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Rwamwanja Refugee Settlement Needs Assessment Report

Focus Group Discussion at St Michael Village in Rwamwanja Refugee Settlement

Needs Assessment Period: 30th July -3rd August 2012

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

Rapid needs assessment in Rwamwanja refugee settlement was conducted from 31st July to 3rd August 2012. The purpose of the assessment was to gather information on program sectors of water and sanitation, livelihoods, Health, and Psychosocial Support, Nutrition and Education. To address this goal, the assessment team conducted individual and group meeting interviews with settlement administrators, health unit staff, local leaders, involved agencies and UNHCR staff. The interviews focused on services being provided to refugees, the gaps and possible interventions.

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 3702 refugees to Uganda since February 2012. Out of 3072 refugees, 19,151 refugees (60% children and youth) with 8,231 households had been resettled in Rwamwanja by 6th August 2012 and the number was increasing by 1000 to 2000 refugees per week (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 water service was fairly funded while sanitation and hygiene was poorly funded. The only available Health facility was a level III unit that was under staffed, 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 also inadequate funding for outreach services. The majority of the refugees reported lack of enough food and had no self –reliance activities. No refugees were accessing education services despite majority of refugees being children and youth. Available funding from agencies in all sectors was up to 31st December 2012 except LWF that extended funding up to May 2013. Provision of services after December 2012 remained uncertain.

Interventions by most agencies in the settlement were still at the planning stage and there was urgent need for them to operationalize their interventions in all sectors especially in sanitation and hygiene, livelihoods, health, nutrition and psychosocial support.

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 in the settlement. The assessment which begun on 30th of July 2012 lasted 5 days to identify 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), in this time a total of 3,702 refugees were received through the Nyakabande transit Centre in Kisoro that was opened in February 2012. A total of 8231 households with 19151 refugees were registered at Rwamwanja settlement by 6/8/2012 while 1000 to 2000 continue arriving weekly (UNHCR, 2012). According to the Settlement Commandant, the majority of the refugees received are 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 320 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 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 September 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 Focus Group Discussions with refugees, observation, photography and Key information interviews with settlement camp administrator, health staff, local leaders, NGOs/partners and UNHCR staff.

Secondary data: Data and information was obtained through documents from the registers at the reception camp, health facility and through implementing partners, operational partners and UNHCR.

5.2 Assessment instruments

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

5.3 Discussions/Meetings:

Various meetings were held with the following;

- The Settlement Commandant (Mugenyi David)Refugees,
- 2 Focus Group Discussions were held at St Michael and Baraka villages each consisting of 10 participants (Men, women and youths).
- The Rwamwanja Health Centre resident in-Charge (Karozi Evalist and Kuteesa Nyanzi-the AHA Clinical Officer)
- UNHCR staff; Miranda Gaanders-Community Services Officer, Ninsiima Doreen-Community Services Assistant, Clarisse Ntampaka-Associate Community Services Officer, Morshed Anwar-Head of UNHCR Mbarara Sub-Office.
- Partners (AHA, Uganda Red Cross Society, World Vision International).

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 (host community) 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. In addition, the assessment was done at a time when there were reported cases of Ebola in the neighboring district of Kibaale and people were scared of contacts with people coming from outside the settlement.

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. A total of 8231 households with 19151 refugees were registered at Rwamwanja settlement by 6/8/2012 (UNHCR, 2012) and the first convoy of refugees arrived on 17th of April 2012. The 19,151 is part of 3702 refugees that have been received 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 carried out assessments and some had started offering services in sectors of WASH and Health and more interventions planned in Livelihoods, Education and Nutrition. Despite efforts being made by humanitarian organisation, the following key gaps were identified; inadequate WASH services considering that some villages were not yet covered, inadequate health and nutrition services due to availability of one health facility and distant referrals, absence of psychosocial support, inadequate shelter and livelihood services.

