We never have someone talking to us about these things!

Psychosocial Challenges among Refugee Women and Girls in Nakivale Refugee Settlement

RESEARCH REPORT

DECEMBER 2015

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Refugee Law Project
School of Law, Makerere University, Kampala
Plot 9 & 7,
Perryman Gardens
P.O.BOX 33903, Kampala

Table of Contents

List of Tables vi
List of Figures vi
Foreword 1
Acknowledgements 2
Acronyms 3
Executive Summary 4
1.0 Introduction 7
2.0 Conceptual Framework 9
3.0 Objectives of the Study 10
4.0 Study Justification 11
5.0 Literature Review 12
5.1 Psycho-Social Challenges Faced By Women & Girls in Refugee Settlements 12
6.1. Area of Study 15
6.2 Study Population 16
6.3 Research Design 16
6.4 Sampling Procedure and Sample Size 16
6.5 Data Collection Methods and Tools Used 17
6.6 Data Analysis 17
6.7 Ethical Considerations 18
6.8 Study Limitations 18
7.0 Findings 19
DEMOGRAPHIC CHARACTERISTICS FROM THE QUANTITATIVE DATA 19
CHALLENGES ACCESSING BASIC NEEDS AND ESSENTIAL SERVICES 24
a) Access to Food 24
b) Access to Water 25
c) Access to Shelter 26
d) Access to Clothing 27
e) Access to Education 28
f) Access to Health Services 30
Recommendations 32
MENTAL AND PSYCHOLOGICAL CHALLENGES 34
Recommendations 37
SOCIAL CHALLENGES 38

a) Discrimination on the Basis of Race/ Nationality 38
b) Inadequate Social Support 39
Recommendations 39
ECONOMIC CHALLENGES 40
Coping 42
Refugee Women Getting Married to Fellow Refugees or Ugandan Men 42
Resort to Survival Sex Work 42
Early Marriage for Girls 42
Cheap/Child Labor 42
Migration to Kampala and Urban Areas in Search of Jobs 43
Recommendations 43
SEXUAL, GENDER BASED VIOLENCE EXPERIENCES AND OTHER PROTECTION CONCERNS 44
a) Rape and Defilement 44
b) Domestic Violence 46
d) Female Genital Mutilation 47
e) Physical Insecurity 47
Coping 48
Recommendations 49
8.0 Discussion 50
9.0 Conclusions 55
10.0 Recommendations from Refugee Law Project 56
References 57
ANNEXES: DATA COLLECTION TOOLS 61
ANNEX I: Key Informant Interview Guide/ Focus Group Guide for Key Informants, Mental Health Professionals, Health Care Providers, Social Support Providers 61
ANNEX 2: Focus Group Guide for Refugee Women and Girls 62
ANNEX 3: Individual In-depth Interview Guide 63
ANNEX 4: Questionnaire for Women and Girls 63

List of Tables

Table 1: Sample Size for Each Age Category and Zone Of Residence 17
Table 2: Data Collection Methods and Tools Used 17
Table 3: Refugee Status 19
Table 4: Age Distribution Amongst Respondents 19
Table 5: Respondents' Gender 19
Table 6: Respondents' Marital Status 20
Table 7: Respondents Family Relationship Type 20
Table 8: Whether Respondents Have Children 20
Table 9: Respondents' Position in the Family 20
Table 10: Respondents' Religious Affiliation 21
Table 11: Respondents' Countries of Origin 21
Table 12: Respondent Length of Stay in the Settlement 21
Table 13: Respondents' Level of Education 22
Table 14: Respondents' Location within the Camps 23
Table 15: Challenges Accessing Food 24
Table 16: Challenges Accessing Water 25
Table 17: Challenges Accessing Shelter 26
Table 18: Challenges Accessing Clothing 27
Table 19: Challenges Accessing Primary Education for Girls 28
Table 19: Challenges Accessing Primary Education for Girls 28
Table 20: Experience of Torture 30
Table 21: Respondents with Particular Health concerns 31
Table 22: Attention to the Health Concerns 31
Table 23: Challenges Sleeping at Night 35
Table 24: Have a Social Club they Belong and Relate 39
Table 25: Experiences of SGBV 44
Table 26: Experiences of Child Abuse Among Respondents 46
Table 27: Experiences of Physical and Emotional Violence 47

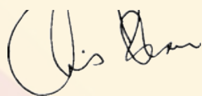
List of Figures

Figure 1: Having Money to Last Them Through the Month 40

Foreword

What are the psychosocial challenges that refugee women and girls are confronted with when living in a remote rural refugee settlement? Does the fact that two in three are the head of household and one in three has no formal education be of concern? If more than half have already spent more than half a decade in the settlement, do they feel they have a future? Does a lack of adequate psychosocial support with which to address the harms they have experienced both in country of origin and in the host country hold them back from maximizing their potential? When less than one in twenty women has enough money to see them to the end of the month, how can they think strategically about medium to long-term plans?

These are some of the critical questions that this important study, supported by the Finnish Refugee Council, seeks to address. There can be no doubt that addressing the multiple gaps highlighted here will be critical to maximizing the rights of the women and girls whose situation is examined, and that a more comprehensive response to their needs would also contribute to the wellbeing and capacity of their dependents in the future. We hope that the findings presented and discussed here will inform the agenda of all those engaged in working with refugees, be they policy makers, practitioners, media or activists. They are issues that speak to the core objectives of our work as Refugee Law Project, an organization in striving to ensure dignified lives for all forced migrants.



Dr. Chris Dolan
Director
Refugee Law Project, School of Law, Makerere Univeristy

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The Mental Health and Psychosocial Wellbeing Program team is commended for its work in putting together this report, the team being led by Yusrah Nagujja (Program Manager), Hassan Sebugwaawo (Counselor Nakivale), Eve Achan (Psychosocial Counselor), and Francis Oyat (Social Worker). Other RLP staff who participated in data collection include; Lydia Asimwe, Frank Kanyamaishwa and Fred Ssekandi.

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This report was written by Yusrah Nagujja, Eve Achan and Hassan Sebugwaawo.

Design, Edits & Layout by;
Opiny Shaffic

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARC	American Refugee Council
DRC	Democratic Republic of Congo
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
FRC	Finnish Refugee Council
HCIII	Health Centre III
HIV	Human Immuno-deficiency Virus
IPs	Implementing Partners
MHPWP	Mental Health and Psychosocial Wellbeing Program
MTI	Medical Teams International
OPM	Office of the Prime Minister
OPs	Operating Partners
PTSD	Post Traumatic Stress Disorder
PWDs	Persons with Disabilities
RLP	Refugee Law Project
RWCs	Refugee Welfare Committees
SGBV	Sexual and Gender Based Violence
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WTU	Windle Trust Uganda

Executive Summary

Nakivale refugee settlement, established in 1958 is the largest hosting refugee settlement in Uganda and the 8th largest in the world (UNHCR, 2014). It is located in Isingiro district South West Uganda, and hosts over 81,260 refugees. Women and girls comprise almost half (49.6%) of Nakivale's total population and of this percentage just over half (52.5%) are girls below 18 years. Refugee women and girls have unique challenges due to the fact that they are frequently vulnerable and need extra attention. The psychosocial challenges that women and girls in Nakivale Refugee Settlement experience are not well known because no specific documentation of such challenges existed for Nakivale. This study sought to clearly explore the psychosocial challenges faced by refugee women and girls in Nakivale Settlement, in order to deliberately make informed recommendations as a mechanism towards providing meaningful context specific interventions by the various service providers.

This study employed both qualitative and quantitative methods. Data was collected from 200 women and girls through structured interviews, 153 women and girls through focus group discussions, in-depth interviews with 12 women, and 12 key informant interviews. Quantitative data was analyzed using SPSS and thematic analysis was used for the qualitative data.

Most of the respondents (34.5 %) were from DRC, in the age group of 18-35 years, living in nuclear families (52.5%) with children (50.5%) and were heads of their families (64.5%). The majority (55.5%) had stayed in the camp for over 5 years, and a bigger percentage (35.5) had never attained any level of education. Women noted a significant shortage of food in the camps with the majority (76.5%) experiencing challenges accessing food almost all the time. They complained of water sources being too far and few, with the majority (41.5%) always having trouble accessing water for daily use. Shelter and clothing were also mentioned as major problems, many staying in depleted houses with old roofing. Education of girl children is still low, with the majority (79%) finding a challenge in accessing universal primary education. More than two thirds of the women and girls complained of particular health concerns, and only a few (21.5%) have managed to get attention for these health concerns. The women reported a high proportion of psychological concerns, most having experienced physical, psychological and sexual torture/ violence both

in their countries of origin and in Uganda. They live with the consequences such experiences including back pain, disability and psychological difficulties like PTSD, depression, and psychosis. A critical lack of mental health and medical staff was noted in the settlement. Economic challenges were also very present among the women, with only 3.5% having sufficient money to last them through the whole month. A few 37.5% of the respondents had running businesses, and others (29%) had 'little' money being generated from farming. A lack of capital and constraints in moving outside the settlement compounded the economic challenges, some resorting to survival sex and providing cheap/child labor in Kampala. Experiences of SGBV were very rampant, with 61 out of 200 respondents having experienced SGBV while in the settlement. Specifically, 24% had experienced domestic violence, followed by rape/ defilement at 19%. Respondents also mentioned that they had either experienced or witnessed cases of child abuse in the settlement. The most common form being child labor at 56.7%,and early marriage at 36.7%. FGM is a common practice within the Somali community and leaves the girls very helpless and at risk.

Despite the efforts of the government of Uganda and various support organizations in offering psychosocial support within the settlement, women and girls continue to face serious physical, economic, psychological and social difficulties. In fact, a closer look at their life manifests misery and frustration with the worsening circumstances they endure on a daily basis. What exists within the refugee camps is a fragmented model of service provision, which looks at each issue differently with minimal or no sustainable solution. Recommendations to the psychosocial challenges majorly included;

- Need for service providers to find a holistic way of carefully analyzing, internalizing, and addressing the physical, social, economic, and psychological difficulties faced by refugees in settlement camps
- Increasing funds and engaging refugees in designing appropriate methods towards enhancing economic wellbeing and livelihoods for women and girls
- Putting in place strong measures to end SGBV being experienced by women and girls in the settlements, like engaging community based activities. Services should also be readily available to respond to the resultant effects of SGBV suffered
- Child abuse and exploitation should be critically looked into, and specifically

encouraging the education of girls will go a long way in empowering them

- Need to build the technical and financial capacity of serving organizations in identifying, handling and addressing psychological issues

1.0 Introduction

Meaningful enjoyment of human rights cannot be fully realized without the biological, psychological, social and emotional well-being of forced migrants. It is recognized that war and conflict are situations of extreme stress, which may generate severe psychiatric consequences (Somasundaram, 1998). Effects of violence in conflicts and forced migration include physical, social, educational, family and psychological effects (Thomas 2005). It is undisputable that a violent conflict creates a “major barrier to development”, and leads to “severe educational losses, household asset depletion and psychological deterioration” (Mallet & Slater, 2012).

More often than not, refugee women and girls seeking asylum have had painful experiences in their countries during conflict, during flight (transition) and in countries they have sought asylum (hosting countries). Such experiences include being targets of or witnessing physical and sexual violence done to their family members and close associates; torture, stigma, discrimination, political and social persecution, sexual harassment among others (Fazel, Reed et al, 2011). A Refugee Law Project in-depth qualitative report for 2014 titled “From the Frying Pan into the Fire” clearly documented the specific psychosocial challenges faced by refugee women and girls in Kampala (RLP, 2014). Such humiliating and debilitating situations can render survivors vulnerable, helpless and hopeless (Akinyemi, Owoaji et al, 2012). This particular study looks at the current psychological and social wellbeing of women and girls residing in a rural refugee settlement.

