UGANDA

Participatory Assessment 2022

Final report

April 2023

UNHCR The UN Refugee Agency

IMPACT Shaping practices Influencing policies Impacting lives

IMPACT, data collection exercise with a group of women, 2022.

About IMPACT

IMPACT Initiatives is a leading Geneva-based think-and-do tank that shapes humanitarian practices, influences policies and impacts the lives of humanitarian aid beneficiaries through information, partnerships and capacity building programmes. IMPACT's teams are present in over 20 countries across the Middle East, Latin America, Africa, Europe and Asia, and work in contexts ranging from conflict and disasters to regions affected by displacement and migration. The work of IMPACT is carried out through its two initiatives - REACH & AGORA and through the provision of direct support to partners regarding Project Assessments and Appraisals (PANDA).

SUMMARY

Uganda hosts approximately 1.5 million refugees and asylum-seekers as of February 2023.[1] The main population groups comprise refugees from South Sudan (57%), from Democratic Republic of Congo (DRC) (32%), from Somalia (4%), and a smaller number from other nationalities (Burundi, Eritrea, Rwanda). The vast majority of refugees are hosted in settlements in 13 refugee-hosting districts in northern and mid/south-western Uganda, while 9% of them resides in Kampala.

Forced displacement impacts people differently, depending on age, gender, and diversity (AGD). Understanding and analyzing the impact of intersecting personal characteristics on people's experiences of forced displacement is necessary for an effective response. **Participatory assessments aim to obtain a comprehensive understanding of the situation of Persons of Concern (PoC) and promote meaningful participation of refugees and affected communities in shaping UNHCR and partners' interventions**.

For the year 2022, IMPACT Initiatives (IMPACT) conducted the Participatory Assessment for Uganda in close cooperation with UNHCR. The 2022 Participatory Assessment had three main objectives:

- Identify the protection risks and challenges that affected communities face when accessing basic services and understand their capacities, and recommendations to address these risks and challenges;
- Understand their views and perceptions on the ongoing response, their participation and engagement in decision-making;
- Understand affected communities' knowledge and perspectives about existing complaint and feedback mechanisms (CFM) and other tools of accountability to affected populations (AAP).

IMPACT implemented a **mixed methodology that combines quantitative and qualitative data collection** to achieve these objectives. Both data collection methods covered all the refugee settlements and Kampala. Quantitative data collection consisted in a phone survey targeting refugees and qualitative data collection included Focus Group Discussions (FGD) conducted in 10 settlements and Kampala, Key Informants Interviews (KII) with representatives of vulnerable groups in all the settlements and Kampala, and KII with representatives of the host community covering all the hosting districts. Data collection took place between mid-November and mid-January.

Key Findings

This section introduces the findings for the sectors in which respondents reportedly faced the most difficulties. Generally, four sectors have been identified as specifically challenging during qualitative and quantitative data collection: Shelter, Food, Livelihoods and Health.

Shelter construction and maintenance is the area where respondents reported the most challenges. The lack of material to repair shelters is the predominant difficulty in the settlements, while for respondents in Kampala the main difficulty is the cost of rent.

Almost 60% of respondents reported challenges related to accessing livelihoods support in the six months prior to data collection. Difficulties related to accessing livelihoods support are more commonly reported in West Nile than in South West and Kampala. Feedback on the difficulties seem to suggest that respondents assumed that support related to livelihoods was available but either had no information about how to obtain it or were not selected to participate in the programmes. The **lack of startup capital** was reported as a difficulty when accessing livelihoods support and 67.7% of respondents reported it as one of the top three livelihoods household needs. **Access to agricultural**

[1] UNHCR, OPM (2023), Uganda Population Dashboard as of February 2023.

inputs, including land (reported by 46.7% of respondents), and access to financial services (45.1% of respondents), are the the other livelihoods needs identified in this assessment.

57% of survey respondents reported difficulties in accessing health services, mostly because health facilities reportedly face a shortage of medical supplies, tests, and drugs. Qualitative data also found that participants had difficulties in accessing health services because of the shortages of medical supplies, tests, and drugs.

About half of respondents (50.6%) reported that access to water for drinking, cooking and personal care was challenging in the six months prior to data collection, mostly because of the low quality of the source and/or the water, the long distance to the water source and queues at water sources.

Almost a third of respondents reported they faced challenges with accessing registration and documentation in the six months prior to data collection. Most difficulties are due to procedural delays, queues at registration centers and long distance.

Less than 30% of respondents reported challenges related to the following sectors: education (e.g., dropouts), police, mental health, legal services and the justice system, which seems to indicate that challenges in accessing these services are not as widespread across locations as for other sectors. For the education sector, as most respondents were members of households with school-aged children, it can suggest that school dropouts and access to school are indeed not widespread problems. However, for services like police and legal services and the justice system, which are typically not services respondents would go to on a daily basis, the relatively low percentages of respondents who reported difficulties in accessing may nevertheless indicate significant challenges with accessing police and justice and legal services. Regarding mental health and psychosocial services, the findings are likely to be underreported because of the stigma usually associated with seeking such services.

Qualitative data found that access to food is one of the most reported challenges by refugees consulted. The ongoing reduction and prioritization of the general food assistance (GFA)[2] may explain why this was such a big concern amongst participants. The cuts and changes in the provision of the GFA generate worries amongst refugees consulted, including fear of food insecurity and fear of not being able to sell part of the assistance to address other basic needs anymore.

A minority of respondents (10.8%) rated the relationship with the host community as poor or very poor. Qualitative data suggested more tensions than observed in the quantitative, and participants reported many tensions on land.

A minority of respondents (11.2%) rated relationships within the refugee community as poor or very poor, with significant differences between locations. In Kampala, no respondent reported this relationship as poor or very poor. **Cultural misunderstandings** were cited as the main reason for the poor relationship.

About a third of respondents (34.3%) reported having experienced security challenges in the six months prior to data collection with the most difficulties reported in Orunchinga and the least in Adjumani. This is coherent with the safety perceptions of respondents. **Theft is the main security challenge reported by respondents**. Qualitative data also found that crime, including theft was one of the main reported security challenges.

Unmet energy needs are mostly related to access to cooking fuels (traditional and modern), and lighting in the household. Energy findings may be biased because of the remote set up of the survey, that implies that respondents had access to electricity for powering devices whether in or outside of their household.

[2] The General Food Assistance is delivered either in kind (basket of food) or in cash.

A minority of respondents (15.4%) with school aged children in their household reported that at least one school aged children does not go to school. The main reason given is the **cost associated with school (transport, school supplies, school fees)**. Qualitative data confirms that the high costs associated to school enrollment are problematic.

Community structures seem to play an important role in the daily lives of respondents, especially those located in the settlements. **Almost three quarters of respondents (74.4%) reported reaching out to community structures when they face a challenge with access to basic services**. Reaching out to community structures and asking for help is also one of the main coping mechanisms identified by participants in qualitative data collection exercises. However, the satisfaction reported after reaching out is relatively low, which may suggest that there is no better alternative to receive support than to reach out to community structures.

A vast majority of respondents (75.3%) reported having received assistance in the six months prior to data collection, mostly food and conditional cash assistance**. More than half of respondents (54.2%) considered that aid agencies do not provide assistance that is appropriate and relevant to their needs**, which may indicate that assistance is not well targeted. Generally, qualitative data suggests that refugees do not consider that the assistance is delivered fairly, either because of malpractice or because the selection criteria are unclear to respondents.

Regarding participation, **a small proportion of respondents reported to have been consulted** and this is confirmed by participants in the qualitative data collection exercise. The fact that partners do not provide feedback after consulting is also highlighted as one of the issues in the qualitative data collection exercise. Most qualitative data participants reported that they would like to be consulted and involved in decision-making regarding the type of assistance they could receive in the future.

A little more than half of respondents (52%) are aware of and know how to use complaint and feedback mechanisms. They mostly know about the phone helplines and complaint boxes. The preferred way for providing feedback for most respondents would be face to face either with an aid worker at home, at the protection desk, or with a leader of the community. Community meetings are also mentioned, echoing the observed importance of community structures in the daily lives of consulted members of the community.

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List of Acronyms

AAP	Accountability to Affected Populations
AGD	Aged, Gender and Diversity
CFM	Complaint and Feedback Mechanisms
FGD	Focus Group Discussion
GBV	Gender Based Violence
GFA	General Food Assistance
KI	Key Informant
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
OPM	Office of the Prime Minister
PSN	Persons with Special Needs
PoC	Person of Concern
PwD	Person with disability
RWC	Refugee Welfare Committee
UNHCR	United Nations High Commissioner for Refugees
WASH	Water Sanitation and Hygiene

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INTRODUCTION

Uganda hosts approximately 1.5 million refugees and asylum-seekers as of February 2023.[3] The main population groups comprise refugees from South Sudan (57%), from Democratic Republic of Congo (DRC) (32%), from Somalia (4%), and a smaller number from other nationalities (Burundi, Eritrea, Rwanda). The vast majority of refugees are hosted in settlements in 13 refugee-hosting districts in northern and mid/south-western Uganda, while 9% of them resides in Kampala.

80% of the refugee population are women and children. Forced displacement impacts people differently, depending on age, gender, and diversity. Understanding and analyzing the impact of intersecting personal characteristics on people's experiences of forced displacement is necessary for an effective response. Participatory Assessments are UNHCR's primary tool to obtain a comprehensive understanding of the situation of Persons of Concern (PoCs) and the evolving context as they experience it. Participatory Assessments seek to promote meaningful participation of refugees and affected communities in shaping UNHCR and partners' interventions, to ensure that their programmes are informed by their perspectives, and that the communities' capacities are mobilized in pursuing solutions to the issues faced.

For the year 2022, IMPACT Initiatives (IMPACT) conducted the Participatory Assessment for Uganda in close cooperation with UNHCR. The 2022 Participatory Assessment aims to inform the general planning of UNHCR and its partners' interventions for the next years. It had three main objectives:

- Identify the protection risks and challenges that affected communities face when accessing basic services and understand their capacities, and recommendations to address these risks and challenges;
- Understand their views and perceptions on the ongoing response, their participation and engagement in decision-making;
- Understand affected communities' knowledge and perspectives about existing complaint and feedback mechanisms (CFM) and other tools of accountability to affected population (AAP).

This report provides a detailed description of the methodology, and then outlines the key assessment findings, organized in the following sections:

1) Demographics of the surveyed population, including a description of the population (age, gender, nationality, disability).
2) Protection risks and challenges faced by refugees for the following sectors: Registration, documentation and resettlement, legal services and justice, police, safety and security, Gender-Based Violence (GBV), peaceful coexistence/social cohesion, health and mental health and psychosocial support (MHPSS), livelihoods, water, sanitation and hygiene, shelter, energy and infrastructures, education, food security.
3) Community Participation and Accountability to Affected Populations (AAP), including the following subsections: community structures as resources, perception of the on-going response, participation in the on-going response, and use and knowledge of Complaint and Feedback Mechanisms (CFM).

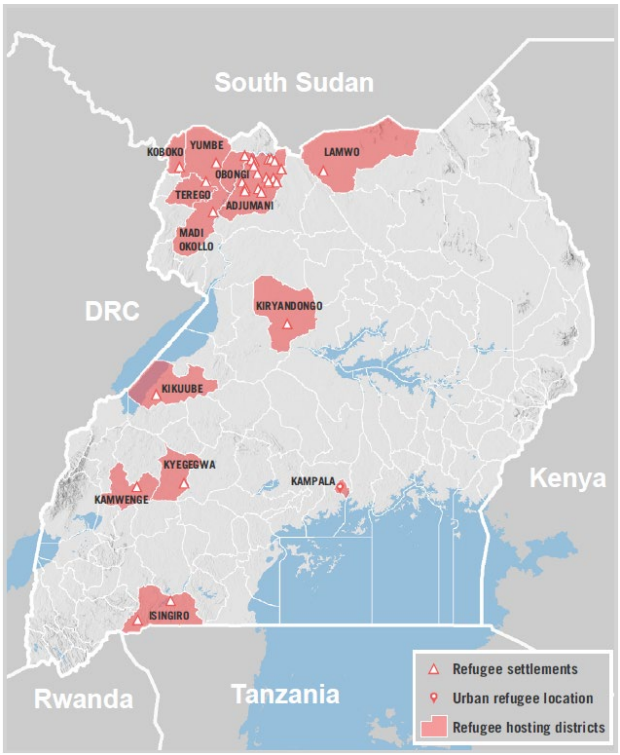
[3] UNHCR, OPM (2023), Uganda Population Dashboard as of February 2023.

METHODOLOGY

A mixed methodology combining quantitative and qualitative data collection was implemented for the Participatory Assessment. Both data collection methods covered all the refugee settlements and Kampala. Quantitative data collection consisted in a phone survey targeting refugees in the 13 refugee settlements and Kampala. Qualitative data collection included Focus Groups Discussions (FGD) conducted with refugees in 10 refugee settlements and Kampala,[4] Key Informant Interviews (KII) with representatives of vulnerable refugee groups covering in all refugee settlements and Kampala, and KIIs with representatives of the host community covering all the hosting districts.

Geographical scope

Map 1: Map of assessed areas



Quantitative data collection covered all the refugee settlements[5] and Kampala. Qualitative data collection also covered all the refugee settlements and Kampala, as well as representatives of the hosting districts. Hosting districts were not covered by quantitative data collection because the exercise took place remotely and IMPACT did not have access to a database of host community members phone numbers to establish a sample.

The map provides an overview of the geographic coverage of the Participatory Assessment.

Sampling strategy

For KIIs, the sampling strategy was purposive. Representatives of vulnerable refugee groups were selected by UNHCR sub-office focal persons in each location. Representatives of the hosting districts were mainly officials at district level.

For FGDs, participants were selected by IMPACT field teams and mobilizers in the settlements and jointly with the local community structures.

[4] Due to the Ebola outbreak (20 September 2022- 11 January 2023), FGDs did not take place in Rwamwanja, Kyangwali and Kyaka.

[5] Adjumani, Bidibidi, Imvepi, Kiryandongo, Kyaka II, Kyangwali, Lobule, Nakivale, Oruchinga, Palabek, Palorinya, Rhino Camp, Rwamwanja.

For quantitative data collection, refugee respondents were targeted using a random sampling approach with a theoretical representativeness of 90% and a margin of error of 10% at settlement level. However, given the remote set-up of data collection, the sample used cannot be considered representative of the entire refugee population. The sample was provided by UNHCR. More information about the sampling strategy is available in Annex 2 - Sampling methodology.

Data collection methods

Quantitative data was collected via a call-center set up in Kampala. The remote set-up of data collection was decided because of the risks associated with data collection during the Ebola outbreak.[6] The call center was operational from 21 November 2022 to 5 December 2022. This period included a two-days training on the questionnaire for enumerators. Thirty enumerators were deployed and managed by IMPACT Field Officers. Information was collected at household and individual level.

