

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

August 2024 | Uganda

Context & Rationale

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

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

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

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

Key Messages

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

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

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

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

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

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

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

Methodology

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

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

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

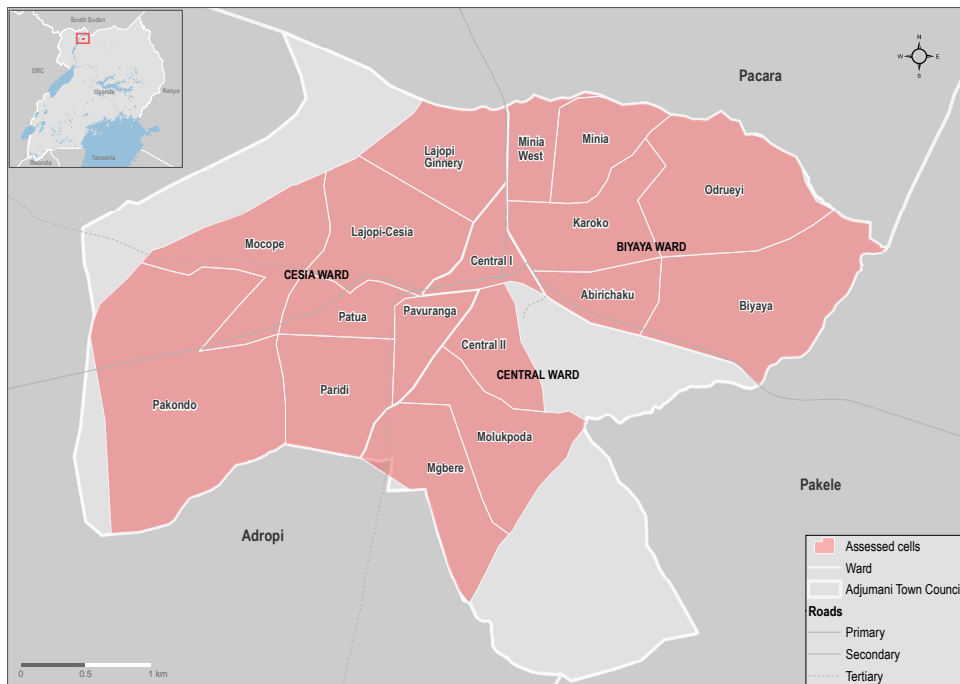
The selection of villages was based on the findings of the scoping exercise, which identified specific villages within the three divisions of Adjumani town with concentrated refugee populations. To ensure uniformity, we sampled host communities from the same villages. The required number of surveys per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

In this Situation Overview

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

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

Map 1: Assessed divisions in Adjumani, Uganda



Movement Patterns

Push factors

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

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

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

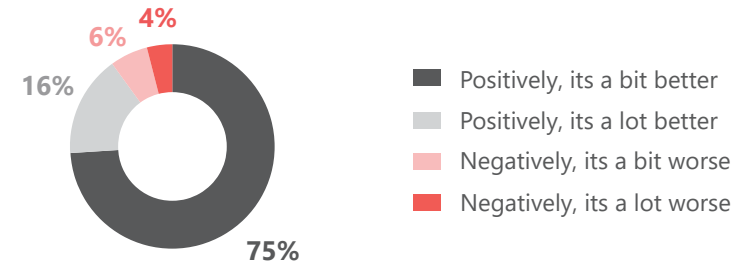


Impact of settling in Adjumani on livelihoods

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

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

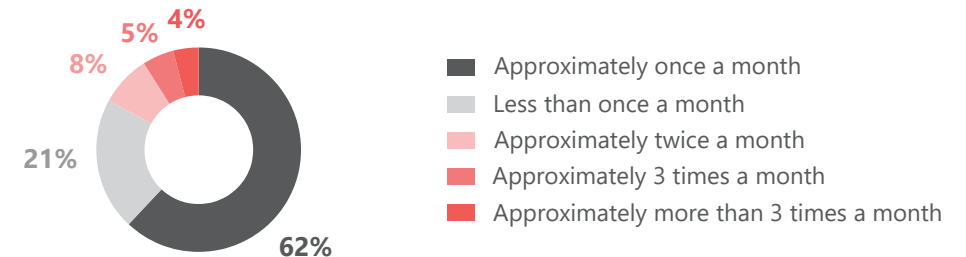
Figure 2: Impact of settling in Adjumani on livelihoods, among refugee households¹²



