



Refugee Law Project

Faculty of Law, Makerere University



REPORT ON THE FIELD VISIT
BY THE LEGAL AID AND COUNSELING DEPARTMENT
TO RHINO CAMP AND MADI OKOLLO REFUGEE
SETTLEMENTS
BETWEEN 4 – 14 DECEMBER 2008

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.

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I. Introduction

The Legal Aid and Counseling Department (LAC) of the Refugee Law Project, Faculty of Law, Makerere University, sent a team in December 2008 to two of the West Nile refugee settlements in Uganda, namely, Rhino Camp and Madi Okollo. This trip was one of the annual field visits that LAC makes to refugee settlements in Uganda with the aim of providing legal aid and psychosocial services to refugees and assessing the human rights situation there.

The trip occurred between December 4 and 14, 2008. The team included two lawyers, two psychosocial counselors, the front desk administrator, and the driver.

1. Mindrea Godwin Buwa (Legal Officer)
2. Allison D. Kent (Volunteer Lawyer)
3. Gerald Blacks Siranda (Counselor)
4. Christine Mbawa (Counselor)
5. Eyokia Ozia Vicky (Front Desk Administrator)
6. Fred Ssekandi (Driver)

II. Methodology

The methodology of this situational assessment included one-on-one interviews with refugees, refugee leaders, settlement authorities, United Nations High Commissioner for Refugees (UNHCR) staff and with staff of its implementing partners, an information session with refugees, and general observation. Where possible, the team met with various parties at the beginning of the trip to inform them of our visit and also to receive their thoughts on specific issues or even protection cases which the team should examine during its time in the settlement. At the beginning of the trip, the team met in Arua with the Refugee Desk Officer (RDO) of the Office of the Prime Minister (OPM), the DISO, and with UNHCR protection staff. Following the visits to the refugee settlements, the team concluded the trip by meeting again with UNHCR protection staff and the Refugee Desk Officer.

Although the trip was focused primarily on Rhino and Madi Okollo, in our meetings with various stakeholders such as the Refugee Desk Officer and UNHCR staff based in Arua, the team also discussed generally the repatriation process and possible residual caseload in all four refugee settlements in West Nile.

This is the final report. A draft was circulated for comments and clarification to various stakeholders prior to the issuance of this final report. This final report is also available on the RLP website at www.refugeelawproject.org.

Due to confidentiality concerns, the names of individual refugees interviewed will not be mentioned. This report focuses primarily on general issues raised with the team during the trip, rather than on specific cases for confidentiality reasons.

III. Information Session

In Rhino Camp, the team held an information session for refugees in Oduobo II settlement in order to address issues relating to the rights and duties of refugees; durable solutions such as local integration, resettlement, and repatriation; and culture and the law. The session was well attended by officials of the Refugee Welfare Council (RWC), but was unfortunately not well attended in general, with about twenty-five refugees present; however, the question and answer session was especially useful to the team in gathering information about the concerns of the refugees. The team returned to the same location the next day in order to meet individually with refugees who had raised questions of a more individual or confidential matter, many of which concerned the reasons why a refugee felt he or she could not return to Sudan.

The team did not hold an information session in Madi Okollo. Given that the numbers in the settlement were so low and that the settlement has been re-clustered such that all of the refugees are in one village close to base camp, the team concentrated on holding meetings with settlement authorities, representatives of the implementing agency, and with individual refugees. Most of the refugees were quickly aware of the RLP visit given their proximity, and as such were able to come speak individually with RLP staff.

IV. The Progress of Voluntary Repatriation of Sudanese refugees

The West Nile refugee settlements, namely Rhino, Madi Okollo, Ikaffe, Imvepi, are all populated primarily by southern Sudanese refugees. Given the progress towards peace in southern Sudan, since 2006, UNHCR has led an ongoing process of voluntary repatriation.

According to the UNHCR Protection Officer in Arua, the voluntary repatriation process in 2008 was primarily for returns to eastern Equatoria in Sudan, and about 11,000 repatriated in 2008 from the four settlements in West Nile. In fact, according to the Protection Officer, more than half of those who have returned voluntarily since 2006 left in the first half of 2008.

As of the field visit in December 2008, UNHCR had registered as remaining in the West Nile camps an estimated 7000 refugees in Imvepi, 5000 in Rhino, 789 in Ikaffe, and 1000 in Madi Okollo.

According to the UNHCR Protection Officer in Arua, of the estimated 14,000 refugees who are in the four West Nile settlements, about 10,000 had registered to return in 2009. The officer estimated that the actual number of returns in the first six months of 2009 would be about 8,500 (an estimated 4,000 from Rhino Camp) and that those repatriations will be primarily to central Equatoria in Sudan given the now improved security situation there.