For qualitative data collection, 3 teams of 2 IMPACT Field Officers were deployed to Adjumani, Bidibidi, Imvepi, Kiryandongo, Lobule, Nakivale, Oruchinga, Palabek, Palorinya, and Rhino Camp for 3 weeks from the 14 November to 4 December 2022. They conducted 24 FGDs and between 4 and 6 Key Informant Interviews (KIIs) per location. FGDs targeted non-mixed gender groups of refugees without any specific role within their community. KIIs targeted representatives of vulnerable refugee groups (e.g., religious or ethnic minority, persons with disability, elders, women, and other specific vulnerabilities). Upon their return to Kampala, the teams also conducted an additional 2 FGDs and 6 KIIs in Kampala. For the three remaining settlements (Rwamwanja, Kyaka and Kyangwali) and hosting districts, KIIs took place over the phone between mid-December 2022 and mid-January 2023.

FGDs and KIIs collected information at community level. FGDs included a mapping component and focused especially on the community structures that are most valued by participants in their community. The mapping exercise served as an ice breaker to trigger meaningful discussion on the uses and valuation of community structures in specific zones of the settlements. Table 1 provides a summary of data collection efforts for each settlement.

Table 1 - Overview of data collection efforts per location

	Quantitative – phone survey with refugees	Qualitative FGD – refugees	Qualitative KIIs – representatives of vulnerable groups
Adjumani	76	4	5
Bidibidi	79	4	6
Imvepi	80	2	6
Kampala	79	2	6
Kiryandongo	97	2	6
Kyangwali	81	0	4
Kyaka	78	0	5
Lobule	76	2	6
Nakivale	79	2	6
Oruchinga	74	2	5
Palabek	76	2	6
Palorinya	79	2	6
Rhino Camp	89	2	6
Rwamwanja	82	0	3
Total	1,125	26	76

[6] Ebola Outbreak in Uganda: 20 September 2022 – 11 January 2023

In addition, IMPACT field teams conducted KIIs with representatives of the host community over the phone for each hosting district.[7]

Analysis

Quantitative data was disaggregated by settlement, regional level, presence of a disability in the household, nationality, gender and age of the respondent. Findings are reported for respondents, and percentages are rounded to the closest decimal.

Qualitative data is grouped by type of qualitative data collected (FGD or KII). KIIs with representatives of vulnerable groups were analyzed per location and per specific group represented. These analyses are not crossed to protect the identity of key informants. KIIs with host community are analyzed as a group, since too few interviews were conducted to allow identification of findings at district level.

Challenges and Limitations

The main limitation of the data presented here is its lack of statistical representativeness. Because the survey was conducted over the phone, it cannot be considered statistically representative of the overall refugee community. This means that this data gives a good indication of the situation but cannot be interpretated as speaking for the entire refugee community in Uganda, which is also why findings are reported as "% of respondents" and not "% of refugees".

The remote set up of data collection also implies that respondents targeted may be part of the refugee population that is generally better off, in the sense that respondents had a phone at their disposal, and had access to electricity for powering devices, else they would not have been able to answer the call.

Qualitative data is never truly representative and was meant here to complement the findings of the quantitative data collection and identify potential recommendations coming directly from the affected communities.

The methodology was not designed with the aim to interview the head of the household, rather any member of the household who could speak about the challenges of the household. The sample provided by UNHCR focused on heads of household, which introduced a bias in the survey results as heads of household may answer individual questions differently.

[7] Adjumani, Yumbe, Terego, Kiryandongo, Kyegegwa, Kikuube, Koboko, Isingiro, Lamwo, Obongi, Madi Okollo, Kamwenge, Kampala

FINDINGS

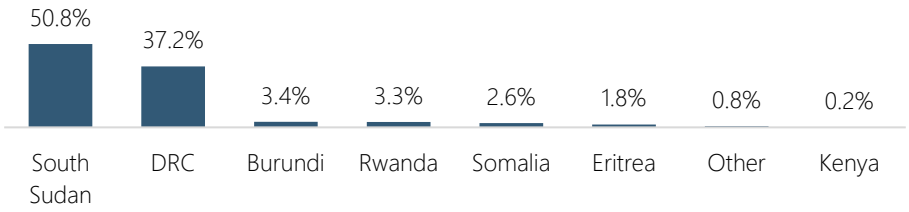
Section 2.01 Demographics of the surveyed population

This section presents the demographic characteristics of the population surveyed.

(a) Nationality

Half of the respondents were South Sudanese (50.8%) and 37.2% of respondents were Congolese nationals, as shown by Figure 1 below. Other nationalities include Burundi, Rwanda, Somalia, Eritrea and Kenya. Proportions observed in the surveyed population differ slightly from the proportions observed in the refugee population in Uganda.[8] Repartition of nationalities per location does tend to look like the actual situation of the refugee population in Uganda, with most South Sudanese located in West Nile and Congolese in South West while Kampala respondents present more diversity in terms of nationalities.

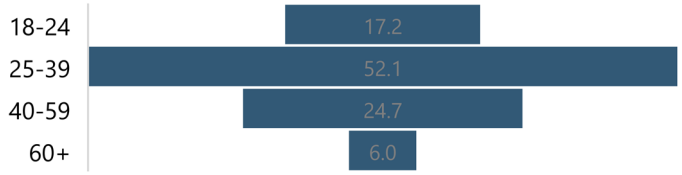
Figure 1 - % of respondents per nationality



(b) Household, gender, age, and disability

Each household surveyed counted 5 members on average. **92.4% of respondents reported to be the head of the household**. The population surveyed presents a relative gender balance with **53.3% of male respondents and 46.7% of female respondents**. However, gender balance varied significantly across locations. The majority of respondents were aged between 25 and 39 years old when the survey was conducted.

Figure 2 - % of respondents per age category



Finally, **14.4% of refugees surveyed reported to have at least one member of their household with at least one disability**.[9]

[8] As of February 2023, and according to UNHCR, 57% of refugees are South Sudanese, 32% Congolese, 4% Somalian, other nationalities.

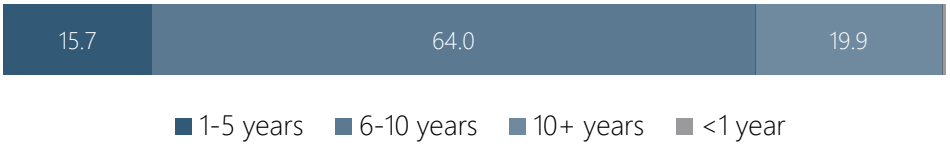
[9] Disability is calculated through the Washington Group set of standard questions asked at the level of the household. The level of disability mentioned here is disability3, the level recommended by the Washington Group for data disaggregation in *Washington Group on Disability Statistics (2020) Analytic Guidelines: Creating Disability Identifiers Using the Washington Group Short Set on Functioning*.

Whenever relevant, findings are disaggregated per gender, age, location and disability. If such disaggregation is not presented, it can be assumed that the findings were common across those groups.

(c) Year of arrival in Uganda

Respondents were asked the year in which they first came to reside in Uganda. This means that they may have left and come back in the meantime.

Figure 3 - % of respondents per time since first arrival in Uganda



Less than 0.5% of respondents first came to reside in Uganda in the last year, which may indicate that this survey failed to capture information on recent first-time arrivals. Most respondents first came to reside in Uganda more than 5 years ago (83.9%), as shown in Figure 3. Respondents who first came to reside in Uganda less than 1 year prior to data collection were from DRC and South Sudan and they were located in Rhino Camp and Kyaka.

Section 2.02 Protection risks and challenges faced by refugees across sectors

The section outlines assessment findings related to the protection risks and challenges faced by refugees across sectors for which data was collected. It is based on both qualitative and quantitative data and each sub-section details the findings for a specific sector.

(a) Registration, Documentation and Resettlement

Registration means recording of the occurrence of vital events (e.g., child birth, arrival in country, change of address, etc.) with the purpose of establishing official documents recognized by the state.

Across locations, **32% of respondents declared they or someone in their household faced difficulties accessing registration and documentation services** in the six months prior to data collection, while 15.6% reported not having needed this service in the past 6 months.

36.4% of respondents in households with a person with a disability reported difficulties in accessing registration and documentation services, vs. 31.3% of respondents without disability in the household.

A few more respondents reported difficulties in West Nile (34.2%) than in South West (29.4%) and Kampala (26.6%). Figure 4 below shows the proportion of respondents who reported that they or members of their household faced challenges in accessing registration and documentation services in the six months prior to data collection per location. More respondents reported difficulties in Bidibidi (43.0%), Palorinya (41.8%) and Oruchinga (40.5%) in comparison to other locations like Kyangwali, Kyaka, Kampala, Nakivale, Lobule, Rwamwanja and Imvepi where less than 30% of respondents reported difficulties.

Figure 4 - % of respondents who reported that they or members of their household faced difficulties accessing registration and documentation services in the 6 months prior to data collection per location

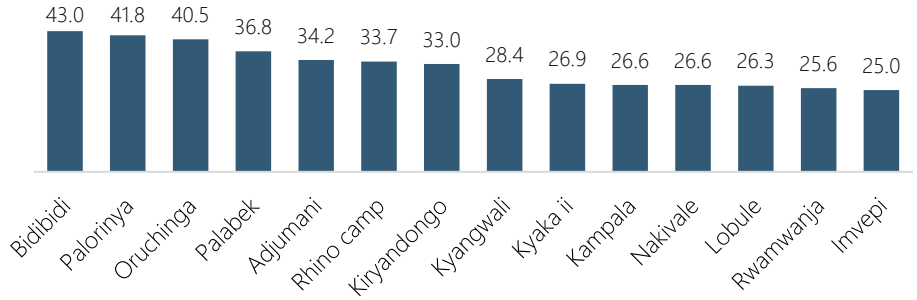
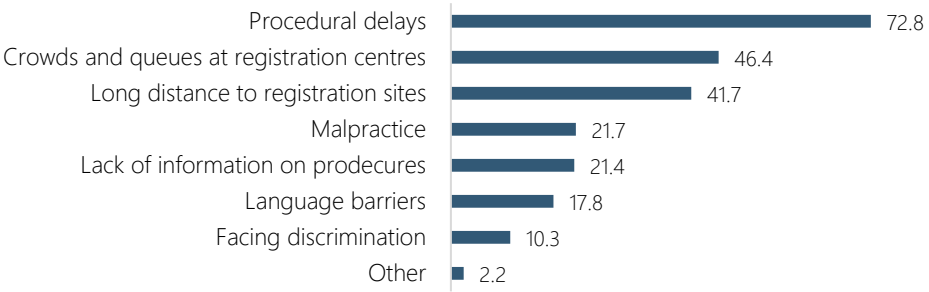


Figure 5 details the type of difficulties that respondents reported. Please note this is a subset and only considers respondents who reported difficulties (360 respondents). 72.8% of these respondents reported that they face **procedural delays**. Other difficulties reported include **crowds and queues at registration centers** (46.4%), **long distance** to registration sites (41.7%), malpractice (21.7%), lack of information on procedures and access points (21.4%), language barriers (17.8%), and facing discrimination (10.3%). Malpractice means for example that the person was requested to pay or to provide other benefits in exchange for the service. Qualitative data also suggests there are few difficulties with registration and obtention of refugee documentation, including for urban refugees based in Kampala, and a few KIs reported that some households of the group they represent had to pay money to be verified and that others had difficulties with the biometric screening. However, none of these challenges seem to be widespread.

Figure 5 - % of respondents who reported that they or a member of their household faced difficulties in accessing registration and documentation services in the 6 months prior to data collection per difficulty faced



N = 360; respondents could select up to three options.

Resettlement[10] was not part of the quantitative survey but during qualitative data collection, participants mentioned that **resettlement is a challenge**. In the FGDs, participants mentioned the following reasons: perceived discrimination, favoritism or bribery in the process, delays, and lack of information about durable solutions. KIs also reported challenges with resettlement, notably that durable solutions cannot be found in Uganda for members of vulnerable groups, including elders.

(b) Legal services and Justice

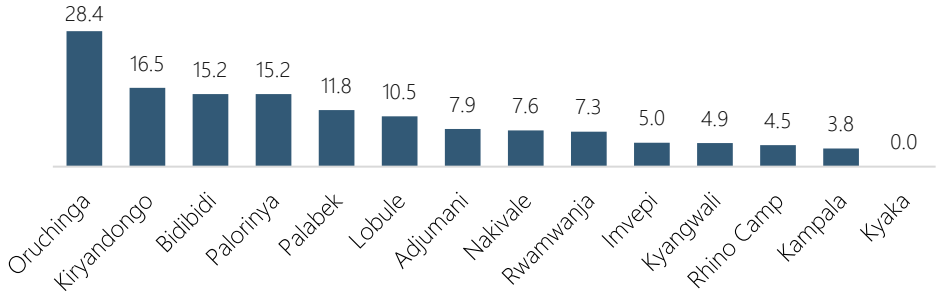
Legal services include counselling for appeal procedures or access to the court system for example. The justice system includes all institutions administering and enforcing laws in Uganda.

[10] Resettlement means the transfer of refugees from an asylum country to another State that has agreed to admit them and ultimately grant them permanent residence.

Across locations, **a small proportion of respondents (9.9%) reported that they or a member of their household faced difficulties in accessing legal services**, **the justice system and courts** in the six months prior to data collection. 32.8% reported that there was no difficulties in accessing these services, and 57.3% reported they did not need these services during the recall period. 14.2% of respondents in households with at least one member with a disability reported difficulties in accessing legal services, the justice system and courts in the six months prior to data collection, vs. 9.1% for respondents in households without members with disability. Further investigation is needed to assess if persons with disabilities face additional challenges in accessing legal services.

