Briefing

iied

Policy pointers

The basic services provided by public and humanitarian institutions in East Africa do not reflect or meet the needs of displaced populations in the region's cities such as Kampala.

Governments and municipalities should recognise and support community-based institutions, which often fill basic service gaps or facilitate access to basic services for low-income and refugee households.

Grassroots organisations can collect and use data to demonstrate local basic service needs, which can be used to engage with more agencies and institutions involved in the planning and delivery of basic services.

Disaggregated data on access to basic services in cities, including the specific challenges and opportunities facing urban refugees, is needed to inform the development of inclusive city-wide access by city authorities, refugee agencies and civil society organisations.

Refugees in cities: grassroots researchers shed light on basic needs

Uganda has a progressive national refugee policy that grants freedom of movement, the right to work and rights to basic services, enabling refugees to pursue livelihoods in cities and beyond traditional camps. However, in reality many urban refugees face challenges in accessing basic services, which deserve further attention. IIED is working with grassroots refugee organisation, Young African Refugees for Integral Development (YARID) to train refugees to gather data on the experience of displaced communities in Kampala. This unique approach provides in-depth understanding of the everyday lives of refugees in the city, and of how their needs differ and overlap with the host populations'. The data makes a valuable contribution to debates around urban refugees, the role grassroots actors could play in more inclusive planning processes and how to deliver equitable access to basic services for all.

Uganda has a long history of accepting refugees fleeing conflict and political upheaval in nearby countries such as South Sudan, the Democratic Republic of Congo, Burundi and Somalia. In January 2019, over 1.2 million refugees and asylum seekers were registered in Uganda, of which 57,158 are estimated to be in Kampala (see Figure 1). However, given that many refugees are not officially registered, the total number of refugees living in Ugandan towns and cities is likely to be much larger.

When they arrive, refugees might find shelter in camps and Refugee Settlement Areas located across the country and receive support and assistance from international agencies, or they may end up in a city like Kampala and look for housing and ways to make a living. The latter reflects the fact that Uganda allows refugees freedom of movement as well as rights to work and access to public health and education

services. This policy has been widely lauded as progressive, given that it reflects the current realities of forced displacement. Globally, more refugees now live in urban areas than in camps,[1] but most national governments and international agencies do not have policies that can adequately reflect or respond to the needs of urban refugees.

Drawing on data gathered by YARID,[2] a grassroots refugee organisation in Kampala, we demonstrate that despite the progressive overarching national policy, the barriers to and opportunities for basic service provision for refugees in Uganda are poorly understood. The experiences of diverse refugee communities in Kampala expose that their basic right to healthcare is not being recognised. In practice, public healthcare is characterised by hidden barriers and costs, particularly for displaced populations. In addition, they find that informal service providers are often local brokers and gatekeepers that can either enable or hinder

access to healthcare, housing and basic services. Community-gathered data can reveal the realities of accessing services. It can also provide a strategic platform for refugee communities to engage in debates with international agencies and local government around improving access to services. However, progress towards universal city-wide access at scale will require more inclusive planning processes that connect international agencies, local government and civil society organisations. This should be informed by disaggregated data on access to basic services in the city, including the specific challenges and opportunities facing refugees.

Community-gathered data can reveal the realities of accessing services; it can also provide a platform for refugees to engage in debates on improving access

Another recent IIED briefing explores the need to rethink urban displaced populations, gather much-needed evidence and engage with local authorities to respond to these populations' specific needs.[3]

Navigating 'free' healthcare

Offering access to free public healthcare for refugees is one aspect of Uganda's 2006 refugee act that has been commended, but our research shows that this policy is not always reflected in reality. On arriving in Kampala, refugees may be unable to navigate public healthcare systems because they do not understand the way that the system works and the services do not reflect their needs.