A very small group of refugees of about 60 were leaving the week following the team's visit, but the repatriation of large groups of people will resume in January and February 2009. UNHCR foresees the vast majority of the repatriations in 2009 occurring within the first six months of the year. Most choose will be ready to return as of January or February, given that the school term has ended, the harvest completed, grass for thatching new houses back in Sudan would be ready to harvest, and there is no trouble with the rainy season impeding transport at that time.

The UNHCR Protection Officer noted that there had not been very many spontaneous returns because UNHCR has had the ability to keep the voluntary repatriation program going continuously since it began. UNHCR's counterparts in Sudan have determined that all areas in southern Sudan are safe for returns now, although they have continued to use the eastern Equatoria corridor, even when the central Equatoria corridor has been blocked for security reasons for a few weeks.

In group sessions and individual interviews with the refugees in both settlements, the view towards the progress of the voluntary repatriation process itself was positive overall, though they voiced some possible barriers to repatriation, as discussed below. In Rhino Camp, there were some complaints by the refugees about the loss of property during transit to Sudan, which was then raised by the team with UNHCR and the implementing parties. UNHCR staff was aware of only one case of the loss of property, and told the team that the issue is being followed up with the respective bus company, as the terms of the contract provide for compensation in the case of loss.

V. Barriers to Repatriation

Council members of the RWC III in Rhino expressed a number of perceived barriers to the voluntary repatriation process which were often echoed in interviews with individual refugees. They see the repatriation program as partially hampered by school children who don't want to repatriate during their school terms, so the families remain behind. They also complained that they heard from refugees who had already repatriated that there are also no proper reintegration programs in Sudan for returnees and that UNHCR does not follow up on the integration and welfare of returnees. They hear that there is a breakdown of the health, justice, and education sectors, which acts as a disincentive for the remaining refugees to return. They expressed dissatisfaction with the information that they had received that internally displaced persons (IDPs) returning to southern Sudan were receiving \$100 cash upon return, whereas the repatriating refugees did not receive any cash payments.

The RWC III Council members also expressed skepticism about the behavior of the politicians from southern Sudan, as many are known to have settled their families in cities such as Nairobi, Arua, and Kampala, but they are asking refugees to return. District commissioners from Sudan had very recently visited the West Nile settlements to encourage the remaining refugees to return, but many of the refugees told RLP that they did not get satisfactory responses from the commissioners to their concerns. In fact, many refugees mentioned that they believed the politicians in southern Sudan wanted

them to return for political reasons, namely, as support for the upcoming referendum on the future status of southern Sudan.

There were also some individual cases that are illustrative of some of the barriers to repatriation for some refugees, discussed below.

A. Barrier to Repatriation: HIV Status

For some individual refugees, HIV status affects their decision about whether or not to repatriate. For example, members of the team met with an HIV- positive couple in Rhino Camp. The husband had returned on his own to Sudan for the burial of his mother, but he was taken ill when there and went to a health clinic. When the clinic learned he was HIV-positive, he was told that there is no treatment for him in Sudan. His wife and brothers traveled from Rhino Camp to southern Sudan to bring him back to Uganda for treatment. Because of this experience, he and his wife and children do not plan to repatriate; they fear going back because of lack of treatment. However, the team was told by staff of the health centers in both Madi Okollo and Rhino Camp that there have been some HIV-positive refugees who have repatriated, despite the lack of health services for them in Sudan, but that some of these return to the hospitals in northwestern Uganda for treatment.

B. Barrier to Repatriation: Refugees born in Uganda, and Refugees with No Family Link to Country of Origin

Other types of individual cases where there is a barrier to repatriation involves refugees who either fled Sudan when very young or were born in Uganda. For example, one team member met with a refugee who doesn't plan to repatriate because he fled Sudan during the war alone, and his parents have died. He was born away from his homeland, and fled from there to Uganda, so he explained to the team member that he doesn't know his original homeland, so doesn't know where to repatriate to, and that all he knows is life in Uganda. Team members also met with youth and young adults born in Uganda, who feel that the life here is all they know, and are not interested in repatriating. Some of these refugees do repatriate with their families, but others have chosen to remain behind.

C. Barrier to Repatriation: Schooling

A common concern voiced to the team came from parents or schoolchildren in both settlements. Some parents, for example, expressed a desire to repatriate to Sudan, but wanted to leave their children behind to continue schooling in Uganda until finishing, and asked the team if it were possible to repatriate and have the children stay in the settlement with their school fees paid by UNHCR. The team explained that the families should stay together and not leave their children behind, where possible, and that UNHCR is not paying fees, but that there is some sponsorship available through Windle Trust. In Rhino Camp, the team was told also of some families who had repatriated, but whose children had returned for schooling in Arua or Koboko, given the paucity of educational services available in southern Sudan.

