can afford it. Incidences of bartering distributed food for vegetables were common. Relatedly, the recent Food Security and Nutritional Assessment (FSNA) for Refugees states that most households had medium levels of dietary

diversity. According to the FSNA, on average, almost one-third of households reported not having consumed any vegetables, fruit, meat, eggs, fish or milk products in the 24 hours preceding the survey (MUK, UNICEF, WFP (2016).

The experience in South West and Kampala is no different. In Nakivale, a large proportion of the host community is landless. According to residents, some of their agricultural land was taken away for refugee settlement and a significant portion of wetlands (measuring over 400m around Lake Nakivale) which was previously used for growing crops was demarcated as a protection zone by the National Environment Management Authority (NEMA). Although NEMA's action was meant to prevent locals from encroaching on the wetlands surrounding Lake Nakivale, according to the host population their food security situation has been worsened. In addition to landlessness and climate variability, nationals also attribute hunger to theft of crops and animals by refugees. The host community attests to dwindling welfare and livelihoods since the arrival of refugees.

c) Coverage of nutrition programmes

In terms of nutrition-relevant interventions, corn soy blend continues to be provided at health centres for the management of severe acute malnutrition in children aged two years and below. During periods when there is a shortfall of supplies, preferential treatment is based on age (children of less than 12 months) and severity of the condition. An earlier intervention whereby mothers were provided with vouchers to buy six eggs and half a kilogram of beef per month ended.

These nutritional programmes are limited to refugee communities and, as indicated earlier, some programmes have been phased out. Nationals are only able to receive direct supplementary feeding or nutritional support when they seek care from health centres located in refugee settlements or which are supported by NGOs. There is a general outcry among the host community regarding the inadequacy of nutritional programmes, the exclusion of children above two years of age and adults in need of dietary supplementation, and the preferential treatment of refugees.

In lieu of food supplies, some host communities have received technical training targeting village health teams to identify and refer cases of malnutrition to health facilities. There are incidences of preferential treatment for refugees when hosts attempt to get nutritional care within settlements. To further support food production and livelihood efforts, there appears to have been a shift towards providing materials to enhance crop production among a cross section of host communities in Yumbe and to promote goat rearing in Adjumani. The goat-rearing intervention in Pagirinya adopts an integrated approach, with group members from both refugee and host communities.

In the urban context, there is no institutionalized nutritional support for refugee-hosting communities. However, some clubs and civil society organizations – such as the Tigers Club and Retrak Uganda that support the rehabilitation of street children and drug addicts – incorporate feeding and the provision of nutritional information into their programmes. Most of the beneficiaries of these interventions have been teenagers.

4.1.4 Barriers to health care access

As earlier pointed out, most health care facilities are shared between hosts and refugees and thus the challenges faced cut across both. Most of the challenges are facility based and range from an inadequate health workforce, limited infrastructure and health supplies and deficient emergence medical services.

Infrastructure-related challenges: For the communities visited, most health centres (levels II and III) are located within refugee settlements. Proximity aside, given the higher likelihood of being attended to, hosts travel longer distances to access health care in refugee settlements. In Kampala, although there is

a multitude of health facilities, access remains a challenge because costs at private clinics and hospitals are high. In terms of infrastructure within the health facilities, challenges remain. There are limited beds for in-patient admissions: *“Every bed is occupied by two to three patients per day,”* noted a health worker in Rwamwanja. Additionally, treatment rooms are not private, laboratories are ill-equipped, the power supply is unstable, corridors are congested, and mortuaries are not up to standard.

Inadequate health workforce: Despite interventions aimed at recruiting and retaining health workers, there are still challenges regarding their number, skills mix, retention and motivation (Ministry of Health, 2015). Staffing levels remain below standard, particularly in rural and hard-to-reach areas where most of the refugee settlements are situated. In refugee-serving health facilities, partners have tried to supplement existing government staff by recruiting more personnel and, in some cases, topping up the salaries of government staff to incentivize them and improve retention and performance. This support notwithstanding, the health centres remain overcrowded with long waiting hours before health care is provided due to the large catchment population that the health centres serve.

“You leave home at 6am in the morning and go the health centre. Due to long waiting hours, you return at 7pm without even paracetamol. The health centre has only two nurses and it receives many patients daily. They are also human beings. They get tired and chase away patients without treatment.” FGD participant, Nakivale refugee settlement

Donor-supported health centres are preferred by both refugee and host communities because of a higher likelihood of them having health workers and drugs.

Deficient pharmaceutical supplies and health products: The refugee and host community population has outgrown the available services that the health facilities can offer. As such, many refugee/host community-serving facilities experience frequent drug stock outs. The situation is exacerbated by inadequate supplies from national medical stores.

“National medical stores provide less than the requested medicines. They sometimes provide only consumables and drugs with short expiry dates.” Health worker, Rwamwanja host community

Consequently, health workers are forced to prescribe medicines that have to be bought from private pharmacies, which both refugees and hosts can ill afford.

Emergency medical services/ambulance services: In cases where patients (both refugees and hosts) are unable to transport themselves to the nearest health facility (for example, because they are injured or too ill), there is an ambulance service to transport them quickly for urgent medical care. By and large, these services are free, although a high proportion of hosts think that refugees are treated better in terms of response. It was also reported that, in some instances, nationals have been asked to contribute towards the cost of fuel while the ambulance service is entirely free for refugees.

“Refugees are protected by international laws and organizations, they have a right to good health care. We see ambulances passing here going to the refugee camp to pick refugees. Although we were told that we can also use it, the community members do not have its contacts. In emergencies, such as for expectant mothers, we are left helpless.” Host FGD participant, Rwamwanja

“The ambulances take refugees to referral hospitals and return them. They only return nationals from referral hospitals if there are refugees to be returned.” Host FGD participant, Nakivale

This ‘perceived discrimination’ was echoed in other rural settlements. In Kampala, the notion of free ambulance services is uncommon among hosts and refugees.

Referral system issues: Uganda's health care system uses a referral model. If a lower-level health facility is not able to handle a case, it refers the patient to a higher health-level facility with more specialised doctors, and better services and equipment. Because implementing partners have not set up health facilities with services above those of a lower-level health facility, referrals are often made to district, regional and national referral hospitals. While referral services are offered to both refugees and hosts, refugees are supported in terms of transport and during their stay at the hospital. If refugees have to buy any medicine, the partner in charge of the referral (e.g. Inter Aid Uganda) pays for it. This is not the case for nationals.

4.1.5 Key findings

- Both government and development partners provide health services in refugee-hosting areas. In host communities and older refugee settlements, health service provision is dominated by government. However, development partners intervene to complement government efforts during emergencies or health service shortfalls. Following the recent refugee influx, but also because refugee populations tend to have poorer health indicators, there is a greater presence of NGOs in the health sector in West Nile compared with host and refugee communities in other parts of the country.
- A high proportion of both refugees and hosts seek health services when sick. However, health-seeking behaviour among refugee-hosting areas is impeded by recurrent challenges in health service delivery – notably stock outs of drugs and other essential supplies, shortage of staff in health facilities, limited space in health facilities and the cost of health services in urban areas.
- Although more than 90 per cent of children have been vaccinated against either BCG or measles, results showed that only 58 per cent of children were fully immunized. Children's health is further compromised by shortages of water shortage, poor sanitation and inadequate nutrition.
- While government and development partners have adopted a nondiscriminatory model which allows for both refugees and hosts to seek health services in the same facilities, the capacity of the health sector to respond to emergencies like epidemic diseases and severe illnesses is still weak.

4.2 Education

Uganda recognizes education as a basic human right for both nationals and refugees. Refugees in Uganda can access education under the same conditions as nationals, and education is incorporated as one of the tenets of the 2006 Refugee Act. The education system has seven years of primary, six years of secondary and three to five years of post-secondary education. Recently, early childhood care and education was adopted as an action area in the National Integrated Early Childhood Policy. However, at national level Uganda still faces significant challenges in providing high-quality education for all. According to the Ugandan education system, the respective ages for the different levels of education are; 3–5 years for early childhood education, 6–12 years for primary school, 13–18 years for secondary school and 19–24 for post-secondary.

4.2.1 Attending school and access to education

a) School attendance

Information on education attendance was collected for children aged three years and above. At aggregate level, around 80 per cent of children were attending school, and a further 6 per cent had attended in the past, leaving around 13 per cent who had never attended, most of whom were under six years of age (i.e. pre-school-age).

TABLE 10: PROPORTION OF 6–17-YEAR-OLDS IN SCHOOL (%)

	Refugee				Host			
	Never Attended	Attended school in the past	Currently attending school	Total	Never Attended	Attended school in the past	Currently attending school	Total
6-12 years								
Male	5.9	4.7	89.3	100	7.6	1.6	90.8	100
Female	5.9	5.9	88.1	100	9.0	3.8	87.2	100
Total	5.9	5.3	88.8	100	8.4	2.8	88.9	100
13-17 years								
Male	3.0	11.2	85.8	100	0.0	14.1	86.0	100
Female	8.6	13.3	78.1	100	1.1	5.5	93.4	100
Total	5.4	12.1	82.5	100	0.5	10.4	89.2	100
Sub region (Children aged 6–17 years)								
West Nile	2.8	0.9	96.3	100	7.8	3.4	88.8	100.0
South West	6.6	13.3	80.1	100	4.7	9.9	85.4	100.0
Kampala	14.5	22.2	3.3	100	0.0	3.2	96.8	100.0
Total	5.7	7.9	86.4	100	5.6	5.4	89.0	100.0

Source: Authors' calculation based on EPRC survey 2017

Analysis of school attendance in refugee and host communities shows that the highest level of school attendance occurs among the cohort 6–12 years – approximately 90 per cent. At aggregate level, above 85 per cent of both refugees and host community children of school going age are in school (see Table 10). There are marked variations in attendance between the different locations and levels. Attendance among urban refugees is markedly low compared with all other regions and population types. Only 63 per cent of children of school-going age are attending school among urban refugees.

There are no observed differences between host and refugee children and by gender for the lower age cohort (primary school age). However, patterns of gender disparity begin to emerge at higher levels among refugees. More female refugee children aged 13–17 years (22%) are likely to be out of school than males (14.2%) but more host males aged 13–17 years are likely to be out of school than females.

Although Uganda introduced universal primary education in 1997 and universal secondary education in 2007, challenges of school dropout remain. For instance, the majority of current school-going pupils/students are enrolled in pre-primary and primary levels of education, with very low enrolment rates at secondary and post-secondary levels (Table 11).

TABLE 11: SCHOOL ATTENDANCE BY LEVELS

	West Nile		South West		Kampala		Total	
	Host	Refugee	Host	Refugee	Host	Refugee	Host	Refugee
Pre-primary	7.0	22.6	23.6	20.5	19.7	19.2	14.5	21.6
Primary	83.7	70.7	61.8	69.7	55.7	68.1	71.9	70.2
Secondary	8.2	6.1	13.2	6.2	20.5	6.4	11.9	6.2
Post-Secondary	1.1	0.6	1.4	3.7	4.1	6.4	1.7	2.1
Total	100							

Source: Authors' calculation based on EPRC survey 2017

b) Educational attainment

Analysis for the educational achievement of individuals aged 15 and above (both in and out of school at the time of the survey) reveals that the vast majority of refugees, especially those residing in rural settlements, did not complete the primary education cycle (Table 12). At least seven out of every ten refugees (77%) in West Nile and South West refugee settlements did not complete primary school and more than 20 per cent do not have any kind of formal education. Low educational attainment among the refugees implies that many of them lack the basic skills to meaningfully compete in the labour market despite the existence of a non-discriminatory policy regarding employment. Although about 42 per cent of urban refugees do not possess a primary school qualification, a similar percentage (about 37%) is educated to secondary school level and above.

TABLE 12: EDUCATIONAL ATTAINMENT (15 YEARS AND ABOVE)

	West Nile		South West		Kampala	
	Host	Refugee	Host	Refugee	Host	Refugee
No formal education	18.3	20.7	11.5	27.1	4.6	14.2
Some Primary	51.4	57.1	35.3	44.8	17.7	27.4
Completed Primary	10.3	4.9	22.0	3.6	15.7	6.8
Some secondary	9.6	10.6	13.6	13.9	23.5	14.2
Completed secondary	7.0	4.9	11.9	5.7	26.1	23.2
Post-secondary	3.3	1.9	5.6	5.0	12.4	14.2
Total	100	100	100	100	100	100

Source: Authors' calculation based on EPRC survey 2017

Sex disaggregated results (not presented here) reveal marked gender differences in educational attainment. While females (both host and refugees) are less likely to have attended formal education, the situation for female refugees is worse, more so in the rural settlements. For example, 31.4 per cent, 38.9 per cent and 22 per cent of the female refugees did not possess primary level education in West Nile, South West and Kampala respectively. This is in comparison with 6.3 per cent, 15.5 per cent and 7.1 per cent for male refugees respectively.

Among 6–12-year-olds, several reasons were given for never attending school. In West Nile, being too young (56%), long distance to school (22%) and displacement (11%) were considered the major constraints for refugee children. Among the hosts, being too young was the main reason given (70%), followed by distance and cost. In South West and Kampala, 50 per cent and 63 per cent of refugees respectively gave cost as the main barrier.

Both refugees and hosts cite financial constraints (such as lack of fees, scholastic materials) as the major cause of school dropout irrespective of location. Another common contributor among refugees is displacement. Other reasons that were cited include marriage, pregnancy and lack of interest by the students. The highest incidences of early marriage and early pregnancy among both refugees and hosts are reported in West Nile. Below are some of the reasons given for school drop out by FGD participants.