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) although some OPs have not fully started their intervention. 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

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 now in courts. 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. 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. Few water supply points in the area have been repaired but accessibility to water for refugees and the host community is still poor. 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 carry out assessments. The settlement was zoned into three areas and allocated to UNICEF, IOM and LWF for water service activities; but water services had not reached all the villages. The area had one developed water spring at Rwenkwera, 16 handpumps/boreholes and 7 water reservoirs with some refugees walking a distance of more than a kilometre to access water. Waiting time at one handpump observed at Rwamwanja village was 5-10 minutes and taking 3 minutes to fill a 20 litre jerrycan.

Figure 1: A handpump at Rwamwanja village

The settlement has only one 30,000 litre 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. Some water committees were not yet trained to manage water sources. Other organizations intervening in WASH included; Uganda Red Cross that had not fully started offering services, AAHI was planning to supply portable water installation of water tanks, procurement of water parts and had already procured accessories for installing water tanks, 7 water tanks installed and in use. LWF was planning to drill 10 boreholes, train water committees and 9 boreholes were already drilled and 4 under use while one was being re-drilled for motorisation by any agency with funds.

The ministry of water and environment was planning to drill 5 boreholes, provide technical staff to support agencies, water treatment plants with 2 mobile units and was still in planning phase. Oxfam GB was planning to undertake water quality tests, training water quality testing and provision of chlorination tablets for 1500 households and was still in planning phase. IOM was focusing on provision of water and 4 boreholes were already sunk but one failed and one was successful.

Figure 2: Water source at St Michael Village

Refugees were given water collection jerrycan. However, despites the drilled bore holes, most of the villages like St Michael had no bore hole and were using water from the nearby swamp. Much as some water tanks were provided, some villages did not receive especially the new arrivals and water treatment tablets given on arrival had run out.

Sanitation & Hygiene: About 5 organizations were planning to promote sanitation in the settlement but had not operationalized their plans. Sanitation and hygiene funding was still poor. Uganda Red Cross was planning to construct and maintain bath shelters, digging and treatment of composite pits and 2 pits were dug every week including digging mobilets and shifting them on weekly basis. AAHI was planning to train community based hygiene promoters and procurement of IEC materials for hygiene promoters. LWF was planning hygiene promotion through incentive workers, procurement of 1000 latrine digging tools, construction of 2 drainable latrines and 360 latrine digging tools were already provided.

WVI was planning provision of sanitation cleaning materials, provision of collection bins and provision of sanitary pads to women of reproductive age. Oxfam GB was planning; provision of 1500 latrine slabs and support materials for pit digging and technical advice, mobilization and support of communities to construct 1500 household latrines, distribution of hand washing soap for one month to 30,000 individuals and public health promotion through house to house visits, community trainings and campaigns.

Some refugees in St. Michael village have been provided with sanitation kits in groups of 10 people and comprised of a fork and a hoe but this was inadequate. Toilet slabs were delivered to the settlement by International Organisation for Migration (IOM) but were not yet distributed. No hand washing facilities in the communities were observed partners' tents at the reception area. Latrine coverage was 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 were having challenges in digging pit latrines. Cleanliness of the households visited was generally fair. There was good collection and safe disposal of rubbish. Human waste management was very poor and the rain season starting in August throughout December may trigger disease outbreak.

6.4.1.1.1 Recommendations for WASH

- Provision of clean water to communities without functioning borehole/handpumps and water tanks.
- Provision of water purification tablets in areas that have no access to bores holes and water tanks.
- Construction of more water tanks in the resettlement areas and provision of supply points through gravity or pumping and more targeting areas to host new arrivals.
- Development and distribution of IEC materials to promote water use and hygiene practices.
- Provision of hand washing soap and sanitary kits.
- Motorisation of the borehole drilled by LWF.
- 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.

