HUMANITARIAN INITIAVE JUST RELIEF AID

Second Rapid Needs Assessment Report

For Rwamwanja Refugee Settlement

Kampala, Uganda 2012

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Abbreviations and acronym

AAHI	-	Action Africa Help International
ADRA	-	Adventist Development and Relief Agency)
AHA	-	African Humanitarian Action
ASRH	-	Adolescent Sexual Reproductive Health
AIRD	-	African International for Relied Development
CERF	-	Central Emergency Reserve Fund
CHW	-	Community Health Worker
CPC	-	Child Protection Committee
DLG	-	District Local Government
DRC	-	Democratic Republic of Congo
DHO	-	District Health Officer
ECD	-	Early Childhood Development
HC	-	Health Centre
HCT	-	HIV Counselling and Testing
HIJRA	-	Humanitarian Initiative Just Relief Aid
HIV	-	Human Immunodeficiency Virus
IEC	-	Information, Education and Communication materials
IDTR	-	Identification, Documentation, Tracing and Reunification

IMAM	-	Integrated Management of Acute Malnutrition
IOM	-	International Organisation for Migration
ITCs	-	Infant and Toddler Connections
KMS	-	Kilometers
LWF	-	Lutheran World Federation
MOH	-	Ministry of Health
MOU	-	Memorandum of Understanding
MSF	-	Medecins Sans Frontieres
MTI	-	Medical Teams International
NGO	-	Non-Government Organisation
NFIs	-	Non-Food Items
OCHA	-	Coordination of Humanitarian Affairs
OPM	-	Office of Prime Minister
PDR	-	Planning Development and Rehabilitation
PMTCT	-	Prevention of Mother to Child HIV Transmission
RUTF	-	Ready to Use Therapeutic Foods
SGBV	-	Sexual Gender Based Violence
SUiU	-	Save the Children in Uganda
STD	-	Sexually Transmitted Disease
UJCC	-	Uganda Joint Christian Council

UAM	-	Unaccompanied Minors
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
UNHCR	-	United Nations High Commissioner for Refugees
URC	-	Uganda Red Cross
VCT	-	Voluntary Counselling and Testing
VHT	-	Village Health Team
WASH	-	Water, Sanitation and Hygiene
WFP	-	World Food Program

1. Executive Summary

A second rapid needs assessment in Rwamwanja refugee settlement was conducted from 18th - 20th September 2012. The purpose of the assessment was to gather updated information on existing gaps in program sectors of water and sanitation, livelihoods, Health, and Education. This was intended to harmonise with changes that had taken place after the initial assessment done from 31st July -3rd August 2012. The assessment team conducted meetings with preselected individuals and partners intervening in the settlement. The discussion focused on services being provided to refugees, the gaps and possible interventions by HIJRA.

The assessment revealed that the tension between Democratic Republic of Congo (DRC) government and the March 23 Movement rebels in North Kivu Province of Eastern Congo had pushed refugees to Uganda since February 2012. The number of refugees received at Rwamwanja has increased from 8,231 households with 19,151 refugees to 10,300 households with 23,570 refugees between 6th August 2012 and 19th September 2012 (UNHCR, 2012). Six organisations obtained funding under Central Emergency Reserve Fund and had initiated interventions. In addition, UNHCR has five implementing partners and seven operational partners in the sectors of WASH, Health and Psychosocial support, Nutrition, Education and Livelihoods.

Findings per sector showed that 90% of refugees accessed water service while sanitation and hygiene was still poor. The only available Health facility was a level III unit that was under staffed and congested, with most patients being referred to distant facilities. There were inadequate ambulance services for referrals and response to reported cases within the settlement was very poor. There was still inadequate funding for outreach services. The majority of the refugees were provided with seeds that they had planted but had no other self –reliance activities. Refugees had started accessing education services and renovation of St. Micheal and latrines had started but enrollment was still poor due to limited mobilisation and provision of scholastic materials and fees. Available funding from agencies in all sectors was up to 31st December 2012 except LWF that extended funding up to May 2013, AHA and AAHI that were implementing partners for UNHCR. Provision of services after December 2012 remained uncertain.

