TANGANYIKA PARISH PROFILE

Urban community assessment
Arua, Uganda - August 2018

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CONTEXT

Bordered by several of the largest refugee-generating countries in the world, Uganda hosts the largest population of refugees on the African continent. Since the 2016 crisis, between 600,000-800,000 South Sudanese refugees have made their way to Uganda, joined by large refugee populations from the Democratic Republic of the Congo (DRC), Burundi, and Somalia. Humanitarian needs are accordingly significant. According to the United Nations High Commissioner for Refugees (UNHCR), an anticipated 100,000 additional South Sudanese refugees are due to arrive this year.[1] Accompanied by rapidly growing numbers of new arrivals from DRC, the need for humanitarian aid has only increased throughout 2018. Current population figures are being evaluated as part of a re-verification process by UNCHR and the Ugandan Office of the Prime Minister (OPM) to assess the current number of refugees residing in settlements across Uganda.[2] However, there remains a lack of information on refugee movements in and out of camps, especially to urban areas. Anecdotes of families relocating to cities including Arua are common, but formal figures on out-of-settlement populations are scant. Understanding these contexts is imperative for humanitarian actors to comprehensively respond to beneficiary needs. Uganda has also introduced among the most progressive refugee-hosting policies in the world, allowing freedom of movement, the right to work, and innovative assistance-sharing laws to integrate with host communities.

With 30 formal refugee settlements, 17 of which are centralised in the Adjumani region, and urban displaced people spread across the country, the crisis has implications for the capacity of the Ugandan government to provide services in settlement areas, as well as in urban locales. Many refugee families from the settlements have reportedly relocated to cities or their peripheries, but a lack of research hampers substantiating such claims. Understanding urban displacement dynamics in the country is therefore all the more important.

ARUA

Arua Municipality is located in the north-west of the country and is the fourth most populated district in Uganda. Situated some 12 kilometres from DRC and around 50 kilometres from South Sudan, Arua is a bustling trade town with long-standing linkages to both countries. The district, meanwhile, is home to two large refugee settlements: Imvepi and Rhino Camp. Bidibidi, at one time estimated to be the largest refugee camp in the world, is located 85 kilometres away in a neighboring district. As of June 2018, UNHCR estimated that some 270,000 refugees were residing in Arua district, approximately 24% of the total population of the district.[2]

A 2017 survey by the International Rescue Committee (IRC) estimated that significant numbers of refugees reside inside the urban Aura area, mainly from South Sudan.[3] Local authorities have limited capacity to identify the needs of refugees and vulnerable host communities, while humanitarian actors are focused mainly on refugee settlements and do not provide any services in the city. Additionally, refugees can only register their status in formal refugee settlements or Kampala, the capital city. Without being able to register in Arua or other cities, accurate figures for refugees living in most urban areas are nearly impossible to obtain. Local government actors and international partners in Arua have pointed to a lack of information on displaced and host communities that prevent accurate planning of programmatic responses.

[1] According to UNCHR updated planning estimates as of June 2018.
[2] UNHCR, *Uganda: Joint Statement on the Progress of the OPM-UNHCR joint biometric refugee verification exercise,* 2018

ASSESSMENT BACKGROUND

Some 60% of refugees worldwide live out of camps—and the majority live in urban centres. A broad consensus across the humanitarian sector has been reached to improve support of out-of-camp refugees. Despite this, assistance to out-of-camp refugees remains largely ad-hoc and uncoordinated. Underpinning this humanitarian shortcoming is a lack of understanding and effective engagement with the complex dynamics facing refugees and host communities in cities.

This is also the case in Arua, where refugees lack access to humanitarian assistance in the city and attempts by local authorities at providing services are complicated by a lack of in-depth information on the impact of refugees on public services. To address these challenges, this assessment aims to fill the information gaps on urban displaced populations in Arua, to assess their needs, and to gauge service provision outcomes and perceptions for both host and refugee communities.

The latter are critical views to incorporate owing to the need to understand host sentiments towards refugees, as well as to better evaluate perceptions of how increased inflows of displaced people have impacted services provided by Ugandan authorities. Additionally, the area-based nature of the assessment serves to understand the needs of both groups. By remaining focused on the dense populations inside Arua and delivering operationally-useful indicators chosen in close collaboration with local government and civil society actors, this assessment is designed to help communities in need today.

Ultimately, the findings are intended to bolster evidence-based humanitarian programming and service delivery throughout Arua Municipality by providing data on urban refugee populations and humanitarian needs, as well as those of local host communities. This effort is part of a broader project in Arua to promote a more predictable, effective response to urban displaced populations and out-of-camp refugees, implemented in the framework of IMPACT Initiatives and ACTED's joint initiative - AGORA. Led in partnership with UNHCR, AGORA represents an innovative area-based research methodology intended to better involve refugees and host communities in response planning and information gathering, in turn strengthening information flows and coordination.

