

Area-Based Assessment (ABA) in Mbarara Uganda

July 2024

REACH

Informing
more effective
humanitarian action



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01

Objectives and Methodology

Objectives

To understand the current movement dynamics and intentions, priority needs, access to basic services, protection concerns of the refugees living in host communities and the host population in Mbarara city, as well as the social cohesion between the two population groups.

Provide comprehensive information to local authorities, the Office of the Prime Minister (OPM), donor agencies, and other actors focused on refugees and host communities in Mbarara city. This includes refugees' locations, movement dynamics, intentions, priority needs, protection concerns, access to basic services, and social cohesion.

Assess whether the refugee population's demand impacted the basic service capacities in Mbarara city and understand the needs and already-existing collaborations among basic service providers

Research Questions

1. Where are the refugee households located within the assessed area? What are the push and pull factors influencing refugees to move to the city? What are the movement intentions of the refugees living in the assessed area?
2. What are the priority needs of the refugee population in the city in terms of access to education, healthcare, water, sanitation, financial services, shelter, food and livelihoods? How do needs vary within the refugee population?
3. What are the barriers to access to basic services (education, healthcare, water, sanitation, employment, and financial services) for the refugee and host population?
4. What is the nature of the relationship between the refugee and host communities?

Research Questions

5. What are the protection concerns faced by refugees and the host community?
6. What has been the impact of the demands of refugees on basic service provision for the host community?
7. What are the capacities and needs of local actors (the education, healthcare, water, sanitation and financial service providers, local authorities, and refugee community network leaders and church or religious leaders) to respond to refugee and host community needs?
 - What are the remaining basic service provision and assistance gaps?
 - What collaborations exist among the education, healthcare, water, sanitation and financial service providers, local authorities, and refugee community network leaders, church or religious leaders and international organizations (e.g. UN Agencies, INGOs)?

Methodology

Research Design

November 2023 –
February 2024

Data Analysis

March 2024

April – May

June 2024

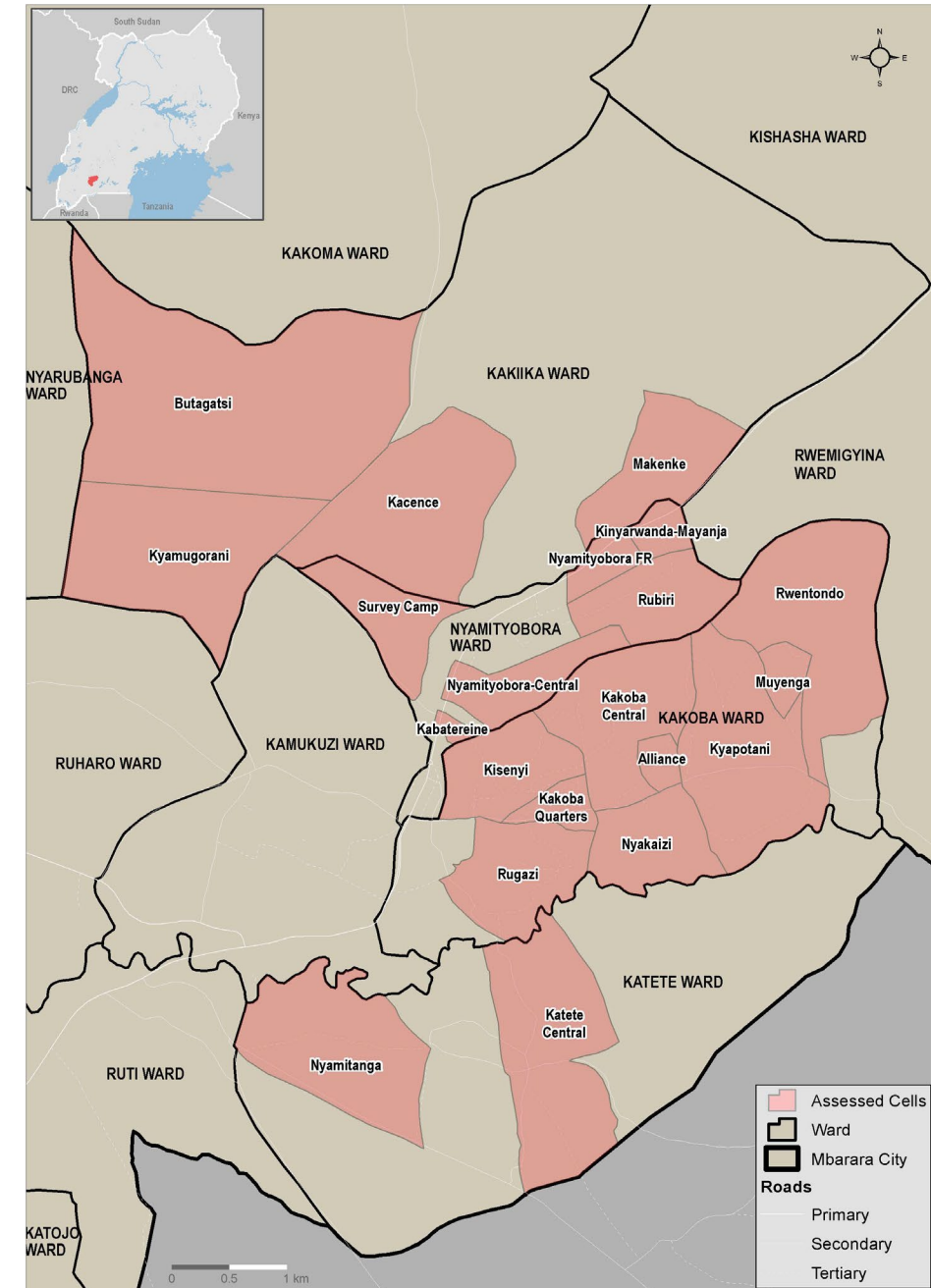
Data Collection

Reporting

Refugee identification:

- Being compelled or forced to flee their home
- Residing in a country outside Uganda prior to fleeing
- Fleeing due to one or more reasons:
 - Armed conflict
 - Death, injury or disappearance of family member
 - Expulsion by governmental or non-government 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)
 - Natural disasters

Map 1: Assessed cells in Mbarara City, Uganda



Methodology

QUANTITATIVE

Structured Household Survey:

- 432 surveys with refugee heads of household (HoH)
- 430 surveys with host community head of household (HoH)

Data collection timeline:

- 04 – 27 March 2024

Representation:

- 95% confidence interval and 5% error margin.
Findings are representative of the level of which they are sampled (i.e., the collection of cells of Mbarara with a high concentration of refugees)

Selection:

- Random sampling (instead of allocation) of geographic points in the city cells using GIS

QUALITATIVE

Focus Group Discussions (FGDs) (total 8)

- 4 with refugees
- 4 with host communities

Key Informant Interviews (KIIs) (total 16)

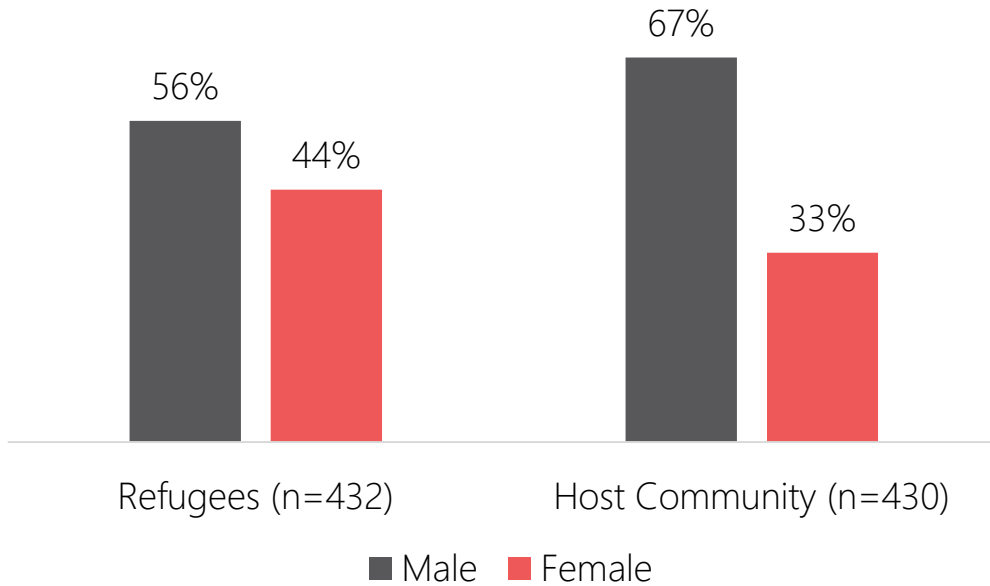
- 3 interviews with community and church leaders
- 3 interviews with local authorities
- 3 interviews with health service providers
- 3 interviews with financial service providers
- 3 interviews with education service providers
- 1 interview with WASH service provider

Mapping FGD (created and reviewed with the input of authorities)

- Cells hosting a high concentration of refugee HHs
- Location of the main health and education facilities used by refugee and host community HHs