2. Introduction

Humanitarian Initiative Just Relief Aid (HIJRA) is an African humanitarian and development organisation established in 1992 with the aim of contributing towards improving the living standards and conditions of those affected by disaster and conflict in the Horn of Africa; Somalia, Kenya and Uganda. HIJRA is one of the largest actors in South Central Somalia providing aid to over 371,000 of the region's most vulnerable people.

HIJRA programs in WASH, Health, Livelihoods and Education have been designed to address needs while increasing opportunities at the grass root level. The organization ensures the safety of its beneficiaries and staff by adhering to strict policy of transparency, neutrality and accountability.

In 2012, HIJRA Uganda, obtained permission from the Office of the Prime Minister to carry out needs assessment in Rwamwanja settlement and provide humanitarian assistance to refugees. The second assessment which begun on 18th September 2012 lasted 3 days to identify critical needs in WASH, Health, Education and Livelihoods.

3. Background of the refugees in Rwamwanja

Uganda is currently host to thousands of refugees fleeing conflict and disaster from its neighboring countries; Sudan, Rwanda, DRC and Somalia. In 2012, Uganda experienced a marked increase in refugees from the Democratic Republic of Congo (DRC) steaming from the March 23 Movement (M23) in the North Kivu Province of Eastern DRC. According to UNHCR (2012), 103, 00 households with 23,570 refugees were registered at Rwamwanja settlement by 19th September 2012 and (UNHCR, 2012). According to the Settlement Commandant, the majority of the refugees received were children, youth and women. Most of the children are unaccompanied.

The Rwamwanja settlement is approximately 40 square miles and located in Nkoma parish, Nkoma sub-county, east of Kamwenge town in Kamwenge district about 250 Kms from

Kampala via Mubende and Kyenjojo. The Rwamwanja settlement was created in 1964 to host Tutsi refugees from Rwanda until 1985 when most were repatriated seeing the Uganda government repossess the then encroached upon land only in 2012 for resettlement of refugees from DRC.

4. Objectives of the assessment

The objectives of the rapid assessment were as follows:

- To gather updated information on key areas of intervention; Water Sanitation and Hygiene (WASH), livelihoods, Health and Education in Rwamwanja refugee Settlement.
- To use the information gathered to respond to the needs of the 20,000 refugees in Rwamwanja Settlement beginning October 2012.
- To use the gathered information to mobilize more financial resources to minimize human suffering of 20,000 people in the settlement.

5. Methodology of the Assessment

5.1 Data collection methods

Primary data: Data was obtained through meetings with preselected individual and agencies, observation and photography.

Secondary data: Data and information was obtained through documents from the registers at the reception camp, health facility and agencies

5.2 Assessment instruments

The assessment used different data collection tools: interview guide checklists, observations checklist and use of photographs.

5.3 Discussions/Meetings:

Various meetings were held with the following;

- The Settlement Commandant and his Deputy (Mugenyi David, Mawa Bashil),

- Agencies (UNHCR-Mbarara Sub-Office program Team, Field Staff and Head of UNHCR Mbarara Sub-Office, ADRA Field Coordinator, AAHI Education Project Officer and Oxfam Field Program Manager.

- Attended Livelihood sector meeting at ADRA office in the settlement that was attended by; ADRA, AAHI, OXFAM, LWF and HIJRA

- The Rwamwanja Health Centre resident in-Charge (Karozi Evalist)

- Kamwenge District officials (Deputy Chief Administrative Officer, Deputy LC V, Acting District Health Officer)

5.4 Limitations

The settlement is located in a very remote area of Kamwenge district. The assessment team accessed the area using a long route through Fort portal town, later discovered a shorter route via Kyenjonjo town. The assessment team utilized a police escort to access the refugees due to current tensions between land encroachers and the government. Current tensions in the area remain high as land disputes between the government and land encroachers remain unsolved. Security concerns steaming from the recent murder of the Settlement Commandant in March 2012 resulted in the assessment team inability to interact with the host community.