Due to circumstances many refugee women and girls have had to assume and accomplish responsibilities arising from the brutal loss of their husbands and/or their absence. The burden of taking care of large families comprising of children and relatives sometimes makes it hard for them to fully protect and provide the basic necessities the family needs. Unfortunately, with the current minimal support from various authorities, many women and girls resort to risky survival means (Nancy, 2004). Adolescent girls are caught in a web of vulnerability created by the social disarray of war. Indeed, the power imbalances that heighten girls’ sexual vulnerability and enhance their disproportionate risk for HIV/AIDS become even more pronounced during conflict and displacement (Wasterhaus 2007, Ward 2006). Bukuluki et al (2008) also conclude that displacement make some people more vulnerable than others,

and argue that women and girls are more vulnerable and at risk of contracting HIV/AIDS than their male counterparts.

Both women and their daughters have had to bear the burden of carrying pregnancies that have resulted from war related rape. Some end up acquiring HIV and such mothers find it extremely difficult to communicate to their children or spouses about their ill health (Liebeng, 2012). Family and community structures that normally would provide the necessary support have broken down while traditional and social norms have also disintegrated, which places children and unaccompanied minors at a greater risk of infringements of their basic rights. While orphans suffer grief and confusion, their plight as refugees is worsened by prejudice and social exclusion. This is more delicate for those living with disability, especially those with severe developmental challenges.

Amidst all these challenges, refugee women and girls have no time to progressively adjust to new environments, cultures and languages because everything becomes a matter of urgency to either adapt or sink. This has a deep effect on their coping mechanisms with no time to heal psychologically. Despite efforts by the various agencies in refugee camps to provide both material and psychosocial support to refugees with the aim of enhancing refugee's quality of life, community outreaches have not undertaken psychosocially tailored interventions towards refugee women and girls in Nakivale refugee settlement. Nakivale refugee settlement, located near the Tanzania border in Isingiro district, Southern Uganda, currently hosts the largest number of refugees in the country. Nakivale also accommodates refugees and asylum seekers from diverse countries, such as Somalia, Rwanda and Burundi (Omata & Kaplan, 2013).

This study examines the plight of women and girls whose deep-rooted wounds are not always visible on their bodies but may be more hurtful than anything that bleeds.

2.0 Conceptual Framework

Psychosocial challenges among by women and girls in the Nakivale refugee settlement were investigated in this study. The term "psychosocial" in its broadest sense refers all the social, economic, psychological, and gender issues affecting a person, thus our research explored the conditions of women and girls from all these perspectives. Coping is defined as the cognitive and behavioral efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of a person (Lazarus, 1993). Redress refers to any formal or informal action taken to respond to a psychosocial challenge.

3.0 Objectives of the Study

The overall objective of the study was to clearly explore, analyze and document the psychosocial challenges faced by refugee women and girls in Nakivale Settlement. Specifically the research sought to:

- Identify the psychosocial challenges experienced by refugee women and girls in Nakivale Settlement
- Explore the coping mechanisms employed by the women to manage the psychosocial challenges in Nakivale Settlement
- Explore the redress mechanisms available for the psychosocial challenges faced by refugee women and girls in Nakivale settlement
- Give recommendations on how to best assist refugee women and girls overcome their challenges in Nakivale settlement

4.0 Study Justification

Refugees in general experience significant challenges while in refugee settlements. However, refugee women and girls face unique challenges due to the fact that they are frequently vulnerable and need extra attention. The psychosocial challenges that women and girls in Nakivale Refugee Settlement experience are not well known because no specific documentation of such exists. A base-line study is needed to uncover and document challenges experienced by women and girls in order to deliberately make informed recommendations as a mechanism towards providing meaningful and context specific interventions by the various service providers.

5.0 Literature Review

5.1 Psycho-Social Challenges Faced By Women & Girls in Refugee Settlements

Women and girls experience various challenges while in refugee camps, including social, psychological, economical, and physical challenges. Various studies covering the conditions endured by refugees in camps are referred to in this section.

Women and girls (just like their male counter-parts) have to live in living conditions characterized by insecurity, poor housing that is typically over-crowded, with poor hygiene, and a lack of privacy. Many camps for internally displaced people and refugees have been described as breeding grounds for infections. Due to the congestion in camps there have been recurrent outbreak of epidemics like cholera, diarrhea, and other infectious diseases that threaten human life (Bruijn, 2009).

Refugee camps or settlements have also been described as hostile environments that usually make women and girls easy targets for sexual and gender-based violence (Martin & Schmiechen, 2004). This has a negative effect on the wellbeing of women and girls, as well as an impact on society. Many stories of rape and sexual assault have been told about women and girls in camp settings. Despite the fact that camps are usually overcrowded, they still provide an atmosphere for perpetrators to take advantage over women and girls (Women Refugee Commission, 2009). Existing literature suggests that some of the perpetrators are relatives, security officers (including the national army members and camp security officers). Such violence impacts on the psychological functioning of many women and girls who have been victimized. Where rape is being used as a weapon of war, sexual assaults are often public. Where the perpetrator seeks sexual gratification it is often perpetrated under cover of darkness. Sexual violence is not only traumatic but can also be life threatening. Some individuals have been killed while attempting to report perpetrators.

Gender inequality is reflected in the educational levels attained by women and girls since their access to schools is usually dependent on availability and accessibility to the schools. This inequality is sharpened as a result of unsafe corridors for girls to travel to school, unsafe learning environments, lack of teachers; inadequate infrastructure such as latrines which all have been reported to hinder girls' access to education (UNCHR, 2014). These are compounded by inadequate access to sanitary materials, absence of safe places for girls to interact with other girls and mentors, and no space

for child-care for young mothers.

Women and girls often face a huge economic burden while in encampment. This is because many women have lost the support of their husbands due to untimely death or because the husband is injured and can no longer provide for the family. In an attempt to fend for themselves as a way of survival, girls and women living in refugee camps are routinely ambushed when walking through fields and villages on what is often a long route to search for food, firewood and water. Without money or other resources, displaced women and girls may be compelled to exchange sex in return for safe passage and other resources. Financial hardship in refugee settlements puts pressure on families to marry off their daughters at early ages in order to secure a bride price, or at least reduce the number of dependents they must support. Girls who marry at young age may never know what it feels like to be autonomous and they are at greater risk of physical violence at the hands of their husbands and in-laws due to inherent age and power imbalances.

According to the International Rescue Committee, IRC (2014) sexual exploitation of young girls is an area of concern in refugee camps in Burundi and Tanzania where girls are forced to engage in transactional sex in exchange for basic goods that are not readily available in the camps, such as clothing and sanitary products. In fact, many young girls have been forced into early marriages by their families in exchange for basic commodities. Refugee camps place a high burden on the well-being of the girl child as law enforcers are usually disabled or unable to step in and reinforce laws that were put in place to protect vulnerable people.

Studies suggest that irrespective of their native cultures, host cultures, or living conditions, psychologists report that refugees have a universally high risk of developing depression, anxiety and post-traumatic stress disorder (PTSD), although incidences do vary due to a range of factors, with living situation as a significant predictor of the problems (Silove, 2004, Gorst-Unsworth & Goldenberg, 1998). Specific events or circumstances that have occurred throughout the lives of refugees, including poverty, loneliness, and conflicts with immigration officials, have also been found to correlate with the development of these disorders and social problems (Doren, 2011).

Most refugees have little or no access to the services of mental health professionals, because such services are scarce or non-existent in those areas where the majority of the world's refugees live in developing countries. Also, Western mental health services, when they are available, are often under-utilized because they are culturally alien to most refugees, the majority of whom come from non-Western societies and bring with them culturally-specific ways of understanding and responding to psychological distress. This is in combination to limited access to medical aid. It has been well reported that most of the Health Centers located within the refugee camps are under-staffed and mostly lacking much needed medications.

6.0 Methodology

6.1. Area of Study

As of April 2015, the population size in Nakivale was 81,260 (OPM, 2015).[1] Nakivale is 185 km² with 3 Zones (Rubondo, Base camp and Juru) and 79 villages with an average of 800 to 1,000 people per village. It is located in Isingiro district South West Uganda, is the largest hosting refugee settlement in Uganda and the 8th largest in the world (UNHCR, 2014). Nakivale refugee settlement was established in 1958 and officially recognized as a refugee settlement in 1960 through the Uganda Gazette General Notice No. 19. Currently the majority of refugees in the settlement (49.4%) are from the Democratic Republic of the Congo, followed by those from Somalia (20.5%), Burundi (14.8%) and Rwanda (13.1%). Other nationalities include; Eritreans, Ethiopians, Sudanese, South Sudanese, and Kenyans. The administration is headed by the Settlement Commandant, assisted by the Deputy Settlement Commandant. Each zone is also managed by a Commandant and refugees are officially represented on the settlement's three Refugee Welfare Councils. UNHCR is present in Nakivale with a field unit comprising of 16 staff, and several implementing partner organizations. They include:

- ARC - Protection, Community Services and Water & Sanitation Services
- Windle Trust Uganda - Education Services
- MTI - Health and Nutrition
- Nsamizi Institute - Livelihoods and Environment
- AIRD - Shelter and Logistics.
- FRC - Adult Education and Youth Leadership
- WFP Through Samaritans' Purse - Food to Refugees
- Uganda Red Cross Society - Child Protection and Tracing
- Tutapona - Psychosocial Counseling
- Right To Play - Community Services and Sports

Nakivale is mainly agricultural; refugees are granted access to free land to build their shelter and are expected to use the rest for farming. Other economic activities include petty trade and sale of services like hair dressing.

1 The figure is higher by December 2015 due to influx of Burundians refugees into Uganda and specifically their allocation in Nakivale.

6.2 Study Population

As of April 2015, women and girls comprise of almost a half (49.6%) of Nakivale's total population and of this percentage just over half (52.5%) are girls below 18 years. Of the 40,320 females in the settlement, 18,258 are adult females of reproductive age from ages 18-59, 9,015 are school going children between 5-11 years, 6,266 are adolescents between 12 -17 years, 5913 are pre-school children ages 0-4 years and the rest 868 are elderly persons of age 60 and above (OPM, 2015). In Nakivale, girls mostly access Universal Primary Education in the existing primary schools while the women engage in agriculture and caring for their families.

6.3 Research Design

This was a cross sectional study as it ought to measure psychosocial challenges at a single point in time. It used both qualitative and quantitative research methods. While the quantitative approach (specifically offering questionnaires to be completed) helped with the figures, the qualitative approach (key informant interviews KII, focused group discussions FDG, and individual interviews II) enabled the researchers to get detailed descriptions of what the respondents made of their situations.

6.4 Sampling Procedure and Sample Size

To collect the quantitative data, we used stratified sampling, where we categorized the women and girls according age ranges of 6-11, 12-17, 18-59 and 60+. Using simple random sampling, we interviewed 54 girls between 12-17, 136 women between age 18-59 and 10 elderly women of 60+. The data was collected from women residing in all the three zones of the settlement.

The respondents for the qualitative information were also first stratified according to age group and zone of residence. For the focus group discussions, after getting the desired sample size and age categories, respondents were mobilized at random through the community mobilizers. The table below shows the sample size for each age category and zone of residence.

Table 1: Sample Size for Each Age Category and Zone Of Residence

Zone of Residence	Age Segment				
	6-11	12-17	18-59	60+	TOTAL
Base Camp	12	12	20	12	56
Juru	8	12	20	8	48
Rubondo	8	12	20	9	49
TOTAL	28	36	60	29	153

Staff of 8 refugee serving agencies were purposively selected and included in the interviews on the basis of their roles in provision of psychosocial support services to refugees in the settlement. These included UNHCR, OPM, MTI, FRC, Samaritan Purse, Tutapona, ARC and Windle Trust.

