Uganda

2024 Multi-Sector Needs Assessment

July 2025

UKaid from the British people

Co-funded by the European Union

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UNHCR The UN Refugee Agency

REACH Informing more effective humanitarian action

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Acknowledgments

IMPACT-REACH Uganda (referred to hereafter as REACH) would like to thank its partners for their support, resources, and collaboration:

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A special thanks to Humanity & Inclusion for providing pro-bono training on disability to our field staff.

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INTRODUCTION

The 2024 Uganda Multi-Sector Needs Assessment (MSNA) was conducted with support from the British High Commission in Uganda, the Directorate-General for European Civil Protection and Humanitairan Aid Operations (DG ECHO), Plan International Uganda, and the UN High Commissioner for Refugees (UNHCR), in Uganda. The MSNA was also designed in collaboration with UNHCR and Plan International Uganda.

The findings of this assessment should be considered against the changes in the context within the humanitarian and development sectors' funding environment since early 2025. Many actors have since attempted to situate and contextualize these possible but non-exhaustive consequences of these changes, including REACH and UNHCR Uganda, in this **brief**.

Research design for the 2024 Uganda MSNA was approved by the Makerere University Research Ethics Committee and the Uganda Council for Science and Technology (UNCST).

ADDITIONAL 2024 UGANDA MSNA RESOURCES

The MSNA provides a wealth of analysis, not all of whih could be incldued in this report. All additional resources, such as analysis results files or reports, can be found linked below:

- **Uganda 2024 MSNA Quantitative Analyses & Cleaned Datasets**
- **Uganda 2024 MSNA Qualitative Analysis**
- **Uganda 2024 Multi-Sector Needs Index (MSNI) Refugee Households Bulletin**
- **Uganda 2024 Multi-Sector Needs Index (MSNI) Host Community Households Bulletin**
- **Uganda 2024 MSNA and MSNI Sector Findings Presentation**
- **Uganda 2024 MSNA: Adolescents' Needs and Experiences in Refugee-hosting Districts (Report)**, conducted as an additional component to the 2024 Uganda MSNA in collaboration with Plan International.
- **Uganda 2024 MSNA Terms of References**

Key Findings

- **SNFI emerged as the sector with the highest needs for refugee households**, with the proportion of refugee households in need (71%) almost double that of host community households in need (40%) across all locations. Shelter conditions were poor across both populations, with 62% of refugee households overall experiencing leaks during rain, particularly affecting those in semi-permanent and makeshift structures. Personal hygiene within shelters was challenging for 44% of refugee and 36% of host households, while food and water storage presented difficulties for 48% of refugee and 38% of host households, with improper storage potentially accelerating food spoilage and increasing food insecurity risks.

- **Food security** was reported as the second most prevalent sector of need for refugee households, with 45% requiring support compared to 10% of host community households. Food Consumption Score (FCS) analysis revealed that 59% of refugees fell into "borderline" or "poor" categories, compared to 19% in host communities, while the **Household Hunger Scale (HHS) indicated that 48% of refugees experienced moderate and severe hunger compared to 19% of host communities**. Qualitative findings highlighted that food access was strained by poor harvests, late seed distribution, and crop destruction by livestock, with food shortages reportedly leading to child neglect and abandonment as households struggled to meet basic nutritional needs.

- **Education** needs affected 41% of refugee and 30% of host community households, with **financial constraints serving as the primary barrier to school attendance**. School disruption from natural hazards, teacher absenteeism, and infrastructure damage further compromised educational continuity, while enrollment data and KIIs both suggested increasing dropout rates as children age, particularly after primary school.

- **WASH represented the top sector of need for host communities**, with 48% of host community households in need of support compared to 38% of refugee households**.** Specifcally, 49% of refugee and 57% of host community households relied on limited, unimproved sanitation facilities or practiced open defecation. Regional disparities were pronounced, with Southwest region facing greater WASH challenges than West Nile, and host communities generally experiencing worse sanitation conditions than refugees.

- **Protection needs** affected 9% of both refugee and host community households, though KII and FGD findings revealed **complex challenges including ethnic tensions, inadequate law enforcement response, gender-based violence, and particular vulnerabilities among women, children, and persons with disabilities**. Crime, including theft and property destruction, was widespread and often attributed to youth unemployment and reduced humanitarian assistance.

- **Health needs** affected 38% of refugee and 24% of host community households, with acute illness treatment representing the majority of health service needs while preventative care remained limited. **Significant barriers included long waiting times, unavailable medicines, geographic distance to facilities, and inadequate specialized care, with refugees facing particular challenges accessing referral services and mental health support**.

- Although not directly measured in the MSNI, **livelihood data revealed that only 24% of refugee and 40% of host community households have month expenditures above their Minimum Expenditure Basket**, with 38% of refugees utilizing emergency-level coping strategies compared to 22% of host communities. Key challenges, from both qualitative findings and surveys, included land access constraints for refugees, youth unemployment across both populations, and limited access to formal employment and financial services.

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List of Acronyms

AAP	Accountability to Affected Populations
CVA	Cash and Voucher Assistance
DG ECHO	Directorate-General for European Civil Protection and Hum. Aid Operations
FCS	Food Consumption Score
FGD	Focus Group Discussion
GFA	General Food Assistance
HHS	Household Hunger Scale
HICM	Household Indicator Convergence Matrix
HINGO	Humanitarian INGO Forum
INGO	International Non-Governmental Organization
KCCA	Kampala Capital City Authority
KII	Key Informant Interview
LC	Local Council
LCSI	Livelihood Coping Strategy Index
MEB	Minimum Expenditure Basket
MHPSS	Mental Health and Psychosocial Support
MSNA	Multi-sector needs assessment
MSNI	Multi-sector needs index
NGO	Non-Governmental Organization
ODK	Open Data Kit
OPM	Office of the Prime Minister
PWD	Persons with Disability
RCSI	Reduced Coping Strategy Index
RCL	Refugee Community Leader
RLO	Refugee-led Organization
RRP	Refugee Response Plan
RWC	Refugee Welfare Counsil
SNFI	Shelter & Non Food Items
UNHCR	United Nations High Commissioner for Refugees
VENA	Vulnerability and Essential Needs Assessment
WASH	Water Hygiene and Sanitation
WFP	World Food Programme

OBJECTIVES

This methodology section will provide a brief overview of the 2024 MSNA's research design. For additional information on research design, please read the 2024 Uganda MSNA Terms of Reference.

General Objective

The main objective of this MSNA is to provide a comprehensive overview of the multi-sectoral needs and humanitarian conditions in all 13 formal refugee settlements and respective host communities within a 15km radius of each settlement across Uganda, and divisions in Kampala with high refugee concentrations. The findings of this assessment will serve to enhance current refugee response plans, and feed into the Uganda 2026-2029 Refugee Response Plan (RRP).

Specific Objectives

- Conduct a thorough inter-sectoral analysis to assess the magnitude and severity of humanitarian needs and conditions among refugee and host community households across all 13 formal refugee settlements across the country and divisions with high concentrations of refugees in Kampala.
- Identify variations in humanitarian needs across different areas of study, geographic settings, population groups, and household vulnerability profiles.
- Compare key findings of the 2024 MSNA with those from the Vulnerability and Essential Needs Assessment (VENA) (2019).
- Offer insights into inter-sectoral needs to inform prioritization of refugee response efforts and strategic planning.

Research Questions

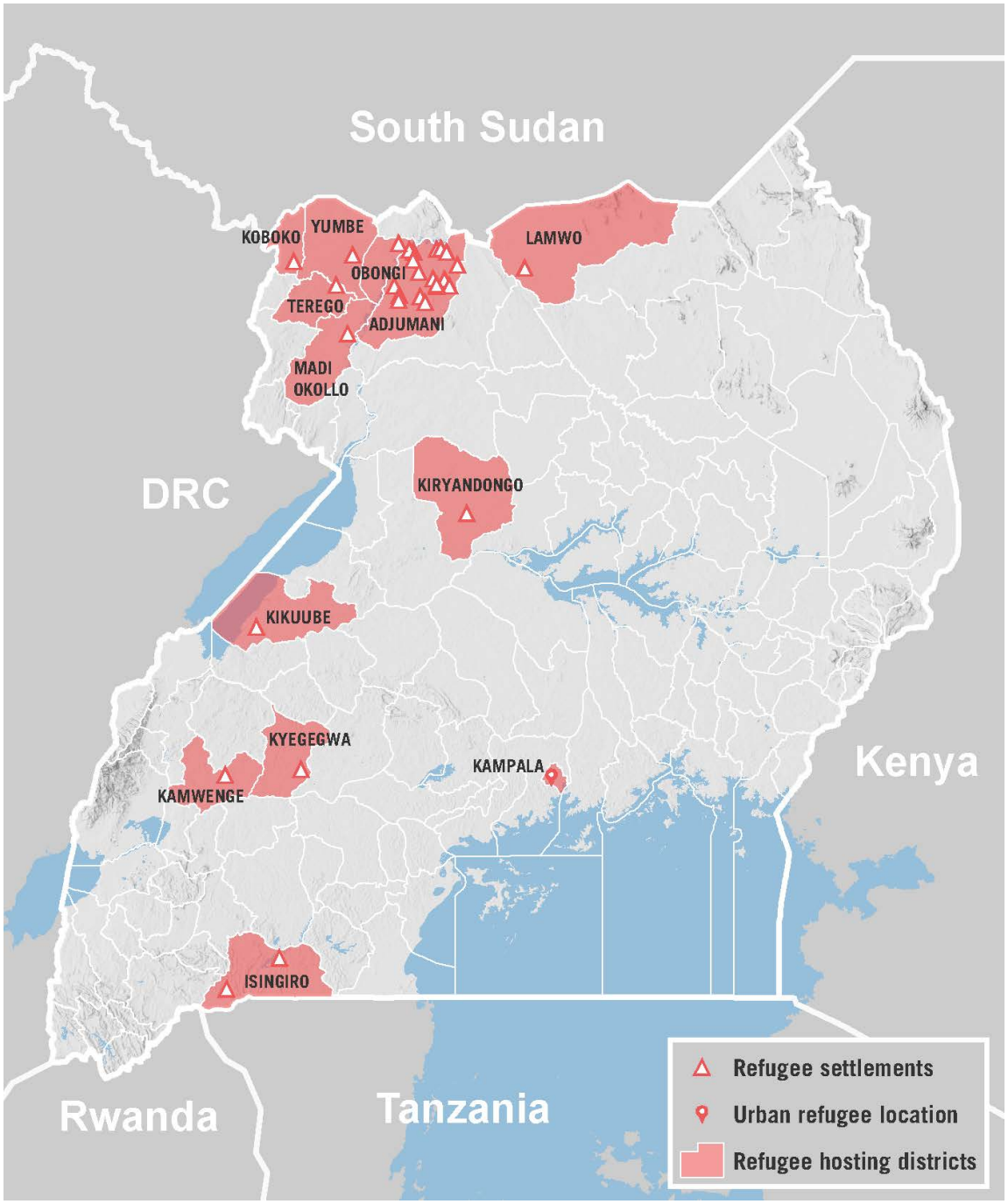
- What is the nature of multi-sectoral humanitarian needs in Uganda?
- What is the magnitude, scope, and severity of humanitarian needs in specific sectors such as shelter, education, food security, health, livelihood, protection, AAP (accountability to affected populations) and WASH (Water, Sanitation, and Hygiene) in Uganda?
    - To what extent do households have cross-cutting needs that span multiple sectors, and which overlapping needs are the most prevalent?
- How do the findings vary across geographic areas (regions, settlements, urban areas), population groups (refugees, host communities, urban refugees), and the vulnerability profiles of households, including factors including but not limited to age, gender, disability, and length of stay?

METHODOLOGY

Geographic Coverage

The MSNA sought to cover the capital city of Kampala plus all 13 formal refugee settlements (Nakivale, Oruchinga, Kyaka II, Kyrandongo, Imvepi, Lobule, Rwamwanja, Palabek, Kyangwali, Adjumani, Bidibidi, Rhino Camp, and Palorinya), including sub-settlements, and their respective surrounding host communities (within a 15km buffer around the refugee settlements). Within Kampala, four divisions of high refugee concentrations, Makindye, Central, Rubaga, Kawempe, were surveyed. Full coverage of settlements can be seen in the figure below:

Figure 1: 2024 Uganda MSNA Coverage Map, including refugee-hosting districts, formal refugee settlements (and sub-settlements), and Kampala as the urban refugee location



Methods

Quantitative Component

The core component of the MSNA is the quantitative survey, which covers all sectors, and includes questions and answers for both the household, as well as at the individual level, with gender and age-specific questions depending on the subject matter. A total of 11,357 quantitative surveys were collected. The Data Analysis Plan, developed collaboratively and validated by the sector coordination

teams, the Assessment Technical Working Group[1] and Technical Steering Committee, and REACH HQ, is available here.

Quantitative data was collected between 26 July and 2 October 2024. Sampling targets were set separately for refugees and host communities in each location. Prior to commencing data collection, authorizations were obtained from the Office of the Prime Minister (OPM) to conduct activities in the field. Data collection was conducted by local field enumerators from the REACH database. The field team consisted of six teams of 12 REACH Field Officers, who were trained prior to departure to the field by the assessment team. Each of the six teams of Field Officers trained the circa 25 enumerators on location ahead of data collection. Data was collected using KoBo Toolkit. Enumerators were provided with phones and tablets to conduct data collection. Data was cleaned on a daily basis and analysed, at the end of data collection, using R. In Kampala, urban refugees and host communities were sampled from areas with a high concentration of refugees using data gathered from UNHCR/OPM population statistics, alongside inputs from sectoral experts. This is presented in the below stratification table:

Table 1: Intended stratification per location type, population type, and the number of locations

Location Type	Population Type	Number of locations visited
Refugee Settlements	Rural Refugee Community	13
15 km buffer surrounding the respective refugee settlements	Rural Host Community	13
Divisions within Kampala (Makindye, Central, Rubaga, Kawempe)	Urban Refugees	4
	Urban Host Community	4

Table 2: Final samples for the quantitative component, per region, district, location, and groups

Region	District	Location	Groups targeted	Final Sampling Targets (inc. buffer)
West Nile	Adjumani	Adjumani	Refugees	424
			Host communities	431
West Nile	Yumbe	Bidibidi	Refugees	423
			Host communities	426
West Nile	Terego	Imvepi	Refugees	432
			Host communities	450
Southwest	Kiryandongo	Kiryandongo	Refugees	423
			Host communities	424
Southwest	Kyegegwa	Kyaka II	Refugees	428
			Host communities	430
Southwest	Kikuube	Kyangwali	Refugees	427
			Host communities	0
West Nile	Koboko	Lobule	Refugees	298
			Host communities	426
Southwest	Isingiro	Nakivale	Refugees	434
			Host communities	450

[1] REACH co-chairs this working group with WFP and UNHCR

Southwest	Isingiro	Oruchinga	Refugees	395
			Host communities	428
West Nile	Lamwo	Palabek	Refugees	428
			Host communities	435
West Nile	Obongi	Palorinya	Refugees	425
			Host communities	412
West Nile	Madi Okollo	Rhino Camp	Refugees	420
			Host communities	442
Southwest	Kamwenge	Rwamwanja	Refugees	423
			Host communities	421
Kampala	Kampala	Kampala - Makindye	Refugees	233
			Host community	136
		Kampala - Rubaga	Refugees	45
			Host community	45
		Kampala - Central	Refugees	162
			Host community	27
		Kampala- Kawempe	Refugees	43
			Host community	111
Total				11357

Stratified random sampling was applied to sample both refugee and host community households in refugee settlements, refugee-hosting districts, and four divisions with high refugee concentrations in Kampala based on a confidence interval of 95% and margin of error of 5% to allow for statistical representativeness across the two population groups, and per location (refugee settlements, refugee hosting districts, and urban divisions). A 10% buffer was applied to account for potential risks in tracking data collection or deleting surveys in order to reach the minimum targets. The sample sizes were determined using the most recent UNHCR/OPM population statistics from April 2024. Based on the calculated samples for each stratum, GPS points were randomly generated to ensure that all households have an equal chance of being approached for the survey. Households will be selected by random geopoints using GIS by the GIS officer.

The cleaned datasets and analyses for both refugee and host community households and individuals can be found here.

Qualitative Component

In order to gain a better understanding of the challenges faced by the refugee population, non-probability sampling methods were employed to conduct a total of six Key Informant Interviews (KIIs) with three Refugee Welfare Counsils (RWC) and three Local Councils (LC) in the 13 refugee settlements and the 4 divisions in Kampala, simultaneously to quantitative data collection. The unit of measurement for these KIIs were two-fold: interviews with RWCs were aimed towards the settlements' refugee communities, while interviews with LCs were aimed towards the host community in the 17 locations. In Kampala, KIIs were conducted for each division in which access was gained (3/4), with three LCs and three Refugee Community Leaders, leading a total of 18 KIIs across Kampala. During and after the completion of the quantitative component, two field officers engaged two days per location to interview these six key informants.

The final sample of KIIs can be viewed in the table below, and a qualitative analysis conducted on MaxQDA can be viewed here.

Table 3: final sample of qualitative KIIs among RWCs and LCs, by location

Region	District	Location	Type of KII	Unit of Measurement	Final sample
West Nile	Adjumani	Adjumani	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
West Nile	Yumbe	Bidibidi	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
West Nile	Terego	Imvepi	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
Southwest	Kiryandongo	Kiryandongo	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
Southwest	Kyegegwa	Kyaka II	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
Southwest	Kikuube	Kyangwali	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	0
West Nile	Koboko	Lobule	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
Southwest	Isingiro	Nakivale	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
Southwest	Isingiro	Oruchinga	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
West Nile	Lamwo	Palabek	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
West Nile	Obongi	Palorinya	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
West Nile	Madi Okollo	Rhino Camp	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
Southwest	Kamwenge	Rwamwanja	Refugee Welfare Councils	Refugees	3
			Local Councils	Host Community	3
Kampala	Kampala	Kampala – Central Division	Refugee Leaders	Refugees	3
			Local Councils	Host Community	3
		Kampala – Rubaga Division	Refugee Leaders	Refugees	0
			Local Councils	Host Community	0
		Kampala – Makindye Division	Refugee Leaders	Refugees	3
			Local Councils	Host Community	3
		Kampala – Kawempe Division	Refugee Leaders	Refugees	3
			Local Councils	Host Community	3
Total					93

Adjustments Made to Original Sampling Targets

REACH faced several minor difficulties during data collection, adjustments were made to the original sampling targets, due to access challenges:

- **Kikuube/Kyangwali**: host community household surveys could not be conducted due to security concerns. Despite having obtained the requisite authorizations, made the proper introductions, and appealed to local counsels and police to explain our purposes and provide chaperones, it was deemed unsafe for our staff to continue collecting data in the host community areas.

- **Rubaga Division (Kampala):** access challenges were encountered for both refugee and host communities. The target sample was 87 refugee households and 136 Host community households. Only 45 refugee households had been interviewed, and no host community household had yet been engaged by the time data collection was curtailed. Hence:
    - For refugee households, the overall target for Kampala was met through increased targets in the other divisions covered.
    - For the host community households, time constraints prevented sufficient compensation in other divisions. Host community data in Kampala is now representative with a **5.5% margin of error**, for the Makindye, Central, and Kawempe divisions.
- **Koboko/Lobule**: lower-than-anticipated refugee household surveys were obtained due to fewer households being present during data collection vis a vis the anticipated numbers based on published population figures. As a result, refugee data in Lobule is now representative with a **5.5% margin of error**.

Demographics

Household composition

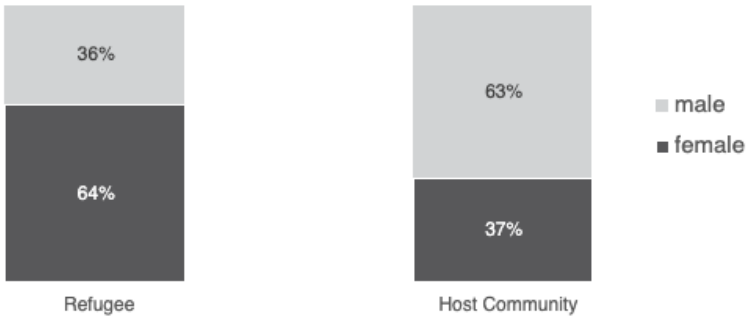
In total, 11,357 households were surveyed; 5,863 among surveys among refugee and 5,494 among host community households, across all locations[2].

Table 4: total number of interviewed respondents, per gender, per population group

	Male	Female	Total
Host community	2,231	3,263	5,494
Refugees	1,675	4,188	5,863
Total	3,906	7,451	11,357

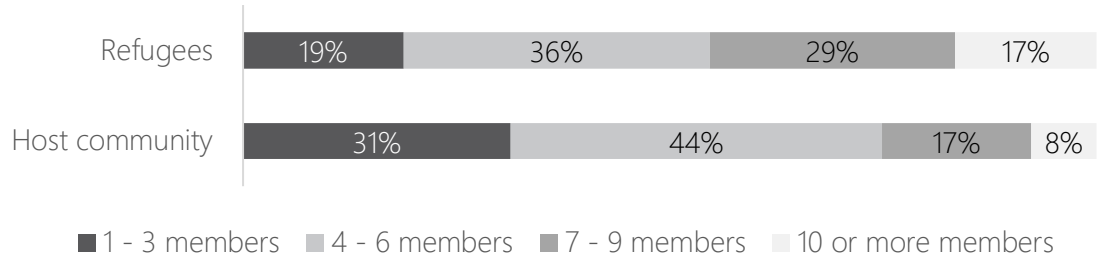
Among both groups, results indicate that 31% of all refugee households were headed by a single female (applicable if a female HoH was reportedly single, divorced, widowed, or separated), compared to 26% of host community households.