6 Findings

6.1 Overall refugee situation in the Rwamwanja settlement

According to the Settlement Commandant, the refugees in Rwamwanja were coming from Democratic Republic of Congo (DRC) due to the existing tension between the DRC government and the March 23 Movement rebels in North Kivu Province of Eastern Congo. The number of refuges has increased from 8231 households with 19151 refugees to 10,300 households with 23,570 refugees between 6th August 2012 when the first assessment was done and 19th September 2012 (UNHCR, 2012) for the second assessment. The first convoy of refugees arrived at Rwamwanja on 17th of April 2012 from through Nyakabande transit Centre in Kisoro that opened in February 2012. According to the Settlement Commandant, it was estimated that (60%)

of refugees received were children and youth including unaccompanied children. The settlement area is about 40 square kilometers with capacity to accommodate more refugees. A number of humanitarian organizations have made interventions under the guidance of OPM and UNHCR in sectors of WASH, Education, Livelihood and Health. Despite efforts being made by humanitarian organisation, the following key gaps were identified; inadequate Hygiene and sanitation especially latrine coverage, inadequate health services due to availability of only one health facility and distant referrals, poor enrollment of refugee children in education, lack of scholastic materials including uniforms, lack of school desks and lack of self –reliance activities to raise income for basic needs.

6.2 Current Partner Mapping and Sectors of Intervention in Rwamwanja

In the Rwamwanja refugee settlement, UNHCR is working with; 6 UN Sister Agencies under the CERF arrangement including United Nations Children's Fund (UNICEF), World Health Organisation (WHO), Food Agriculture Organisation (FAO), World Food Program (WFP), United Nations Population Fund (UNFPA) and International Organisation for Migration (IOM), 5 Implementing Partners (IPs) and at least 7 Operational Partners (OPs). Below is the summary table of partners and sectors supported.

6.2.1 Sister Agencies under the CERF arrangement

Serial	Agency	Sector/Activities supported
1	UNICEF	WASH, Child Protection & Health and Nutrition, & Education
2	WHO	Health
3	FAO	Livelihoods
4	WFP	Food Supplementary feeding
5	UNFPA	Health (Reproductive Health)
6	IOM	WASH, Health and Education

6.2.2 UNHCR Implementing Partners in Rwamwanja

Serial	Agency	Sector/Activities supported
1	Uganda Red Cross	WASH, Construction of shelter, First Aid, Registration, Tracing and General Camp Management
2	MTI	Health
3	AIRD	Water provision, Fumigation, Fuel Management & Transport
4	AAHI	WASH, GBV Management, Psychosocial, Child Protection, Education, Environment, Livelihoods and logistics management
5	AHA	Health

6.2.3 NHCR Operational Partners

Serial	Agency	Sector/Activities supported
1	LWF	WASH
2	Ministry of Water and Environment	Water provision and technical support in Water
3	World Vision International	Child Protection, Health and provision of NFIs
4	Save the Children in Uganda	Child Protection and Education
5	Oxfam GB	WASH and Livelihoods
6	ADRA	Food Security
7	Medecins Sans Frontieres	Health

6.3 Impact of the refugee crisis on host communities

In early (2012), refugees fleeing DRC displaced local people which had taken up residence on land marked for refugees by the in 1964. The land originally designed to accommodate Tutsi refugees were left mainly unsettled from the period of 1985 (following the liberation war in Rwanda) today, giving local communities and wealthy individuals to take up residence

ultimately encroaching on the land. In response, the government evicted the encroachers. The move has been resisted and the matter is still courts of law. In March 2012, tensions from the dispute resulted in the death of Settlement Commandant. The settlement has two schools; one private and one public. The private was funded by a local investor has been closed and children forced to relocate and making pressure on available education facilities. The settlement has one Health Centre III with referrals made to the Health Centre IV and regional hospital located 35 kms and 120 kms respectively. This has created pressure on both services at the Health Centre. The influx of refugees has created cheap labour for host communities and big market for available local foods and the refugees depend on local people to get food to supplement distribution by WFP.

