



Refugee Law Project

Faculty of Law, Makerere University



**A REPORT ON THE FIELD VISIT BY THE LEGAL AID AND
COUNSELING DEPARTMENT TO NAKIVALE REFUGEE
SETTLEMENT BETWEEN 3 – 14 JULY 2007**

Refugee Law Project

Vision

Human rights for all people in Uganda irrespective of their legal status. This vision is informed by relevant international laws as well as the Constitution of Uganda.

Mission

To empower asylum seekers, refugees, deportees, IDPs and host communities in Uganda to enjoy their human rights and lead dignified lives.

Mandate

- **To promote the protection, well-being and dignity of forced migrants and their hosts.**
- **To empower forced migrants, communities and all associated actors to challenge and combat injustices in policy, law and practice.**
- **To influence national and international debate on matters of forced migration, and justice and peace, in Uganda.**
- **To be a resource for forced migrants and relevant actors.**

All of the above is achieved through a combination of activities broadly categorized under legal aid and counseling, research and advocacy, and training and education.

Plot 9 Perryman Gardens, Old Kampala

P.O. Box 33903

Kampala, Uganda

Telephone: +256 414 343 556

Fax: +256 414 346 491

lac@refugeelawproject.org

List of Acronyms

ARV	Anti Retro Viral
FGM	Female Genital Mutilation
GTZ	German Technical Cooperation
ICRC	International Committee of the Red Cross
IMC	International Medical Corps
OPM	Office of the Prime Minister
PMTCT	Mother to Child Transmission
PTSD	Post Traumatic Stress Disorder
RDO	Refugee Desk Officer
REC	Refugee Eligibility Committee
RLP	Refugee Law Project
RWC	Refugee Welfare Council
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Infections
STS	Secondary Traumatic Stress
TBA	Traditional Birth Attendant

UNHCR **United Nations High Commissioner for Refugees**

VCT **Voluntary Counseling and Testing**

WFP **World Food Program**

TABLE OF CONTENTS

	Page
CHAPTER ONE: INTRODUCTION	
Background	4
Methodology	4
Overview of the settlement.....	4
CHAPTER TWO: Findings	
Infrastructural Development	5
Security	6
Refugee Status Determination.....	8
Access to Justice	9
Right to Property	10
Access to Education	10
Health	12
Water	14
Psychosocial.....	15
Limitations	18

Background

Introduction

The Refugee Law Project carries out field visits as part of its outreach programme to enhance and promote refugee protection. From October 10-23, 2006 the Legal Aid team of the Refugee Law Project carried out a visit to Nakivale Refugee Settlement. The purpose then was to get an understanding of the welfare and living conditions of refugees, identify protection needs, establish the state of mental health in the settlement and contact the organizations that run programmes in the settlement.

This year's visit from 3-14 July 2007 was done to follow up on new developments that have taken place since the last visit.

Methodology

The team conducted interviews with refugees of various nationalities. First was a general discussion from which a few respondents were chosen randomly for a focus group discussion. In-depth interviews were also carried out with key informants on certain issues. Key informants included the camp authorities, persons from organizations running programmes in the settlement, the police as well as judicial officers. Observation was also used as a tool with regard to the infrastructure, water and activities in the camp.

Outlook of the Settlement

Nakivale Refugee Settlement was formed in 1960 to host refugees who fled the Rwandan genocide of 1959. It is the second oldest settlement in Uganda. Under the Local Government Act, Cap 243, the settlement would qualify to be a sub county, but as a gazetted area under the law¹, Nakivale Refugee Settlement is shared by four sub-counties namely Kashumba, Rugaga, Mbaare and Ngarama. Today the settlement hosts over 25,000 refugees and asylum seekers as compared to 21,000 at the last visit (see table below). These include Rwandans, Somalis, Burundians, Congolese, Ethiopians, Eritreans, Kenyans and Sudanese. The settlement comprises of 35 villages with residents who are generally of the same nationality. However, it is not unusual to find mixed nationalities in zones that are largely dominated by one nationality.