Respondents for the in-depth interviews were purposively selected and these included two unaccompanied minors, one woman living with HIV/AIDS, three survivors of Sexual and Gender Based Violence, two women with children out of rape, two elderly women, and two women with a disability.

6.5 Data Collection Methods and Tools Used

Table 2: Data Collection Methods and Tools Used

Method	Tool	Total number of Respondents
Structured Interviews	Questionnaire	200
Focus Group Discussion	Focus Group Guide	153 women and girls, 12 staff of refugee serving agencies
In-depth Interviews	Interview guide	12 women and girls
Key Informant Interviews	Key informant guide	4 religious leaders, 4 RWCs, 2 leaders of community based organizations and one police officer.

6.6 Data Analysis

Descriptive statistics were run using SPSS to get frequency tables from the quantitative data, while qualitative data was analyzed manually using thematic analysis. The researchers obtained themes from both the key informants and respondents and

obtained the major themes that emerged from the interviews. This was done by three different people. Cross checking was done to ensure there were no themes left out or repeated. Only after agreement on what should be retained did the final themes emerge.

6.7 Ethical Considerations

Permission to access the settlement and carry out the research was obtained from the Office of the Prime Minister in Kampala and in Nakivale, and concept notes were shared and explained to them before any process took place.

Consent was sought from parents and caregivers of children before they were interviewed and included in the Focus Group Guide. Expressed assent was obtained from the children. Ability and willingness of the children to continue in the interviews was observed during the interview and discussion process, and any signs of inability or unwillingness from the child were considered and responded to as relevant.

Consent was also obtained from adult participants and other individuals who participated in the study. The findings of this report were validated with key stakeholders before being officially adopted and published as the final findings.

Confidentiality was maintained throughout the research process, and no names were recorded or mentioned. Where personal information was obtained, it was treated with the highest level of confidentiality. Questionnaires and field notes were locked up and could only be accessed by the key researchers and data analyst.

Women and girls presenting with pressing psychosocial needs were referred by the researchers to relevant agencies for assistance. Respondents were compensated for their time and transport costs with a modest financial allowance.

6.8 Study Limitations

The employed a small number for the quantitative data, which may pose challenges in generalizing the findings to the whole population of women and girls in the settlement. This limitation was however minimized through triangulation, where we employed other qualitative methods of data collection to improve on the validity of the findings.

7.0 Findings

DEMOGRAPHIC CHARACTERISTICS FROM THE QUANTITATIVE DATA

Table 3: Refugee Status

Refugee Status	Frequency	Percentage (%)
Asylum seeker	37	18.5
Refugee	163	81.5
Total	**200**	**100**

Results (see Table 1) revealed that the majority, (81.5 %) of the respondents were refugees and a smaller number (18.5 %) were asylum seekers.

Table 4: Age Distribution Amongst Respondents

Age	Frequency	Percentage (%)
12-17	54	27
18-35	98	49
36-59	38	19
60+	10	05
Total	**200**	**100**

Most of the respondents were in the age group of 18-35 years, followed by the age group of 12-17 years with a proportion of 27.5%, the age group of 36-59 had a proportion of 19% and the least represented was those who are aged 60+ years with only 5%.

Table 5: Respondents' Gender

Gender	Frequency	Percentage (%)
Male	19	9.5
Female	181	90.5
LGBTI	0	0
Total	**200**	**100**

90.5% of respondents were female, 9.5% were male, and none identified to the researchers as LGBTI. While the study targeted women and girls, it also included some male key informants and in the course of the research a number of males in the settlements spoke up and what they had to say was considered important for the study.

Table 6: Respondents' Marital Status

Marital Status	Frequency	Percentage (%)
Married	92	46
Single	89	44.5
Widow	19	9.5
Total	**200**	**100**

Most of the respondents (46 percent) were married while 44.5% were single and 9.5% were widows.

Table 7: Respondents Family Relationship Type

Family type	Frequency	Percentage
Nuclear Family	105	52.5
Extended Family	75	37.5
Friend	15	7.5
Foster family	5	2.5
Total	**200**	**100.0**

52.5% of the respondents in Nakivale camp were living in nuclear families, followed by extended families at 37.5%, 7.5% of the respondents were staying with their friends who they considered their "family", while 2.5 percent indicated that they were in foster families.

Table 8: Whether Respondents Have Children

Have Children	Frequency	Percentage
Yes	101	50.5
No	99	49.5
Total	**200**	**100**

The proportion of respondents who had children (50.5%) was almost identical to those who did not have children (49.5%).

Table 9: Respondents' Position in the Family

Family Position	Frequency	Percentage
Head	129	64.5
Dependant	71	35.5
Total	**200**	**100**

The majority of women and girls interviewed (64.5%) were heads of their families while a smaller number (35.5%) were dependants in their families.

Table 10: Respondents' Religious Affiliation

Religion	Frequency	Percentage
Catholic	89	44.5
Protestant	74	37
Muslim	33	16.5
SDA	04	2
Total	**200**	**100**

According to the survey results in the table above, 44.5 % of the 200 respondents interviewed were Catholics, followed by the Protestants (Anglicans) (37%). 16% of the sampled population were Muslims, while Seventh Day Adventists comprised only 2% of the total number interviewed.

Table 11: Respondents' Countries of Origin

Country of origin	Frequency	Percentage
DRC	69	34.5
Rwanda	65	32.4
Somalia	31	15.5
Burundi	23	11.5
Ethiopia	8	4
S.Sudan	4	2
Total	**200**	**100**

Results (see Table 9) revealed that most of the respondents (34.5 %) are originally from the Democratic Republic of Congo (DRC), followed by 32.5% from Rwanda, 15.5% from Somalia, 11.5% from Burundi, 4% were from Ethiopia, 2% from Southern Sudan and 0.5% of the respondents were from Uganda (Nationals).

Table 12: Respondent Length of Stay in the Settlement

Duration in Settlement (years)	Frequency	Percentage
New Arrival	16	8
Below 5 years	73	36.5
Above 5 years	111	55.5
Total	**200**	**100**

Results (see Table 10) revealed that most of the respondents had stayed in the camp for over 5 years (55.5%), 36.5% of the respondents had spent less than 5 years in the camp and 8% were new arrivals in the camp.

Table 13: Respondents' Level of Education

Level of Education	Frequency	Percentage
Primary	42	21
Secondary	67	33.5
Vocational	19	9.5
Tertiary	1	0.5
No education	71	35.5
Total	**200**	**100**

Results revealed that the majority (35.5 percent), of the respondents reported that they had never attained any level of education. 21 percent of the respondents had attained some primary education, 33.5 percent of the respondents had attained or were attending secondary level education, 9.5 percent had attained or were enrolled in a vocational institution. Only one respondent reported having some tertiary education.

Table 14: Respondents' Location within the Camps

Village	Frequency	Percentage
Base Camp	17	8.5
Nyarugugu	28	14.0
Kityaza	13	6.5
Kashojwa	26	13.0
Kiretwa	24	12.0
Kasasa	4	2.0
Kabazana	5	2.5
Rubondo	7	3.5
Gisura	5	2.5
Rubondo	6	3.0
Kyebando	8	4.0
Nyakagando	15	7.5
Ruhoko	4	2.0
Karitima	18	9.0
Isanja	7	3.5
Juru	3	1.5
Kankingi	6	3.0
Kabahinda	4	2.0
Total	**200**	**100.0**

The biggest percentage of the respondents (13%) resided in Nyarugugu (14%), followed by 13 %) residing in Kashojwa, while the least number of respondents (1.5%) were from Juru village.

CHALLENGES ACCESSING BASIC NEEDS AND ESSENTIAL SERVICES

a) Access to Food

Table 15: Challenges Accessing Food

Challenges Accessing Food	Frequency	Percentage
Not at all	14	7.0
Sometimes	113	56.5
Most of the times	33	16.5
Always	40	20.0
Total	**200**	**100.0**

According to our quantitative data, the majority (56.5%) of women and girls sometimes experience challenges accessing food followed by those (20%) who always find such challenges. Only a few (7.0%) never face challenges accessing food.

During FGDs, many mothers noted the extent of poor nutrition especially for expectant mothers at the settlement and recommended that WFP (World Food Program) vary the type of food (from maize meal to rice) from time to time. As the sole breadwinners of the home and primary caregivers in many respects; the women noted a significant shortage of food in the camps. They argued that 2-3kgs or 3kgs to a family of 8 people is little and not enough for a big number of refugees in Nakivale. Food ration cuts are affecting their wellbeing and that of their family members. They described how limited food rations affected coping mechanisms and ability to manage harsh conditions. They also noted how, in some instances, traders buy up the maize floor and take it away to sell outside the settlement.

b) Access to Water

Table 16: Challenges Accessing Water

Challenges Accessing Water	Frequency	Percentage
Not at all	31	15.5
Sometimes	37	18.5
Most of the time	49	24.5
Always	83	41.5
Total	**200**	**100.0**

The majority of respondents (41.5%) reported always having trouble accessing water for daily use, followed by those who most of the time find challenges (24.5%). During the FGD, women and girls complained of water sources being too far, and girls having to fetch water after school which posed a danger to their safety as they got attacks from men and other perpetrators who wanted to hurt them. They reported that to access water they at times have to queue until past midnight.

"GTZ and currently ARC promised us soap and pads but it has never been brought to us since June 2013…. Also when we get a supply of water, UNHCR pours chlorine in the water. It affects our stomachs even when we boil it. Chlorine spoils the children's teeth."

Interview during the FGD with girls aged 6-11 in Juru Zone Kankingi A

c) Access to Shelter

Table 17: Challenges Accessing Shelter

Challenges Accessing Shelter	Frequency	Percentage
Not at all	1	0.5
Sometimes	114	57
Most of the times	40	20.0
Always	45	22.5
Total	**200**	**100.0**

The majority of respondents (57%) sometimes have challenges accessing shelter, followed by those who always find a problem accessing shelter. Only a few never have problems with their shelter. During the FGDs, elderly women mentioned staying in depleted houses with old roofing. Other women complained of overcrowding in houses and a lack of privacy.

An old plastic sheeting on the housing of a refugee family in Rubondo Zone Gisura Village

"The problem with poor housing is now worse due to the heavy rainfalls that make the plastic sheeting weak hence constant leakages."(69 year old Congolese during an FGD).

d) **Access to Clothing**

Table 18: Challenges Accessing Clothing

Challenges Accessing Clothing	Frequency	Percentage
Not at all	33	16.5
Sometimes	82	41.0
Most of the times	53	26.5
Always	32	16.0
Total	**200**	**100.0**

41% of respondents reported sometimes being unable to access adequate clothing for their needs. From observation and FGDs it appeared that this was mainly a problem for the younger girls and elderly women.

Refugee woman struggling to wash a very big heap of very old clothes in Juru Zone Kankingi C

e) Access to Education

Table 19: Challenges Accessing Primary Education for Girls

Challenges Accessing Education	Frequency	Percentage
Not at all	5	2.5
Sometimes	49	24.5
Most of the time	67	33.5
Always	79	39.5
Total	**200**	**100.0**

According to the table above, the majority (79%) of girls find a challenge in accessing primary education. Only a very few reported never having had trouble accessing this kind of education in the settlement.

Girls are not encouraged to attend school especially the adolescents who are forced to marry at an early age by their own parents. Many of the girls don't go as far as completing primary education hence creating a big gap in secondary schools. During the focus group discussions, a girl was able to share her own story about how she got pregnant and was never allowed to return to school. Another girl narrated that she was taken by a man to live with him, but after reaching his home he abandoned her there.