6.4.1.2 Health and Psychosocial Support

Health services were being accessed at Rwamwanja Health Centre III located in Rwamwanja settlement. Referral services were e obtained from Rukunyu Health Centre IV and Fort portal referral hospital in a distance of about 35 Kms and 120 Kms respectively. Drugs and supplies like gloves, condoms, and laboratory reagents were available at the time of visit. 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. The Health Centre In-Charge reported under staffing, lack of a Data Clerk, a computer and adequate sanitation materials. The Health Information Assistant was not trained.

In addition, the health facility had no admission space and a tent was improvised. The Red Cross donated10 mattresses that were being used for admissions but still admissions were limited to patients in critical conditions while others were being discharged before proper healing. No hot meals were provided for inpatients. The Health Centre did not have a trained counselor and psychosocial support was not adequately handled. The Health Centre had only one ambulance with limited outreach services. There was only one Health Centre in a 40 km square mile settlement making accessibility and utilization of the health services a challenge.

Antenatal care was being provided daily. On average, 5 women delivered with assistance of one Midwife per day. 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 lacked IEC materials. Some cases of malnutrition were reported and MSF and Mwanamugimu were working with Health Centre to manage the cases. Malaria cases were reported due to poor shelter and environment. Accommodation for Health Centre staff was a challenge with staff renting in neighboring communities and few residing at the Health Centre.

Figure 3: Malnourished child in St Michael village

During focus group discussions at St. Michael village, participants reported inability to access health services due to a distance of 6 Kms and poor response by Health Centre when bedridden cases or those unable to reach the Health Centre

were reported. Some refugees were using local herbs to treat ailments such as Malaria. A total of 7 out of 10 (70%) participants at St. Michael village reported use of bed nets.

6.4.1.2.1 Recommendations for health and psychosocial support

- Budget support to increase number of health staff including training especially in records management and psychosocial care.
- Need to consider hiring of a full time doctor for Rwamwanja Heath Centre or Rukunyu Health Centre IV to handle referrals from Rwamwanja Health Centre III.
- Provision of at least 2 more vehicles/ambulances to handle referrals from settlement area and transportation of patients to referral at Rukunyu Health Centre IV and Fort portal referral hospital.
- Provision of a computer with a printer to Rwamwanja Health Centre for data storage and reporting.
- 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 and staff accommodation.

6.4.1.3 Livelihoods

On arrival, the refugees were hosted at the reception Centre where hot meals were provided for at least 2 days before being resettled. Each household was allocated a minimum of 50 x 100 plot of land and this was flexible depending on size of household. Non-Food Items provided to refugees on resettlement include; saucepans, spoon, plate, cups, slasher, plastic sheeting, hoe, soap, blankets, jerrycans, mats, and panga while food items include; monthly rations of corn soya blend/Maize flour, cow peas, salt and beans that were given according to household size. However, refugees reported lack of enough food (Maize flour and beans), salt and soap. Most of the settled refugees had put up temporary shelter although the plastic sheeting provided was not enough to house large households.

The economic activities of the refugees included; selling labour to host communities to earn some

Figure 4: Refugee shelter and farming activity

money or get food where some was sold to earn more savings and balance of food used for home consumption. The refugees were preparing their gardens for the beginning rainy season in August and agencies were planning to provide seeds for planting. Some refugees especially in St. Michael and Baraka villages had formed social groups to support each other in preparation of gardens. Some refugees had put up food and grocery stall in trading centers and along the roads while one was using a sewing machine at Baraka village. However, most refugees had economic activities to engage in despite having various skills such as baking, mechanic repairing, tailoring, craft making and teaching.

Figure 5: One of the economic activities in the settlement

The access roads were in poor condition and marketing of goods and services in the area was not supporting available economic activities.