Table 1: Nakivale Population

¹ The Control of Aliens Refugees Act, Cap. 66 & The Refugees Act, No. 21 of 2006

Nationality	August 2006	June 2007	Increment
Rwandese	10,998	12,201	1,203
Congolese	3,870	6,288	2,418
Somalis	3,489	4,257	768
Burundians	853	1,039	186
Sudanese	152	159	7
Ethiopians	98	109	11
Eritreans	5	15	10
Kenyans	6	12	6
Total	19,471	24,080	4,609

* This excludes some of the 900 refugees who were being relocated to Nakivale from Kyaka II refugee settlement

This settlement is run by the Office of the Prime Minister and UNHCR through its implementing partner GTZ. Other organizations however run programmes to support those run by GTZ

Findings

Infrastructural development

When the team visited last year, GTZ had just taken over from the former implementing partner, ICRC and was just setting up. There were a few buildings in good shape and others were dilapidated. In some places, there were no buildings, e.g. some staff were living in tents, the camp commandants office doubled as his residence.

The health centre had a few units complete and the dilapidated ones were under construction at the time; a few beds and equipment were available for use by patients and medical personnel.

Some school buildings were dilapidated and in some cases children were studying under trees. There were few latrines in place for use at the schools.

Access to water was a big problem, with few water points and the quality of water was poor. It was dark green in colour because it was drawn from the shallow parts of the lake Nakivale which was the major source of water. It was however treated with sulphur and other chemicals to make it safe for use. Refugees often complained that they would itch on using it to bathe and felt it was not safe for drinking.

Roads were bad (cattle tracks were used in most cases) and in some areas impassable. This was so especially during the rainy season and as a result, places like Rubondo were difficult to access and it took a long time to travel back and forth.

In a period of nine months a lot of change was observed. There is a new base camp which is strictly offices for all the organizations involved. The old base camp is now entirely residential. There are also complete residential units for GTZ staff.

A road network is being created with some sections complete. The case in point is the road to Rubondo. It used to take one approximately an hour to go back and forth by vehicle but it now takes just thirty minutes. This implies that transportation is quicker easing work.

There are more water points in place and there is a truck that delivers clean water to these points. A successful survey to locate underground water identified water points and the next stage is to install machinery to dispense the water.

There are two completed health centres. One is at the base camp and the other is the new health centre at Rubondo. The former had repairs done to it and new buildings built and the latter is totally new. There are more beds and equipment for use at the health centres. There is also a complete building housing a police post at Rubondo.

At the schools, major repairs have been done on dilapidated buildings and in some cases new structures erected. There are more latrines at the schools for boys and girls. The construction work in some places is still ongoing.

The partners are highly commended for a job well done in these areas in such a short period of time.

Security

Ethnic tensions

At the zone level, there are problems unique to each, which translates into insecurity, for instance tribal/clan discrimination. Intra-Ethnic clan-based discrimination is markedly high amongst the Somali community. People from minority clans face a lot of problems, and are victimised with impunity. Night time for the single women and widows is a period of heightened anxiety. Men bang on their doors, hurling all sorts of degrading insults at them, demanding sex and threatening to kill them. For those married into other clans for instance, Bantu Somalis, Remer, Marehaan, marrying into Hawaye, Darod, Habargidir clans, constant persecution and or threat of death ensues. The same traditional law accepts defilement or rape of minority women by the men from the majority clans That has become a cause of insecurity in this section of the settlement.

Amongst the Rwandese and Burundians, Hutu-Tutsi intermarriages cause a lot of suffering. Those involved are stigmatized and so are their children. Adults in most cases are ostracised by both their own ethnic group and the one into which they marry. As a result, they have no immediate social support system in place. Secondly, in case of some violations, they are marginalised by the local government system (Refugee Welfare Committees). These officials always take care of their interests whenever they have to handle cases of violations. This leaves many suffering in silence and the few who are bold enough report directly to the camp commandant. Children are instructed not to play with “the bad children from the other tribe” and if found in breach, they are severely punished by their parents. In some cases, there is teasing amongst the children.