Demographics

Gender of the HOH, by % of HHs, by community



Average age of respondents

Refugees 37 | 34 Host Community

% HH that are single female headed HH

Refugees

22%



Host Community

21%

% of HHs with pregnant/lactating HH members

Refugees

24%



Host Community

27%

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

Refugees

member

12%

HoH

6%



Host Community

member

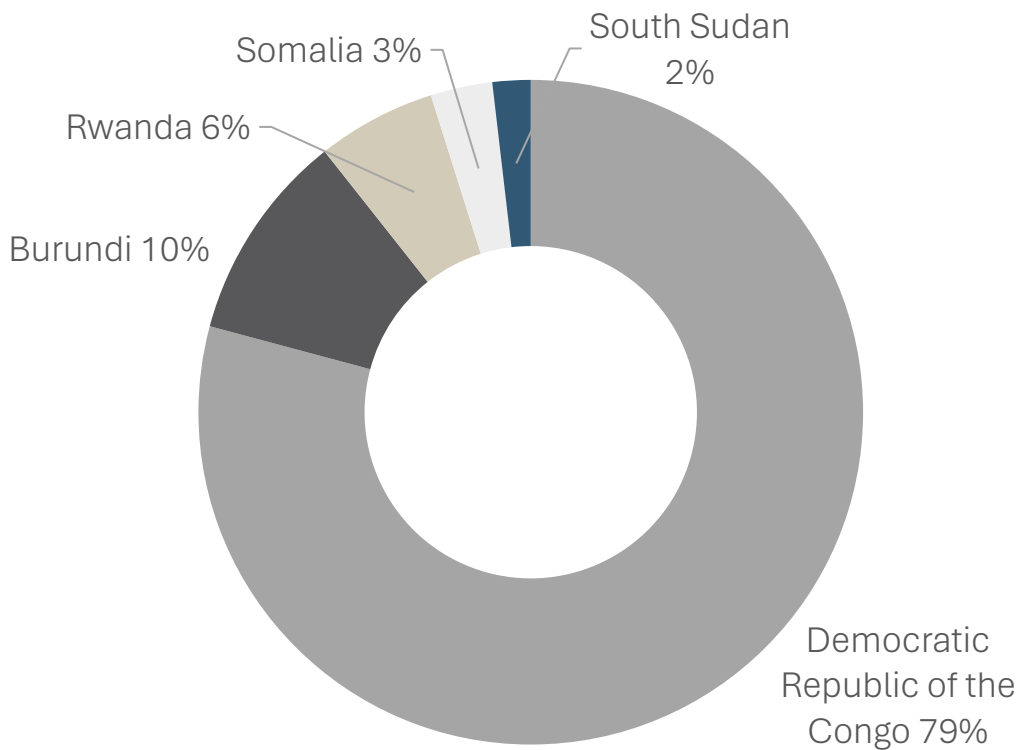
13%

HoH

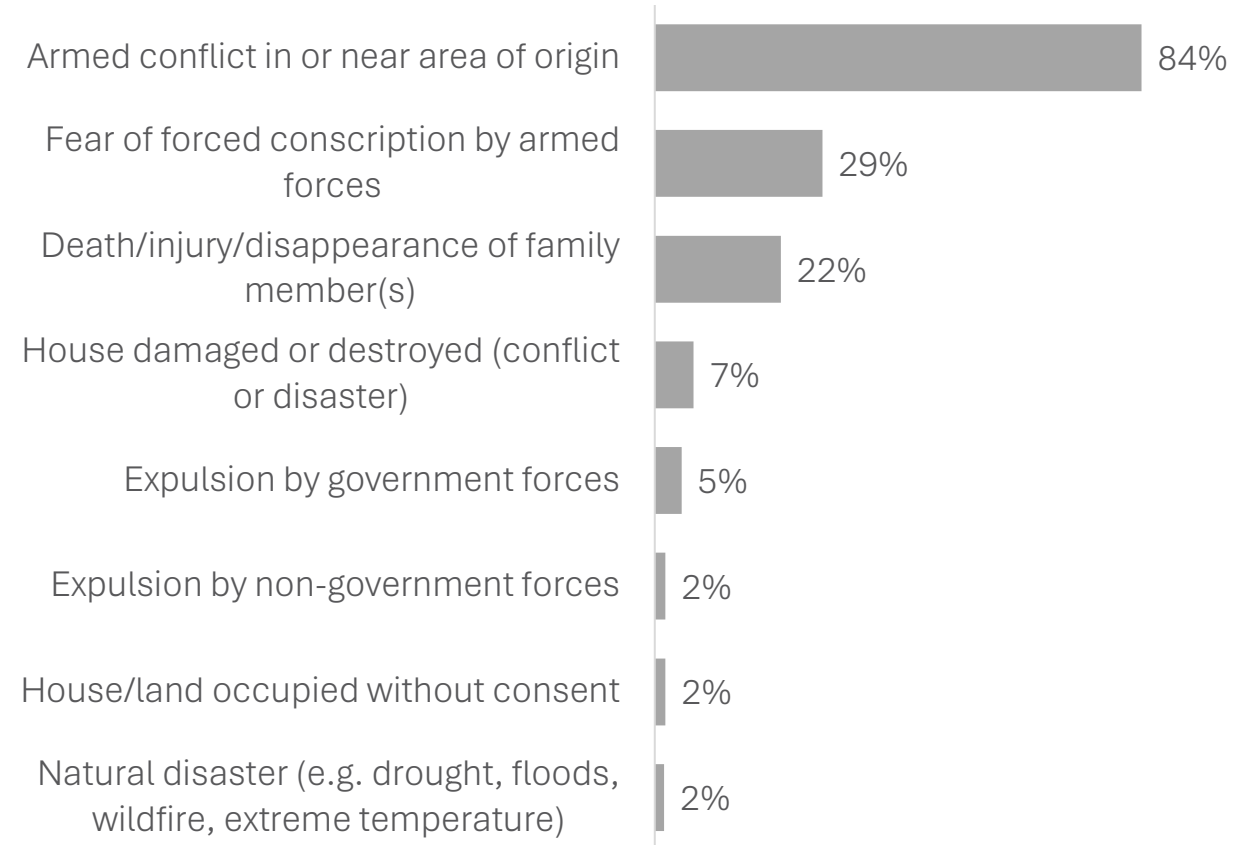
6%

Demographics of refugee HHs

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



Main cause of displacement, by % of refugee HHs (n=432)*



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02

Key Messages

Key messages

- **Refugee movements:** 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 and reported improvement in livelihoods, concerns persisted among refugees in Mbarara regarding **basic needs such as food, livelihood, and education for children.** This highlights the ongoing challenges faced by these communities in meeting their essential requirements, even after moving.
- **Livelihood:** Most refugee households reported receiving some cash aid from UN agencies, NGOs, and CSOs, but largely depended on income from informal or seasonal work. Cash assistance, on average, **is very little compared** to other sources of income. This reliance on external assistance and unstable employment **indicates economic vulnerability and reinforces the needs of refugee HHs for more stable livelihood opportunities.**

Key messages

- **Vulnerable groups:** In addition to orphan children and seniors, **female and single female headed households emerged as the most vulnerable demographic, across refugee and host community households.** This group consistently exhibited more precarious conditions compared to male-headed households.
- **Barriers to services:** 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 and by host community households. This underscores the **intersectionality of this barrier and the need for language support services across sectors.**



03

Movements to and from Mbarara

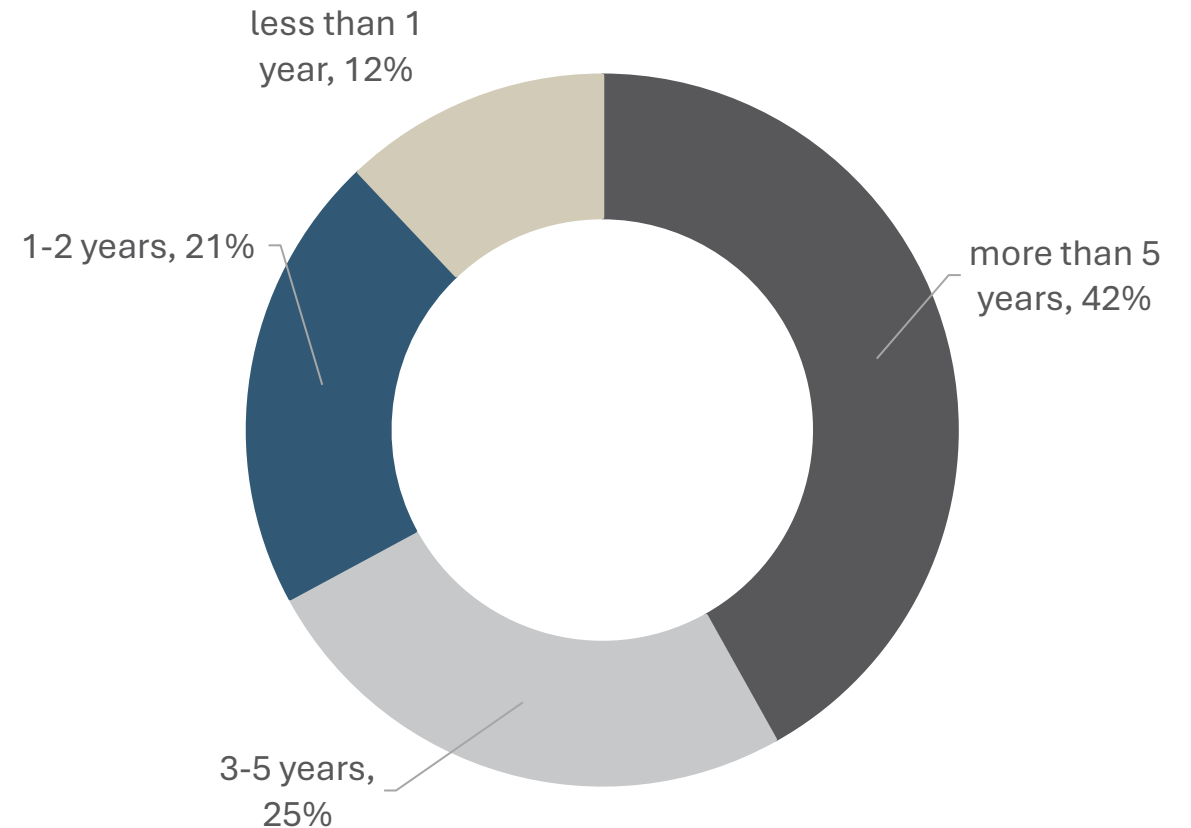
Previous location of refugee HHs

93% of surveyed refugee HHs reported their last displacement location being a refugee settlement in Uganda

4% of surveyed refugee HHs reported arriving directly from their home country

Of those whose previous location was a refugee settlement in Uganda, **86% arrived from Nakivale settlement**. Only 5% of refugee HHs had a plan to move in the six months after the interview.

% of refugee HHs (n=432) by length of stay in Mbarara





Settlement to Mbarara city

94% of surveyed refugee households reported their livelihoods greatly or slightly improved since moving to Mbarara.

Refugee FGD participants also mentioned that **poor water quality and diseases** due to inadequate living conditions in the settlements were factors contributing to their decision to leave.

Participants from the refugee FGD and KIIs noted that **refugees occasionally returned to the settlements**, primarily to collect cash and/or food from distribution, to engage in trading activities, visit relatives or participate in verification processes within the settlement.

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 choosing Mbarara location (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%

Movements from Mbarara to home country or other urban centres in Uganda

Movement from Mbarara to Home Country

- Returning to home-country permanently:
 - Frequency: remains unclear, but it is rare.
 - Challenges of settling in Uganda and adapting to life in the country.
 - Peace
 - Cash upon repatriation
 - Family ties
- Back-and-forth movement between home country and Mbarara:
 - Trading purposes
 - Visiting family members

Movement from Mbarara to other Urban Centres

- Frequency: remains unclear, but it is rare (permanent move).
- Main motivation (especially for Kampala):
 - Livelihood
 - Education
- Other reasons are the prospect of living in an area that is cheaper or to acquire more land.

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04






Priority Needs of Refugee and Host Community HHs

Refugee HHs priority needs






56% of surveyed refugee HHs reported receiving aid over the three months prior to the interview

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 types of aid received by refugee HHs. This aid was mainly administered through UN Agencies, international NGOs and national NGOs/CSOs/RLOs.