TARGET NEIGHBOURHOODS

The assessment encompasses all six wards (neighbourhoods) of the Arua municipality and six additional parishes (peri-urban neighbourhoods) bordering the municipality. The twelve areas have been jointly selected by AGORA and local partners due to the numbers of refugees estimated to be hosted in each, and for their proximity to the municipality. Covering the entire urban area, the neighbourhoods represent a diverse cross-section of society. From relatively wealthy urban core communities home to government offices and trade centres, to impoverished areas lacking public services, the assessment is a near-comprehensive view of Arua. The wards covered by the assessment include: Awindiri, Bazaar, Kenya, Mvara, Pangisa, and Tanganyika Ward. The peri-urban parishes include: Ariwara, Bunyo, Driwala, Komite, Pokea, and Tanganyika Parish.

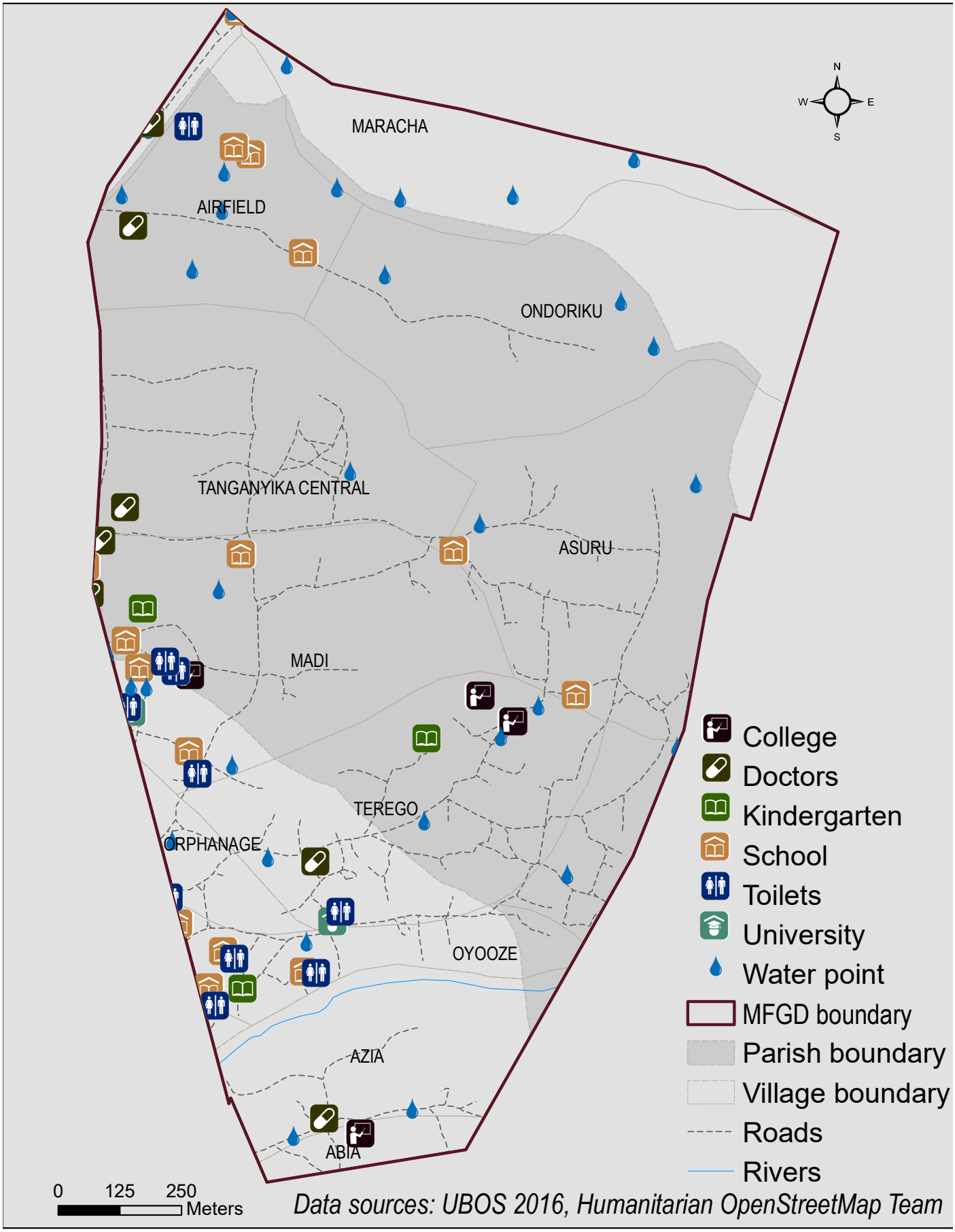
[3] The total population of Arua District was 782,077 as of the last census in 2014, but did not include refugees in the count. Uganda National Bureau of Statistics, National Census, 2014.
[4] IRC, *Arua Municipality and Kampala Urban Context Analyses*, July 2017.

AGORA

Overview of Tanganyika Parish

Tanganyika parish is a peri-urban area situated to the north-west of Arua municipality. A part of Dadamu subcounty, Tanganyika parish includes six villages - smaller administrative units. The parish is bordered by other parishes including Yapi, Arivu, and Ariwara. MFGD respondents noted their community was defined by a shared service catchment area, particularly the edge of coverage by village health team (VHT) members. Existing administrative boundaries also influenced community boundary-setting.