Among the Congolese, ethnic tensions exist between the original Congolese tribes allegedly the Nande, Hunde, Bashi, and tribes who resemble Rwandans like Banyamulenge and Banyabwisha. The reason for the tensions is premised on the alleged belief that Rwandans supported by the Banyamulenge and Banyabwisha caused war and hence are solely responsible for the suffering of all the other tribes.

The settlement commandant acknowledges this problem and promised continuous education and sensitization of these communities to ensure harmony in the settlement

Sexual Violence and other security complaints

In a neighbouring zone, New Congo, female residents there alleged that Somalis abuse drugs especially “Khat and Marijuana.” This is followed by threats and actual rape and or defilement of women and girls from this zone. Somali men, place a roadblock at the main

route, the safest passage to the health centre and commandant's residence forcing the women to use the bushy route where they waylay them and violate them in the night.

Women and girls who work as maids especially in the Somali zone are forced into sex and if they refuse they are not paid. They reported that in many cases the Somali men rape or defile them. When asked why they did not report to the authorities, they replied that they feared to lose their marriages, stigmatization after rape or defilement and loss of earnings.

| -Another instance of rape was reported by residents of Nyakagando and Kibale Zones. Women and girls are raped on the way to and from collecting firewood or drawing water. Water points are very distant from these zones. The men in these zones also complained that on their way back from collecting water, they were beaten and their bicycles stolen.

| In the Kibati community, refugees and asylum seekers stated that UNHCR abandoned them and the commandant was a symbol of empowerment to them. But they had not reported the issue of the four residents who were kidnapped and taken hostage at night. They stated that they feared for their life and we advised them to report every security problem to the Settlement commandant. Conflict in this community is minimal. That was also confirmed by the Settlement commandant who stated that Burundians were the most organised community in the settlement but they need support to build their confidence after experiencing traumatising events for decades.

Another security challenge revolves around land. A politically connected national tried to gazette a huge chunk of settlement land claiming it as his own. He arrested refugees, mistreated them and even had some locked up in police cells in a bid to chase them off the land. This posed a big challenge to the camp commandant because even the officers at the district who should in principle help to solve this problem were themselves involved in the land grabbing. The issue was forwarded to the Minister in charge of refugees and it is being handled.

Security achievements and challenges faced by OPM

The visit last year revealed that there were 2 policemen for the whole settlement. The number is now 9: 4 at Kabahinda Police Post, 2 at Kashojwa and 3 at Rubondo.

The biggest general security complaint then was the refugees of Rwandese origin that grazed their animals in the gardens of other refugees and threatened violence with

impunity. This time round, these complaints were rare and the threat from the perpetrators was no longer perceived.

For areas near the base camp, there are more timely responses to security problems than before.

Despite a boost in security personnel, there are impediments to satisfactory work that make security a huge task for the commandant's office. Firstly, most settlements are far away from the police posts. This coupled with the bad roads impacts heavily on reporting and response.

Secondly, there are logistical constraints; there is one radio for the whole settlement held by an officer in charge of one of the police posts. In case he is at one location and there is an incident at another, getting in touch with the other policemen becomes difficult. There is also one motorcycle and a few bicycles for use. In cases of emergency, policemen cannot respond fast enough which also constrains their work.

Another factor that compounds this office's work on matters of security is the handling of cases by elders in some zones. This happens mostly with the Somalis. The end result is that no reporting is done on such cases.

Recommendations

- There is need for more sensitization of the refugees to improve on the reporting of violations
- OPM should also continue to educate refugees on Ugandan laws so that criminal cases are handled through the right channels other than use of the traditional justice system from their countries of origin.
- There is need for the current SGBV programs to educate and empower women, underscoring reporting of abuses encountered.
- There is need to empower women by creating income generating projects in order to save them from violations especially from the Somali community.