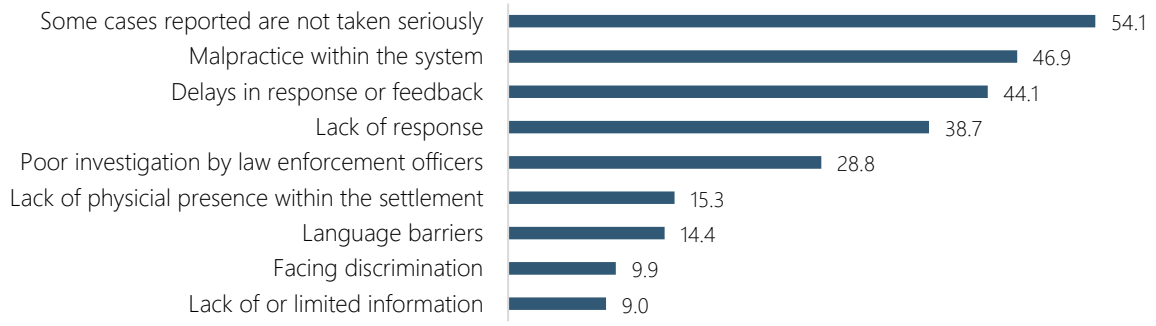
A higher proportion of respondents living in settlements reported difficulties than in Kampala (3.8%). The proportion of respondents who indicated not needing legal services is also higher in the settlements than in Kampala, which means more respondents have needed legal services in Kampala. That they have faced less difficulties than in the settlements may indicate that access to legal services, the justice system and courts could be easier in Kampala. In Kyaka, no respondents reported any difficulties in accessing legal services and the proportion of respondents who reported they did not need this service is average, which could also indicate easier access to legal services, the justice system and courts in Kyaka. Respondents in Oruchinga report the most difficulties, with 28.4% of respondents reporting they or members of their household faced difficulties, while the proportion of respondents who did not need the services is also lower. Figure 6 shows the percentage of respondents who reported that they or members of their household faced difficulties in accessing legal services, the justice system and courts in the six months prior to data collection per location.

Figure 6 - % of respondents who reported that they or members of their household faced difficulties in accessing legal services, the justice system and courts in the 6 months prior to data collection per location



Amongst the respondents who reported that they or members of their household faced difficulties in accessing legal services, the justice system of courts, the most reported difficulty is that **some cases reported are not taken seriously or are ignored** (54.1%), **malpractice within the system** (46.9%), and **delays in response or feedback** (44.1%).

Figure 7 - % of respondents who reported that they or members of their household faced difficulties in accessing legal services, the justice system or court in the 6 months prior to data collection per difficulty faced



N = 111 ; respondents could select up to three options.

Respondents in households with at least one member with a disability tend to report more malpractice within the system, poor investigation by officials, and that some cases reported are not taken seriously or are ignored as difficulties.

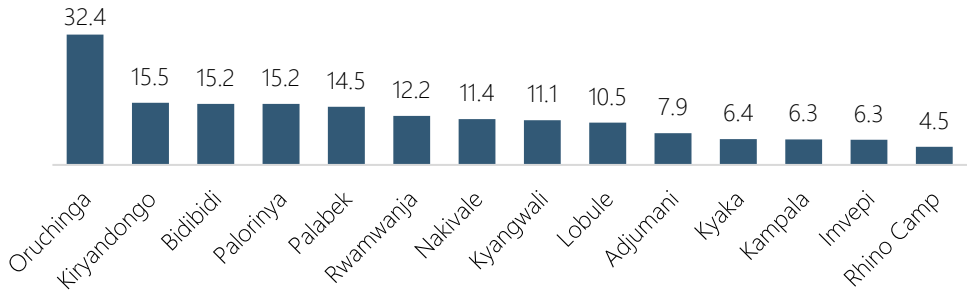
(c) Police, Safety, and security, Gender-Based Violence (GBV)

i) Access to police services

Police services include public agencies responsible for the prevention and detection of crimes and maintenance of public order. **12% of respondents reported that they or members or their households had difficulties in accessing police services** in the six months prior to data collection, while 50.9% reported that they did not need this service. **14.5% of respondents in South West reported difficulties, 11.2% in West Nile and 6.3% in Kampala**. In each location, about half of the respondents reported they have not needed this service in the 6 months prior to data collection.

Difficulties in accessing police services are reported by 32.4% respondents in Oruchinga. In Oruchinga, the most cited difficulties are delays in response and feedback, malpractice and that the cases reported are not taken seriously or are ignored. As mentioned above and shown by Figure 8, the proportion of respondents reporting difficulties in accessing police services is around or below 15%. This may indicate that there is a specific challenge in Oruchinga.

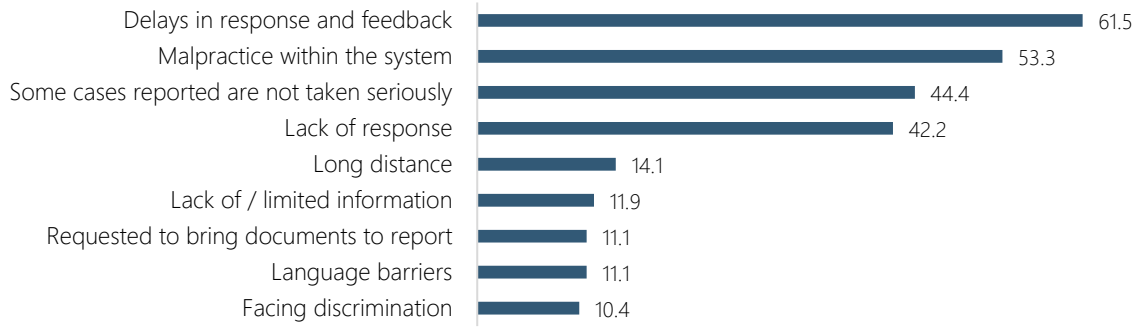
Figure 8 - % of respondents who reported they or members of their household faced difficulties in accessing police services in the 6 months prior to data collection per location



18.5% of respondents with a person with disability in their household reported difficulties, in contrast with 10.9% of respondents without disability in their household. Respondents with disability in their household proportionally tend to report slightly more that the difficulties faced are discrimination, being requested to bring documents or referrals letters in order to report, that cases are not taken seriously or ignored, and that there is malpractice within the system. This may suggest that police service access is more difficult for persons with disability than for the rest of the population.

Delays in response and feedback is the most cited challenge (61.5% of respondent who reported difficulties). This is followed by malpractice, reported by 53.3% of respondents. When asked about the most valued community structures, many FGDs participants reported that police is one of the most valued, despite also reporting some malpractice in the way police services work. Malpractice cited mostly relate to taking bribes and corruption. 44.4% of survey respondents who faced difficulties reported that some cases reported are not taken seriously or ignored, and 42.2% reported a lack of response and feedback. Other challenges mentioned include the long distance to the service, lack of or limited information on how to report to the police, being requested to bring documents in order to report, language barriers and facing discrimination. It is important to keep in mind that these difficulties are observed in a relatively small subset of respondents (12% of the total number of survey respondents).

Figure 9 - % of respondents who reported that they or members of their household faced difficulties accessing police services in the 6 months prior to data collection per difficulty faced

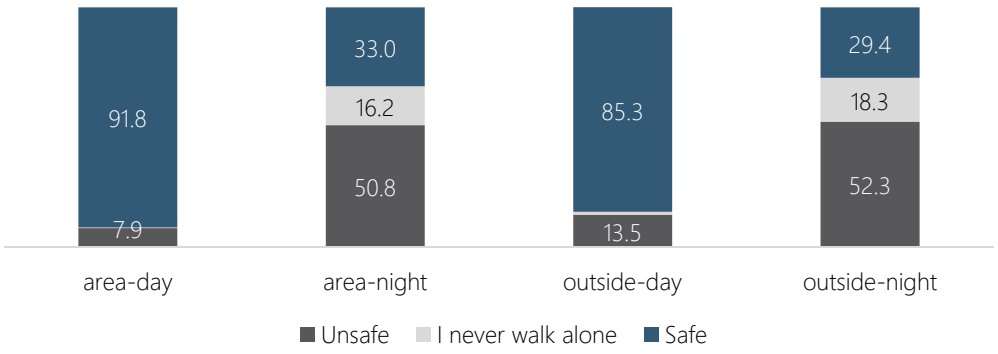


N = 135 ; respondents could select up to three options.

ii) Safety and security perceptions

Most respondents reported that they feel safe or very safe walking during the day, whether it is in their area (91.8%) or outside of their area (85.4%). However, respondents reported they tend to feel **less safe walking after dark**, with only 33% reporting feeling safe walking alone in their area after dark and 29.4% outside of their area after dark, as shown in Figure 10.

Figure 10 - % of respondents reporting on their safety perception when walking alone in their area and outside of their area during the day and after dark

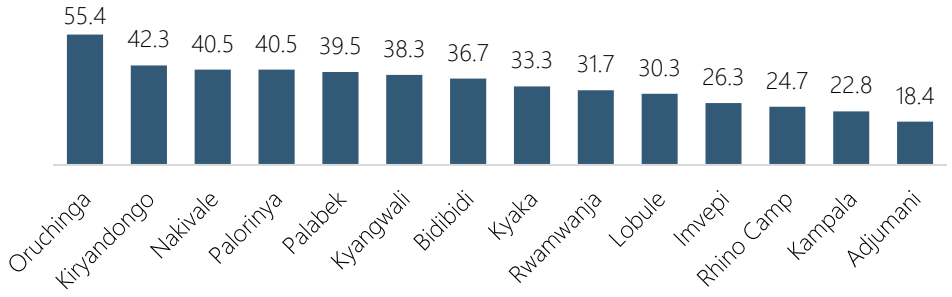


These perceptions vary in each settlement but do not vary significantly across gender, age groups and presence of disability within the household. 21.5% of respondents in Nakivale and 25.7% in Oruchinga feel a bit unsafe or very unsafe walking alone in their area during the day, while this proportion is under 10% in all the other locations where data was collected. **Respondents in Nakivale and Oruchinga also tend to feel less safe** during the night and outside of their area in comparison to other locations. This may suggest specific security challenges in these two settlements.

Respondents were also asked if they or members of their household faced security and safety challenges in the 6 months prior to data collection. As shown by Figure 11 below**, in Oruchinga, more than half the respondents reported that they or members of their household faced security challenges** in the six months prior to data collection. This is coherent with the lower perception of safety observed above. In Adjumani, only 18.4% of respondents reported security challenges, which is also coherent with the **safety perception observed in Adjumani that is generally higher** during the day than in other settlements. Qualitative data seems to confirm these findings, whereby security issues were not mentioned at all in Adjumani, which may indicate that insecurity is a minor problem in this settlement.

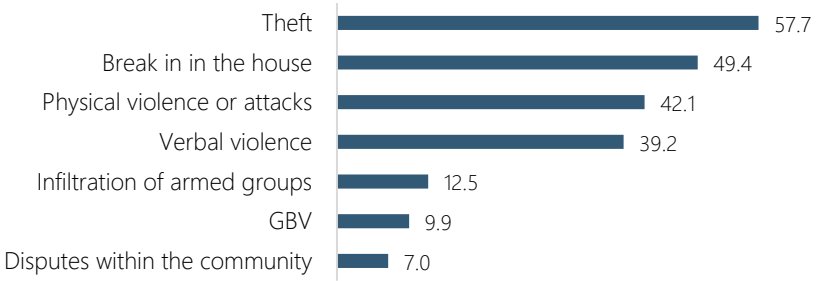
In the 2021 Participatory Assessment,[11] security incidents were reported more in Kyaka II, Oruchinga, Palorinya and Rwamwanja.

Figure 11 - % of respondents who reported they or members of their household faced security challenges in the 6 months prior to data collection per location



Overall, **34.3% of respondents reported security challenges**, of which 57.7% reported **theft**, 49.4% **break in in the house** and 42.1% reported **physical violence or attacks**, as shown by Figure 12 below. In Oruchinga, the most cited security challenges are physical violence, verbal violence, break in and theft.

Figure 12 - % of respondents who reported that they or members of their household faced security issues in the 6 months prior to data collection per issue reported



N = 386; respondents could select up to three options.

In both FGDs and KIIs, crime is reported as the biggest source of insecurity, with theft as the main crime reported. KIs located in Bidibidi, Palorinya and Rhino Camp did not mention insecurity, in contrast with most of the KIs in Imvepi, Kampala, Kyaka, Kyangwali, Rwamwanja and Palabek. Survey respondents in these areas reported relatively little insecurity, which may indicate that insecurity is only considered as a challenge by members of vulnerable groups. KIs representing youth and women reported insecurity related to crime, while representatives of ethnic or religious minorities, and other specific vulnerable groups reported fear of violence because of their belonging to these groups.

iii) Gender-Based Violence (GBV)

Discussing GBV during a phone interview was not considered appropriate because of the sensibility of the topic. Therefore, questions around GBV focused on awareness of available GBV services and GBV sensitization activities.

In the security and safety survey module, **9.9% of respondents who reported security issues in the six months prior to data collection cited GBV as one of the difficulty** they or members of their household faced. GBV as a security difficulty faced by respondents and household members is reported most in Bidibidi and Palorinya.

[11] REACH, UNHCR (2022), Participatory Assessment 2021. Available here.

Respondents were asked about their awareness of existing GBV sensitization services and activities in their area. Figure 13 displays the results and it seems **59.2% of respondents are aware of community mobilization for information sharing on GBV**, and **46.6% of women and girls centers**. **13.4% of respondents reported that they do not know of any sensitization activities** available in their area. There is no significant difference between male and female respondents. However, awareness varies across location, which may indicate that different services are available in each location. **In Kampala, 45.6% of respondents are unaware of any sensitization activities in their area**, 30.8% in Kyaka and 27.6% in Adjumani. This may indicate either a gap in sensitization activities in these locations, or a lack of publicity for such activities.

Figure 13 - % of respondents aware of GBV sensitization activities available in their area

In another survey conducted within the same timeframe as the Participatory Assessment and on a similar sample,[12] it was found that **96.6% of respondents would be able to advise survivors of GBV in their community on where to find at least one of the following services: health services, psychosocial services, safety and security services (police, safe shelters), and legal assistance**. Most respondents knew where to access security and health services. However, knowing where the services are or how to access them does not necessarily imply actual access and availability of dedicated GBV services.

In the FGDs, few groups mentioned GBV, which might be because it can be sensitive to talk about, even when groups are non-mixed in terms of gender. GBV was reported primarily by groups of women, which may indicate that women are more aware of GBV issues, even though this is not visible in the quantitative data. KIIs with host community representatives seem to suggest that GBV is also a problem in the host community.