Frequent travel back to the settlement and home

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

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



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

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

Conclusions on Movement Patterns

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

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

Access to Livelihoods

Primary income source

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

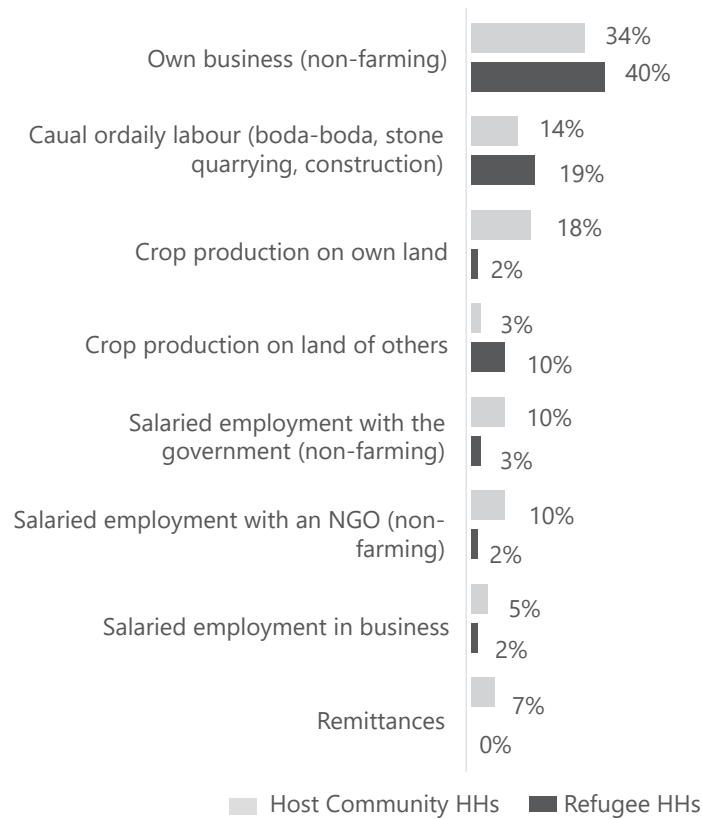
Salaried employment was also an important source of income, especially for host households. Among hosts, 9% of female-headed and 13% of male-headed households reported that at least one member of the household worked for the government, and 8% of female-headed and 12% of male-headed households had at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

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

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

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

Figure 4: Primary household source of income, per community



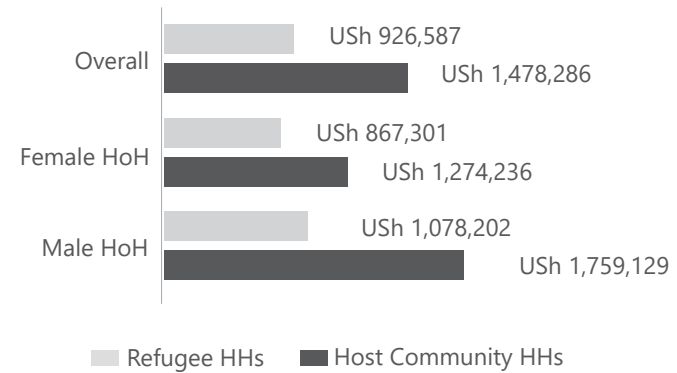
Regarding the frequency of income, both groups had a substantial portion of households earning income on a daily basis (36% of refugees and 35% of hosts). However, a slightly higher percentage of host households (32%) earned income monthly compared to refugees (25%).