A Congolese refugee described his experience to researchers: "*The treatment in public hospitals is free in theory… But in 2016 my wife was pregnant… we went to the public hospital. The first time they told me that she was too late to be seen. The second day they told us something else. We spent four days and finally we understood that they did not want to receive my wife. We decided to go to another public hospital where the case was received after two days. What does it mean? You must be patient? I'm not sure. There are people who say you must pay (a bribe) for the services but I hesitate to confirm it. I don't know if it is true or false because I have never paid for a medical service in a public hospital.*"

The experiences of refugees suggest there are not enough resources in the public healthcare system, in terms of medicines and staff, and the services do not accommodate their specific health needs. As a doctor in Kampala said: "*You know our public services are not always up to date … they're not well equipped enough maybe they don't have drugs in their stores... The biggest challenge that most of the refugees have is they go to these*

facilities, sometimes they get consultations but not in-depth assessment of their cases."

Health challenges linked to forced displacement may include trauma and mental illness along with inadequate access to specialist care or treatment of chronic conditions. All these problems are exacerbated by protracted displacement and affect men, women, boys and girls differently. A Congolese nurse working in one of Kampala's public hospitals shared her insights on refugees' health needs: "*Stress can lead to sickness. It comes from the living conditions of a refugee…*

Refugees often come with trauma, infection and other diseases due to rape, many bring untreated cases of Syphilis, Gonorrhoea; they come from Congo after being raped by rebels, we have many cases like these.

…last week, a child of three years came from Congo without any disease but got tuberculosis in transit going to a refugee camp, and he was transferred here. When someone moves to another environment, the food is not the same and sometimes he doesn't get any; so, the food he eats here is just to help him not die with hunger…"

Given the often-complex health needs of refugees and the limitations of public hospitals, refugees with scarce resources often have to navigate a complex web of refugee agencies and institutions, many of which also lack the resources to respond to their specific needs. There is often confusion regarding which city institution is responsible for providing services for different displaced populations. For example, UNHCR's implementing partner InterAid is responsible for providing medicine to some groups in Kampala, but not all.

A Congolese refugee talked about this in his interview: "*I went to hospital where they prescribed drugs for high blood pressure, I went to InterAid they told me to go to the Jesuit Refugee Service. I went to them and got nothing. I went back to InterAid … they told me to go to a pharmacy and get a voucher which would be paid for by UNHCR… but I still don't have any medicine.*"

Language barriers and the need for interpreters

There are specific practical and socio-economic challenges facing refugees that can further exacerbate issues of access and quality of services. One recurring theme is language barriers and the need for interpretation services, as a doctor at the KCCA hospital described:

"*It is not easy, one day they brought a pregnant woman in who was in the second stage of delivery, I was alone because my colleague took a patient for referral, they brought a refugee who didn't*