(d) Peaceful coexistence / social cohesion

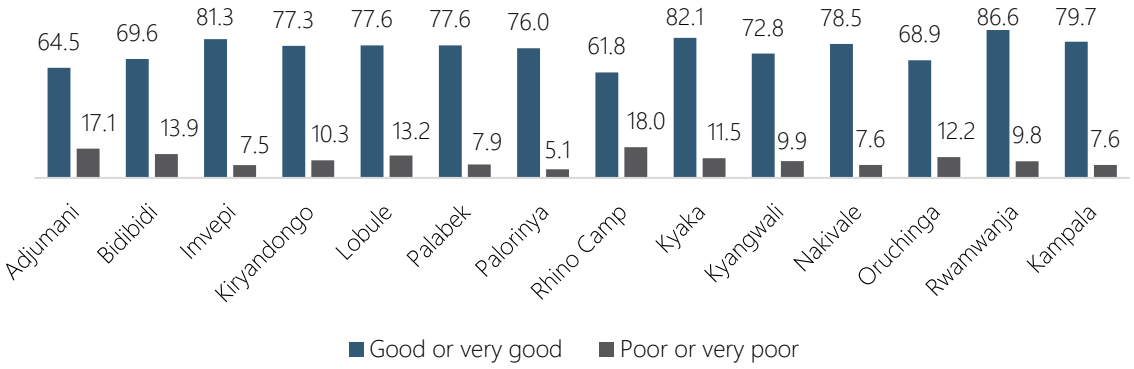
i) Relationship with the host community

Respondents were asked to rank their perception of the relationship with the host community. **75.3% of survey respondents ranked the relationship with the host community as good or very good** and less than 1% of respondents indicated that they do not interact with the host community. 12.4% of respondents rated this relation as okay, and 10.8% as poor or very poor. **11.7% of respondents in West Nile reported that the relationship with the host community is poor or very poor, which is slightly higher than in South West (10.2%) and Kampala (7.6%)**.

Looking at the same data per settlement, more respondents report poor or very poor relationship in Rhino Camp, Adjumani and Bidibidi than in other settlements.

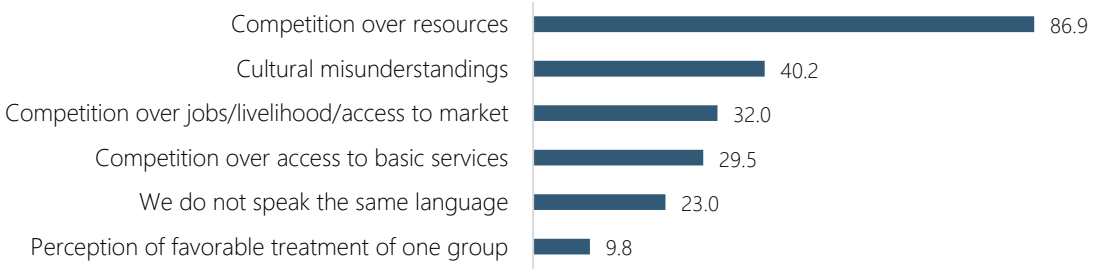
[12] The UNHCR Result-Based Monitoring Survey was conducted at the same call centre and using a similar methodology.

Figure 14 - % of respondents per ranking of the relationship with the host community



Out of the survey respondents who reported the relationship with the host community as poor or very poor, **competition over resources is the most cited reason to explain the poor relationship**, as shown by Figure 15. In comparison with other regions, more respondents in West Nile reported that the reason for the poor relationship is cultural misunderstanding.

Figure 15 - % of respondents who ranked the relationship with the host community as poor, per reason for the poor relationship



N = 122; respondents could select up to three options.

In FGDs, more than half of the groups mentioned social cohesion challenges, mostly related to relations with the host community. **The main challenge reported in this area focused on tensions regarding the land**, with FGDs participants reporting that the host community takes the land that is leased to them back whenever the crops are ready for harvest. This was especially mentioned in Bidibidi. KIs from the host community also reported social cohesion challenges, including conflicts on land boundaries.

Few KIs from the host community acknowledged that there is hostility from members of the host community towards refugees at times. Most of the KI from the host community also reported that the host community feels neglected in comparison to the refugee community even though the conditions they live in are quite similar.

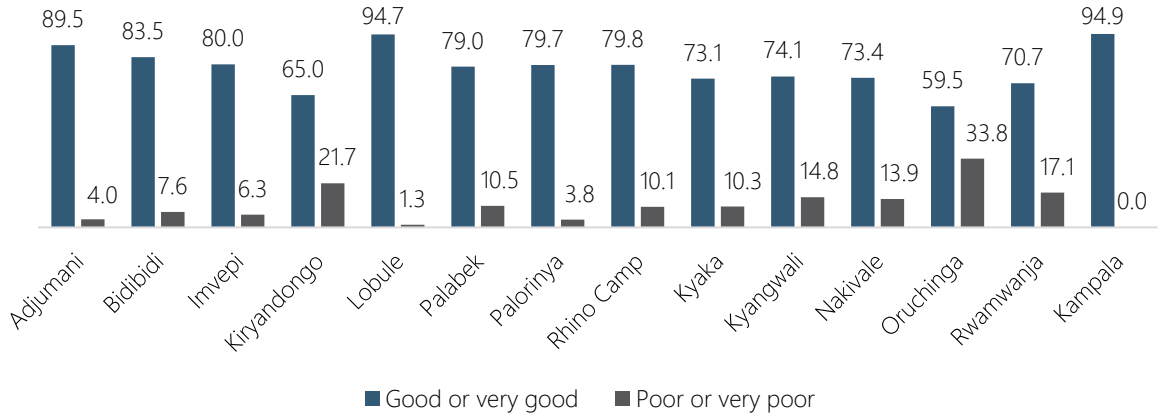
ii) Relationship within the refugee community

Respondents were also asked to rank the relationship within the refugee community. **11.2% of respondents considered the relationship within the refugee community is poor or very poor**. There are fairly big differences across locations, as shown by Figure 16. In Kampala, no respondent reported that the relationship is poor or very poor, while they were 17.7% in South West and 8.6% in West Nile. However, qualitative data collected shows a different picture. In Kampala, discrimination against a specific group was reported by most KIs. This may indicate that the challenges could be specific to vulnerable groups in Kampala.

Relationship within the refugee community is ranked as poor or very poor by more than 15% of respondents in Oruchinga (33.8%), Kiryandongo (21.7%) and Rwamwanja (17.1%). The poor relationship

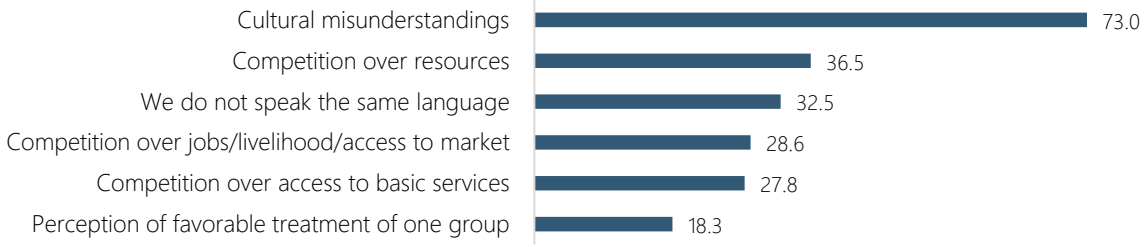
and associated reasons can be put in parallel with the safety perceptions that are lower in Oruchinga, and the higher number of security incidents reported in Kiryandongo. This may indicate the presence of more internal conflicts in these locations.

Figure 16 - % of respondents per rating of the relationship within the refugee community



The most cited reasons for the poor relationship were: cultural misunderstandings (73.3%), competition over resources (36.5%) and not speaking the same language (32.5%). Interestingly, cultural and language barriers were cited more to explain the poor relationship within the refugee community than to explain the poor relationship with the host community. Figure 17 illustrates the reasons most cited at national level as there is no significant differences across locations.

Figure 17 - % of respondents who ranked the relationships within the refugee community as poor per reason for the poor relationship



N = 126; respondents could select up to three options.

Representatives of vulnerable groups (KIIs) reported that their community is very fragmented, that there is stigma and discrimination against specific groups and that members of the group they represent feel isolated. Discrimination and stigma were mentioned mostly by representative of PwD, minorities (ethnic or religious) and sex workers. Discrimination does not seem to be perceived as widespread by community members who participated in the FGDs. Elders, ethnic or religious minorities and PwD reported that members of their group feel isolated.

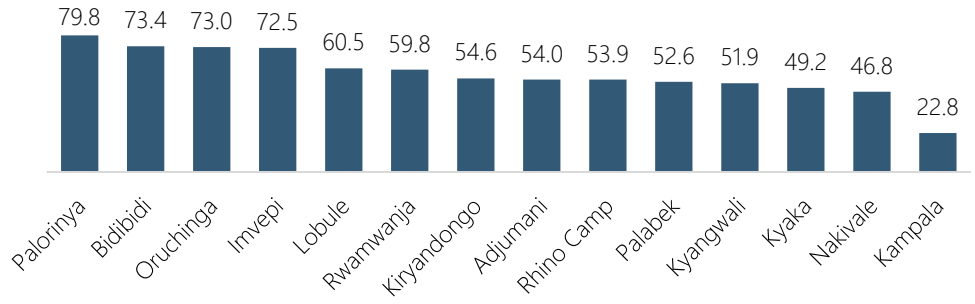
(e) Health and mental health

i) Health services

57.2% of respondents reported that they or members or their household faced difficulties in accessing health services in the six months prior to data collection. 6.9% of respondents reported they did not need this service in the 6 months prior to data collection.

Difficulties seem more pronounced in West Nile where 62.4% of respondents reported challenges while 55.3% reported challenges in South West and 22.8% in Kampala. **Difficulties to access health services vary greatly across settlements** with Palorinya respondents reporting the most difficulties and Kampala the least, as shown by Figure 18. This may suggest that access to health is easier for respondents based in Kampala, maybe because of the higher number of health facilities available in the capital city. Access to health was also mentioned as one of the main challenges faced by the communities in almost all the FGDs conducted.

Figure 18 - % of respondents who reported that they or members of their household faced difficulties in accessing health services in the 6 months prior to data collection

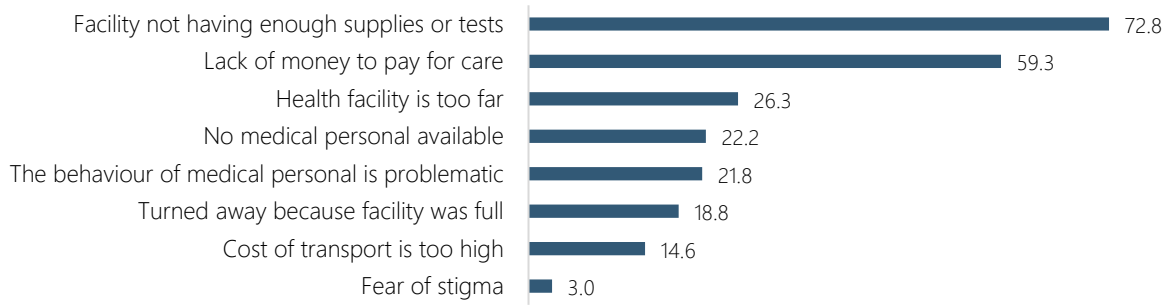


Respondents falling in the age category of **40-59 years old reported more difficulties** in accessing health services (63.0%). The most cited difficulty in that category is the lack of money to pay for care (68.6% of respondents aged 40-59 that report difficulties in accessing health services in the six months prior to data collection), followed by the lack of test and supplies at the health facility (65.7%).

Overall, the most cited difficulties faced when accessing health services were that the health **facility does not have enough medical supplies and tests** (72.8% of respondents who reported difficulties), **lack of money to pay for care** (59.3%) and that the **health facility is too far** (26.3%). This is coherent with the feedback from qualitative data collection where most FGDs participants and KIs reported a shortage of medical supplies and tests at health facilities. The lack of functioning ambulance was also mentioned in several FGDs. Other difficulties cited in the quantitative survey included the lack of medical personal, the behavior of medical personal, overcrowding of the facility, transport costs and fear of stigma, as shown by Figure 19.

Looking at the quantitative data at settlement level, the most cited difficulties follow what is observed across settlements, with a few exceptions. **Lack of money to pay for care was the most cited challenge in Kampala** (94.4% of respondents who reported difficulties) and South West (66.1%), but **the lack of supplies or tests at the health facility was the most cited challenge in West Nile** (81.6%). In Bidibidi and Palorinya 93.1% and 93.7% of respondents respectively reported that the health facility does not have enough medical supplies or tests.

Figure 19 - % of respondents who reported that they or members of their household faced difficulties in accessing health services in the 6 months prior to data collection per difficulty faced



N = 643; respondents could select up to three options.

The cost of transportation was reported by 14.6% of respondents overall but 30.2% of respondents in Kiryandongo. The long distance to the health facility difficulty was reported more by respondents facing difficulties in Palabek (52.5%). Overcrowding of the health facility to the point to be turned away was especially mentioned in Adjumani (36.6% of respondents reporting difficulties in Adjumani).

Several FGD participants also mentioned that the behavior of health workers was problematic, and transcripts suggest some cases where health workers take bribes to prioritize patients, and cases where health workers are rude and take medical decisions without informing the patient. Lack of staff was also reported as a cause for the overcrowding of the existing health facilities by participants of FGDs and several KIs. Representatives of vulnerable groups, especially PSN and PwD, insisted on the fact that there is no medication or equipment for some specific medical conditions.

66.1% of respondents with disability in their household reported that they or members of their household faced difficulties in accessing health services in the six months prior to data collection (N=107). This is 10 points more than respondents without disability (55.7%). 9.4% of respondents with disability in their household who experienced difficulties in accessing health reported that the difficulty was fear of stigma, vs 1.7% of respondents without disability in their household. 36.5% of respondents with disability in their household also reported that the medical personal behavior is problematic, a problem reported by 18.8% of respondents without disability in their household.

ii) Mental health and psychosocial support (MHPSS) services

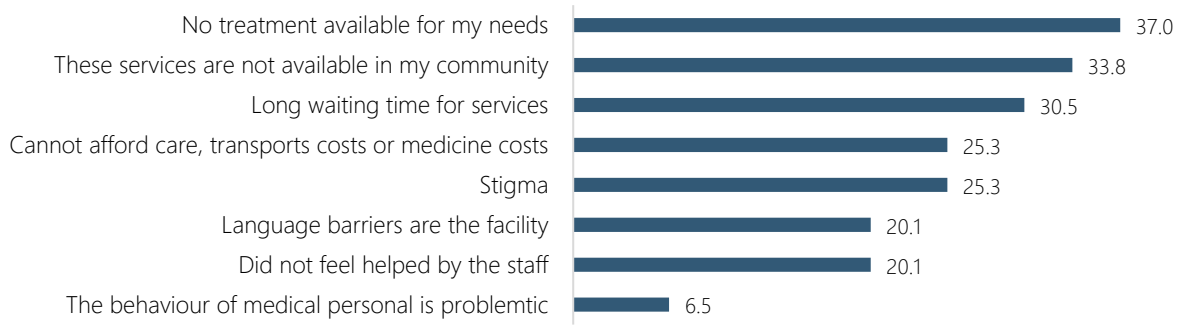
Psycho-social services correspond to activities that aim to promote or protect the mental and social well-being of individuals, including emotional help.

22.5% (253) of respondents reported that they or members of their household have needed mental health and / or psychosocial support in the six months prior to data collection. Of these, **60.7% (154) reported that there were difficulties in accessing the services**. Few of these respondents were located in Kampala, and the rest divided equally between South West and West Nile. Considering the stigma around mental health,[13] the percentage of respondents reporting that they or members of their household have needed mental health might be underestimated.