Figure 2: % of households by gender of the head of household, per population group



Household sizes varied, with the average refugee household counting 6.5 members, while host community households counted 5.1 members on average. As seen in the figure below, almost half of refugee households (46%) reported having seven or more members.

Figure 3: % of households by household size, per population group

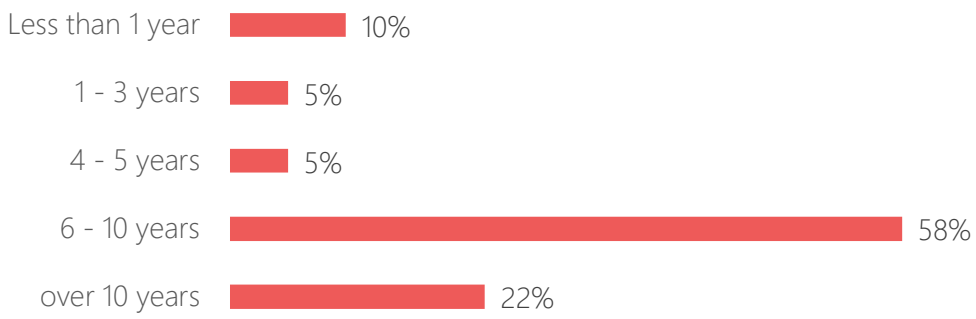


[2] 13 refugee settlements and respective host communities, plus Kampala

Displacement and intentions

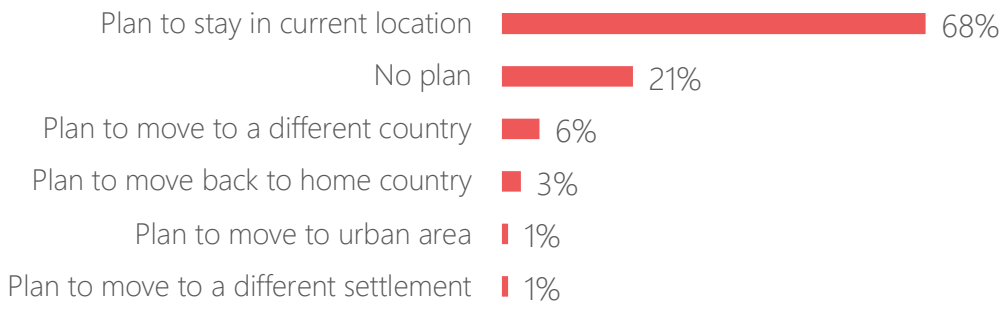
As shown in the figure below, **the majority of refugee households have resided in Uganda over 6 years**, though the proportion having been in Uganda for less than one year highlights the continuation and increase of the caseload. It is important to note that since the MSNA data collection between July to October 2024 and the time of writing (May to June 2025), the number of registered refugees in Uganda increased by circa 170,000, which is an increase of almost 10% of the caseload when data collection started in July 2024.[3]

Figure 4: % of refugee households by how long they had been in their current location at the time of the survey



For future intentions, results show that **the majority of refugee households reported having no intention of moving**, or not having plans to do so within 6 months after the survey, as shown in the figure below. A small proportion of households (6%) reported planning to move to a different country, which could indicate movement to any other country without third-party facilitation, but could also indicate hopes of resettlement. Around the time of, or since data collection, the resettlement landscape has changed, with multiple receiving countries including Germany and the US, having halted intake of resettlement candidates of the nationalities residing in Uganda, such as Congolese and Eritreans.[4][5] Hence, taking into account the sharp increases of new arrivals as discussed above, the Uganda caseload may be expected to remain the same or grow, even in the face of the Q1 2025 cuts in humanitarian funding.

Figure 5: % of refugee households by movement intention in the 6 months following the survey

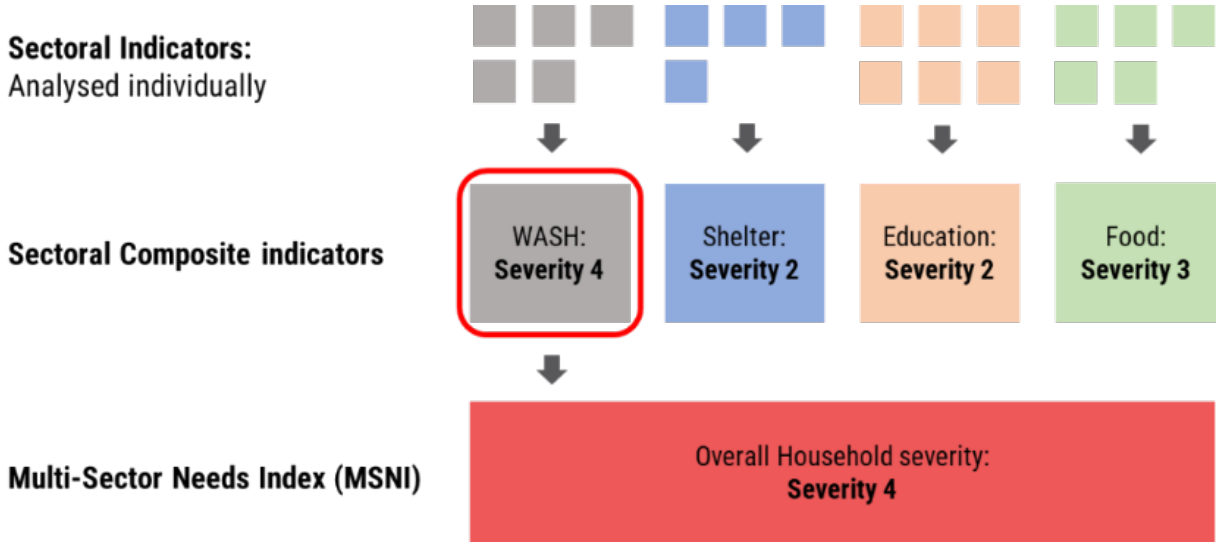


[3] Operational Data Portal (ODP). UNHCR.
[4] Refugee resettlement agencies scramble after Trump orders them to halt their federally funded work. Associated Press. January 29, 2025.
[5] Germany orders halt on UN refugee resettlement program. Deutsche Welle. April 8, 2025.

FINDINGS- MSNI OVERALL RESULTS

The final 'multi-sectoral severity level' or Multi-Sector Needs Index (MSNI) is obtained for each household as the maximum severity level the household scored across all Sectoral Composites. Further details on the composition of the MSNI can be found in the Methodology Note. Bulletins outlining results for refugee and host community households have also been published, which also look at co-occurrence of needs, and demographic factors such as age, gender, and disability.

Figure 6: visualization of the MSNI framework and scoring system



Most refugee households (94%) were found to be in need (severity levels 3 and above) overall, along with a large proportion of host community households (83%) as well. The proportion of households in acute need was also higher for refugee households at 20%, compared to 14% for host community households.

Figure 7: example of the WASH sector framework's scoring system

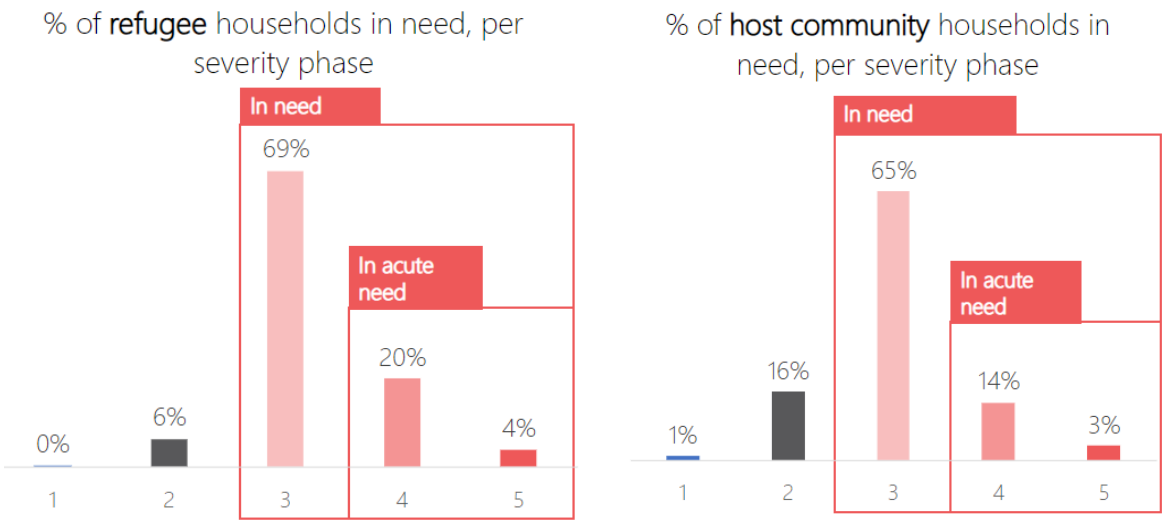
Dimension	1	2	3	4	4+
Water Quantity	Never	Rarely (1-2 times)	Sometimes (3-10 times)	Often (11-20 times)	Always (more than 20 times)
Water Quality	Safely managed or Basic	Limited or Unimproved		Surface water	
Sanitation	Basic	Limited or Unimproved		Open defecation	
Hygiene	Basic	Limited or No facility			

The highest proportion of both refugee and host community households categorized as in need in food sector were found in the West Nile region, while the lowest proportion of refugee households categorized as in need were found in Kampala. Among host community households, the lowest proportion of households in need were found in the Southwest.

However, in Kampala, host community households were found to be more in need than refugee households, which contrasts with other regions. Driving needs among host community households include WASH and education.

Among overall refugee households in need, **the proportion of households that stayed at the location of displacement for 5 to 10 years and over 10 years were found to be the highest, at 95% and 93% respectively**, compared to households that stayed for a shorter duration.

Figure 8: overall MSNI results for refugee and host community households



Overall the needs were found to vary across groups and regions. **Refugees show the highest levels of vulnerability in West Nile**, followed by Southwest. However, host communities in West Nile also show considerable degrees of need. Host communities fare slightly better compared to refugee households across all settlements, except for in Kampala. Refugee and host community households in or near the settlements also show a higher severity of need than in Kampala, with higher proportions of households in severity level 4.

Figure 9: % of households in need per severity phase, region and population group

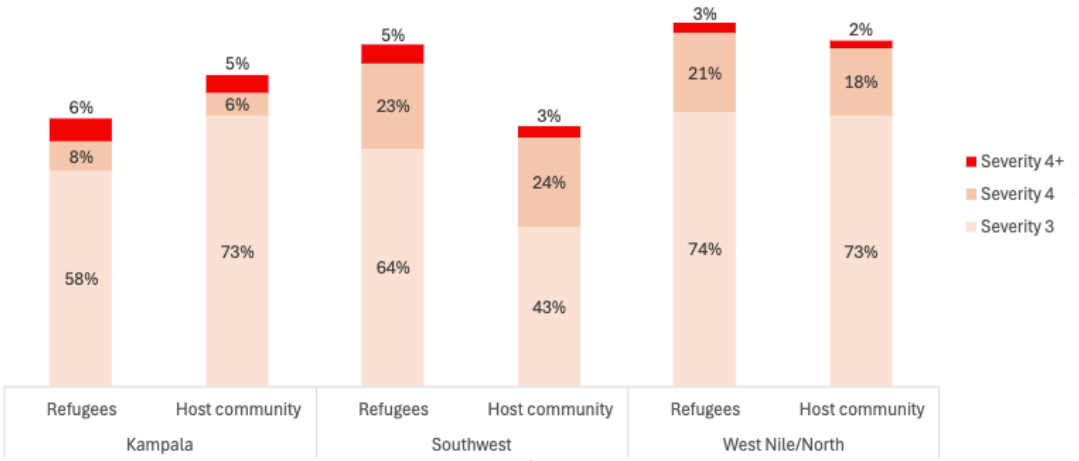
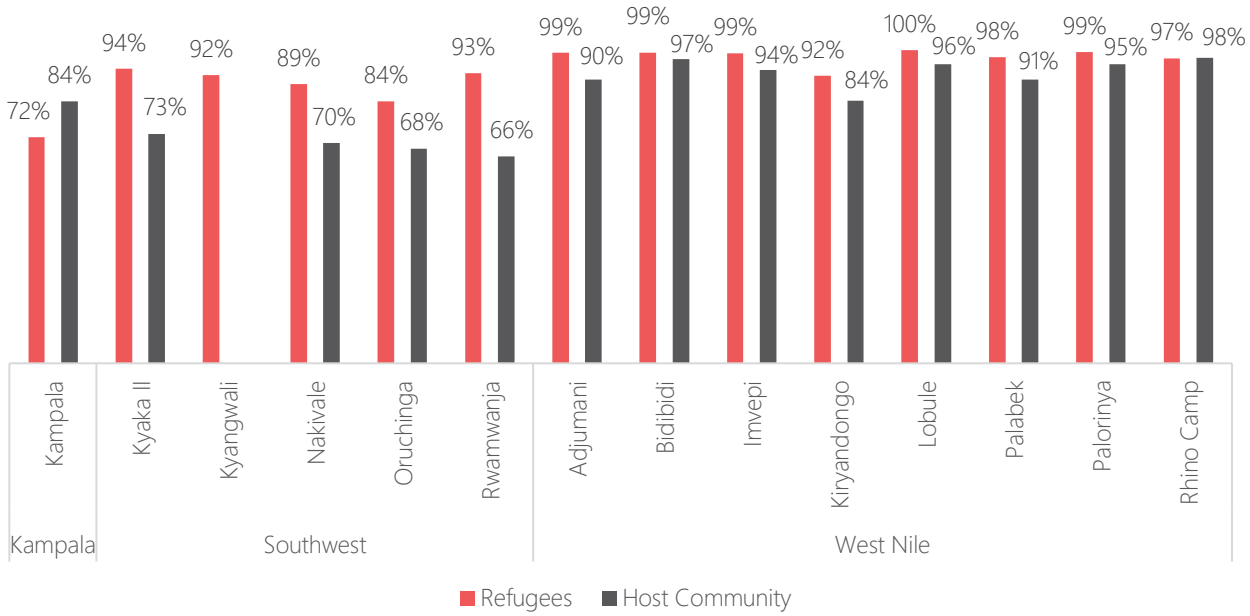


Figure 10: % of households in need (severity phases 3, 4, and 4+), per location and population group



Needs by sector for both refugee and host community households shown in Figure 11 and 12 contain a breakdown of the extent to which sectoral need drives households' overall MSNI scores, with **high proportions of refugee households reportedly experiencing needs across many sectors**.

Relatively **higher degrees of need among refugee households can be seen especially in shelter, food security, education, and health**. However, **host community households show higher needs in WASH**, which may be linked to settlements' WASH infrastructure not extending far enough into host community areas. It should be noted that while only 10% of refugee households and 9% of host community households expressed a need in protection, many other sectors also include protection-related drivers of need, such as non-attendance in education, or coping strategies which amount to protection risks under food security.

Figure 11: % of refugee households in need (severity phases 3, 4, and 4+), per sector

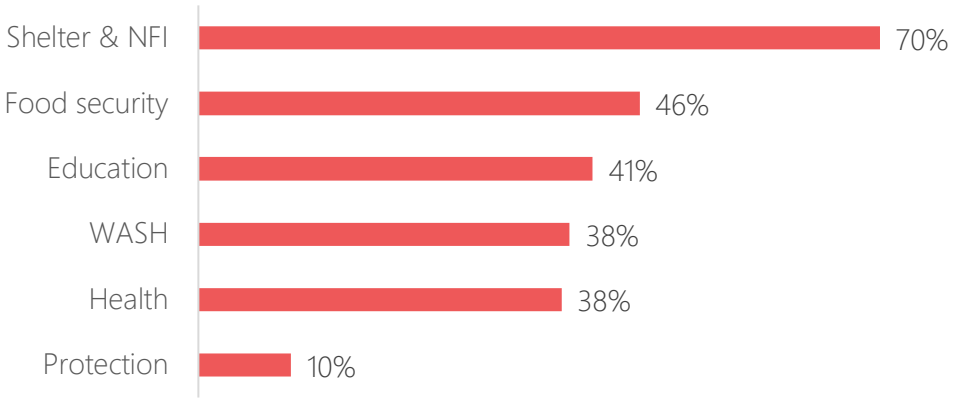
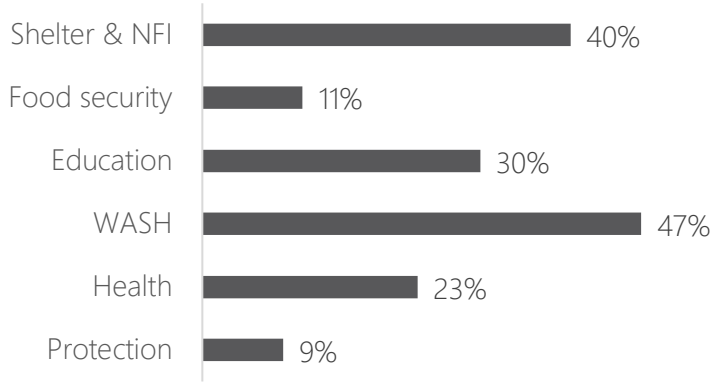
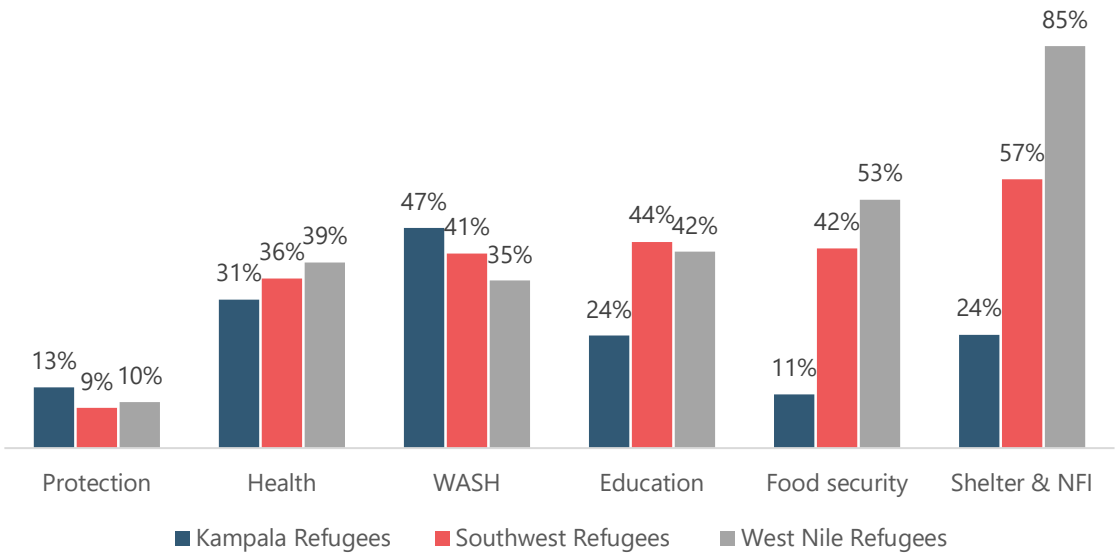


Figure 12: % of host community households in need (severity phases 3, 4, and 4+), per sector



Regionally, these sector-specific degrees of need vary for refugee households, as shown in the figure below. Specifically, shelter and food security exhibit higher degrees of need among refugee households in West Nile, compared to Southwest and Kampala. WASH needs are found to be highest among refugee households in Kampala.

Figure 13: % of refugee households in need (severity phases 3, 4, and 4+), per sector and location



FINDINGS- SECTORAL ANALYSIS [6]

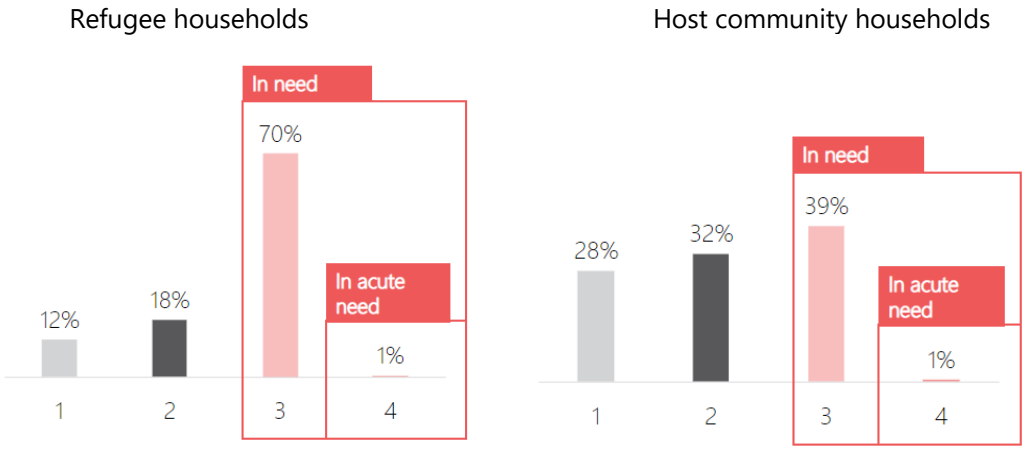
Shelter & NFI (SNFI)

SNFI sector needs

Both refugee and host community households indicated significant need for SNFI, and this was particularly the case for refugee households. Across all locations, **the proportion of refugee households in need (71%) in the SNFI sector was almost two times the proportion of host community households in need (40%)**. Additionally, 1% of refugee households and 1% of host community households were in acute need. For both populations, the most pressing challenges with shelter needs included leaks during rain, lack of space inside shelter, lack of lighting, and lack of privacy.