Top priority needs reported by refugee HHs (n=432)*

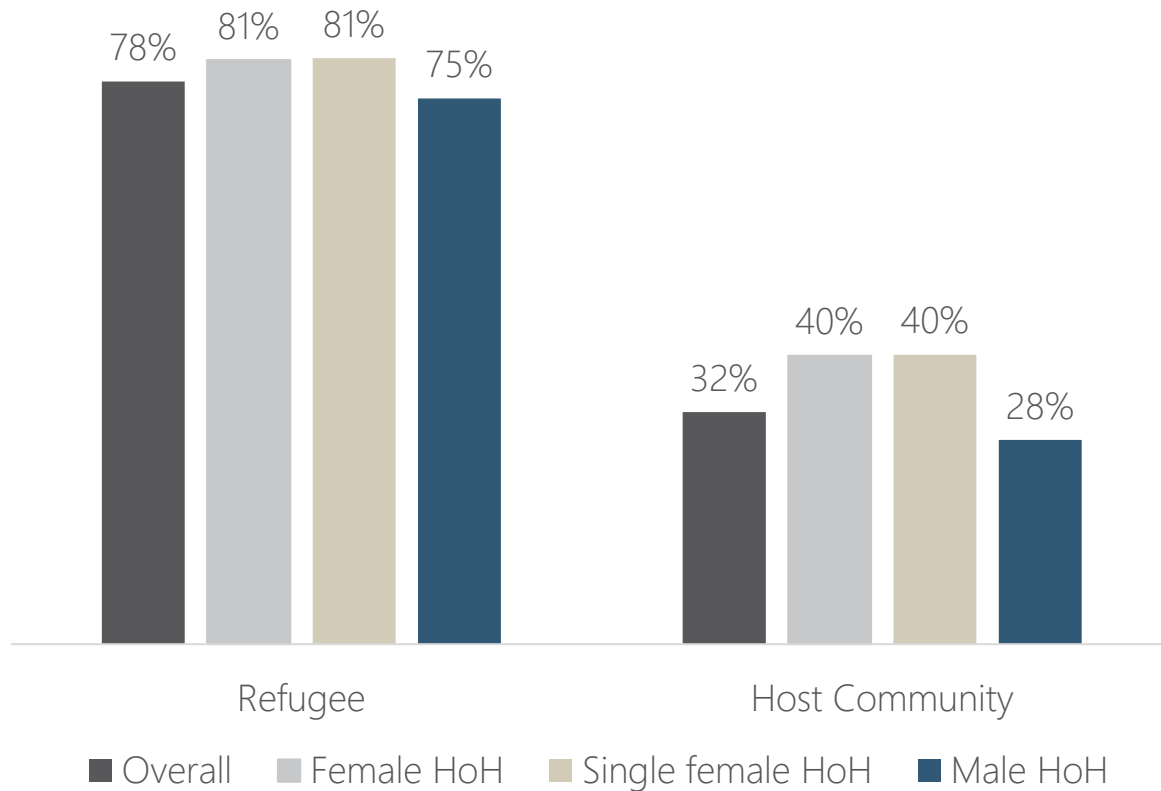
	Basic food needs	56%
	Livelihoods support/employment	50%
	Education needs for children	31%
	Shelter/housing needs	29%
	Healthcare needs	22%

Top priority needs reported by refugee single female HoHs (n=93)*

	Basic food needs	58%
	Education needs for children	45%
	Livelihoods support/employment	41%
	Shelter/housing needs	28%
	Healthcare needs	22%

Basic food needs

% of HHs reporting not having enough money for food during the previous 30 days of the interview by community



89% of surveyed refugee HHs had an **acceptable** Food Consumption Score (FCS)

10% of surveyed refugee HHs had a **borderline** Food Consumption Score (FCS)

Not having sufficient money for food in the month preceding the interview was a **financial strain that appeared slightly pronounced among female and single female HoHs, than male HoHs**, regardless of whether they are refugee or host community HHs.

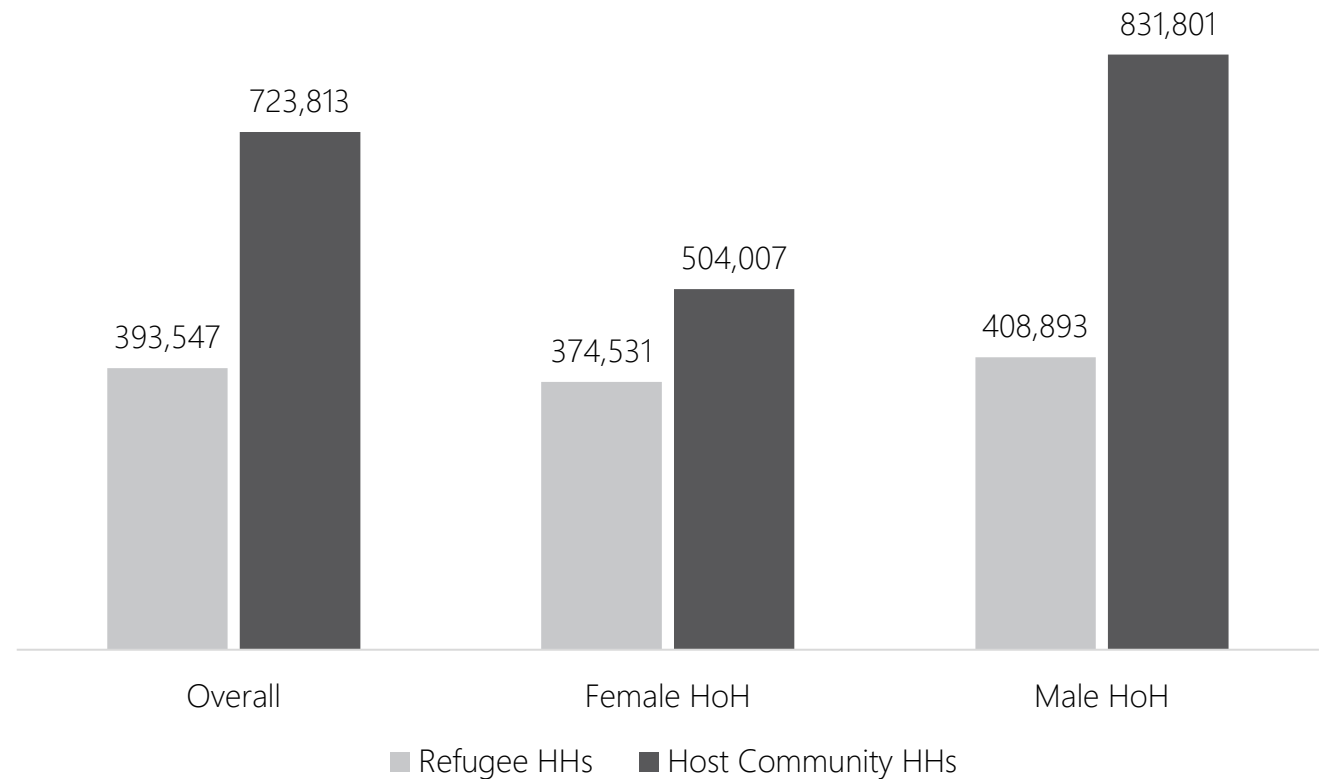
Livelihoods: household income

Refugee HHs earned about 54% of a typical host community income. Host community HHs face a larger income disparity between male and female HoHs, with male HoHs earning on average 64% more than female HoHs. For refugee, this income difference is about 9%

36% of surveyed refugee HHs reported receiving remittances

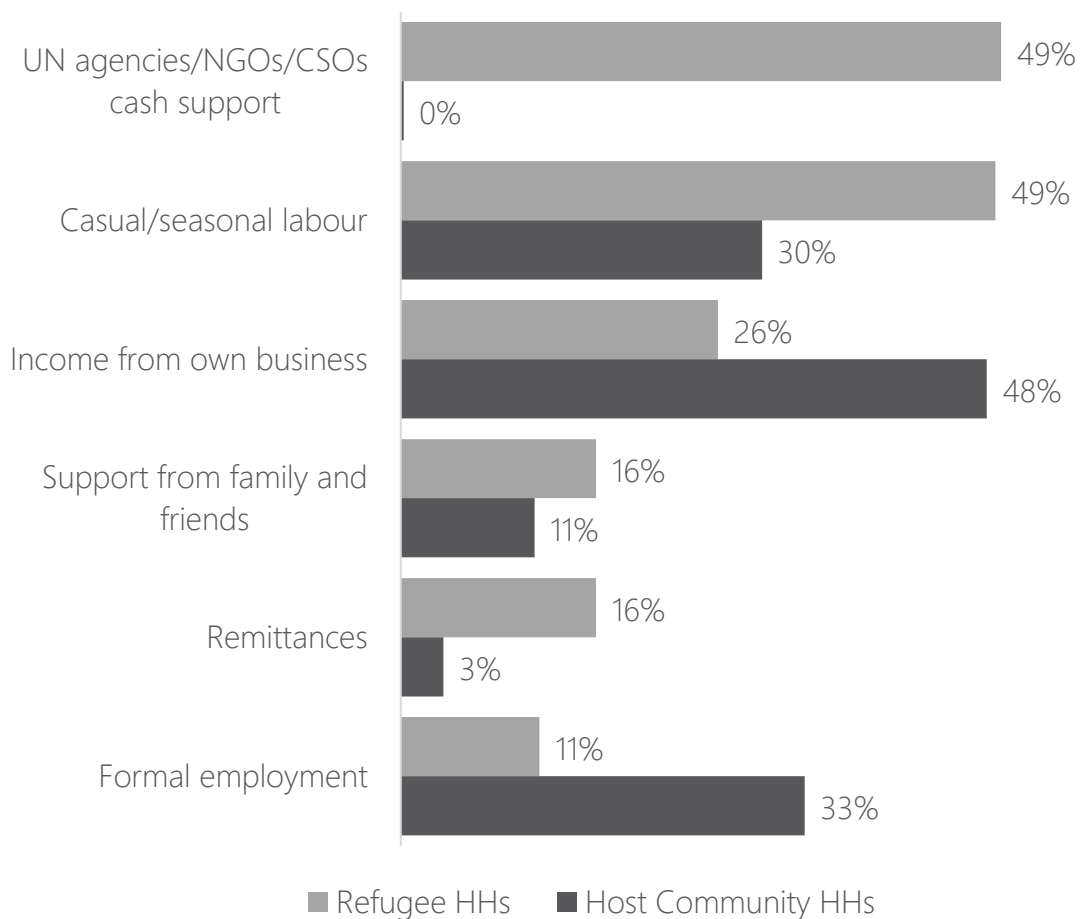
16% of surveyed refugee HHs indicated that remittances was their main source of income

Average reported HH income in Ugandan Shillings (UGX) within the last 30 days of the interview, by community



Livelihoods: main sources of income

% of HHs by main income sources over the 3 months prior to the interview and community*



Refugee HHs appeared to rely more heavily on cash support from UN agencies, NGOs, and CSOs, as well as income from casual or seasonal labor -> less-stable sources of income

% HHs reporting having enough money for education and healthcare needs 30 days prior to the interview

Refugees (n=432)

16%

Host community (n=430)

55%

Livelihoods: average income by type of income



Type of income	Refugee HHs			Host Community HHs		
	US\$		n	US\$		n
Casual/seasonal labour	US\$	267,448	210	US\$	321,118	127
UN agencies/NGOs/CSOs cash support	US\$	72,151	212	n.a		n.a
Formal employment	US\$	255,102	49	US\$	764,326	141
Remittances	US\$	421,567	67	US\$	338,000	15
Crop production	US\$	171,667	6	US\$	266,000	50
Support from family and friends	US\$	251,957	69	US\$	314,468	47
Borrowing/credit	US\$	194,444	9	US\$	462,000	5
Other	US\$	275,000	2	US\$	323,333	6

Although refugee households rely on cash aid from UN agencies, NGOs, and CSOs, this support, on average, is quite minimal compared to other sources of income.