Difficulties reported in accessing mental health and or psychosocial services are displayed in Figure 20 and include that there is **no treatment for the needs (37%)**, the **services are not available in the community or are too far (33.8%)**, and the **long waiting time for services (30.5%)**. These responses may suggest that mental health and psychosocial support are scarce in comparison to the demand.

[13] UNHCR (2020), Arua MHPSS Survey Report.

Figure 20 - % of respondents who reported they or members of their household faced difficulties in accessing mental health and psychosocial services in the 6 months prior to data collection per difficulty faced



N = 154; respondents could select up to three options.

While a similar proportion of male and female respondents reported they or members of their household have needed mental health and psychosocial services in the 6 months prior to data collection, **67.9% of male respondents reported difficulties in access, vs 53.6% of female respondents**. 29.9% of male respondents reported that the challenge was fear of stigma, vs 19.4% of female respondents. This may suggest that male respondents have more difficulties to access mental health services, including because of the fear of stigma associated with seeking such services. This may also provide an indication of the differences in perception between men and women when it comes to barriers to accessing mental health services, since the respondents were asked about their household.

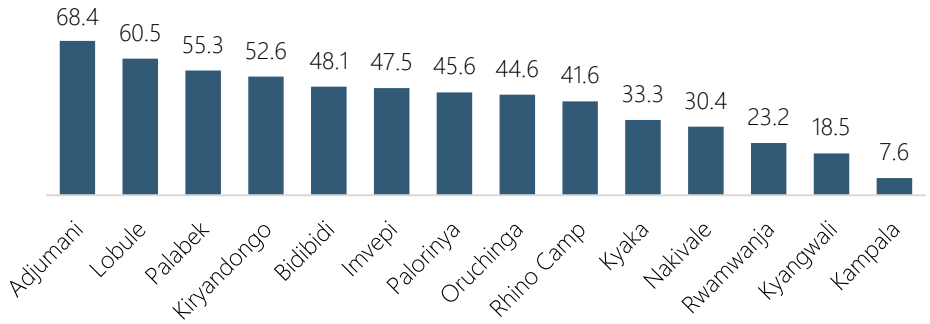
33.9% of respondents with disability within the household reported they or members of their household have needed mental health or psychosocial services in the six months prior to data collection, vs 20.6% of respondents without disability within the household. 80% of these respondents with disability within the household reported challenges, vs 55.6% of respondents without disability within the household.

(f) Livelihoods

i) Livelihoods support received and livelihoods needs

Across locations, **41.2% (463) of respondents reported that their household received livelihoods support in the six months prior to data collection**. In South West, 29.7% of respondents reported having received livelihoods support, 52.2% in West Nile and 7.6% in Kampala, which may indicate a stronger presence of livelihoods actors and corresponding support in the West Nile region. This is reflected in the graph below where Adjumani, Lobule and Palabek are indeed the settlements where the most respondents reported having received livelihoods support.

Figure 21 - % of respondents who reported having received livelihoods support in the 6 months prior to data collection per location

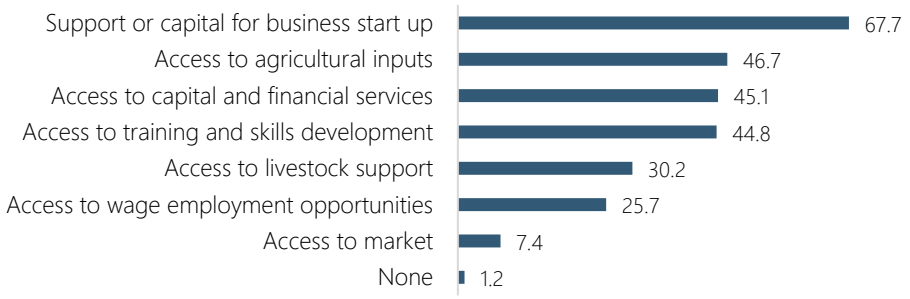


Respondents with a disability within their household were more likely to report having received livelihoods support in the six months prior to data collection (48.8%) in comparison to respondents whose household does not contain a person with disability (39.9%). The type of support received differs between the two categories of respondents. Respondents with a disability in the household received mostly access to capital and financial services while other respondents reported having received mostly training, and access to agricultural inputs (including land).

Generally, the **three most cited type of support received are access to training and skills development** (50.5% of respondents who received livelihoods assistance in the six months prior to data collection), **access to agricultural inputs** (48.6%) and **access to capital and financial services** (45.1%). In Adjumani, Kampala, Kiryandongo, Kyaka, Nakivale, Oruchinga and Rhino Camp, respondents reported that the support they received the most was access to capital and financial services; this kind of support was reportedly the only one received by respondents in Kampala. Access to training and skills development was the support most reported in Imvepi, Kiryandongo, Kyangwali, Lobule and Palorinya, while access to agricultural inputs was the most reported support by respondents in Bidibidi and Palabek.

Figure 22 displays the top three household's livelihoods needs reported by respondents. **67.7% of them reported support or capital for startup business as one of their household's top three needs**. It was followed by **access to agricultural inputs, including land** (46.7% of respondents), **access to capital and financial services** (44.8%) and **access to training and skills development** (44.8%). Only 1.2% of respondents declared their household had no livelihoods need. The top three household livelihoods needs reported, and support received are similar, which may indicate that support related to livelihoods is well targeted but that more would be needed to address the needs.

Figure 22 - % of respondent per top three household livelihoods needs reported



Looking at settlement level, there are differences between the support received and the needs reported by respondents. This may be because the support addresses needs that are thus not reported, or it can also be that support does not exactly match the needs of the households.

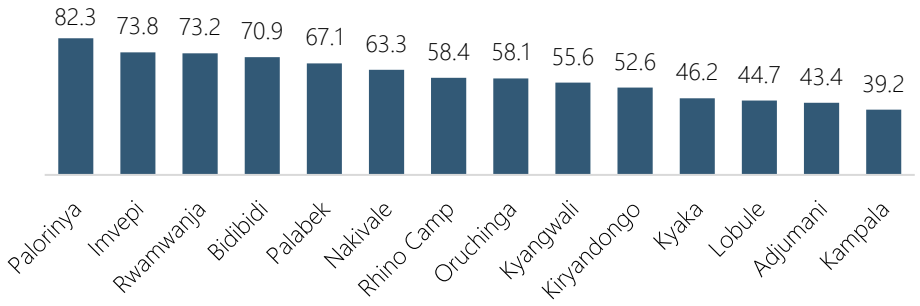
While support or capital for business startup cuts across the age categories, **respondents aged 60 and more years old reported needs related to agriculture more** (access to agriculture inputs, livestock support), while **the youth (18-24 years old) reported more needs on access to training and skills development** (58.8%). This may indicate that agriculture is considered less important for respondents aged 18-25 years old. During qualitative data collection, youth representatives insisted on the need for youth to undergo training and then be provided with the needed startup capital to be able to start an income generating activity. **Several youth representatives observed that usually youth are targeted by training activities but lack the startup capital to build on the skills they have learned**.

ii) Accessing livelihoods support

59.2% of respondents reported that they or members or their household had difficulties accessing livelihoods support in the six months prior to data collection. Difficulties in access were

reported similarly in West Nile (61.5%) and South West (59.4), even though more respondent declared having received livelihoods support in the six months prior to data collection in West Nile. In Kampala, only 39.2% of respondents reported difficulties in accessing livelihoods support, and 20.3% (the highest proportion of the three regions) reported that they have not needed such support in the 6 months prior to data collection. Looking at the data per settlement, Palorinya is the settlement where a higher proportion of respondents reported they or members of their household faced difficulties in accessing livelihoods support (82.3% of respondents).

Figure 23 - % of respondents who reported they or members of their household face difficulties in accessing livelihoods support in the 6 months prior to data collection



Most cited challenges include having **no access to information about available opportunities** (47.5%), **non-selection into the available programmes** (43.8%) and **limited capital to start up a business** (38.0%), as shown in Figure 24. The first two most cited challenges do not indicate an issue with the availability of support: respondents assume or know that the support is available but either have no information or were not selected to participate. The challenge of limited startup capital may indicate that such support is relatively limited across locations. It is also one of the main needs identified by respondents in the above section.

Figure 24 - % of respondents who reported they or members of their household faced difficulties in accessing livelihoods support in the 6 months prior to data collection per difficulty faced

N=666; respondents could select up to three options

Poor quality / availability of land for agriculture was cited by only 19.1% of respondents, even though it was one of the main issues related to livelihoods reported during qualitative data collection. **Most FGDs participants and many KIs reported land as the major challenge related to livelihoods**, highlighting that there is not enough good quality land available, or that renting land from the host community is expensive. Most KIs from the host community also reported problems with the land, and especially the fact that the increase of population because of the influx of refugees results in a lot of stress on available resources, such as the environment that is becoming degraded because of the lack of arable land

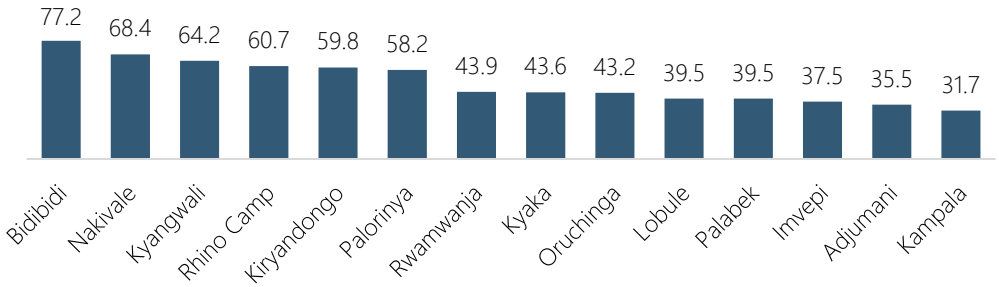
available and the need for firewood and grass for roofing. Livelihoods challenges were reported across all vulnerable groups, but the youth representatives' feedback may suggest there are problems that are specific to youth with the lack of startup capital and perceived discrimination on the job market.

(g) Water, Sanitation and Hygiene (WASH)

50.6% of respondents reported that they or members of their household faced difficulties accessing water for drinking, cooking, and for personal care in the six months prior to data collection. As shown by Figure 25, there are significant differences between settlements, even though the data at regional level does not show a significant difference between the South West and West Nile regions. Kampala is where the least respondents reported such difficulties and Bidibidi is where respondents reported the most difficulties. More than half of the FGDs participants also reported that there are challenges related to the WASH sector in their communities. Almost half of the FGDs participants mentioned water shortages, sometimes during dry season or throughout the year.

Respondents in the 60+ category reported slightly less difficulties. One explanation could be that elders are not necessarily going to fetch water if there are younger members in the household and this could imply that these respondents had lower knowledge of the difficulties faced by their household in this sector.

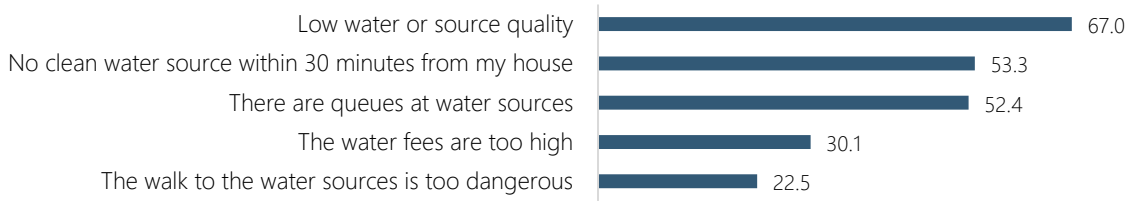
Figure 25 - % of respondents who reported that they or members of their household faced difficulties in accessing water in the 6 months prior to data collection per location



In Bidibidi, 90.2% of respondents who faced difficulties reported the low water or source quality as the main challenge. The same challenge was also reported by 90.0% of respondents that faced difficulties in Lobule. "Queues at the water sources" was the challenge reported the most in Palabek and Adjumani. "Lack of clean water within 30 minutes from the house" was mostly reported in Rwamwanja, Oruchinga, Nakivale, Imvepi and Adjumani. The "walk to the water source is too dangerous" was mostly reported in Palabek and Palorinya and Kiryandongo. This is coherent with the findings on security as around 40% of respondents reported security challenges in these three settlements. Respondents in Kampala mostly reported on the high cost of the water fees.

Figure 27 below shows the challenges for all the locations. **67.0% of respondents reported the low water of source quality as a difficulty related to access to water**. This is followed by the **long distance to a clean water source (53.3%)** and **queues at the water source (52.4%)**, which may suggest that there might be a lack of water points in some areas since the sources are reportedly either crowded or more than 30 minutes away.

Figure 26 - % of respondents who reported that they or members of their household faced difficulties in accessing water in the 6 months prior to data collection per difficulty reported



N=569; respondents could select up to three options

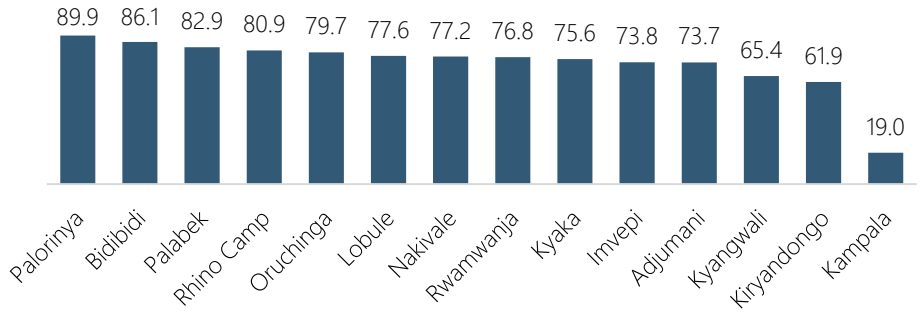
While quantitative data collection focused on water related issues, hygiene and sanitation were touched upon during qualitative data collection. Female FGDs participants mentioned that there is a lack of sanitary items (such as pads and soap). In the KIIs, women and PwD representatives also highlighted this challenge. Some FGDs participants also reported that latrines are in poor conditions and need repairs but there is no one to repair the latrines.

(h) Shelter

72.7% of respondents reported that they or members of their household faced difficulties with shelter construction and maintenance in the six months prior to data collection. In the quantitative data collection, shelter is the sector where the most respondents reported difficulties. Shelter was also mentioned as one of the main challenges in qualitative data collection.

