

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

Context & Rationale

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

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

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

Key Messages

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

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

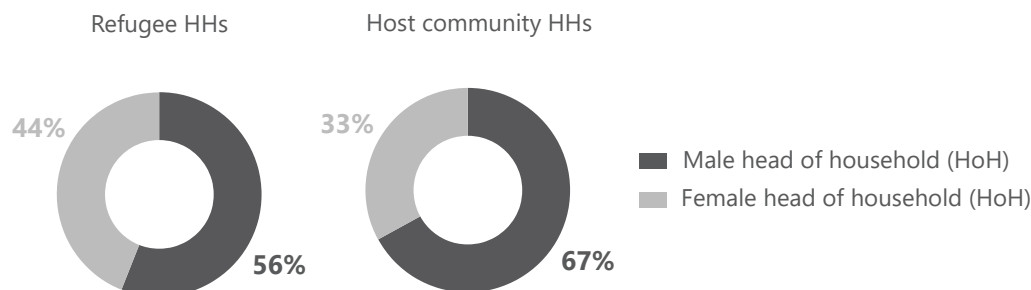
Quantitative interviews involved face-to-face interviews with self-reported heads of households (HoHs) or proxy respondents above age 18. The surveys included questions at the family level and individual level sections to collect information about each member of the HH. REACH conducted a total of 432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

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

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

Demographics

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



% of HHs with a single female HoH



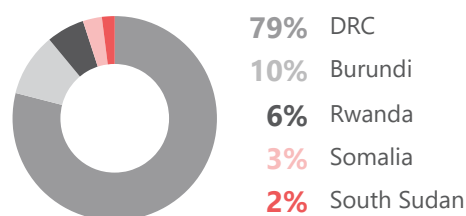
% of HHs with pregnant/lactating HH members



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

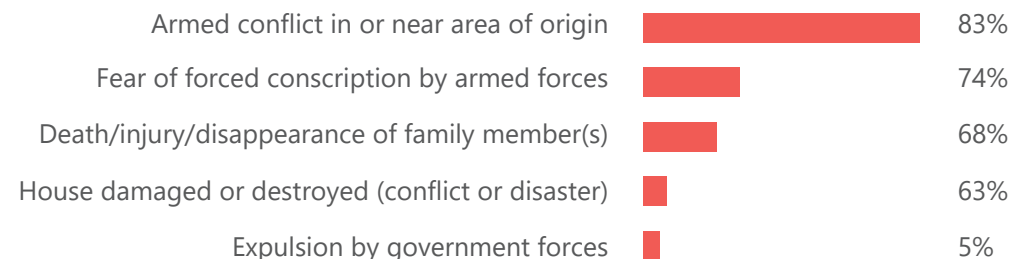


Displacement origin, by % refugee HHs (n=432)



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

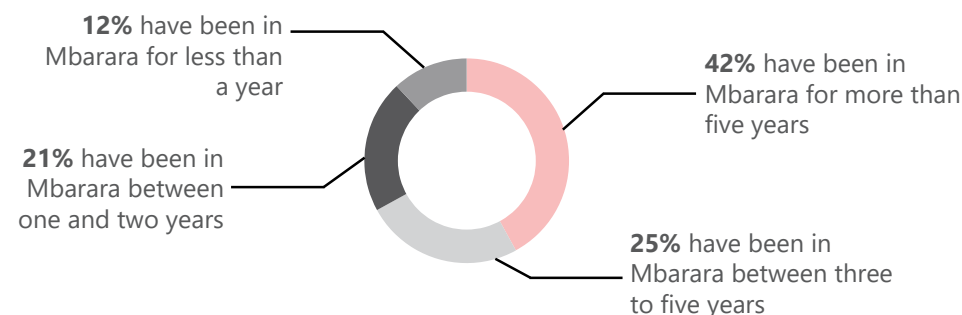
Figure 2: Main causes of displacement by % refugee HHs (n=432)*