Among refugee households at regional level, the proportion of households in need in the SNFI sector was much higher in West Nile than in Southwest, 87% compared to 57%. Similarly, the proportion of host community households categorized as having SNFI need was higher in West Nile with 77% of households having shelter need compared to a relatively much lower proportion of households in Kampala (29%) or Southwest (17%).

Figure 14: % of refugee (left) and host community (right) households with a SNFI need, per severity phase



Among refugee households (n=3671), female headed households (76%) were likely to be more in need in SNFI compared to male headed households (61%). Furthermore, refugee households that had at least one member with a disability (72%) were also observed to be more likely in need in SNFI sector than other households or the national average (71%).

Specifically among refugee households (n=3671), families that have stayed for five to ten years have the highest proportion of households in need of SNFI support (78%), followed by those that have remained for over ten years. Refugee households with at least one disabled member (72%) are also are also among the top ones experiencing dire challenges with shelter.

[6] To note, results for all disaggregations can be found in the Uganda 2024 MSNA Quantitative Analyses & Cleaned Datasets.

Settlement-level analysis show Lobule (97%), Adjumani (95%), Bidbidi (94%), Imvepi (90%), and Palorinya (90%) with nearly all households in need of SNFI assistance. As a result of limited support, refugees were reported to encounter scarcity of construction materials like poles, prompting encroachment into host community lands or designated forests, such as Bugoma in Kyangwali refugee settlement. The encroachment by refugees in search of shelter materials, according to KIs, often lead to conflicts with host communities or forest authorities. For comparison, Kampala's refugee household SNFI need was calculated at 24%.

Additionally, soil texture in some locations compound shelter and construction challenges. For instance, black cotton soils identified in Kyangwali (Mukunyu village) and Bidibidi settlement (Ariwa and Ayivu) are not suitable for construction with mud bricks as per the settlement policy guidelines, limiting available building materials. As a suggestion it was put in the UNHCR SNFI dashboard that there is a need to evaluate the suitability of an area prior to establishing new settlements, such as checking soil conditions and water table levels among other environmental factors.[7]

"*Most of the shelters for refugees are made from grass thatch and the grass has become scarce as nearby places have become gardens or grazing areas.*" - Refugee leader, Bidibidi

"*If maybe a member in the community would wish to renovate a shelter, it really become hard to get the grasses/poles because host community members when they get you in their area, they would definitely charge you for trespassing and they would want you to pay for it.*" - Refugee leader, Bidibidi

Drivers of needs

Adequacy of shelter type

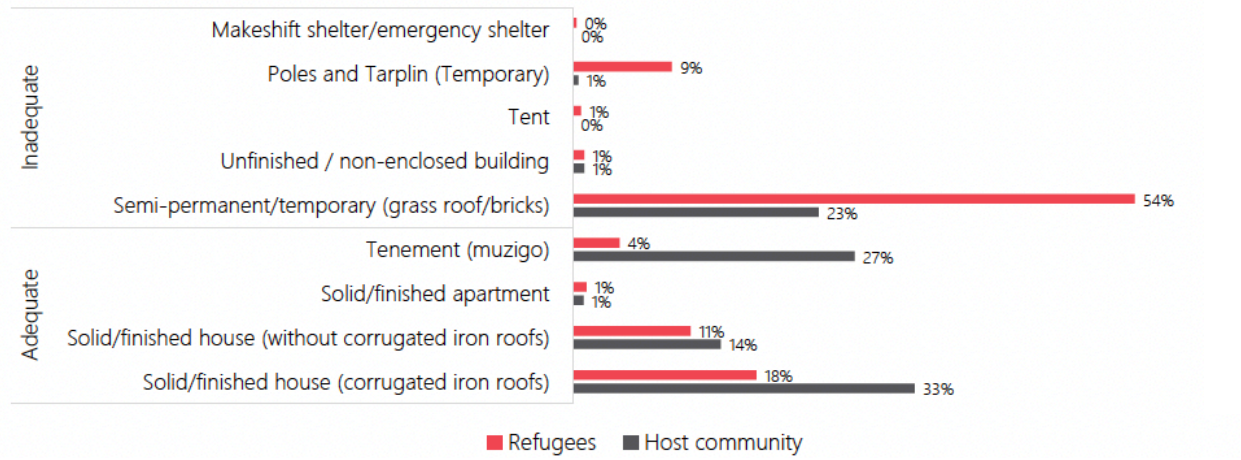
Shelter adequacy was divided into adequate shelters (solid/finished houses with or without corrugated iron roofs, tenements, and solid/finished apartments) and inadequate shelters (collective centers, unfinished/non-enclosed buildings, tents, makeshift shelters, poles and tarps, and semi-permanent structures withtemporary grass roofs/bricks). **Findings reveal that 68% of refugee households and 37% of host community households were found to be living in inadequate shelters at the national level. The highest proportion of households living in inadequate shelters was found in West Nile, with 83% of households affected, compared to 54% in Southwest.** This mirrors the observation that a higher proportion of households in West Nile were in need of SNFI support. On the other hand, in Kampala, 22% of refugee and 25% of host community households were living in an inadequate shelter.

Refugees households tend to stay in semi-permanent or temporary shelters (54%) made either with grass roof or bricks. Despite reports that newly arrived displaced households receive shelter support kits (including plastic sheeting, ropes, poles, basic tools, and other NFIs such as blankets, kitchen sets, and hygiene items) to establish temporary shelters, over half of these households raised issues of leaks during rain and a third mentioned lack of space inside shelter. Persons with Special Needs (PSNs) like refugees or disabled persons have reported additional challenges in resolving their sehlter issues.

"*The elderly and chronically ill PSNs are particularly affected by inadequate shelter. Many do not have relatives to help them maintain or repair their current shelters, which are often damaged by termites. Additionally, they face difficulties constructing latrines due to limited access to building materials.*"
– RWC, Impevi

[7] Document - Uganda Refugee Response: Shelter, Settlement and NFI dashboard Quarter 3 2024 (unhcr.org)

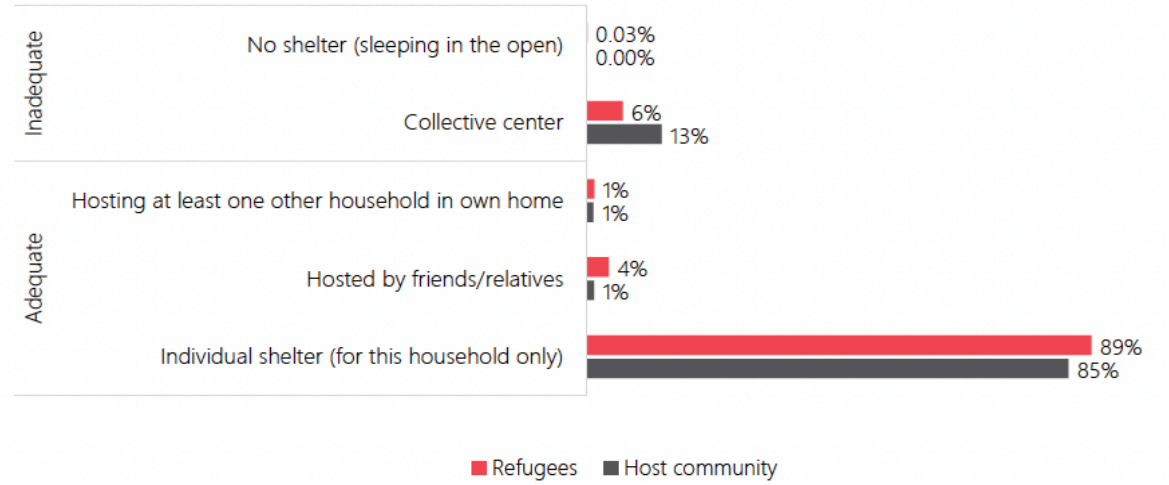
Figure 15: % of households by reported shelter type, per population group



The vast majority of both refugee and host community households across surveyed areas, with the exception of Kampala, were living in adequate shelters. Lobule (97%), Adjumani (95%) and Bidbidi (94%) were among the settlements that had the highest proportion of households that were living in inadequate shelter among refugee households. On the other hand, Rhino camp (85%), Bidibidi (81%), Impevi (80%), and Palorinya (80%) were settlements that had the highest proportion of host community households living in inadequate shelters. While only 3% of households reported living in temporary poles and tarplin across West Nile and Southwest, 40% of refugee households in the Kyangwali settlement in the Southwest relied on these precarious poles and tarplin shelters. Urban contexts like Kampala documented 44% of refugee households occupying solid/finished houses with corrugated iron roofs and 40% in tenements (muzigo). As all populations indicated high proportions occupying inadequate shelters, no major differences was observed across different populations.

Across all locations, most refugee (88%) and host community (85%) households reported living in individual shelters with only their household members. However, 6% of refugee households and 13% of host community households reported living in collective shelters, with higher proportions in Kampala compared to West Nile and Southwest for both groups. A small fraction of refugee households (4%) and host community households (1%) reported that they were hosted by friends and relatives, or do so as a temporary measure when forced by uncontrollable factors. In one KII, a refugee leader reported that, "*Many lack adequate shelter, and during the rainy season, some are forced to sleep in their neighbour's shelters.*"

Figure 16: % of households by shelter type, per population group



Shelter Issues

Many refugee and host community households struggled with issues such as leaks during rain, lack of space, lack of lighting outside shelter, and lack of privacy. These challenges are particularly severe for those living in semi-permanent shelters, unfinished buildings, or makeshift structures like poles and tarpaulins. Regionally, households in the West Nile region experience more severe shelter issues compared to those in Southwest or Kampala. On the other hand, a quarter of refugee households in Kampala reported that they feel their household was at risk of eviction. Individual households and those with collective living arrangements both indicated shelter needs of "lack of space inside" and "lack of privacy," compounded by "leak during rain" as major concerns that affect households regardless of their living arrangement.

Shelter enclosure issues

Leaks during rain emerged as the most prominent shelter enclosure issue reported by refugee households (n=3578), affecting 62% of refugee households. This issue was particularly prevalent among refugee households living in semi-permanent shelters (79% of 2,407 households), unfinished/non-enclosed buildings (89% of 53 households), poles and tarpaulin structures (75% of 417 households), makeshift shelters (65% of 62 households), and tents (n=13 of 25 households). As many refugees reside in regions in Uganda at high risk of climate hazards, including increasingly unpredictable and intense rain, shelter leaks during rain may grow more widespread as they are exacerbated by continuously challenging climate conditions.

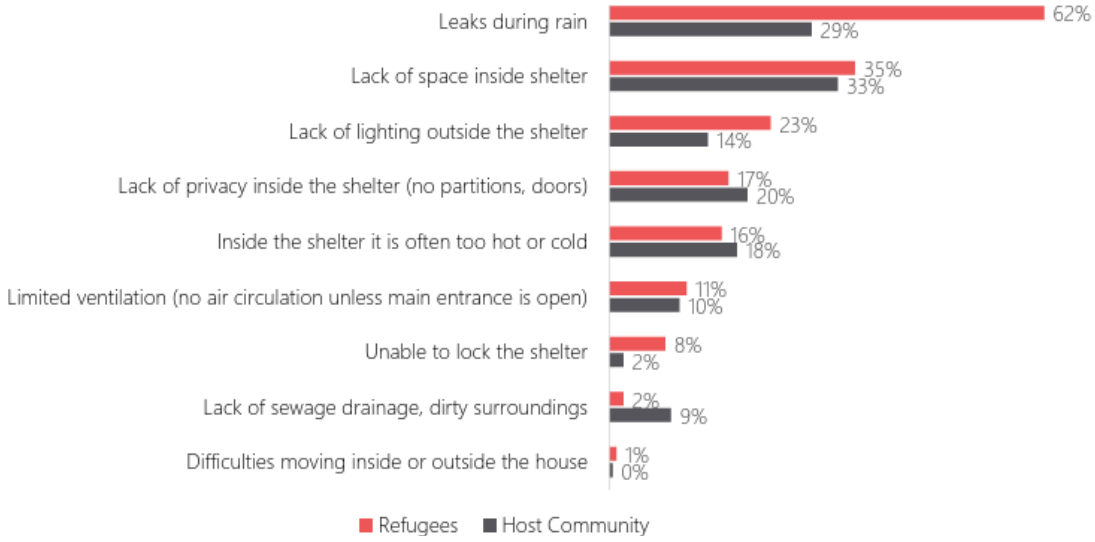
Other major shelter enclosure issues for refugee households included lack of space inside the shelter, inadequate lighting outside, lack of privacy (no partitions or doors), and extreme temperatures inside the shelter. Note that multiple issues could be selected and "no noticeable issue" for shelter was reported by 18% of refugee households.

"*The houses as you can see are not good and even when it rains, they water leaks through. So, these houses are not strong enough and when the rain is much, it can hit people.*" - RWC, Oruchinga

"*PSNs received shelters constructed by partners but now most of these shelters are in bad status. Some have roofs of their houses blown off by heavy storm.*" – RWC, Bidibidi

Among host community households, the major shelter-related issues reported included lack of space inside the shelter (33%), leaks during rain (29%), and lack of privacy (20%). Households living in semi-permanent shelters (n=3009) were the most affected, with 65% experiencing leaks during rain (n=1717). About one third of host community households reported no noticeable issue.

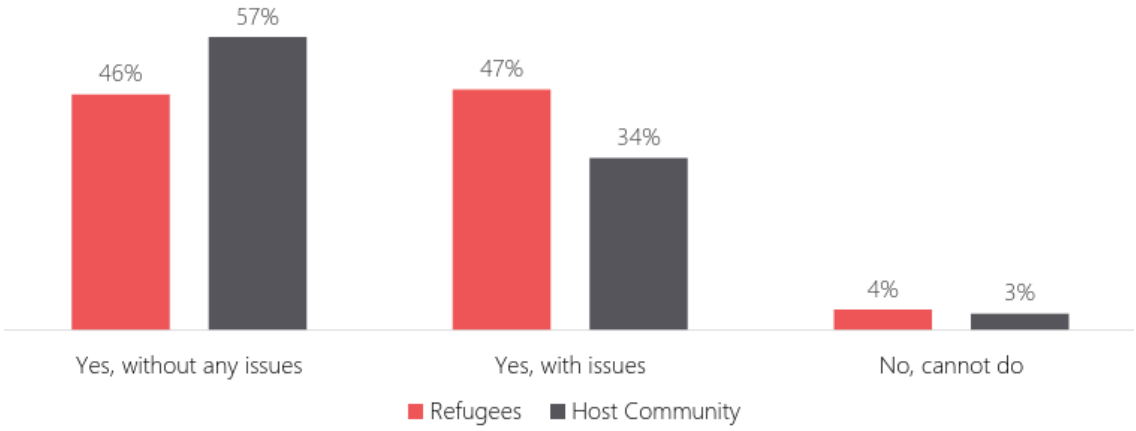
Figure 17: % of households reporting shelter enclosure issues, by population group



Cooking

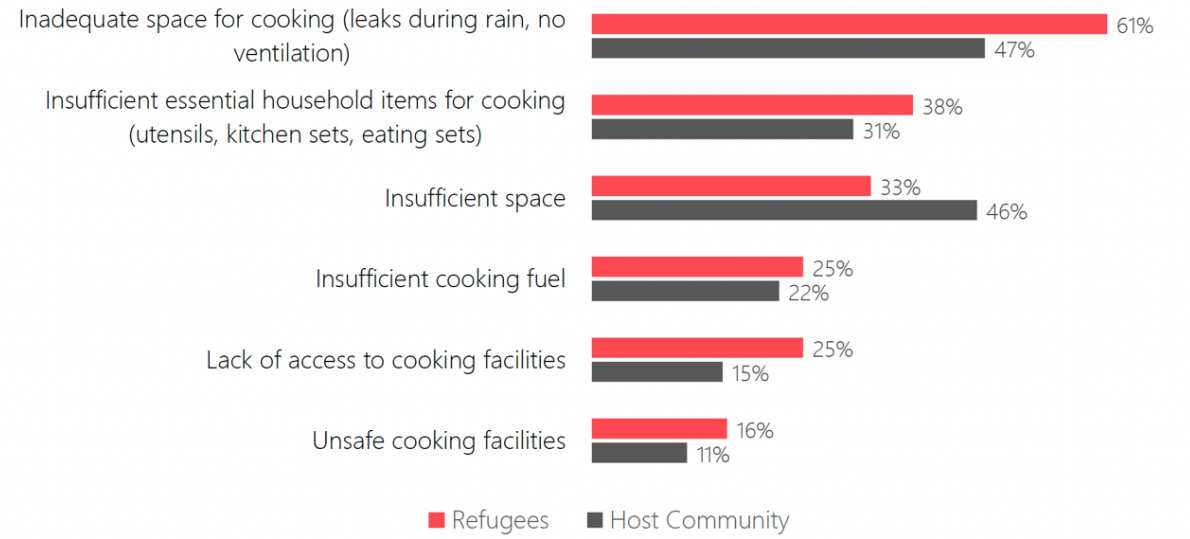
Overall, about half (51%) of the refugee households and 37% of host community households reported issues with cooking[8] in their shelters while 4% of refugee and 3% of host community households reported that they were not able to cook in their shelters at all. The main reasons, reported by refugee households who face challenges with cooking, included inadequate space for cooking (61%), insufficient essential household items for cooking items (38%), and insufficient space (33%). For host community households, the most prominent issue related to cooking were reported to be inadequate space for cooking (47%) and insufficient space (in the shelter in general, 46%) among others.

Figure 18: % of households by whether they reported being able to cook in their shelter with or without any issues in the shelter, by population group



[8] Issues with cooking, from the questionnaire, includes insufficient essential household items for cooking (utensils, kitchen sets, eating sets), lack of access to cooking facilities, unsafe cooking facilities, inadequate space for cooking (leaks during rain, no ventilation), insufficient space, and insufficient cooking fuel

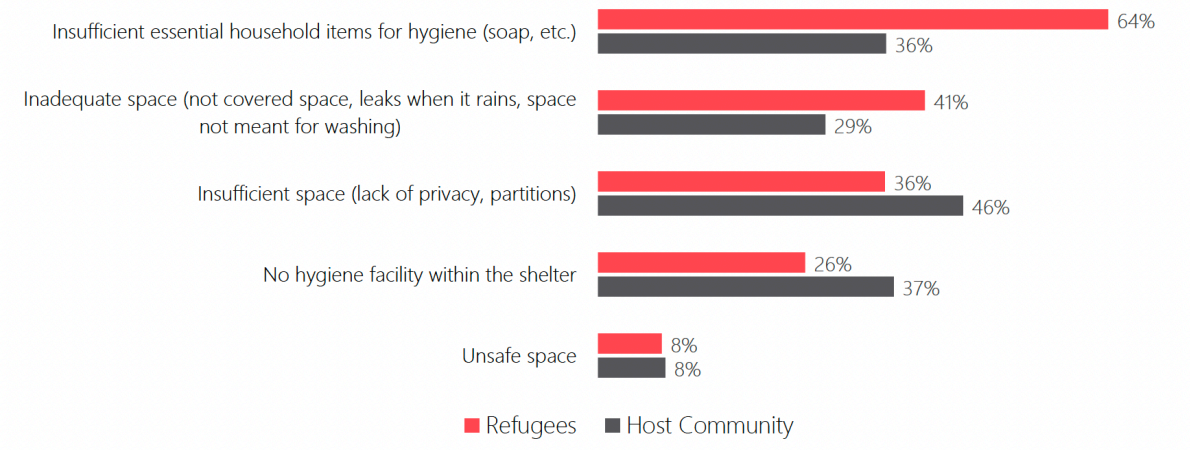
Figure 19: % of households by type of cooking issues, among those who reported experiencing challenges related to cooking, per population group



Personal hygiene

Regarding households' person hygiene practices within their shelters, 44% of refugee and 36% of host community households reported experiencing difficulty with this. Additionally, 3% of refugee households and 4% of host community households shared that they cannot perform personal hygiene at all. Primary barriers included lack of sufficient essential household items for hygiene such as soap (64%), inadequate space (not covered space, leaks when it rains, space not meant for washing, 41%), and insufficient space (lack of privacy, partitions, 36%).