6.4 Detailed findings per Sector

6.4.1.1 WASH

Water: Three organizations including United Nations Children's Fund (UNICEF), International Organisation for Migration (IOM) and Lutheran World Federation (LWF) were the first organizations to intervene. The settlement was zoned into three areas and allocated to UNICEF, IOM and LWF for water service activities.

Figure 1: Water supply at reception centre

The settlement has only one 30,000 litres water tank/reservoir available constructed by Medecins Sans Frontieres (MSF). The water tank was only providing water at reception Centre. There were also 6 water reservoirs with capacity of 10,000 litres within the settlement making a total of 7 water reservoirs. The source of water for the tank was the Kamwenge water supply plant about 45 Kms from the settlement.

Water committees for boreholes were formed but some have not yet trained to manage water sources. Other organizations intervening in WASH included; Uganda Red Cross, MSF, Oxfam, AAHI, AIRD and Ministry of water and environment. A total of ..boreholes were drilled and

…functioning..water committees have been formed and..trained to manage water in their areas.

Ministry of water and environment was providing technical staff to support agencies, water treatment plants with 2 mobile units. Oxfam GB was undertaking water quality tests, training water quality testing and provision of chlorination tablets for 1500 households.

Figure 2: Water source in St Micheal village

Refugees were given water collection jerry cans and there was a gap of providing replacements at least 3 jerrycan including storage container, drinking water container, one for collection. By mid-September 2012, the drilled bore holes and water tanks provided water to at least 90% of the refugees. However, some refugees in villages like St Michael still accessed water beyond one kilometer and were collecting water from a nearby pond yet they did not have water purification tablets.

Sanitation & Hygiene: Sanitation and hygiene coverage was still poor. Most households had not received latrine slabs. Organisations promoting sanitation and hygiene included; Uganda Red Cross, AAHI, LWF, and Oxfam. Soap was being provided but no plan was in place for soap distribution (250 Mg person per month) after December 2012 since most organisations were ending their operations in December 2012. Uganda Red Cross was in process of constructing and maintaining bath shelters, digging and treatment of composite pits and 2 pits were dug every week. AAHI was promoting community based hygiene and in process of procuring IEC materials for hygiene promoters. LWF provided 1000 latrine digging tools and promoting hygiene through incentive workers while WVI was in process of providing sanitation cleaning materials, provision of collection bins and provision of sanitary pads to women of reproductive age. Oxfam GB was providing latrine digging tools on rotation basis, providing technical advice, mobilization and support of communities to construct 1500 household latrines, distribution of hand washing soap to 30,000 individuals up to end of December 2012 and public health promotion through house to house visits, community trainings and campaigns.

Toilet slabs were delivered to the settlement by International Organisation for Migration (IOM were being distributed together with two poles by the time of second assessment. No hand washing facilities in the communities were observed except at the partners' tents at the reception area. Latrine coverage was still very poor and majority of refugees were using the bush and small ditches that were regularly covered. Some households had managed to dig pit latrines but had not covered them due to lack of timber logs and poles. Most of widows continued to have challenges in digging pit latrines. Cleanliness of the households visited was generally fair. There was good collection and safe disposal of rubbish.