77.8% of survey respondents reported such difficulties in West Nile, 74.9% in South West and 19.0% in Kampala. Kampala refugees face different problems with shelter, and it is possible that the question was not well adapted to urban refugees. In qualitative data collection, the main challenge reported by respondents in Kampala was the cost of the rent as refugees in Kampala are less likely to have to build and repair their own dwelling structure. This may explain the low proportion of respondents facing shelter construction and maintenance challenges in Kampala. More than 80% of respondents reported difficulties in Palorinya, Bidibidi, Palabek and Rhino Camp, as can be seen in Figure 27.

Figure 27 - % of respondents who reported that their household had difficulties with shelter construction and maintenance in the 6 months prior to data collection

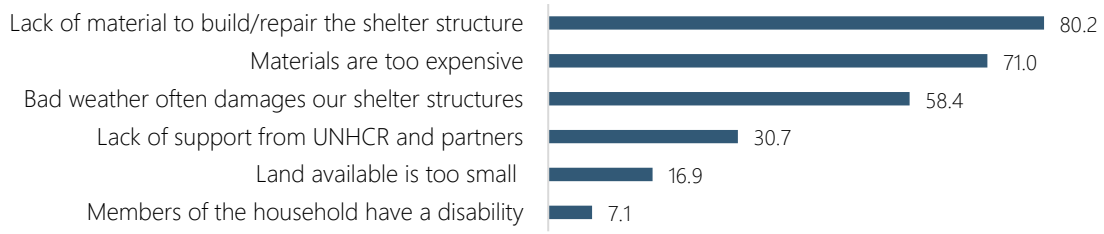


85.2% of respondents with a disability in their household reported that they or their household faced difficulties with shelter construction and maintenance in the six months prior to data collection, which is significantly higher than respondents with no disability in their household (70.6%).

The most cited challenges by respondents who reported difficulties with shelter construction and maintenance include the **lack of material to build or repair the shelter structure** (80.2% of respondents that faced difficulties), the **cost of the materials** (71.0%), and **the bad weather** that

damages shelter structures (58.4%). 7.1% of respondents mentioned that members of the household have a disability and/or are physically not able to build or repair the shelter structure. Unsurprisingly, most respondents that selected this answer were respondents who have at least one member with a disability in their household.

Figure 28 - % of respondents who reported that their household faced difficulties with shelter construction and maintenance in the 6 months prior to data collection per difficulty faced



N=818; respondents could select up to three options

Lack of material to build or repair the shelter structure was cited less in Kyaka and Kampala. In all the other settlements that challenge was reported by more than 70% of respondents that reported difficulties and near to 90% of respondents in Adjumani and Imvepi. The cost of material was reported by 94.9% of respondents who reported difficulties in Imvepi, and by between 60 and 80% of respondents in other locations. Bad weather was mostly reported in Nakivale, Palorinya and Kiryandongo. Lack of support from UNHCR and partners was mostly reported in Kampala, which can be explained by the fact that shelter support is quite limited for refugees located in Kampala.

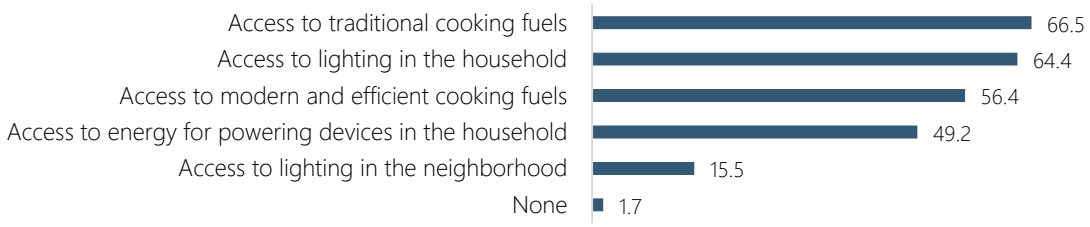
FGDs participants also mentioned that access to materials is difficult, including grass and wood, because these resources are located in host community land and access can be challenging. Many KIs reported that their shelters in the community are in poor condition. This was mostly reported by KIs representing elders and PSN.

(i) Energy and Infrastructures

Respondents were asked about the top three energy needs of their households that are not met by the current service provision. As shown by Figure 29, **access to traditional cooking fuels (e.g., firewood, briquettes, charcoal) was reported by 66.5% of households**, while **access to modern, efficient, and environmentally friendly cooking fuels (e.g., improved stoves, solar power) was reported by 56.4% of respondents**. Lighting and energy for powering devices were reported respectively by 64.4% and 49.2% of respondents. For these answers, it is important to keep in mind that the survey was conducted over the phone, implying that respondents were able to access energy to power their device and take the phone call. In this sense, need for access to energy for powering devices is likely to be underreported. Only 1.7% of respondents reported that their household currently has no energy need that is unmet by the current service provision.

Respondents in the category 18-24 and 25-39 years old reported more needs related to access to cooking fuels (both traditional and modern) than respondents above 40 years old. This may suggest differences in perceptions of the needs of the household between age groups. Need for access to lighting in the household wass reported the most in Lobule, Palabek, and Rhino Camp (more than 75% of respondents), suggesting households in these locations may have little access to lighting in their household.

Figure 29 - % of respondents reporting of their household's top three energy needs not met by the current service provision

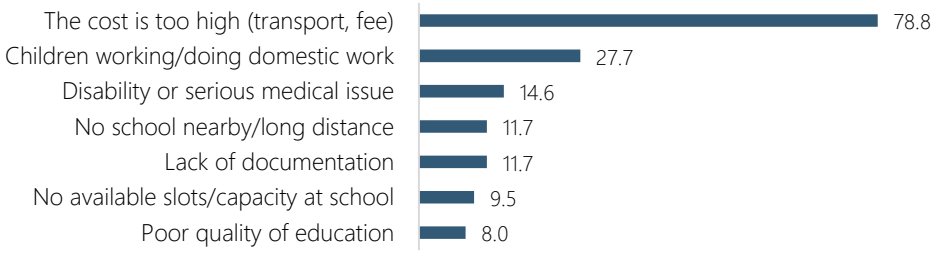


There were no questions on infrastructures in the quantitative survey. However, it was mentioned by participants several times in the qualitative data collection**. In the FGDs, participants in Lobule and Kiryandongo reported the quality of infrastructure as poor**, mostly mentioning the road quality. This may indicate poor road infrastructure in these settlements or be reported because of the distance to the services which requires to be on the road to access basic services. **Infrastructures such as lighting and roads were also reported as challenges by a few KIs in Lobule and Kiryandongo**. KIs from the host community also recognized there is a problem with existing infrastructures. However, a bit less than half of the KIs representing the host communities mentioned that the district unfortunately does not have the budget to maintain infrastructures at this moment.

(j) Education

79.3% of survey respondents were members of a household with school aged children. Education questions only focused on these households (N=892). Out of these households with school aged children, **15.4% comprised at least one school aged child who was not going to school for the school year during data collection**. Amongst the respondents who reported that at least one school aged child in their household is not going to school, **78.8% reported that the reason for the child not going to school is that the cost is too high (transport, supplies and fees)**, as can be observed in Figure 30.

Figure 30 - % of respondents reporting that at least one school-aged children in their household is currently not going to school per reason why



N=137; respondents could select multiple answers

School dropouts were reported the most in Nakivale, Rwamwanja and Oruchinga. However, the actual number of respondents reporting that there are school aged children not going to school in their household was too small to conduct disaggregation per settlement.

Qualitative data collected tends to confirm that the cost of education is problematic for refugees with children. The cost of education includes both the school fees and the associated costs, such as uniform, supplies like books, and transportation to school. In some FGDs, participants pointed that one

of the challenges related to education was the overcrowing of schools, according to them because of the lack of teachers. Several KIs confirmed this.

(k) Food security

There were no questions related to food and food security in the quantitative survey for the Participatory Assessment. However, **food security and fear of food insecurity were one of the main topics in all qualitative data collection exercises**. The context of on-going prioritization of the General Food Assistance (GFA) when data was collected might explain the prevalence of that concern amongst participants. The prioritization is perceived by the participants as cuts in the food rations. **All the FGDs participants and most refugee KIs mentioned that access to food is a challenge** for members of their community. Participants directly linked this to the reduction and prioritization of the GFA and mentioned that it triggers fear of food insecurity. Very few participants reported food insecurity already existed at the time of data collection. Many KIs and FGDs participants reported that one of the problems associated with the reduction and prioritization of the GFA is that it no longer allows refugees to sell part of the assistance to address other needs. FGDs participants in Kampala (where refugees are not eligible for the GFA) reported that access to food is a challenge because of the cost of food.

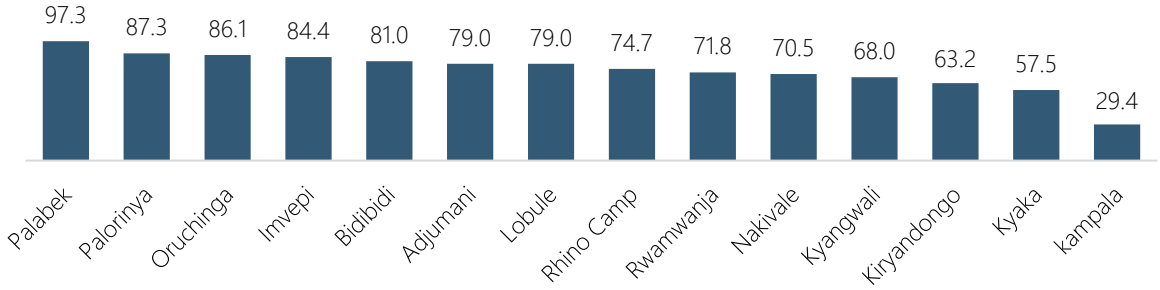
Section 2.03 Community Participation and Accountability to Affected Populations (AAP)

This section outlines assessment findings related to the perception of the on-going response in Uganda and the participation of refugees in decision making, and their knowledge and perspectives on existing complaint and feedback mechanisms (CFM).

(a) Community structures as a resource

74.4% of respondents (795) reported that whenever they or members of their household faced difficulties with accessing basic services in the six months prior to data collection, **they did reach out to community structure for help**. The proportion of respondents who reached out to community structures when facing challenges in accessing basic services varies across settlements with 97.3% of respondents in Palabek and only 29.4% in Kampala, as shown by Figure 31.

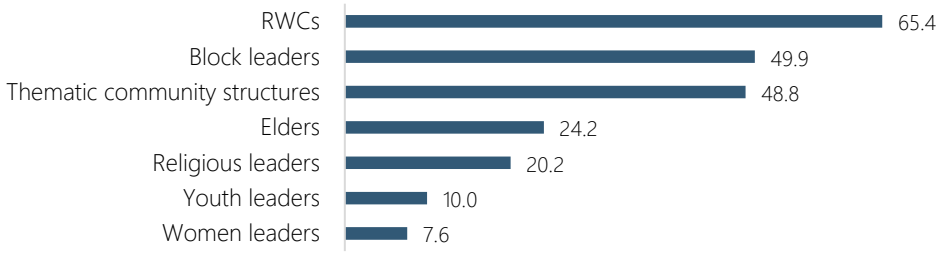
Figure 31 - % of respondents who reported they or members or their household reached out to community structures for help in the 6 months prior to data collection



Most survey respondents reported to reaching to the Refugee Welfare Committees (RWC, all levels). About half of the respondents reported reaching out to block leaders and the thematic community structures, as shown by Figure 32. Thematic community structures include structured and formal thematic structures, such as Village Health Teams, Child Protection Committee, Neighborhood

Watch Committee. Elders, religious leaders, youth leaders and women leaders are also thematic structures in a sense but since they tend to be less formalized, they are treated separately**.**

Figure 32 - % of respondents who reported reaching out to community structures for help in the 6 months prior to data collection per structures reached out to



N=795; respondents could select more than one option

Qualitative data collected confirms that the most valued structures amongst participants are the RWCs. Participants reported that they reached out to various levels of the RWC depending on the matter at hand. Qualitative data seems to suggest that religious and cultural leaders play a bigger role in the daily lives of refugees than what survey respondents reported. In the FGDs, participants reported NGOs and partners offices as valued community structures, suggesting that NGO presence in the settlements is so strong that it is now part of the community. This can be explained by the fact that NGOs and partners provide most of the basic services available in the settlements. Police was also defined as a community structure by FGDs participants.

59.6% of survey respondents who did reach out to a community structure in the six months prior to data collection reported that they were not satisfied with the feedback they received. More than half of the FGDs participants also reported that they do not receive satisfying feedback when reaching out to community structures as they define them. Similarly, as with other sources of data, most KIs reported that they do not receive satisfying feedback when turning to community structures for support. Both quantitative and qualitative data show that **even with a relatively high rate of dissatisfaction, respondents do reach out to community structures**. In this sense, the absence of satisfying feedback can also mean that it is insufficient but there might be no other actor to reach out to in order to get satisfying feedback.

34.0% of respondents reported that there are community structures they or members of their household would have liked to reach out to in the six months prior to data collection but had difficulties in doing so. In Oruchinga, Rwamwanja, Rhino Camp and Nakivale, more than 45% of respondents reported difficulties, and only 12.8% of respondents in Kyaka.

Challenges encountered by these respondents or members of their household include **delays in getting response/feedback** (56.9%), **long distance or physical barriers to reaching out** (42.8%) and **malpractice within the community structure**, including bribing (31.9%). About 20% of respondents who faced challenges reported language barriers and facing discrimination.

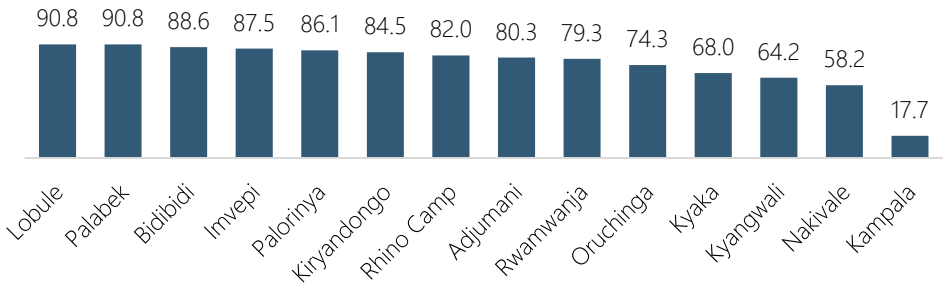
In more than a third of the FGDs, participants reported challenges with community structures. These include the fact that community structures members are unpaid (and hence not motivated, as certain participants reported), and some structures' members may ask for bribes in exchange of services. Few groups also reported that community structures do not represent the interests of the community as a whole. Further investigation might be needed to understand if community structures would be more representative and taking less bribes if they were compensated for their work within the community. Several FGDs participants also reported that they fear reporting anything to the community structures by fear or being denied access to services later if complaining too much.