Many of the girls noted that many of their colleagues are married off early and not encouraged to attend school. Young girls face the challenge of men and boys 'confusing them.' And they end up dropping out of school, becoming pregnant and child mothers at a tender age

> ***"Some men forced me to engage in sex work. I stopped in P3 as a male teacher was sexually abusing me and I had to leave school. I was later forced to get married as I was pregnant." (18 year old Burundian Refugee)***

Even for children who are able to find a place in school, there are a range of problems:

- » schools are far from certain populations in the camp, which creates transport difficulties and costs
- » there is congestion in classes (e.g. 200 children in one class)

- Refugee children are discriminated by other nationalities[2] and they drop out of school, hide in bushes and head teachers have done little to redeem the situation

Discussions with parents and children suggest that transportation is a major barrier, with distance and safety considerations keeping numerous children out of the classroom. Many children must walk to school particularly younger children and girls. Some parents therefore keep them at home.

Many girls believed they could make money even without going to school and this was coupled with a lack of encouragement by parents to return the girl child to school. Some even leave school to look for a living in order to survive.

Particularly to the Somali community, FGDs revealed that Young Somali girls generally do not go to school and the reason is that the young ones first go to Madarasa and mosque but later go to school. A key informant also said,

> ***"Somali always want to access education separately from other nationalities claiming that their beautiful girls will be raped by other pupils and teachers. Somalis also wish for first class schools for their children which are often outside the settlement and neglect those in the settlement. They hence prefer to take their children for education outside the settlement like in Kampala" (Staff of a refugee serving agency)***

Another impediment to access to education for girls is that for nearly two years girls have no longer been receiving sanitary materials like pads, and soap among others from the IDPs. This is a bigger problem for the unregistered refugee girls under 18 years because they are often forced to find means of getting these items.

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2 Schools in the settlement are attended by mixed refugee nationalities including Ugandans.

Young girls aged 12-17 responding to the research questions during an FGD discussion held at Nyarugugu Primary School, Base camp

According to the survey, 37.5% of the respondents indicated little access to vocational training by the older girls in Nakivale settlement. The vocational institute available is very far and those that are in existence (operational) are not well equipped thus the children don't benefit practically. Various individuals pointed out that they needed another vocational institute that is nearer them in order for their children to benefit from the services offered.

f) Access to Health Services

Table 20: Experience of Torture

Kind of torture experienced	Frequency	Percentage
Physical torture	38	30.4%
Psychological torture	54	43.2%
Sexual torture	25	20.0%
Total	**125**	**100.0%**

The table above indicates that of the 200 respondents, 125 had an experience of torture, the commonest form being psychological torture at 43.2%. During the FGDs, women and girls revealed that they still had the physical and psychological effects of torture that they had experienced from their countries of origin.

Table 21: Respondents with Particular Health concerns

Have a health Concern	Frequency	Percentage
No	62	31.0
Yes	138	69.0
Total	**200**	**100.0**

When asked whether they had a particular health concern, more than two thirds of the women and girls answered in the affirmative. When asked about what particular health concern they had, 96% mentioned having a physical health problem, while 4% mentioned having a psychological health concern.

A health worker atttending to mothers with their children at Nakivale Health Centre in Nyarugugu, Base camp

Table 22: Attention to the Health Concerns

Health Concern Attended To	Frequency	Percentage
never	9	4.5
a little	116	58.0
a lot	32	16.0
always	43	21.5
Total	**200**	**100.0**

The majority (58%) of respondents mentioned their health concerns being attended to a little, followed by those (21.5%) who always get attention for their health concerns. It was noted that access to health facilities is a significant challenge.

A 35 year old woman narrated

> ***"I have several medical issue; ulcers, swelling of arms without any explanation p, eyes paining, my left leg which was shot during war bounces back and feel a lot of pain plus it itches me. I have seven children without school fees and other basic needs."***

Mothers waiting in a long queue outside Nakivale Health Centre III in Nyarugugu Base Camp for Immunisation and Post natal services

A 28 year old mentioned that

> ***"I have stomach pain and chest problems. I tried medicine but no relief because they give me less dose. My ears do not hear well due to torture I faced in Congo. Even my eyes are not all that good due to the same torture. I have backache but I have never accessed a doctor about that issue."***

It was also noted that girls carry out unsafe abortions. Health workers do not provide support because they have nothing to offer to the patients. Other health concerns included malaria, ulcers, diarrhea, hypertension, and respiratory tract infections among others.

Recommendations

- Large numbers of refugee children are not in school, despite efforts by government and other agencies. There is need to improve children's access to quality education and strengthen the protective environment for children. Recognizing the stress on the public school systems, there should be strategies to encourage formal education in non-traditional settings/away from a school ground, as well as non-formal education in the community. For many refugee children, school is a safe place where they can learn new things and make friends. It helps them to restore some normalcy in their lives, and to develop future goals.

- Women and girls mentioned that they should be involved in planning processes so that their views and ideas are incorporated in the design of programs.

> ***"The best approach is participatory approach, where they can ask us our needs and what we can do." (FGD, 42 year old Burundian woman)***

- OPM and UNHCR should have routine meetings with the relevant school authorities and the pupils to address key challenges highlighted.

- The Age Gender and Diversity Mainstreaming exercise should be used as a process where IPs tell the capacity to solve the problems.

- ARC has recommended the use of reusable pads, using water and soap so as to help keep girls in school.

- There is need to increase staffing especially for the health sector and to ensure that funds arrive promptly.

- WFP could be requested to sometimes procure other food types other than posho so as to change on the diet for the refugees especially the children.

- For shelter, there is need to revise the policy on housing and shelter construction, for example allow refugees to construct houses using iron sheets instead of plastic sheeting since these last longer.

MENTAL AND PSYCHOLOGICAL CHALLENGES

The women reported a high proportion of psychological concerns in the camp. Most women who had experienced physical, psychological and sexual torture/ violence both in their countries of origin and in Uganda reported still living with the consequences, including back pain, disability and psychological difficulties discussed below.

There were reports of 'Losing their mind' leading to trauma, murders and suicide.

> ***"We have witnessed death and we end up having nightmares, flash backs and often have feelings of helplessness. The brutal killings of our friends, relatives and parents which still affects our wellbeing."***

Despite a number of mental health cases being identified, the community is not supportive in the protection of the mentally affected women. They are in many cases taken advantage of and sexually abused. In cases where they fall pregnant they are not supported during delivery when they get to the Health Centers.

A mother had this to say about her daughter;

> ***"One of my daughters witnessed the killing of her daddy and now is mentally unstable because of that. She gets stressed easily and has nightmares. Her performance at school has remained poor as she is not well most times" (Mother to a 12 year old Somali girl)***

Some mothers requested support for their children who keep moving during night hours due to psychological challenges they experience. Some mental disorders identified through the key informant interviews included social distress, PTSD, psychotic complaints, depression, sleep disturbance and difficulties in sleeping, and anxiety. It was noted that many service providers focus on current physical problems but neglect the psychological issues. Respondents reported that they felt no one listened to them.

An elderly woman during a focus group discussion narrated that;

> ***"We keep remembering the past which keeps us worried. We have developed conditions like hypertension and diabetes due to the psychological distress. We get totally confused due to many thoughts of caring for our families. My husband was shot in front of me and I am reminded by that every time I face difficulty. My***

daughter also witnessed the killing of her son and now has lost her mind. She ran crazy and she used to eat leaves while on flight. She was beaten and now she is deaf. There is no future for me and my daughter as we were rejected for resettlement. On hearing bad news, she gets into panic attack. We have too many thoughts about the challenges. We never have someone talking to us about these things. It never happens." (FGD, 56 year old Somali woman)

Figures from MTI, the medical service provider in Nakivale, indicate that they record an average of 60 cases of mental disorders per month. The most common issues were severe emotional disorder (14%), psychotic disorder (8%), other psychological complaints (7%), and medically unexplained somatic complaints (6%). Others include alcohol or other substance use disorders and mental retardation/intellectual disorder. MTI classifies Epilepsy [3] as a mental disorder and it takes a whooping at 63% of their recorded cases (MTI, 2015).

"There is an open market among the Somalis where they sell mira and marijuana hence increasing the case of substance abuse. Those with psychosis have no caregivers and it's a challenge. Community services engage them to take drugs but after sometime they withdraw. We used to take them to Butabika and they are discharged after 2 months so we retake them." (FGD, Staff of a refugee serving agency)

Table 23: Challenges Sleeping at Night

Challenges with Sleep	Percentage
Not at all	25.5
Sometimes	47.5
Most of the times	18.0
Always	9.0
Total	100

From the quantitative data, majority (47.5%) of women and girls experience sleep challenges sometimes, followed by those (27%) who always and most of the time have challenges with their sleep.

3 Epilepsy is a neurological disorder rather than a mental disorder

From the FGD with the staff of refugee serving agencies, it was noted that Nakivale has only one psychiatric nurse at Nakivale Health Center who serves the entire population. ARC, which is UNHCR's implementing partner on psychosocial support, has not even single psychologists to handle mental health cases. The Counselors during the FGD reported only being able to provide "physical" and social support to women and girls.

> "***There is a gap in psychosocial counseling. ARC has only 3 counselors, we report 300 cases in need of psychosocial counseling but we can't measure impact because we can't follow up these cases. People need more sessions in order to recover." (FGD, Staff of a refugee serving agency)***

Almost all staff of refugee serving agencies from the FGD acknowledged witnessing signs of mental disorders among the female refugee population in the settlement. They mentioned that that they are not well trained to identify and address psychological challenges among the refugee populations and this is one of the biggest challenges they find in doing their work.

> ***"There is a case of a woman hearing voices, seeing people attacking her. She refused to go back and said if we force her, she was going to kill those people. We just saw her undressing and taking off – It was then we realized that she was badly off." (Staff of a refugee serving agency in Nakivale)***

> ***"There is not much that we do for people with epilepsy as many of them live in communities. We do not know if there is medication to bring the condition down. The refugees feel there is nothing much we can do. These people are usually retarded. Even when you give them drugs, when they improve they abscond and they relapse. The condition is also seasonal like when there is resettlement the caregivers bring them to the health center. Their main motivation is resettlement." (FGD, Staff of a refugee serving agency)***

Staff of refugee serving agencies acknowledged feeling overwhelmed and that they do not get the necessary support supervision in handling the psychological cases.

> ***"We have a gap in caring for caregivers. We feel overwhelmed by the amount of work we have to do and this may compromise our quality and quantity." (FGD, Staff of a refugee serving agency)***

It was also noted that there is limited understanding of Mental health issues among refugees in Nakivale settlement. The FGDs revealed that refugees in the settlement usually cope with psychological challenges either by keeping quiet about the issues, or through spiritual mechanisms (mostly prayer) or use of traditional healers.

Recommendations

In order to improve on the psychological support services offered to refugees, women and girls as well as others interviewed recommended:

- Increased staffing to attend to psychological issues of refugees, this should include more psychiatric nurses, psychiatric clinical officer and a visiting psychiatrist. UNHCR should also ensure that psychologists are part of the staff attending to refugees, and counselors and more in number; and that they are well trained to identify and handle psychological issues.
- Training of other service providers (non counselors) in identifying and referring women and girls with mental and psychological issues. This should also include capacity of community based workers with in the communities.
- Providing care for caregivers and support supervision to service providers in the settlement, to deal with issues of burn out, secondary trauma and vicarious trauma.
- Conducting more awareness raising among refugee populations on mental health so that they learn how to support those affected.

SOCIAL CHALLENGES

a) Discrimination on the Basis of Race/ Nationality

Refugees reported experiencing discrimination and stigma while in camps. Services are not equitably distributed among nationalities because refugees are sometimes perceived as not fit to get the help or a group that doesn't deserve the services.