“Education is very expensive for us. We don’t have any business or even jobs because we are refugees. Therefore, we do not have money to educate our children. We also cannot get scholarships, because of the lengthy procedure and the limited number of scholarships. When our children complete P7, they are not able to continue with education.” Refugee FGD participant, Kampala

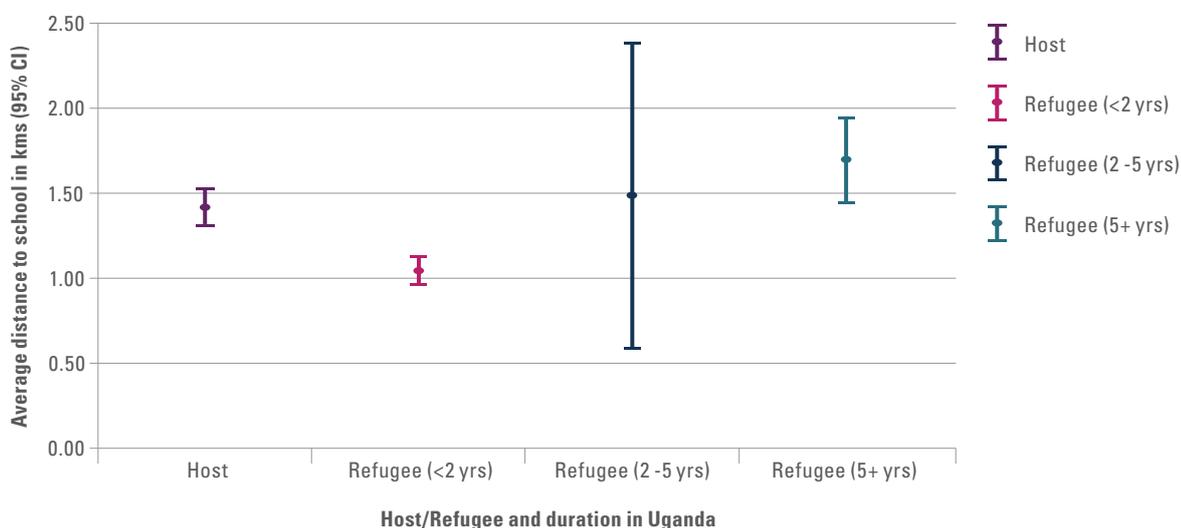
“Refugee girls are always demoted from secondary to primary level in government schools due to language barrier. Because of their older age, girls prefer to abandon school rather than attending with relatively young children in lower classes.” FGD participant, Rwamwanja refugee settlement

“When the food provided by supporting organizations gets finished, pupils are asked by the school management to take maize and firewood to school. If this happens when it’s not harvest time, parents will take their children out of school until maize is harvested. With such distractions, some miss exams and lose interest and subsequently abandon school.” FGD participant, Rwamwanja refugee settlement

c) Distance to school

It is apparent that both host and refugee children are relatively well served by schools within the local community. As Figure 16 shows, the average distance (in kilometres) to the local school for children in the sample is between one and two kilometres.

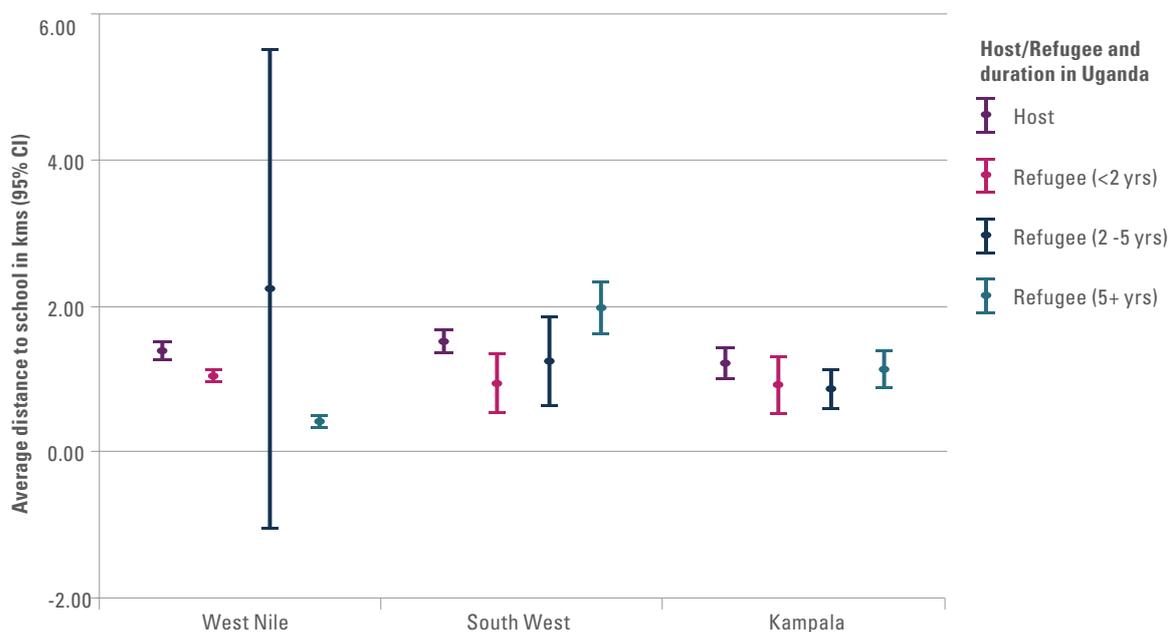
FIGURE 16: AVERAGE DISTANCE TO SCHOOL



Source: Authors’ calculation based on EPRC survey 2017

The relatively equal access (distance-wise) for children in the sample across regions is evident in Figure 17 below, but these results are somewhat sample-dependent. For example, the reason why almost all long-term refugee children in West Nile have the shortest distance to school, shorter than for host children, may be due to where the survey was conducted. The wide confidence intervals for medium-term refugee children in the region can be partly attributed to the small number of cases in the sample.

FIGURE 17: AVERAGE DISTANCE TO SCHOOL, BY REGION



Source: Authors' calculation based on EPRC survey 2017

While primary schools are within reasonable distance across all the settlements and host communities (between 1 and 2 kms), access to secondary schools and tertiary institutions remains limited and ranges from an average of 3 kms in West Nile to about 5 kms in South West (Table 13). This may be explained partly by the huge concentration and bias of funding towards primary level education. Compared with hosts, refugees tend to walk longer distances to access secondary schools. There are no observed differences between physical access to pre-primary, primary and secondary schools among refugees and hosts in Kampala.

TABLE 13: DISTANCE TO EDUCATION SERVICES

	West Nile	South West	Kampala
Primary school (Average distance kms)	1.2	1.6	1.1
Secondary school (Average distance kms)	3.3	4.8	1.7
% pupils accessing primary school within 2 kms	84.1	69.2	86.2
% of students accessing secondary school within 3kms	46.4	33.3	70.0

Source: Authors' calculation based on UNHS 2016/17

4.2.2 School facilities and expenditure

Mindful of the likely strain that increased refugee enrolment may put on existing schools, several organizations continue to establish and equip schools with the requisite facilities to complement existing government initiatives. Moreover, such organizations continue to support the recruitment and deployment of teachers and provide scholastic materials such as textbooks. These efforts notwithstanding, school facilities vary according to the level of schooling.

a) School feeding

Children were asked if they received meals at school, and if these were provided free of charge. Around 20 per cent of children got a meal at school, but only a minority were free. In most instances parents had to pay or make a contribution (Table 14).

TABLE 14: DO CHILDREN GET MEALS AT SCHOOL (%)?

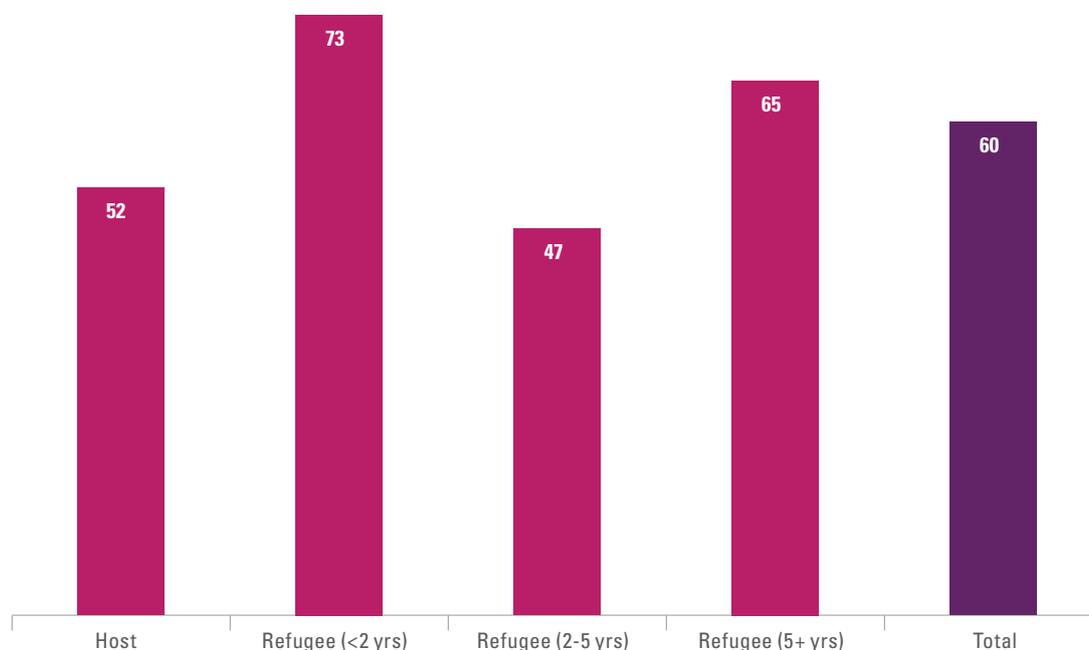
	Host	Refugee (<2 yrs)	Refugee (2-5 yrs)	Refugee (5+ yrs)	Total
Yes, provided free	2	2	17	5	4
Yes, parents pay/contribute	20	10	16	17	16
No	78	88	67	78	80
Total	100	100	100	100	100%

Source: Authors' calculation based on EPRC survey 2017

b) Cost of schooling

Although respondents were asked how much the household had spent on schooling in the previous 12 months, many could not recall how much they had spent, which limited comparability between data. However, in general costs associated with education were highest in Kampala. In relation to the cost of schooling, over half (60%) of children who reported being in school were receiving a scholarship or subsidy (Figure 18). Around half (52%) of these children received them from an NGO and around 44 per cent from the government.

FIGURE 18: CHILDREN RECEIVING AN EDUCATION SCHOLARSHIP/SUBSIDY (%)

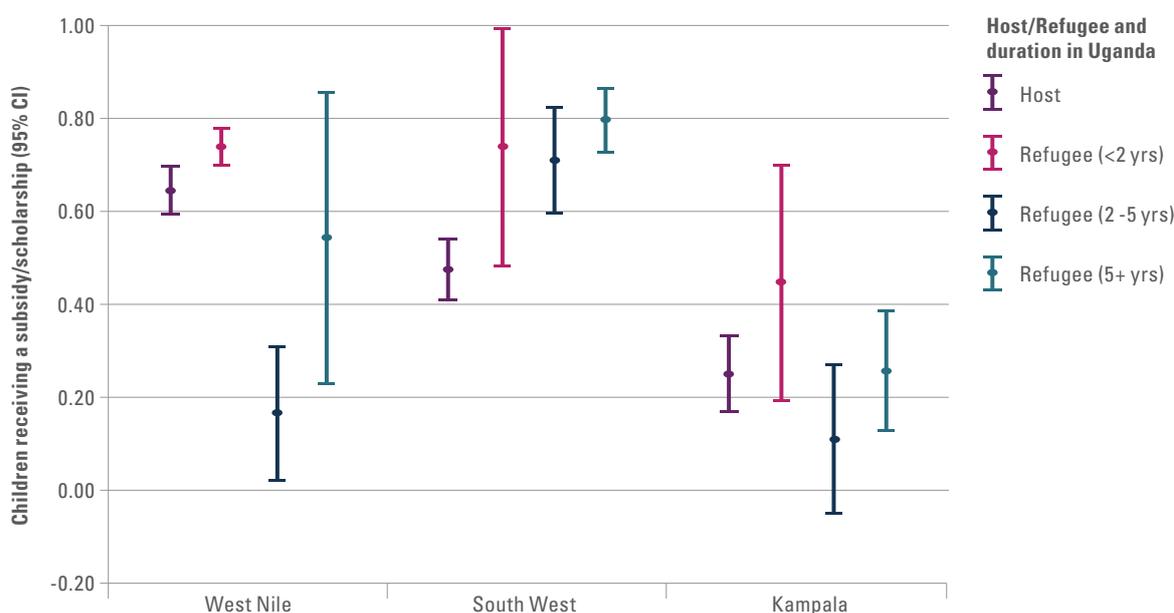


Source: Authors' calculation based on EPRC survey 2017

Financial assistance to children in all groups was common, with the highest rates in the short- and long-term refugee groups (Figure 19). The difference in the proportion of host and medium-term refugee children receiving grants was not statistically significant at the aggregate level.

Significant differences in the receipt of scholarships/subsidies for education between refugees and hosts are observed at the regional level, although not in Kampala (Figure 19). In West Nile, medium-term refugee children were much less likely than host children to receive a subsidy. In South West, this pattern was reversed, with a higher proportion of medium- and longer-term refugee children receiving support than host children. Among host children, the highest proportion receiving subsidies/scholarships are in the West Nile region (around 60%).

FIGURE 19: CHILDREN RECEIVING A SUBSIDY/SCHOLARSHIP, BY REGION



Source: Authors' calculation based on EPRC survey 2017

4.2.3 Barriers to education

Although important, physical access to schools is not the most significant challenge limiting access to education among both refugees and host communities. Financial costs associated with schooling, poor learning environments, an inadequate workforce and a lack of teaching materials, along with other social and cultural challenges, are also barriers.

Financial barriers: Despite the existence of subsidies from the Government, UN agencies and NGOs, the cost of education aggregated in school fees, scholastic materials and feeding is still viewed as prohibitive by both refugee and host communities. The education levels that are worst affected are ECD, secondary and post-secondary. Apart from the few non-fee-paying ECDCs run by local or international organizations, most pre-primary education is privately owned, with high fees. This finding is consistent with earlier assessments by the National Planning Authority (NPA), which found that over 90 per cent of the eligible population were not enrolled in pre-primary because they could not afford the fees (NPA, 2015). Moreover, some pre-primary schools are provided with unsuitable learning materials and untrained or unqualified teachers, and hence constitute a very poor learning environment. Relatedly, the cost of secondary school education remains a challenge for most refugees and a section of poor hosts.

“In the nearby secondary school, refugees are charged 54,000 shillings (day scholars) and 190,000 shillings (boarding students). This is rather high for someone who is living hand-to-mouth. Therefore amidst starvation, to many of us, secondary education for our children becomes a luxury.” Refugee FGD participant, Nakivale

On the other hand, the varying fee structure between refugees and hosts in donor-supported secondary schools is viewed as discriminatory among the host community.

“In the nearby donor-supported secondary school, we pay an extra 50,000 shillings for boarding, but it is the same content. Why is this the case?” Host FGD participant, Nakivale

The mandatory food contribution levied on already poor parents, especially in the face of looming food shortages, leads to pupil absenteeism and subsequent drop out from school.