- The government and UNHCR need to properly equip the police and the camp commandant's office with instruments that ease their work in providing security e.g. more radios, motorcycles and personnel where possible.

The Refugee Status Determination Process

The team extends its appreciation to OPM especially the Refugee Eligibility Committee and in particular the Senior Protection officer. There has been substantial improvement in the system. The REC now sits every two months to review RSD cases in the settlement which is a great improvement. It should also be noted that all the asylum seekers who are rejected are given rejection letters written in their languages especially Kinyarwanda, Kirundi and Swahili. This was not the case in 2006.

Secondly, after the 2004 group rejection of the Kibati caseload (Burundians and Rwandan asylees), at the beginning of 2007 the REC went back to Nakivale and reviewed cases on an individual basis (under the persecution criteria). Some were granted asylum while others were rejected and others are still awaiting a response.

On the issue of asylum seekers who are registered in Kampala and referred to the settlement, the settlement commandant noted that OPM is left in a dilemma in cases where asylum seekers are rejected. The settlement authorities in the hosting camp are left with the responsibility of finding a solution, meaning that at times food rations could be cut.

He stated that when an asylum seeker was rejected she/he was given ninety days to regularise his/her stay in Uganda with the Ministry of Internal Affairs under the provisions of the Uganda Citizenship and Immigration control Act. Cap. 66. The person had a right of appeal within a month. If s/he failed to do so within that time, s/he would have to leave at the expiry of the 90 days period. UNHCR as the custodian of refugees could also intervene if the case was legally compelling and grant the asylee mandate refugee status under the provisions of the 1951 convention.

With regard to the RSD process, respondents made the following allegations: -

- Some OPM officials demand a bribe to issue refugees with refugee identity cards.
- Some officials also demand for a bribe or sex in order to register asylum seekers before the REC exercise took place. Whosoever paid would be registered first and those who did not have the money to pay were not considered. This allegedly involved RWC officials.
- Allegations of indecent assault and sexual demands were levelled against some officials and the police officers but were never reported to the Settlement commandant.

- The process of getting refugee status still takes a long time for some asylum seekers, hindering UNHCR protection mechanisms and progress of their cases.

The team reported the above allegations to the commandant and he regretted such behaviours. He further stated that such allegations should have been reported to him so that he could carry out investigations. That would have solved the whole problem and he maintained that it was never and it will never be the policy and practice of OPM to condone misconduct of any official in the execution of his or her duties. He further stated that he was going to discuss the matter with RDO and his successor to solve the problem.

He also informed us that he was often very busy with a lot work, attending workshops and following issues in the settlement, and he was surprised that this issue was not raised in a recent general meeting. He further informed the team that at the time when he took the office there was no separate list of asylum seekers and refugees. Both groups were registered on the same list. OPM/UNHCR and GTZ resolved that community leaders were well informed on the issue of identifying asylum seekers and refugees. They were ordered to file lists of names of asylees and refugees differently. He also added that ration cards were recalled from everyone in the settlement during that verification exercise. He further stated it could be at this stage that corruption tendencies started. Later, OPM/UNHCR issued refugees and asylees new ration cards after the verification and update exercise. The Settlement commandant further informed the team that the REC took the list of all pending asylees from the settlement in order to review the cases and grant the asylum seekers refugee status.

Recommendations

- Investigations should be carried out to verify these reports of malpractice and the flaws in the system corrected.

Access to justice

In Nakivale, access to justice appears to be blocked by corruption of the RWCs and the Police. Respondents stated that when they report cases of assault to the police, the police demand bribes. Failure to give a bribe results in no beign given the P.F. 3 (Police Form 3) which is documentary evidence filled by a doctor to assess the degree of assault as well as P.F 3A for assessment of the details of rape/defilement.

The direct consequences were victims feeling disappointed and frustrated by the system. This discourages reporting and follow-up of criminal cases. It was further alleged that at

times officers indecently assaulted and demanded sex to help the victims. When the team approached the police officer in charge of the settlement police to discuss the issue, he was apprehensive and was not cooperative.