One respondent had this to say;

> ***"Somali women are treated unfairly but they are united internally. Most Somali women have experienced rape and UNHCR does not respect them. They are chased with their interpreters because they say Somalis have bad manners so they are not protected."***

Because of the weak governance systems, the women noted that the basic needs like food distribution are done in a discriminatory approach. Somali felt discriminated. They believed that land was only given to Congolese men and that OPM sells their portion to nationals. As Somalis they are stereotyped as business persons and in turn do not attend meetings because they are rarely invited and when they are, they experience discrimination. Mothers noted that this prejudice has an impact on their children. In many cases, the children are discriminated by other nationalities, get scared of going to school and then drop out of school altogether (there were reports of some Somali children hiding in the bush). Efforts by the school administration to take charge of bullying and discrimination were said to all end in vain.

Majority of service providers raised the concern that the Somali community, due to its culture, tends to isolate women and girls and keep them out of the public domain, hence their concerns may go unattended to.

> ***"Somalis rarely report rape cases to authorities. Also, the land offered to Somalis is just abandoned since they don't cultivate it as they are business minded. Somalis generally do not eat the food offered by WFP, they sell and buy their own type of food. The women do not come to receive the food, the men who receive on their behalf use it in any way they wish –sometimes sell without their consent/knowledge. Somali women cannot express themselves freely in public. One Somali women approached her after a meeting and told him 'Our men receive food on our behalf and they take it away' OPM shared that the Somali are very***

reserved thus need to be handled in accordance to their cultural and religious beliefs. They also have a tendency of killings those who go against their cultural and religious beliefs". (Staff of a refugee serving agency during an FGD)

b) Inadequate Social Support

Table 24: Have a Social Club they Belong and Relate

Have a social club where they belong and relate	Frequency	Percentage
Yes and loved and accepted	85	42.5
Yes but not loved and accepted	28	14.0
No	87	43.5
Total	**200**	**100.0**

The majority (43.5) of women and girls said they had no social group to which they belong and relate. An almost equal number however reported belonging to a social club and feeling loved and accepted there.

Recommendations

» Need to hold a reflective consultative meeting with Somali elders and leaders to forge a way forward on challenges faced by Somali Women. There is also need to listen to refugee women and girls concerns and take into consideration equal support to all nationalities in Nakivale. Specific culturally appropriate approaches may be required to support Somali women and girls.

» Forming social support groups that meet regularly to discuss problems, through this, they are able to save money for social security.

» Some refugees from the FGDs recommended intermarriages between nationalities to reduce on segregation.

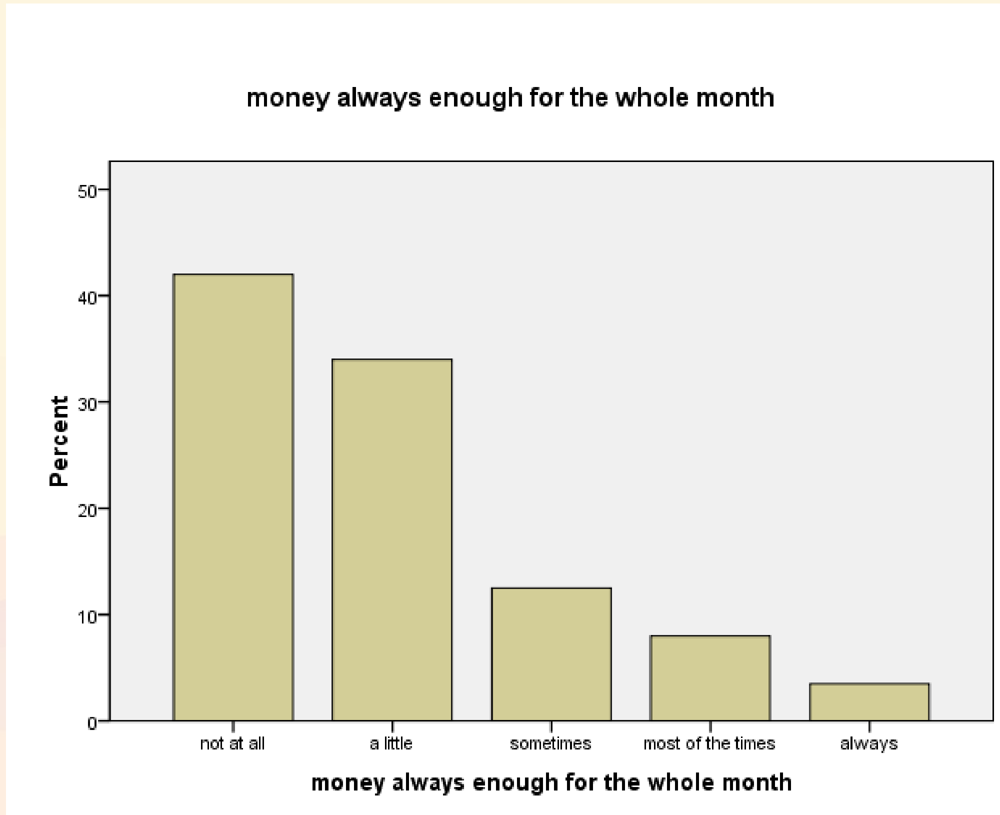
» More information sessions to foster cohesiveness.

» More support should be given to already existing refugee social support groups.

ECONOMIC CHALLENGES

These were concerns related to financial difficulties that refugees face on a daily basis.

Figure 1: Having Money to Last Them Through the Month



From the graph above, most respondents (42%) never have sufficient money to last for the whole month while only 3.5% has always had money to do that. Only 2% stated that their savings could take them up to a year while 31% had savings that could only last for a period of one week.

Other quantitative data indicated that only 37.5% of the respondents had running businesses, most of the respondents had 'little' money being generated from farming while 29% indicated getting money "sometimes" from farming. 70% of the respondents said they lacked capital to start up businesses for themselves. Only 47.5% of the interviewees felt they had skills that could help them generate money in Nakivale settlement. 28% felt they had savings to see them through a crisis/ emergency.
Refugees in the FGDs revealed that they had low access to jobs and startup capital, and they were often exploited by their employers especially Ugandans.

Many respondents reported that they are economically disadvantaged because they don't have jobs to earn income. When questioned about farming, they questioned the process; the Somali community claimed that Congolese men were favored and given land while they (Somalis) were not offered any land to till.

It was reported that most of the refugee communities fail to access even the smallest amounts of capital, but without that they are unable to set up small businesses.

Language is also a major issue. Respondents noted that the inability to communicate either with fellow refugees of other nationalities or with the locals was one of their major difficulties. The inability to communicate prevents access job opportunities. Language barriers affect the children as well, insofar as most schools use English or Kinyankole. This is not initially understood by the children and when they get home their parents cannot help them with home work either. One parent reported that some kids don't go to school at all because they believe it's a waste of time. Some individuals simply withdraw and forego potential opportunities simply because they believe no one will give them a chance because of their inability to communicate.

There are numerous reports about cheap labor and economic exploitation amongst the refugee population. Various respondents reported that many girls are taken on to help out in people's plantations but upon completing the work are not paid. This also applies in sex work scenarios where women are sexually exploited only to be told that it is illegal to take cash for sex and threatened with being reported to police.

The economic challenges in the settlement are aggravated by the very low levels of start-up capital available to refugees. While there are organizations offering support to refugees, most are unwilling to risk offering financial assistance to refugees. Some individuals are involved in Village Savings and Loan Associations (VSLA) but these have their limitations as the amount of money saved is too little for anyone to realize meaningful benefits.

Refugees mentioned that they need permission to leave camps limits despite the fact that opportunities for business transactions largely exist outside the settlement. The fact that a few people are granted permission while other individuals who genuinely need to leave camps for potential opportunities are sometimes denied permission to leave.

A key informant from OPM noted that;

> ***"Refugees have full right to travel outside the settlement, but they most of the time abuse this right. Some escape to transact business without permission"***

Coping

Refugee Women Getting Married to Fellow Refugees or Ugandan Men

According to refugee serving agencies, female-headed households are usually identified as the 'poorest' and least self-sufficient groups. It was mentioned that these women resolve to get married to fellow refugees or Ugandan men to improve on their status and wellbeing. Some women marry to obtain citizenship through a marriage of convenience. In certain circumstance these women and their children are neglected or abandoned when the men find other lovers.

Resort to Survival Sex Work

Girls and women suffer sexual assault, forced prostitution or become sex workers to earn income, having exhausted other options available. The challenge of refugees, particularly women, integrating into the mainstream economy, has pushed many to resort to survival and commercial sex work as a source of income. This leads to physical, psychological and emotional abuse.

Early Marriage for Girls

Adolescent girls and women are particularly vulnerable to early marriages. Some parents believe that marrying off their daughters early will protect them from physical or sexual assault. Others have the perception that marriage will protect their daughters from economic turmoil in the camps as well as reducing family expenses. The justification given is that marriage will protect the girls' virtue and rescue them from the harsh realities of refugee camp life.

Cheap/Child Labor

Parents are often reluctant to report cases because they want to keep a low profile in a foreign country. It should be noted that it can be particularly difficult for children especially teenage girls to attend school. Some have been out of the system for too long, feel too old to re-enter, or have been working and believe that this is a better use of their time. Despite the efforts of the governments and international community, the costs associated with going to school prevent some families from enrolling their children and encourage them instead to send the children into child labor. Orphaned

children typically either beg or pursue small errands, such as delivering bottles of water for petty cash, cleaning up surroundings.

Migration to Kampala and Urban Areas in Search of Jobs

Kampala is currently Uganda's second largest refugee hosting location, next to Nakivale settlement. Motivations to settle in urban areas include improved access to employment opportunities, as well as better education and social services. Women dealing in precious stones and metals, and those specialized tailors and hairdressers aim at the urban market however the competition with the natives and other refugees keeps them at crossroads.

Xenophobia in the city does not create a favorable atmosphere for the women and girls to survive, and many end up jobless. Despite the destitution or near destitution some refugee women live in, several women from the FGDs mentioned that they prefer the autonomy of Kampala, to the constraints of the settlements.

To bridge some of the challenges to self reliance in the settlement, it was noted that FRC provides English for adults and financial training and start-up capital/ soft loans to enable them have better opportunities in livelihoods and self reliance.

Recommendations

» Providing vocational training to refugees especially the girls/women, including courses in computer training, hairdressing, English language and electronics maintenance, will give them skills that they can use in Uganda and, potentially will be able to take back to their home country.

» Create more opportunities for refugees to access capital and soft loans

» Ensure that measures are established so that people's right to movement is enforced even if it requires supervision.

» Increase funding to agencies to carry out livelihoods programs in the settlement.

SEXUAL, GENDER BASED VIOLENCE EXPERIENCES AND OTHER PROTECTION CONCERNS

Table 25: Experiences of SGBV

Experiences of SGBV	Frequency	Percent
Domestic Violence	24	39.4
Rape/Defilement	19	31.1
Forced Marriage	15	24.5
Forced Prostitution	2	3.2
Sexual Slavery	1	1.6
Total	**61**	**100.0%**

From table 22 above, of the 200 women interviewed, 61 had an experience of SGBV while in the settlement. 24% had experienced domestic violence, followed by rape/ defilement at 19%.

a) Rape and Defilement

From the qualitative discussions, it was noted that there existed a huge burden of sexual violence in Nakivale; it was presented as the major psychosocial challenge facing the majority of the girls and women. In some instances parents were reportedly defiling their own daughters. It was reported that many girls were being forced by their parents to get married and others were being lured into sex by being offered simple gifts. As a result some of them contract HIV. It was reported that many girls were attacked and sexually abused at water points, especially when it darkens, when they are collecting firewood and when they are digging in the gardens of nationals.

