

# Health in an Informal Ugandan Settlement

By Caroline Knowles

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## Programme Highlight

Walking in the Katwe informal settlement (slum) on the edge of Kampala is difficult because torrential rain has turned its red dirt roads into rivers. Even as the rain subsides, the deep drainage ditches are full and pitted roads shimmer with muddy puddles. Spilling out of tiny cement houses – a family in each room – children gather in small groups; mothers wash clothes and hang them on lines to dry and clean vegetables for dinner.

## Waste and Water

The water for these domestic duties comes from outdoor taps owned by households who are able to pay for a piped connection and make small profits selling water to neighbours for 200 or 300 Ugandan shillings for a 20-litre jerry can. Water is business and the poor pay heavily for it. Soil toilets, built at the top of steps to avoid soiling the water table, and simple brick bathrooms ('bring your own water'), are facilities shared between numbers of households. With no system for rubbish removal, waste is scattered behind houses and in drainage channels made toxic by multiple sources of pollution.

## Making End Meet

Despite the lack of basic infrastructure, Katwe vibrates with the commercial activities that survival demands. Tiny shops sell food and household necessities, a mobile phone shop services connections to a bigger world, a private health clinic run by South Sudanese refugees attends to those who can afford it; women visible through open doorways make clothes for sale; there is even a poster advertising a gym, or more likely the idea of a gym in a place where all physical effort is channelled towards basic survival. People without small start-up capital make and sell food, run errands and scrape by. With no space to grow food in this densely packed settlement, food wanders the settlement as foraging goats and chickens.

## Research

I am visiting Katwe with Robert Hazika and two researchers – one from the Democratic Republic of Congo (DRC) and one from Somalia – key workers in a local organisation called Young African Refugees for Integral Development (YARID). The research team is the local arm of a project directed by Anna Walnycki at the London-based International Institute for Environment and Development, and funded by the British Academy's *Cities and Infrastructure* Programme.<sup>1</sup> The multi-disciplinary research team which Anna leads wants to understand the health problems and blocks to accessing health care for urban refugees, in particular its main groups who are from Burundi, Somalia, the DRC and South Sudan.

## Refugees in Context

Alongside poor Ugandans, Katwe is home to refugees from these countries. Uganda has a progressive refugee policy and hosts 1.4 million<sup>2</sup> official refugees, the majority fleeing South Sudan, in border camps and in informal urban settlements like Katwe. This is the second highest refugee rate per capita rate in Africa.<sup>3</sup> Uganda is a poor country and life for refugees and locals alike is difficult. Mudeh, the Somali researcher on the project, tells the story of a young woman from the DRC who announced that she was taking one of the routes that crossed Libya to the Mediterranean and a better life in Europe. Some months later her mother reported that she drowned crossing the Mediterranean. Refugees' circumstances are connected to Europe in ways that are not always visible.

## Health Difficulties and Solutions

Katwe's health problems, shared by refugees and locals alike, are connected to its environmental conditions and include, as the research team discovers, typhoid, diabetes, high blood pressure and malaria. Many refugees, as the researchers have also discovered, suffer from conditions relating to their situation as refugees, such as depression and other mental illnesses; some, Somalis and Congolese in particular, arrive bearing the disfigurements of war, and many of the women report sexual violence and sexually transmitted diseases.

Speaking with refugees, the team has been able to identify the difficulties they experience in accessing health centres, hospital and doctors. Language is a major impediment to seeking appropriate health care and medical facilities do not have interpreters. While health care is notionally free, underpaid medical staff often demand small fees that are beyond the household incomes of refugees. Communication problems and fees often result in the wrong diagnosis and medication, or no medication.

## Small Changes While Waiting for Bigger Ones

Despite the sheer scale of the issues that refugees and locals face in slums like Katwe, and the need for major improvements in basic infrastructure by the Kampala Capital City Authority, the project is changing lives for the better in small but significant ways. In slum communities even the smallest resources make a difference. The project is (temporarily) supporting the families of the local researchers and transcribers from the four target refugee groups.

Many of the refugees are educated and skilled but lack appropriate opportunities. Participating in the research is a small opportunity that could lead to others. It also brings a sense of value to the

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<sup>1</sup> <https://www.thebritishacademy.ac.uk/projects/cities-towards-inclusive-health-systems-infrastructure-access>.

<sup>2</sup> <http://reporting.unhcr.org/sites/default/files/pdfsummaries/GR2017-Uganda-eng.pdf>

<sup>3</sup> <https://africacheck.org/spot-check/yes-uganda-hosts-refugees-african-country/>

experiences of individual refugees and their families. Interviewing refugees and stakeholders are significant forms of capacity-building towards better skills for future interventions. Most importantly, the project brings to the attention of the authorities the health circumstances of refugees. This issue is now on the Kampala Capital City Authority's agenda and the team's research report will provide evidence of the difficulties refugees face in accessing health care, highlighting also potential solutions that benefit poor Ugandans too. The team hopes that the report will show the need for 'health camps', offering basic health care and counselling services for the whole community. In situations of loss and displacement, the refugees feel that someone is listening to their stories and the everyday difficulties they face.

## **Community Organisation Building**

As a small local organisation, YARID cannot attract funds from the major aid agencies like UNHRC. British Academy funding for this research underwrites the rent and utilities on their offices and workshops. It contributes in part to employing Robert and a fellow worker. This intervention helps to keep YARID afloat and supports its work with the most marginal members of marginal communities. YARID offers English language classes, adult literacy classes, business training, computing and social media training - a bridge to formal schooling (few refugee children can go to school). That's a lot of action for a small amount of money.

*Caroline Knowles is Professor of Sociology at Goldsmiths University of London and Director of the British Academy's [Cities & Infrastructure](#) programme. Caroline writes about migration and circulation of material objects – some of the social forces constituting globalisation. She is particularly interested in cities, having done research in London, Hong Kong, Beijing, Fuzhou, Addis Ababa, Kuwait City and Seoul.*



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