Poor learning environment: The learning environment in and around schools in rural refugee settlements does not facilitate the provision of good-quality education. At primary and secondary level, there are not enough classrooms and they are often overcrowded, with high pupil/teacher ratios. Instances of children studying under trees or attending school in shifts are not rare. Sanitation, in terms of access to water and latrines, remains inadequate. For example, while the standard teacher/pupil ratio, pupil/desk ratio, classroom/pupil ratio and pupil/stance ratios are 1:45, 1:03, 1:53 and 1:40, in Yumbe the ratios are alarmingly high, at 1: 96; 1:7; 1:177 and 1:14 for teacher/pupil ratio, pupil/desk ratio, classroom/pupil ratio and pupil/stance ratios respectively.

TABLE 15: PRIMARY SCHOOL OWNERSHIP, INFRASTRUCTURE AND ENROLMENT IN BIDI BIDI SETTLEMENT – YUMBE DISTRICT

Number of schools by ownership		
Windle Trust	25	
Government	12	
Total	37	
Enrolment		
Refugees	50,717	
Nationals	8,571	
Total	59,288	
Infrastructure	Standard	Bidi Bidi
Teacher/pupil ratio	1:45	1:96
Pupil/desk ratio	1:03	1:07
Classroom/pupil ratio	1:53	1:177
Toilet/pupil ratio	1:40	1:14

Source: First term 2017 statistics (Office of the District Education Officer – Yumbe)

The high number of pupils in class (sometimes over 300 in lower classes) overwhelms the teachers, rendering them ineffective and at times violent. Issues of psychological abuse and discrimination based on status and identity in integrated schools continue to exist and affect children both emotionally and physically. This is aggravated by high levels of corporal punishment.

For refugee children having to adapt to the Uganda education system, language presents one of the most important barriers. In line with the Ugandan thematic curriculum, children in primary school are taught in the hosts’ local language, which young refugees may not understand. Additionally, in some communities, refugees complain of being excluded from school management committees.

“There is a challenge of language barrier, only English and Ugandan local languages are taught in government and private schools around the camp. However, refugees speak languages such as French, Lingala and Swahili, which are not common here. This hinders communication and effective learning while at school.” FGD participant, Rwamwanja refugee settlement

In many cases, caring for younger siblings and other tasks such as fetching water and firewood or paid employment result in absenteeism or drop out, particularly for girls since they are left to take care of the home.

“Many of us cannot attend school. We have to help in taking care of our younger siblings.” 13-year-old girl, Bidi Bidi refugee settlement

Access issues: There have been some cases where refugees have not been able to access schools because they lack the necessary academic documents and equivalency from their country of origin.

“About 20 students are not going to register for senior six exams because they do not have the necessary documentation to ascertain whether they completed a senior four equivalency from their home countries.” Key informant, Nakivale

Even at primary level, issues of education level equivalency affect pupils. When refugee pupils are demoted to a lower class, they often lose interest and eventually drop out. In addition, the selection criteria for tertiary institutions (for both nationals and refugees) are not clear. Communities are often under the misconception that living close to a training centre affords them the right to be prioritized in accessing training. There are some limited scholarship opportunities for refugees. These exclude the host communities and are argued to be skewed in favour of certain tribal groups among the refugees.

These challenges have had negative effects on the quality of education received by refugees and hosts alike. Literacy and numeracy levels are low, and pass rates remain dismal, which means that many children cannot progress to secondary school. This has to some extent led to the devaluation of education because parents can only be encouraged to keep their children in school and ensure regular attendance if they are assured of good-quality education.

Overcrowding means that many children have nowhere to sit and have to study while standing. Going forward, there is an urgent need for more basic facilities in existing schools – including classrooms and toilets – and for the reconstruction of temporary buildings. More teachers are also needed and language teaching for refugee children in the language of instruction.

4.2.4 Key findings

- Children of both refugees and hosts miss out on the foundational benefits of ECD.
- At primary level, the high number of learners and inadequate facilities often result in poor learning outcomes. Many children drop out of school and performance is far from optimal.
- The linkage between education and future gains is very weak. Learners who attempt to go to school do not have any certainty that they will proceed to higher levels. People who have acquired a limited amount of education do not apply their knowledge and skills for gainful employment.

4.3 Protection

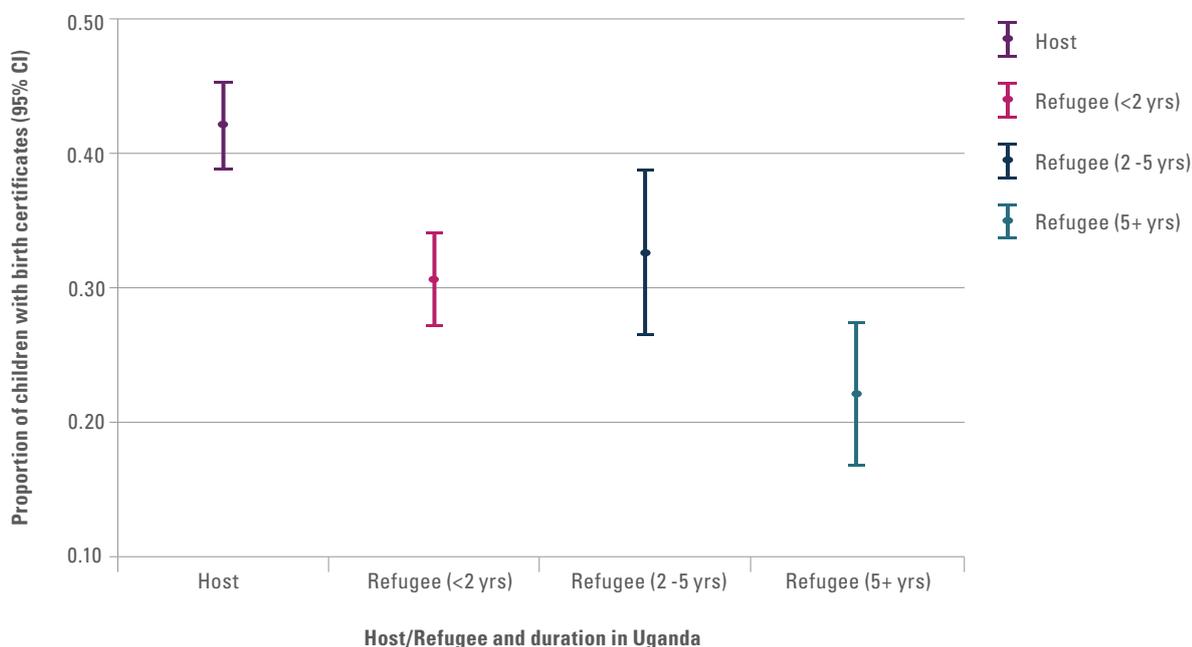
Social protection in Uganda is guided by the National Social Protection Policy which requires government and partners to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation. For refugees, protection starts with effective registration and documentation by UNHCR and government in line with the 2006 Refugee Act and 2010 Refugee Regulations. At implementation level within the refugee-hosting areas, partners provide legal support, social services and assistance to vulnerable persons, including psychosocial support and protection against sexual and gender-based violence. This section highlights some of the services provided to ensure that the entire population – and particularly children – are protected from all forms of exploitation, neglect, physical, sexual and/or emotional abuse.

4.3.1 Birth registration

Although birth registration is the first step to recognition and protection, a very high proportion of both refugees and hosts were not registered. The EPRC survey asked respondents whether household members had a birth certificate. Of children (aged 0–17 years) in the sample, just over one-third (35%) had a birth certificate.

A greater proportion of children in host households had birth certificates, with long-term refugee children the least likely to have one (Figure 20). There was a difference between hosts and refugees, but across all groups less than half of children had birth certificates.

FIGURE 20: PROPORTION OF CHILDREN WITH BIRTH CERTIFICATES

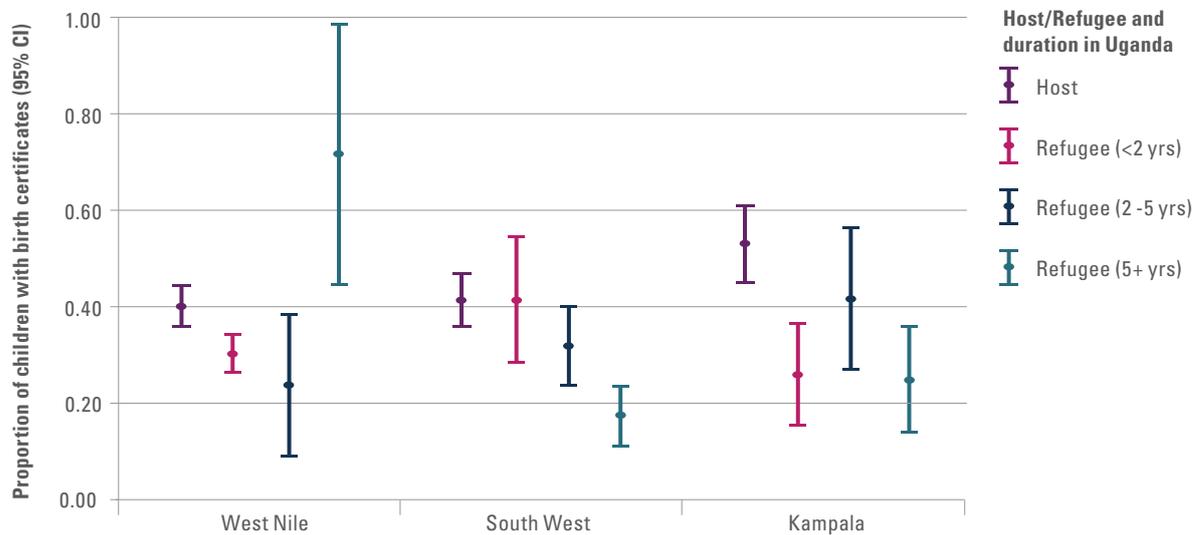


Source: Authors' calculation based on EPRC survey 2017

As observed previously, region of residence is an important variable but, unlike with other deprivations, the differences between children (host or refugee) in Kampala and the other two sub-regions was much less pronounced. As shown in Figure 21, while a majority of (host) children in Kampala have birth certificates, only about 40 per cent in West Nile and South West have them. Lower proportions of

refugee children in each region have certificates, but the pattern varies – longer-term refugee children in West Nile are more likely to have certificates than their cohorts in South West and Kampala. Most of these observed differences are not statistically significant.

FIGURE 21: PROPORTION OF CHILDREN WITH BIRTH CERTIFICATES, BY REGION

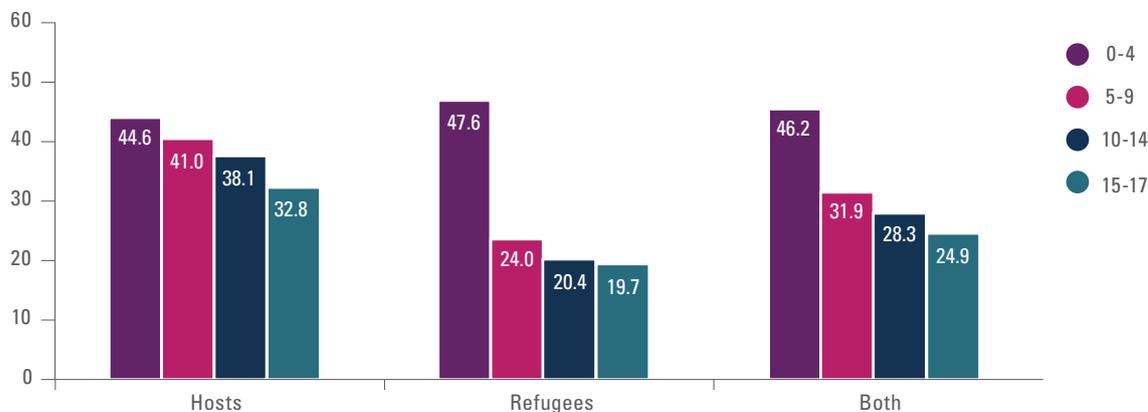


Source: Authors' calculation based on EPRC survey 2017

Only 32 per cent, 25 per cent and 26 per cent of respondents possessed either a notification or registration in West Nile, South West and Kampala, respectively (Figure 21). In all cases, birth registration was less among refugees, especially in South West and Kampala.

Disaggregation by age reveals that birth registration is highest among 0–4-year-olds in both refugee and host communities (Figure 22). This could be explained by the fact that in order to add a family member to a food ration card, refugees have to present a birth registration/notification card. Among hosts, the relatively higher prevalence of birth certificates in the 0–4 year category could be attributed to the recent drive by government and partners to increase birth registration through initiatives like the Mobile Vital Records System and decentralization of birth registration to lower local government units.

FIGURE 22: CHILDREN WHOSE BIRTHS ARE REGISTERED, BY AGE (%)



Source: Authors' calculation based on EPRC survey 2017

4.3.2 Child marriage and teenage pregnancy

Although the legal age for both sex and marriage is 18 years in Uganda, there are incidences of teenage pregnancy and early marriage in both refugee and host communities. In most cases, early marriage and early pregnancy were attributed to culture and limited economic options.

“It is believed that a girl is old enough to get married and have children as soon as she starts menstruating.”
Refugee FGD participant, Kisenyi, Kampala

At community level, there is no censure against parents who marry off their daughters or for adult men who marry children. As a result, child marriage has become the norm rather than the exception and marrying off girls after primary seven is common practice. When early marriage/pregnancy occurs, rather than seek litigation, families tend to agree on compensation or a dowry. In West Nile, refugee communities blame the high incidence of child marriage on the lack of support for teenage mothers to continue at or return to school.

“There are incidences of child marriage in this community. But we are not to blame – the children decide by themselves. We have an incidence of a child who got married but decided to return home. However, upon her return she was chased away from school. In this case, what would you do?” FGD participant, Rhino camp refugee settlement

“When a girl is not at school, what else can she do apart from getting married and having children?” FGD participant, Rhino Camp refugee settlement

“If early pregnancy is a talent, then in this community we are talented. As we talk, in one family, two girls who follow each other (one about 15 and another about 17years) are pregnant and their mother is also pregnant. This is mainly because of poverty and hunger, which makes them vulnerable to sexual advances from those who can provide some food. Unfortunately, when they give birth, the burden increases.” FGD participant, Nakivale refugee settlement

“In the past, most girls were married off at 18 years but now they get married at 16.” Host FGD participant, Kasota Village, Kampala

However, FGD respondents in Kampala noted that cases of teenage pregnancy have declined, mainly due to ongoing campaigns and sensitization programmes.

4.3.3 Violence

Both refugees and host communities participate in and are affected by violence, with many cases of violence being reported – in homes, schools and within and between communities.