Recommendations for WASH

- Provision of water purification tablets to refuges in a distance of more than one kilometer to the borehole and water tanks.
- Development and distribution of IEC materials to promote water use and hygiene practices.
- Provision of hand washing soap and sanitary kits.
- Distribution of toilet slabs and poles to households for construction of toilets with consideration to vulnerable groups unable to dig pit latrines such as widows and UAM.
- Sensitization of refugees on water use and sanitation.
- Formation of water task groups to monitor water usage.
- Training of water committees in management of water sources.
- Contingency plan for WASH activities after December 2012.

6.4.1.2 Health

The settlement has only one health facility of level III. Referral services continued to be obtained from Rukunyu Health Centre IV and Fort portal referral hospital in a distance of about 35 Kms and 120 Kms respectively. However, budget for the only available doctor at Rukunyu Health

facility was up to April 2012. Rwamwanja Health Centre had 2 clinical officers with one working as an In-Charge, 4 Midwives, 3 Nurses, 2 Nursing Assistants, 1 Health Information Assistant, 3 Laboratory staff including one Laboratory Technician with n trained counselor. The Health Centre In-Charge reported under staffing. AHA was providing back up staff but not enough for required services. The Health Information Assistant was not yet trained and UNHCR had provided a Data Clerk. However, there was no space for computer and the laptop was not availed.

Drugs and supplies like gloves, condoms, and laboratory reagents were available but the Health Centre In-Charge reported stock out of antibiotics like amoxicillin usually 2 to 3 days. The health facility lacked underground water tank and there were inadequate sanitation and infection control materials. World Vision provided buckets for refuse collection and was constructing an incinerator while IOM had put up a temporary latrine.

The health facility lacked a multipurpose shed and was using a tent provided by UNHCR and also lacked nutrition and counselling rooms. Antenatal care was being provided daily. The health facility has one small maternity room and on average, the number of women delivering per day had increased from 5 to 9 with assistance of one Midwife per day compared to last assessment and only two delivery kits were reported available. Short and long term Family planning services were available and static clinics for immunization were run twice a week through limited outreaches services. The Health Centre had no electricity and run on generator with limited fuel. The available solar system was only used for lighting. The Health Centre continued to lack IEC materials.

Accommodation for Health Centre staff was a challenge with staff renting in neighboring communities and few residing at the Health Centre and World Vision has started construction of staff house with 6 units. However, the health facility lacks a store and requires 20 mattresses for the available patient beds in the outpatient tent.

Figure 3: Construction of health staff quarters

The Health Centre had access two ambulances with limited outreach services due to lack of motorcycle. However, only one ambulance was to be available beginning next year since one of the partners was ending intervention in December 2012. There was only one Health Centre in a 40 km square mile settlement making accessibility and utilization of the health services a challenge. According to the Acting District Health Officer and UNHCR, there was need for construction of health Centre II to decongest available health Centre III.

6.4.1.2.1 Recommendations for health

- Construction of at least two Health Centers at level II to decongest available health facility and increase accessibility and utilisation of health services.
- Budget support to increase number of health staff including doctor for Rukunyu H/C IV.
- Contingency plan for second vehicles/ambulances to handle referrals from settlement area and transportation of referred patients.
- Provision of a laptop computer with a printer to facilitate data management and reporting.
- Review available drugs budget to increase buffer stock for antibiotics and infection kit.
- Procurement of more delivery kits.
- Budget support to outreaches such as staff allowances, fuel and motorcycle for immunizations activities within the settlement.
- Identification and Training of village health teams to promote health activities and regular meetings and reporting.
- Budget support for fuel to run Health Centre or use of Solar Powered System
- Expansion of the Health Centre facilities to cater for inpatients, maternity, counselling and nutrition rooms and storage.