From the KIIs, one police officer noted that;

> ***"…There are many incidences of rape especially of Congolese girls who work at Somalis' houses; when they go to lay their beds and are grabbed by force. We receive on average 5-6 defilement cases in the month. Other cases are of defilement by close relatives for example a young girl of 17yrs was defiled by an uncle, and another women who gave birth but it's the father who raped her… and we are failing to solve the cases." (Police Officer, Nakivale Police Post)***

One respondent reported her painful experience:

> ***"… after I entered [the house] one of them went and closed the door, [then] they gang raped me, they slept (raped) on me one by one till I was left in despair, I was in an extremely painful situation." (16 year old Congolese girl)***

Many staff of refugee service agencies raised a concern that in some instances women are raped intentionally so as they can have grounds for resettlement. They argued that some girls/women create counterfeit stories of sexual and domestic violence so that they can separate from their husbands, take over their property and seek resettlement.

> ***"Women create problems for themselves in order to access resources. For example one can be penetrated by her boyfriend and she lies to get money." (FGD, Staff of a refugee serving agency)***

Another staff of a refugee serving agency, expressing concern over refugees telling lies to pursue protection (especially resettlement) mentioned that;

> ***"The service providers put a lot of response yet the women are lying. It is very common. For example there is an old lady of 60 years who bought meat and inserted pieces in her vagina and claimed she had been raped. Refugees are desperate for certain benefits, but we can't rule out the true cases. They bias service providers. In other instances, fellow refugees encourage them to lie and they extort money out of them. The need to want to leave this place drives them to do crazy things."***

Another case narrated by the service providers concerned a woman who reportedly pricked her 5 year old daughter with a stick and claimed that she had been raped. In response to such claims, some service providers and some refugees argued that it is the approach of service providers themselves that have caused refugees to take desperate measures.

A religious leader mentioned;

> ***"Service providers have created categories that have forced refugees to fit in them. For example people know that they can only assist you if you fall in a certain group like women at risk, if you have experienced violence or if you're a single." (KI, Pastor of a refugee church)***

Within the Somali community, it was reported that their culture does not allow them to report rape cases, since this would create a lot of stigma for the female victim, and she would never be able to get married due to discrimination.

b) Domestic Violence

Women reported that many of their partners are alcoholics who, when they return home, batter their spouses. The male partners take advantage of the women's harvests. Sometimes when women cultivate crops, the men sell the crops and use the money for their purposes, including buying alcohol, which leads to family disputes. Another cause of domestic violence mentioned was the sale of food rations by the men.

> ***"The men sell the food instead of taking it at home. When the woman tries to talk about this they fight… the men ask…who is the boss? The men usually use the money for drinking. There is a case where the son had hidden the ration card of the mother…"***

During the FGDs it was noted that many individuals were involved in relationships that lack commitment and are not permanent or stable. Women get children outside marriage and end up fighting with their husbands which leads to marital breakdown. This worsens the situation especially in an area where family planning and sexual reproductive health is insufficient. This has unfortunately resulted in a high rate of Sexually Transmitted Infections (STI). For example;

> ***"A woman (Burundian) who lost her husband to HIV feels abandoned together with her daughter who is engaged in survival sex. She asserted that she got HIV but still has many men and does not use condoms to have sexual relations."***

c) Child Abuse Cases

Table 26: Experiences of Child Abuse Among Respondents

Experiences of Child Abuse	Frequency	Percentage
Child Labor	17	56.7%
Child Trafficking	2	6.7%
Early Marriage	11	36.7%
Total	**30**	**100.0%**

From the quantitative interviews, 30 out of 200 respondents mentioned that they had either experienced or witnessed cases of child abuse in the settlement. The most common form of abuse mentioned was child labor at 56.7%. Early marriage was also high at 36.7%.

Many girls give birth at a tender age, are helpless and have no control over the circumstances. The young girls reported that parents influence many early marriages so that they can get money or resources from the bride wealth.

d) Female Genital Mutilation

Despite being illegal in Uganda, Female Genital Mutilation (FGM) remains a common practice within the Somali community and was said by respondents to be occurring in Nakivale. The girls feel helpless because their communities have a tendency to isolate themselves from other communities. A person seeking to challenge FGM is highly likely to be threatened or even hurt without the knowledge of the outside communities. The girls also mentioned that refusal to undergo the practice may result in being unmarriageable as no man will want them.

e) Physical Insecurity

Table 27: Experiences of Physical and Emotional Violence

Experienced Physical and Emotional Violence	Frequency	Percentage
Never	69	34.5
Sometimes	110	55.0
A Lot	10	5.0
Always	11	5.5
Total	**200**	**100.0**

The majority (55%) of women and girls mentioned having experienced physical and emotional violence in the settlement sometimes. Only 2% of the women interviewed mentioned feeling that their environment was secure. 65.5% stated that it was only secure a little of the time.

Despite the many experiences of SGBV and other forms of violence in the settlement, only 49% of the women and girls interviewed mentioned accessing care for the effects. 36.2% mentioned that they received this care from close family members followed by support from friends. Only 8.5% mentioned receiving support from a professional.

Of the 200 women interviewed, 100 mentioned still having and living with the effects of the SGBV. 40% mentioned having social effects like stigma and discrimination, followed by psychological effects (26%). Others mentioned having sexual effects and medical issues as a result of the SGBV.

> ***“Our cases are not followed up yet. Even our leaders are failing to report our problems to the police yet also the police-men ask for money for our problems to be solved. Police and OPM do not follow up our cases well. Many times we the Congolese are followed up to the last.”(FGD, 32 year old Congolese woman)***

It was noted that the physical protection and follow up of cases by the police was also minimal. From an FGD, a 28 year old Burundian woman reported;

> ***“Police is reluctant to handle the cases when we report to them. Police asks for 20,000 UGX for transport to handle and follow up your case –which we cannot afford. In case you cannot afford the money, the police officers in return ask for sex”.***

Related to the above, the FGD with service providers revealed that majority of implementing staff are unsympathetic, and hold a belief that most women and girls fake SGBV cases in search of attention. Below are some of their views;

> ***“Many refugees enjoy sex with their boyfriends and later report they have been raped by the same persons.”***
>
> ***“Women purposefully expose themselves to rape by choosing to collect water at specific hours.”***
>
> ***“Some move very long distances past some water points in order to accomplish their plans. In other instances, parents influence children to go to the bore holes late.”***

Coping

The women and girls cope in different ways to manage the consequences of SGBV as explained below.

- The majority of the women interviewed are pursuing resettlement as a durable solution to the SGBV problem. Many women reported having presented their cases to the protection office but had received no positive feedback
- There are many female-headed households currently, as a result of the domestic violence

> ***"Women usually present complaints and ask to split their files from their husbands so that they can pick their food separately from the men." (Staff of a refugee serving agency)***

- Women have tried to form community-based groups (like the UNITY group under French club) with the main objective of creating awareness and protection for the girls potentially under threat of FGM and other practices that affect women and girls in Nakivale

Recommendations

- The women reported that policies are not cast in stone as they can change depending on the circumstances. They suggested that measures be put in place to minimize corruption especially while handling cases from police like bribes. The perpetrators should be handled with proper procedures and be brought to book.
- Police investigations take place but the situation does not change. Police need to forward cases to courts of laws so that protection is provided to the most vulnerable groups. Those who commit crimes need to be sentenced.
- There is a need to train Community activists in SGBV to ensure that the whole community is engaged in fighting SGBV.
- Strategies to prevent child marriages need to be integrated into the humanitarian response plans for most aid groups.
- Refugee serving agencies recommended ARC (in charge of WASH) to revise water collection hours for girls in order to minimize on rape cases around water collection points.
- Police and other partners requested for more training in responding to SGBV cases.

8.0 Discussion

This section presents the discussion which demonstrates the relationship between previous study findings and the findings from the baseline study. This discussion might provide implication for the agreements and disagreements presented.

Literature and findings continue to show that refugee women and girls are experiencing harsh conditions, having to live on inadequate basic needs like food and water as well as unavailability of medical services. About food specifically, women complained about the cut of food rations by the United Nations World Food Programme (WFP). Literature revealed that similarly, for the second time in just over six months, a shortage of funds is forcing the WFP to reduce the size of food rations temporarily for about half a million refugees living in the Dadaab and Kakuma camps in northern Kenya (WFP, 2015). The food package distributed by WFP provides 2,100 kilocalories per person per day which is the recommended minimum energy intake. A cut in this ration poses a threat of malnutrition especially among young children, pregnant women and nursing mothers. In addition, a joint UNHCR and WFP review conducted in 2006 discovered unacceptable rates of acute malnutrition in many protracted refugee camps-most notably in Kenya, Ethiopia and Sudan (Bruijn, 2009). Although Nakivale is more of a of a permanent settlement, and therefore refugees are encouraged to grow their own food in small gardens, cutting down on malnutrition, a recent study of self reliance in Nakivale indicated that the undependable weather of Nakivale can seriously impede the creation of sustainable and dependable food sources from refugee agricultural plots, as the settlement is almost semi-arid and its outlying zones frequently receive very little rain (Svedberg, 2014).

The challenge of water was not only about access, but also quality and safety issues. The UNHCR estimates that more than half of the refugee camps in the world are unable to provide the recommended daily water minimum of 20 liters of water per person per day (UNHCR, 2010). It is essential that refugees access water, as it is related to many aspects of their wellbeing like hygiene, sanitation, nutrition, disease control, and reduction of violence experienced by women and girls. Access to clean safe water will also ensure that girls remain longer in school, as many are kept home to participate in home chores like fetching water, while others drop out of school due to lack of water for use at school. The UNHCR recommends that all households have access to a water tap that is less than 200 meters away. Unfortunately refugee camps in Uganda, for example, have particularly poor access to water with only 43% of the

population has access to water taps that are within 200 meters (Bruijn, 2009).

Literature agrees with this study's findings that housing in refugee camps is often overcrowded and of inferior quality (Turner et al, 2010; Al-Khatib & Tabakhna, 2006; Doren, 2011; Human Rights Watch, 2002). Poor shelter for refugee women and girls in the settlement could compound more on the other psychosocial challenges they face. Poor housing like presence of dampness, mold, crowded cramped conditions is associated with a range of symptoms and illnesses, including aches and pains, digestive disorders, and respiratory tract infections acute respiratory infections, poor mental health among children, coughs, stomach ailments, headaches, and generally feeling unwell (Turner et al, 2010, Habib, et al 2006).

The challenge of education in this study was not only on the quality but the environment that is not enabling girls to go to school. Though children and parents both realize the importance of education, many refugee children, especially girls, are unable to attend school, and for those that do receive schooling, the quality is often extremely low (Kirk & Winthrop, 2010). School is meant to be a safe haven for girls but the findings show that it's proving to be a dangerous space due to continued exploitation and abuse on the way to and in schools. This is particulalrly unfortunate given that after times of conflict, educational activities play a very important role in helping to reintroduce a sense of normalcy and routine into the lives of children and adolescents (Bruijn, 2009).

Similar to this study, it is documented elsewhere that access to health services for refugees in Uganda's settlements is still a challenge. In Kyaka settlement for example, there is one doctor for 16,200 refugees in the settlement (IRIN, 2010; Human Rights Watch, 2002). Poor health for women and girls means they will be unable to engage in productive activities, attend school or enjoy other basic human rights.

Results showed that refugee women and girls go on to develop psychological problems as a result of experiencing various attrocities committed against them. This is in agreement with Birman et al., (2005) finding that "Refugee children experience trauma resulting from war and political violence in their countries of origin prior to migration, as well as during flight or in refugee camps. These multiple stressors include direct exposure to war time violence and combat experience, displacement

and loss of home, malnutrition, separation from caregivers, detention and torture and a multitude of other traumatic circumstances affecting the children's health, mental health and general well-being".