EDUCATION, HEALTH AND WASH SERVICES IN COMMUNITY



METHODOLOGY

This assessment aimed to fill the information gaps on urban refugee populations in Arua municipality; to assess their needs, and to gauge service provision outcomes and perceptions for both host and refugee communities. Data was collected using both quantitative and qualitative techniques between March and June 2018 using the area-based tools outlined below:

Phase 1: Identify communities and service sector areas through participatory mapping

A local advisory board - intended to input on each step and integrate the assessment within local governance, NGO, and civil society structures - was convened to guide IMPACT in identifying and prioritising specific neighbourhoods with both refugee and host community members in Arua. IMPACT then carried out 76 mapping focus group discussions (MFGDs), at least four in each ward, to better understand the community area. Three focus group discussions covering the entire municipality of Arua for each priority service sector with participants selected in consultation with the advisory board were also conducted for education, health, and WASH.[3] Community mapping focus group discussions were held on June 14, 2018. These MFGDs were broken down by:

1. **Community area mapping** conducted by individuals selected for their knowledge of the area. They differed from service sector key informants in that they did not necessarily have the sector-specific/technical expertise to describe the status or capacity of infrastructure, but were able to identify the boundaries of a community and describe the characteristics of its inhabitants. They were also asked to map key service delivery points in their communities: water access points, key public latrines, schools, and similar features. MFGDs were conducted based on unified questioning routes and printed maps of the area serving as support for the discussion about the community. Participants were selected using a snowball method starting from advisory board members who recommended individuals who were able to identify boundaries and key characteristics of their communities. Groups were divided into host/refugee and female/male sub-groups, and repeated for each selected area.

2. **Service sector mapping** by participants selected for their sector-specific knowledge through local organizations and administrations in Arua, and who were able to speak to service and infrastructure issues. Participants were selected using a purposive sampling method aimed at picking each for her/his sector-specific knowledge through secondary data review and contact with local organisations and administration in Arua. Selected individuals had technical knowledge of their specific sector across Arua. They were able to describe the operating status of services & infrastructure, as well as the service catchment areas for primary service points. Their profiles included, among others, neighbourhood subcommittee leads, village health technicians (VHTs), and school head-teachers.

Phase 2: Administer household surveys

From April to June 2018, the research team interviewed **243** households in Tanganyika Parish**.** This included **104** displaced households and **139** host households. Sampling of households was done via random GPS points at the ward or parish-level generated from figures sourced from the Uganda Bureau of Statistics (UBOS) and, when not available, from local council chairpersons and MFGD findings. Data collection for KI and household levels took place simultaneously to enable comparability with the KI results. The reliability of key informants will be triangulated by comparing the data collected from each short-listed KI with a representative household sample from the same community.

The final phase of the assessment shared preliminary results during in-person consultations with the local advisory board, as well as with national stakeholders, to review and critique findings. This report incorporates feedback from that process.

LIMITATIONS

Population estimates

As no census of refugee and displaced populations in Arua has been published, population estimates for host and refugee populations of each ward were collected from local leaders at the smallest two administrative levels - LCI and LCIIs - as well as from community discussions during the MFGDs. Displaced population estimates are ***indicative only*** and are not intended to supplant any future census results.

Household surveys

Findings from the random household survey are representative at the ward or parish-level at a 95% confidence level with a 10% margin of error. Results at the city-wide level when disaggregated by host and displaced community are at a 97% confidence level with a 4% margin of error, while results for both communities are at a 97% confidence level and 3% margin of error.

Displaced and host community definitions

Given the nature of cyclical migration between northern Uganda and neighboring countries and the multiple identities held by residents that do not always align with legal definitions, **for the purposes of this assessment:**

Displaced community refers to self-identified refugees, internally displaced persons (IDPs), and migrants. This includes legally registered and unregistered refugees, as well as a limited number (less than 1%) of Ugandan nationals identifying as being internally displaced. The migrant category, while not self-identifying as forcibly displaced, is comprised almost entirely of South Sudanese who would likely qualify for refugee protection. Removing migrants from the displaced community grouping does not significantly impact any findings in this report.

Host community refers to self-identified host community members, along with returned IDPs. This also includes less than 1% (fewer than ten households) who, despite being registered refugees, also identified as host community members.

Experience of long-term displaced versus new arrivals

This report does not assess the difference in experiences between newly arrived displaced community members and those who have lived in Arua for longer periods of time. 17% of the displaced community has lived in Arua for longer than 10 years. It is not unreasonable to expect a variance in findings between the two groups. However, that disaggregation is beyond the scope of this report.

Self-reporting and social-desirability bias potential

The nature of the interviews carried out for this report depend on respondents' voluntary answers, as no census or disaggregated economic data for the communities of interest was available. No incentives were offered to individuals for completing the survey. However, the potential for self-reporting and/or social desirability bias exists, especially for questions involving livelihoods, hygiene practices, and legal status reporting. Mitigation measures taken by the research team include: the hiring of a local ethnic, linguistic, and religiously diverse enumerator (surveyor) team; comprehensive training of enumerators on trauma-sensitive interviewing practices and collection-bias reduction tactics; and weekly group debrief sessions with the entire research team aimed at adapting to survey and respondent issues.

[5] WASH is a humanitarian sector acronym referring to the interlinked service areas of Water, Sanitation, and Hygiene.