Infidelity, poverty, lack of food, drug and alcohol abuse and power struggles were cited as common causes of violence. Where meeting basic needs was a challenge, violence culminating in separation and divorce was prevalent. Violence between spouses was found to be closely linked with both physical and psychological violence against children. Furthermore, children from violent or broken homes are less likely to have their basic needs met and are more likely to become violent themselves.

When children misbehaved, parents/guardians punished them by making them do heavy work like fetching water or wood. Although some adults believe that children are able to listen when talked to, some still believe that beating is the most effective form of discipline.

Violence in schools is characterized by corporal punishment – particularly beating – and fighting among learners, often linked to different socio-cultural backgrounds and communication difficulties.

“At school, nationals and refugees fight with knives and stones.” Host FGD participant, Rwamwanja

Conflict between communities was mostly tribal and related to disputes over land. Hosts were reported to have attacked refugees who had cultivated or used land without the owner's permission. Among refugees, there were reports of clashes between families and tribes, especially over resources like water. In some cases, conflict over land was caused by corrupt and inequitable allocation of land to refugees by the relevant authorities.

4.3.4 Child labour

In Uganda, the protection of children against child labour is anchored in the 2006 National Employment Policy and the National Action Plan on Elimination of the Worst Forms of Child Labour in Uganda (2012/13-2016/17).

In many Ugandan households it is common for children to be engaged in household chores as part of their training and development. Whereas these duties in principle are not harmful or undertaken at the cost of a child's education, child labour impacts negatively on school enrolment and retention, and may negatively affect the transition from school to work (Ahaibwe et al., 2017).

Field findings from this research indicate a prevalence of child labour in both host and refugee communities, irrespective of location. This included fetching water for money (especially in areas where waiting times are long), searching for firewood or burning charcoal, quarrying, looking for empty boxes and bottles for sale, sand mining and grazing animals. In some instances, children also washed clothes and cleaned latrines. Involvement of children in gainful employment was attributed to high incidence of poverty and hunger. The majority of children engaging in gainful employment were sent by their families to supplement income household level. While occurrences of child labour were high among both refugees and hosts, children in refugee settlements engaged in tasks that caused more drudgery.

“There are many child labourers because some parents do not care and others are poor. Some parents negotiate for their children to work because they are out of school.” Host FGD participant, Rwamwanja

“Children work more than the adults. They collect and sell scraps, work as house helps, manage market stalls, sell various food items like eggs and fruits, etc. Most of these children are between 7 and 17 years.” Host FGD participant, Kisenyi, Kampala

4.3.5 Protection and justice systems

The justice system is an important structure and provides a platform for addressing issues within communities and ensuring justice. The formal justice system in Uganda includes the police, courts and prisons, while the informal justice system used to settle disputes within communities includes refugee welfare committees (particularly in the refugee settlements), some implementing partners and local councils. Findings revealed that refugees are more likely to use the informal systems, while host communities are more likely to use the formal system. Refugees gave their reasons for preferring the informal systems as cost, the language barrier and a general lack of knowledge about the formal systems. The informal systems handle non-criminal cases, such as simple disputes over land boundaries, service delivery and unpaid debts. If conflict resolution fails at these levels, they are referred to the formal system.

At the community level, leaders sit down with the affected parties and try to resolve matters amicably. When this proves impossible, cases are referred to the OPM complaints desk and if they are beyond the mandate of the OPM, then the police are involved.

Many refugees believe that the justice system favours nationals and it was also noted that, because some refugees and their leaders are not well versed in Ugandan law, their decisions regarding certain matters are easily challenged in courts of law.

“Nationals have more rights, when we get into conflict with them, we hardly get justice. Refugees are always automatically in the wrong.” FGD participant, Rwamwanja refugee settlement

Conflicts at school are generally dealt with by teachers – through talking to pupils or by punishing them. Parents rarely become involved. In terms of discipline in the home, parents said they attempt to talk to their children, but if the child does not stop misbehaving he or she might be beaten. Local councils only get involved when the family cannot resolve the situation. Communities noted that child abuse is common and that, although it should be reported to the police, agreements within and between families are preferred, leaving perpetrators unpunished.

In summary, protection systems are weak at both family and community levels and many refugees do not use the formal justice/protection systems because they do not understand them. When cases are reported, there are significant delays in handling them and often justice is never delivered. At the institutional level, attempts are currently in place to integrate protection for both refugees and hosts.

4.3.6 Key findings

- Levels of birth registration are still low among children in both host and refugee communities. Unlike other deprivations, differences between refugees and hosts are less pronounced, including in Kampala. The possession of birth certificates is higher among the 0–4 year age group, indicating that birth registration is increasing among both refugees and hosts.
- Child marriage and early pregnancy still occur in both refugee and host communities, mainly attributed to cultural drivers, but also economics. In the event of early marriage and/or pregnancy, compensatory agreements are made between the families but the wellbeing of the girl is not addressed. Pregnant girls are expelled from school and the community support and institutional mechanisms to reintegrate them into the education system after pregnancy are weak.
- Violence is common within families, communities and schools. At home it is closely linked with the economic situation of the household.
- Children contribute to the household economy by fetching water and/or firewood, sand mining, quarrying and grazing livestock. Children’s involvement in economic activities is attributed to hunger and poverty.
- Except for criminal cases, most refugee and host communities use informal justice systems. Formal institutional mechanisms for protection and justice – such as the police and courts – are poorly understood. Where they are used, there are often delays and a failure to deliver justice.

4.4 Clean and safe environment

4.4.1 Water infrastructure

One of the targets under SDG 6 is for everyone to have access to safe and affordable drinking water by 2030. To this end, Uganda has made substantial progress towards increasing access to safe water. The percentage of people within 1,000m (rural) and 200m (urban) of an improved water source stands at 70 and 71 per cent respectively (MoWE, 2017). Water supply improvements in rural areas include deep boreholes (42%), shallow wells (25%) and protected springs (21%). Other sources include piped schemes and rainwater harvesting tanks (ibid.). In the absence of the above improvements, communities draw water from open water sources including rivers and streams.

Respondents were asked about each household's main source of drinking water and responses categorised as either improved or unimproved.¹⁷ Results indicated that, apart from Kampala, there was a slightly higher prevalence of improved water sources among refugee communities in all areas visited (Figure 23).

FIGURE 23: DISTRIBUTION OF HOUSEHOLDS BY SOURCE OF DRINKING WATER (%)



Source: Authors' calculation based on EPRC survey

Notably, refugees in West Nile access water mainly through boreholes or tanks that are filled regularly both in old and new settlements. Host communities, however, fetch water from boreholes but majority of these water points were constructed more than two decades ago and are occasionally dysfunctional. The available options during periods of scarcity are neighbouring settlements or unsafe water sources like swamps, streams and lakes. On account of the above, access to water has been a regular cause of tension between host communities and refugees especially in instances where host community demands for safe water have been met with denial for hosts to access water sources in refugee settlements.

17 Improved drinking water sources include: piped water in the dwelling, yard or plot; public taps; borehole; protected spring; or rainwater collection. Unimproved drinking water sources are: unprotected dug well; unprotected spring; cart with small tank or drum; and surface water like rivers, lakes, ponds and streams.

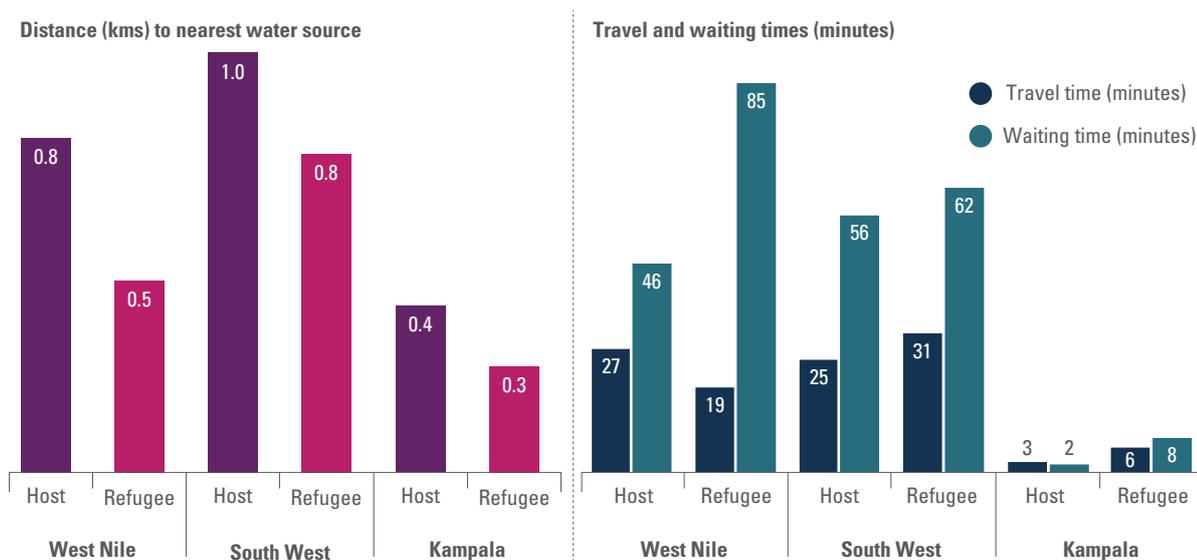
Disaggregation of distribution of drinking water sources by region showed significantly higher levels of water deprivation in South West compared with both West Nile and Kampala. In South West, 34 per cent of hosts and 24 per cent of refugees still derive drinking water from unimproved sources. Refugees in both old and new settlements in West Nile access water mainly through boreholes or tanks that are filled regularly. Host communities also fetch water from boreholes but most of these were constructed more than two decades ago and are sometimes dysfunctional. When safe water is scarce or unavailable, which is often the case, neighbouring refugee settlements or unsafe water sources like swamps, streams and lakes are used. Access to water has been a regular cause of tension between host communities and refugees, especially when host community demands to access safe water sources in refugee settlements have been denied.

The high prevalence of improved water sources in West Nile can be explained partly by development partners having prioritized the construction of safe water infrastructure in refugee settlements. This is attributed to the recent influx of refugees in West Nile compared with South West, where most refugees have been for more than two years.

“There is only one borehole in Base Camp 1. This provides water for communities in base camps 1, 2 and 3. One borehole cannot provide water for the huge number of refugees in this community. This has led to continuous fighting for water at the borehole. Some people sleep at the borehole waiting for it to be opened. It’s opened at 4am and closed at 10am in the morning, before everyone has fetched water due to long queues. The borehole is locked to prevent users destroying it. As a result, some refugees fetch dirty water from a nearby swamp.” FGD participant, Rwamwanja refugee settlement

While deriving drinking water from an improved water source is a good indicator of the level of deprivation, in the Ugandan refugee-hosting context the emerging challenges for access to safe water include travel and waiting times. Even where refugees and hosts obtained water from an improved source within 1km of their residence, in some cases waiting times exceeded one hour. On average, host communities have to travel further distances to access safe water but waiting times in refugee settlements remain significantly higher (Figure 24). At regional level, deprivation according to travel time is highest among refugees in South West (31minutes), while waiting time is longest in West Nile refugee settlements.

FIGURE 24: DISTANCE (KMS) TO NEAREST WATER SOURCE, TRAVEL AND WAITING TIMES (MINUTES)



Source: Authors’ calculation based on EPRC survey 2017



◀ Unprotected water source in Mahega, Rwanwanja refugee settlement, South West
Photo courtesy EPRC

4.4.2 Latrine coverage

To achieve SDG 6, Uganda also needs to work towards achieving access to adequate and equitable sanitation and hygiene for all through ending open defecation, and paying special attention to the needs of women and girls and those in vulnerable situations. In fact, proper water and sanitation practices are known to have multiplier effects towards achieving other SDGs, such as good health and gender equality.

Latrine coverage in all communities still falls below the 100 per cent requirement, with high levels of open defecation. However, the situation in the refugee community is worse and West Nile lags significantly behind the other refugee-hosting areas in both host and refugee communities. Most pits are constructed using unimproved materials (e.g. there is limited use of slabs) and there are reports of pits collapsing, which increases the risk of injury and water contamination.

“In this community, toilet coverage is low. This is because many refugees cannot afford the cost of constructing a toilet. For example, one needs about 150,000 UGX to construct a reasonable toilet by community standards. However, due to poverty, people use such money to purchase food instead of constructing a toilet.” FGD participant, Nakivale refugee settlement

In the rural areas, most household waste is disposed of in pits while in urban areas garbage collection and disposal are undertaken by the city council. However, some people cannot afford Kampala Capital City Authority (KCCA) fees for garbage collection and dispose of their garbage in the drainage channels, which become blocked. The urban areas have very poor toilet facilities so some households end up disposing of their excrement in polythene bags and dumping it in the drainage channels. There is better latrine coverage in the older refugee communities. Low coverage in the new settlements is attributed to high construction costs, and a lack of construction materials and tools.

FIGURE 25: LATRINE COVERAGE (%)



Source: Authors' calculation based on EPRC survey 2017

4.4.3 Constraints to WASH

Water infrastructure in both refugee and hosts communities is inadequate. Water supply is intermittent due to seasonal variations in the ground water levels and waiting times at water points are substantial. Longer-term refugees said that the water supply had got worse with the arrival of new refugees. Water obtained from solar-powered plants (installed in the older settlements) is currently rationed between the long-term refugees because some of it is pumped and trucked into the new settlements. This makes it more difficult to access water and, in some cases, longer-term refugees have resorted to obtaining water from unsafe water sources.



Water distribution in Nakivale
Photo courtesy EPRC

In general, it takes under 30 minutes for the majority of hosts and refugees to travel to the water points. However, the biggest challenge for refugees is the time taken to obtain water. For refugees in West Nile, it is over 80 minutes. In the urban areas, cost is the biggest constraint to accessing clean water. All households either buy water or make a monthly contribution towards maintenance of the water source, which is expensive.

4.4.4 Handwashing and hygiene programmes

Despite sensitization by development partners, hand washing is not practised consistently by either host or refugee communities. Virtually no communities have embraced the practice of washing hands at important times, citing water constraints as the main reason.

“How can we wash hands when we don’t have water for drinking?” FGD participant, Rhino Camp refugee settlement

“We try to wash our hands. However, the water used is sometimes dirtier than our hands. In fact, most diseases are due to dirty water. We just wash hands for formality.” Host FGD participant, Rwamwanja

There are hygiene sensitization programmes in both refugee and host communities, implemented by different organizations. In addition, at sub-county level, VHTs, sub-county officials and local councils also sensitize people about sanitation and hygiene. Different programmes focus on the construction of latrines, hand washing facilities and making rubbish pits. Development partners have also supplied materials like tippy taps and five litre jerry cans, but some facilities have not yet been installed.