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

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

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







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

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

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

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

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

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

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

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

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

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

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

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






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

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

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

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

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

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






56%

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

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

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

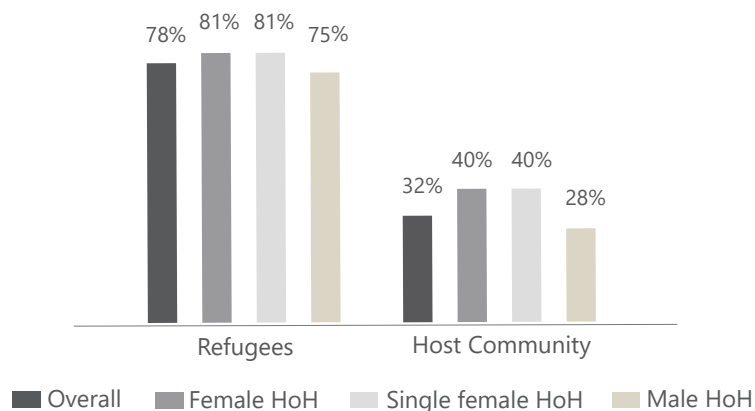
Main priority needs reported by refugee single female HoH in Mbarara (n=432)*

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

Basic food needs

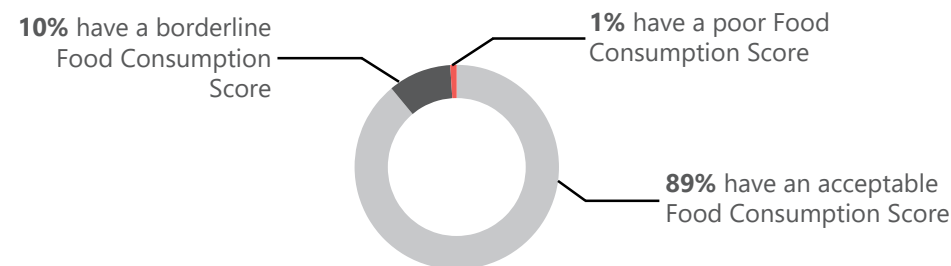
As shown below, 78% of refugee HHs reported they did not have sufficient money for food in the month preceding the interview, in contrast to 32% of host community HHs facing the same challenge. **This financial strain appears slightly pronounced among female and single female HoHs, then male HoHs**,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

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



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

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



Barriers to food access

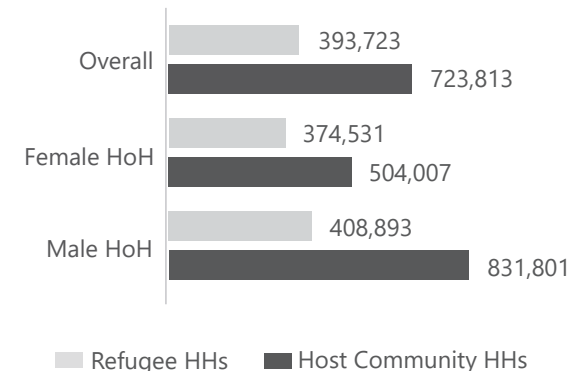
91%

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

Livelihoods

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

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



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

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

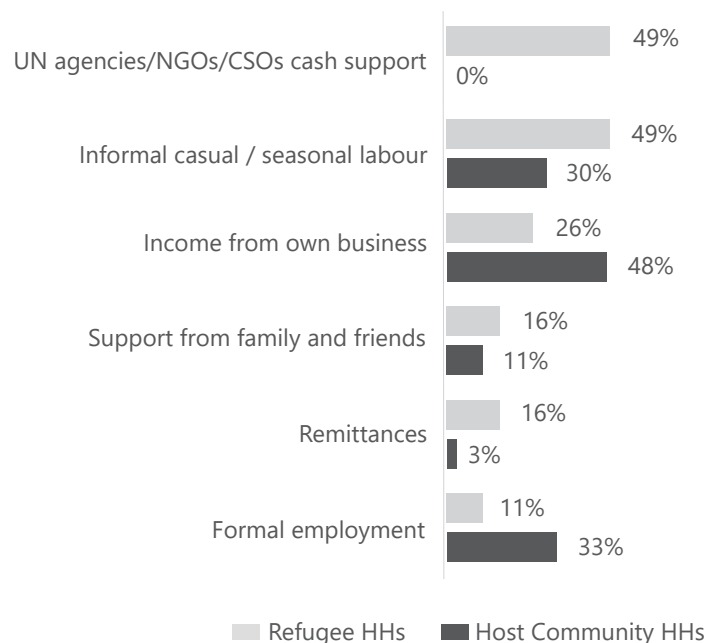
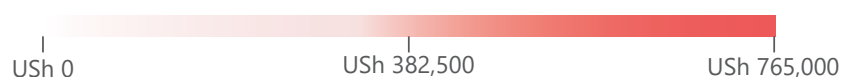


Table 1: Average income by type of main income and household in Ugandan Shilling (USh)