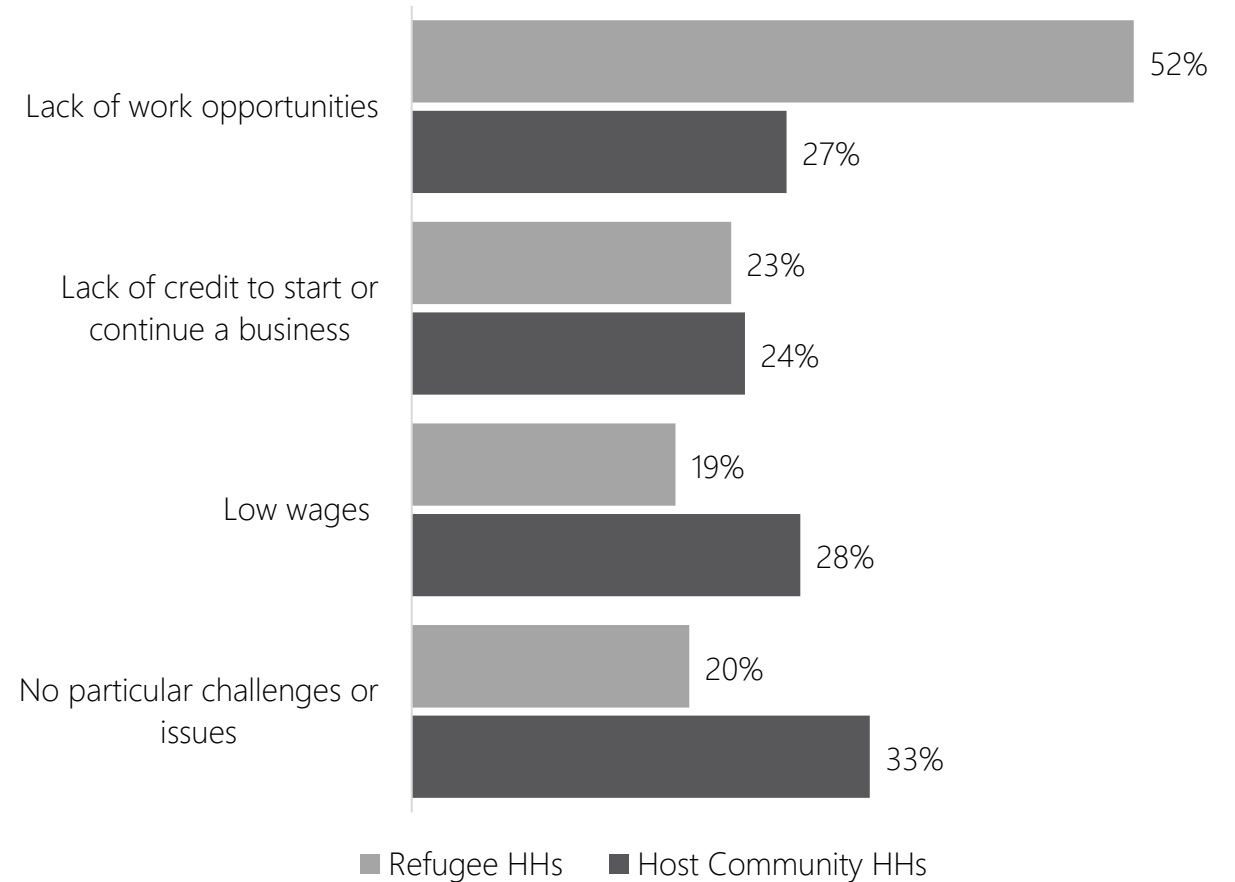
Therefore, reliance on external support and unstable jobs, likely implies higher economic vulnerability for refugee HHs.

Barriers to livelihoods

Both refugee and host community HHs reported similar primary barriers to livelihood activities. Yet, **refugee HHs reported barriers to livelihood activities more frequently** than host community HHs.

According to FGD, refugee HHs also **faced language barriers and discrimination** in trying to access livelihood opportunities, based on their refugee status or their origin.

% of HHs reporting types of barriers to livelihood, per community*



Education: enrollment and attendance in formal school

% children not
ENROLLED in formal
school for the
current school year

Refugees (n=908)

12%

Host community
(n=409)

9%

% children not
ATTENDING formal
school regularly
during the current
school year

Refugees (n=908)

15%

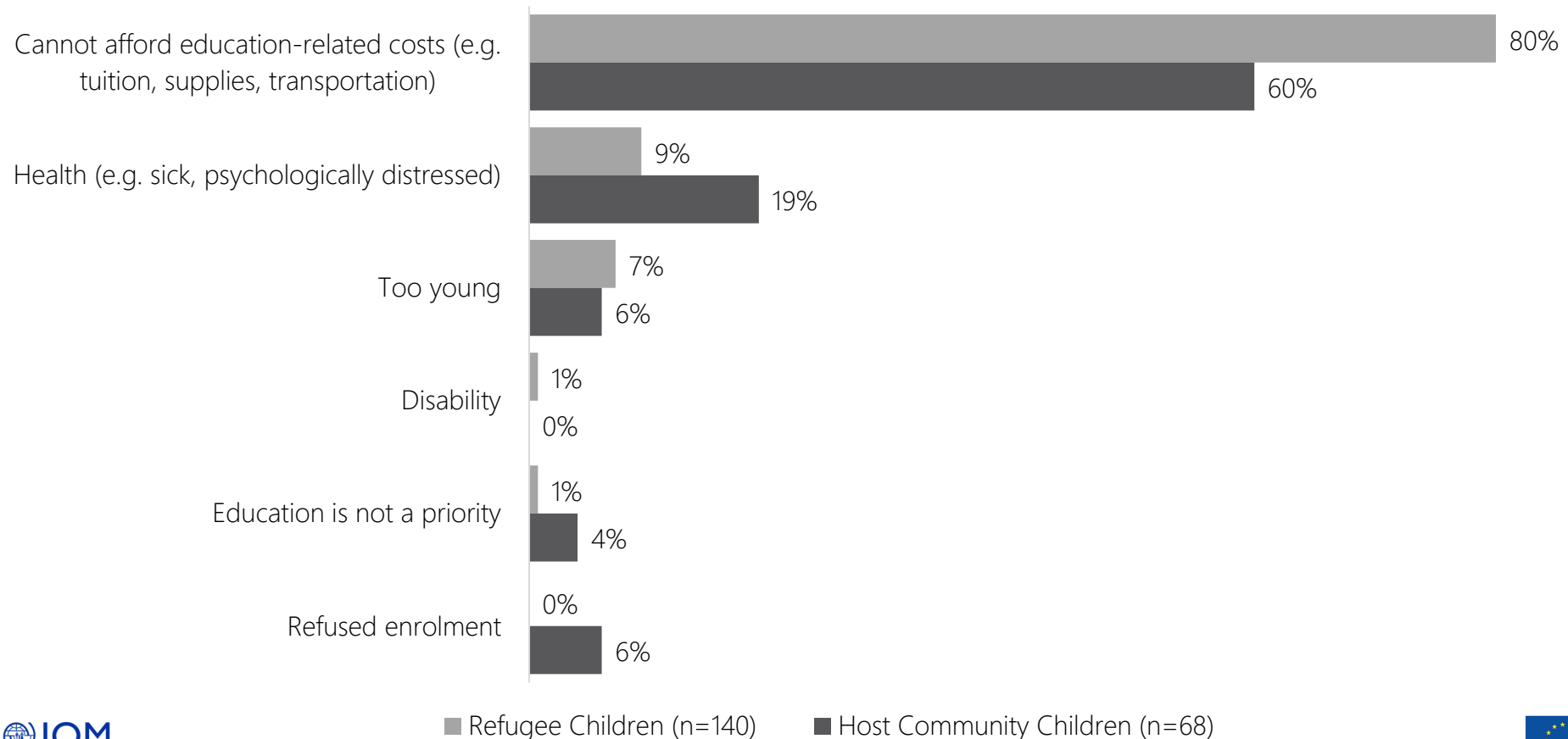
Host community
(n=409)

16%

Non-enrollment/attendance mainly concerned children aged 17-18 and 3-5 years old for both community regardless of gender.

Education: enrollment and attendance in formal school

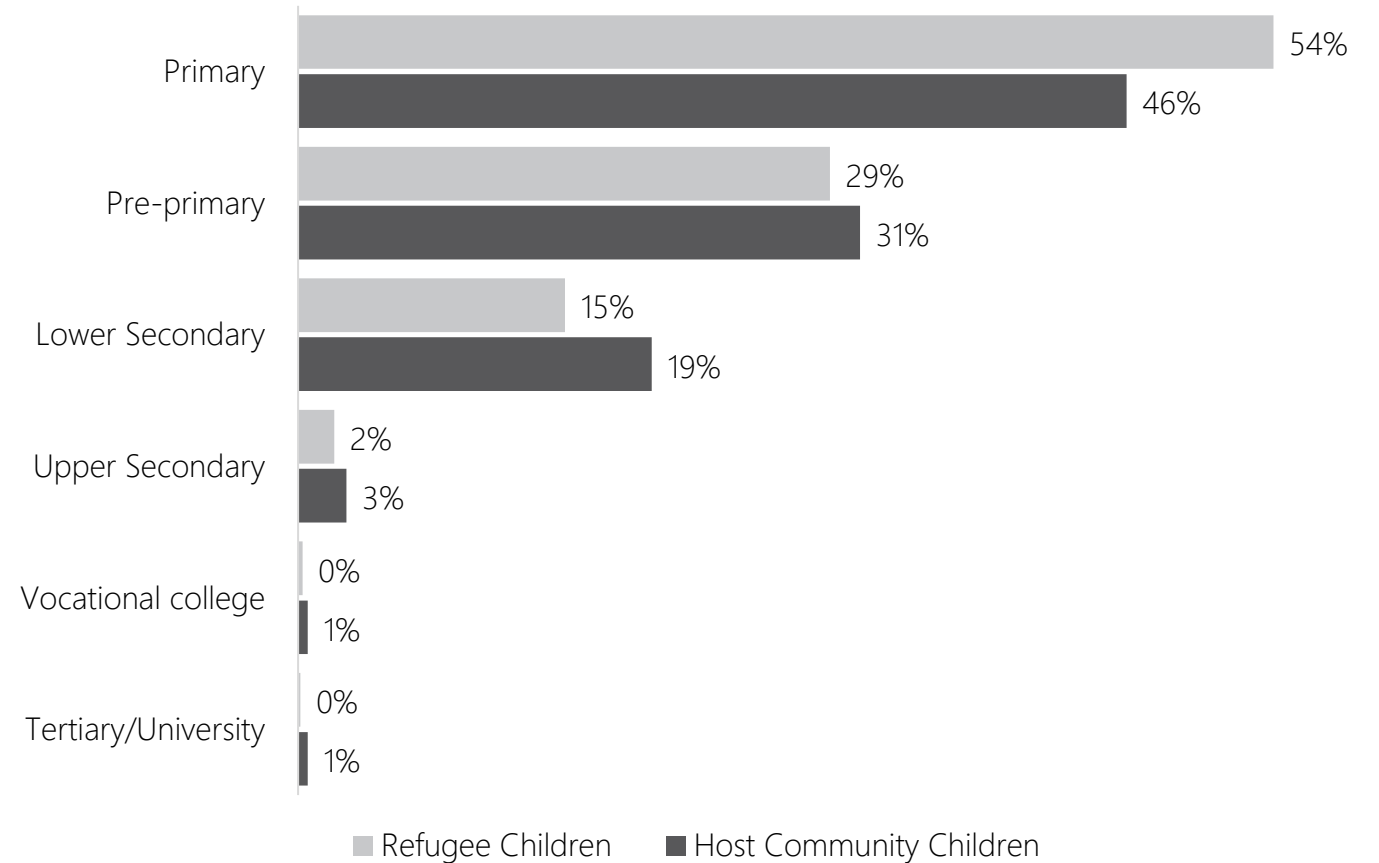
% of school-aged children not enrolled in OR not regularly attending formal school during the current school year, by main reason and community