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

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

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

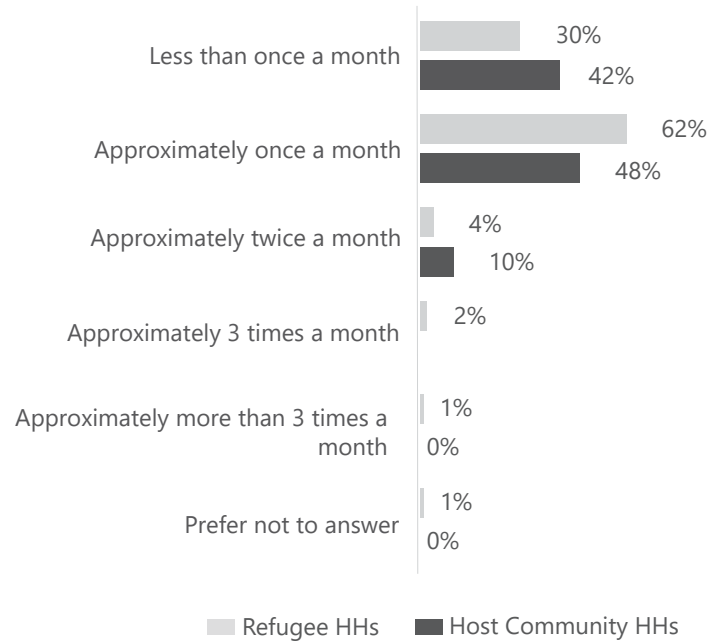
Figure 5: Median reported HH income in Ugandan Shillings (USh) within the last 30 days on the interview, by type of HH



Remittances

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

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



Livelihood coping strategies

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

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

Stress Coping Strategies

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

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

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

Crisis Coping Strategies

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

Emergency Coping Strategies

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

Barriers faced in livelihood activities

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

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

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

Conclusions on Access to Livelihood

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

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

Priority needs








Top 3 priority needs

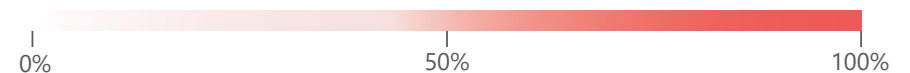
Economic pressures, including high food prices and limited livelihood options, were a major challenge for both communities, as reflected in the priority needs of the households. Around three quarters (78% refugees, 73% hosts) reported that basic food was their top three priority needs. The KIs further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

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

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

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

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



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

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

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

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

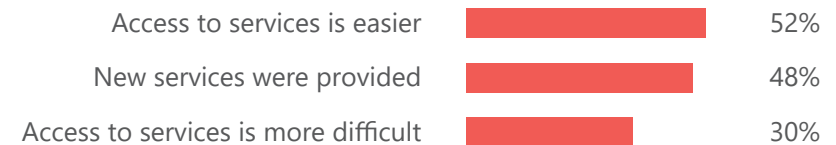
Access to basic services

Impact on access to basic services

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

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

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



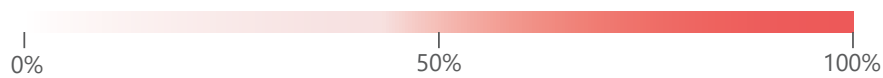
However, **30% of host community households reported that access to services has become more difficult. Among these, 93% identified healthcare as the most affected area, followed by education (31%).** Employment was reportedly less affected, with only 3% of host community households reporting challenges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

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

Access to Health Services

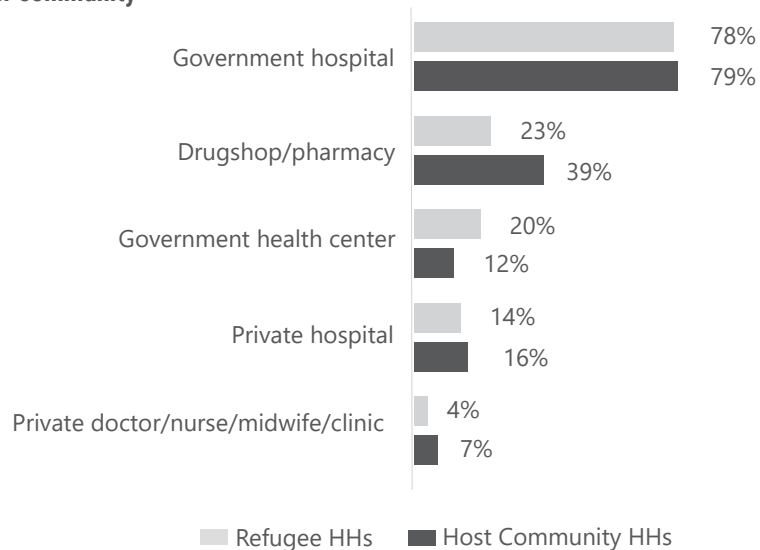
Table 3: Most commonly reported health needs in the 6 months before data collection, per community