VI. Residual Caseload

In Madi Okollo, the settlement commandant told the team that there are 1009 refugees left in the settlement, but that fewer are actually physically present. During the last visit by RLP from Nov. 5th to 16th, 2007, repatriation had recently begun and there were almost eight times as many refugees in the settlement. During this visit, the team found through its interviews with refugees as well as with settlement authorities, UNHCR staff and its implementing partners, that there are very few refugees left out of the 1009 that are interested in repatriating. In fact, the settlement commandant estimated that only six to ten are registered for repatriation now. It appeared to the team during the visit that for all intents and purposes, the voluntary repatriation process has ended for the residents of Madi Okollo, and that those who remain are not planning on returning to Sudan.

According to interviews with the refugees remaining as well as various authorities, the categories of the remaining refugees in Madi Okollo include protection cases, students, and HIV-positive refugees, and a few “who have not yet made up their minds [about whether to return], especially Dinkas.”

The refugees who remain as residual cases in both Madi Okollo and Rhino include refugees who express a variety of protection concerns. The concerns most frequently voiced to the team included: 1) refugees who fear revenge killings if they return to Sudan, most often because a relative of theirs has killed someone in the past and the family of the person killed is seeking to kill someone in that family to compensate for the murder; and 2) refugees who are seen as having a tie to Northern Sudan somehow and/or viewed as Arab, sometimes called *jalabas*, and who are subject to mistreatment and harassment, or worse, by fellow Sudanese and 3) female refugees who have been subjected to severe sexual or gender based violence, for example, through a “marriage” to an SPLA commandant against their will, and who fear returning because this person still pursues them.

In addition, as mentioned above, in the case of the HIV-positive refugees, as mentioned above, while some have repatriated, in order to get ARV treatment, they need to return from Sudan to Arua, and so others have decided not to repatriate for fear of a lack of medical care in Sudan. Some older students have remained to continue their studies in Uganda.

There was a lot of general concern expressed by the refugees who have decided to remain about what will happen to them, especially in Madi Okollo, where the number of refugees is now very low. They expressed apprehension about being left behind with so few people, and were worried about their settlements being closed and having nowhere to go.

It is apparent from the field visit that there will be a large number of refugees remaining in the settlements who will not repatriate to Sudan, many of whom voiced protection concerns to the team. At the conclusion of the visit, the team spoke with UNHCR Protection staffers about the various reasons refugees told the team about why they

choose not to repatriate to Sudan. These reasons were not new to the UNHCR staffers, the RDO, or other stakeholders. The team expressed its concern about durable solutions for the refugees who remain, including third country resettlement and local integration, including possible naturalization.

In terms of resettlement, the UNHCR protection officer reminded the team that UNHCR uses resettlement exclusively as a protection tool on a case-by-case basis, and that their office in Arua refers appropriate cases to Kampala, and from Kampala the final authority rests in the hub at UNHCR in Nairobi. He added that given the relative peace in southern Sudan and the voluntary repatriation process, many resettlement third countries are not very interested in accepting more southern Sudanese. The Madi Okollo commandant and various refugees identified as serious protection cases had told the team that they were told to be ready for a UNHCR visit and interviews on December 8, 2008 but that no one had shown up. UNHCR Protection staff confirmed to the team that a mission from the hub was supposed to come, but that the trip had been postponed. This mission has now occurred in the beginning of March 2009.

It was not yet clear at the time of the field visit whether and when a consolidation of the remaining four camps in the West Nile region will occur, but the team discussed this possibility with the RDO and with UNHCR protection staff. A lot of re-clustering has already happened within the settlements, but for the effective provision of services, the Ugandan government may decide to close one or more of the West Nile camps with low populations, and to consolidate the refugees from there together.

Recommendations:

The team urges resettlement countries to consider accepting more of the refugees who are unable or unwilling to return to southern Sudan for various protection reasons and urges UNHCR to continue its referral process of appropriate cases. The team notes that the delays in cases that have already been referred for resettlement are often in Kampala or Nairobi, and urges UNHCR staff in those locations to prioritize the processing of these serious protection cases which have already been referred, some of which have been pending for over two years while the individuals concerned remain at risk in the settlements.

The team further urges the Directorate of Refugees to consider carefully whether and how to close down one or more of the settlements, and, if it decides to close one or more, to devise a strategy for moving those refugees to the remaining settlements with due concern for creating as little disturbance as possible for the education of refugee children, the planting and harvesting of crops, and other important areas of refugee life.