Education: attended levels of formal schools

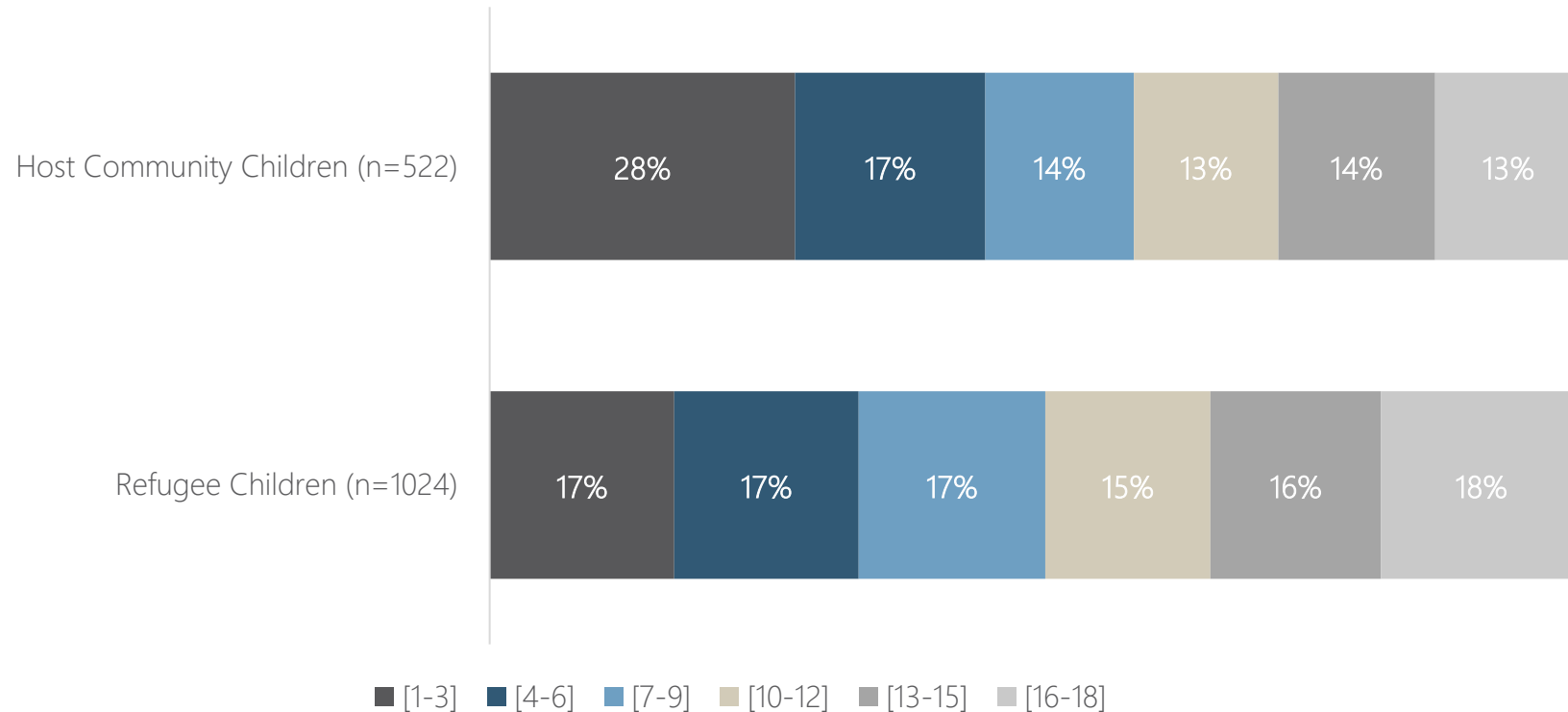
Host community children tend to stay longer in school than refugee children. Host community children tend to attend higher education than refugee children. **A higher percentage of host community children (63%) attended private schools compared to refugee children (56%).**

% of children by reported attended levels of schools and community



Education: attended levels of formal schools

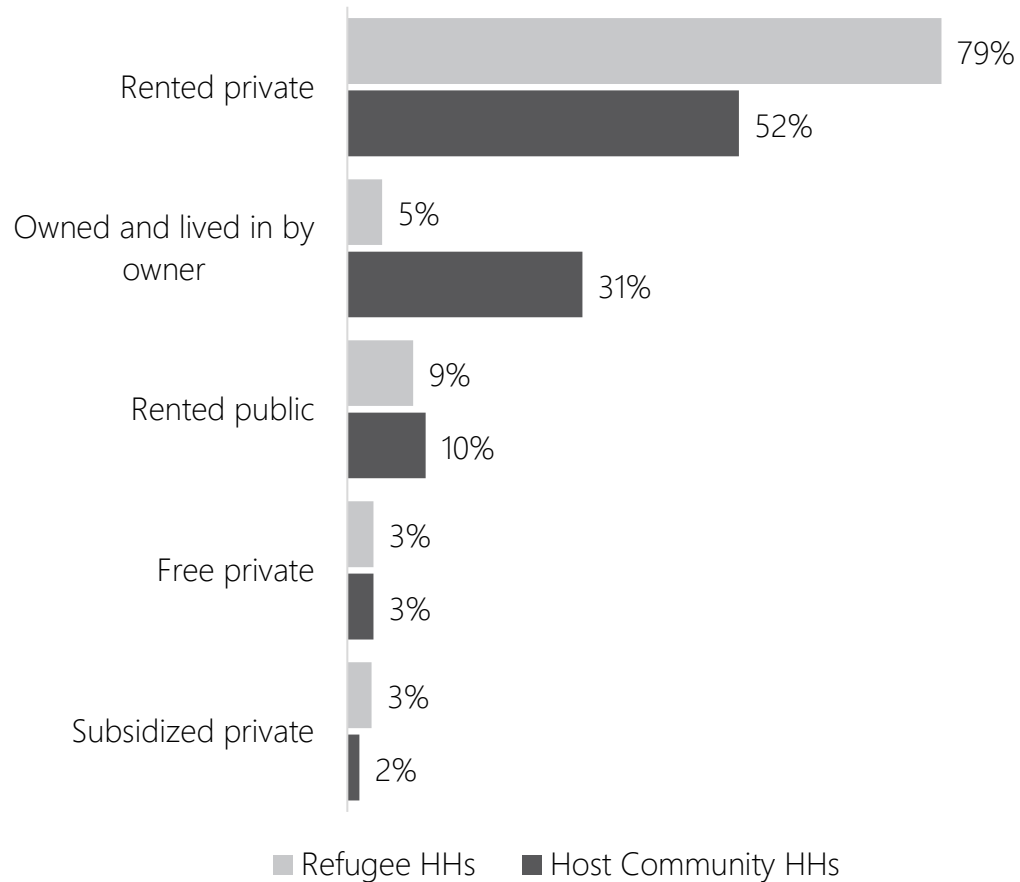
Share of children by age category and community



The number (n) of children is the number of children living in the household declared by interviewed refugee and host community HHs

Accommodation

% of refugee HHs by occupancy tenure and community



Host community HHs reported more damage and noticeable issues (23%) to their housing than refugee HHs (16%). Female host community and refugee HoHs reported, in general, more damage to their accommodation than male HoHs.

Average people
sleeping per room
(shelter crowding
index)

Refugees (n=432)

2.8

Host community
(n=430)

1.8

Barriers to shelter/accommodation

According to FGDs:

Refugee and host community HHs reported similar barriers to shelter/accommodation:

- Rent prices were considered too high
- The landlords requested a downpayment
- The landlords tended to avoid renting to big families
- Bigger houses for large families were difficult to come by

Refugee HHs also reported:

- Discrimination
- Poor living conditions

Refugee and host community HHs reported risk of eviction/losing accommodation:

- Not paying rent on time
- The landlords increased the rent
- Shelter/accommodation affected by rainy season

Groups facing additional challenges according to refugee and host community HHs:

- Female and single female head of household
- Large families

Health: unmet needs 💰

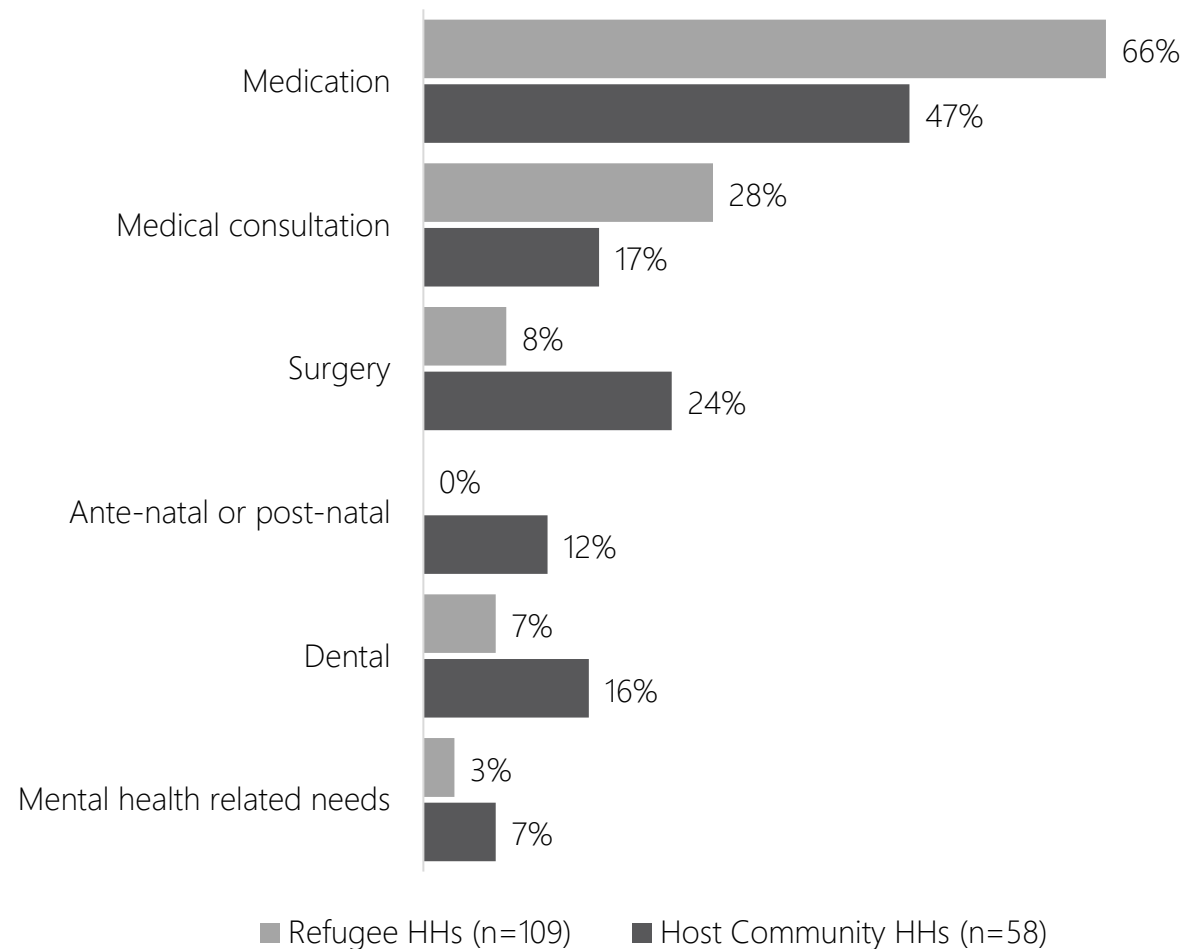
HHs reporting one HH member with unmet health needs over the past year

Refugees (n=432) **25%**

Host community (n=430) **13%**

In the three months prior to the interview, 43% of host community households and 46% of refugee households did not access a health facility. Among those who did not, **73% of host community members and 54% of refugees** believed they would have access to a functioning health facility if needed.