Figure 20: % of households per issue faced for personal hygiene of those facing personal hygiene issues (n= 2725 for refugee and n=1948 for host community households), by population group



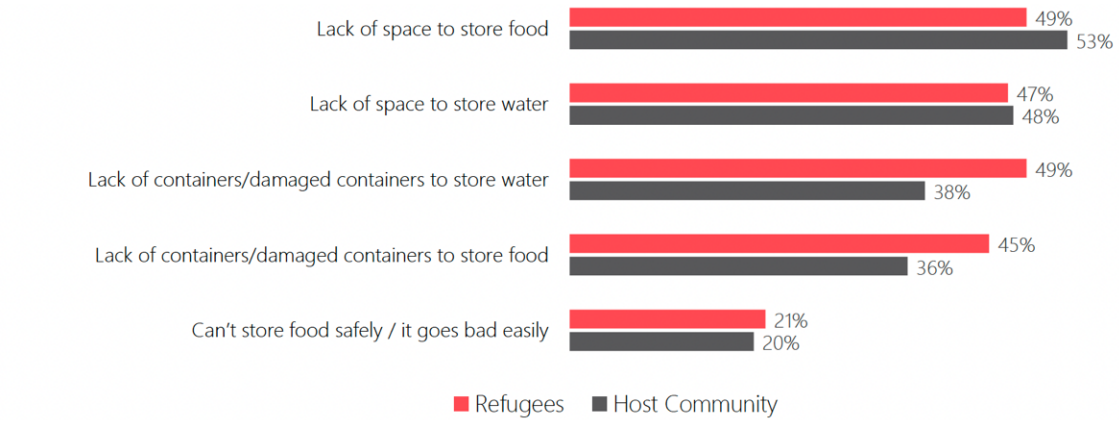
Food storage

Storing food and water inside shelters was a challenge for 43% of refugee households and 33% of host community households. Findings also show that 3% of refugee households as well as 3% of host community households cannot store food or water at all in their shelter. The main issuess cited were a lack of containers, damaged storage containers, and insufficient space. Improper food storage conditions may accelerate food spoilage, thereby increasing the risk of food insecurity among affected

households. Water storage limitations may be associated with increased energy and time needed for water collection, reduced availability for income-generating activities, and heightened vulnerability to water scarcity especially during dry season.

A KII respondent from Bidibidi settlement further reported that, *"the other challenge that I want to talk about is issues of Non-Food Items (NFIs), especially, containers for fetching and storing water. One must move to the water point many times to fetch water using a container of five litres capacity, which takes a lot of time fetching water alone instead of doing other activities."*

Figure 21: % of households by type of food and water storage issue among those who reported having difficulties with storage (n=2623 for refugee and n=1888 for host community households), by population group



Risk of eviction

Across all sites, 11% of refugee households and 14% of host community households reported feeling at risk of eviction. Among both refugee and host community households, those headed by individuals with disabilities or have at least one disabled family member reported a slightly higher proportion of eviction risk. For host community households in particular, the risk was also notably higher in female-headed households, with 21% of them reporting eviction concerns.

In Kampala, on the other hand, the risk of eviction was much higher in comparison to the two regions (12% in Southwest and 8% in West Nile), with 24% of refugee households feeling at risk of eviction. A Kampala-based refugee key informant from a REACH study in Uganda titled "Needs and Intentions of Newly Arrived Refugees and Asylum Seekers in Kampala" shared that "*Without proper documents, we can't sign rental agreements, and landlords can evict us anytime. There's no security or protection for refugees.*"

Food security

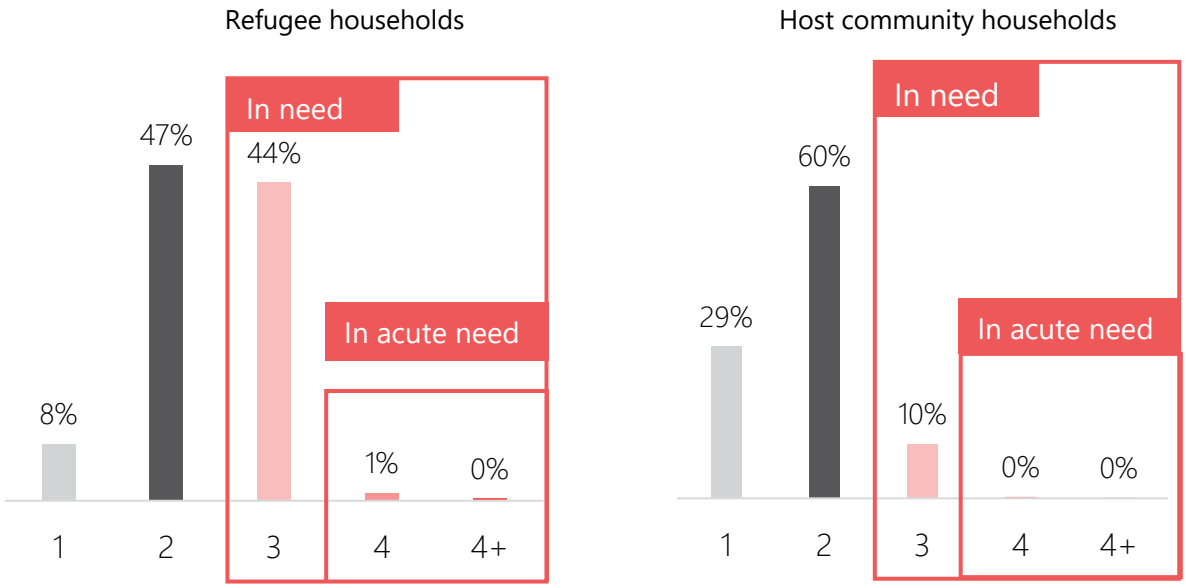
Food security sector needs

Food Security emerged as the second most prevalent sector for which refugee households were found to be in need. Refugee households recorded 45% of those in need of support in food security while host community households documented 10%. Food Consumption Score (FCS) revealed that 59% of refugees fell into "borderline" or "poor" categories, compared to 19% in host communities. Similarly, the Household Hunger Scale (HHS) indicated that 48% of refugees experienced moderate and severe hunger while 19% of host communities faced comparable food insecurity levels.

Qualitative analysis broadly indicated that **access to food was strained by poor harvests, late seed distribution, and destruction of crops by livestock**. Food shortages have reportedly led to child neglect and abandonment as households struggle to combat hunger and meet basic nutritional needs. More generally, worsening living conditions and tensions are observed by KIs within the communities, as competition for limited resources intensifies.

Furthermore, with the global decrease in humanitarian and development funding, particularly from traditionally large donors like USAID, food security have likely deteriorated since data collection in 2024. Scenarios such as ration reductions, lowered coverage, delayed or less frequent aid delivery, and exclusion of some refugee households have likely occured, leaving many vulnerable to hunger. More recent analysis on this can be found in REACH and UNHCR's brief on the consequences of reduced funding in the Ugandan refugee response.

Figure 22: % of refugee households (left) and host community households (right) with a Food Security need, per severity phase



Host communities on the other hand shared challenges with food insecurity as a result of increasingly intensifying and unpredictible climate hazards. Drought was reported as a major concern, with the West Nile region experiencing the most severe impacts mainly due to its already arid climate. Flooding presents additional challenges in specific areas in low-lying zones or near riverbanks due to heavy rains In both climate scenarios, —drought and flooding— the agriculture sector suffer severe disruption through crop destruction, significantly reducing crop yields, and damage to stored harvests.

"*Climatic changes such as floods and drought are the major problems affecting food production. It has not only affected crop production but also the prices of food in the market because it affects the yield of crops in the garden, making it very expensive to access food.*" - LC in Mvepi

A large gap in proportion of households in need in food sector was observed between refugee and host community households. **The proportion of refugee households found to be in need in the food sector (45%) was four times higher than among host community households (11%).**

Among refugee households, those located in West Nile (53%) demonstrated slightly higher food need than those in the Southwest (42%). Similarly, host community households in West Nile were also in higher food need at 18% compared to other regions. Notably, both refugee and host community households in Kampala showed considerably lower food needs, at 11% and 9%, respectively. The Adolescents' Experiences module[9] found similar results in which **food security was raised as an issue across all regions, though less frequently so in Kampala**. This was possibly due to the greater availability of markets in the city, better infrastructure and services, diversified food sources, and less reliance on agriculture compared to rural settlements.

From the same report, lack of food at home or in schools was mentioned as a key barrier deterring school enrolment and attendance for school-aged children across both refugee and host community households. However, this was reported less frequently as a main challenge in FGDs with adolescents in Kampala, consistent with the capital's general improved food consumption indicators.

Based on the MSNI, households headed by people with disability (59%), households with disabled member(s) (57%), and female-headed (51%) households were more often found to be in need for food security as compared to other demographics, and compared to the overall proportion of refugee households (45%).

"*The children among the new arrivals are affected the most; you find a household of eight headed by a 12-year-old child, upon arrival they get 100% of the ration but after 3 months they are categorized to either category three or two.*[10]" – Refugee leader, Palorinya

Drivers of needs

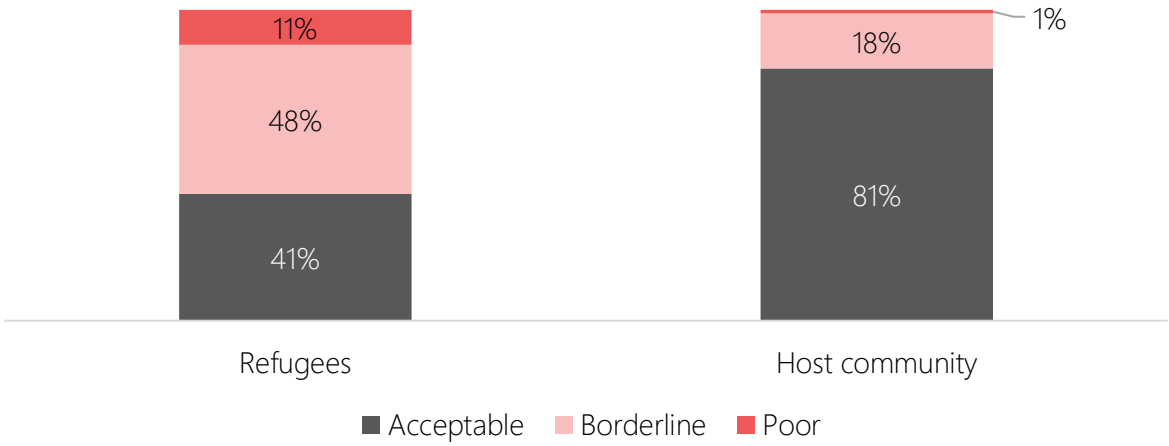
Food Consumption Score (FCS)

As shown in the figure below, overall, the majority of refugee households (59%) were found to have non-acceptable food consumption scores (borderline or poor), compared to 19% of non-acceptable scores among host households. The proportion of refugee households having non-acceptable scores was higher among refugee households in West Nile (67%) compared the Southwest (59%).

[9] The Adolescents' Experiences model is an assessment conducted by REACH that supplemented this MSNA report and explored adolescents' needs within refugee settlements and host communities

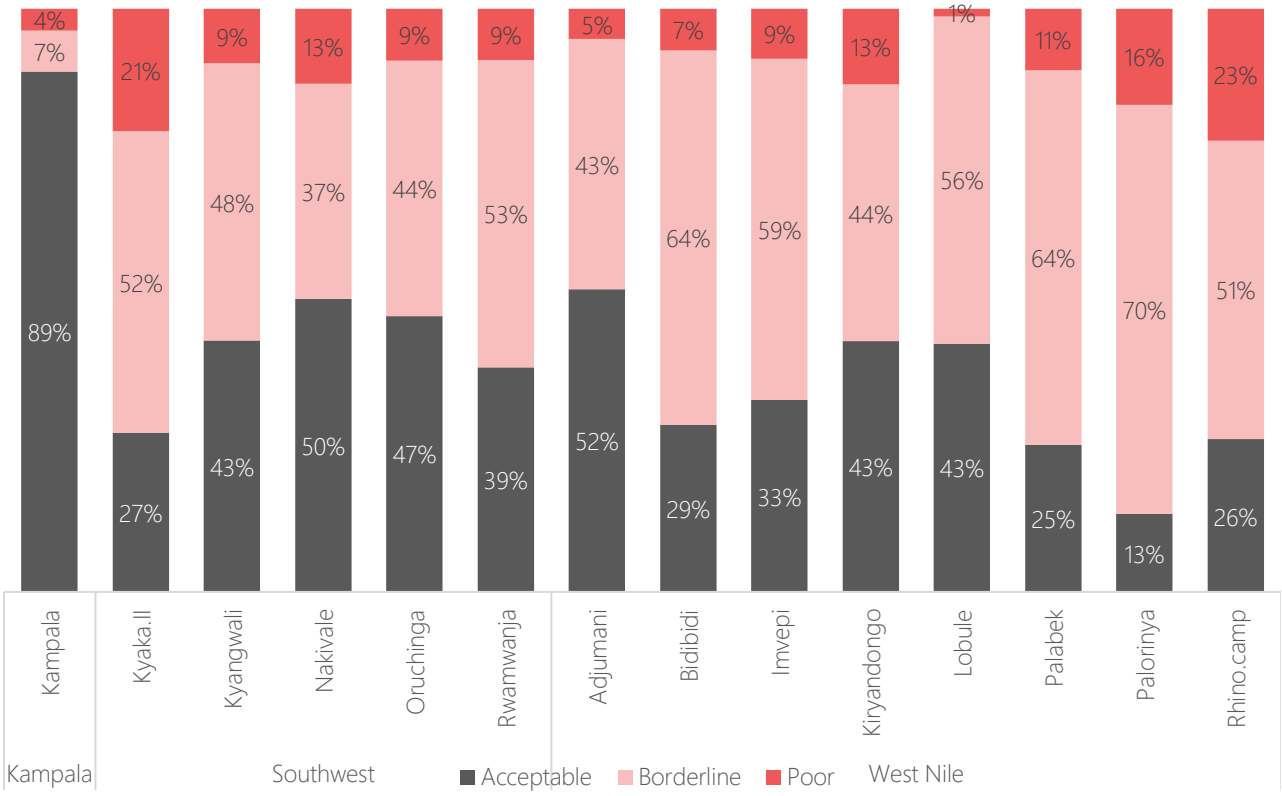
[10] This is the current design of the General Food Assistance in three categories, with category 1 being the most vulnerable receiving 60% of the food ration, category 2: moderately vulnerable individuals receive 30%, and category 3: the least vulnerable receiving no assistance. New arrivals would receive 100% rations for the first three months, then transition to a categories 1 to 3. (UCCRP Food Security Dashboard)

Figure 23: % of households by Food Consumption Score (FCS), per population group



As shown in the figure below, at the settlement level, the highest concentration of refugee households with borderline and poor FCS were found in Palorinya (86%), Palabek (75%), and Rhino camp (74%), all located within West Nile.

Figure 24: % of refugee households by FCS category, per location



Among refugee households (n=3496), groups with indicatively higher non-acceptable FCS scores included those which are single female-headed (65%), female-headed (64%), headed by a person with a disability (70%), and those with at least one member with a disability (67%), compared to the overall proportion of households (59%), male-headed households (52%), and households headed by individuals without disabilities (58%).

"*Single mothers and PSNs are the most affected, I mean people with disabilities. In terms of food, it becomes hectic for single mothers to get food for the the rest of the members of the family, yet they have no source of income.*" – RWC Oruchinga

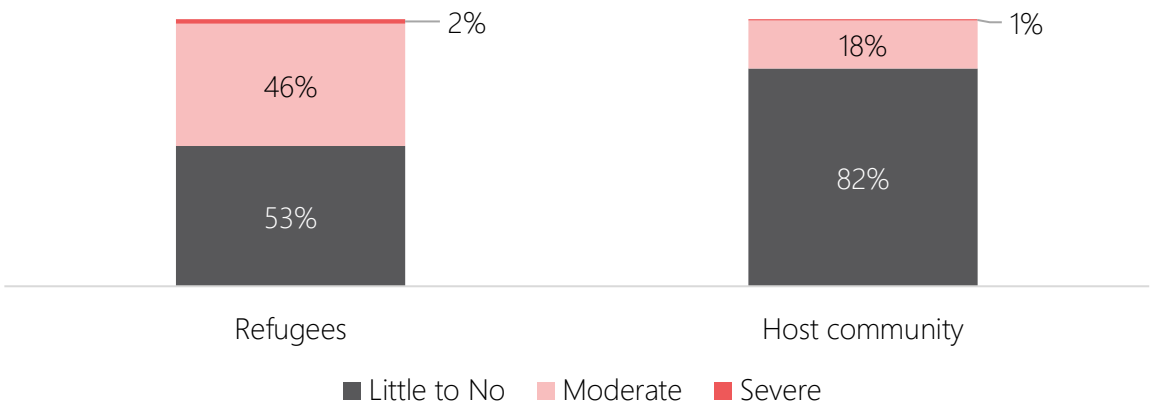
In Kampala, food consumption gaps appeared to be less concerning for both refugee and host households, with 7% of refugee and 4% of refugee households being classified to have borderline or poor food consumption scores. Nonetheless, issues persists and for some, coping strategies are implemented, according to KIIs:

"*Access to food is a major issue, with many families struggling to secure daily meals due to limited income and high food prices.*" – Refugee community leader, Nsooba, Upper Kawempe Division, Kampala

Household Hunger Scale (HHS)

Household hunger was observed to be **much more prevalent among refugee households than host community households.** Nearly half (48%) of refugee households with moderate to severe household hunger within 30 days prior to the interview, which is more than double the proportion for host community households (19%).

Figure 25: % of households by Household Hunger Scale (HHS) category, per population group



Over half (55%) of refugee households and a quarter (25%) of host community households in West Nile were found to experience moderate to severe household hunger, which was comparatively higher than the 41% of refugee and 7% of host households in the Southwest region. Among the settlements, the proportion of refugee households categorized as having moderate household hunger was highest in Bidibidi (61%), Imvepi (60%), and Kyaka II (59%) camps.

Among refugee households (n=2749), a higher proportion of households headed by persons with disabilities (57%), households with at least one member with a disability (55%), and female-headed households (50%) more often reported experiencing what is categorized as moderate to severe household hunger, compared to other groups of households.

Across all surveyed locations, households are implementing various coping strategies to combat hunger, yet many still experience food deprivation. **More than half (54%) of refugee households reported having experienced at least one occurrence of having no food to eat of any kind** in their house in the 30 days prior to data collection, as compared to 25% of host community households. Furthermore, **29% of refugee households reported having experienced at least one instance of going a whole day and night without eating anything at all** because of lack of food in the 30 prior to data collection, compared to 7% of host households reporting the same. The

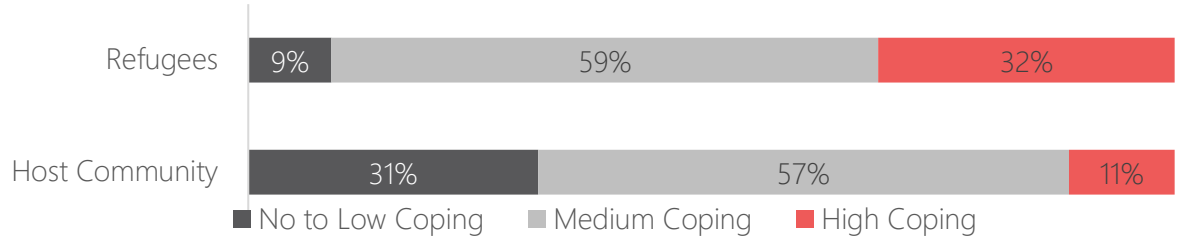
proportion of households reportedly having gone a whole day and night without food was higher in West Nile (34%) than in the Southwest (26%).

Reduced Coping Strategies Index (rCSI)

The vast majority of refugee households (91%) reported having used medium to high leveled coping strategies within seven days prior to the interview, compared to 68% of host community households.