FGDs participants were also asked why they reach out to community structures. The most cited use of community structures was **to report insecurity**. Insecurity here is understood broadly and includes reports of GBV cases, crimes and general security concerns such as conflicts and tensions between communities (host and refugees), and within communities (e.g. tribal conflicts). This echoes the fact that police and RWCs are amongst the most valued community structures as defined by the participants. Conflicts and domestic violence are generally reported to RWCs, while crimes are reported to both RWCs and the police, according to what participants said in the FGDs.

(b) Perception of the on-going response

75.3% of survey respondents reported that they or members of their household received assistance in the six months prior to data collection. The proportion of respondents reporting having received assistance was only 17.7% in Kampala, which is coherent with the fact that refugees have less entitlements in Kampala than in the settlements. The settlement where the least respondents reported having received assistance was **Nakivale with 58.2% of respondents**. In all the other locations, more than 60% of respondents reported having received assistance, and **over 90% in Lobule and Palabek**, as shown by Figure 33.

Figure 33 - % of respondents whose household received assistance in the 6 months prior to data collection per location



Unsurprisingly, a vast majority of the respondents who reported having received assistance reported that **the assistance they received was a basket of food (62.5%)**, which might correspond to the GFA. **31.8% of respondents reported that they received conditional cash** and **20.9% reported that they received unconditional cash**. 18.9% reported they received training for improving skills.

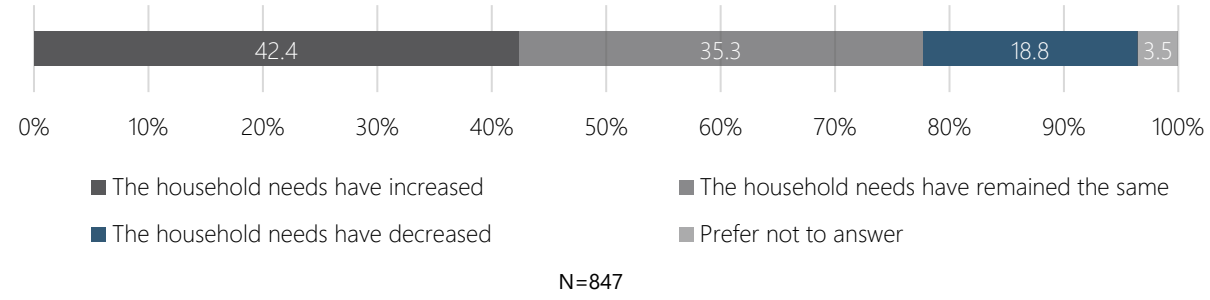
Out of the respondents who reported having received assistance (847), **77.3% (655) expressed dissatisfaction regarding the aid received**, mostly because the quantity was not enough (82.1% of the dissatisfied respondents), and **46.0% of the dissatisfied respondents reported that the assistance did not match the needs of their household**.

Representatives of vulnerable groups (KIIs) also mostly reported that they have received assistance in the six months prior to data collection. This does not necessarily mean that the assistance received was specific to their group. About half of the KIs reported being satisfied with the assistance received. The other half reported dissatisfaction for the following reasons: quantity of the aid is not enough; the assistance does not cover everybody. The same trends are observed in qualitative data collected with representatives of the host community. **All the KIs with the host community representatives reported that members of the host community have received aid in the 6 months prior to data collection**. Half of the host community representatives reported that the assistance is not enough.

Survey respondents were asked to estimate whether since they received the assistance the needs of their household increased, decreased or stayed the same. As shown by Figure 34, **42.4% of the**

respondents who reported having received assistance declared the needs of their household increased, while only 18.8% that the needs of their household decreased. This information is to put in perspective in the Ugandan context where assistance provided to refugees, including the GFA, is decreasing. In this light, it can make sense that even though respondents did receive assistance, they received less of it and their household needs increased.

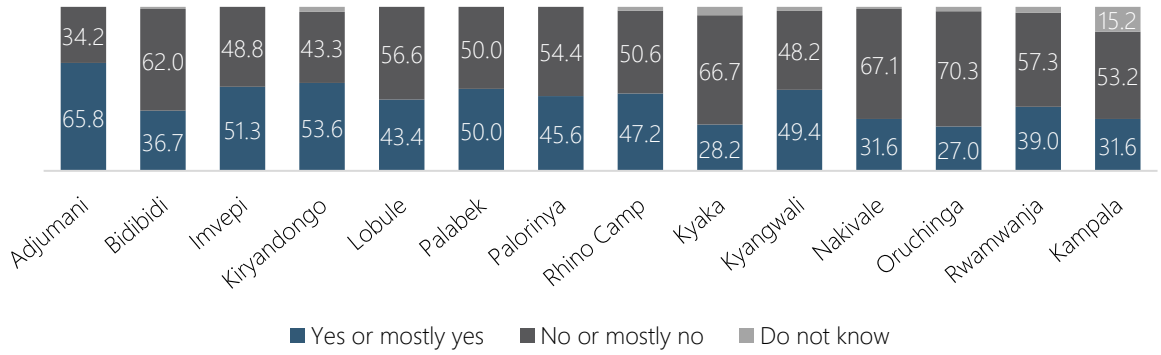
Figure 34 - % of respondents whose household received assistance in the 6 months prior to data collection reporting about the evolution of their household's needs



N=847

Survey respondents were asked if they feel that aid agencies provide aid that is appropriate and relevant to their needs. Overall, **54.2% of respondents considered that aid agencies do not provide assistance that is appropriate and relevant to their needs**. This proportion is higher in South West than in West Nile and Kampala, as shown by the figure below.

Figure 35 - % of respondents who feel aid agencies provide aid that is appropriate and relevant to their needs, per location

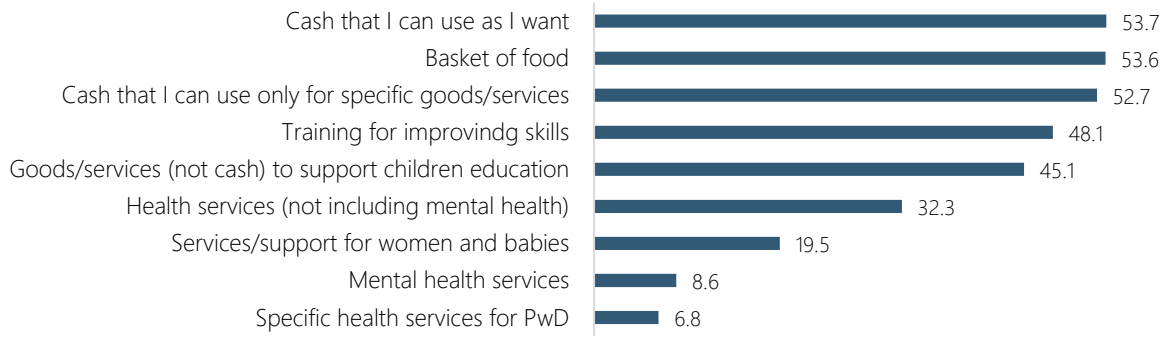


Qualitative data was also collected on the perception of the on-going response. **In more than two third of the FGDs, participants reported that they feel left aside in comparison to other refugee groups** within the settlement (e.g., PSN, other nationalities) or to other settlements. One third of the groups reported that vulnerable people (PSN) were not receiving additional assistance, despite their specific needs. A third of the groups also reported that there is malpractice in receiving assistance (favoritism whereby community leaders may take advantage of the assistance their community is receiving, or having to bribe whoever does the selection of beneficiaries in order to receive assistance). **It seems that aid delivery is not perceived as fair by the majority of participants in the FGDs conducted. Almost half of the KIs from vulnerable groups reported that there is no fairness in service provision** or that they see discrimination in the way assistance is distributed. A few KIs also reported that service providers have no consideration for their vulnerable group. Lack of fairness in aid provision is mentioned more by KIs from vulnerable groups in Imvepi, Nakivale and Oruchinga. Several

KIs representing women, including single mothers, reported that many women have many dependents but that it is not taken into account in the provision of assistance.

Survey respondents were asked about the type of assistance they would like to receive in the future. The top three listed by respondents are the same as the type of assistance respondents reported having received in the past 6 months but in a different order and with different proportions. **More than half of the respondents declared that they would like to receive unconditional cash (53.7%)**, **basket of food (53.6%) and conditional cash (52.7%)**. 48.1% reported they would like to receive training for improving skills, which echoes the needs and challenges highlighted in the section on Livelihoods. Similarly, 45.1% of respondents would like to receive support for children education, which again echoes the challenges related to children education described in the Education section. Figure 36 shows the percentages of respondents per type of assistance their household would like to receive in the future.

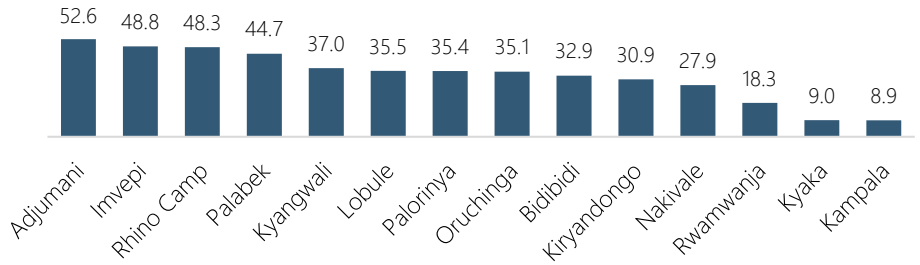
Figure 36 - % of respondents per type of assistance their household would like to receive in the future



(c) Participation in the on-going response and information

Overall, **33.2% of survey respondents reported that they or a member of their household was consulted regarding the type of assistance they would like to receive** in the six months prior to data collection. This proportion varies across settlements with close to 50% of respondents reporting they have been consulted in Adjumani, Imvepi and Rhino Camp, and less than 10% in Kyaka and Kampala.

Figure 37 - % of respondents that reported that their household has been asked about the type of assistance they would like to receive in the 6 months prior to data collection per location

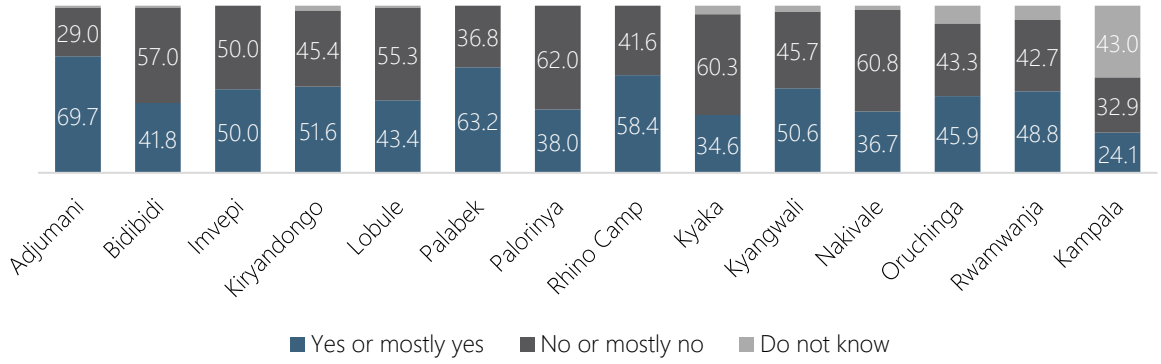


Out of the respondents who reported that they or members of their household have been consulted regarding the type of assistance they would like to receive (374), **74% reported that they did not received what they asked for**, and 25% reported that they did, while 1% did not know.

Survey respondents were also asked whether they personally feel that aid agencies take their community's opinions into account when providing support to their community. Results per settlement are presented in Figure 38. The proportion of respondents who answered yes or mostly yes is higher in

West Nile than in South West and Kampala. This also echoes the fact that respondents in West Nile reported being more consulted than the respondents in South West and Kampala.

Figure 38 - % of respondents who feel aid agencies take their community's opinions into account when providing support to the community, per location



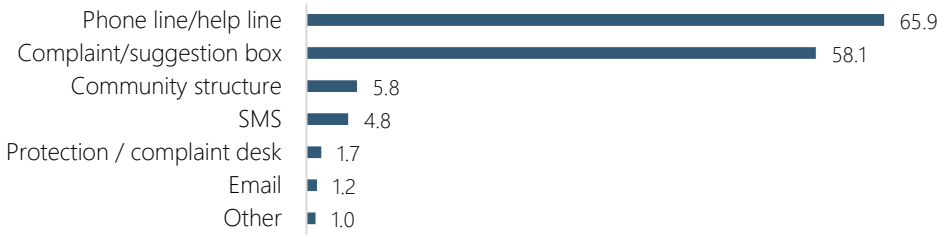
Half of the host community KIs reported that they have been consulted and received assistance that corresponds to what they said they needed. The other half declared not having been consulted but would like to be. **Less than half of the representatives of vulnerable groups reported that their group has been consulted by aid providers.** Most of them also reported that they have not received any feedback on these consultations. A minority of KIs from vulnerable groups reported their group was consulted and received the assistance they needed and asked for. The rest was not consulted but would like to be consulted on a regular basis.

KIs from the host community reported that they have all received information from aid providers in the 6 months prior to data collection. However, the KIs were district officials, and it does not give any indication on whether members of the host community have received information. **A bit more than half of the representatives of vulnerable groups reported that members of their group have received information from aid providers in the six months prior to data collection**. Information received was mainly related to the prioritization of GFA, specific NGO activities or the Ebola response.

(d) Use and knowledge of Complaint and Feedback Mechanisms (CFM)

52% of respondents reported being aware of and knowing how to use CFMs in their community. Amongst the respondents who reported being aware and know how to use CFMs available in their community, **65.9% knew about the phone line**, and **58.1% about a complaint and suggestion box**, 5.8% about community structures for complaint and feedback. Other response options included SMS and email, of which only 4.8% and 1.2% of respondents were aware of respectively, as shown by Figure 39.