% of HHs with an unmet health care need, by type of need and community*

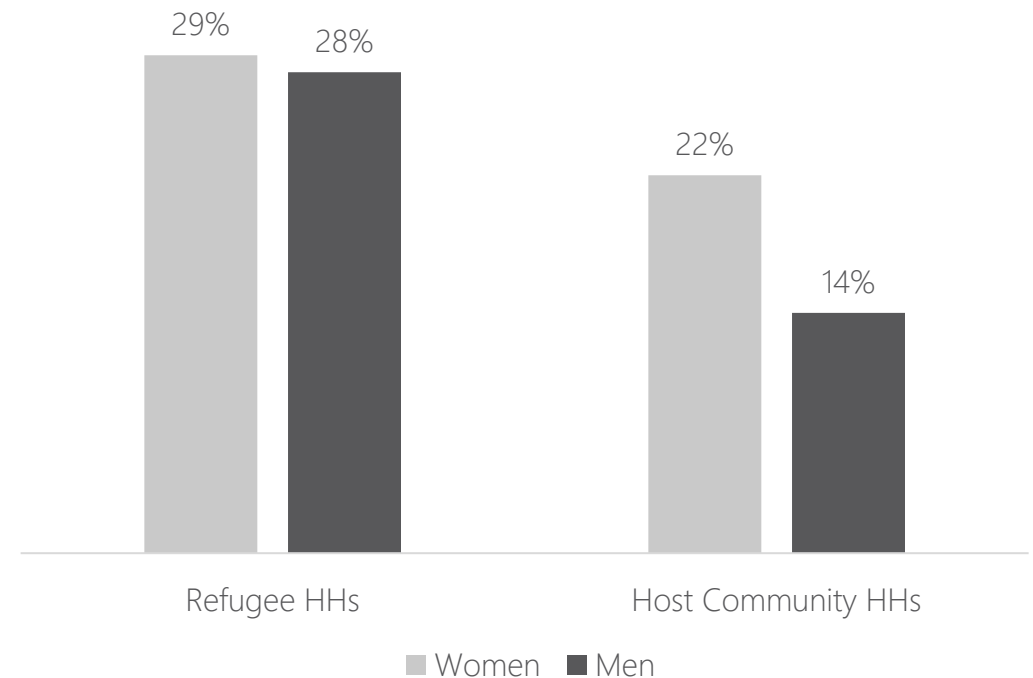


Barriers to health services 💵

Refugee HHS reported more barriers to accessing healthcare services in the last three months before the interview than host community HHs. **Women across all HH types reported facing more barriers.**

Cost of treatment emerged as the primary barrier cited by both refugee and host community HHs, regardless of gender

% of HHs reporting barriers to accessing healthcare services in the last three months before the interview by gender and community*

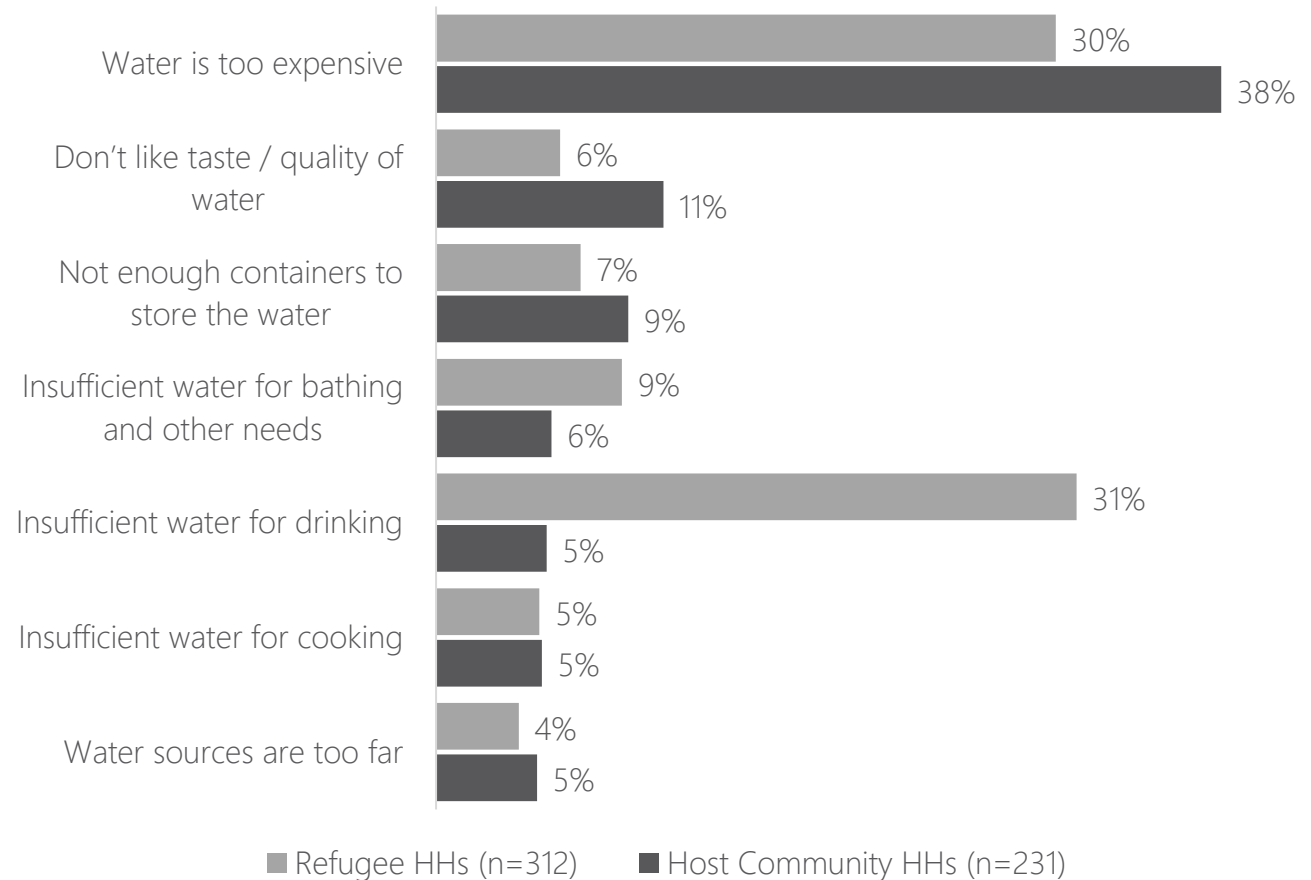


WASH: Water access

The main source of water for drinking was **piped water into HH dwelling/plot** for both host community HHs (58%) and refugee HHs (59%).

HHs reporting challenges with access to water	Refugees (n=432)	72%
	Host community (n=430)	54%

% HHs with problem of access to water by type of problem and community*



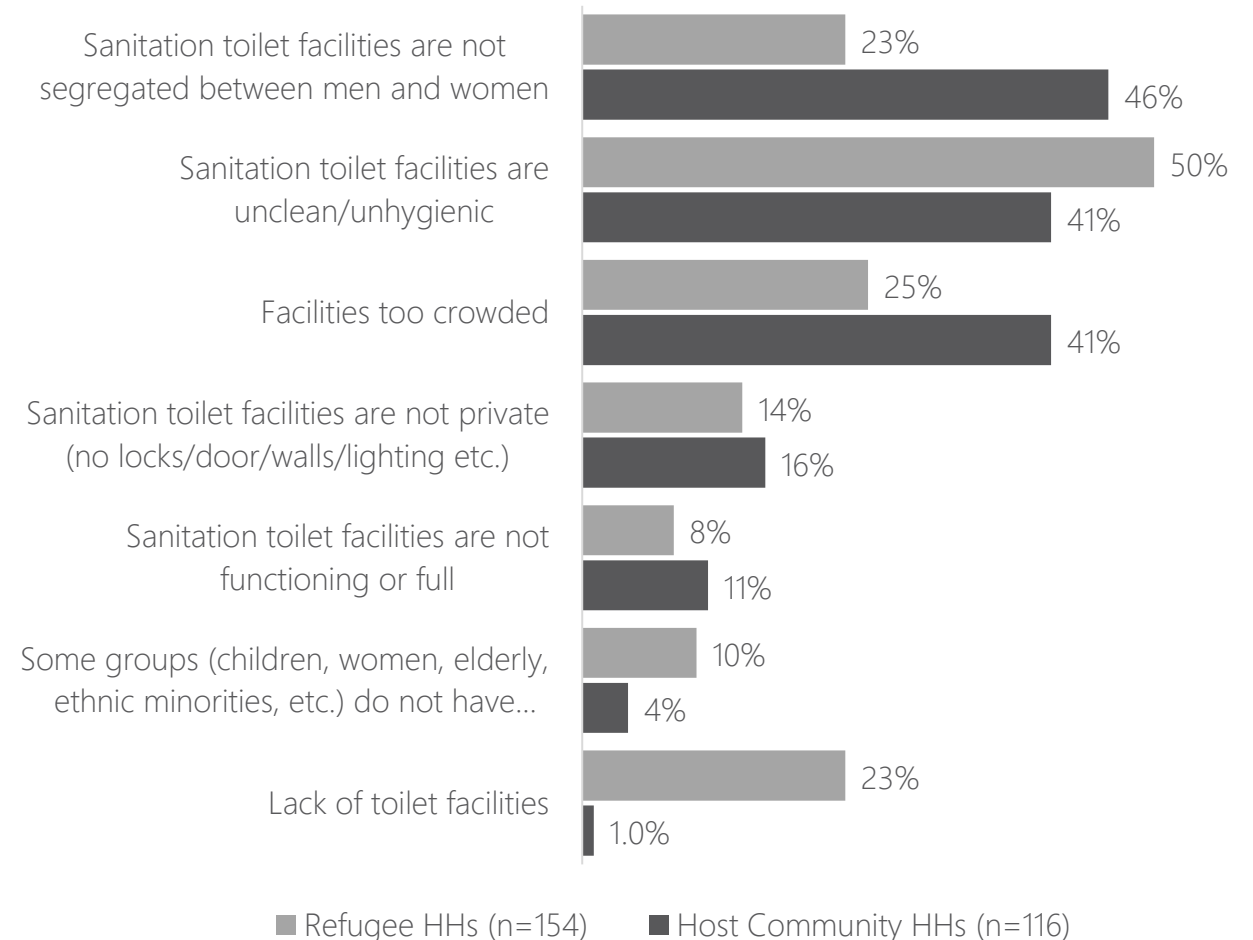
WASH: Latrine access

Refugee HHs mentioned mostly using flush pit latrines (25%) or flush septic tanks (25%), followed by ventilated improved pit (VIP) latrines (14%). On the contrary, VIP latrines were mostly used by host community HHs (43%), while 20% used flush septic tanks and 12% covered pit latrines with a slab.