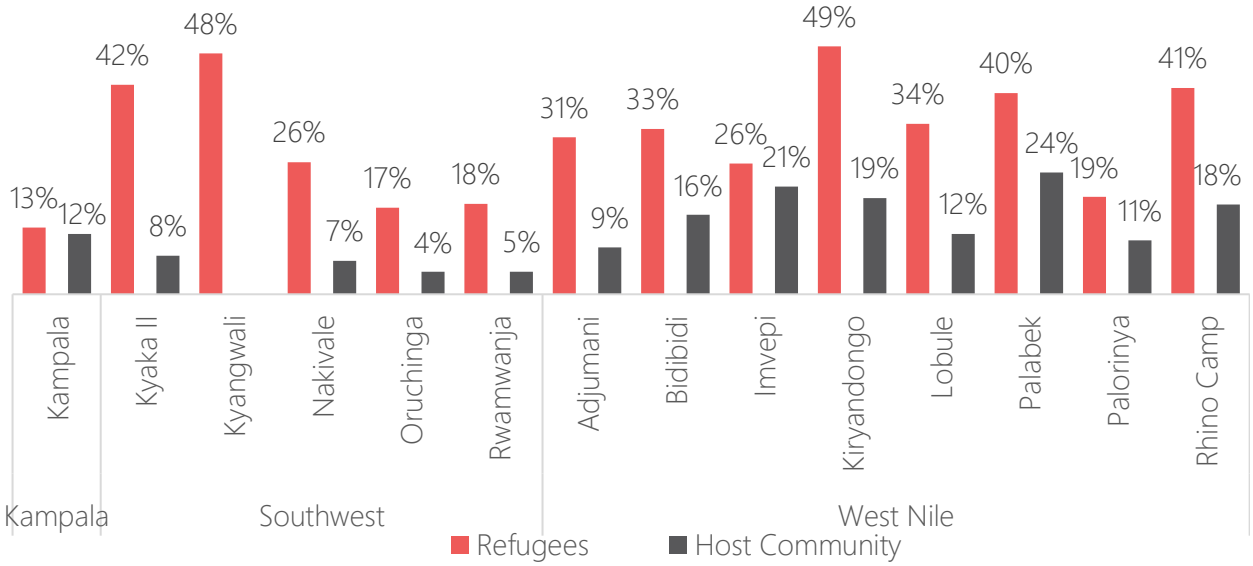
Overall, 32% of refugee households and 11% of host households were found to be engaged in high coping strategies to deal with lack of food or lack of money to buy food. Among host community households, the proportion of those engaging in such coping strategies in West Nile (16%) was almost triple than those in Southwest (6%). For refugee households, almost all demographics and locations recorded close to or over 30% of those utilizing high coping strategies, except households that reside in Kampala, with 13% in reported engaging in such strategies.

Figure 26: % of households by Reduced rCSI category, per population



At the regional level, refugee households showed similar rCSI results to the overall above proportions. Certain settlements implemented substantially elevated coping strategies among refugee households, especially in Kiryandongo (49%), Kyangwali (48%), and Kyaka II (42%).

Figure 27: % of households with a high rCSI score, per location and population



No major differences in the proportion of households engaged in high or medium coping strategies was observed based on the head of household's gender, marital status, or disability. However, continued monitoring of food security trends among these vulnerable populations remains critical as households may exhaust available coping mechanisms over time. The sustainability of current coping

strategies is concerning given multiple factors such as declining humanitarian funding, persistent climate hazards, and limited structural improvements in underlying conditions.

Sources of food

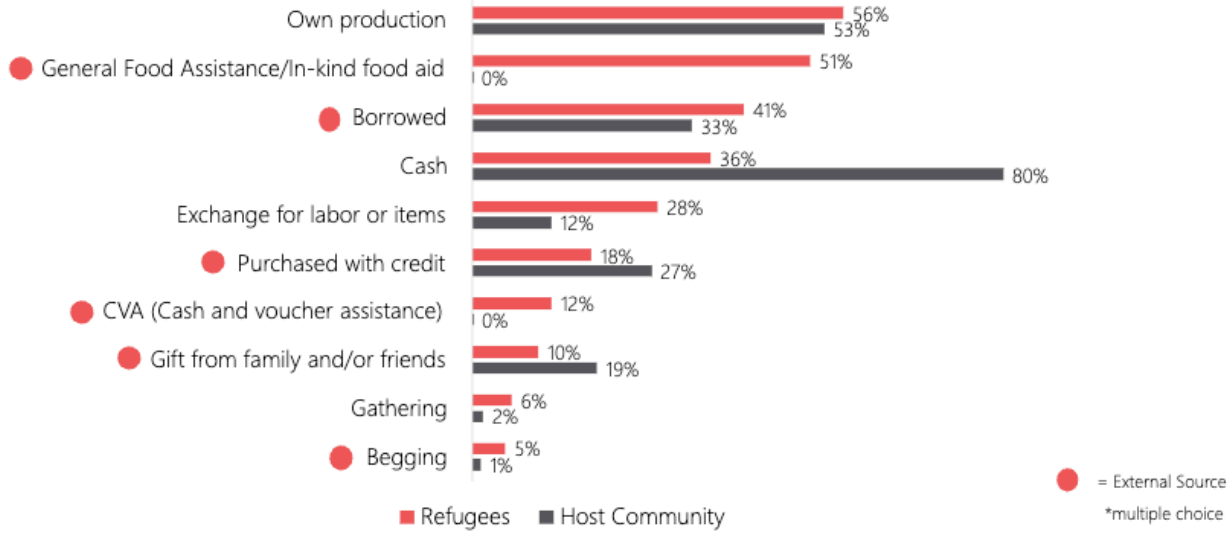
Primary sources of food for refugees are own production (56%), food assistance (51%), and borrowed while host community households depend heavily on cash (80%), own production (53%), and borrowed (33%) as the top three sources.

A substantial proportion of both refugee and host community households remain heavily dependent on growing their own food, making them vulnerable to food security due to climate change. The 2024 harvest reports for Uganda documented agricultural challenges that directly affected food availability for these agriculture-dependent households. The first rainy season, which normally extends from March to June, was characterized by severe rainfall deficits. This significantly affected crop yields, especially in the West Nile and Northern regions, concentrated with refugees, where seasonal precipitation amounts were among the lowest on record. Additionally, overflows of Lake Victoria and Lake Kyoga in May 2024 caused further crop losses nationally in areas adjacent to these water bodies.[11]

In parallel to these reports, the severity of food security gaps and food security indicator outcomes within both refugee and host households were on average worse in the West Nile region compared to households located in the Southwest region and Kampala.

At the national level, general food assistance (GFA) (51%), own production (56%), and purchased food (17%) were the main sources of food for refugee based on households' self-report on their top three main sources of food in the 30 days prior data collection. To note, only refugee families are eligible to receive GFA. In contrast, the main sources of food for host households in the 30 days prior data collection, were purchased food (50%), own production (45%), and food acquired in exchange for labor or items (2%).

Figure 22: % of households' main sources of food in the last 30 days, by population



For host community households, own production was the most common main source of food source (45%), with a slight difference regional difference: 86% in the Southwest and 74% in West Nile. When looking at it more granularly a lower proportion of households in some settlements relied on own production as their primary source of food compared to others. For instance, 64% of households in

[11] GIEWS Country Brief: The Republic of Uganda. FAO. October 18, 2024.

Kiryandongo, 63% in Rhino camp, and 68% in Palorinya relied on own production, while a significant proportion also depended on purchased food and/or fishing and hunting (especially in Madi Okollo) as their primary sources of food. On the other hand, in Kampala, a much lower proportion of host households reported own production as their main source of food, with 93% of households reporting purchased food with cash (excluding CVA) as their primary source.

Refugee households reporting reliance on own production as their main source of food increased from 12% in 2019 to 25% in 2024, suggesting effects both from reduced assistance as well as growing agricultural activities. However, harvests were reportedly strained by poor yields, late seed distribution, and destruction of crops by livestock, according to qualitative data gathered for this assessment in 2024. In Kampala, 73% of households reported relying on purchased food as their first main source of food followed by 12% of households that rely on food purchased with credit as their primary main source of food, which was the highest proportion among all settlements.

Even though general food assistance was the primary source of food among refugee households, the proportion of refugee households that reported relying on food assistance was much lower (51%) compared to the proportion published in the Vulnerability and Essential Needs Assessment 2019. Previously, in 2019, food assistance provided by WFP was the most commonly reported main source of food for 72% of the refugee population. This change is likely tied to recent changes in WFP prioritizations, which resulted in the exclusion of some refugees from receiving food aid due to funding shortages. Qualitative data corroborated survey findings, where participants expressed that food insecurity was worsened by ration reductions and the exclusion of some refugees (Category 3) from food assistance, leaving many vulnerable to hunger. Additionally, the prioritization criteria for food aid was reported to be unclear, with concerns that even the elderly and persons with disabilities were sometimes unfairly categorized.

"*Firstly, some refugees including myself were withdrawn from general food assistance which makes living hard. There were no explanations given except that WFP was going to categories us in levels or prioritization. We still see that very vulnerable people were categorized as level 3 which is a big challenge*." - RWC Rwamwanja

The main sources of food differed among the various population groups assessed, which likely influence the severity of food security gaps among the households. Specifically, female-headed refugee households were more likely to rely on general food assistance (GFA) than male-headed refugee households, though a similar proportion of both male-headed and female-headed households depended on their own production of food.

Interestingly, the proportion of refugee households that reported reliance on GFA was more than twice as high among those who had stayed in their location of displacement for 5 to 10 years (37%) compared to those who had stayed for 1 to 3 years (17%) or 3 to 5 years (17%). These refugee households, that had stayed in their location of displacement for one to five years were more likely to rely on purchased food as their main source of food at 37% and 33% respectively.

Education

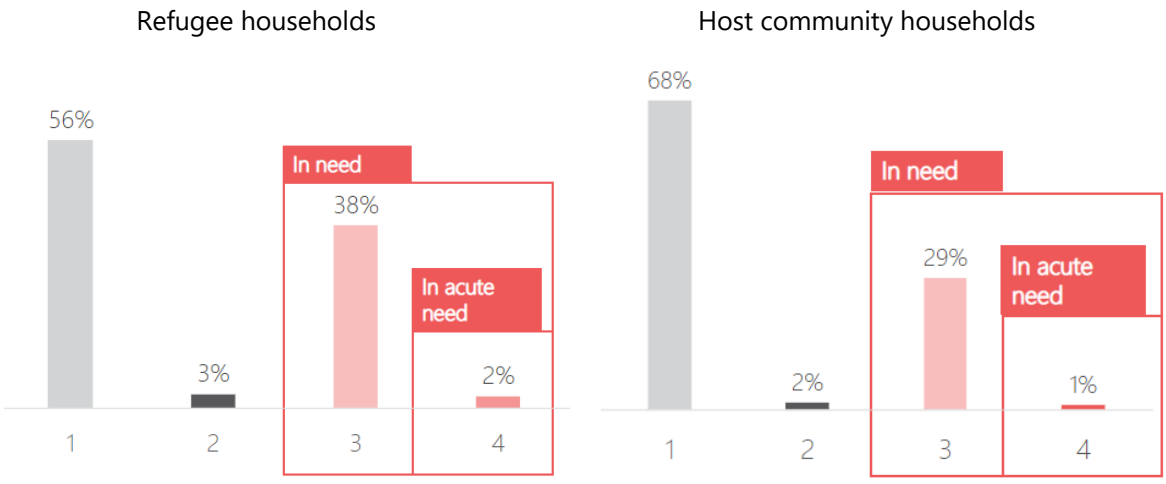
Education sector needs

Uganda operates a 7-4-2-3+ structure, consisting of seven years of primary education, four years of lower secondary, followed by two years of upper secondary and a minimum of three years of post-secondary education.[12] Some families also opt for pre-primary school education like nursery or preschool, starting as early as age 2 to 3. Within this educational framework, significant gaps persist in meeting the needs of both refugee and host community populations.

Education emerged as the third sector with the highest proportion of households in need, affecting 41% of refugee households and 30% of host community households. Among refugee households, the proportion of households in need in education was about similar among households with at least one member with a disability (50%), those who had been in the displacement location for over 10 years (46%), female-headed households (44%), and households headed by individuals with disabilities (43%). Additionally, among host households, those households with at least one member with a disability (51%) and those headed by individuals with disabilities (40%) showed a higher proportion of need in the education sector compared to other households. Furthermore, 2% of refugee households and 1% of host households were found to be in acute need of educational support. Barriers that households faced related mostly to access to education and disruptions in school attendance.

Regionally, the proportion of refugee households needing educational support was similar in Southwest (44%) and West Nile (42%), with the highest needs in Kiryandongo (53%), Rwamwanja (51%), and Kyangwali (49%). However, among host community households, the need was notably higher in West Nile (46%), particularly in Yumbe (60%) and Koboko (54%), compared to Southwest (27%). Families in Kampala presented much lower needs than in both regions with 24% of refugee and 22% host community households in need, likely attributing to better educational infrastructure, more availability in schools, and more diverse educational opportunities in urban settings.

Figure 28: % of refugee households (left) and host community households (right) with an education need, per severity phase



[12] Uganda: Education Country Brief | International Institute for Capacity Building in Africa (unesco.org)

Drivers of needs

School attendance

In Uganda, disruptions in school attendance often stems from multifaceted factors such as poverty, societal, and cultural factors. Besides poverty, the share of children not able to read and understand an age-appropriate text by age 10, is estimated by the World Bank, UNESCO, and other organizations at 83% (see Table 1 for selected statistics). This is in part because of various barriers that makes it difficult for children to access education or continue to stay in school and out-of-school children are less likely to achieve reading proficiency.[13] Overall, financial constraints was reported to be the major reason for children not attending school, either due to households' inability to afford the direct cost of education or children having to engage in income-generating activities to support their families.

"Payment of school fees is challenging given the reduction of ration of which part of the ration was used for paying school fees but since the ration was reduced, most young girls and boys had to drop out of school because of no money to pay their school fees." – Refugee leader, Rhino Camp

Across all sites, 86% of refugee children and 82% of host community children were reported to be attending school during the 2023/2024 school year. For refugee households with children attending school, most of them were enrolled in primary school, 22% of children are in nursery, 73% in primary school, and 5% in secondary school. Host community households recorded 19% of children in nursery, 70% in primary school and 11% in secondary school. At the settlement level, the highest attendance rates among refugee children were in Imvepi, Rhino Camp, and Bidibidi, each at 94%. In the Bidibidi refugee settlement, education, particularly at the primary level, is heavily supported by humanitarian and development partners to ensure access to education for refugee adolescents.[ix]

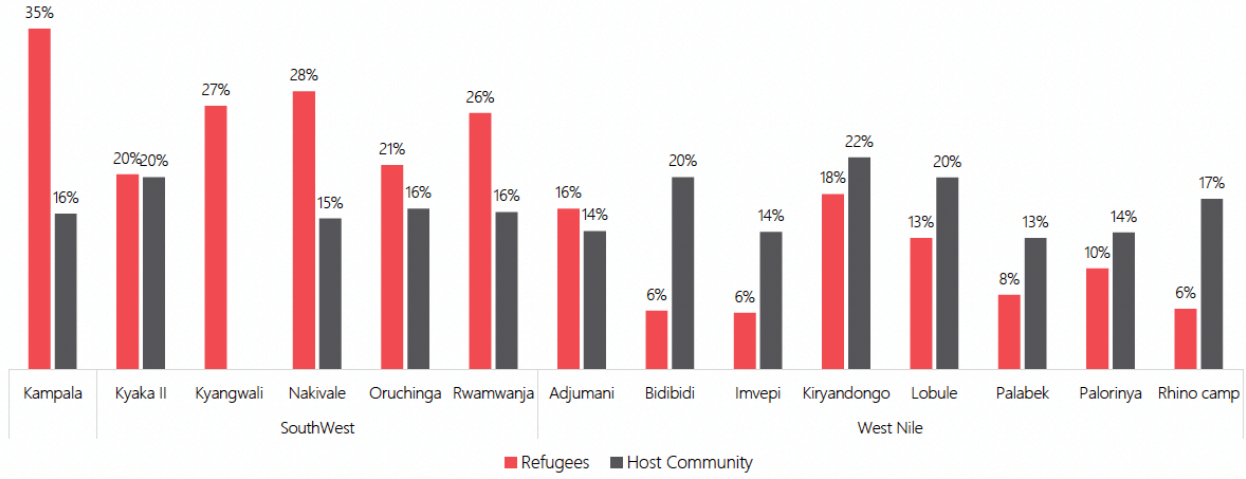
School absenteeism remained a critical concern across sites with as high as 16% of refugee children and 17% of host community children ages 3 to 18 years old reportedly did not attend school during the 2023/2024 school year. At regional level, the proportion of children not going to school was notably higher in Southwest region than it was in West Nile region, 25% and 15% respectively. **Alarmingly, more than one third (35%) of refugee households in Kampala with school age children, indicated they are not attending school**, with Nakivale (28%) and Kyangwali (27%) following closely behind. Host community families, despite having lowered school absenteeism, still recorded 22% of unschooled families in Kiryandongo along with 20% in Kyaka II, Bidibidi and Lobule. Moreover, seven out of the eight surveyed locations in the West Nile showed higher rates of school absenteeism in host community children than refugee children. Communities surrounding settlements outside cities often have access to fewer public schools or schools supported by international partners and therefore must pay higher fees, creating barriers to education.[14] KIs from host communities cited unaffordable school fees, long distances to schools, and extremely high student-to-teach ratio as main reasons for high drop outs. These findings align with broader national education challenges: according to the same report from World Bank and UNESCO, the primary school completion rate was at 52% in 2017 for boys and 54% for girls. For this assessment, the majority of surveyed children are enrolled in nursery and primary school, which may partially suggest current dropout rates increase with age due to escalating school fees.

"*Government aided schools are affordable; however, they lack adequate space and staff. You find that one teacher attends to more than 100 pupils in a 60-seater classroom. So, some students loose motivation to go to school.*" - RWC, Kyaka II

[13] ibid

[14] REACH_UGA_Report_Adolescentss-Needs-and-Preferences-MSNA_-January-2025.pdf (impact-initiatives.org)

Figure 29: % of school-aged children (3-18y) who were reported to not have attended school or an early childhood education program at any time during the 2023-2024 school year, per location and population group



The most common reason families provided for children not attending school was inability of households to afford the direct costs of education, affecting about half of both refugee and host community households (46% and 47%) among those with children not attending school (n= 3104 and n=2618). Key informants highlighted the **high cost of education as a major barrier for refugee children, with even government schools requiring additional payments for fees, materials, books, and extracurricular activities**. Access to scholarships and financial support is extremely limited, with existing programs unable to meet demand. **The post-primary transition to secondary school is the most affected, as many parents cannot afford the more costly secondary school fees, leading to high drop out rates, especially among newly arrived refugees**. This major obstacle to accessing education was further emphasized in the Adolescent Experience Module, highlighting the significant challenges faced by children in attending school beyond households' inability to afford the direct costs of education. The explanation pointed to poverty among both refugees and host communities: host community households primarily rely on agriculture, and refugee households depending on gradually decreasing aid was most likely resulting in children to often have irregular attendance or drop out to engage in domestic work, casual labor, or small businesses to support their families. This challenge was particularly pronounced in Kampala, where the cost of living is higher than in other study locations.

"*In terms of education parents are failing to raise school fees and it's not much... Children who study in P1 and P3 pay school fees of 10000 shillings and those from P4 to P7 pay 35000 shillings. And some parents don't want to send their children to school those in upper classes like secondary because their tuition range from UGX 234000 to UGX 500000 by the time they finish senior 6. When you ask parents why they cannot take their children to school, they tell you they do not have money and sometimes children do not even have uniform.*" – RWC, Oruchinga

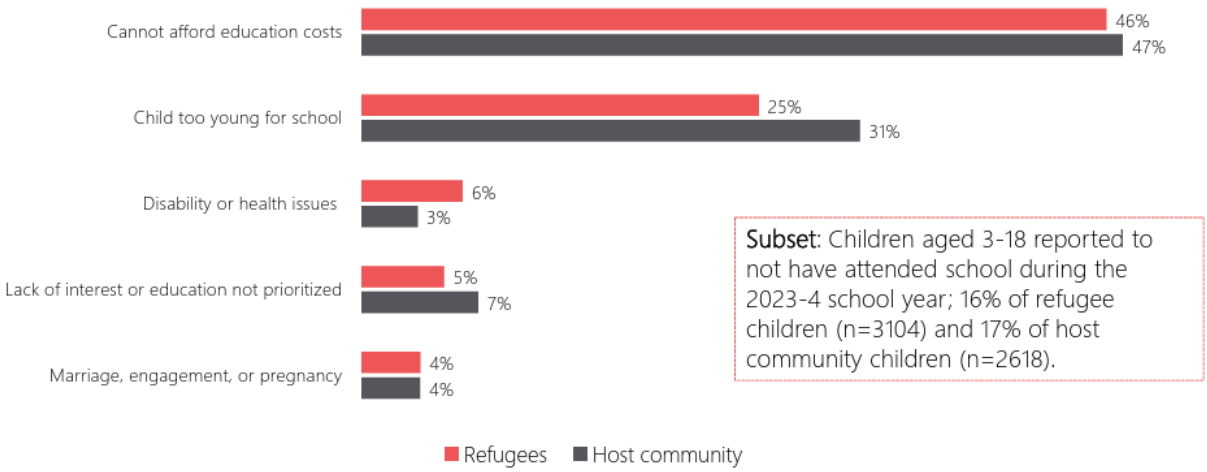
Additionally, out of those with school-aged children not attending school, 25% of refugee households and 31% of host households believed their children were still too young to attend school, even though they were qualified based on the standard age threshold for school. According to a 2024 data from UNICEF, in Uganda, an average 68% of the primary school learners and 73% of the secondary school learners are over age, for the general population, due to delayed enrolment and repeating grades.[15]

More reasons for absenteeism of children included lack of interest in education and disability. KIs brought up reasons such as overcrowding in the classrooms and shortage of school staff as reasons

[15] Challenges of Education Sector in Uganda in Brief.pdf.pdf (unicef.org)

that de-motivates children from attending school. For female school-aged pupils, some were reportedly absent from school due to marriage, engagement and/or pregnancy. KIs also discussed the lack of special needs schools and lack of disability-friendly infrastructure at existing school buildings.