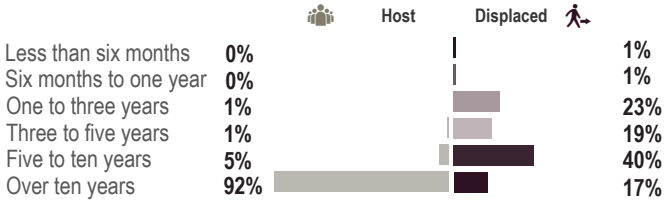
DEMOGRAPHICS

What are the key demographics of host and displaced communities in Tanganyika Parish?

6.7 Average number of people in host households

7.5 Average number of people in displaced households

Average time lived in Tanganyika Parish (by household)

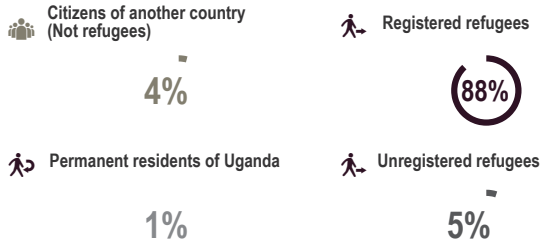


Proportion of households by self-identified status

86% Host community

14% Displaced community

Displaced community by legal status[6]



PRIORITY NEEDS

MFGD respondents noted several primary challenges, which are perceived to be exacerbated by longer distances to service sites compared with urban wards. Particular issues included: high school fees and overcrowding in schools, as well as insufficient teaching staff; too few boreholes, several of which have been condemned due to proximity to septic tanks, and seasonal water scarcity; and limited availability of medicine at clinics, coupled with long distances to facilities. Other key priorities include:

Lack of water access via boreholes or water mains
Poor water quality and treatment options

High school fees
Overcrowding

High treatment cost
Overcrowding & long wait times

Leaking roofs
Presence of rodents or insects

Cost of food & lack of employment opportunities
Decreased sales for small businesses

[6] Respondents could select more than one option if household members had different statuses.

[7] Nationalities are estimated by using the stated nationality of the head of household. There is a potential margin of error in the figures, as the survey design does not take into account households with multiple nationalities living in the same dwelling, though such arrangements were not thought to be common when discussed in MFGDs.

DISPLACEMENT

Where have displaced people and refugees journied from to come to Tanganyika Parish?

Due to their inability to register in Arua, the majority of refugees across the urban area are registered in the **Rhino, Bidibibi, and Imvepi** settlements. Less than five percent, on average, are registered in Moyo, Lobule, and other settlements across Uganda. They are overwhelmingly **South Sudanese** (98%), with a limited number coming from the **Democratic Republic of Congo** (1%) and, according to MFGDs, several from **Burundi and Chad**.[7]

Registration rates by settlement (top three)

65% Rhino Camp

13% Bidibidi Settlement

12% Imvepi Settlement

77% of displaced households in Tanganyika Parish plan to return to a settlement where they are registered. Most displaced households return back to their registered settlement for a minimal period of time - two or three days - and promptly return to Arua afterwards. The majority go to receive **food assistance**, though around **1/3** of displaced households report going back to receive **non-food items (NFIs)** and a smaller percentage to receive **cash assistance**, while others report returning back to visit friends and family. **Private taxis** are the most common form of transport to and from the settlements.

What motivates refugees and displaced people to move to Arua - and where have they arrived from?

Most refugees and displaced community members who took part in MFGDs indicated they move to Arua to access healthcare and education services. The prevailing perception is that service quality across both sectors is considerably higher in Arua than in settlements across the district. Additionally, both private and public options are available in the town, as opposed to the constrained options afford by humanitarian implementing partners in settlements. Another common reason discussed during advisory board consultations and MFGDs was a desire to reunite with family members who had previously settled in Arua.

Community Boundaries from MFGDs

LIVELIHOODS

What do displaced and host households typically earn per month? (Based on Arua-wide data)

Household survey data aggregated across Arua indicates that displaced community households earn, on average, more than host community households. While displaced households tend to be more affluent than their host peers in the urban area, there are important caveats behind that finding. First, there are both wealthy and poor displaced households: averages do not show the distribution of income well. Second, the gap between host and displaced income is wider or narrower depending on the neighbourhood. Third, a high non-response rate may have distorted analysis. However, the finding of high income for the displaced community still stands when controlling for non-respondents, but becomes less significant. Lastly, the survey data only includes monthly earnings from the primary income source and is not a comprehensive view of all household earning and expenditure. More robust economic income and expenditure research on the subject in Arua is warranted.

How do households make their income?

Most common sources of income per group[8]

Host Community HH	Displaced Community HH
1. Self employment	1. Humanitarian assistance
2. Long-term employment	2. Remittances
3. Daily labour	3. Self employment

MFGD findings

Host community members report holding a variety of professions, from business people to civil servants and day labourers. Refugee community members, meanwhile, a report relying on humanitarian assistance, particularly food distributions.

What are the main barriers to livelihoods?

Most common barriers to employment[9]

Host Community HH	Displaced Community HH
1. Mismatch between skills and available jobs	1. Discrimination based on nationality
2. Lack of employable skills	2. Discrimination due to ethnicity
3. Discrimination due to ethnicity	3. Lack of employable skills

52% of host and **61%** of displaced community households had at least one working-age member facing difficulty finding employment at the time of data collection. Specific barriers that both communities face reveal some commonalities, however **86%** of displaced households report experiencing **discrimination based on nationality** in settings that bar access to employment. Both communities report a **lack of skills** (46% host and 30% displaced), implying the need for occupational training programs. Meanwhile, many household members report **being skilled - but not with the appropriate ones for the job market** (49% host and 21% displaced). Lastly, **both communities report discrimination due to ethnicity** (27% host and 33% displaced) as a barrier to employment.