Given that most of the hygiene programmes are implemented by development partners as part of the humanitarian response, they are concentrated in the refugee communities. Attempts to build the capacity of VHTs in host communities are yet to yield substantial results. In all cases, hygiene programmes have limited coverage and weak enforcement mechanisms.

4.4.5 Key findings

- Even though interventions by government, development agencies and implementing partners have increased access to safe water, supplies are still inadequate in both host and refugee communities.
- Where distance and travel time to access safe water has decreased, long waiting times have become an increasing challenge. Waiting times are longest in West Nile, where the majority of refugees draw water from improved sources.
- Contrary to indicators on access to safe water, sanitation is the poorest among new refugees in West Nile. Whether rural/urban, refugee or host, no community has 100 per cent sanitation coverage, which poses a public health threat to the entire population and is compounded by the absence of routine hygiene practices like hand washing.
- There are limited household waste disposal options. Apart from Kampala, where KCCA collects garbage for a fee, household waste is either buried in pits or thrown in undesignated areas, sometimes in waterways.

4.5 Welfare and economic activity

This section analyses issues related to refugees' and hosts' livelihood options and activities and the extent to which land has been used to improve livelihoods and increase self-reliance.

4.5.1 Household livelihoods

A high proportion of households in the rural host communities (84.7% in West Nile and 55% in South West) depend on subsistence agriculture. Unsurprisingly, most host households in the refugee-hosting areas of Kampala depend on business enterprises (91%) (Table 16). This is because most refugees reside in the capital's slums, where host communities depend on small business enterprises for survival.

TABLE 16: MAIN SOURCE OF LIVELIHOOD (%)

	West Nile		South West		Kampala	
	Host	Refugee	Host	Refugee	Host	Refugee
Subsistence farming	84.7	6.7	54.9	39.2	0.0	0.0
Commercial farming	1.3	0.0	5.9	0.0	0.0	0.0
Business enterprise	6.7	7.4	27.5	16.7	91.5	45.0
Cottage industry	0.0	0.7	0.0	2.0	0.0	10.0
Family/friends/relatives	1.3	1.3	4.9	2.9	1.7	26.7
Institutional/program	2.0	81.2	0.0	24.5	0.0	6.7
Other	0.7	0.0	2.9	7.8	1.7	8.4
Employment earnings	3.3	2.7	3.9	6.9	5.1	3.3
Total	100	100	100	100	100	100

Source: Authors' calculation based on EPRC survey 2017

There are marked variations in livelihood sources for refugees based on location. Refugees in West Nile were more likely to depend on grants and institutional support in the form of rations and cash transfers, while those in South West complement the grants with subsistence farming. Since the bulk of refugees in Kampala do not qualify for institutional support, they tend to make a living from business enterprises and social capital (family/friends and relatives). Disaggregation by sex of household head reveals interesting results. Female-headed refugee households are more likely to depend on grants than male-headed households (83% against 75%) and are less likely to have employment earnings. Female-headed refugee households in South West are more likely to depend on subsistence farming and grants, while male-headed households are likely to depend on subsistence farming, grants and business enterprises. Female-headed refugee households in Kampala depend more on business enterprises (38%) and friends and relatives (38%), while their male counterparts are more likely to depend on business enterprises (46%) and family/friends (22%).

One of the overarching goals of the Ugandan government's self-reliance strategy (SRS) and subsequent strategies such as the self-transformative agenda and ReHOPE is to enable both refugees and nationals to support themselves and their families in terms of food, shelter, water, health and education. Despite these efforts, progress towards self-reliance remains an uphill task. Although refugee households that had been in West Nile for more than two years were less likely to depend on humanitarian aid than recent arrivals (66.7% against 82.8%), in South West the figures remain roughly the same. However, a good number of refugees in South West start to embrace subsistence farming as their length of stay increases. Urban refugees tend to engage in business enterprises as they become more settled.

TABLE 17: MAIN SOURCE OF LIVELIHOOD BY DURATION OF STAY (REFUGEES ONLY) (%)

	West Nile			South West			Kampala		
	<2yrs	>2yrs	Total	<2yrs	>2yrs	Total	<2yrs	>2yrs	Total
Subsistence farming	6.0	13.3	6.7	11.1	42.9	40.0	0.0	0.0	0.0
Commercial farming	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Business enterprise	7.5	6.7	7.4	44.4	14.3	17.0	29.4	50.0	44.1
Cottage industry	0.0	6.7	0.7	0.0	2.2	2.0	11.8	9.5	10.2
Property incomes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	1.7
Family/friends/relatives	0.8	6.7	1.3	0.0	3.3	3.0	35.3	23.8	27.1
Institutional/program	82.8	66.7	81.2	22.2	23.1	23.0	5.9	7.1	6.8
Other	0.0	0.0	0.0	11.1	7.7	8.0	11.8	4.8	6.8
Employment earnings	3.0	0.0	2.7	11.1	6.6	7.0	5.9	2.4	3.4
Total	100.0								

Source: Authors' calculation based on EPRC survey 2017



▲ Livelihood project in Pagirinya with beneficiaries drawn from refugee and host communities
Photo courtesy EPRC

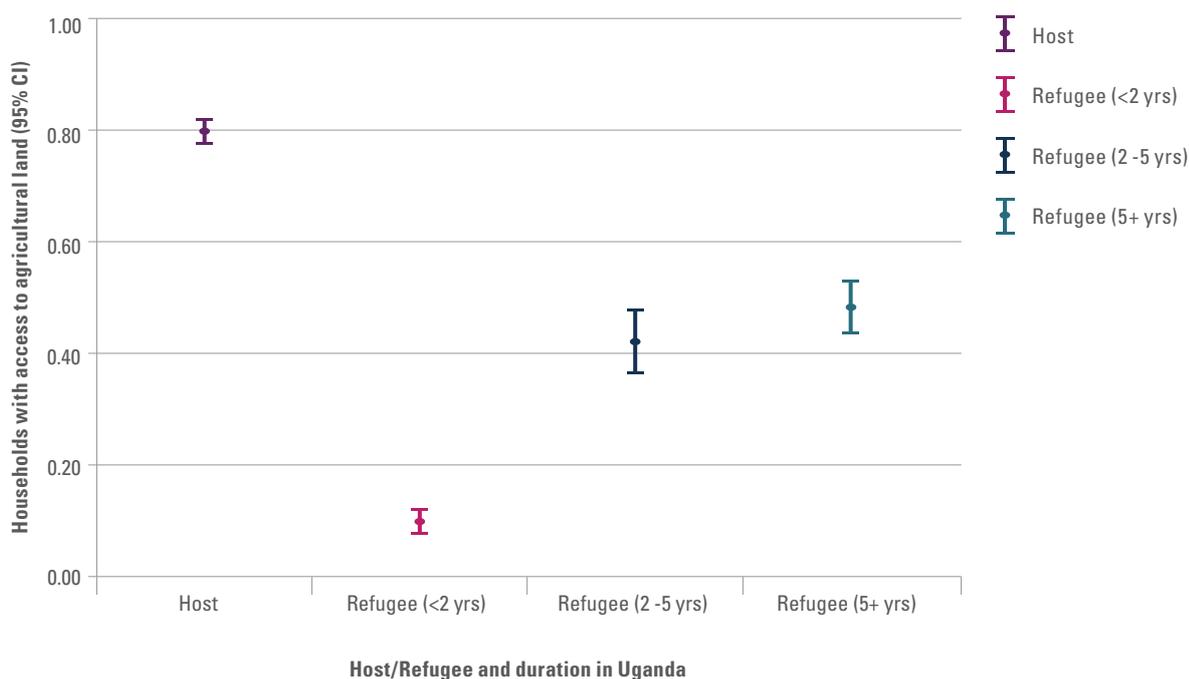
Provision of agricultural land was envisaged as an enabler towards self-reliance in rural settlements. The assumption was that the refugees would productively utilise the available plots for crop farming and animal rearing to improve their standard of living. We analyse the extent of access to agricultural land among hosts and refugees.

4.5.2 Access to agricultural land

In conditions of general scarcity, the capacity of families to feed themselves by growing their own food is often a lifeline. Once a household's food consumption needs are met, the sale of surplus produce can provide households with an income, with which they can build/improve their homes, invest in livestock, and pay for health and education services.

The OPM made a commitment to provide land to refugees, for both settlement and agriculture, as an enabler towards self-reliance in rural settlements. The assumption was that they would use the plots to grow crops and rear animals to improve their standard of living. Data from the survey show this is happening in varying degrees for the different groups. While around half of the households in the survey reported having access to agricultural land, the figure was around 80 per cent for host households, and roughly 40 per cent and 50 per cent for medium- and long- term refugee households respectively (Figure 26). As might be expected with relative newcomers, only around 10 per cent of short-term refugee households have access to agricultural land.

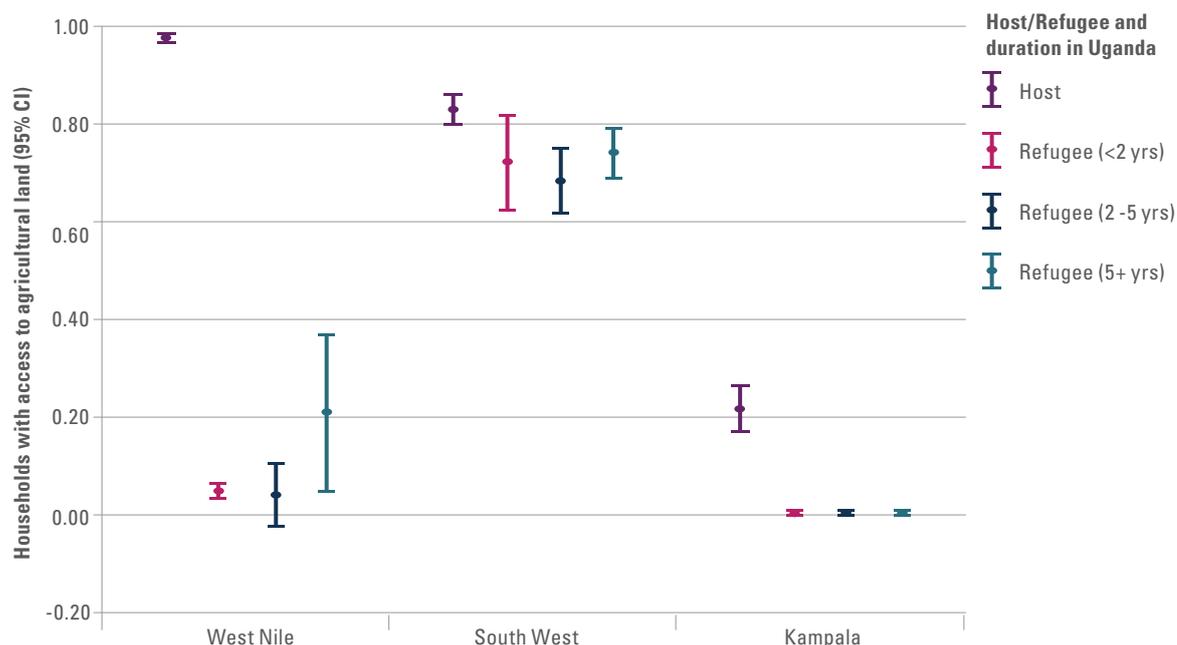
FIGURE 26: HOUSEHOLDS WITH ACCESS TO AGRICULTURAL LAND (%)



Source: Authors' calculation based on EPRC survey 2017

As with other deprivations, there are differences between regions. In West Nile, almost all host households have access to agricultural land, compared with less than 20 per cent of refugee households. In sharp contrast, over 70 per cent of households in South West, both hosts and refugees, have access to land for agriculture. Access to agricultural land in Kampala is generally low, with virtually no refugee households having access there.

FIGURE 27: HOUSEHOLDS WITH ACCESS TO AGRICULTURAL LAND, BY REGION (%)



Source: Authors' calculation based on EPRC survey 2017

Among hosts, land was either inherited or purchased. Of those with access to land in the West Nile region, over 90 per cent of host households had inherited it, with refugees getting access from either the government or local community. In South West, where access was considerably higher, just over half of host households had inherited land, with one quarter (24%) purchasing land and 17 per cent renting it. Among refugees, the primary source of land was the government, with around 12 per cent of medium- to long-term refugees renting land and 23 per cent of short-term refugees in South West renting it. No refugee families in Kampala reported having access to agricultural land. Of those host households with access, nearly three-quarters had purchased land, with the remainder inheriting it.

In terms of land sizes, hosts in West Nile had bigger pieces of land at their disposal than refugees – 4 acres compared with 2 acres in South West. The average land holding among refugees across all refugee-hosting areas was about 0.5 acres. While Uganda's self-reliance strategy is anchored in the use of land for agriculture, the sizes of land that refugees currently have access to may not support meaningful production. This is further exacerbated by the fact that some refugees have been allocated land that does not support agriculture.

4.5.3 Key findings

- Agriculture is the main livelihood option among hosts in rural areas. Refugees and hosts in Kampala engage in business enterprises, while refugees in West Nile and South West rely almost entirely on institutional support. Given limited livelihood options, dependency on aid/grants is greater among female-headed households. Dependency on humanitarian support declines as refugees stay longer.
- Although access to agricultural land is enshrined in Uganda's refugee policy, few refugees own land and access varies between areas. In some cases the land allocated is infertile or too small to support agriculture. Access to agricultural land was lowest among recently arrived refugees in West Nile.



chapter five

TOWARDS SOCIAL INTEGRATION

As in other countries hosting refugees, it is assumed that residence over a longer period will result in a greater degree of assimilation and socioeconomic integration. The analysis outlined here also introduces three (constructed) simple indicators to reflect deprivation of basic needs for water, sanitation and shelter. Each of these is a fundamental human need, and particularly important for the healthy development of children and their families.