The Settlement Commandant informed the team that he had received several allegations of corruption by the police officers and often intervened. He was occasionally forced to go with the victim to the police and ask the police officers to do their work in his presence as well as warn the police officers on the consequences of their actions.

In some villages, some refugees do not access justice because the traditional justice system in the country of origin is more adhered to. These are normally from minority tribes. They are in most cases extorted of money and cheated by these officials.

The team also interviewed some judicial officials in Mbarara during follow up of cases. These officials reported that the state in which suspects are brought to the court is deplorable. The suspects come with swellings and wounds all over the body and they claim that the police are responsible for their state.

Recommendations

- Refugees and asylum seekers should be sensitised on all matters relating to the criminal justice system so that they can fight for their rights since refugees under the 1951 Convention are regulated by Ugandan law in force and not the law of their countries of origin. The conflict of law is a problem for refugees who want to use the law of their countries of origin in Uganda, particularly Somalis and some from Francophone countries where the jury system and plea bargaining are lawful.
- There should be a crack down on malpractices by the police
- Police should also be sensitized and educated on matters of professionalism
- The police should carry out community policing and sensitisation programmes in the settlement and juvenile justice should be part of that exercise.

Right to private property

There are two instances where the refugees' right to property was violated. One involved a national who gazetted a huge chunk of settlement land which he claimed as his own. This land included plots given out to refugees by OPM and UNHCR.

On learning of this OPM took steps to restore order in the area. Efforts to normalise the situation are still on-going.

The other involves some authorities taking goats. Refugees in most instances are not empowered to pursue such violations. The camp commandant was approached on this issue with a case in point. He told the team that that case was handled by the RDO and there is constant education of authorities on professional conduct.

Education

Parents' complaints

- Parents alleged that corporal punishment was high among the teachers.
- The classes are overcrowded and there is not enough furniture
- Parents also stated that the languages of instruction were Kinyarwanda and Kinyankole, yet the children from other nationalities cannot understand the languages. A similar complaint was made last year.

The team explained to parents that the Government Policy on the language of instruction in the lower classes of the primary schools states that children will learn in their mother tongue for the first four primary classes and that in the case of Nakivale, the language of instruction should and will be Kinyankole. Refugees stated that they all wanted their children to use English at school other than Kinyankole and Kinyarwanda which the teachers use.

Some parents further appealed to the Refugee Law Project to help those who were qualified as teachers and taught professionally in the countries of origin but the Ministry of Education refused to grant them licences to teach in Uganda, arguing that their qualifications were lower than the required standard of the Ugandan Education system

The refugees alleged that the teachers ordered the children to take firewood and beans for their lunch. They alleged that if the children refused they were not permitted to attend classes. The commandant promised to leave a comment for his successor to handle the issue. He also clarified the issue of payment which the parents alleged. They alleged that the teachers demand 2000-2500/= per term. He informed us that when we raised the issue of children not attending school due to hunger in 2006.

In November 2006, he contacted WFP and requested them to provide some food to the children as they used to do in Rhino camp. WFP agreed to provide the food on condition that either OPM/UNHCR/GTZ or the parents paid cooks and constructed kitchen and store. The parents and teachers agreed on the mode of raising the money depending on the numbers of children in the school and the capacity of the parents to raise the money. The kitchens and stores were constructed by end of December 2006.

At the beginning of February 2007, donors cut the food aid budget from US \$127 million to \$87 million dollars in 2007. As a result, WFP officials informed the Settlement commandant that the proposed food support to the schools per term would not be possible unless more funds were secured. He informed WFP to write letters and address them to various schools to prevent suspicion that would result when the food was not provided to the children yet the money had been collected from their parents with assurance that their children would eat daily and attend class. Some head teachers however did not pass on the information to parents. He further stated that parents in the camp do not attend PTA meetings because they claim that their children will inform them about what happened in the meeting. That creates a vacuum in the communication process.