Some **10% of displaced households** report **gender-based discrimination** as an obstacle, along with **9% of host** households. However, this figure is likely an underestimate as not every working-age resident was interviewed and respondents were not balanced by gender.

[8]The results are not inherently generalizable to other urban displacement contexts: many of the South Sudanese refugees who have settled in Arua have specific reasons for doing so which are not wholly indicative of global urban-migration/displacement patterns.

[9]For the previous 30 days prior to data collection, based on household surveys.

Households facing livelihood challenges[10]

89% of host and **95%** of displaced households reported facing livelihood challenges in the 30 days prior to data collection. For those respondents, the **cost of food** was reported as the main difficultly by **40% of hosts** and **42% of displaced** community members. This was followed by **49%** of host households and **65%** of displaced households highlighting a **general lack of employment opportunities**.

Additionally, **38%** of host households were impacted by **decreased sales for small businesses**, while **27%** of displaced households were affected by **lack of physical access to places of employment.**

Households using coping strategies to support themselves

Host Community HH **28%** **25%** Displaced Community HH

Primary coping strategies used in the 30 days prior to data collection

Host Community HH	Displaced Community HH
1. Sharing costs with a host or extended family	1. Taking children out of school
2. Borrowing from family	2. Borrowing from family
3. Borrowing from a line of credit	3. Selling humanitarian assistance

For many households that resort to using coping mechanisms, **withdrawing children from school** is a common occurrence. **26% of host** households and **60% of displaced** households report pulling a child out of school due to economic necessity.

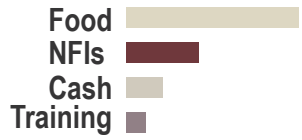
As an extreme coping mechanism, **3% of host** and **3% of displaced** households reported **resorting to begging** over the 30 days prior to data collection.

What forms of humanitarian assistance do households access?

Humanitarian assistance received by displaced households

86%

Report receiving humanitarian assistance in the 30 days before interview



Of the displaced households receiving humanitarian assistance over the 30 days prior to data collection, **86% received food distributions**. **36% reported acquiring non-food items** (NFIs), while **18% received cash-based assistance** and **10% vocational or educational training**.

It is important to note that humanitarian assistance is not provided in Tanganyika Parish or anywhere else in Arua municipality despite the presence of numerous UN and international non-governmental organisations (INGOs) in the town. Accordingly, **77%** of displaced households plan to return to a settlement in the 30 days following data collection, almost all of whom intend to collect aid of some kind.

A common complaint in MFGDs with displaced community members was their inability to register formally as refugees in Arua. Host community members, meanwhile, often interpreted the presence of UN and INGO actors in Arua as a sign that refugees were being supported in the city at the expense of their own needs. A lack of sensitization efforts by aid organizations and governmental actors in Arua seems likely to have exaggerated this potential driver of tensions between the two communities.

[10] At time of the assessment, administered from March to June, 2018.

EDUCATION

What is the state of education access, attendance, and enrolment? Are there variations between host and displaced communities?

Education situation overview

76% of host households and **76%** of displaced households in Tanganyika Parish, including **those without school-aged children,, including those without school-aged children, currently have at least one child in school.** MFGD respondents noted over five primary schools, three secondary schools, a variety of nursery schools, and a post-secondary college. Ondoriko village, a part of Tanganyika parish, was marked for not having any schools. In the year prior to data collection, **limited access to learning materials** such as textbooks affected **88% of host community children** and **89%** of **displaced community children**.

The **most common class size for children aged 5-11** is **90-120 students**, followed by classes of 30-60 students.[11]

For **children aged 12-18**, **the most common class size is over 120 students,** followed by classes of 90-120 students.

The above figures estimate one teacher per classroom. According to community members and educators interviewed during MFGDs, the student to teacher ratio is much higher in public schools than in private schools. Additionally, higher-income displaced community members were reported to more frequently enrol their children in private schools. That factor may influence the high fees encountered by displaced community members. Displaced MFGD respondents were frustrated that non-nationals are charged higher school fees, even though Ugandan law mandates affordable access to education for refugees. On average, across all school levels, **displaced households pay 1.75 times what host households do** in school fees each year.

Median annual school fees paid by households

Host community children, age 5-11: **UGX 150,000**

Displaced community children, age 5-11: **UGX 500,000**

Host community children, age 12-18: **UGX 450,000**

Displaced community children, age 12-18: **UGX 540,000**

Distance travelled to school in Tanganyika Parish[12]

The distance travelled to school varies across host and displaced communities, which can be attributed in part to the higher enrolment in private schools by displaced communities reported in MFGDs. **Girls, on the whole, travel further to attend school, pointing to a gender imbalance in education barriers.** Across all ages, displaced community children travel on average 1.3 km each way to school, while host community children travel on average 1 km.