6.4.1.3 Livelihoods

The assessment team attended livelihoods sector meeting on 19th September 2012 at ADRA office in Rwamwanja settlement. Organisations supporting livelihood activities included; ADRA as an implementing partner for FAO, LWF, Oxfam and AAHI. ADRA was distributing seeds that included beans and maize, planning to provide pest sides and was registering social support groups to be trained in leadership and resource mobilisation. LWF was planning to distribute seeds targeting 2000 households. Oxfam was in process of providing cash for work for opening community roads and cash distribution for 8000 extremely vulnerable households through partnership with MTN mobile telecommunication company. AAHI was planning to support kitchen gardens and set up 200 kitchen demonstration gardens and provide energy saving stoves and train refugees how to use them. However, it was noted during the meeting that refugees did not know how to plant and manage crops. It was recommended that sensitization campaigns be stepped up especially during seed distribution and social support group formation. ADRA was to get information from settlement commandant on host communities to receive seeds.

Figure 4: A garden of Maize and Beans in the settlement

The refugees were mainly supported with agriculture and other livelihoods activities were not yet targeted and HIJRA was recommended to support this area. Most refugees had prepared gardens and planted seeds while those who had just arrived were still preparing gardens. The access roads were in poor condition and marketing of goods and services in the area was not supporting available economic activities.

Figure 5: A Refugee with tailoring services

Refugees were selling labour to host communities to earn some money or get food. Some few had set up roadside business selling general merchandise. A number of refugees have skills in tailoring, carpentry and joinery, baking, poultry farming, mechanics and craft making but lacked startup capital.

6.4.1.3.1 Recommendation for Livelihood activities

- Sensitization of refugees on how to plan seeds and food security
- Formation of social support groups and refugees with entrepreneurial skills for training in income generating activities and provision of startup capital.
- Formation of land management committees and training for protection of the environment.
- Promoting economic activities for both refugees and host communities

6.4.1.4 Education

The settlement area had two primary schools (St. Michael and Rwamwanja Primary Schools). Mahani primary school and Rwamwanja Secondary Schools were neighbouring the settlement and had facilities for refugees' education. Only St. Michael was a private school until recently when it was repossessed from a private investor who assumed the ownership in 1985.

Renovation of St. Micheal including construction of latrines by IOM was on-going and AAHI was mobilising children for enrolment. By the time of assessment, 692 (400 Males & 294 Females) pupils had been enrolled including 3 pupils from the host community though the response poor and there was need to step up mobilisation of the refugees community for education. AAHI had supported the pupils with supply of 2 books and a pen or pencil per pupil and recruitment of 15 teachers though 3 had turned down the offer due to poor teaching conditions. Other gaps at St. Micheal primary school included; lack of scholastic materials for pupils, schools desks as only one 3 classes had 150 desks while 4 classes had none.

Rwamwanja Primary School was in fair condition with 7 classes and 6 teachers and 410 (240 National-132 Males, 108 Females, 170 refugees-103 Males, 67 Females). The school had a boarding section for P6 to P7 pupils and 100 functioning desks and gap of 300 desks.

Figure 6: Rwamwanja P/School staff quarters roofed with asbestos

The school also has 8 staff quarters but 5 of them still had asbestos roofs and 2 were occupied while 3 were abandoned for health reasons. WHO organisation condemned the asbestos roofs as a health hazard more than a decade ago. The 5 teachers' houses with asbestos needed re-roofing and renovation including latrines and kitchens. Other gaps at Rwamwanja primary school included; scholastic materials for pupils, textbooks, book shelves and reading tables for library, renovation of staff room and construction of school store.

Rwamwanja Secondary School was the only a government Universal Secondary School in areas with 5 functioning classes while 8 were under construction by government to support Universal Secondary School program. The school had 17 teachers with a total of 365 students including and had just introduced A' level with 17 students. AAHI expected about 300 refugees to be in secondary school but only one female refugee student in Senior one had enrolled. About 50 refugees had approached the head teacher for vacancies but could not afford school requirements and never enrolled.