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



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

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

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

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

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

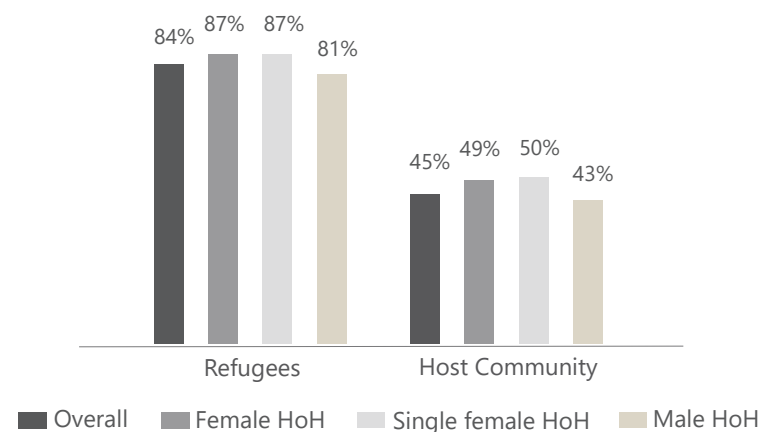
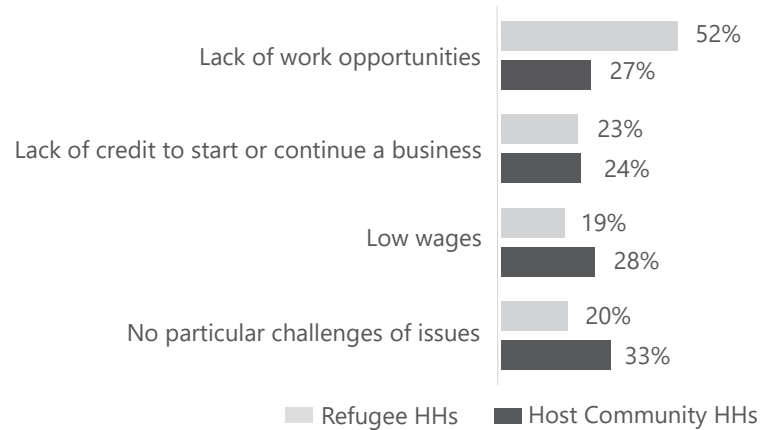


Figure 9: Type of barriers to livelihood activities by % of refugee and host community HHs*



Barriers to livelihoods

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

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

Education

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

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

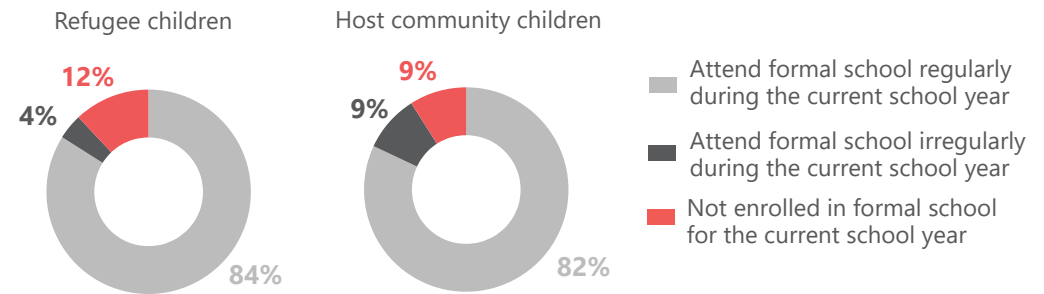


Table 2: attended levels of school by % of children and HH type

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

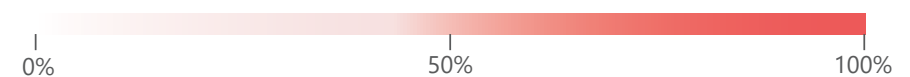
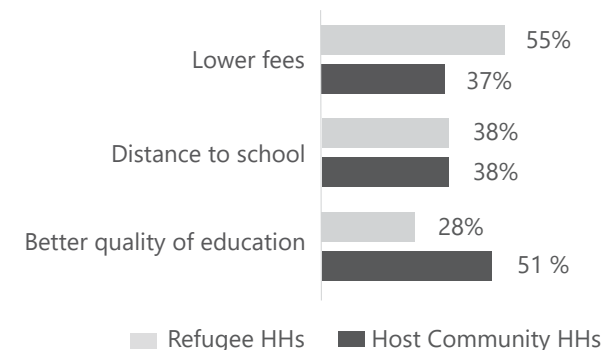