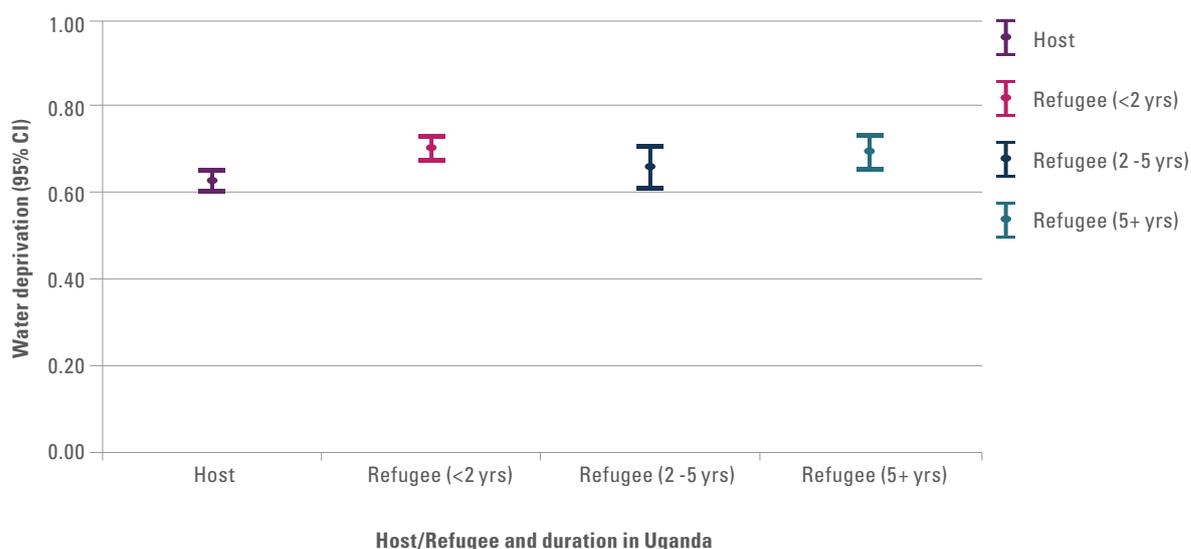
5.1 Water deprivation

Our indicator of water deprivation combined information about the household’s source of water with the time taken to collect water (including travelling and waiting/queuing time). Water sources were grouped into improved and unimproved (i.e. unprotected or surface water sources), as per UNICEF/WHO classifications, with just under 90 per cent of households in the sample using improved sources. Collection and waiting times were grouped into <30 minutes duration and >30 minutes duration (and thus deprived due to duration). Just over one-third of households in the sample reported taking less than 30 minutes to collect water and 61 per cent over 30 minutes. Disaggregating the nature of deprivation in this way shows how and why different groups (hosts and refugees) were deprived of sufficient water in 2017.

The amount of time people spend collecting water is a key driver of water deprivation for all groups in the survey, affecting nearly half of host households and around two-thirds of refugees with <2 years and 2–5 years residence. Of those who are water deprived due to both duration and source, rates are highest for long-term refugee households, at least twice those of hosts and other refugee groups.

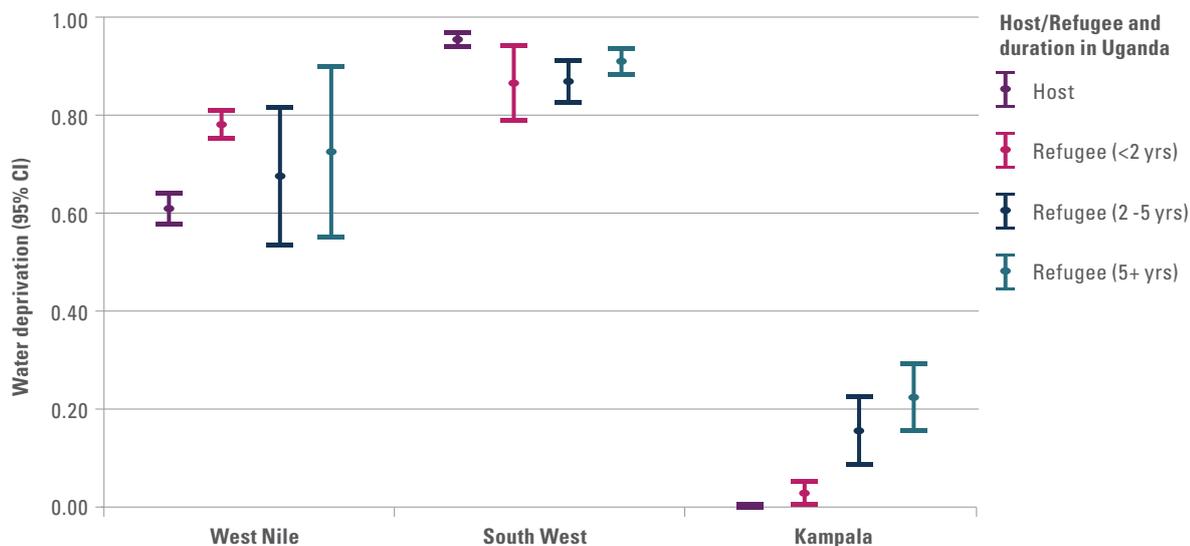
Figures 28 and 29 show there to be relatively small differences in water deprivation between refugees and hosts, but also that water deprivation is generally widespread, with around 60–70 per cent of households deprived. Place of residence, however, is a key explanatory variable here, as levels of water deprivation are far lower in Kampala than in South West and West Nile. Differences between hosts and refugees in each of these regions are quite evident, as are the high rates of water deprivation among host households.

FIGURE 28: WATER DEPRIVATION BY HOUSEHOLD TYPE



Source: Authors’ calculation based on EPRC survey 2017

FIGURE 29: WATER DEPRIVATION BY HOUSEHOLD TYPE AND REGION OF RESIDENCE

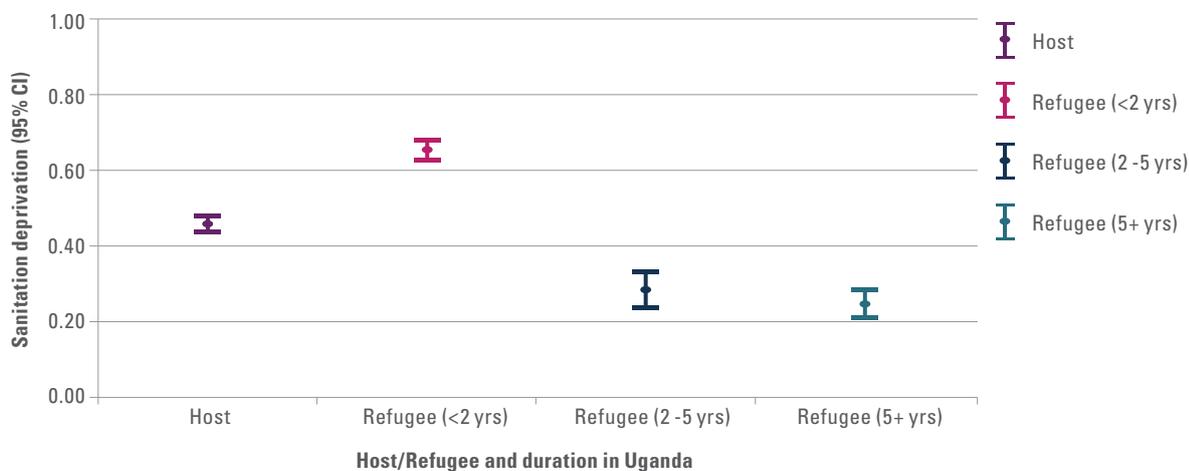


Source: Authors' calculation based on EPRC survey 2017

5.2 Sanitation deprivation

Access to effective forms of sanitation is another fundamental basic need, and once again the UNICEF/WHO classifications of improved and unimproved sanitation were adopted to reflect provision. Just over half the sample (53%) was using an improved form of sanitation. Interestingly, there were significantly lower rates of sanitation deprivation among refugees who were resident for two or more years, compared with hosts, suggesting that exposure to improved forms of sanitation (possibly in refugee camps) or public health messages about the importance of basic sanitation, may have led to the adoption and use of improved forms of sanitation among refugee groups. This is in contrast to recent (0–2 years) refugees, where two-thirds are sanitation deprived (Figure 30).

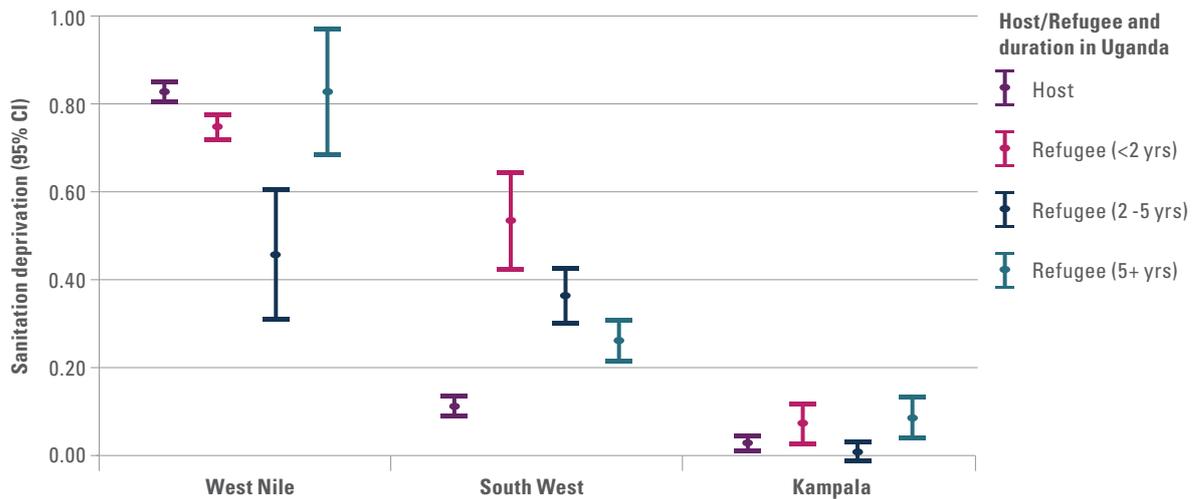
FIGURE 30: SANITATION DEPRIVATION BY HOUSEHOLD TYPE



Source: Authors' calculation based on EPRC survey 2017

Taking geography into account, differences in sanitation deprivation become more apparent (Figure 31). As with water deprivation, levels of sanitation deprivation in Kampala are far lower than in the other two regions. Instead, the difference between hosts and refugees in South West is far greater than with water deprivation. Sanitation deprivation in West Nile is very high, with over 80 per cent of host households deprived, more so than recent refugees (<2 years).

FIGURE 31: SANITATION DEPRIVATION BY HOUSEHOLD TYPE AND REGION OF RESIDENCE



Source: Authors' calculation based on EPRC survey 2017

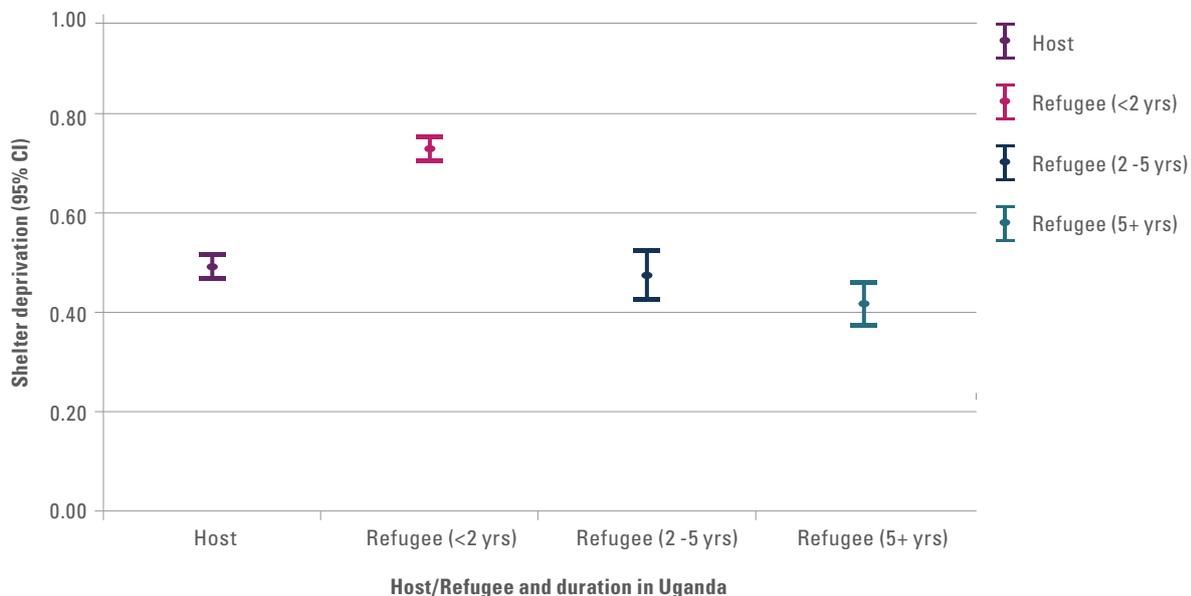
5.3 Shelter deprivation

The condition of a household's dwelling is a fundamental indicator of poverty and deprivation, and the quality of building materials used to construct the floor, walls and roof is routinely used to identify poor/deprived households. While common in many low-income countries, floors made from organic materials (such as mud, earth, sand and dung) are known to be hazardous to children's health and development. Studies on housing quality consider floors made of wooden planks, palm and bamboo as rudimentary, and so households with floors made from organic or rudimentary materials (including earth, sand, dung, wood planks, palm, and bamboo) are classed (for the purposes of this report) as flooring deprived. A similar classification of quality is applied to materials used for walls (including cane, palm, dirt, bamboo or stone with mud, uncovered adobe, plywood, cardboard and reused wood planks) and roofing (including thatch, palm leaf, sod, rustic matting, bamboo, wood planks and cardboard). Households whose dwellings have floors, walls *and* roofing built of organic or raw materials are classed as shelter deprived. It would have been useful to also report levels of overcrowding, but the data to do this were unavailable.¹⁸ Shelter deprivation was high across all groups, but particularly so among recent refugees (<2 years).

18 One improvement to the next round of the survey would be to collect information on the number of rooms in the dwelling, so that an indicator of overcrowding can be constructed (e.g. number of people per room, floor area per person, etc.). Reflecting this element would probably result in a large proportion of urban residents in Kampala being classed as deprived.

There is relatively little difference in levels of shelter deprivation between host households and longer-term refugees, as shown in Figure 32. Overall, one in two host and refugee households does not have access to adequate shelter. On the basis that shelter provides a good proxy for integration, interventions in refugee-receiving districts should focus on improving living standards universally.