He agreed with the team he will recommend to his successor to follow up the issue. But the policy was introduced in good faith to help both parents and children.

GTZ also has opened up a tertiary school to teach adults vocational skills of tailoring but the teachers teach in Kinya-rwanda and Swahili which some nationalities, such as the Sudanese, do not understand. We recommend that an English speaking teacher be employed to solve the problem. The issue of discrimination which was raised by some communities should be addressed by the successor of the settlement commandant through efforts intended to re-unite refugees despite their nationalities.

Challenges faced by Community Services GTZ

The community services office cited cultural orientation as one of the major barriers to accessing education for refugee children. They went on to explain that some cultures emphasize domestic chores, farming and business over and above education. As a result there are some children who are not in school. In addition, some view education of girls as a waste of time and therefore many girls either do not enrol into school or drop out early.

Another factor mentioned in relation to this was religious affiliation. Some Muslim refugees favour separate sex classes to mixed ones. As a result, some children do not go to school. The other alternative is a Madrasa which runs in the camp.

Poverty was also cited as one of the major reasons affecting access to education. There are few income generating activities and as such when money runs out the children are forced out of school. For the girls, early marriage is the option parents take.

Health

As mentioned above, the health centre at the base camp has all its units complete and is better equipped than last year. An interview held with the doctor who has been working since March this year had the following revelations

Most prevalent diseases by rank:

- 1) Malaria
- 2) Respiratory Tract Infections
- 3) Watery diarrhoea
- 4) Bloody diarrhoea
- 5) Skin infections

Staffing

4 Clinical officers, 3 clinical nurses, 4 midwives, 4 nursing assistants, 2 lab technicians, 1 psychiatric nurse, 1 nutritional assistant, 1 medical officer, 4 cleaners/guards.

Programs

SGBV

The health centre runs an SGBV program. It consists of the doctor, all clinical officers, all midwives and nurses. In addition, it liaises with health workers who usually escort the victims. Victims are referred to the Legal officer and community services then to the police for an assessment form which is brought to the doctor and then returned to the police.

Victims on reporting to the health centre are given emergency contraceptive pills and might have to undergo treatment for STIs and any other injuries that they might have got. This is followed by an appointment for review which varies, it could be after a week, a month or 3 months depending on the individual.

When asked for statistics on rape / defilement cases. The doctor mentioned that they received 51 cases in the last 6 months.

Health Education

The health centre also runs a Continuous Medical Education program which is done during the ward rounds. There are also specified clinics e.g. antenatal clinics where health education is done.

Another program entailed education on PMTCT and condom use and VCT. These are run by a trained health worker.

There are planned outreach programs on health education at zone and village levels but these are constrained by transport and thus there is little activity.

Major Challenges

HIV/AIDS

- There is no trained ARV team.
- There is a large number of refugees with HIV/AIDS, who are referred to the Mbarara Regional hospital to get drugs and transportation is difficult because there is only one ambulance

Lack of supply of drugs

- There is a very limited supply of drugs yet the numbers of refugees and asylum seekers is soaring.
- The Kibati caseload is not accounted for in the plan yet they are received at the health centre and this heavily constrains the available resources.

The doctor also stated that the health centre needs to be upgraded to a health centre 4 since it operates as one as manifest by the volume of clients received and the kind of services being provided.

Malaria

Malaria cases are high and during the time of the visit they were increasing due to the change in weather. Most patients are anaemic and are referred to Mbarara for blood transfusion. Availability of transport had been the problem till the time of the visit but the doctor mentioned that the following week they were to receive a package that would enable them carry out transfusions at the health centre.

Refugee complaints

Refugees alleged that there is no health education and instruction on how to use drugs and in times of scarcity they are just given prescriptions and told to go and buy from drug shops.

They also mentioned that it is difficult to access the ambulance in times of emergencies.

Another complaint they raised was that it took the doctor long to refer someone and if there were any referrals made, it was only when the individual's condition was critical. When approached, the doctor pegged this complaint to the availability of transport. There is only one vehicle at their disposal.