The team urges the Ugandan government, UNHCR, and the implementing partners to recognize that a significant caseload of Sudanese refugees will remain in West Nile after the voluntary repatriation process ends, and to plan for that eventuality in a way that promotes durable solutions for the refugees.

VII. Desire for Naturalization

Among the refugees who had decided not to repatriate, there were a few in Rhino Camp who expressed a desire to naturalize as Ugandan citizens, if possible. One refugee, for example, felt he could not return to Sudan because his father was Muslim and had supported the north, so although the son was raised Christian by his Christian mother and had been raised in southern Sudan, he feared persecution as a *jalaba* if he were to return. He had lived in Uganda for over a decade already, and expressed interest in naturalizing as a Ugandan citizen. Another Sudanese man who approached the team for legal advice had married a Ugandan national about thirty years before and had a family with her, and was interested in both himself and his children becoming Ugandan citizens.

The legal officers were able to inform such refugees that under the 2006 Refugees Act, they are eligible to naturalize, if they meet the requirements of the Uganda Citizenship and Immigration Control Act (UCICA), which include a twenty year residency requirement, a language requirement, character requirement, and the necessary intention to permanently reside in Uganda. The team also explained that although these were the requirements, on a practical level, the regulations have not been put into place. The legal officers also explained that for a refugee who has been married to a Ugandan national for five years or more, there is a separate process called citizenship by registration, and that children of such a union are automatically Ugandan citizens.

In the team's discussions with UNHCR protection staff on possible durable solutions for the refugees who chose to not to repatriate, the need for systematizing the regulations for naturalization and registration of the refugees for those who want to stay was discussed; the team and UNHCR staff recognized that some refugees had even resided in Uganda for forty years, double the long residency requirement under UCICA. The RLP team also spoke with them about children born of marriages between different nationalities. A UNHCR staffer observed that in some cases, refugee mothers wish the children to be registered as from their own country for food rations, and do not even mention that the father is Ugandan. So the child may have the legal right to Ugandan citizenship, but does not in practice exercise that right at present.

Recommendations:

We recommend that the Immigration department systematize the practical regulations for naturalization, including the drawing up of appropriate forms, and that its staff be sensitized that refugees who meet the UCICA requirements are now eligible to apply for naturalization. We further recommend that OPM work with the Immigration department to facilitate naturalization for those refugees who have resided in Uganda for decades and are currently eligible for naturalization under the UCICA. RLP also recommends that in the case where children of a union between a Ugandan national and refugee can be identified, the family should be sensitized as to the children's right to Ugandan citizenship. As a longer term goal, we further urge that the Government of Uganda consider a shorter residency requirement for refugees to become naturalized citizens, in order to promote local integration as a durable solution for refugees who are

unable to return to their countries of origin and who meet all other requirements of language, character, and intention to make Uganda their permanent home.

VIII. The Return to Uganda of Repatriated Refugees

There are some cases of refugees who have repatriated but who have returned to Madi Okollo. For example, both the settlement commandant there and the assistant program coordinator for DED (Deutscher Entwicklungsdienst) in the settlement spoke of refugees who had jobs in the settlement, such as working with community services or as teachers, who have come back following repatriation and asked for their jobs back, only to be told that they are no longer eligible for the positions. The settlement commandant estimated there were about ten or fifteen people who'd returned, hoping for their old jobs. The team was unable to speak with any of these returned refugees, as after being told they could not resume their jobs and would have to re-apply for refugee status in order to stay, they left the settlement. However, the team was told that one reason for their return was that they found it difficult to find employment in Sudan, with some people in Sudan saying to the returnees, you are coming back from Uganda to take away our jobs, and asking, where were you when we were fighting for our freedom.

The team was also told that some boys in Madi Okollo passed the exam to have scholarships to university, but they repatriated, so when they came back, they were told that they are no longer eligible for the university scholarships because they have lost their refugee status.

There were also a few individual cases that are illustrative of some of the challenges facing repatriating refugees. For example, there was an individual who had been repatriated to southern Sudan, but who returned to Madi Okollo after undergoing severe persecution in southern Sudan, in which some of his family members were stoned to death. This particular case had been forwarded to OPM in Kampala for another determination of refugee status by the Refugee Eligibility Committee (REC), given that the individual had lost his status by repatriating, but there was concern among many stakeholders that his case and others who have returned after repatriation due to persecution by state or non-state actors would not be granted refugee status again even where the refugee fits the criteria for the granting of refugee status under the law. Another example was told to the team in Rhino Camp by the staff at Oduobu Health Centre II. The health center staff informed the team of a case of a refugee who repatriated who had been suffering from cancer of the esophagus. He returned to Rhino following repatriation to Sudan, because of the lack of health facilities in Sudan, but unfortunately died soon after his return to Uganda.