FIGURE 32: SHELTER DEPRIVATION BY HOUSEHOLD TYPE



Source: Authors' calculation based on EPRC survey 2017

Notably, once place of residence is taken into account, the differences in shelter deprivation are clearer. As seen with other deprivations, the prevalence of shelter deprivation is much lower in Kampala (where no households were affected based on this very strict definition of deprivation). In South West, relatively few host households were shelter deprived compared with refugee households in the region. The worst-off groups in South West were longer-term refugees. Shelter deprivation was worst in West Nile for all groups, with over 80 per cent of all households – including hosts – being shelter deprived.



chapter six

CONCLUSIONS AND RECOMMENDATIONS

The EPRC survey was the first ever attempt to use the consensual approach to compare the situation of multidimensional poverty (according to national definitions) among host and refugee communities in Uganda. Globally, it represents the first application of the consensual approach to poverty in emergency situations. It also assessed service delivery in refugee and refugee hosting areas in selected districts representing the communal, settlement and urban modalities for refugees. The overall aim was to compare deprivations and determine if there were any (in)equities and identify impediments to effective delivery of social services. Data was obtained from sites in the districts of Arua, Yumbe, Adjumani, Kamwenge, Isingiro and Kampala.

This report provides an important milestone in our understanding of child poverty and deprivation by demonstrating that there is clear consensus across respondents about what constitutes an acceptable standard of living, with few differences between hosts and refugees

Using more conventional indicators of basic needs deprivation (for water, sanitation and shelter), the analysis shows that there are high rates of deprivation across all respondents, but particularly among those in West Nile and South West refugee populations. Of the three needs observed, water was the greatest deprivation, with most households having to walk a long way or wait a long time for water. The fact that most households have access to improved sources of water is positive, but distance and waiting times to collect water are often unrecognised elements of water deprivation.

6.1 Conclusions

There is clear consensus about what constitutes an acceptable standard of living, with few differences between hosts and refugees

While there were a few small differences observed between refugees and hosts regarding what they considered essential items, to a great extent, the patterns of consensus were similar among all categories of respondents. These results were compared to national data, collected in the UNHS 2016/17 to show that, once again, such consensus can be used to develop an indicator of multidimensional poverty, reflecting the needs of adults and children according to national definitions, as required by the SDGs. Health care, food, sanitary and educational needs came top and were the most important perceived needs.

Refugees and hosts continue to be highly deprived of adequate water

Using more conventional indicators of basic needs deprivation (for water, sanitation and shelter), the survey shows that there are high rates of deprivation across all respondents, but particularly in the West Nile and South West refugee populations. Of the three needs observed, deprivation was greatest for water – with most households having a long walk or a long wait for water. The fact that most households have access to improved sources of water is positive, but distance and waiting time to collect water is an unrecognised element of water deprivation, a key finding which policy makers and humanitarian actors should note.

One in two households – both host and refugee – is deprived of adequate shelter

As seen with other deprivations, the prevalence of shelter deprivation is much lower in Kampala (where no households were affected based on the strict definition of deprivation employed in the research). Shelter deprivation was worst in West Nile for all groups, with over 80 per cent of all households – including hosts – being shelter deprived. Given the significance of adequate shelter to a family's well-being, and its importance to fostering integration between host and refugee communities, interventions in refugee-hosting districts ought to focus on improving the living standards of the whole population.

Self-reliance and resilience remain unattained goals

Although it is important for refugees in protracted situations to progress towards self-reliance over time, findings from field evidence are not promising. A disaggregation between recent and long-term refugees reveals that, although refugees tend to diversify their livelihood strategies with time, a good proportion continue to depend on grants and humanitarian aid. Refugee resilience remains weak and external shocks such as droughts and food distribution delays tend to have lasting negative effects. A section of equally poor and vulnerable hosts face similar challenges. As a result, a majority of both refugees and hosts are adopting negative coping mechanisms to deal with shocks.

Food shortages are prevalent and recurrent

While provision of land was envisaged as a cornerstone for improving the livelihoods of refugees through increased food production, inadequate and insufficient diets remain common. In places where agricultural land has been provided, refugees have been able to use the land to grow a diversity of crops beyond those in the food ration. However, in some cases the size and quality of land is not sufficient to provide a good harvest. This situation has worsened with the recent influx of refugees, leading to a reallocation of land to new arrivals. A number of hosts in South West were squatters on government land, from which they derived their livelihoods. When this land was allocated to refugees, a number of hosts were left with limited livelihood options.

Refugees are not a homogeneous group

Although blanket 'one size fits all' interventions have been implemented in refugee and host communities, both communities are heterogeneous and require targeted interventions. Female- and child-headed households, the chronically sick and households with high dependency ratios are generally worse off. Heterogeneity is more visible among urban refugees. Kampala has three categories of refugees: those whose businesses are thriving; those who are managing with some difficulty; and those who are just surviving/very poor.

Access to social services has improved but quality issues persist

With support from UNHCR and other partners, services in the refugee and host communities have improved. Where government services existed, they have been strengthened with more staff and infrastructure and where none existed, new ones have been set up to cater for the increased demand. However, issues of quality remain largely unaddressed. At sector level:

Education

- Access to and enrolment in primary schools is high among both refugees and hosts. However, retention and progression to higher levels remain limited. Moreover, learning outcomes remain low and are in part attributed to very high pupil teacher ratios and a generally poor learning environment. Language is a barrier to effective learning among refugee students and demotion to lower classes because of equivalency issues between their home country and Uganda's education system demoralize students and lead to school drop-outs.
- Both urban and rural refugees have limited access to post-primary education. This is attributed to the limited number of secondary schools in refugee settlements and also affordability issues where schools exist. A few scholarships are available for refugees but there is stiff competition for these. Poor hosts face similar challenges and are in some cases disadvantaged because nationals are charged higher fees for secondary schools located in refugee settlements. Since higher educational attainment has a positive correlation to better labour market outcomes, lack of post-primary education will affect refugees and hosts both socially and in terms of their economic contribution to the labour market and to Uganda's development in general.



Nutrition

- Both refugees and host communities experience chronic food shortages. Nearly everyone has just one meal a day, with children having porridge in the morning as a supplement. For refugees, inadequate nutrition is driven by the late arrival of food, insufficient rations and of the selling of food rations so that households can buy the food they prefer, pay for their food to be processed (milled or cooked) and buy non-food items. In host communities, whether or not households have enough food depends on their access to land and what season it is.
- Refugees in Bidi Bidi – one of the newer settlements – had more regular and timely food supplies. In contrast, refugees in other settlements in both South West and West Nile had fewer meals because their food supplies were always delayed. In the case of longer-term refugees, food rations have been reduced and not replaced with any food production or income-generating alternatives. The nutritional challenges facing (destitute) urban refugees are even worse since they do not get food rations and livelihood opportunities are precarious.
- The land previously gazetted for agricultural production in West Nile has been redistributed to recent refugees for settlement. While this procedure has helped those in desperate need, with no alternative provisions made for vulnerable long-term refugees, their livelihoods are placed at risk.
- There is a general outcry regarding the inadequacy of nutritional programmes. Both host and refugee communities noted that by excluding children above 2 years and adults in need of dietary supplementation, nutrition programmes do not respond to the needs of the population (particularly those with severe acute malnutrition).

Health

- The health sector is a good example of how social services can be provided equitably for refugees and hosts, with no restrictions based on nationality. Both hosts and refugees can access free health care from government health facilities and those managed by implementing partners. However, current capacity does not match the need for health care and drug stock outs are frequent. .
- Utilization of health services is as high as 95 per cent, with no significant differences between refugees and hosts. Urban refugees have the lowest health utilisation rates, which they attribute to the cost of health care.
- In terms of outcomes, health-seeking behaviour for services like antenatal care and immunization are noted to be improving as a result of incentives at health facilities. However, full immunization coverage is still below 60 per cent for both communities.

WASH

- Refugees are nearer to water sources constructed by implementing partners but they still have limited access to water and the longest waiting times, especially in West Nile and South West.
- West Nile has the lowest latrine coverage for both refugees and hosts, with a significant percentage having no latrine facility.
- Hand washing is not a priority for refugees or hosts. Although attributed, among other things, to the limited availability of water, both hosts and refugees need behaviour change.

Protection

- Kampala and refugees have the highest rates of birth registration.
- Violence in homes, schools and communities is commonplace.
- Protection systems at all levels are weak and rarely enforced. Refugees do not understand the local justice/protection systems.

Coordination challenges for social services

- Coordination among stakeholders is poor. Service delivery efforts are incoherent and complex power dynamics exist between the institutions working with refugees.

6.2 Policy recommendations

Boost household food security: Sufficient food at household level should be looked at as one of the core priorities in refugee programming. While allocation of land to refugees to complement food rations is a step in the right direction, land alone is not enough. It should be complemented by other interventions such as promoting the use of improved technologies (fertilizers, improved seeds, agricultural extension and advisory services) and income-generating activities. These same services should be extended to the immediate host community since they face equally chronic food shortages. The issue of reducing refugee food rations depending on length of stay also needs to be reviewed and implemented on a 'need to' basis since some refugees continue to be vulnerable. This would effectively integrate equity considerations into service delivery programming. External factors such as climatic shocks should be routinely monitored to guide the quantity of food rations distributed.

Introduce accelerated education programmes: Due to displacement, most refugee children have had their education interrupted or have missed out on school altogether. To avoid protection risks that might arise from mixing older and younger children in the same classes, accelerated learning programmes (such as Ethiopia's Alternative Basic Education Programme) could be considered. These could involve condensing the primary school curriculum so that adolescents can catch up, gain the right certificates and re-join school at the right level.

Expand access to basic social services and improve quality and efficiency: Given the dwindling resources allocated to humanitarian relief, social service delivery needs to be improved. During field visits for this research, concerns over existing but non-functional infrastructure (school water tanks, bore holes, etc.) were common. With education, there is a need to expand ECD centres and post-primary infrastructure. To foster harmonious living, the fee structure in refugee-supporting schools (especially secondary) that admit nationals should be synchronised for refugees and nationals. For health, ambulance services should be provided in an equitable manner and drug stock outs should be looked into.

Improve institutional mechanisms for delivering social services: Institutional mechanisms for delivering social services in the refugee and host communities are poorly understood. Clear, inclusive and understandable approaches should be adopted for both refugees and hosts so that service delivery differences are not misinterpreted as inequity.

Provide employment and livelihood support to urban refugees: Service delivery for urban refugee requires a different approach from that used in rural settings. While refugees in rural areas live together in settlements and are therefore able to share social service facilities, urban refugees are scattered throughout the poorer districts of Kampala. Rather than sending struggling urban refugees back to rural settlements, emphasis should be put on enhancing their livelihoods through vocational training and supporting them to start and run successful businesses and other income-generating activities.

Foster better cohesion and integration between refugees and hosts: The level of integration between hosts and refugees varied between communities. Where refugees and hosts were unified, even recent arrivals had better access to land and alternative livelihood options. To sustain the lives and livelihoods of refugees and hosts, there is need to facilitate integration – not just in the physical sense. This would improve communication between the various parties and allow for the peaceful sharing of limited resources. Deliberate efforts must be made to build social cohesion in refugee communities and with hosts if both hosts and refugees are to benefit from integrated services.

Improve the balance between refugee and host programming: Although according to policy the host community is entitled to 30 per cent of any intervention in the refugee settlements, implementation of this policy has been weak. Integration and the protection of future asylum space will only be possible if Ugandan nationals do not feel marginalized in their homeland. Given that one in two host and refugee households does not have access to adequate shelter, interventions in refugee-hosting districts – which are among the poorest in Uganda – should focus on improving living standards universally. Also, government programmes (e.g. Operation Wealth Creation) should be all embracing and reach out to refugees as well as hosts.

Routinely monitor multidimensional poverty in humanitarian contexts to inform programming: These results show that multidimensional poverty measures, such as the consensual approach can reveal important qualitative differences in the lived experience of poverty and deprivation. Use of the approach in host and refugee communities shows, for the first time, how provision for refugees can ease their integration into mainstream society. The consensual approach allows for their conditions to be better reflected, and provides an understanding of the situation of children and adults separately, beyond mere basic needs.

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APPENDICES

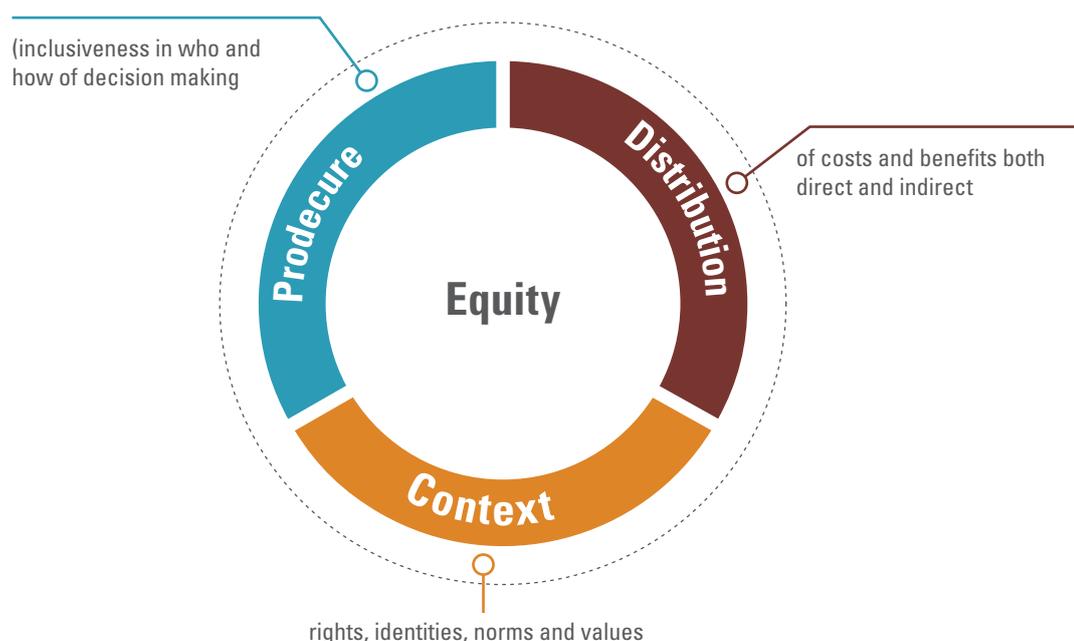
Appendix 1: Technical notes on methodology

Equity analysis

Social equity analysis is a process for assessing fairness in the delivery of services. The importance of equity considerations in provision of public services can be traced to as early as the 1970s (Fredrickson, 1971). Equity goes beyond equality to question whether service delivery is based on social class differences (income, wealth, and/or formal education), spatial location, gender, ethnicity or other salient features. The failure to make pragmatic decisions regarding equity concerns in service delivery could confuse the assessment of resource allocation or other policy decisions.