Figure 11: Main reasons for school choices by % of HHs and type of HH*



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

Barriers to education

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

Health

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

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

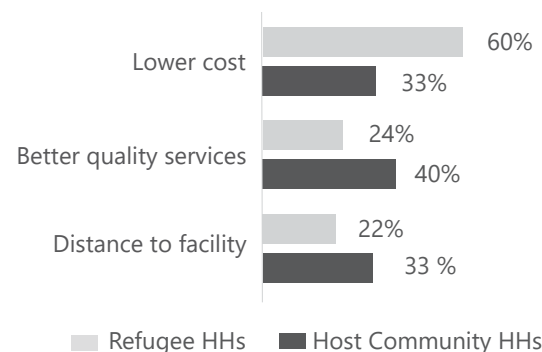
Type of health need	Refugee HHs	Host Community HHs
Medication	66%	47%
Medical consultation	28%	17%
Surgery	8%	24%
Ante-natal or post-natal	0%	12%
Dental	7%	16%
Mental health related needs	3%	7%

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

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

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

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



Barriers to health care

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

Accommodation

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



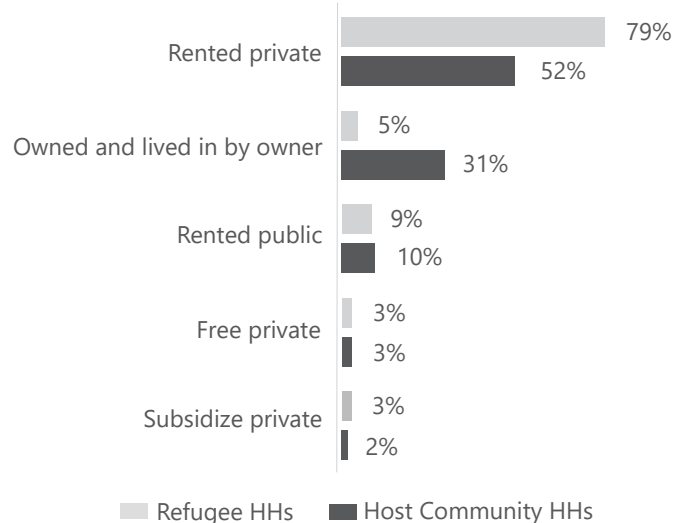
Average number of people sleeping per room (shelter crowding index)



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

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

Figure 13: Occupancy tenure by % of HHs and type



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

Barriers to accommodation

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

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

Water, Sanitation and Hygiene (WASH)

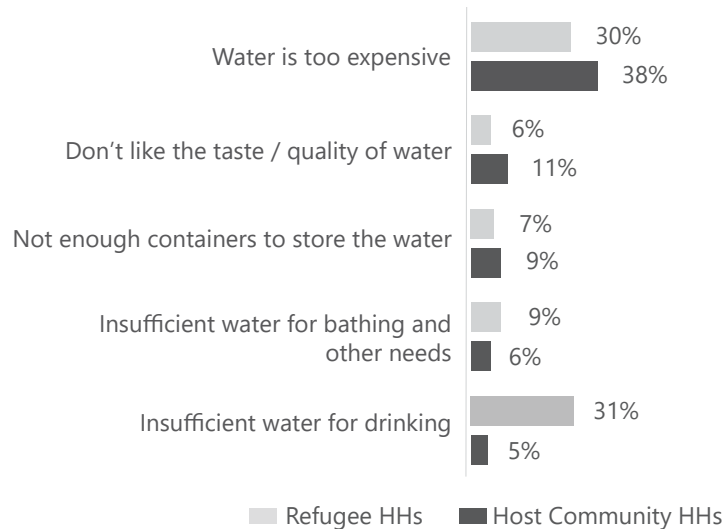
The main source of water for drinking was piped water into HH dwelling/plot for both host community HHs (58%) and refugee HHs (59%), followed by tap/standpipe and piped water into other's dwelling plot for both community type.