Doren (2011) noted that although incidences of mental problems may be high among refugee populations, some psychological problems may be misinterpreted and misdiagnosed partly due to bias among practitioners and also due to the Western cultural bias of the Diagnostic and Statistical Manual of Mental Disorders, (fourth edition text revision) later referred to as the DSM IV-TR. In this study, it was noted that epilepsy was still being recorded as a mental disorder, despite it being removed from the recent DSM V. This may point to a lack of inadequate knowledge for the mental health practitioners in the settlement. In Uganda, psychiatrists, medical officers and psychiatric clinical officers are the ones allowed to prescribe psychotropic medications without restrictions (Kigozi et al, 2010). In Nakivale, limited access to the above health care professionals means the available psychiatric nurse has to prescribe medication to the mental health patients. The findings indicate that the psychiatric nurse only manages psychological problems with medication, and does not carry out the therapy. Many conditions that may need psychotherapy go on unmanaged and may even become worse with time. Psychological problems remain omnipresent and successful treatment is uncommon. This is partly because access to psychotherapy in refugee camps is rare and adequate care for the unique needs of refugees, even in mainstream society, is hard to come by (Doren, 2011).

Results demonstrated that refugee women and girls experience isolation. A typical example was the Somali population which resides in isolation. Language barriers are used as an excuse by both the local population and refugees to commit violence against their partners. This is one of the specific factors (along with immigration status, prejudice and cultural variables) that Menjivar and Solcido (2002) identify as exacerbating the occurrence of domestic violence amongst refugee populations (Menjivar & Salcido, 2002).

Economic wellbeing has a great link to one's psychosocial wellbeing. Jacobsen (2005) notes that as refugee situations become protracted, levels of international relief are normally reduced or entirely cut off after the emergency period. This is the case with Nakivale, but unfortunately no due attention has been accorded to

building sustainable livelihoods means for the refugees. The Self-Reliance Strategy expects refugees to economically support themselves by utilizing a given plot of land to develop a livelihood based on subsistence agriculture. Findings by Svedberg (2014) indicated that this is inadequate to ensure self reliance for refugees, due to their diverse cultural, occupational, and socioeconomic backgrounds, plus the inadequate land and unpredictable weather. Omata & Kaplan (2013), also noted that even in the settlements where refugees have been deemed to be self-reliant with their agricultural subsistence, farming alone seems to be insufficient to enable refugees to achieve economic sustainability. Their study cited limitations to economic self reliance in Ugandan refugee settlements such as decreasing land fertility due to over-farming, lack of sufficient food security tied to inadequate food rations, and lack of access to credit.

Respondents in camps reported cases of sexual harassment including rape, and defilement (see themes from interviews). These findings are in agreement with the (International Rescue Committee 2014) whose report documents sexual exploitation of young girls as an area of concern in the refugee camps in Burundi and Tanzania where girls were reported to being forced to engage in transactional sex in exchange for basic goods that are not readily available in the camps, such as clothing and sanitary products. If sexual abuse and exploitation continues to take place without proper attention, unwanted pregnancies, continuous spread of STDs, physical harm and psychological problems might develop in an already traumatic refugee population.

Results clearly spelled the fear of women and girls. In fact it was reported that camps are not as safe as they should be; attacks on residents are frequently launched while they go to the well or head to school. Other forms of human rights violations are committed well within the borders of refugee settlement camps. This is in agreement with Martin and Schmiechen (2004) who described camps as hostile environments that usually make women and girls easy targets for sexual and gender-based violence (Martin & Schmiechen, 2004).

Martin (2004) also reported that refugee women in camps become household heads, with no older children or a husband/man to help them when they require protection. This makes them target for offenders. Because camps are usually overcrowded (which is also the same atmosphere in Uganda and everywhere else in the world),

they provide an atmosphere for perpetrators to take advantage over women and girls (Women Refugee Commission, 2009).

This is a clear indication that women and girls all over the world are experiencing life threatening situations which threatens their survival even during times when they need safely. Children without adult care become particularly potentially vulnerable to trauma and further emotional distress (Derluyn & Broekaert, 2008).

9.0 Conclusions

Despite the efforts of the various support organizations (locally and internationally) to offer support to the refugees within camps, refugees continue to face serious physical (gender based violence or attacks) economic (little or no income to maintain themselves and their families), psychological (resulting from the traumatic events as well daily life stressors within the settlement camps), and social difficulties (issues of acceptance within the camps, as well as social isolation). In fact, a closer look at their life manifests misery and frustration with the worsening circumstances they endure on a daily basis.

The difficulties (physical, social, economic and psychological) experienced by refugees within settlement camps are interrelated. This poses a challenge to support organizations in regards to service provision. It seems as if some organizations/ service providers have not fully understood the interrelatedness of these issues. On the contrary those that do understand the inter-relatedness lack the necessary resources to facilitate comprehensive and sustainable solutions. What exists within the refugee camps is a fragmented model of service provision, which looks at each issue differently with minimal or no sustainable solution/results.

Refugees residing in settlement camps have not been fully engaged in identifying, defining and designing interventions targeting them, and this partly explains the existing gaps. It is evident that some of the efforts directed toward resolving problems within settlement camps are alien to the targeted population. Research clearly informs us that participatory approaches are successful and targeted people tend to associate themselves with them, understand the intentions of the interventions, as well as embrace them as their own. Hence there's a downside to some interventions as they tend to at times be culturally and contextually inappropriate which results in wastage of resources as well as worsening the misery of the already vulnerable groups.

10.0 Recommendations from Refugee Law Project

There is need for service providers (government and non-governmental organizations) to find a holistic way of carefully analyzing, internalizing, and addressing the physical, social, economic, and psychological difficulties faced by refugees in settlement camps. This will provide a sustainable solution to the problems experienced within refugee camps hence improving the quality of life for the refugees.

Funds for livelihoods and economic sustenance for refugees in the settlement would make an important contribution to the psychosocial wellbeing of refugee women. This is a result of so many able-bodied people (mostly adults) spending each day doing nothing economically rewarding. It is not surprising that most of these adults end up drinking or fighting each other over rations of food provided by charity organizations. Livelihood projects might in the long term be beneficial to the governments as this might enable refugees to become independent through their livelihood and economic projects.

Need to design interventions that focus on addressing SGBV issues specifically the psychological, health, and social outcomes of SGBV in mind. Women and girls in camps are experiencing horrific and traumatic incidents from people living close to them (at times relatives). The government, together with other service providers should team up and campaign strongly against any form of violence directed towards women and children. The message should be clear in such a way that all perpetrators should be subjected to a punishment that will send a clear warning to anyone who might have become a perpetrator in the future.

Need to build the technical and financial capacity of serving organization in identifying, handling and addressing psychological issues. There are so many organizations working within refugee settlement camps yet psychological issues are continuously ignored. This is not to say that these issues can be totally addressed and done away with. It is possible that informed interventions can go along away in addressing any issues experienced by refugees in camps once the service providers are technically and financially alert.

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ANNEXES: DATA COLLECTION TOOLS

ANNEX I: Key Informant Interview Guide/ Focus Group Guide for Key Informants, Mental Health Professionals, Health Care Providers, Social Support Providers

Name: Title: Organization: Gender:

1. What social issues are usually presented by refugee women and girls? (Probe on problem relating to living conditions, Physical needs, family and community problems, relationships)
2. How big are the problem (frequency and prevalence?)-check if they systematically collect data
3. What psychological issues are usually presented by refugee women and girls (Probe on signs of psychological and social distress)
4. How big are the problems (frequency and prevalence?)-check if they systematically collect data
5. What practices make social and psychological problems worse/ more difficult for women/ girls to overcome? (Probe on cultural/ traditional practices, practices by organizations)
6. What policies make social and psychological problems worse/ more difficult for the women and girls to overcome these challenges? (Probe on Refugee Act, Organizational policies, Self Reliance Policy, Mental Health Policy and other relevant policies)
7. What support do you give to those that present with social problems? (Support programmes in education and social services)
8. What care/ support do you give to people with mild and severe mental disorders?
9. What structure, locations, staffing and resources do you have to respond to social support?
10. What are the gaps/ challenges in you providing this care
11. What do you think is required to improve care and support for refugee women and girls in Nakivale?

ANNEX 2: Focus Group Guide for Refugee Women and Girls

(Introduce Yourself, Your Organization and the purpose of your visit)-Note the Number of

People, Nationality, The area of stay, their gender and age category

1. What are the social challenges women/ girls face in this area? (Probe on problem relating to living conditions, physical needs, family and community problems, relationships)
2. What are the psychological challenges they face? (Probe on signs of psychological and social distress, including behavioral and emotional problems, signs of impaired daily functioning, epilepsy, alcohol or other substance use disorder, mental retardation/intellectual disability, psychotic disorders, severe emotional disorders like depression and PTSD, other psychological complaints, medically unexplained somatic complaints)
3. What practices make social and psychological problems worse/ more difficult for women/girls to overcome? (Probe on cultural/ traditional practices, practices by organizations)
4. What policies make social and psychological problems worse/ more difficult for the women and girls to overcome these challenges (Probe on Refugee Act, Organizational policies, Self Reliance Policy, Mental Health Policy and other relevant policies)
5. How do the women and girls try to overcome these challenges?(Probe on supportive resources they use-begin with social including then psychological- including; information, knowledge, skills, services, individuals, groups, organizations, community structures, churches, natural resources, community structures and infrastructures, local, indigenous and traditional healing systems)
6. How can the above resources be used more to solve some of the social and psychological challenges mentioned above?
7. Please give further recommendations on what can be done/ changed/ improved to reduce social and psychological challenges faced by refugee women and girls in Nakivale (probe on earlier mentioned practices and policies)

ANNEX 3: Individual In-depth Interview Guide

Persons with Disabilities, Survivor of Torture, Mothers with Children out of Rape, Survivors of Sexual Violence, Those with HIV/ Unaccompanied and Separated Children

Name: Age: Nationality: Gender: Area of stay: Vulnerability Category:

1. What social challenges do you face as a women / girl with………(state the vulnerability)
2. What psychological challenges do you face as a women / girl with………(state the vulnerability)
3. What practices/policies compound these challenges?
4. How have you tried to address these challenges?
5. What other resources are available that you could use?
6. How else can these challenges be addressed?

ANNEX 4: Questionnaire for Women and Girls

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. What is your name………………………………………………
2. What is your age………………………………………………
3. What is your Gender (Tick as appropriate): Female, L.G.B.T.I.
4. Where do you stay? Zone ……………..Village……………………
5. What is your nationality…………………………………………………………….
6. What is your refugee status…………………………………………………
7. What is your marital status? ……………………………………………
8. Do you have children? (Tick as appropriate); YES/ No
9. If yes, how many? …………………………………………
10. Are any of these children out of rape experience? ....
11. What is your occupation? ....
12. Did you go/ do you go to school? YES/ NO
13. If yes, which education level are you at? (Tick as appropriate)? Primary, Secondary, Vocational, Tertiary
14. Do you have any disability? YES/ NO
15. If yes which one (Tick as appropriate); Physical, Mental/ Psychosocial , Intellectual , Sensory , Other
16. How many people do you stay within the house/ home? …………………………………
17. What is your relation with these people(Tick as appropriate): Nuclear family, Extended family, friend, foster family, Other
18. What position do you hold in the house(Tick as appropriate);: Head, Dependant
19. If dependant, who is the head? ....
20. Do you know your HIV status(Tick as appropriate); YES/ NO
21. If yes, what is your HIV status (Tick as appropriate)? HIV positive, HIV negative, Discordant
22. Have you engaged in Survival Sex Work? ....