Some refugees also complained that language was a problem for them when they got to the health centre. They claimed that health officials did not speak their languages which made it difficult for them to access the services and secondly to comprehend drug related information. The medical officer clarified this situation and mentioned that this was a problem in the past and that now all nationalities that require a translator have one. For Somali speakers, they recently recruited an extra translator who doubles as a guard.

Reproductive Health

During the menstruation, women in the camp face a lot of difficulty. Women reported that they do not receive sanitary material. Most of them use small pieces of old cloth and in some cases leaves. Many of them are reported to stay indoors for fear of stigmatization and during this time they do not access water. As a result, they smell which complicates their health status.

Some women are forced to have sex during this period by their husbands and they are powerless in such situations.

Women in zones like Juru A, B, C Kibati, Nyakagando, and Kishura complained that they do not get antenatal care services and experience a lot of birth complications. They use traditional birth attendants from the neighbouring nationals. It must be noted however that the team verified that some women actually are helped at the health centre.

Recommendations

- There is need for reproductive health education for both men and women in the settlement because some of the practices stem from culture
- There is need for the provision of mobile antenatal clinics to cater for the distant mothers and those who are limited by cultural beliefs
- There should a training program for at least 2 traditional birth attendants (TBAs) per zone which should also equip them with the necessary material to use for deliveries
- There should be more equipment for use at the health centres; in addition, the donors should procure more ambulances to ease referrals and also movements between the two health centres and response to emergencies.

Access to water

Access to water improved greatly. To reiterate what was mentioned earlier, there are more water points with clean water in the settlement. The refugees we spoke to were all happy with the changes. However, the residents in areas like Juru A, B, C, Kibati, Kityaza, and Kabahinda have hardships. By the time of the visit, there were no nearby water points and thus no trucking of water is done. They have two options, one is Lake Nakivale which was 4 hours away and the second one, which they use, is water from cattle dips. The team was shown the water which was brown in color. Residents said that it was preferable to the water from the lake. The women complained that this green water from the lake brought them sores in their private parts.

When the medical officers were asked to verify they stated that the cause was syphilis and not water. They stated that women were more open about the STD and took the treatment and their husbands do not go for the treatment. That is passed onto their children as a result of re-infection during pregnancy which leads to complaints such as eye problems and many other symptoms or signs of syphilis.

Sometimes the water quality is poor because of the high content of the green algae that covers Lake Nakivale, one of the major water sources.

Psychosocial

Mental health

The situation as regards psychosocial problems remains unchanged. Refugees still suffer from anxiety disorders including PTSD, depression, and other psychological disorders. Those with typical psychiatric disorders e.g. psychoses benefit from the visiting psychiatrists' services, but others, especially those diagnosed with PTSD and depression,

complain that drugs have no effect. Up to now there is no psychotherapy/trauma counselling for refugees suffering psychological disorders. As a result, the mental health status of the refugees is poor.

Negative coping mechanisms are used to deal with problems and these have consequences for the individual and the community. For instance alcohol and drug abuse is used to "relieve the stress" as some youth put it. Many of them however cannot do any work because they are always high. Others disrupt the community when intoxicated, for instance there are reports that most of the sexual violence occurs when men are intoxicated. There is also a lot of violent behaviour in the settlement resulting from alcohol and drug abuse. Some men are reported to use alcohol and on returning home relieve their stress by beating their wives, children and in some cases neighbours.

In many of the communities, there are no social supports for those affected, that is from the family level right up to the community level.

This is all attributable to the lack of a comprehensive psychosocial mental health program.

SGBV

There is an SGBV program that is run both by community services GTZ and IMC. GTZ focuses on Response and prevention while IMC capacity building and awareness.