We adopted the multidimensional framework for examining equity as proposed by McDermott et al. (2013). Accordingly, equity is anchored on three pillars (Figure A1).

FIGURE A1: DIMENSIONS OF EQUITY



Source: Modified from McDermott et al. (2013)

The Distributive equity: The distribution of social services between different beneficiaries is probably the most visible of all social equity dimensions. Three basic patterns are identified for distribution: 1) Equal services to all, 2) Proportionate equality and 3) unequal service distribution based on differences (Chitwood, 1974). The first two that are enshrined in equality may not be achievable in development programming mainly because of limited financial resources but also selection of prudent characteristics to determine equality, level of services for each characteristic and challenges in administratively managing delivery of services on an equal basis. In lieu, unequal services based on identified needs is preferred e.g. providing for those unable to afford/obtain basic services through the normal market, with limited opportunities, surviving below margins or cannot meet minimum rights entitlements is

preferred. Using this approach, criteria for distributing services, level of service provision to achieve minimum living standards are important. Consequently, although services are provided on unequal basis, to an extent, equity goals may be achieved

Procedural equity: When using procedure to assess equity, emphasis is laid on the process rather than service distribution patterns. Ensuring procedural equity requires a mutual cooperation between recipients and providers of social services. In which case, where the who and how in decision making is inclusive and legitimate, regardless of where social services are concentrated, can bear claims of equity.

Contextual equity: Defined by preexisting conditions that facilitate or deny access to and participation decision-making processes, resource allocation and associated benefits. Such include surrounding conditions include power dynamics, gender, education etc. (McDermott et al., 2013)

Although the three aspects of equity are equally important, for this study, we majorly utilize the distributive equity dimension since it is the most visible.

Appendix 2: Perceptions of items/activities 'essential' for children (%), comparing UNHS 2016/17 with EPRC 2017 refugee survey

	UNHS 2016/17			EPRC Refugee survey			
	UGANDA	Rural	Urban	Host	Refugee (<2 yrs)	Refugee (2-5 yrs)	Refugee (5+ yrs)
A visit to a health facility when ill and all the medication prescribed to treat the illness	98	98	98	92	91	100	98
Three meals a day	96	96	96	97	96	97	100
Two sets of clothing	94	94	95	85	86	92	96
Toiletries to be able to wash every day (e.g. soap, hairbrush/comb)	93	92	95	94	89	100	97
All fees, uniform of correct size and equipment required for school	88	87	92	93	94	99	97
Own blanket	85	84	89	91	95	97	99
Own bed	81	79	86	84	85	92	95
Two pairs of properly fitting shoes, including a pair of all-weather shoes	78	76	86	85	90	91	97
Own room for children over 10 of different sexes	77	77	79	71	58	91	95
Books at home suitable for their age (including reference and story books)	71	69	78	63	64	83	73
Some new clothes (not second hand or handed on/down)	69	67	74	67	75	91	91
To be able to participate in school trips or events that cost money	68	66	75	59	50	72	78
Bus/taxi fare or other transport (e.g. bicycle) to get to school	68	66	74	67	55	69	77
A desk and chair for homework for school aged children	55	53	58	61	53	86	85
Presents for children once a year on special occasions, e.g. birthdays, Christmas, Eid	53	51	58	58	49	56	45
Educational toys and games	51	49	58	52	45	60	47
Some fashionable clothes for secondary school aged children	36	34	41	42	34	39	42
Own cell phone for secondary school aged children	21	21	21	NO DATA (not asked in survey)			

Source: UNHS 2016/17; EPRC 2017

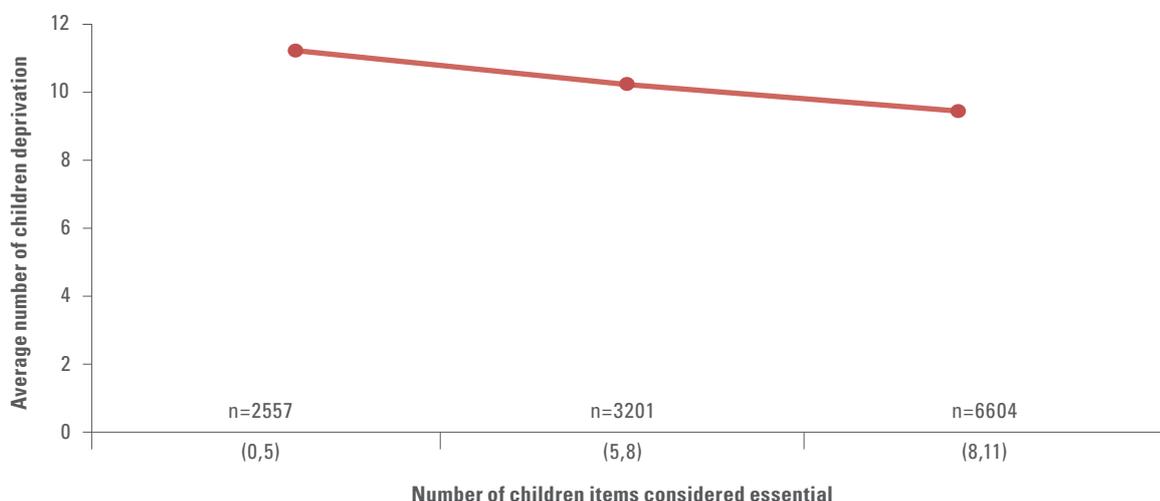
Appendix 3: Imputing deprivation of socially-perceived necessities (SPNs) among host and refugee populations

Due to a slight departure from the traditional protocol, data on possession/enforced lack among respondents (both hosts and refugees) were only collected if the household respondent had reported an item/activity as 'essential'. Those who said an item was either 'desirable' or 'neither' were not asked if they had/lacked the said item. This departure from standard practice meant that a greater uncertainty was introduced, since results could be affected as a result of this error.

To ensure that the data were usable, missing EPRC SPN child and household deprivation responses were imputed using hot-deck imputation (Andridge and Little, 2010). This imputation method first identifies respondents with missing deprivation data and then pairs each of these respondents up with a similar individual (known as donor) with complete deprivation data to replace the missing data. This means that each case with missing deprivation data (known as a recipient) receives their donor's deprivation responses. Compared to other techniques which impute individual variables (i.e. SPN deprivations in this case) one at the time, hot-deck imputation is able to maintain association between the imputed variables because all the imputed variables for a given recipient come from the same donor.

Information on basic needs deprivations as well as available (i.e. non-missing) SPN deprivations was used to find a donor match for each recipient. Logistic regression analysis on the Uganda National Household Survey (UNHS) 2016/17 revealed that these two sets of matching variables were the most important for predicting individual SPN deprivations, and that once (both or either of) these were controlled for, then information on the sex of respondent and their region of residence, and knowing whether they considered an item essential did not greatly increase the accuracy of this prediction. Indeed, even simple bivariate analysis on the UNHS 2016/17 data reveals that there is a very weak association between the number of items considered necessary and the number of deprivations experienced (see Figure A2). This suggests that we would not expect to see large differences in deprivation levels before and after imputation.

FIGURE A2: AVERAGE NUMBER OF SPN CHILD DEPRIVATIONS BY NUMBER OF NECESSITIES CONSIDERED ESSENTIAL (UNHS 2016/17 CHILDREN DEPRIVATION DATA)



The Gower distance (Gower, 1971) between basic and non-missing SPN deprivation values was used to compute the distance between recipients and potential donors, and to identify the closest match. A range of sensitivity analyses, using different distance measures (e.g. Cranmer and Gill, 2012) were carried out and generally produced similar results. The imputation was repeated using both complete (i.e. non-missing) UNHS 2016/17 data as donors and complete EPRC data. The SPN deprivation estimates produced by these additional analyses were very similar, although using the complete EPRC data generally produced slightly higher rates of SPN deprivation for both host and refugee respondents than when using UNHS 16/2017 data. Nevertheless, both methods showed consistently higher levels of SPN deprivation among refugees (when compared to host households) across all items. **We chose to use the estimates produced using the complete EPRC data hot-deck imputation as this is most likely to reflect the true extent and pattern of deprivation among refugees.** Moreover, as explained above, we have no reason to believe that respondents' SPN deprivation varies drastically according to the number of items they consider essential, so we had no real incentive to use the UNHS 2016/17 data on both perceived necessities and SPN deprivation for imputation.

Although it is arguable that the NHS 2017 data may be better for imputing deprivation values for the EPRC host respondents, we decided to use one dataset consistently for all EPRC respondents with missing data. This might mean that the rates of deprivation for host households in the EPRC survey are overestimated, and thus that the difference in SPN deprivation between hosts and refugees (presented in Figure 8, main report) may in fact be greater. The figures presented in this report reporting the magnitude of differences in deprivation between hosts and refugees therefore err on the side of caution. Nevertheless, it is worth reiterating that the differences observed in SPN deprivations using UNHS and EPRC donors are minimal (see Figure A3 for child deprivations).

Reading note for Figure A3:

EPRC imputed: Host. This is the deprivation estimate for host respondents obtained by using the complete EPRC cases as imputation donors.

EPRC imputed: Refugee. This is the deprivation estimate for refugee respondents obtained by using the complete EPRC cases as imputation donors.

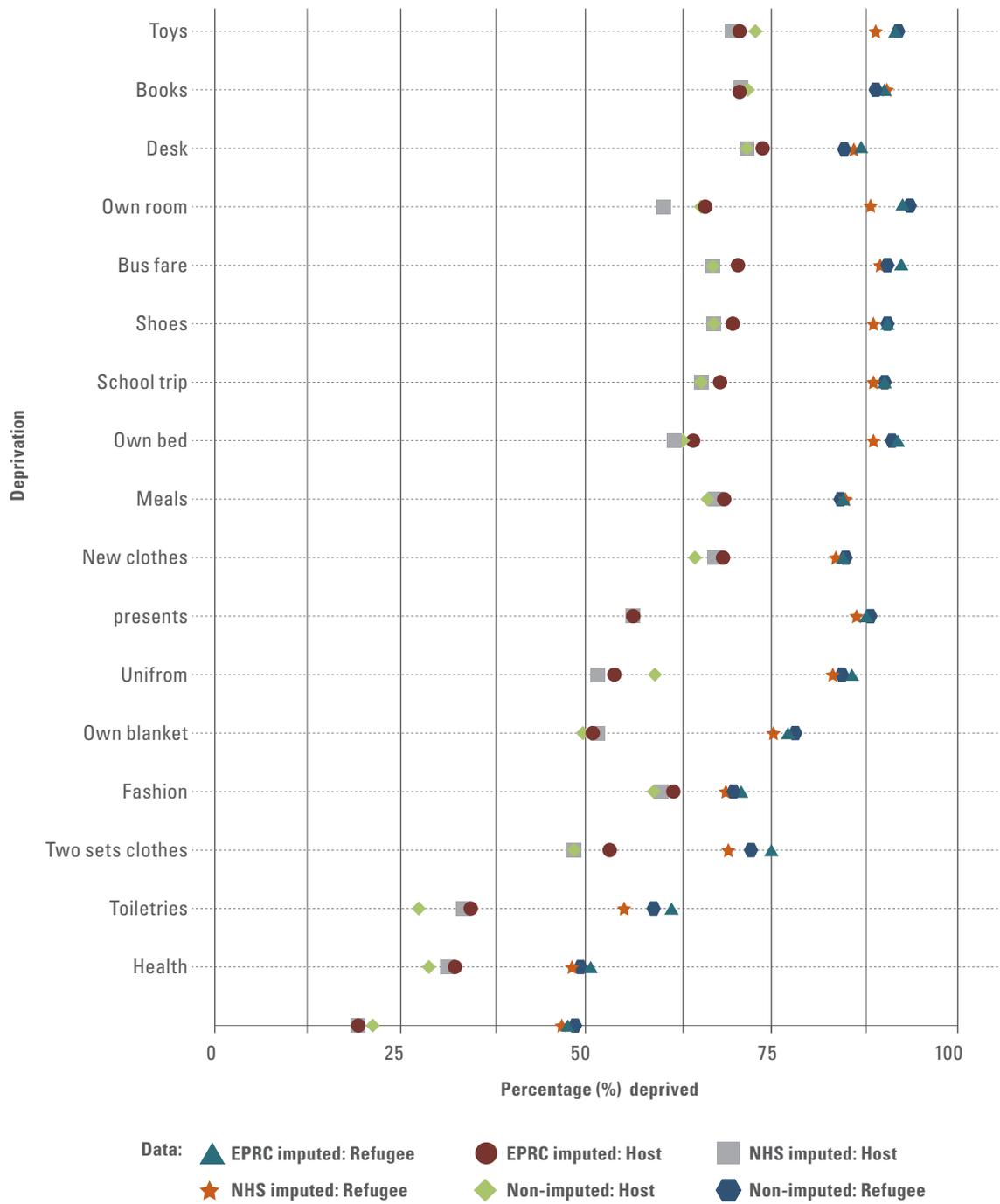
UNHS imputed: Host. This is the deprivation estimate for host respondents obtained by using the complete UNHS 2016/17 cases as imputation donors.

UNHS imputed: Refugee. This is the deprivation estimate for refugee respondents obtained by using the complete UNHS 2016/17 cases as imputation donors.

Non-imputed: Host. This is the deprivation estimate for host respondents from the original EPRC data before imputation (i.e. deprivation rates based on those who consider the item essential).

Non-imputed: Refugee. This is the deprivation estimate for refugee respondents from the original EPRC data before imputation (i.e. deprivation rates based on those who consider the item essential).

FIGURE A3: DEPRIVED RESPONDENTS ACCORDING TO EPRC, UNHS 2016/17 IMPUTATIONS AND NON-IMPUTED DATA (%)



Appendix 4: Household head characteristics

	Host	Refugee	Total
Education			
No formal education	16.1	30.4	23.3
Some primary	33.9	36.9	35.4
Completed primary	20.7	5.5	13.1
Some secondary	9.4	9.7	9.5
Completed secondary	12.6	9.1	10.8
Post-secondary	7.4	8.4	7.9
Total	100	100	100
Marital by headship			
Married female head	11.2	26.8	19.0
Divorced female head	7.7	12.3	10.0
Widowed female head	7.7	10.7	9.2
Male head	73.4	50.3	61.9
Total	100	100	100
Age			
10-14	0.0	0.3	0.2
15-17	0.0	0.3	0.2
18-30	24.4	28.4	26.4
31-59	61.9	62.6	62.2
60+	13.8	8.4	11.1
Total	100.0	100.0	100.0

Source: Authors' calculation based on UNHS 2016/17

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