For the host community:

Girls ages 5-11 travel **1.4 km** to school each way
Boys ages 5-11 travel **1.6 km** to school each way
Girls ages 12-18 travel **1.8 km** to school each way
Boys ages 12-18 travel **1.7 km** to school each way

For the displaced community:

Girls ages 5-11 travel **1.7 km** to school each way
Boys ages 5-11 travel **1.8 km** to school each way
Girls ages 12-18 travel **2.3 km** to school each way
Boys ages 12-18 travel **2.6 km** to school each way

[11] Class sizes as reported by host community members - class sizes reported by displaced community members are similar or are at most one bracket above or below the most common size reported by host community members.

[12] As identified by household respondents. Figures are expressed as the distance travelled each way, every day, by children to attend formal education.

Attendance in formal education

Percent attending school five days a week

	Age 5-11 Host	Age 5-11 Displaced	Age 12-18 Host	Age 12-18 Displaced
Girls	88%	84%	66%	86%
Boys	88%	86%	72%	72%

Attendance figures are slightly lower than enrolment figures. For reference, across Arua, around 5% more children were reported as enrolled in school than the number actually attending classes five days a week. The most substantial attendance gap between the two communities is for girls between ages 12-18 for whom attendance is more likely in the displaced community.

Meanwhile in Tanganyika Parish, **1%** of host community children and **3%** of displaced community children **attend school outside of the municipality.**

Average time spent out of school over the past five years

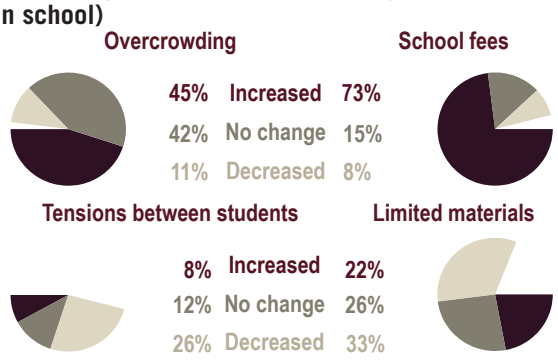
	Host	Displaced
Girls 5-11	**5 months**	**7 months**
Boys 5-11	**4 months**	**4 months**
Girls 12-18	**13 months**	**5 months**
Boys 12-18	**9 months**	**6 months**

Percentage of children who have spent at least one year out of school in the past five years

	Age 5-11 Host	Age 5-11 Displaced	Age 12-18 Host	Age 12-18 Displaced
Girls	18%	21%	41%	23%
Boys	21%	21%	31%	26%

Both host and displaced respondents overwhelmingly cited **school fees** as the **primary reason for children being out of school**, though children arriving in the middle of the school year was also commonly listed as a reason for their not being enrolled.

Perceived changes from 2013 to 2018 (by households with a child in school)



Blank graph portions were either not present for the past five years, or did not have an opinion on changes.

Key improvements (suggested by households with a child in school)

Host Community HH

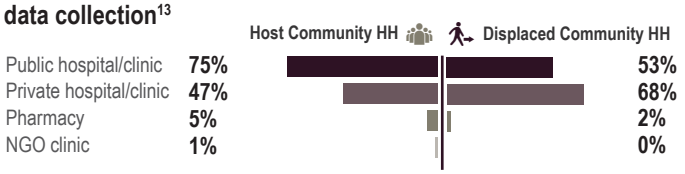
1. Improved access to learning materials
2. Lower school fees
3. Better qualified teachers and more classrooms

Displaced Community HH

1. Lower school fees
2. Improved access to learning materials
3. Smaller class sizes and better qualified teachers

HEALTH

Most frequented health care facilities over the six months prior to data collection[13]



Data for this section comes from a subset of the surveys implying a larger margin of error. As such, differences between host and refugee figures should not be taken to be indicative. MFGD participants noted a lack of public healthcare facilities and only one private health centre, which is expensive by community standards. Displaced community members also noted language barriers, which could partially explain their overall preference for private clinics along with the perceived higher quality of private options. On average, **host members wait 2.4 hours**, while **displaced wait 3 hours** to be seen once at a clinic.

Prices paid per visit between the two groups are remarkably different: **host pay an average of UGX 41,523**, compared with **UGX 68,741 for displaced members in Tanganyika Parish**. While some of this variation can be explained due to the preference for private clinics by displaced members, the gap is still pronounced. Host members generally pay with **cash**, followed by **savings** while displaced members pay with **cash**, followed by **savings**. 54% of hosts report receiving a receipt for payment of their last visit, a proxy for the absence of graft, compared with 50% of displaced members.

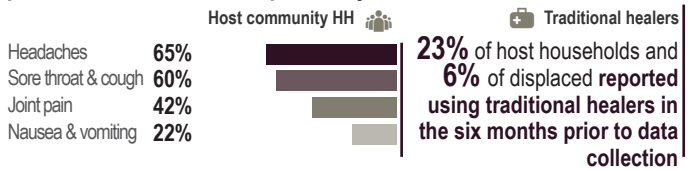
Most common issues with healthcare access

Host Community HH	Displaced Community HH
1. High treatment cost	1. High treatment cost
2. Overcrowding & long wait times	2. High medication costs
3. High medication costs	3. Overcrowding & long wait times

Top suggestions for improving health services[14]

1. **Reduced cost of treatment**
2. **Lower cost and increased access to medicine**
3. **Reduced waiting time and improved health care facilities**

Main health symptoms in Tanganyika Parish over the six months prior to data collection reported by households[14]



Chronic health issues in Tanganyika Parish over the past six months reported by households[15]

Both communities show generally similar trends in reporting diagnosed, chronic health issues. **Malaria** is reported as **the most common health issue across the area**: **89%** of hosts and **94%** of displaced respondents report having contracted it at least once in their life.