Figure 30: % of school-aged children (3-18y) who were reported to not have attended school or an early childhood education program at any time during the 2023-2024 school year (n= 3104 for refugee and n=2618 for host community households), by main reason for non-attendance, per population group



"*Like people who live with disability are being affected because they don't have that thing of inclusion in many schools. You find that for example the buildings of some schools are not favourable for those who have physical impairments and have crutches. So that causes the children or the students who live with disability to not access such a school.*" - RWC, Kyaka II

School disruption

Out of households with school aged children attending school (n=16948 and n=13027 for refugee and host community households), school disruption is another challenge being faced by the education sector, with 19% of refugee and 13% of host community households reported that at least one child's education was disrupted during the 2023/2024 school year. **Disruption was generally reported to be three times higher in West Nile compared to Southwest for both refugee and host community households**. In Kampala, school disruption was notably very low among refugee households where only 1% of households reported disruption compared to 7% for host community households. Causes for school disruption reported include natural hazards, teacher absenteeism, and schools being used as shelters for displaced people.

Natural hazards leads the cause of disruption for both refugee (15%) and host community children (12%). West Nile was more impacted compared to Southwest. According to one KI from Bibibidi, "*Some of the roofs of the classrooms are blown off due to heavy storm. So, you may find that learning becomes a challenge to the learners.*"

Teacher absenteeism was another factor contributing to education disrupting, affecting 6% of both refugee and host community households. Among host households, teacher absenteeism was reported by a higher proportion (11%) in West Nile compared to just 3% in Southwest. In Kampala specifically, teacher absenteeism affected 10% of children with disrupted schooling. Shortage of staff compounded this issue, as illustrated by a LC representative from the host community in Rhino camp, "*there are also too few teachers in schools. For example, Ewanga Primary School has only 9 teachers for a population of 1,466 pupils.*"

WASH

Overall WASH conditions in a large proportion of the Ugandan households were found to be poor, including access to safe drinking water, proximity to water sources, water quality, improved sanitation facilities, and handwashing facilities. General findings from the MSNA show that the Southwest region faced more WASH challenges compared to West Nile and Kampala. Additionally, host households were observed to experience more severe WASH conditions than refugee households, particularly in settlements like Nakivale, Madi-Okollo, Oruchinga, and Yumbe. Refugee households in Bidibidi, Kampala, Kiryandongo, and Nakivale also had high needs in the WASH sector.

Based on a WASH dashboard from WASH cluster published in the fourth quarter of 2024, disparity in access to improved sanitation facilities among settlements was observed with more construction, maintenance of sanitation facilities and wash partner interventions in settlements that where accepting new arrival of refugees than those that were not.[16]

WASH sector needs

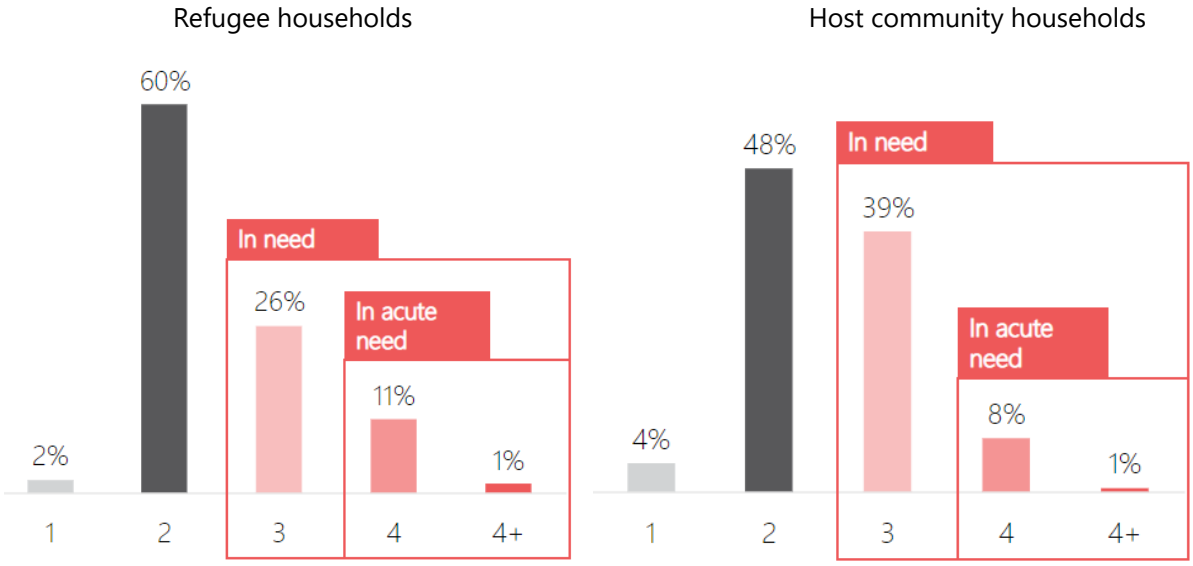
At the national level, 38% of refugee and 48% of host community households were identified as needing support in the WASH sector, with 12% and 9% respectively indicating acute needs. Among these households in need (n=, the proportion was generally higher among single female headed households, at 44% for refugee families and 55% for host community families. Households headed by individuals with disabilities among refugee households with WASH needs also reached 44%.

In Kampala, 65% of host community households and 47% of refugee households were found to be in need of WASH, relatively higher than most locations. At regional level, nearly twice as many host community households in the Southwest (40%) were found to be in need in WASH sector, compared to 25% in West Nile. Among refugee households, the disparity was also notable, with 41% of households in the Southwest being in need in WASH versus 35% in West Nile. Proportion of host community households in need further varied between settlements from the highest in Nakivale (49%) and Rhino Camp (46%) to the lowest in Kiryandongo (12%). The top 4 settlements with the highest proportion of refugee households in need in WASH sector were Nakivale (59%), Bidbidi (48%), Kiryandongo (47%) and Rhino camp (46%).

However, the proportion of households in acute need in WASH sector was the highest in Southwest compared to West Nile and Kampala for both refugee and host community households. In Southwest, 21% of host community households and 16% of refugee households were in acute need, often or constantly experiencing insufficient water supply and relying on unimproved or surface water for drinking and using open defecation due to lack of sanitation facilities. Among the settlements, almost three times more of host community households in Oruchinga (26%), Nakivale (25%) and Madi-okollo (24%) were found to be in acute need in WASH sector as compared to the national average proportion of households in acute need. Among refugee households, the highest proportion of households in acute need in WASH sector were found in Nakivale (21%), Kyangwali (19%) and Bidbidi (17%) among others.

[16] UCRRP - WASH Quarterly Dashboard - Q4 2024.pdf

Figure 31: % of refugee households (left) and host community households (right) with a WASH need, per severity phase



Furthermore, notable disparity in the proportion of households in acute need was observed between refugee households and the host community within the same settlements. **In most settlements, a higher proportion of host community households were in acute need of WASH services compared to refugee households located in the same area**. For instance, in Rhino Camp, Paloriyna, and Imvepi, host community households were found to be in acute need of WASH services at more than twice the proportion of refugee households. Similarly, in settlements such as Nakivale and Palorinya, the proportion of host community households in acute need was still much higher than that of refugee households that were living within these settelments. However, this was reverse in few settlements such as Kiryandongo, Lobule, Kyaka II, and Bidibidi where refugee households were found to be in greater need of WASH services than host community households in settlements. These findings suggest that WASH needs are highly variable across different settlements, likley reflecting the locations and distance where WASH infrastructure development has reached into surrounding host communities.

Drivers of needs

Access to drinking water

Most refugee and host community households in all settlements, except Kampala, relied on basic drinking water[17] sources, with extremely low access to safely managed[18] drinking water sources[19]; only 12% of refugee and 23% of host community households indicated having access. At the settlement level, the highest reliance on unimproved drinking water was observed among host community households in Kiryandongo and refugee households in Imvepi and Rwamwanja. Additionally, host community households headed by individuals aged 60 and above, and refugee households that had stayed in the location of displacement from one to five years, had less access to safely managed or basic drinking water. Higher proportion of host community households in Nakivale

[17] Basic drinking water: If drinking water source is improved and time taken to fetch water is within 30 minutes including fetching, queuing, and round trip to and from water source.
[18]Safely managed source: If drinking water source was improved and water was available on premises.
[19] The MSNI WASH framework differs for rural, urban/per-urban, and camp settings. Both safely managed or basic water quality are scored 1 (lowest, relatively better), for rural settings. Urban settings make the distinction of safely managed water with a severity of 1 vs. basic or limited access with a severity of 2.

(20%) and Oruchinga (23%) were also found to rely on surface water for drinking water more than households in other settlements.

Instead, most refugee (82%) and more than half (63%) of host community households were found to have access to basic drinking water which means that these households were drinking water from an improved water source, that they can access and collect water within 30 minutes for a roundtrip including queuing. Additionally, 12% of refugee and 34% of host community households were categorized to have had access to safely managed drinking water across assessed areas. Additionally, a small proportion of host and refugee households were categorized as using unimproved drinking water, each at 3%.

In contrast, higher proportion of households were found to have access to safely managed drinking water in Kampala (60% and 34% of refugee and host community households), compared to the other two regions. This is likely due to better infrastructure and service provision in Kampala as the capital city but the disparity among host and refugee households still remained sharp.

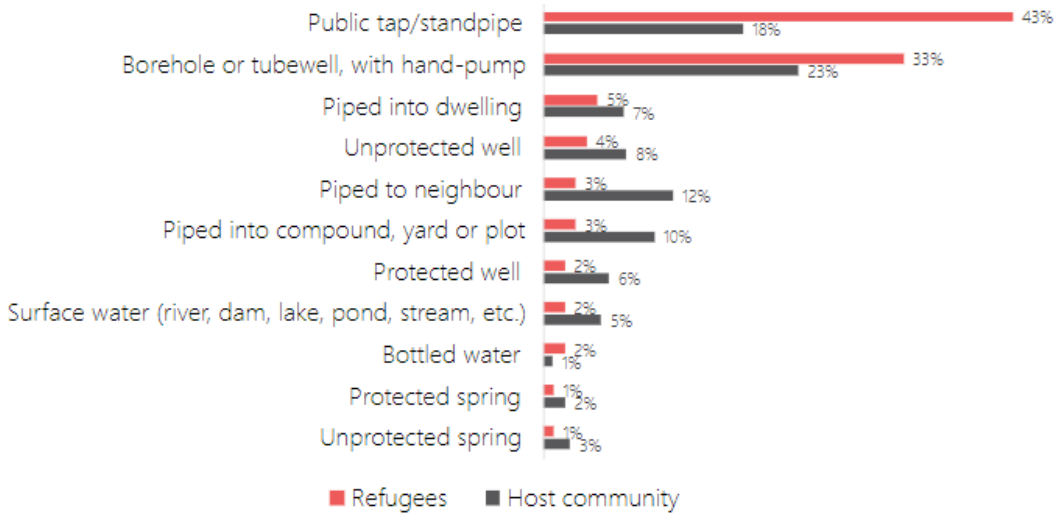
At regional level, refugee households' access to basic drinking water remained slightly higher in West Nile, with 74% of host community households in West Nile categorized as having access versus 68% in Southwest. However, the proportion of host community households with access to basic drinking water remained consistent at 89% in both regions.

Among other categories, host community households headed by individuals aged 60 and above (52%) had lesser access to safely managed or basic drinking water. Additionally, refugee households that had stayed in the location of displacement for one to three years (58%) and those that stayed for three to five years (68%) had less access compared to other households, relying more on surface water and unimproved drinking water sources.

Furthermore, even though the proportion of households that were relying on unimproved drinking water source was very low (4% of host and 3% of refugee households) at the national level, the proportion of households relying on unimproved water was remarkably high in Kiryandingo (13%) among host community households and Imvepi (16%) and Rwamwanja (15%) among refugee households. Additionally, host community households in in Nakivale (22%) and refugee households in Nakivale (12%) and Oruchinga (12%) relied on surface water for drinking at a much higher proportion that the national average or any other settlements (7% of host and 3% of refugee households).

Overall, only 17% of host community households and 8% of refugee households had water piped directly into their dwellings or compounds. Furthermore, about 23% of host community households used boreholes or tube wells with hand pumps, 18% relied on public taps, and 12% used water sources piped to neighbors' compounds. On the other hand, 43% of refugee households depended on public taps or standpipes, and around one-third used boreholes as their primary drinking water source.

Figure 32: % of households by type of primary source of drinking water at the time of survey, per population group



At regional level, supply of water to own dwelling or compound was observed to be almost non-existent in both Southwest and West Nile regions at 3% in each region. In Kampala however, coverage of piped water into to own compound or dwelling was comparatively much better among host community households where 34% of host community households reported to use piped water either directly connected to their shelter or compound as their main source of water.

Findings from qualitative KIIs show that lack of access to clean, safe drinking water remains a challenge, particularly in locations such as Oruchinga, Adjumani, and Mvepi. Distance to water sources was also cited as a challenge in some settlements, along with poor water quality, such as open water wells.

As part of evaluating households' access to drinking water, time taken to fetch water including roundtrip to a water source and queue was factored in. Overall, 96% of refugee and 91% of refugee households reported that they had to travel long distances in order to fetch water. Among these households, 61% of refugees and 57% of host community households reported that it took them less than 30 minutes to fetch water. Furthermore, 33% of refugee households and 34% of host community households reported that fetching water took them more than 30 minutes but less than an hour, including walking, queuing, and fetching time.

"*Here, water is a challenge and I think you can see. The time you have stayed here you could see many jerrycans here, yes we have the boreholes but some of them they are not in use due to poor quality of water.*" - RWC, Oruchinga.

Additionally, 5% of refugee and 6% of host households indicated it took them more than an hour (including walking, queuing, and fetching time), across all locations. These proportions were higher in the Southwest region (15% of host and 6% of refugee households).

"*The issue of water is too much on us because we don't have water, we move around 10km to fetch water at river kagyera and mostly during dry season you have to walk that distance to fetch water*" - Host community LC, Oruchinga.

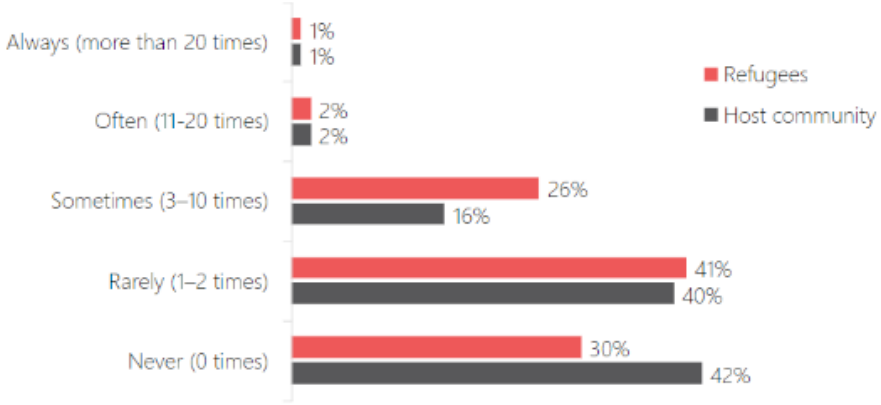
Among refugee households, higher proportions of households in Kiryandongo (17%) and Nakivale (11%) reported that they had to travel for more than one hour to fetch water. Host households in Oruchinga (23%), Nakivale (16%) and Yumbe (15%) similarly reported to take over one hour.

"*The distance to the borehole is about 4 km which is a long distance, besides that, about 3 villages use it so it takes long to get water and return.*" - RWC Nakivale

Water quantity[20]

Findings from KIIs with two communities leaders highlighted that water quantity remains a big issue for both refugee and host communities and specifically brought up the shortage of water access points as an issue. Host communities tended to show slightly better outcomes. From the survey, 29% refugee and 18% host community households reported sometimes (3-10 times), often (11-20 times), or always (>20 times) having insufficient drinking water in the past 30 days, making up the proportion of those "in need" when it comes to water quantity.

Figure 33: % of households by how frequently they did not have sufficient drinking water for one or more household members in the 30 days prior to the survey, by population group

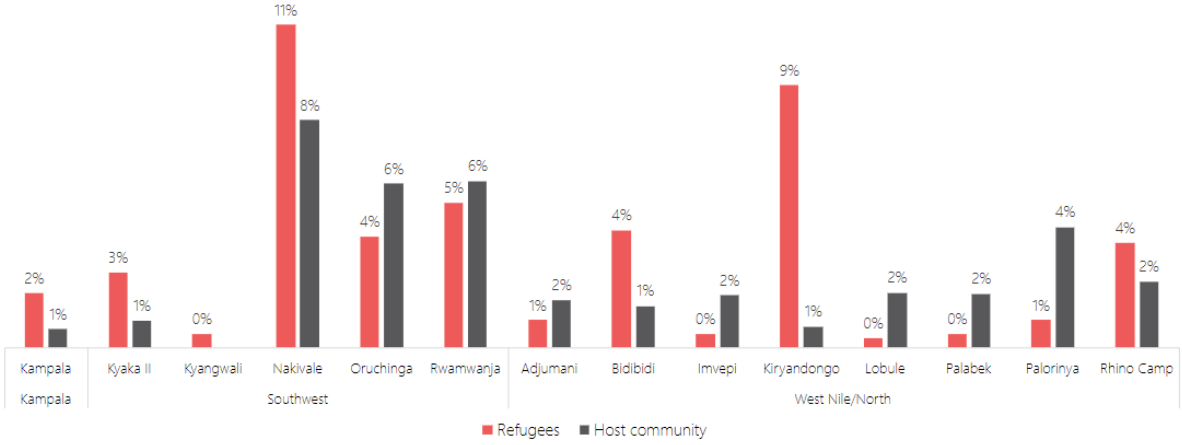


The proportion of refugee households in Nakivale and Kiryandongo that reported always facing a lack of sufficient drinking water was highest among all settlements, at 11% and 6% respectively. Based on the same aforementioned UCRRP WASH quarterly dashboard, reduced water production in Nakivale and Bidibidi have been recorded due to the loss of two strategic boreholesas Lake Nakivale consistently reduce in size. Water intake structure have since been frequently shifted, increasing the cost of operation and maintenance. In addition, heavy rainfall caused the spill way of Sweswe dam in Kyaka II to rupture, threatening water access for over 60% of the surrounding population UNHCR allocated funds to replace one large capacity borehole in Nakivale, repair of Kyaka II spill way and deepening of intake point at lake Nakivale.[21]

[20] Availability of sufficient amount of water in households was based on respondents' perception about access to sufficient quantity of drinking water in the household and no variables were used to measure the sufficiency of water available at the households.

[21] In response, UNHCR funded the installation of one large capacity borehole in Nakivale, repair of Kyaka II spill way and deepening of intake point at lake Nakivale.

Figure 34: % of households reporting there was insufficient drinking water "often" or "always" in the last 30 days prior to the survey, per population group and location



Sanitation Facilities

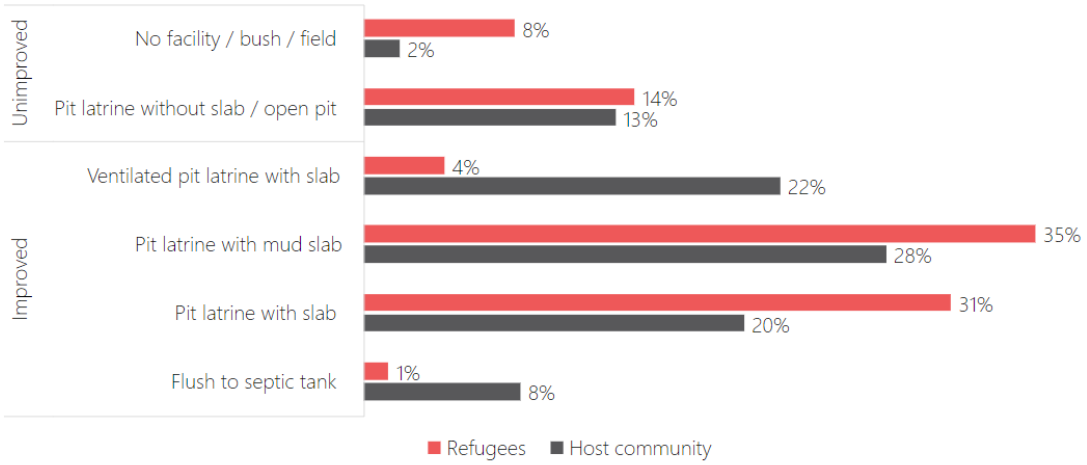
Access to improved and private sanitation facility remained poor overall where 49% of refugee and 57% of host community households reported to use limited, unimproved sanitation facilities or practice open defecation. Among populations, access to sanitation facilities was generally observed to be more challenging for host community households than refugee households, though notably open defecation —having no facilities at all—was practiced by 8% of refugee households compared to 2% in host community households. A substantial proportion of host community households (41%) utilized limited sanitation facilities compared to 25% ofrefugee households indicating the use of improved sanitation facility sharedwith other households. A further 14% of host community and 15% of refugee households were also found to be using unimproved sanitation facilities.