23. Do you hold any leadership position in the community? ....

24. If yes, Specify……………………………….

SECTION B: PSYCHOSOCIAL CHALLENGES FACED, PROTECTION/ SERVICE PROVISION GAPS AND RECOMENDATIONS

i. Basic Needs and services

1. Do you find challenges accessing basic needs like;

	Not at all	A little of the time	Some of the times	Most of the time	All of the time
Food					
Water					
Shelter/Housing					
Clothing					
Health care					

2. What are the hindrances in accessing these basics?

……………………………………………………………

3. What have you tried to do to enhance your access to these basics?

…………………………………………………………………

4. What else do you think could be done to improve your access to these basics?

………………………………………………………………

ii. Safety Needs

a) Physical/ Personal safety

1. Have you suffered any of these experiences?

Experience (Tick appropriate)	If yes, where did it happen? (Tick appropriate)	Who did this to you? (Tick appropriate)	Current effects (Tick appropriate)	Have you accessed Care/ Assistance	Where did you get assistance?	Is issue resolved?	If No and Somehow? What remains to be resolved (specify)	What do you intend to do next?	What else can be done to help you? (elaborate)

Domestic Violence Yes/ No	COR/ Uganda/ other	Intimate partner, farther, mother, brother, sister, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Rape/ defilement Yes/ No	COR/ Uganda/ other	Government soldier, rebels, relative, community member, unknown person, other(specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Forced marriage Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Forced prostitution Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)				
Female Genital cutting Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Sexual exploitation Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, sexual	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			

Molestation Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Sexual slavery Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)		Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			

2. Have you suffered any of these child abuse experiences?

Experience (Tick appropriate)	If yes, where did it happen? (Tick appropriate)	Who did this to you? (Tick appropriate)	Current effects (Tick appropriate)	Have you accessed Care/ Assistance	Where did you get assistance?	Is issue resolved?	If No and Somehow? What remains to be resolved (specify)	What do you intend to do next?	What else can be done to help you? (elaborate)
Child labor Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Trafficking Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Early marriage Yes/ No	COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Other(Specify)									

3. Have you experienced any of these kinds of torture?

Type of Torture (Tick as appropriate)	Specify the torture	Where did it happen?	Who did this to you? (Tick appropriate)	Current effects	Have you accessed Care/ ASSSITANCE	Who assisted	Is issue resolved	What remains	What do you need	Who needs to be involved
Physical Yes/ No		COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			

Psychological Yes/ No		COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Sexual Yes/ No		COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			
Pharmacological		COR/ Uganda/ other	Intimate partner, Government soldier/ police officer, rebels, relative, community member, unknown person, other (specify)	Medical, physical, psychological, social, sexual, economic, Other (specify)	Yes/No	Close Family, friend, relative, community members , community leader, professional person, office (specify office)	Yes/No/ Somehow			

4. Do you feel physically safe in this environment? Yes/ No
5. If so, what makes this environment physically safe/ unsafe? (Elaborate)…………………………………………………………
6. When do you feel physically safe (in terms of time)……………………………………………
7. Where do you feel physically safe (in terms of space) ……………………………………
8. With whom do you feel physically safe (in terms of an individual/ group/ office)………………………………………………………………………….
9. What makes this time/ space or individual safe?..
10. What have you done to enhance your physical safety?…………………………………………………….
11. What would be changed/ improved to make this environment/ space/ place/ time/ person safe? ……………………………….

b) <u>Economic / Financial Safety (Tick as appropriate) -For the children(ask if their families have)</u>

1. I have access to work opportunities? Yes/ No
2. I have some savings to get me through an economic crisis? Yes/ No
3. I can spend a day/ week/ two weeks/ month/ six months/ a year without earning and I would continue to met my basic needs? (Tick appropriate answer)
4. I always have some money to access basic needs? Yes/ No

5. There are policies/ programs in place to protect my income in case I become unable to work for some condition like disability? YES/No

6. I have security in my source of income? Yes/ No

7. What do women and girls around here do to ensure financial security?……………………………………………

8. What other measures would you want in place to see improvement in financial security of women and girls families? ……………………………………….

c) <u>Health And Wellbeing (Tick as appropriate)- Includes Physical, mental, psychological and emotional wellbeing</u>

1. My health and wellbeing allows me to carry out daily functions? Yes/ No

2. I have a particular health condition that is of concern to me? Not at all, A little of the time, Some of the time, Most of the Time, All the time

3. My health concern is; Medical, Psychological, emotional, physiological, Other

4. My health concerns are attended to? Not at all, A little of the time, Some of the time, Most of the Time, All the time

5. Who usually attends to your medical concerns? (Specify)………………………………….

6. There are measure in place to ensure that I can access health care in case I fall sick and I do not have money? Yes/ No

7. What do women and girls around here do to ensure their good physical health and wellbeing?……………………………………………

8. What other measures would you want in place to see that improved health for women and girls here?…………………………………………..

d) <u>Social Safety/ Social Security</u>

1. I have a plan that I can use in case of unexpected occurrences like accidents/illness and their adverse impacts? Yes/ No

2. In case I get a problem like an accident/illness, I know my family can help me to deal with the adverse effects? Yes/ No

3. In case I get a problem like an accident/illness, I know my neighbors can help me to deal with the adverse effects? Yes/ No

4. In case I get a problem like an accident/illness, I know my community members can

help me to deal with the adverse effects

5. In case I get a problem like an accident/illness, I know a professional person who can help me to deal with the adverse effects? Specify the professional person

6. In case I get a problem like an accident/illness, I know an office can help me to deal with the adverse effects? Specify the Office

7. What do women and girls around here do to ensure security against unplanned catastrophe?

8. What other measures would you want in place to see that adverse effects of such events solved?

iii. Love/Belonging Needs

1. Which of these statements is true to you?

The need	Tick appropriate answer	I feel loved and accepted by this group
I have friends I relate with	Yes/No	Yes/ No
I have a family I belong to	Yes/No	Yes/ No
I have a nationality/ tribe that I identify with	Yes/No	Yes/ No
I belong to a church/ mosque	Yes/No	Yes/ No
I have an intimate partner I confide in	Yes/No	Yes/ No
I have a particular community to which I belong	Yes/No	Yes/ No
I belong to a sports club/ social club/ / social group / or any other group	Yes/No	Yes/ No

2. Are you facing any problem with any of these primary support systems? Yes/ No

3. If yes, Specify the problem? …………………………………………………..

4. What have you done to solve these problems?……………………………………………..

5. Have you accessed help in solving this problem? (professional/ or unprofessional help) YES/ No

6. If yes, what help have you accessed? Specify…………………………………….

7. From where/ whom have you accessed help? ....

8. If no, what has been the challenge in accessing this help? ……………….

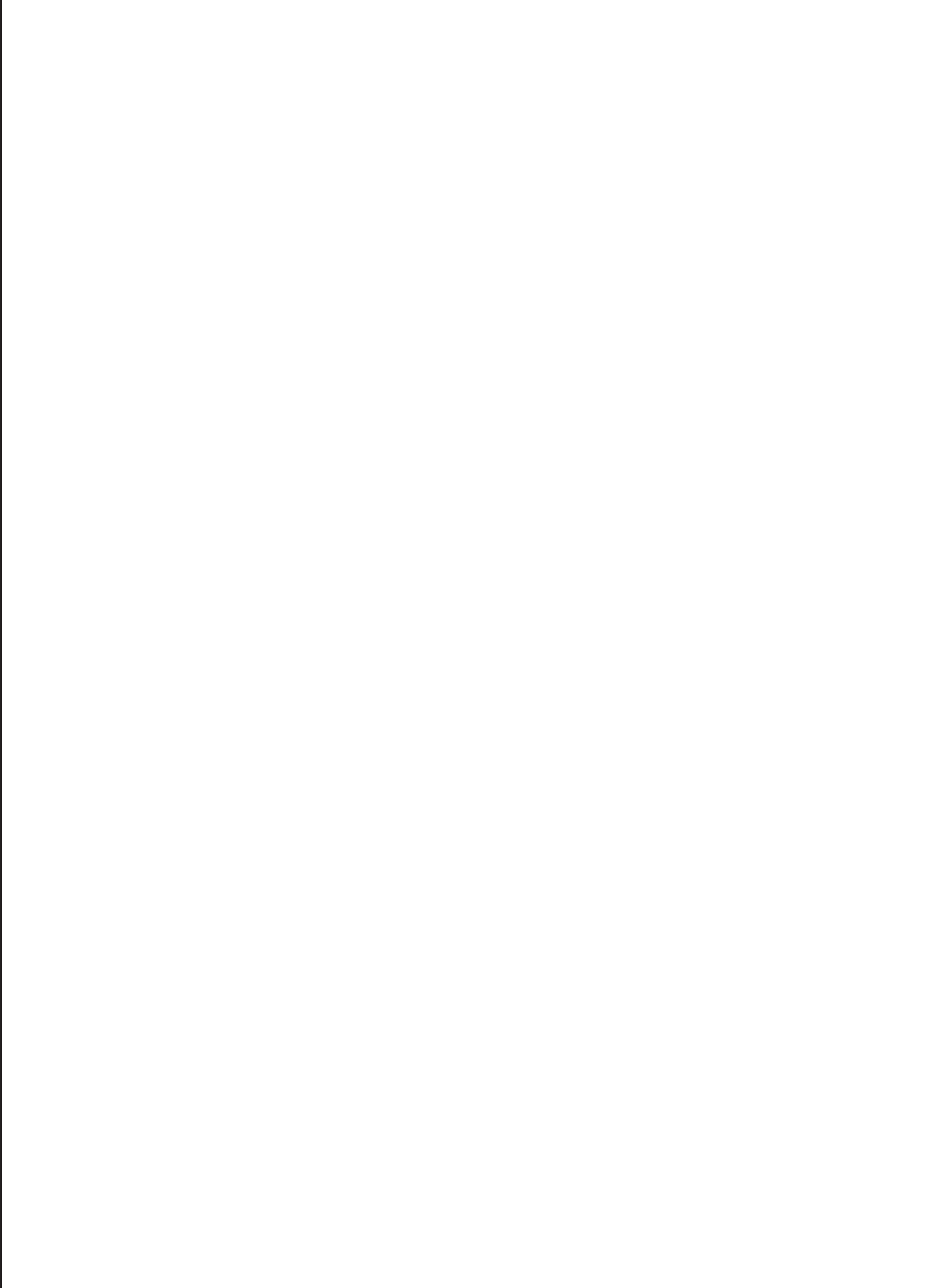
9. How would you be liked in future or currently to be helped to solve this problem? ………………………………………

iv. Esteem Needs

1. Please answer the following questions

The Need	Yes/No	What is it that makes you feel that way	If No, What have you done about it?	Who has helped you in solving this challenge?	What else would you wish to be done to help you deal with this?
I feel respected as a woman/ girl					
I feel segregated as a woman					
I am confident about my self					
I feel valued					
I can freely express my opinions without fear					
I can express my culture/ traditions with out fear					
I usually take time to rest and relax					
I usually have a choice over people I relate with					
I usually have choice in making decisions that affect me					
I have my privacy to do things that I want to do					
I can freely express my religion without fear					
I have the right to move and go places that I want					
I have access to education					
I have access to pertinent information regarding my life					
I am/ can be a leader in my community					

Thank You for Participating



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REFUGEE LAW PROJECT

"A Centre for Justice and Forced Migrants"

School of Law, Makerere University

Plot 7 & 9 Perryman Gardens, Old kampala, (Opp. Old Kampala Primary School)
P.O. Box 33903, Tel: +256 414 343 556, Email: info@refugeelawproject.org. www.refugeelawproject.org