[13] Respondents could select more than one answer.
[14] The same rankings were reported by host and displaced households, though percentages vary slightly
[15] Respondents were asked only to report chronic issues for which a formal diagnosis from a medical doctor had been given. Still, these figures are self-reported and should not be taken as systematic public health statistics.

Households with at least one member reporting a disability, by type reported

	Vision impaired even with glasses	Hearing impaired	Memory (cognitive) impairment	Mobility impaired
Host Community	42%	20%	20%	32%
Displaced Community	35%	18%	21%	36%

Having **at least one member affected by a disability** was noted by **42%** of host households and **36%** of displaced households.

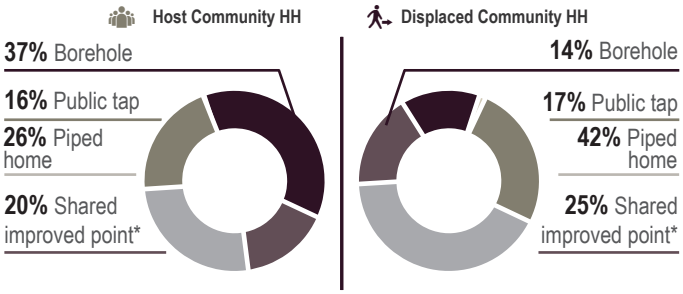
Mental health and psycho-social issues (MHPSS)[16]

The household survey asked questions designed to gauge mental health and psycho-social needs through the existence of symptoms indicating mental distress and functional impairments. These questions do not denote diagnoses of conditions - merely symptoms. Responding to a proxy indicator for **depression, 18%** of host and **19%** of displaced households reported having a member who had been recently so distressed, disturbed, or upset that s/he became inactive. A further **26%** of host and **23%** of displaced households reported at least one member **unable to do essential daily tasks** for similar reasons. Lastly, **8%** of host and **6%** of displaced households had at least one member **experience fits, seizures, or convulsions** over the two weeks prior to data collection.

WASH

Does provisioning for water, sanitation, and hygiene services meet community needs?

Primary drinking water sources



1% Of host households use **unimproved** sources for their drinking water (unprotected wells and springs) - tan on graph

0% Of displaced households use **unimproved** sources for their drinking water (unprotected wells and springs) - tan on graph

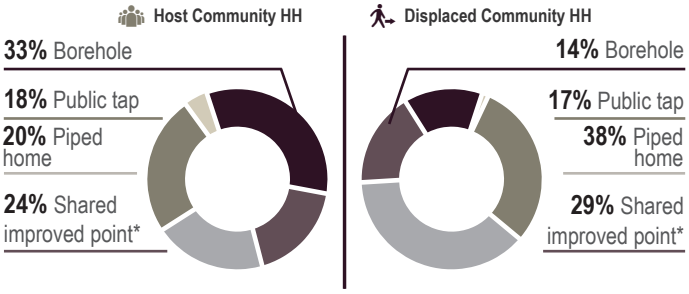
Throughout Tanganyika Parish, host households reported taking an average of **18 minutes** and displaced households **25 minutes to fetch drinking water** and return home on foot. All villages in Tanganyika, except for Madi, have at least one borehole. Host households spent **4 days without enough drinking or bathing water in the six months prior to data collection**. Displaced households spent **4.8 days**. Seasonal water shortages account for some of those days, according to MFGD respondents.

Lack of water treatment poses a health issue: only **40%** of host and **49%** of displaced households practice sufficient treatment of drinking water (by boiling, filtering, or chlorinating). WASH focus group discussions noted that almost all water sources in Arua should be treated prior to drinking due to contamination issues.

[16] MHPSS questions were adapted from the World Health Organisation, Mental Health and Psychosocial Situation and Needs Assessments in Major Humanitarian Crises: WHO Toolkit for Humanitarian Health Actors, 2010.
* Shared improved water points refer to protected wells and springs, as well as a shared piped water point with a neighbour.

WASH - CONTINUED

Primary service water sources[17]



4% Of host households use **unimproved** sources for their service water (unprotected wells and springs) - tan on graph

1% Of displaced households use **unimproved** sources for their service water (unprotected wells and springs) - tan on graph

Sanitation - Toilets

In Tanganyika Parish, the most common toilet types used are:

Host Community HH	Displaced Community HH
1. Pit latrine with slab	1. Pit latrine with slab
2. Flush to pit latrine	2. Flush to pit latrine
3. Pit latrine without slab (open)	3. Flush to septic tank

Additionally, **66%** of host households and **46%** of displaced households reported **sharing their toilet facilities with a neighbour.** Flushing pit latrines were mentioned in MFGDs as a contributor to water pollution - often they are not located far away enough from boreholes to protect against faecal contamination.

Sanitation - Solid Waste (figures for all households)[18]

Overall, solid waste disposal is an under-resourced service area.