% of households reporting a challenge with water



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

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



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

% of HH reporting a problem with accessing toilet facilities

36%

Refugee



27%

Host Community

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

4

Refugee



5

Host Community

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

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

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

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

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

Education

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

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

Health

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

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

Water, Sanitation and Hygiene (WASH)

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

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

Finance

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

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

Barriers faced by service providers in Mbarara

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

Community networks and church leaders

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

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

Local authorities

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

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

Protection concerns faced by refugees and host population

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

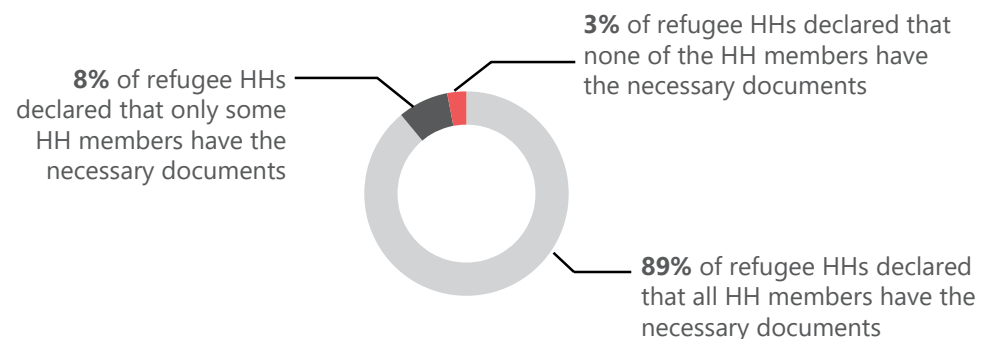
Participants reported that security concerns regarding refugees often involved theft, and FGDs/KIIs also elucidated that there is an overarching perception that if one refugee commits a crime, the blame is often generalized to the entire refugee population.

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

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

Refugee registration

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

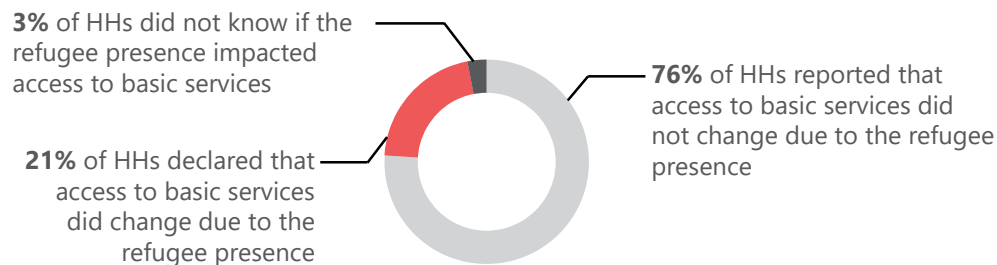


Most refugee HHs in Mbarara declared possessing a document that allowed them to stay in Uganda, a similar finding to REACH's assessment in [Gulu](#).³⁸ On the contrary, REACH's assessment in [Adjumani](#) found that 53% of interviewed refugees reported that some or all members were without refugees IDs.³⁹ Discussions with refugee FGDs and KIIs highlighted challenges related to refugee registration. Families may opt not to register due to various hurdles, including **alleged demand for payments, lengthy bureaucratic processes, and difficulties in obtaining necessary identification documents. The consequences of non-registration are substantial, potentially leaving refugees vulnerable and restricting their access to essential services.** In [Adjumani](#), the lack of identification for refugees was also reported as causing problems in accessing essential services (i.e., education, health, finance).⁴⁰ Unregistered refugees may live more in isolation and be denied access and support. Additionally, undocumented refugees were reported as more easily suspected of crimes, which can heighten fear of refugees and contribute to potential tensions with or misperceptions among the host community. [NRC's](#) findings dive at length into the legal protection needs of refugees in secondary cities in Uganda.⁴¹

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

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

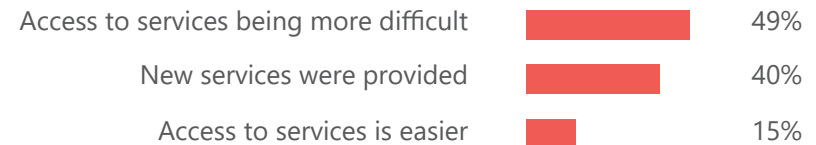
Figure 15: % of host community members reporting a change (positive or negative) in basic services access following the refugee presence in Mbarara



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

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

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



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

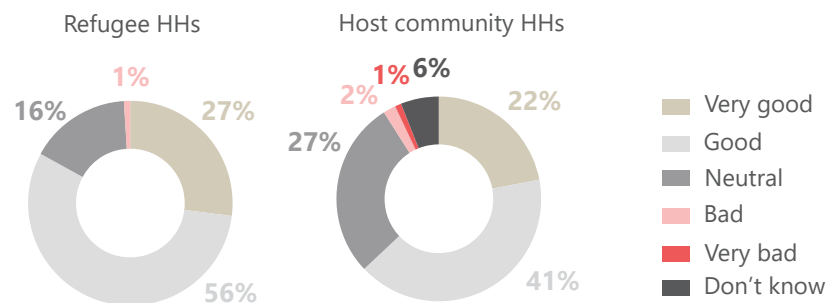
The negative impacts included resource strain on service providers, increased housing costs, heightened competition for businesses, and health concerns such as deteriorating WASH conditions and higher HIV prevalence.