Figure 1. Refugees and asylum seekers living in Uganda (January 2019)
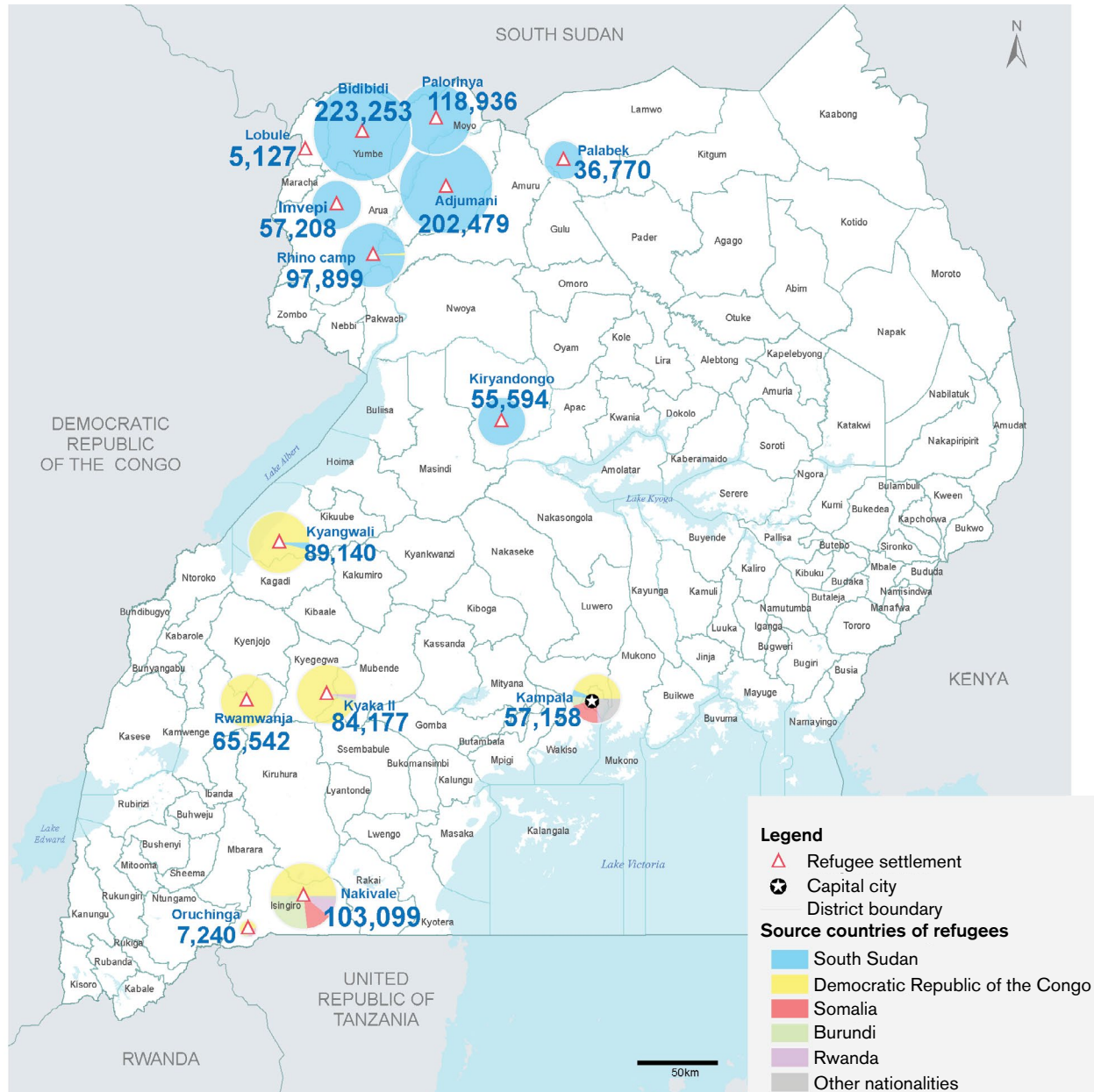
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Credit: UNHCR Representation in Uganda. Statistics: provided by OPM (proGres)

know any language…I think it would be better to have interpreters to assist refugees in all public hospitals… a Ugandan can call a relative for help but with a refugee no one will help."

Language barriers can lead to misdiagnoses, when refugees are unable to communicate their health complaints. Community interpreters play a vital role in facilitating refugees' access to basic services, particularly during emergencies and when they first arrive in the city, many having experienced trauma. These interpreters are often volunteers, who — in the absence of formal interpreters — need to be available several nights a week and travel with patients to hospital. Both medical practitioners and refugees described

the essential role that interpreters play in ensuring appropriate, effective healthcare. Agencies and public authorities also need to recognise the importance of this role and provide adequate support.

In terms of societal perceptions, due to a widespread misconception in Uganda that refugees have easy access to public services and support from international agencies, refugees reported being charged more in rent and more for basic services and food on a daily basis, like this Congolese refugee:

"When I came here I had some challenges with my English. If you don't speak English or Luganda they

see you as a stranger. They always call me "Muzaire", from Zaire, Congo. Congo has gold so they think we came here with money so they charge different than for nationals."

Some refugees described similar experiences in hospitals and public healthcare institutions.