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



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

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

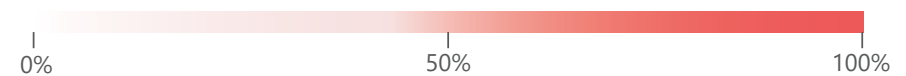


Healthcare was predominantly sought within Adjumani town (94% of refugees, 97% of hosts), with minimal travel to other localities, Kampala, or settlement health facilities. The primary reasons for choosing health facilities included lower costs (64% of refugees, 50% of hosts), proximity (51% of refugees,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

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

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

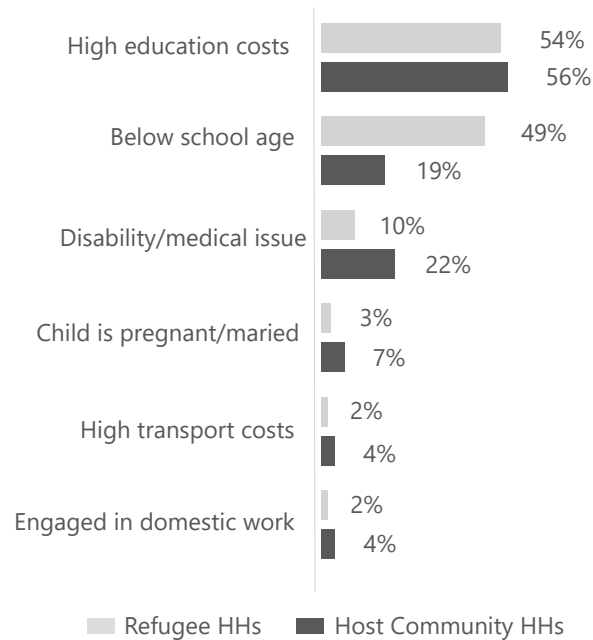
Type of barrier	Refugee HHs	Host Community HHs
Specific medicines and treatment unavailable	35%	36%
Long waiting time for the service	15%	27%
Specific health care service needed unavailable	19%	17%
Could not afford cost of consultation/treatment	17%	14%
Lack of documentaion	16%	2%
Not enough staff at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



Access to Education Services

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

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



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

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

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

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

Protection

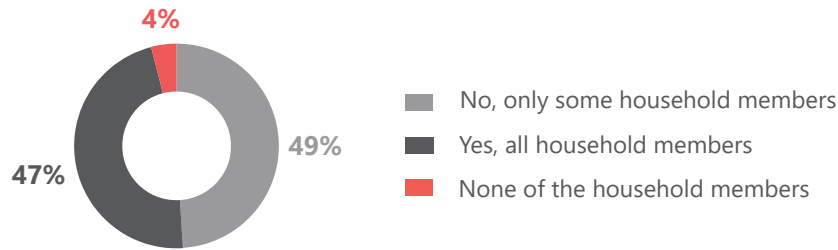
Child protection

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

Possession of identification documents (ID)¹⁵

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

Figure 10: Refugee household's possession of IDs



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

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



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

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

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

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

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

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

Safety and security concerns

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

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

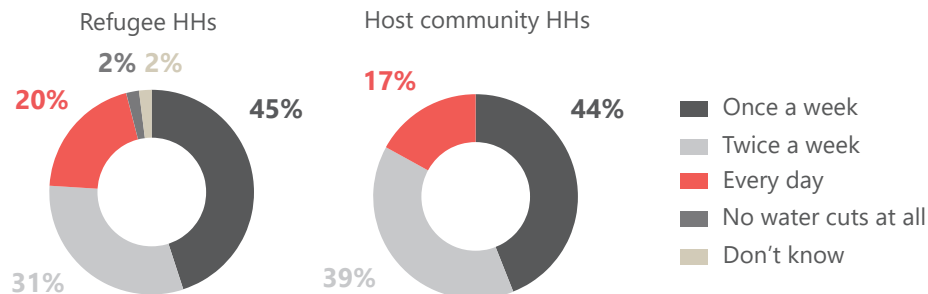
Regarding unsafe locations for women and girls, a substantial portion of host households (40%) reported areas that women and girls avoided, compared to more than half (58%) of refugee households. Refugee households identified specific unsafe locations, including water sources (21%), social/community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