In Rhino Camp, RWC members informed the team that they are under instructions to report the return of any repatriated person to the settlement, but that most who have returned were there for short visits only.

Recommendations:

The team urges that OPM, and particularly the REC, review carefully the cases of refugees who have repatriated to Sudan, but have now returned to Uganda because of persecution. In some of these cases, the individual may be eligible for a re-granting of refugee status, if he fits the definition of a refugee under international refugee law. The team further encourages sensitization among the settlement staff and OPM regarding the rights of individuals who have returned, including that if the individual still fits the definition of a refugee, that individual is entitled to the granting of status again and should be assisted to re-apply for status.

IX. Other Protection Issues

As mentioned above, this report does not discuss individual cases in depth with names because of confidentiality concerns. However, a few items should be highlighted. In Rhino camp, a female police officer was in charge of the Police Post of Uriama Sub-County near base camp during the team's visit in Dec. 2008. She was transferred to Rhino five months before because of the desire to have a female police officer present, given the number of female protection cases living near the police post for safety reasons. She expressed concerns to the team about the dilapidated housing of some of the protection cases. This was echoed by other officials, and the team was able to observe the deficiencies in the housing provided.

When the issue was raised, UNHCR protection staff were already aware of it, and informed the team that the money has been allocated and plans made to improve the housing that is in bad condition and to build a second tukel for one large family which didn't fit in the one currently provided. Some of the protection cases at Rhino Camp located near the police post also complained of a lack of sanitary napkins, soap, blankets, and other items. This issue was also raised with Community Services and with UNHCR, and the feedback was that though as EVIs, they are provided with these items, there has been a problem in the individuals selling these items to buy those that are not provided, such as meat.

Another particular protection concern that the team had came out of a case of an individual refugee man who had more than a dozen refugee children registered under him. When this issue was raised with Community Services and UNHCR, the team was told that they are both aware of this particular case, and that individual Best Interest Determinations (BIDs) will be done for each child, as there is a possibility of exploitation.

The team wishes to commend the settlement commandant in Madi Okollo for her handling of issues arising in the settlement, in particular, the sensitivity and concern for serious protection cases. The team found through its interviews in Madi Okollo that she was frequently spoken of by the refugees as being an excellent commandant and sensitive to the needs of the protection cases. The team was happy to report the good work of the settlement commandant to the RDO and to highlight it in this report.

Recommendations:

The team urges that the BIDs be completed in a timely manner for the many children found under the care of one individual. The team also encourages that the planned home repairs and construction for the protection cases in Rhino be completed as soon as possible.

X. National Social Security Fund (NSSF) Issues

In Rhino Camp during the question and answer portion of the information session, an issue around NSSF contributions was first raised with the team. Individual refugees who work in the health centers and schools complained that there were problems with their NSSF contributions. The individuals complained that sometimes the contributions were deducted from their paychecks for certain months, but that the contributions were not remitted. A related issue that was raised was what should refugees do about receiving the remittances from NSSF, now that they desire to repatriate. For example, one refugee stated that she wanted to repatriate, but hadn't, because she was concerned about receiving her NSSF contributions.

The team ended up hearing about various NSSF issues from the refugees during the visits to the settlements, and raised the issue with DED, as one of the employers involved, UNHCR, and the RDO, to try to ascertain the problem and how to fix it. Regarding the actual deductions and postings of remittances, the team urged stakeholders such as employers or former employers to assist refugees who are having difficulty with the postings, as it is hard for an individual refugee to access the NSSF office in Arua. The team in particular met with the accountant at DED in Arua to explain the problem that refugees were expressing to the team, that their postings for the years of their time as employees of DED (prior to the hand-over to the District, for those sectors which have now been handed over) were not properly accounted for on their NSSF statements, even though the money had been deducted by DED. The team recognizes, along with the accountant, that the problem of postings by NSSF is not a problem unique to refugees, and that many different individuals all over Uganda have had this problem with NSSF. The team asked the accountant at DED if she and DED were in a position to assist their current and former refugee employees who were encountering this problem to correct their statements with NSSF. The DED accountant, understanding the difficulty, agreed to assist refugees in making sure all their remittances during their employment by DED were posted correctly. Clearly, the postings during the refugees' time of employment by the District must be corrected with help from the District and NSSF.