At regional level, access to sanitation facilities was more limited in West Nile than Southwest. Refugee households in West Nile were twice as likely to use limited sanitation facilities (30%) than those in Southwest (15%). The disparity was greater among host community households, with three times more households using limited sanitation facilities in West Nile (30%) than Southwest (10%). This correlated with the broader WASH challenges where the highest proportion of households living in inadequate shelters and facing issues with performing personal hygiene in their shelter were found in West Nile.

The practice of open defecation was slightly higher in West Nile for both refugee (10%) and host community (6%) households than in Southwest (7% refugee, 0.4% host community). Among the settlements, open defecation was more commonly reported among refugee households in Kyangwali (18%), Bidibidi (14%), Ploriyna (14%), and Lobule (12%) than in other settlements while host community households in Madi-Okollo and Kyegegwa had the highest proportion of households practicing open defecation, each at 10%.

Pit latrine and ventilated pit latrine with slab were the most common type of latrines used by host community households while pit latrine with mud slab and pit latrine with slab were the most commonly used types of latrines among refugee households, all of which are improved.

Figure 35: Top 6 most commonly reported sanitation facilities, by % of households, per population group



Overall, it was observed that sharing sanitation facilities was more prevalent among host community than refugee households, with approximately half of host households and one third of refugee households sharing sanitation facilities with individuals from other households. Out of these households, 79% of host community and 91% of refugee households reported that they shared sanitation facilities with up to 19 individuals from other households while 15% of host community and 7% of refugee households shared sanitation facilities with from 19 to 50 individuals The average number of households sharing the same sanitation facility was five among host households and three among refugee households.

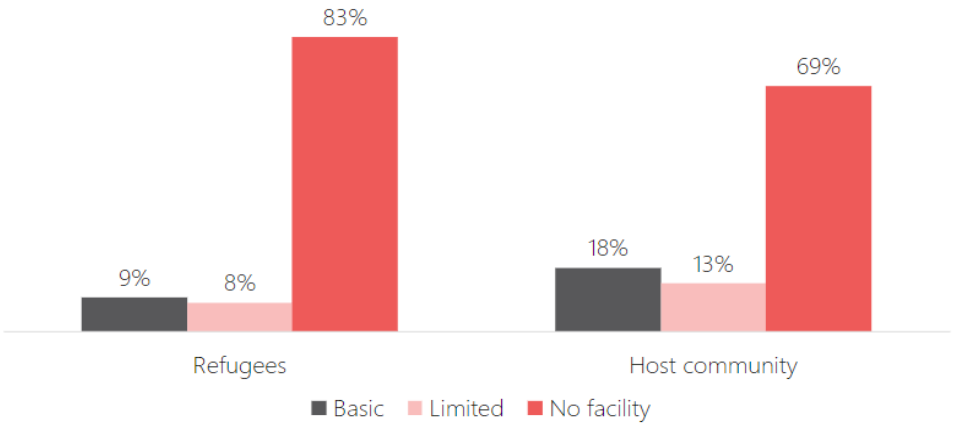
Hygiene[22]

In Uganda, poor sanitation and hygiene, coupled with unequal access to safe drinking water, contribute significantly to child morbidity and, at times, mortality. Diarrhea alone, one of three major childhood killers in Uganda, claims the lives of 33 children every day. Children typically get the disease by drinking unsafe water or through contact with contaminated hands — theirs or parents or caregivers — that have not been washed with soap.[23]

Access to hand washing facility was found to be very poor for most households in Uganda and slightly more severe among refugee households than host community households. **At national level, as high as83% of refugee and 69% of host community households did not have access to any hand washing facilities.** Additionally, 8% of refugee households and 13% of host community households reportedly have limited access to handwashing facilities, meaning that either water or soap was unavailable at the handwashing facility during the data collection. Only 9% of refugees and 18% of host households that reported to have access to basic hand washing facilities.

[22] The handwashing facility indicator was based on a combination of reported and observed indicators that take into consideration the type of handwashing facility, the availability of water, and the availability of soap.
[23] Water, sanitation and hygiene (WASH) | UNICEF Uganda

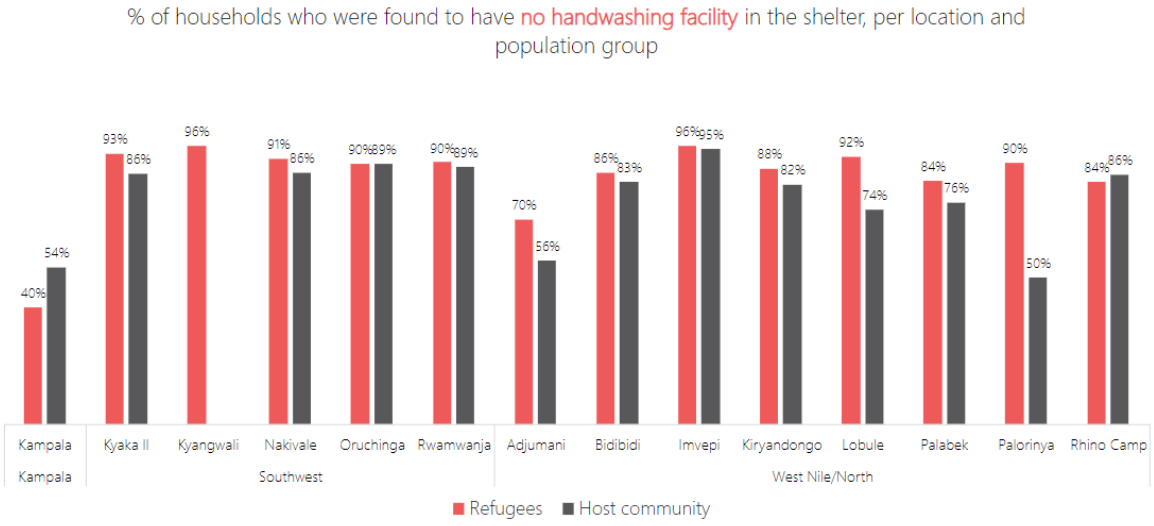
Figure 36: % of households by quality of handwashing facilities in their shelter, per population group



Regionally, even though access to handwashing facility remained very poor, it was reported by more households in Southwest (93% of refugee and 88% of host community households) than those that were living in West Nile (84% of refugee and 79% of host community households). Kampala demonstrated relatively better access though still concerning, with 44% of refugee and 60% of host community households lacking handwashing facilities entirely. However, even in Kampala, 19% of refugee and 20% of host community households only had access to limited handwashing facility.

Settlement-level disparities were extremely sharp across various settlements, particularly among host households. In Terego (90%), Kamwenge (89%), Oruchinga (89%), Nakivale (86%), and Madi-Okollo, the vast majority of host community households lacked access to handwashing facilities. Among refugee households, the proportion without access remained alarmingly high, ranging from 96% in Kiyangwali and Imvepi to 70% in Adjumani.

Figure 37: % of households who were found to have no handwashing facility in the shelter, per location and population group



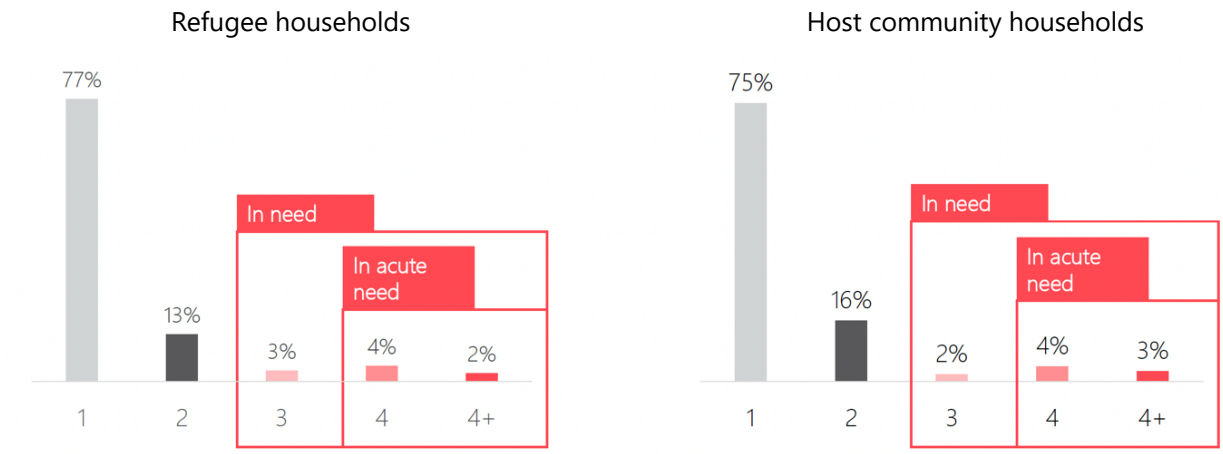
Protection

Protection sector needs

Protection needs were reported for 10% of refugee households and 9% of host community households, with 2% and 3%, respectively, in acute needs, relatively lower compared to other sectors. However, it is important to note that the MSNI survey for protection only covers perceived risks of security or safety concerns and child separation, which may not capture the full scope of protection challenges experienced by these populations. Robust qualitative findings reveal that protection concens extend beyond these survey indicators, encompassing complex issues of inter-community tensions, gender-based violence, inadequate law enforce response, and heightened vulnerabilities among specific demographic groups like women, refugees, PwDs, and children. Furthermore, protection risks are also incorporated into the MSNI scores for education (absenteeism due to protection risks) and food security (coping strategies).

Ethnic tensions among different nationalities, tribes, and races emerged as prominent protection concerns in refugee settlements, as reported by several RWC members. Additionally, tensions between host communities and refugees were attributed to various factors including animals destroying gardens, land disputes, segregation of refugees by host community members, and refusal by host communities to share resources. As one key informant noted, "*Also, when the children go to collect firewood from the host community, they are chased away from there. We are not allowed to collect fuel, yet it is what most people use for cooking*." These inter-community dynamics create ongoing security risks and limit access to essential resources for both populations.

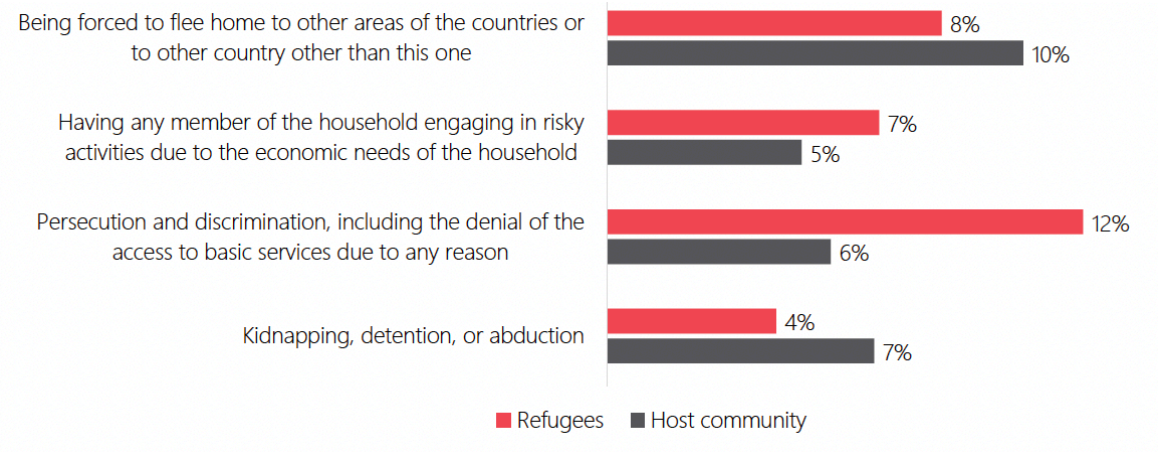
Figure 38: % of refugee households (left) and host community households (right) with a Protection need, per severity phase



Drivers of needs

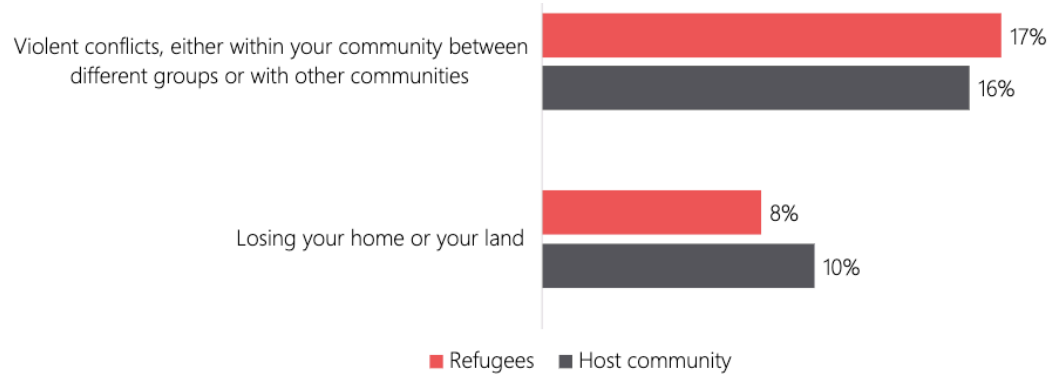
Among refugee households, top concerns for security and safety come from fear of persecution and discrimination, including the denial of access to basic services (12%), followed by fear of being forced to flee home to other areas of the country or to another country other than Uganda (8%). Host community households reported being forced to flee home to other areas of the countries or to other country (10%) and kidnapping, detention, or abduction (7%) as top worries.

Figure 39: % of respondents who reported to having been concerned about the following risks in the 3 months prior to the survey, per population group.



When further asked about concerns of violent conflicts and the fear of losing their home or land in the three month prior to survey, 17% and 8% of refugee households and 16% and 10% of host community households confirmed their respective security and safety concerns.

Figure 40: % of respondents who reported having been concerned about the following risks in the 3 months prior to the survey, per population



Qualitative findings show that one of the protection issues existing especially in settlements is ethnic tension among different nationalities, tribes, and races in the refugee settlements as mentioned by a few RWCs. Adding onto that some tension between host communities and refugees was being caused by reasons such as animals destroying gardens, land wrangles, segregation of refugees by host community members, and refusal by host community to share resources.

Theft of property, farming outputs, and animals was reported by most of the KIIs. They attributed theft partly to unemployed youths who have dropped out of school due to financial constraints and the reduction in GFA, leading many to resort to survival coping strategies like theft and gang activity.

"*Keeping livestock is almost impossible because of theft. For example, in my neighbourhood, it is difficult to keep chicken or any other livestock because they will be stolen on day one.*" - RWC Kyaka II.

When it comes to solving protection issues, inadequate police response and understaffing at police stations were highlighted by some community leaders. KIs explained how insufficient police presence and poor gender representation within security forces at times determine the protection outcomes. Harrassment from authorities was reported often.

"*Imvepi has only two police stations with inadequate female representation; the main station has two male officers and one female officer. This imbalance leads to under-reporting of criminal cases by women, as many do not feel comfortable or safe reporting their concerns to male officers. For instance, Zone 3 has no female police officers, and most women must report their cases to the main Imvepi Police Station, which is far away.*" – RWC, Impevi

Police responsiveness, particularly during night time, was identified as problematic. A key informant from Palorinya settlement reported, "*I don't sleep at night and sometimes you call police, and they are not responding, police don't respond at night*." Furthermore, poor case handling and lack of follow-through undermined community confidence in law enforcement. Refugee leaders have also expressed concern about inadequate justice outcomes. The absence of reliable security services and distrust in law enforcement contributes to residents' anxiety with protection issues. Without accessible law enforcement, community members feel unsafe and under protected, especially during night time or in less populated areas.

"*Even when we report to the police, no action is taken, we still see the suspects moving in the community just after handing them to the police*." – Community leader, Bidibidi

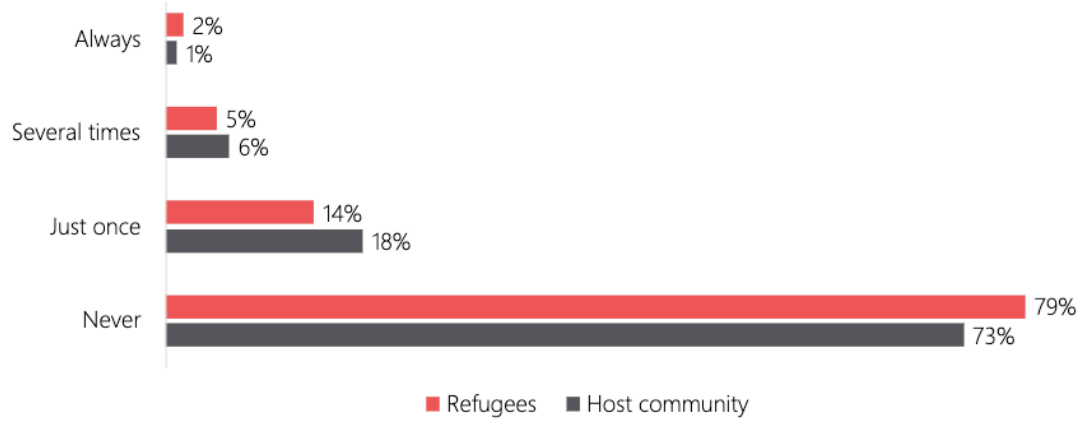
"*There is also a concern from the community about the criminals being released from jail without justice being followed. We have a man [redacted]. He was arrested because of rape cases but we are surprised to see the man is moving freely in the community. Seeing the man around is causing a lot of fear amongst the women*." – Refugee leader, Palabek

Vulnerable Populations- Women, Children, PWDs

Women and children were widely identified as the most vulnerable groups facing protection challenges among both refugees and the host community. A refugee leader in Kampala observed, "*the pervasive insecurity has also limited the freedom of movement for girls and women, especially during evening and night hours, making them vulnerable to harassment and assault*."

When asked about how often women and girls within the household felt unsafe in the past 3 months, both refugee and host community had 7% of respondents answer "always" or "several times." The majority reportedly never felt unsafe. However, these responses should be interpreted with caution, as it may not have been the women or girls themselves who answered, and the male households heads or other family members may not have complete awareness of women and girls' safety experiences or percetions.

Figure 41: % of respondents who reported that women and girls within the household felt unsafe walking in their community in the 3 months prior to data collection, by how often and per population



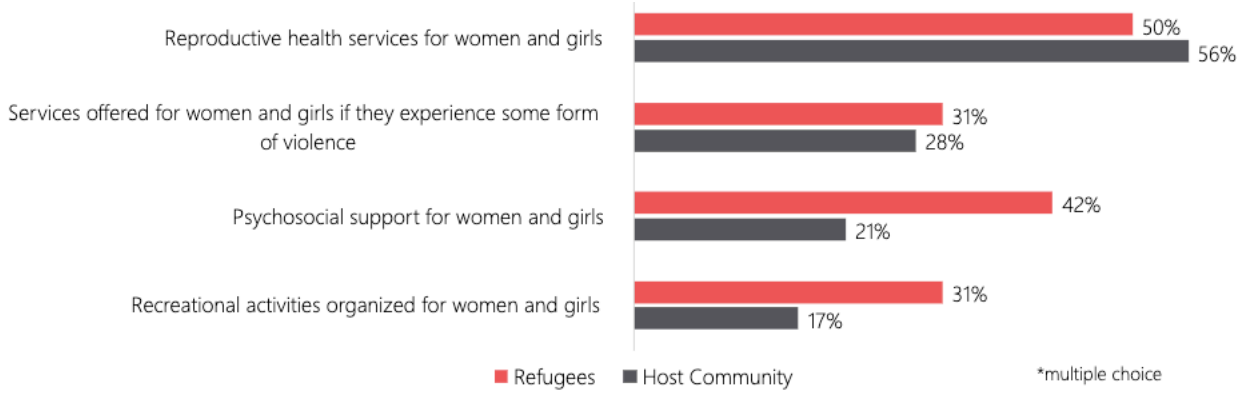
Qualitative findings reveal a different picture, indicating that gender-based violence, particularly domestic violence, remain rampant both in the refugee settlements and host communities. Economic stressors and substance abuse were identified as key contributing factors.

"*Domestic violence is also a common safety concern. I have received more than 15 complaints in this month alone of men that misuse humanitarian assistance/cash for food and fees e.g using cash intended for food to buy alcohol which sparks fights in the household between couples. As a result, women have resorted to applying for different registration documents independent from men in the same household. This resolution causes more violence once the household heads find out.*" – RWC, Kyaka II

"*A man can say, we sell our last goat and if a woman refuses, a man will start up fights. Now that we are in the planting season, men tend to sell off the beans meant to be planted, and use the money to buy alcohol and this the main stressing issue to these families*." – Host community leader, Oruchinga

In terms of services for women and girls, **20% of refugee households and 25% of host community households reported not being aware of any specialized support services for women and girls in their community**. Additionally, 5% of refugee respondents and 7% of host community respondents responded 'do not know' to the question.

Figure 42: % of households reporting awareness of specialized support services for women or girls available in their community by type and per population



Another protection indicator measured is child separation. Among refugee households, 6% had at least one child not residing with the household for reasons indicating severe or very severe child protection concerns copmared to 7% among host community households.