Access to WASH services

Access to water

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

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



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

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

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

Access to a latrine

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

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

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

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

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

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

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

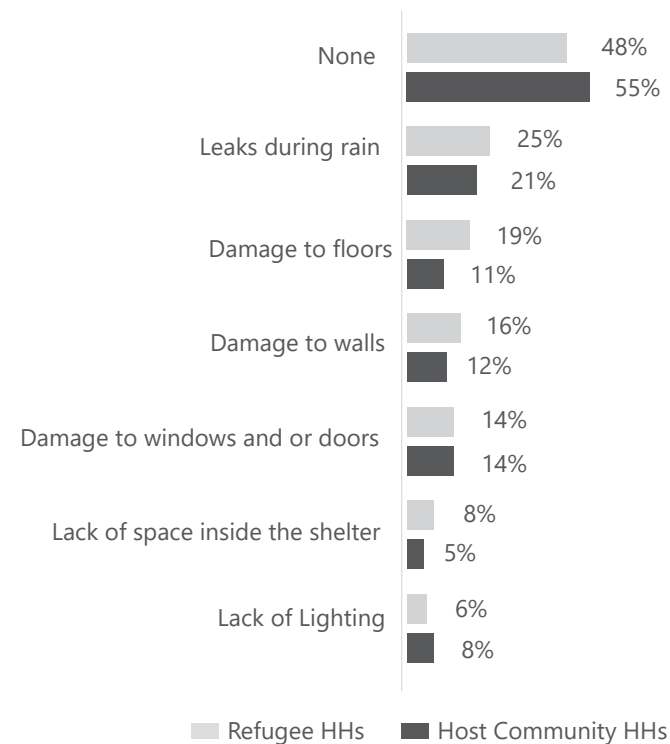
Access to shelter or accommodation

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

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

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

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

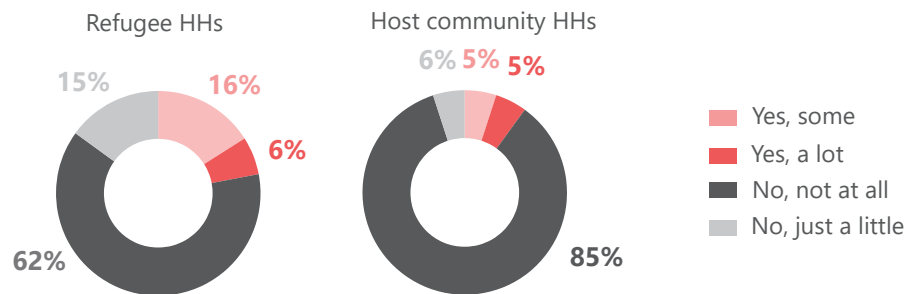


Financial constraints were the primary reported barrier to accessing adequate shelter, affecting 51% of refugees and 70% of hosts. Other barriers included the limited availability of adequate housing in the area (10% refugees, 1% hosts), lack of access to basic services (7% refugees, 25% hosts), lack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

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

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

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



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

Conclusions on Access to Basic Services

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

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

Social Cohesion

Household Participation in Social Activities

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

Relationships with the Host Community

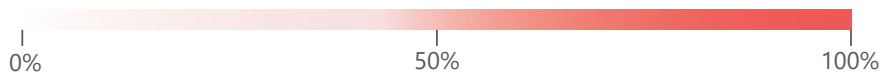
Regarding relationships with the host community, the findings depicted a predominantly positive perception, with a combined 87% of refugee households reporting good or very good relationships with hosts, and only 12% maintaining a neutral stance. **There were no reports of a bad relationship, indicating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

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

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

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

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



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

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

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

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

Conclusions on Access to Social Cohesion

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

Endnotes

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

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

Page 1

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

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

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

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

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

Page 2

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

Page 3

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

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

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

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

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

Page 6

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

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

Page 10

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

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

Page 11

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

Page 14

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

Acknowledgment

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

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

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

ABOUT REACH

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