Figure 39 - % of respondents aware and knowing how to use CFMs, per CFM



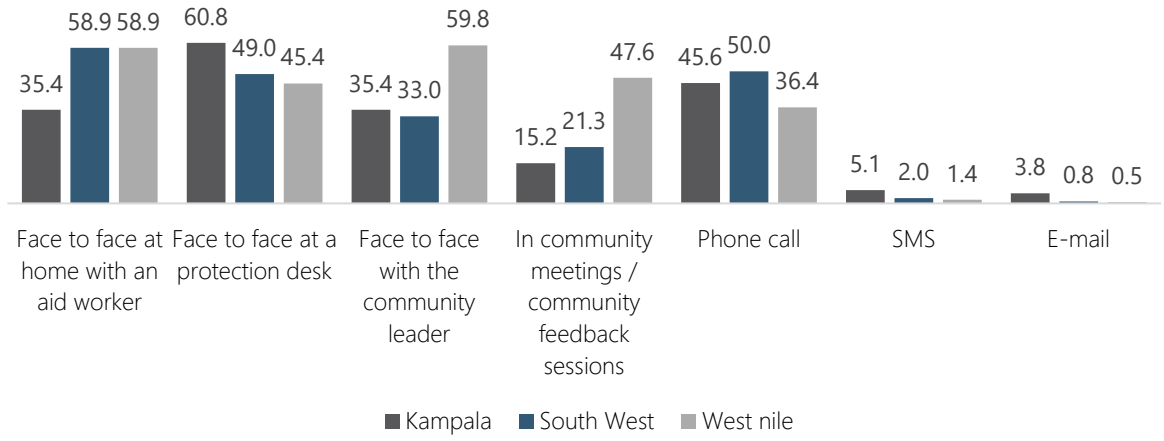
N=590; respondents could select multiple options

Amongst respondents aware of a helpline (N=389), 67.9% of them knew about the inter-agency phone line. 67.9% reported to be aware of the interagency phone line, 57.1% another UN helpline and 38.3% partners helpline.

Amongst respondents who were aware of and knew how to use CFMs available in their community (N=590), **45.9% (271) have used a CFM** in the six months prior to data collection. **52.8% (143) of these were not satisfied by the response they received**, mostly because nothing changed as a result of this complaint (69.2%), they did not receive a response (48.9%), the response did not correspond to the complaint/feedback (22.4%), the response was complicated (14.7%), or the response was in another language (4.9%).

Respondents were also asked about their preferred way of providing feedback about aid and/or the behavior of aid workers. Figure 40 displays the results per region. While **face-to-face at home with an aid worker was reported as the preferred way of giving feedback for respondents in West Nile ad South West** (58.9%), respondents in **Kampala would prefer to go face-to-face at the protection desk** (60.8%). In West Nile, 59.8% of respondents would like to provide feedback face-to-face with the community leader. Community meetings as CFM were also more cited in West Nile (47.6%) in comparison to respondents in Kampala (15.2%) and South West (21.3%).

Figure 40 - % of respondents per preferred way of providing feedback about aid and aid workers behavior, per region



Respondents in Kampala seem to prefer digital communication more than in other regions, maybe because of an easier access to network and/or technology in the capital city. However, SMS and Emails were cited by less than 5% of respondents, even in Kampala, suggesting that digital means for CFM are not common.

CONCLUSION

Wars, violence, and persecution in neighboring countries continue to drive forced displacement into Uganda. Refugees must be able to participate meaningfully in the decision process related to their protection and well-being. The Participatory Assessment aims to promote this meaningful participation through consultations with a wide range of refugees in all the settlements and Kampala. Despite the circumstances leading to remote data collection, the data collected for this year's Participatory Assessment provides a comprehensive overview of the situation of girls, boys, women and men of concern of diverse backgrounds, including the protection risks and challenges in accessing basic services that they face, and their coping mechanisms.

Despite existing capacities and services delivery, the Participatory Assessment shows that refugees continue to report difficulties in accessing basic services. Survey respondents reported to face the most difficulties with shelter construction and maintenance, although this was not the case for respondents located in Kampala, who face challenges that are specific to urban refugees, such as access to food and rent affordability. The on-going prioritization of the general food assistance seems to have triggered fear of food insecurity across settlements, as many respondents reported having no or little source of livelihoods and difficulties to access livelihoods support, including access to startup capital. Access to health remains problematic for many respondents, who reported that the health facilities lack medical supplies, drugs and tests to deliver quality care. Overall, the participants in this assessment did not report strong safety and security concerns. However, a higher proportion of survey respondents in Oruchinga seems to be concerned with their safety, while respondents in Adjumani reported the least safety and security concerns. Vulnerable groups of refugees seem to be more affected by difficulties in accessing basic services, either because of physical barrier to access or because of stigma and discrimination.

Community structures play an important role in the daily lives of refugees, especially those based in the settlements, even though participants in this assessment reported relatively low satisfaction when reaching out for help. This may indicate an opportunity for capacity building of existing community structures.

Overall, a majority of participants (quantitative and qualitative data collection) in this assessment reported that aid agencies do not provide assistance that is appropriate and relevant to their needs, and also emphasized the need for further consultations of communities, and the need for NGOs, partners, authorities and UNHCR to provide feedback when conducting such consultations. The Participatory Assessment provided a unique opportunity to address these issues through broad consultations. Partners of the Uganda Refugee Response can use this assessment to take into account the perspectives of affected communities of diverse background into the design and implementation of their activities while placing them at the center of the response.

ANNEXES

Annex 1 - Recommendations from the communities consulted per sector

During qualitative data collection, participants in KIIs and FGDs were asked about recommendations to address the challenges that they have been describing during the discussion. These are the recommendations below. These recommendations do not necessarily reflect IMPACT or UNHCR's opinions.

Recommendations have been sorted by mention, whereby recommendations on top of the list have been mentioned by more qualitative data collection participants than the ones at the bottom of the list that in some cases may have been mentioned by only one or two participants.

Registration, documentation and resettlement:

- More and or faster resettlement opportunities for refugees
- Make the registration process more inclusive
- Allow appeal for Refugee Eligibility Committee interview
- Provide repatriation assistance if there is no further assistance available in Uganda

Security:

- Sensitize / give more information on women rights, family planning, early pregnancies, GBV, early marriages and challenges that affect women and girls
- Ensuring security in the settlements, including via providing more lighting in the neighborhood
- Having more juvenile cells in prison so that youth who committed crimes are not in prison with adults

Social cohesion:

- Hold dialogues with the host community / Sensitization on social cohesion, e.g., cultural awareness, land, discrimination
- Provide clarity on land ownership and rules on leasing land
- Need for harmonization and integrated planning between refugee communities and host communities so nobody feels neglected and everybody enjoy similar living conditions

Health:

- Improve the equipment of the health facilities with needed equipment, machines, drugs, and test supplies
- Increase capacity of the health facilities by constructing new facilities or having more staff
- Provide language translation services in every health facility
- Improve health referral (e.g., help with sponsorship of referrals, systematize the process of referrals)
- Establish a closer health center or a mobile clinic
- Conduct sensitization on nutrition, disease outbreaks and general health issues so that people stay healthy

Livelihoods:

- OPM to provide arable land for agriculture or UNHCR to negotiate access to this land
- Partners to provide capital for startup business along with training for business start-up

- Partners to provide more vocational training whereby beneficiaries can work once they have completed the training
- Provide specific livelihoods support for the youth
- Employers to provide equal job opportunities to host and refugee alike
- Establish more youth center and market centers
- Training on modern agricultural methods

WASH:

- Construct more / repair water points so they are functional.
- Restart distributions of sanitary items (soap, pads, etc.)

Shelter:

- Provide more shelter support, either by facilitating access to building material or by building more dwellings for vulnerable people
- Support with rent for urban refugees

Energy and infrastructures:

- Better road infrastructure
- Better access to electricity / lighting / communication
- Provide energy saving stoves as part of the assistance / Facilitate access to energy saving stoves

Education:

- Sponsor children education more, either through cash or through material support (transportation, books, school supplies).
- Construct more schools and having more teachers to address overcrowding and the long distance to some secondary schools
- Introduce school feeding programs
- Provide more cultural activities for the youth so they are not idle

Cross-sector recommendations:

- Conduct awareness on the environment so that refugee and host understand that everybody need to preserve the resources available
- Redesign the definition of "host community" as it currently does not cover the entire hosting district which is affected by hosting refugees in its entirety.

Food:

- Increase the food ration / cash for food
- Improve food distribution processes (speed, number of food distribution points, etc.)

Community structures:

- Community structures should receive capacity building to organize their work better, and sensitization against taking bribes and acting in fairness
- Community structures staff should be compensated for their work
- Community structures should be involved in selecting beneficiaries for assistance and be aware of on-going projects and able to provide information about these

Assistance:

- Transparency in the selection criteria when the assistance does not target everybody, this also includes selection criteria to be considered PSN
- Increase funding / assistance for programs, especially for vulnerable groups but ensure that everybody is still receiving some assistance and ensure fairness.
- NGOs and partners need to consult refugees more and provide feedback when they do so
- UNHCR and partners should improve their monitoring and evaluation systems and supervise implementation of the projects closely
- Sensitize NGO staff and leaders on how to work with refugees (how to behave with persons from a different culture and who may have lived through trauma), and sensitize on how to behave as a humanitarian worker and prevent bribes and favoritism
- Provide NFIs (e.g., saucepans, jerrycans, tools)
- Provide more unconditional cash support
- Have UNHCR offices in all the settlements

Actors to implement the recommendations given:

Most recommendations are directed to UNHCR and NGOs and partners, as well as OPM. For KIs from the host community, local authorities should be in charge of implementing most of the recommendations and the district should be involved in the planning and implementation.

Role of the community in the implementation:

Participants see a fairly big role for community structures that should be involved in the implementation of the recommendations, for example through meetings where needs and planning of the community are discussed. Community structures should also be in charge of monitoring implementation and able to report back to community members. These two activities can be done through the involvement of leaders that then report the information back to community members.

Annex 2 - Lessons learnt from the 2022 Participatory Assessment implementation

Because this year's Participatory Assessment largely differed from the previous years' assessments conducted in Uganda, IMPACT identified several lessons learnt to inform the implementation of next year's assessment. Recommendations accompany lessons learnt where relevant.

- As mentioned in the report, qualitative data suggests that respondents are a bit frustrated from the lack of feedback from NGOs, partners, and authorities when they organize consultations. To address this and make the Participatory Assessment more participative, it could be relevant to organize restitution sessions with the local communities where consultations took place during data collection. This would allow to show the relevance of providing feedback to NGOs and partners and provide a forum to discuss further the recommendations suggested by the communities.
- Since the Participatory Assessment is an assessment that usually takes place regularly, it might be relevant to start implementing monitoring methods that can be used over the years, building on the previous years' consultations. Such methods are usually time consuming but provide different insights on the evolution of the situation and are usually more inclusive. The Most Significant Change technique[14] could be appropriate to monitor UNHCR activities and allow communities to provide feedback on the assistance received and the unmet needs.
- One of the difficulties encountered during the 2022 Participatory Assessment is the relatively short time frame for conducting the assessment. In the future, it could be more effective to start planning such assessment at the beginning of the year, so that data collection is not rushed at the end of the year. Besides, it could also allow to implement different methods, for example by conducting quantitative data collection ahead of qualitative data collection, allowing qualitative data collection to be used for triangulation of the quantitative data and formulation of recommendations to address the difficulties identified in the quantitative findings.
- This year, Focus Group Discussions (FGDs) were implemented using a less traditional methodology. Groups were brought together around a map of the location where the FGD took place at the beginning of the exercise. The rationale was to have an activity that would serve as an ice-breaker between the participants, and thus establish trust before diving into the discussion points of the FGD. The mapping exercise allowed participants to interact with one another more than during a traditional discussion. In this specific case, participants were asked to rank the services that members of their community value the most and to place them on the map. This allowed to assess whether services and community structures that community members value were spread out across the settlements, and allowed participants to think about where they go and what they use the most in their daily lives. This method proved effective and allowed IMPACT to collect good quality data during these exercises. However, the exercise was a bit long to retain participants for two hours without additional compensation (participants were given water, soda and biscuits). In the future, it will be interesting to continue to use this method while improving the use that can be made of the maps that were produced and consider the idea of giving compensation to participants (such as a small NFI item, transport refund, or tea break).
- 2022 is the second year during which the Participatory Assessment is conducted remotely. Because of this set-up and the fact that phone numbers are not available for the host community, the host community is almost completely overlooked from the assessment. In the future, it would be relevant to include more members of the host community (for example, via KIIs), even if the remote data collection set-up is to be maintained.

[14] Rick Davies, Jess Dart (2005), The 'Most Significant Change' (MSC) Technique, A guide to its use. Available here.

- To ensure coherence and potential comparison between years, it would be interesting to maintain a similar questionnaire over the years. This does not mean conducting the same assessment every year, as some sectors might be covered by other assessments (e.g., in 2022 the Child Protection Assessment conducted by REACH). Using similar questions might help with comparison of findings and identifying trends over the year, something that is currently not possible as the questionnaire was significantly modified to address biases in last year's questions.
- Another challenge encountered with this year's Participatory Assessment is the lack of time allocated to qualitative analysis. Proper disaggregation and in-depth analysis was not conducted because of the short time frame and the high number of interviews and FGDs. Two options could be considered: reducing further the number of Key Informant Interviews and monitor closely data saturation (i.e., the moment when no new discussion points are reported by the respondent); or increase the time allocated to the analysis. The choice mostly depends on the methodology that will be decided in the coming years and the objectives of qualitative data collection (i.e., to complement quantitative data or to be a stand-alone exercise of data collection).
- Another challenge with this year's Participatory Assessment was the lack of established communication channels between IMPACT Field team collecting the data and UNHCR field teams. In the future, it will be relevant to establish communication channels ahead of data collection and introduce the assessment, the methodology and allow more time for inputs from UNHCR field teams. A launch workshop could be a good way to launch the Participatory Assessment and to understand what different UNHCR levels want to see in the Participatory Assessment. This would help define precisely the methodology (target populations, methods, target sectors, etc.). Besides, it would make the assessment more participatory within UNHCR. IMPACT field teams observed that UNHCR sub-offices were eager to be more involved in the Participatory Assessment, which is something that should be considered for future assessments.

Annex 3 - Sampling methodology

UNHCR Uganda provided IMPACT with an initial extract of 13,140 phone numbers from the ProGres v4 database, following the signature of a data sharing agreement whereby IMPACT would receive a sample of 1,000 phone numbers per settlement. An additional sample was requested and UNHCR provided IMPACT with an additional 8,538 phone numbers.

The sample provided by UNHCR included the individual and household IDs, the full name of a person, a phone number, the sex of the person, their date of birth, and their settlement. Phone numbers provided by UNHCR were randomly selected within the ProGres v4 database amongst entries of heads of household who are over 18 years of age. Before generating the random list of phone numbers, data entries were filtered to remove wrong entries and old phone numbers.

This sample was used for two assessments, both for UNHCR and both conducted by IMPACT – the Participatory Assessment and the Results Monitoring Survey (RMS). IMPACT randomly allocated phone numbers to the two surveys (that took place during the same timeframe), which means that both surveys had a different sample coming from the same source.

Too few phone numbers were available for Lobule settlement. Therefore, IMPACT used a snowballing strategy, which included transferring respondents of the RMS survey, who agreed to participate in another survey, to the Participatory Assessment survey.

To ensure a minimum response rate, respondents that completed the entire survey received a financial incentive via mobile money. The incentive was UGX10.000 and was meant to compensate the respondent for their time. These two mitigation measures allowed IMPACT to reach the targets for quantitative data collection.