Number of other HHs with whom respondent HHs shared a toilet facility

Refugees (n=432)	4 HHs
Host community (n=430)	5 HHs

% HHs with problems related to access to toilet facilities by problem and community*



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05

Capacity and Needs of Local Actors

Service provider: Education

Impact refugee presence

Response from service provider

Remaining gaps

Impact gaps

- Increase enrollment in schools
- Higher income from registration
- Increase in disciplinary issues

- Recruitment private teachers
- Meal programs in school
- Staff accommodation
- Parent-Teacher meetings
- Collaboration with private schools

- Language barrier
- Lack of staff accommodation
- Underperforming school meal programs
- Inadequate school infrastructure
- Insufficient support for scholarships

- Higher school dropout rates
- Teacher absenteeism
- Increased school fees to cover educational gaps
- Congested classrooms
- Low staffing level

Service provider: Health

Impact refugee presence

Response from service provider

Remaining gaps

Impact gaps

- Increase demand and pressure
- Broadened the scope of learning on handling patients needs (refugee presence brought new type needs and cases)
- Difficulties determining target population due to refugee movements
- Cheaper or free health care services
- Community outreach
- Home visits
- Health education initiatives
- Language barrier
- Understaffing
- Lack of specialized care for newborns
- Absence AIDS clinics
- Unaffordable services
- Inadequate supplies and space
- Insufficient resources for community outreach
- Low health coverage
- Patient deaths
- Delayed diagnoses of chronic diseases
- Poor-quality postnatal care
- Patient retention issues
- Prevalence of maternal deaths
- Less willingness to seek healthcare due to language barriers

Service provider: Water Sanitation and Hygiene (WASH)

Impact refugee presence

- Heightened pressure to provide services
- Difficulties determining target population

Response from service provider

- Advising food vendors on food safety standards
- Immunization and mass vaccination campaigns
- Inspecting wastewater and garbage disposal
- Sensitization meetings
- Establishing functional water points

Remaining gaps

- Absence of liquid waste management plan
- Shortage of prequalified solid waste management service providers
- Low staffing levels
- Gaps in coverage data
- Language barriers

Impact gaps

- Increase of WASH-related diseases and environmental degradation

Service provider: Finance

Response from
service provider

Remaining gaps

Impact gaps

-
- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Providing finance literacy• Access to credit/loans | <ul style="list-style-type: none">• Language barrier• Failure of payments• Lack of trust from community• Insufficient support for community-based financing• Limited access to loans for refugees due to status | <ul style="list-style-type: none">• Losses from insecure loans• Business collapse• Refugees registering their business through community member proxies to access loans |
|---|---|---|

Community networks and local authorities

Community networks and church leaders

- Assisting single mothers, school dropouts
- Facilitating cash saving groups
- Organizing youth and local cultural sports activities
- Reliance on contributions from fellow refugees and host community households
- More efforts needed on:
 - Increasing collaboration with government, INGOs and NGOs.
 - Supporting the most vulnerable
 - Facilitating business creation
 - Providing funding and education opportunities for youth

Local authorities

- Sensitization and guidance on income-generating activities.
- KIIs noted a lack of specific measures implemented by local authorities to respond to refugees needs.
- Concerns that refugees are missing out on those services due to the insufficient support from local authorities.
- No collaboration between the city administration and other actors regarding refugee support noted.
- Waste management and refugee identification requiring more support.
- Increased cooperation between OPM and UN with local authorities would be desirable.

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06

Protection Concerns

Protection concerns

Host community HHs

- Feel unheard when raising security concerns (concerns about fairness and transparency of processes)
- Perceived risk associated with theft
- Perceived risk associated with refugees
- Perceived risk associated with rebel groups active in the area
- Poverty posing a threat to seniors
- Domestic violence posing a threat to children and women
- Think refugees are supported equally when it comes to security

Refugee HHs

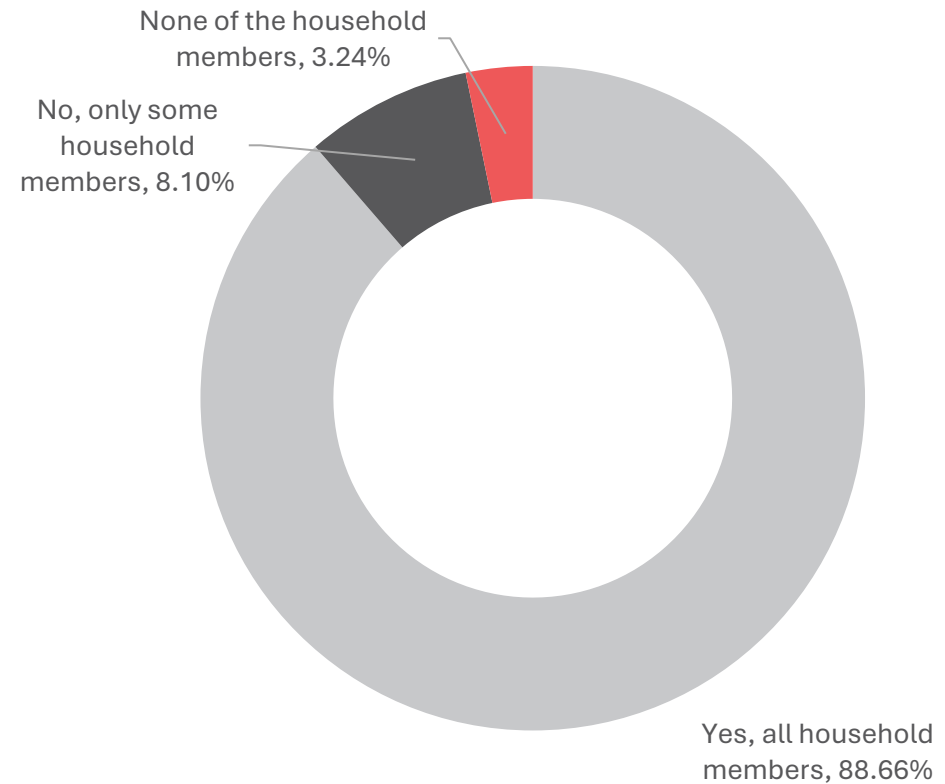
- Feel unheard when raising security concerns (concerns about fairness and transparency of processes)
- Perceived risk associated with theft
- Perceived risk about overarching perception that if one refugee commits a crime, the blame is generalized to the entire refugee population
- Domestic violence posing a threat to children and women
- Lack of treatment for disabilities
- Think refugee need additional support for refugee safety and security

Refugee identification

Challenges with refugee registration include **alleged demand for payments**, lengthy bureaucratic processes, and difficulties obtaining necessary identification documents

According to FGDs, non-registration of refugee can potentially leave refugees **vulnerable and restricting their access to essential services**. They might live more in isolation and be denied access and support. **Undocumented refugees are more easily suspected of crimes**, which can heighten fear of refugees and contribute to potential tensions.

% of refugee HHs, by HH members possessing document that allows them to stay in Uganda (n=432)



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07

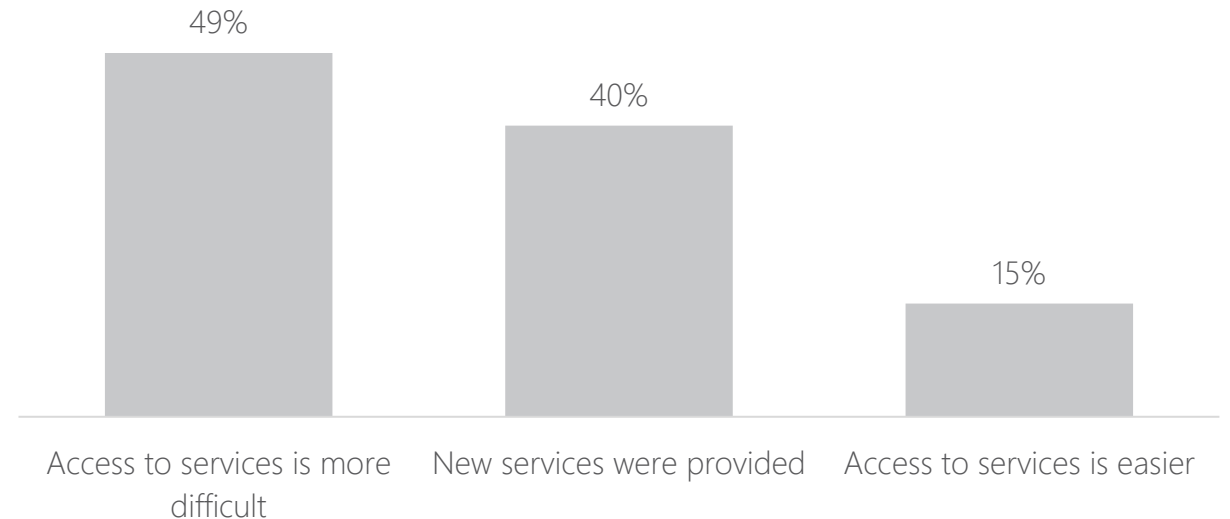
Impact on Basic Services Provision

Impact of refugee presence on basic service access for the host population

21% of host HHS reporting a change to basic service access due to refugee presence.

Qualitative findings suggest that the health and education sectors also bear a significant impact (positive or negative from refugees in Mbarara).