On the related NSSF issue, the team received some conflicting information about how refugees who are repatriating could receive their NSSF funds. For example, the UNHCR Field Officer for Rhino Camp told the team that those refugees who are owed funds by NSSF must first repatriate and be de-registered as refugees in the country of asylum, and then the refugees must physically travel back from Sudan to Arua and ask for their NSSF funds through OPM. Of course, if this is occurring, the team finds it very worrisome that a refugee would need to spend so much money on a return trip to Uganda after repatriation to claim their NSSF funds—perhaps spending even all the NSSF funds the

refugee is owed on the journey itself!—and in addition, there is a further question of what possible status a repatriated refugee would have returning to Uganda to claim his funds.

The team then discussed the NSSF issue with the Refugee Desk Officer in Arua, who informed the team that it was, in fact, possible for refugees to begin the process before leaving the country, but that NSSF is requiring refugees to hand over their ration cards and/or Refugee IDs in order to claim their funds. Handing over this document is meant to show that the refugee is repatriating. The Refugee Desk Officer thought this was part of an agreement between OPM, NSSF and UNHCR. He said that there was a concern that if refugees didn't hand over their ration card, then there was a possibility of them selling off their ration card and spontaneously returning once they received their NSSF money. The team agreed with him about how difficult it is for refugees to surrender their ration card in order to receive their funds, because of obvious food security issues.

When the issue of the process of repayment of NSSF funds to repatriating refugees was discussed with the UNHCR Protection Officer in Arua, he expressed surprise and dismay that NSSF is requiring refugees to pass over their ration cards prior to repatriating in order to begin the process of claiming their funds. He thought that if NSSF requires verification that a person is repatriating, perhaps OPM's copies of repatriation forms could be utilized. He shared the discomfort of the RLP team that a refugee could face food insecurity on the one hand versus not being able to claim their NSSF funds on the other. The team was happy to hear that he will also flag this issue for further clarification and discussion.

Recommendations:

We strongly urge that NSSF do a better job of posting remittances made and of fixing problems in the past with the postings for refugees.

The team also recommends that the District, in those sectors which have been handed over, work with its refugee employees to correct the deductions and postings to NSSF.

The team further recommends that other current or former employers, such as DED, also work with their current or former refugee employees to correct the deductions and postings to NSSF. The team commends the accountant of DED for her stated willingness to help current and former refugee employees of DED to correct their postings with NSSF, and urges that this help is, in fact, offered. In particular, the team encourages DED to conduct some outreach work in the refugee settlements, particularly in the health and education sectors, to identify refugees who need assistance in this regard as current or former DED employees.

The team urges the various stakeholders to raise the issue of NSSF remittances, postings, and repayment in the coordination meetings with other stakeholders. In particular, the team encourages all stakeholders to ascertain what is the actual process necessary for a refugee to claim his funds prior to repatriating, and if NSSF is actually requiring a ration card, to devise a different mechanism.

The team also strongly recommends that NSSF not require a ration card from a refugee prior to repatriating in order to access the funds, as this places the refugee at risk for food insecurity, and that an alternative mechanism be devised.

The team recommends that refugees be sensitized as to how they can begin the process of claiming their NSSF funds prior to repatriation.

XI. Services in the settlements

DED is the implementing partner for UNHCR in both Rhino and Madi Okollo refugee settlements. In Rhino Camp, the team met with the Assistant Program Manager of DED primarily in order to raise concerns heard from the refugees and to gather information about service provision in the settlement. The team was told that DED is directly implementing programs of Environment, Construction, Admin/Logistics, Land Use and Crop Yield Assessment and Water. However, in Rhino, the programs of Agriculture, Health and Sanitation, Education, Community Services and Forestry have been passed over to the district.

The team raised a number of issues with DED in Rhino Camp, many of which are discussed in other sections of this report, such as NSSF issues and ambulances. In terms of food rations, the team was told that DED is the one responsible for doing crop yield assessments in order to determine the refugees whose yields are below the threshold, and who should receive food rations. The team was told that DED is not responsible for the assessment of who qualifies as an Extremely Vulnerable Individual (EVI) or which refugees qualify for receiving Non-Food Items (NFIs), but that UNHCR and Community Services (under the District) are responsible for those assessments.

In Madi Okollo, the team met with DED's Assistant Program Coordinator. In Madi Okollo, no sectors have been handed over to the District yet, so DED is still managing the programs in Health, Education, Community Services, Water and Sanitation, Infrastructure and Road maintenance. DED told the team that it has been instructed by UNHCR to stop new construction work until post the repatriation program, so DED is only doing repairs and maintenance as necessary. Given the shrinkage of the settlement, only 6 out of 17 bore holes are being used. The health center is being accessed much more by nationals now than the refugees. The coordinator noted that since the supply of drugs provided is linked to the number of refugees, the supply has gone down, but that given the large number of nationals utilizing the health clinic, the drug supply is too low for the numbers of refugees plus nationals. She also noted that the morale of staff in the settlement is low given the repatriation, because they are worried about their jobs if the settlement is closed or whether they will be hired by the District when the services are handed over. Furthermore, it has been a challenge in Madi Okollo to find enough refugees remaining who are qualified (at a minimum to S-4) to teach in local languages. Some refugee parents are upset that their children are being taught in Luo and Acholi, but they are no longer teaching in Dinka because there are none qualified who have remained.