Despite the above programs, SGBV is widespread within the settlement with very few cases being reported. Some respondents in some zones of the settlement are not even aware that an SGBV program exists (give names of zones?) and in these there are high incidences of SGBV. When the responsible organisations were asked about the issue, their explanation was that some zones lacked staff to disseminate information while in other places there was one only worker to two zones. Below is a comparison of SGBV cases reported to IMC and community service by rank:

Table 2: Most frequently reported SGBV cases by rank

Community Services	IMC
1. Domestic Violence/Assault	1.Domestic Violence
2. Sexual violence	2.Early marriage

*Female genital 3. Sexual violence
mutilation

3. Early marriage

** For FGM cases, the community services office receives informal communication of the practice but information is vague on culprits. Some of the acts take place outside the camp.*

Results from the table above resonate with refugee complaints. In addition, refugees complained that there is a lot of verbal and physical sexual harassment of women, at times involving unwanted touches on their bodies. Refugees feel that the authorities do not take this behaviour seriously for nothing seems to have been done to reduce it.

The refugee women also mentioned that reporting cases was difficult for the following reasons:

- Commandant's office does not take their complaints seriously because they send them away claiming that they are doing it for resettlement
- Feelings of shame, shyness, guilt and general fear
- Fear of stigmatization i.e. being labelled a whore by the community
- For those who are married, there is fear of losing the marriage
- Others mentioned that the process of reporting predisposes one to a second violation. In many cases women do not have money so officials will demand for sex in order to help them

The major causes for domestic violence were use of money from harvest proceeds for alcohol consumption and getting a second wife, while sexual violence was attributed to alcohol and drug use.

Both organizations mentioned that the biggest challenges are; firstly, that cases are not reported to them i.e. they are resolved locally and, secondly, that some of the violations, namely Female Genital Mutilation and early marriage, are not viewed as criminal offences. This is all attributed to the cultural practices of the communities. In the case of Female Genital Mutilation, the communities that practice it, Somali and Sudanese, are very secretive and no instances are reported, and -sometimes the practice is done outside the camp. While for early marriage, cases are resolved using the traditional justice system or sometimes agreements between the concerned parties.

Other challenges faced by the two organizations include:

- The settlement is so big and this compounds coordination of activities and that those executing the program are poorly facilitated.
- Men view the whole sensitization process as instigation of rebellious behaviour amongst the women
- Some of the workers are de-motivated because they get nothing for the work done
- Corruption amongst the RWC chairmen and the police is a barrier especially to reporting and follow up of cases
- There are few workers, in some cases one worker has to cover two zones

Officers from GTZ requested RLP for material on FGM so that more education on the practice could be done

Caregivers Health

This settlement is the largest in the country and presents with the biggest challenges as a result of having many nationalities which all present with unique problems. The mental health of the caregivers also needs to be examined and the workers supported accordingly.

Refugees are exposed to various harrowing experiences in their countries of origin, at times resulting in PTSD. Those working with the refugees constantly listen to accounts of refugee's experiences and it has been proven that they too can be traumatized and suffer effects that mimic PTSD. This is called Secondary Traumatic Stress, and is known to impair one's ability to work effectively.

Often officers may present as harsh or violent to the refugees, which an outsider might interpret as carelessness or the officer acting unprofessionally, not knowing that the officer may actually be exhibiting symptoms of STS.

Recommendations

- There should be a mental health education program in the camp coupled with psychotherapeutic services
- There should be better facilitation of the SGBV team and an increase in the manpower on the ground
- Concerned organizations should motivate the workers so that they perform their duties well

- Concerned organizations should focus on the mental health of their employees to enable them to do their work properly
- There should be empowerment of communities through key persons with counselling skills so as to enhance support
- Emphasis should also be put on Health education in the inpatients and out patients clinics in the health centre
- Design and implement strategies for social re-integration of survivors and perpetrators in SGBV cases

Limitations

- The team visited around the time there were new arrivals and as a result, contact with all the concerned organizations was difficult. In one instances, an official from UNHCR told the team that she could not discuss anything without approval from the head office. As a result, information that would clarify on findings is missing
- The team could not get statistics because there was need for authorization from the GTZ head office
- Some officers were on leave and therefore information on mental health for example could not be obtained.