20% Of households bury solid waste on their own property

23% Of households burn solid waste on their own property

Only 28% of households use municipal waste collection

Hygiene - Hand-washing practices

Almost all households in Tanganyika Parish wash hands using jerry cans (94% host and 81% displaced). Nearly all households from both communities report that they have access to soap, yet hand-washing practices are not universal. **82%** of host households and **81%** of displaced households report always washing their hands after using the toilet.

18% Of hosts & 17% Of displaced

Only sometimes wash hands after using the toilet

WASH improvements (suggested by households)

All households across Arua, regardless of ward, chose increased water access, either through boreholes or municipal water mains, as their first priority WASH improvement. Improved water quality and treatment options also ranked high for most households. Additionally, respondents requested:

Host Community HH	Displaced Community HH
1. Lower cost of water	1. Lower cost of water
2. Improved solid waste collection	2. Access to additional sewer lines and public latrines

SHELTER

What tenure and legal documentation of housing do community members have?

Housing conditions reported by households

36% Of host households rent their homes

98% Of displaced households rent their homes

No significant shelter issues were reported in MFGD discussions. The most prevalent issue noted by both communities was a lack of consistent electricity and water supply. Following those issues, the most common problems with shelter noted were: **leaking roofs** and **presence of rodents or insects** for hosts, and **leaking roofs** and **presence of rodents or insects** for displaced households.

Land tenure

Official documentation for shelter

As both findings for land tenure and official documentation of shelter show, **displaced community members are much less likely to have tenure for their place of residence.** They are also **considerably less likely to possess official paperwork such as rental contracts for their home**, which could be indicative of structural barriers faced when interacting with legal systems in Uganda.

[17] Service water is used for purposes other than drinking such as cleaning, washing, and cooking.
[18] Solid waste figures are for host community households, but are similar to displaced figures.
* Shared improved water points refer to protected wells and springs, as well as a shared piped water point with a neighbour.

Previous AGORA Assessments in the Middle East and Africa

IMPACT Initiatives

IMPACT Initiatives is a leading Geneva based think and do tank, created in 2010 and firstly operationalised in 2012. IMPACT is a member of the ACTED Group.

Through its action, IMPACT aims at shaping practices and influencing policies in humanitarian and development settings, in order to positively impact the lives of people and their communities. We do so by co-constructing and promoting knowledge, tools, and practices which enable better decision-making by key aid stakeholders. In all our work, we promote the use of settlement approaches as a catalyst for more effective aid action. We believe that by understanding settlements through the lens of community dynamics, governance structures and socio-economic relationships, we can impact lives of people, improve communities' development pathways and contribute to a fairer world.

IMPACT's teams implement assessment, monitoring, evaluation, and organizational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. IMPACT's global team, based in Geneva, is complemented by an established presence in over 15 countries in Africa, Eastern Europe, Middle East and North Africa, South-East and Central Asia. The IMPACT Global team, based in Geneva and comprising 20 staff, is composed of coordination, programme and support staff.

Field outreach and presence is key to IMPACT, allowing us to collect primary information in contexts of crisis. IMPACT has a permanent presence in over 19 countries and a capacity to deploy to all new crises. IMPACT's country teams include IMPACT/REACH Country Coordinators, Assessment and GIS Specialists, as well as large teams of enumerators for data collection. Field staff include over 100 international experts and 400 national staff.

AGORA

AGORA is a joint initiative of ACTED and IMPACT, founded in 2016. AGORA enables more efficient and tailored aid responses to support the recovery and stabilization of crisis-affected communities, contributing to meet their humanitarian needs, whilst promoting the re-establishment of local services and supporting local governance actors. AGORA promotes multi-sectoral, settlement-based aid planning and implementation, structured around partnerships between local, national and international stakeholders.

This area profile represents a key product developed in partnership with UNHCR and supported by the Bureau of Population, Refugees, and Migration (PRM). AGORA is developing a toolbox on how to effectively use settlement-based approaches to establish two-way flows of information with displaced populations and their host communities. This innovative methodological approach to settlement-based data collection and analysis will enable aid actors to gather a better understanding of out-of-camp displacement contexts, for more efficient aid planning and delivery.

Following assessments in Mafraq, Jordan; Kabul, Afghanistan; and Diffa, Niger, UNHCR and IMPACT Initiatives jointly identified Arua Municipality, Uganda, to roll out the 4th assessment of the AGORA area-based assessment. It serves to look inclusively at communities - without focusing on a specific group of people - to allow a comprehensive examination of needs in a given area. In close collaboration with UNHCR, local government and area service providers, the AGORA Arua assessment goals are to:

1. Bolster evidence-based humanitarian programming and service delivery throughout Arua Municipality by providing data on urban refugee populations and humanitarian needs, as well as those of local host communities.

2. Contribute to the global AGORA area-based assessment toolbox by creating a comparative framework to assess whether information derived from social network analysis and key informant methodologies is sufficiently comparable to results from traditional household surveys.

3. Assess the utility of the more agile, less-resource intensive area delineation tools and key informant-based analysis to rapidly assess humanitarian needs in a given area.

Supported by | In partnership with UNHCR The UN Refugee Agency | Implemented by IMPACT Initiatives, ACTED