The team noted that throughout its field visits, there were appreciably more complaints by refugees about services that had already been handed over to the District, such as in

Rhino Camp, than about services that continued to be provided by DED as the implementing partner. This situation was acknowledged by UNHCR and the RDO. The team commends the efforts of UNHCR to increase accountability in this regard especially by the funding of two new positions in each of the districts in 2009, of Project Coordinator and Accountant, and of raising the issue of mis-use of vehicles by the Districts.

XII. Health Care Services

In Rhino Camp, the team visited two of the three health centers in the settlement, namely, Oduobu Health Centre II and Siripi Health Centre III, spoke to staff at the health centers, and also spoke to individual refugees about the health services in the camp. In Madi Okollo, the team visited the one health center that remains. Concerns expressed by the staff and refugees were then brought to the attention of the appropriate authorities and organizations following the field visit. The main difference between the health centers in the two settlements were that the health centers in Rhino have been passed over to the District, whereas in Madi Okollo, the remaining health center is still under DED, though similar challenges were expressed.

The health centers visited in Rhino and the one in Madi Okollo serve both refugees and nationals, with the ratio becoming more skewed towards nationals now that the repatriation program has been ongoing. Neither health center in Rhino had a psychiatric specialist on staff. Both health centers offer ante-natal care, but staff at both centers visited in Rhino also told the team that though attendance for ante-natal care is high, the majority of women do not choose to give birth at the health centers, but instead use a traditional birth attendant. The staff at Oduobu and Siripi health centers also told that team that since their solar panels are not working, they are forced to use torches to conduct night deliveries. Another problem at Oduobu was that the gas cylinders were off during the field visit (and staff told the team they had been off since September 2008), due to a lack of gas, thus there was no refrigeration facilities, so vaccinations were not taking place.

Staff at Oduobu expressed concern that there is supposed to be a weekly visit by a doctor to their health center, but that, in reality, the doctor's visits are infrequent and the staff has to make do. Staff at Siripi expressed a similar problem; the center there had had a doctor who left, and the replacement doctor is supposed to visit routinely, but the staff told the RLP team that he had only visited the Siripi health center once in the entire year. Complicated cases that require a doctor thus must be referred outside of the settlement. Given the difficulties discussed below in accessing an ambulance in a timely fashion, this has been a problem.

The team also observed at Oduobu that there was no hand-washing facility at the latrine and the staff were understandably concerned about this for health and sanitation reasons. Staff in all the health centers visited in Rhino told the team that they are de-motivated and that some staff even are not showing up regularly as salaries have been reduced and allowances have been cut off.

The team discussed the situation of HIV positive refugees with the staff at the various health centers. HIV positive refugees are usually referred to regional hospitals outside of the settlement, such as Kuluva Hospital, for treatment. As noted elsewhere, a few HIV positive refugees have repatriated but return to Arua for ARVs; others are reluctant to repatriate. The team was told about a lot of stigma in the settlements facing those who are HIV positive, including the case of a woman who went public in church with the testimony about her status, only to find that community members stopped visiting her canteen where she had sold food, and she passed away. At Siripi in Rhino Camp, the staff had formed post-testing clubs to try and combat the stigma, but said that with the repatriation and the discontinuation of funding from Population Services International (PSI), that activity is collapsing. In Madi Okollo, there were HIV advocacy programs in schools and post-testing clubs, but this has dwindled, given a lack of funding. The health center staff feel the need for more outreach on the issue of HIV; they note that even when people get tested, sometimes they fail to return for their results, and that some men who are told their results fail to tell their wives or partners. Staff also reported that there have been cases where a woman who tests positive when her husband tests negative have become separated or divorced, and that this is often condoned by the community, as there is a lack of understanding that there can be a discordant couple.

Staff at both health centers visited in Rhino lamented that the supply of drugs has gone down since the repatriation program began. This problem was also found in Madi Okollo. The DED assistant program coordinator in Madi Okollo explained that since the supply of drugs provided is linked to the number of refugees, the supply has indeed gone down; the problem arises given the large number of nationals utilizing the health clinics, the drug supply is too low for the numbers of refugees plus nationals.

In Madi Okollo, unlike Rhino, there was some specialized psychosocial programming in place through Transcultural psychosocial Organization (TPO), which provides counseling, runs support groups, and some outreach programs such as with youth.