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

Relationship between refugees and host population

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

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



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

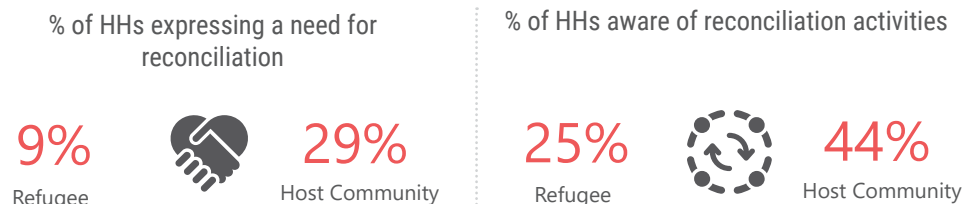
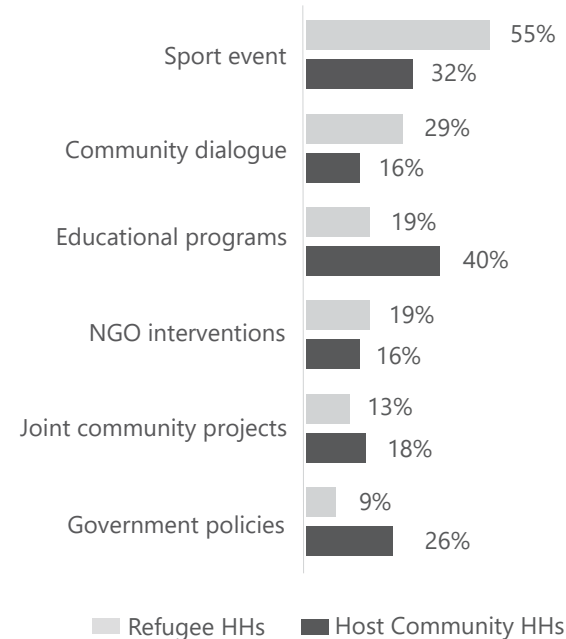


Figure 18: % of HHs aware of integration activities by main activities and HHs*



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

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

Conclusion

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

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

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

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

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

Methodological disclaimer:

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

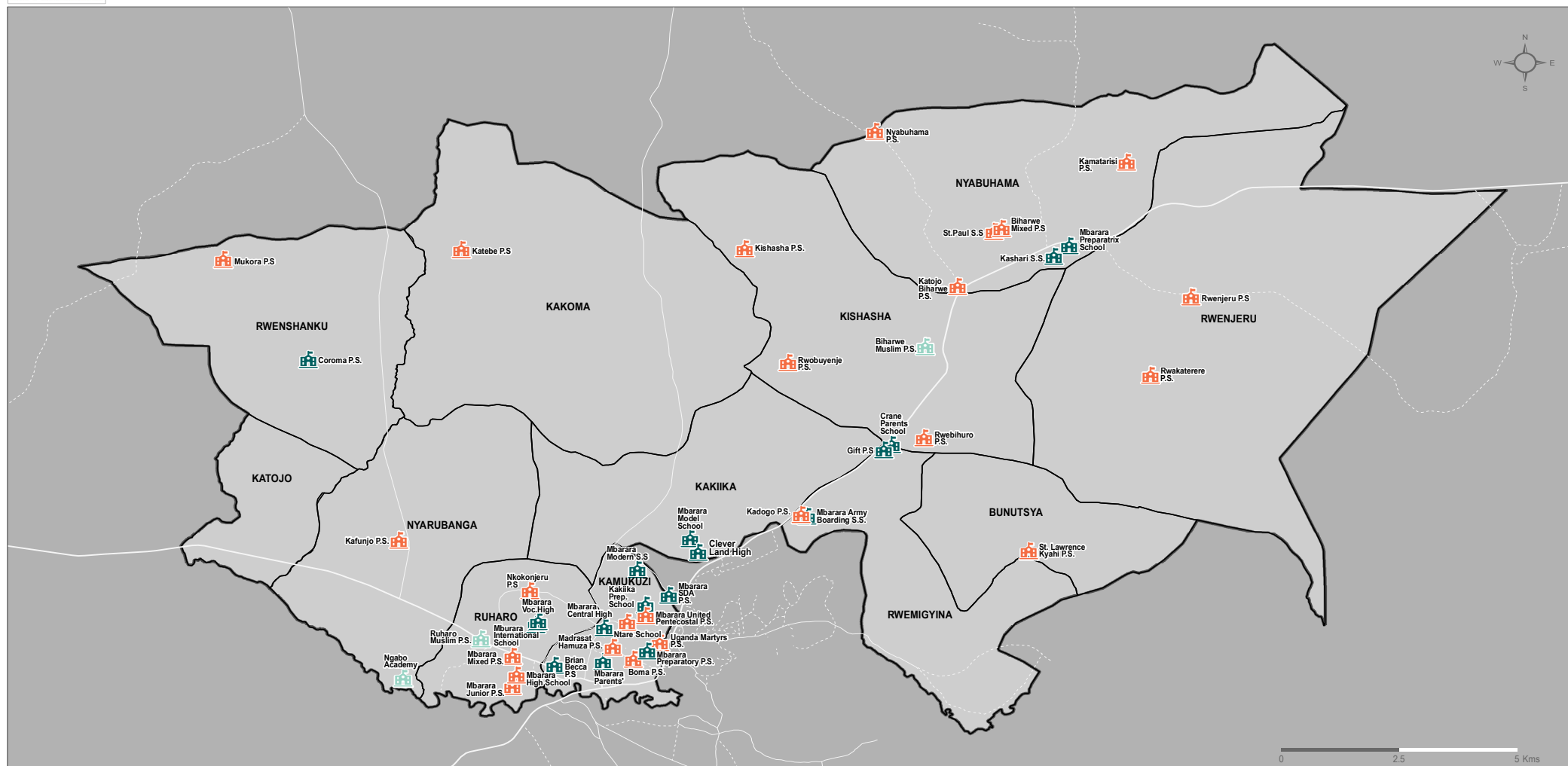
Qualitative findings derived from Key Informant Interviews and Focus Group Discussions are indicative.

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



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

For Humanitarian Purposes Only
Production date: 24 July 2024



Ownership



Community School
Government School
Private School



Ward
Mbarara North Division

Roads

Primary
Secondary
Tertiary

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

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

File: REACH_UGA_Mbarara_City_North_Education_Facilities_24JUL2024

Contact: reach.mapping@impact-initiatives.org



Funded by
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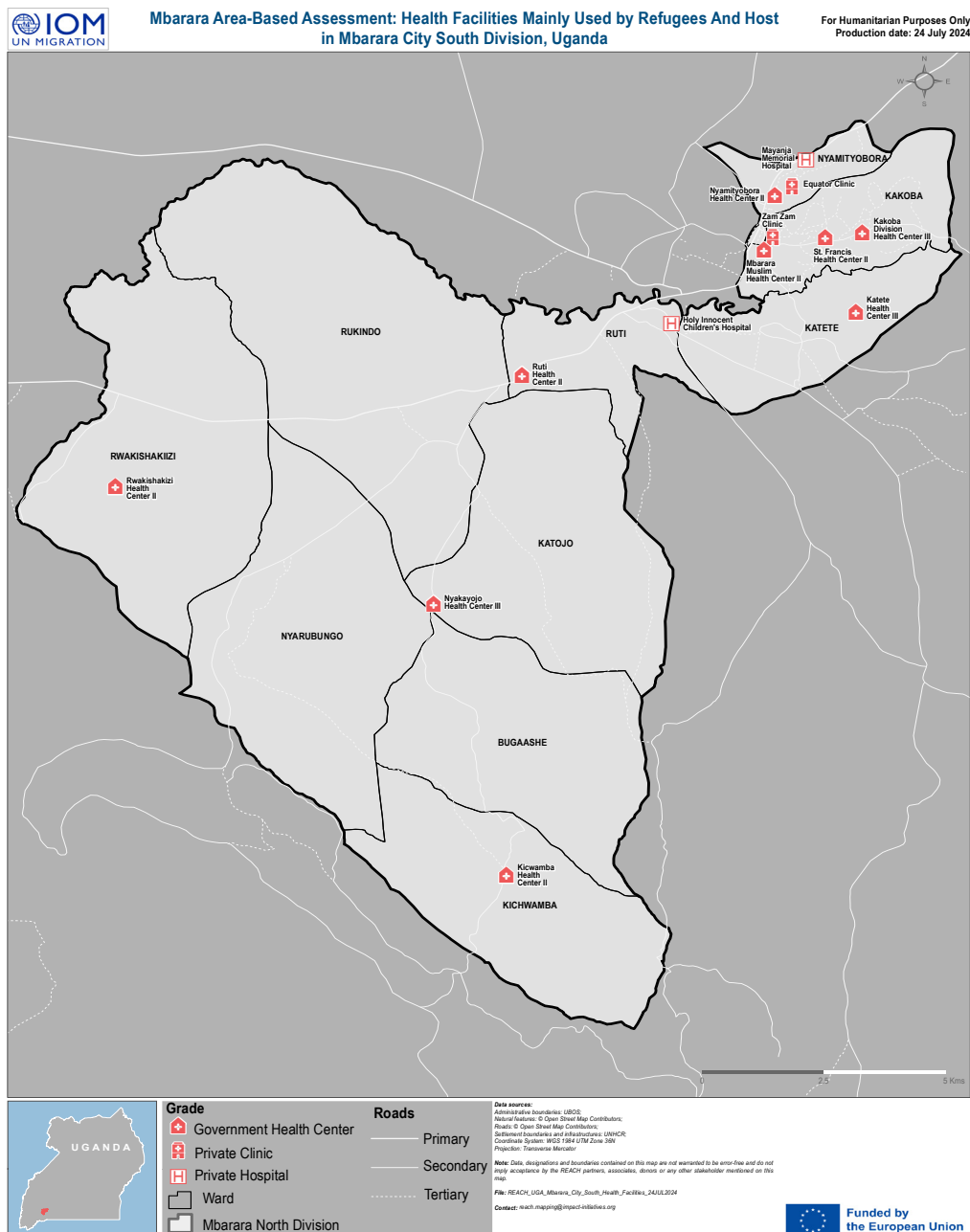