Refugee support networks

Over time and with growing presence in the city, refugee communities often set up networks and informal institutions to provide mutual support and assistance: interpretation services; understanding their basic rights; accessing medical care, housing and basic services; and help finding work. Given that refugees tend to be scattered across the city, smaller groups of refugees with weaker social networks such as recently arrived South Sudanese refugees can have a more challenging time than established groups like the Congolese, who have a long history and extensive networks across the city. Little attention has been paid to the implications of having refugees from opposing sides of the same conflict arrive in the same city at the same time, for example Burundians.

Refugee-led research helps fill data gaps

The British Academy's Cities and Infrastructure programme funded IIED and YARID to undertake research that has informed this policy briefing. Taking a unique approach, Congolese, South Sudanese, Somalian and Burundian refugees were trained to gather qualitative data on how refugees access basic services including healthcare, water and sanitation, and reflect on the results.

The research included interviews and focus group discussions with urban refugees, and interviews with agencies and frontline workers who interact with refugees. Despite the limited scope of the research, the data collected was able to shed light on some of the challenges refugees face in accessing basic services. In addition, the inclusive process had implications beyond the findings discussed above.

The approach engaged the refugee communities during the research design, data collection, analysis and dissemination phases. It gave them insights into the trajectories and experiences of other communities in the city and strengthened links between all the communities involved. As a result, leaders from each refugee community have tried and tested skills in research and participatory methods that can be developed and applied beyond the life of the project.

Next steps

Over the last three decades, urban poor federations such as Slum Dwellers International (SDI) and the Asian Coalition on Housing Rights have gathered much-needed data on the basic needs and everyday lives of people living in informal settlements, filling the extensive data gaps that exist on the needs of low-income urban households. More recently, SDI has demonstrated the practical and strategic potential of aggregated community-gathered data to transform urban planning processes and build more inclusive planning processes through partnerships with city authorities.[4]

The Kampala project has led to new opportunities for YARID to engage in practical research on the needs of refugees in the city. As a next step, YARID and the refugee researchers are undertaking additional research with the World Bank on how refugees access basic services in Kampala.

Based on the success of this project, and the longstanding work of similar initiatives,[5] YARID are now exploring how data collection can support their practical and strategic objectives in the city. Gathering data on access to services enables communities to understand the realities of service provision in the city, monitor the effectiveness of interventions designed to support refugees, and thus prioritise their specific needs in relation to city-level authorities and international agencies. This is pertinent to wider debates around how and to what extent refugees are able to access existing basic services. The refugees who were interviewed expressed the wish to be inconspicuous in the city and said they would prefer not to receive 'different' services to host populations. Challenges remain in terms of how to build a system that serves all, including the most marginalised. This will require new kinds of cooperation between agencies, service providers and city authorities, with meaningful participation from low-income groups and refugees.

In the coming years, refugees, internally displaced people and others displaced by conflict, violence and climate change will be a growing section of city populations. As part of its core mission, IIED seeks to improve understanding of and build the evidence base on patterns of urbanisation and urban poverty. This will need to be informed by an appreciation of the dynamics of life for the forcibly displaced in towns and cities around the world.

Anna Walnycki

Anna Walnycki is a senior researcher in IIED's Human Settlements Group.

Notes

[1] UNHCR (19 June 2018) Forced displacement above 68m in 2017, new global deal on refugees critical. Press release. www.unhcr.org/news/press/2018/6/5b27c2434/forced-displacement-above-68m-2017-new-global-deal-refugees-critical.html / [2] This research was funded by the British Academy's City and Infrastructure Programme: www.thebritishacademy.ac.uk/projects/cities-towards-inclusive-health-systems-infrastructure-access / [3] Earle, L (2019) Cities for all? Rethinking urban displacement. IIED, London. http://pubs.iied.org/17642IIED / [4] Beukes, A (2014) Know Your City: community profiling of informal settlements. IIED, London. http://pubs.iied.org/17244IIED / [5] SDI is a network of community-based organisations of the urban poor in 32 countries and hundreds of cities and towns across Africa, Asia and Latin America. See: www.sdinet.org

Download the pdf at **http://pubs.iied.org/17643IIED**