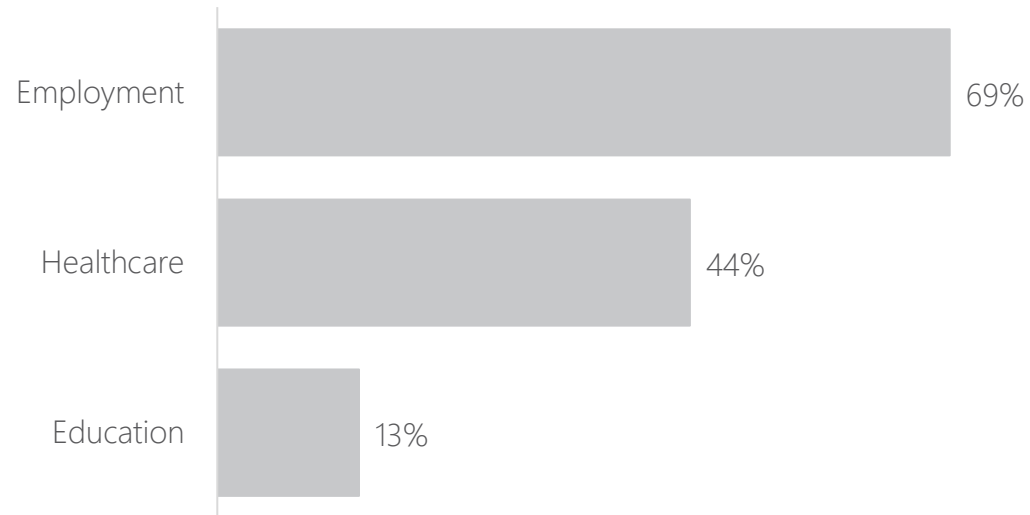
% host community HHs reporting a change in access to basic services due to refugee presence



Subset: host community HHs reporting a change to basic service access due to the refugee presence (n=91, 21%)

Negative and positive impact of refugee presence on access to basic services for the host population

Top basic services reported as being more difficult to access by host community HHs



Subset: host community HHs who said they believe the access to services are more difficult due to refugee presence (n=45, 10%)

According to FGDs and KIs, negative impact include resource strain on service providers, increased housing cost and health concerns.

Positive impact mentioned were increased income from school and rentals and improved trade opportunities.



08

Relationship between Refugees and Host Population

Contribution to decision-making

% of HHs not feeling able to contribute to decision-making in their area	Refugees (n=432)	93%
	Host community (n=430)	72%

According to FGDs and KIs, both the host community and refugees generally felt unheard by local authorities **during decision-making processes**. However, participants noted that providing incentives to local authorities, such as payments, can ensure their voices and opinions are considered. 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 that their voices were heard.

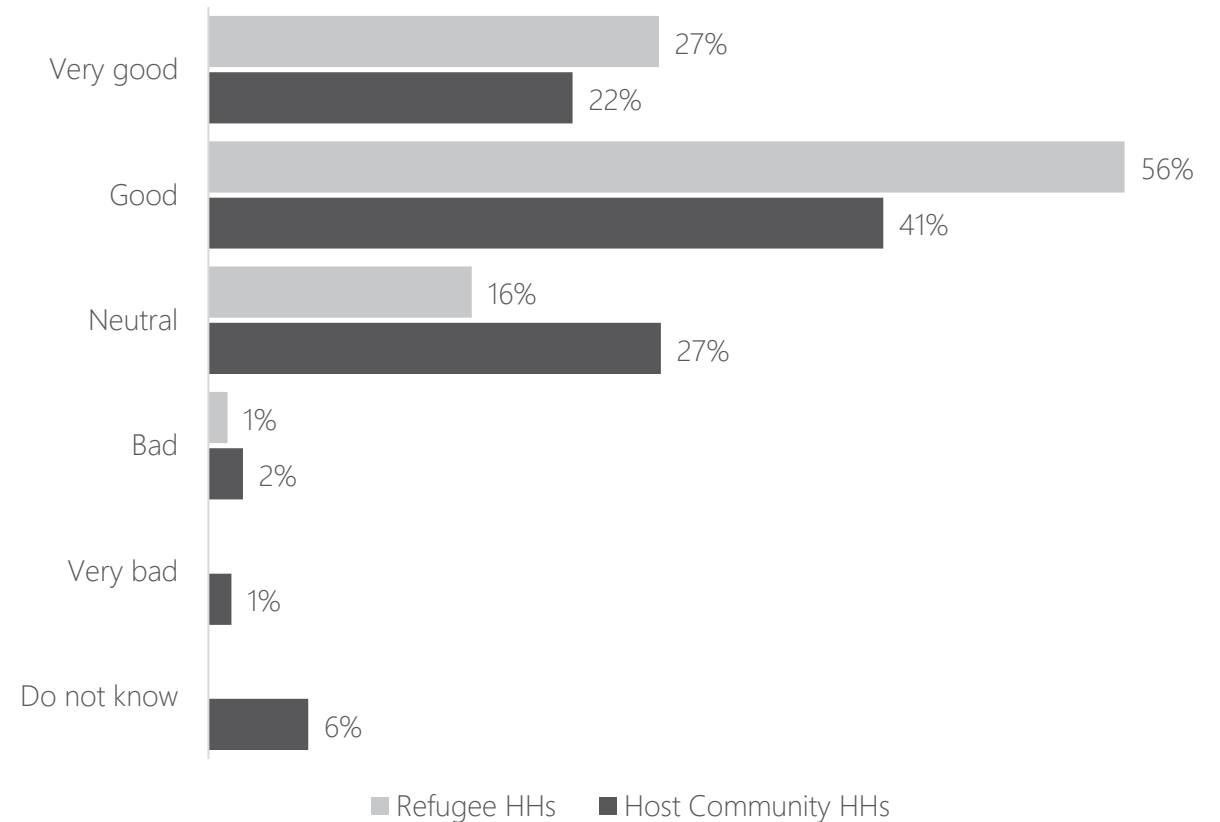
Type of relationship

Most respondents from surveys, FGDs, and KIIs reported minimal tensions and disputes between the host community and refugees.

Host community HHs reporting a bad or very bad relationship (n=15) attributed it to **competition over jobs, access to services and language difficulties**.. According to FGDs with host communities, while some expressed mutual respect, other viewed refugees with suspicion (i.e., some believe they are spies from neighboring countries)

Refugee FGDs reported mixed experiences: generally feeling comfortable, while also facing discrimination.

% of refugee and host community HHs by type of relationship



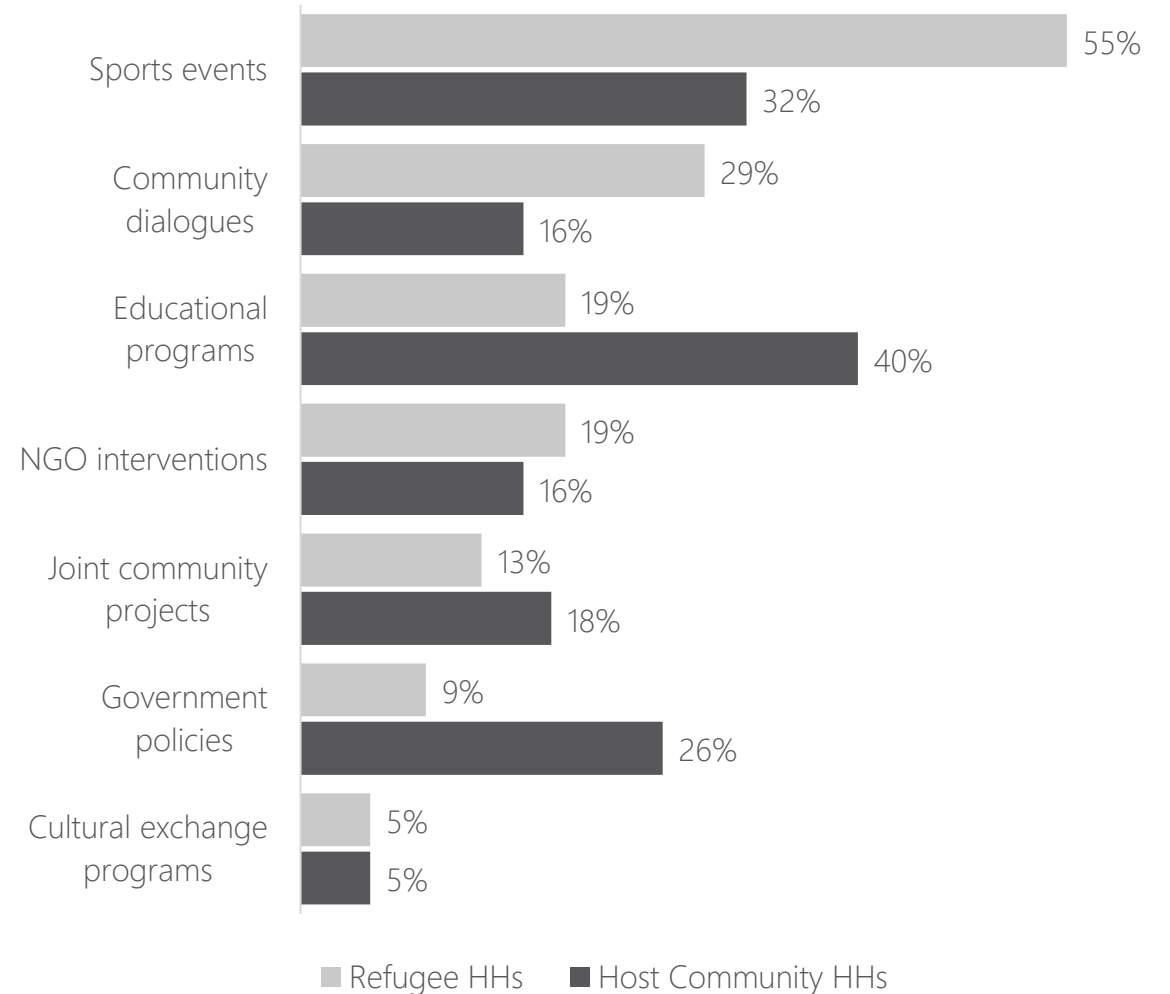
Need for reconciliation

% of HHs expressing a need for reconciliation between different groups within their area	Refugees (n=432)	9%
	Host community (n=430)	29%

Only 25% of refugee HHs interviewed were aware of social cohesion activities, against 44% of host community HHs.

Subset: Refugee HHs (n=109, 25%) and host community HHs (n=189, 44%) aware of reconciliation activities

% of HHs aware of social cohesion activities by type of activity and community*



Conclusion

Refugee HHs mainly moved from Nakivale settlement to Mbarara due to **insufficient access to services like healthcare, education, and livelihoods**. Despite improved livelihoods in the urban center, refugee HHs in Mbarara still faced challenges with food, livelihood, and education for their children, **highlighting ongoing issues in meeting basic needs**.

Alongside orphaned children and senior, **female headed HHs, and single female headed HHs are the most at risk demographic** for both refugee and host community HHs. These groups consistently displayed more precarious conditions than male-headed households.

Refugee households relied significantly on cash aid from UN agencies, NGOs, and CSOs, alongside informal and seasonal work. This dual dependence underscores their **economic vulnerability and the need for more stable livelihood opportunities**.

Refugee and host community households encountered similar challenges in accessing services, such as limited job opportunities and insufficient access to credit for starting businesses. **Language barriers were identified by both refugee and host community HHs, and service providers** across multiple sectors, emphasizing the need for comprehensive language support services.

Thank you for your attention

Please find more information about this assessment by looking at the [Terms of Reference](#), the [Data Analysis Plan](#), the [qualitative](#) and [quantitative analysis](#)

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