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humanitarian action

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



Endnotes

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

Picture page 1: "Mbarara at Sundown" by notphilatall is licensed under CC BY-SA 2.0.

Page 1

¹ UNHCR, OPM, [Uganda – Population Dashboard as of 30 June 2024](#), 2024

² UNHCR, OPM, [Uganda – Population Dashboard as of 30 June 2024](#), 2024

³ IMPACT, WFP, and UNHCR, [Vulnerability and Essential Needs Assessment: Volume One](#), 2020

⁴ WFP, [WFP prioritises food assistance for the most vulnerable refugees in Uganda as needs outstrip resources](#), 2023

⁵ African Affairs, [Volume 120, Issue 479](#), April 2021, Pages 243–276, 2021 .

⁶ Center for Policy Analysis, [The impact of refugee influx to social service delivery in district host communities: A case of Hoima, Lamwo, Moyo, and Yumbe refugee host communities](#), 2018

⁷ Ibid

⁸ Msabab, B.A., [Uganda's refugee policies: the history, the politics, the way forward](#), 2018

⁹ UNHCR, [Uganda Country Profile](#)

¹⁰ Mixed Migration Centre, [4Mi Cities: Data Collection on Urban Mixed Migration – Kampala City Report](#), 2022

¹¹ REACH, [Movement and livelihood intentions of urban refugees in Uganda - General trends & Gulu case study](#), 2023

¹² Cities Alliance, UBOS, AVSI, [Arua City Central Division Census of Migrants and Host Communities](#), 2021

¹³ VNG International, [Self-settled refugees and the impact on service delivery in Koboko municipal council: Empowering refugee hosting districts in Uganda, making the Nexus work](#), 2018

¹⁴ Norwegian Refugee Council (NRC), [Legal Protection Needs of Refugees Self-Settled in Secondary Cities in Uganda](#), 2024.

Page 2

¹⁵ REACH, [Area Based Assessment Mbarara: Refugee Settlement and High Concentration Cells/Villages in Mbarara City](#), Uganda, June 2024

¹⁶ REACH, [Area Based Assessment Mbarara: Education and Health Facilities mainly Used by Refugees and Host Community in Mbarara City, Uganda](#), June 2024

¹⁷ A 95% confidence level signifies a high degree of confidence in the accuracy of survey results, suggesting that they likely represent the broader population. Meanwhile, a 5% margin of error indicates the potential variability in the survey findings, allowing for a small degree of uncertainty in the estimated values.

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

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

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

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

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

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

Page 4

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

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

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

Page 6:

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

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

Page 7:

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

Page 8:

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

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

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

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

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

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

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

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

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

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

³⁹ Ibid

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

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

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

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

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

Page 14:

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

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