Figure 7: P.2, P.3, and P.5 Classroom at Mahani Primary school

The assessment team also visited Mahani primary school that had 7 classes with 247 (129 Males and 118 Females) pupils including 2 refugees in P1. Mobilisation for enrolment of refugee pupils was noted lacking. The 2 school blocks with 4 classes, water tank, latrines and 2 unit staff quarters were constructed by UNICEF. However, the other 3 class rooms were housed in a dilapidated mud and wattle building. The school has no offices and structure by the parents taking very long to complete.

6.4.1.4.1 Recommendations for education sector

- Mobilisation of the refugee community to increase school enrolment and contribution towards school fees requirements.
- Mobilisation and identification of youth for vocational training.
- Provision of school desks for 3 primary schools, school uniforms and writing materials including sanitary materials to girl child and text books.
- Assessment of functional adult education needs of the refugees
- Provision of child protection services through schools and communities.
- Renovation of school teachers houses at Rwamwanja Primary school, teachers staff room and library.
- Renovation of 3 class rooms block and completing office structure at Mahani primary school
- Creation of play grounds for Rwamwanja primary school and provision of sports and games materials in all schools.

6.5 Summary of the findings in all the sectors

Findings per sector showed that 90% of refugees accessed water service while sanitation and hygiene was still poor. Refugees had started receiving latrine slabs and few had constructed latrines. Most refugees lacked water purification tablets and adequate soap as these were supplied on arrival and lasted few days. All water committees formed had not received trainings. The only available Health facility was a level III unit that was under staffed and congested, with most patients being referred to distant facilities. There were inadequate ambulance services for referrals and response to reported cases within the settlement was very poor. There was still inadequate funding for outreach services. The health Centre lacked IEC material and delivery kits and VHT referral network. All refugees received were resettled and provided with some NFIs. Some refugees continued to depend on savings from sale of part of food from local

communities after sale of labour. Plastic sheeting provided to some households were not enough and building materials were not enough. Land committees had not been formed and social network groups available were based on farming. The majority of the refugees were provided with seeds that they had planted but had no other self –reliance activities. Refugees had started accessing education services and renovation of St. Micheal and latrines had started but enrollment was still poor due to limited mobilisation and provision of scholastic materials and fees. Available funding from agencies in all sectors was up to 31st December 2012 except LWF that extended funding up to May 2013, AHA and AAHI that were implementing partners for UNHCR. Provision of services after December 2012 remained uncertain.

7 Security

Security in the resettlement continued to be normal with deployment of a 210 police force with12 detaches. Refugees were freely interacting with the host communities. The UNHCR, local government, Resident District Commissioner office, office of prime minister, police and partners continued to share security information and maintained vigilance about security.

8 Communication network

The settlement can be accessed through Kamwenge town about 45 kms and Kyenjojo town about 35 km (gravel roads). The roads are in fair state and can be travelled in forty five minutes to one hour by a car from either Kamwenge or Kyenjonjo. Kamwenge can be accessed from Kampala through Ibanda, Lyantonde or Fort portal and Kyenjonjo through Mubende using a tarmac road and about 260 kms from Kampala to Kyenjonjo. . The roads in the settlement are in poor condition and in need of repair for easy accessibility. Public transport is unreliable and the closest fuel station is 45 Kms away. The area is fairly covered by mobile phone network from MTN, Airtel and Mango/UTL though network is unreliable at times.

9 Storage facilities

World food Program had constructed a more spacious food store with a capacity of about 40,000 tones at reception centre. The reception centre also has a store with capacity to hold 10,000 tons for NFIs.

10 Conclusion

Provision of services to the refugees had improved compared to the time of first assessment. 90% of refugees were accessing water while some had constructed latrines. Health ambulances services had improved but outreach services were still poor with observed congestion at the facility. Refugees had received and planted seeds but had no other self –reliance activities. Refugees had started accessing education though enrolment was still very poor and some school facilities required renovation.

11 Appendix

i. Data collection tools

12 References

1. Interview with David Mugenyi (Settlement Commandant) on 18th September 2012 at Rwamwanja Settlement, Kamwenge District, Uganda.

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