Recommendations:

The solar panels at the health centers should be repaired so that the staff can treat patients at night and, in particular, to be able to deliver babies safely. Gas supplies should also be provided so that vaccines can be given routinely at all health centers, and hand-washing facilities should be constructed. The team strongly recommends that inquiry be made as to why the regular weekly visits by a doctor to the health centers are not occurring, in order to correct this situation as soon as possible. The team encourages funding for outreach programs and in particular funding for HIV post-testing clubs to be restored.

XIII. Ambulances and Other Vehicle Use

One of the aspects of the provision of health care that the team examined was the situation with the ambulances and the difficulty of transport, as this was a concern raised by refugees and in particular by the staff of the health centers.

According to the head of Community services in Rhino Camp, the ambulance is under UNHCR and DHP and is normally based in Arua. She told the team that she and others had advocated for the ambulance to be based at the base camp in Yoro in Rhino Camp, rather than Arua, and that this had the situation helped somewhat, but that is still often not available. Community Services also expressed that lack of transport as one of the basic challenges to their work and that, for example, Community Services can't do much outreach because of this. The Assistant Program Manager for DED in Rhino camp told the team that the repairs and fueling of the ambulances are done by DED, but they are not in charge of the ambulance program.

According to the UNHCR Field Officer in Rhino Camp, the team was told that UNHCR has given three vehicles to the district under the right of use agreement. Under this agreement, they are supposed to be based at Rhino. UNHCR provides fuel weekly and servicing of the vehicles. However, the vehicles are used for some things that are not included under the right of use agreement and the vehicles are usually parked in Arua, not at Rhino. UNHCR has tried to raise this with the districts, but the abuse does continue. He said that the ambulance in particular is supposed to be located at Odoubo Health Center in Rhino Camp. He also said that the DCD vehicle is supposed to be at the base camp, but it is hardly there.

In Madi Okollo, the staff of the health center also expressed difficulties in terms of accessing an ambulance. The team was told that the vehicle had had an accident and is no longer working, so that for an ambulance, the health center has to use the shared DED car. This was confirmed by DED in Madi Okollo, where the coordinator acknowledged that the DED vehicle is also acting as the ambulance now, but didn't think that it was a problem, as when given notice, it is always available. The health center staff had told of a young boy, a national, who had recently died as a result of bleeding from the anus, and who had died because the DED shared vehicle which functions as an ambulance was in Arua and didn't arrive back at Madi Okollo in time. The DED coordinator explained that the boy had been sick and bleeding for a long time but wasn't brought immediately to the health center, so by the time they were notified that an ambulance was needed and the vehicle was sent back from Arua, the boy had died. The DED coordinator felt that this was a case where the boy would not have died if he had been taken sooner for treatment at the health center, not when he was on the point of death, but that it was not the fault of a lack of ambulance.

Recommendations:

The team heard a number of complaints from the refugees as well as various stakeholders in the settlements and in Arua about the use of the vehicles, in particular, ambulances. The team strongly recommends that the vehicles be used for the functions written in the right of use agreements and, in addition, that the ambulances be permanently based in the settlements.

XIV. Art Therapy for Children

As part of the field visit to the two settlements, the members of the team who are counselors, supported by other team members, engaged the children in four different sessions of Art therapy. These sessions were meant to understand the children's expressions about what they were going through as a result of their past experiences back in their country of origin and the present situation in the camp. The goal is to gain understanding of the children's experiences, in particular to ascertain the need for future interventions, such as therapy, targeting refugee children, as many have experienced severe trauma.

After a brief introduction about therapy and its importance, the children were able to express themselves through drawings that were later collected. The main focus was put on their past and present experiences, interests, future dreams and their fears.

Just like any other exercise, the art therapy was faced by some challenges that included some difficulty in gathering the children even with the prior notice about the exercise mainly because it was holiday time, and because some children were busy going around with their daily duties in their homes. The counseling team also encountered a challenge in that it was hard to target and work with a particular age group in a particular setting, since children of different ages turned up for the exercises.

Recommendations:

The RLP team recommends that on future RLP field visits, where possible, the art therapy should be carried out during school time because children of different ages can be easily found in a particular setting, and that information about the art therapy should be passed on to the parents and teachers of these children prior to the exercise. A member of RLP will be analyzing the results of the art therapy sessions to determine the psychological status of the children, and what interventions may be appropriate; these recommendations will be given to relevant stakeholders when available.

XV. Conclusion

The RLP team thanks the stakeholders for a fruitful dialogue concerning the issues raised in this report, and looks forward to continuing to work to improve the situation for refugees in the Madi Okollo and Rhino Camp settlements together.