6.4.1.3.1 Recommendation for Livelihood activities

- Provision of improved seeds for planning in the rain season to both refugees and host communities.
- Provision of building materials like poles to construct shelter.
- Identification and or formation of groups and training in income generating activities and provision of startup capital.
- Formation of land management committees and training for protection of the environment.
- Opening and maintain of the access roads in the settlement.
- Sensitization of refugees on food security
- 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). The available Secondary Schools and Vocational training schools were located outside the settlement area. Rwamwanja Primary School is government aided and functioning with pupils from host communities while St Michael was not functioning since it had been taken over by a private investor who had handed it over back to the government. Rwamwanja Primary School was in a good condition while St. Michael Primary School needed renovation and furniture.

At the time of the assessment, there were no refugee children accessing education despite having more children and youth than adults. Children and youth were idle with nothing today and one child play area visited was not adequately equipped. The refugees arrived in the country at the time when 2nd term had started and could not be enrolled in the middle of the term. Refugees of school going age were being registered and arrangements were in place to start education program at opening of first term in 2013 and to follow the Uganda education syllabus with assistance from district education office.

Figure 6: St Michael Primary School

6.4.1.4.1 Recommendations for education sector

- Registration of school going age children and classes including formal and non-formal education to facilitate the right to education for all children.
- Renovation of St. Michael Primary School and procurement of furniture & learning materials.
- Assessment of functional adult education needs of the refugees
- Registration of teachers including assessment of refugee teachers who can teach in languages spoken by refugees (Kinyarwanda and Swahili).
- Improvement of sanitation facilities at schools and provision of sanitary materials to girl child.
- Provision of child protection services through schools and communities.
- Creation of more play grounds for children and equip them with sports and games activities to promote normal life.

6.5 Summary of the findings in all the sectors

A number of humanitarian organisations have initiated interventions in Rwamwanja refugee settlement. Generally, the WASH sector was fairly covered, with most agencies planning to make interventions. WASH coverage especially water was mainly in areas that first refugees were settled and new areas of settlement had poor services while sanitation and hygiene was generally poor. No refugees had received toilet slabs and few had 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 settlement has one Health Centre at level III and most referral had challenge of distance and ambulance including response to reported cases in the settlement. The available health Centre is under staffed and key staff requiring training especially data and psychosocial support management with limited funding for outreach services. The health Centre lacked IEC material and delivery kits and VHT referral network. Malnutrition cases were observed in the communities.

All refugees were resettled and provided with some NFIs. However, majority reported lack of enough food and had no self –reliance activities like income generating activities. Some refugees were depending 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. No refugees were accessing education services despite majority of refugees being children. Vocational and skills training programs were nonexistent One of the primary schools in the area required renovation and teaching materials. No information was available from partners on needs of the school children much as preparations like registration of children for 1st team in 2013 were on-going.

Available funding from agencies in all sectors was up to 31st December 2012 except LWF that indicated funding up to May 2013 in WASH, Food security and peace building. Provision of services after December 2012 remains uncertain.

7 Security

Security in the resettlement had returned to normal after deployment of a 210 police force with12 detaches following the death of former settlement commandant. Refugees were freely interacting with the host communities and the local people expected services to improve. The UNHCR, local government, Resident District Commissioner office, office of prime minister, police and partners were more vigilant about security and continued to share security information.

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

There was a small store at the reception Centre with capacity to hold 10,000 tons of food. However, the NFIs were being stored in the open space and WFP was constructing a more spacious store with a capacity of about 40,000 tones.

10 Conclusion

Rapid needs assessment provided an insight into available services and the partners providing intervention in different sectors. Most of the partners were planning to intervene in WASH and more gaps were identified in sectors of Livelihoods, environment, health and psychosocial support. Interventions by most agencies in settlement were still at planning stage and there is urgent need to operationalize interventions in sectors with gaps.

11 Appendix

i. Data collection tools
ii. WASH Draft Map adopted from UNHCR

12 References

1. Interview with David Mugenyi (Settlement Commandant) on 30th July 2012 at Rwamwanja Settlement, Kamwenge District, Uganda.
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