PWDs face additional vulnerabilities due to limited mobility and inadequate support systems. A refugee leader from Kiryandongo shared that, "*PWDs are so vulnerable because they get attacked and they can't even fight for themselves, even if you report to police it's hard to follow up because even the police is far for them and they don't even mind, so people with disabilities just end up suffering on their own.*"

Health

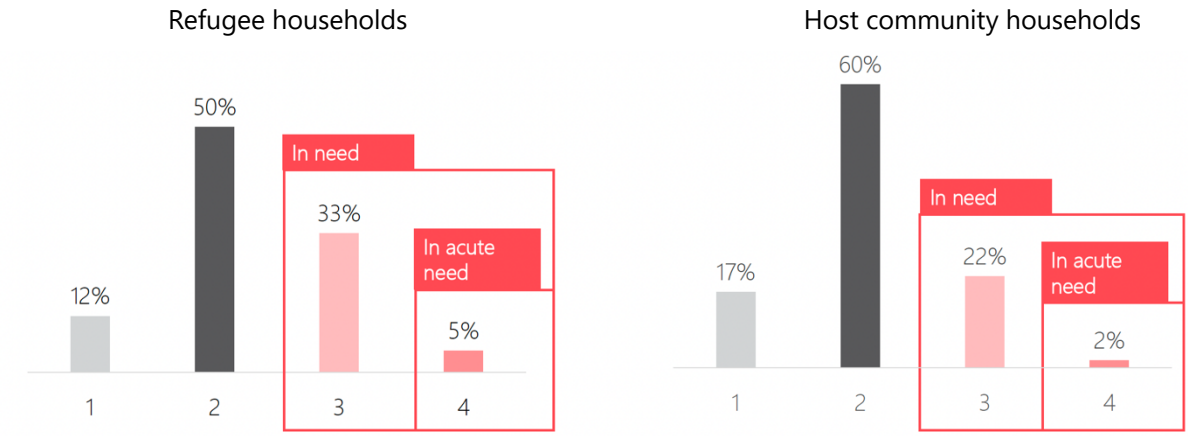
Health sector needs

Health sector challenges in Uganda are often compounded by broader socioeconomic factors, with limited healthcare infrastructure and resource constraints particularly affecting displaced populations and rural communities. Within all locations, 38% of refugee households and 24% of host community households indicated unmet health needs in the past three months prior to data collection. At the individual level, 47% of refugees and 48% of host community members reported at least one healthcare need during this period. Within these individuals with healthcare needs, 13% of refugees and 10% of host community members were unable to access required healthcare services.

For refugee households, lack of access to adequate healthcare was cited as a challenge by one in five households (20%), ranking as the third biggest self-reported challenge after lack of access to sufficient quantity or quality of food and lack of income. Host community households recorded similar proportions, with 21% of families reporting lack of healthcare access as a top concern. These findings suggest that healthcare access challenges are widespread across both populations, though the underlying barriers may differ, with refugees potentially facing additional constraints related to documentation, language barriers, and unfamiliarity with local health systems.

Settlement-level analysis showed Kampala with the highest proportion of unmet healthcare needs, by far at 42%, among refugee, followed by Palorinya at 21% and Rhino camp at 20%. Kampala also exhibited the widest gap between population groups, with refugees experiencing nearly four times the unmet needs compared to 11% from host communities. Among host community members, the highest unmet needs recorded were in Lobule (20%) and Kyaka II (13%).

Figure 43: % of refugee households (left) and host community households (right) with a Health need, per severity phase



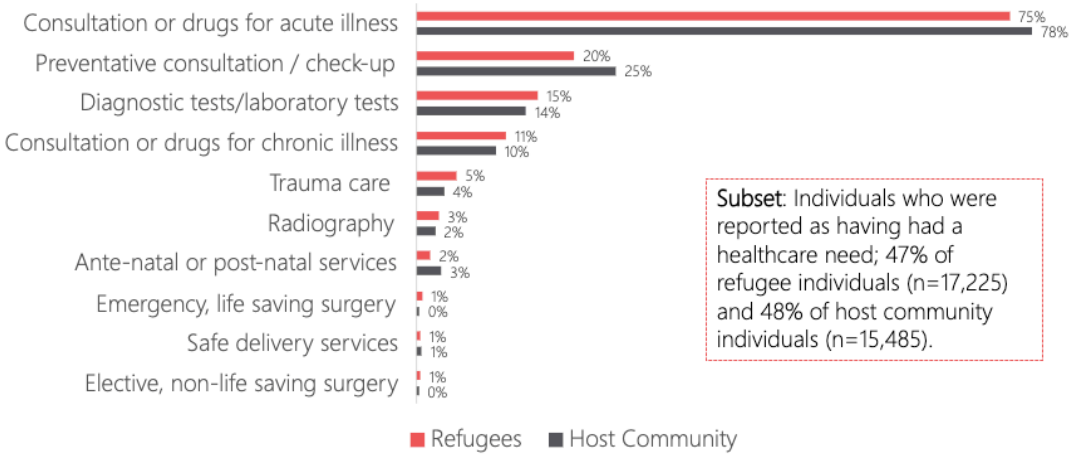
Drivers of needs

Among individuals that indicated health needs in the past 3 months, the majority required consultation or drugs for acute illness for both refugee (75%) and host community (78%) members alike. Preventative consultation or check ups were needed by 20% of refugees and 25% of host community members while diagnostic tests or lab tests were needed by 15% of refugees and 14% of host community members. Preventative healthcare utilization remained limited, as the combination of healthcare costs and overstretched services may discourage individuals from seeking routine check-ups or screenings in the absence of acute symptoms. These aforementioned pattern suggests that **healthcare-seeking behavior is primarily driven by immediate medical needs rather than**

proactive health maintenance, potentially leading to delayed diagnosis and treatment of chronic conditions that could be more effectively managed through early intervention.

Consultation or drugs for chronic illness affected 11% of refugees and 10% of host community members. KIIs with refugee leaders revealed that lack of medication in health facilities is a significant, albeit common, challenge. When this happens, refugees are advised to buy medicine from private clinics because health centres are either out of stock or understaffed.

Figure 44: % of individuals by type of healthcare needed among individuals who had a healthcare need in the 3 months prior to the survey, per population group

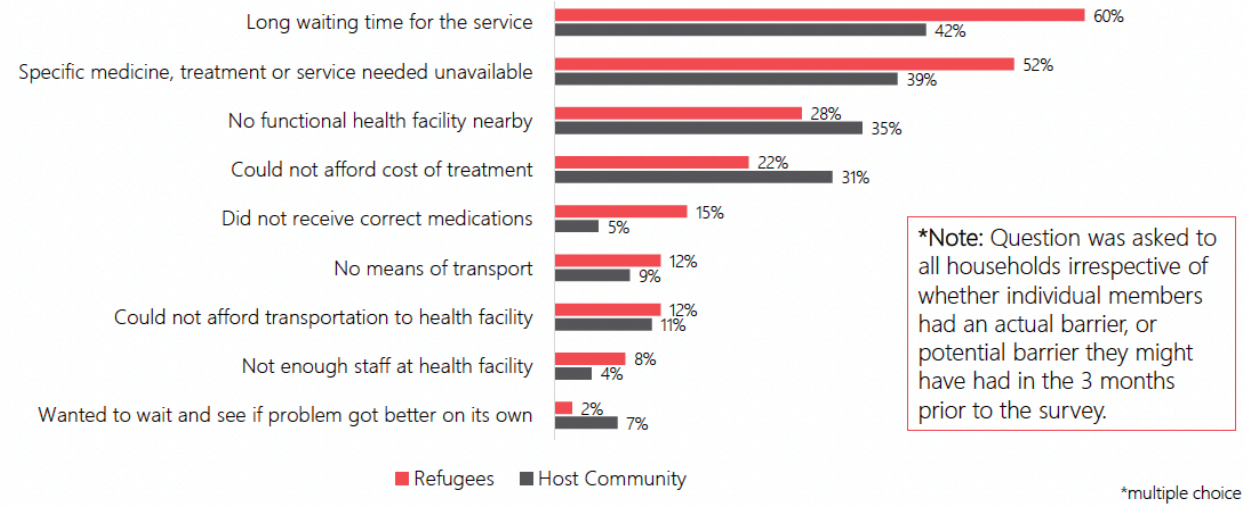


Barriers to Health Access

The top two most reported healthcare barrier reported among both refugee and host community households in the past 3 months are long waiting time for service (60% refugee households, 42% host communities) and the unavailability of specific medicine, treatment or service needed (52% refugee households, 39% of host community households). These findings align with challenges shared by LC leaders that the lack of essential medicines and medical staff in the health facilities pose as significant barriers to quality healthcare.

Host communities more frequently reported having no functional health facility nearby (28% for refugee, 35% for host community) and the inability to afford cost of treatment (22% refugee, 31% host). Hosts community KIs emphasized that the distance to access a health facility was a major concern, especially for communities in Oruchinga and Rhino Camp. Some LCs indicated that residents had to travel between 4 and 15 km to access health services. This challenge was predominantly reported in settlement host communities, rather than Kampala, where distance was not mentioned as an issue.

Figure 45: % of households by barriers to accessing healthcare in the 3 months prior to the survey, per population group

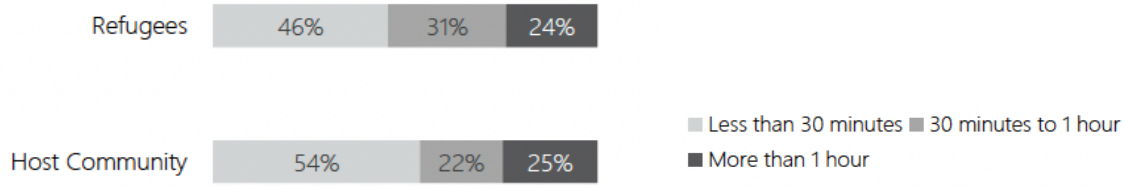


Transportation constraints also worsen access barriers, with 92% refugee and 74% host community households reporting walking as their primary mode of transport to health facilities. Boda-boda served the remainder of 8% refugees and 24% host community households. The reliance on walking may translate into longer travel time to reach health facilities. Just under half (46%) of refugee households say less than 30% min though 24% say over an hour. On the other hand, 54% host community households take less than 30 min to get to the nearest facility while 25% take more than an hour. Refugee KIs mentioned that due to the lack of health centers, at times, refugees must travel long distances to access these health facilities. KIs from Palorinya have also mentioned that referring patients remains a challenge for most health facilities, as refugees lack the funds to travel farther away to hospitals and higher-level health centers and often required external support from NGOs and UN agencies, which further strains the lack of capacity at these facilities.

"The thing that is too challenging and we're not finding a solution is the health sector, especially referrals on difficult cases that cannot be managed in the settlement; we have cases like broken bones (fractures) which are often referred to Moyo Hospital then Moyo also refers to Mulago. In Mulago, sometimes the expense of the treatment of fractures cannot be met by UNHCR because the budget allocated is limited. Oftentimes, you find patients returned unattended to and others are given medication to just relieve the pain." - KII RWC Palorinya

The extended travel time, particularly on foot, creates disproportionate challenges for vulnerable populations like people with disability, pregnant women, the elderly or children who have fallen sick. According to a KI from West Nile, "*the health center is very far from the community, and children and vulnerable people like the elderly find it hard to seek medical care when they need it. Some of them end up dead because they cannot go to the hospital.*"

Figure 46: % of households by travel time to access primary healthcare facility, by population



Access to specialized medical services presented considerable obstables for refugees; one example is for women requiring gynecological care. The lack of gynecological services was reported to have led to some deaths due to unaffordibility.

"*Maternal related deaths and complications at the health centers have also increased in the last 12 months, and this is as a result of inadequate staff and proper care. Several times, refugees report not being able to get drugs whenever they visit the centre. The health centers are also not enough, most refugees have to move long distances to access health care.*" - Refugee KI, RWC Kyaka II

MHPSS

Additionally, mental health emerged as a critical gap due to the limited availability of counseling services in most host communities and the low levels of sensitization, according to KIs. Many individuals struggling with mental health issues were reported to fear stigma, preventing them from seeking help and accessing the support they needed.

When asked about mention health-related difficulties, in the two weeks prior to the survey, **68% of refugee households reported having at least one household member who faced a mental health-related difficulty, compared to 46% of host community households**.

Figure 47: % of households reporting at least one household member faced mental-health related difficulties in the two weeks prior to the survey, by type of challenge and per population

Many refugees still suffered from the trauma of fleeing their home countries and the experiences they endured there, yet some could not access mental health services. Refugees also faced cases of depression, according to KIs, as a result of their displacement, with those in urban centers, such as Kampala, experiencing additional discrimination when accessing services and being overcharged. In Bidi Bidi, a refugee leader said, "*the only safety concern in this community is suicide, in case of problems between people, you hear that one person has hanged him/herself.*"

Child Health

Children are especially susceptible to diseases, especially when compounded by nutrition and food security issues with limited access to healthcare. Among children under five years, 41% of refugee children and 40% of host community children were reported to have been sick in the two weeks prior to the survey. Among these children, fever (71% for refugee, 65% host community children under 5) and cough (54% and 67%) were the most common symptoms. About one in five experienced diarrhea. Malnutrition is recorded at 3% for refugee and 1% for host community children. The top three settlements reporting the highest illness rates among children under five for both populations are: Impevi (53%, 57%), Palabek (52% and 56%), and Bidibidi (48% and 51%).

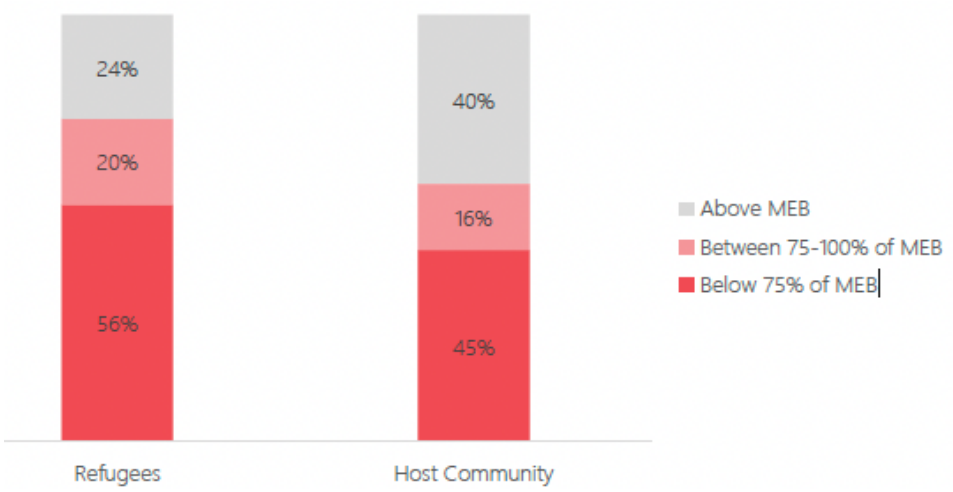
Livelihoods

Livelihoods sector findings

While the livelihood sector is not directly measured within the MSNI severity framework, livelihood indicators like expenditure, LCSI, and access to financial services were collected, supplemented by key informant interviews.

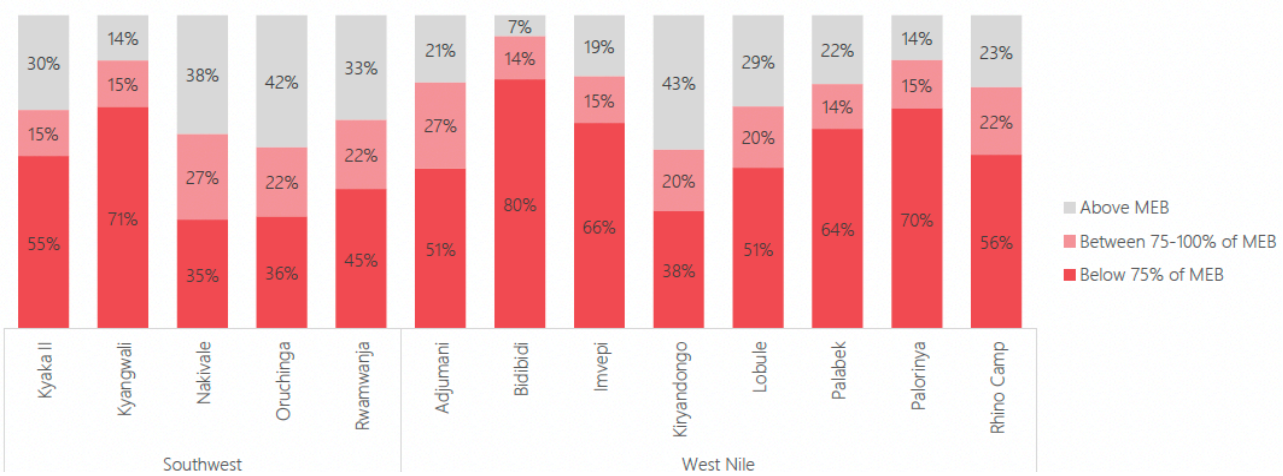
Alarmingly, expenditure analysis showed that over half (56%) of refugee households and 45% of host community households spent below their settlement-specific, household size-adjusted 2024 Minimum Expenditure Basket (MEB) in the 30 days prior to the survey. An additional 20% of refugee households and 16% of host community households spent between 75% to 100% of their MEB. The average expenditure per capita within the past 30 days among refugee households in settlements was 106,658 Ugandan Shillings (UGX), or about 30 USD compared to 141,467 UGX or 40 USD for host community.

Figure 48: % of households by expenditure in the 30 days prior to the interview, relative to household-size-adjusted, settlement-level specific MEB, per population group



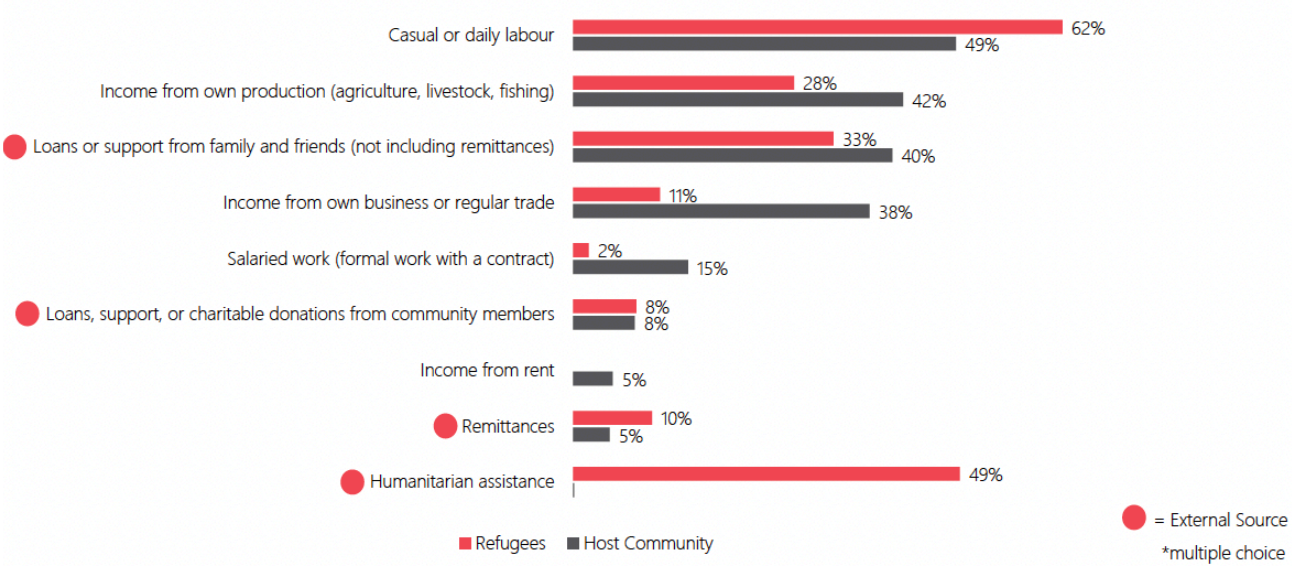
Regional disparities in economic capacity were evident, with 60% of refugee households in West Nile reporting expenditure below 75% of their household size-adjusted MEB, compared to 49% in Southwest. At the settlement level, refugee households in Bidibidi (80%), Kyangwali (71%) and Palorinya (70%) showed precariously high proportions of households spending below their MEB. On the other hand, Kiryandongo (43%), Oruchinga (42%), and Nakivale (38%) represented the top three locations with the highest proportions spending above their MEB, potentially indicating either better economic opportunities or higher costs of living in these areas. Specifically for Kiryandongo, the better off-outcome might be due to the recent arrivals of Sudanese refugees with savings and higher access to remittances.

Figure 49: % of refugee households by household-level expenditure in the 30 days prior to the interview, relative to the household size-adjusted, settlement-specific MEB, per location



For income generation among refugee households, 62% of households reported their primary income in the 30 days prior was generated from casual or daily labor, followed by humanitarian assistance (49%), loans or support from family and friends (33%), and income from own production including agriculture, livestock, and fishing (28%). Host community households demonstrated 49% relying on casual or daily labor, 42% on income from own production, 40% on loans or support from family and friends, and 38% from own business or regular trade. Notably, only 11% of refugees were involved in business or regular trade, potentially pointing to barriers to entrepreneurial activities like business registration and borrowing.

Figure 50: % of households by income source in the 30 days prior to the survey, per population

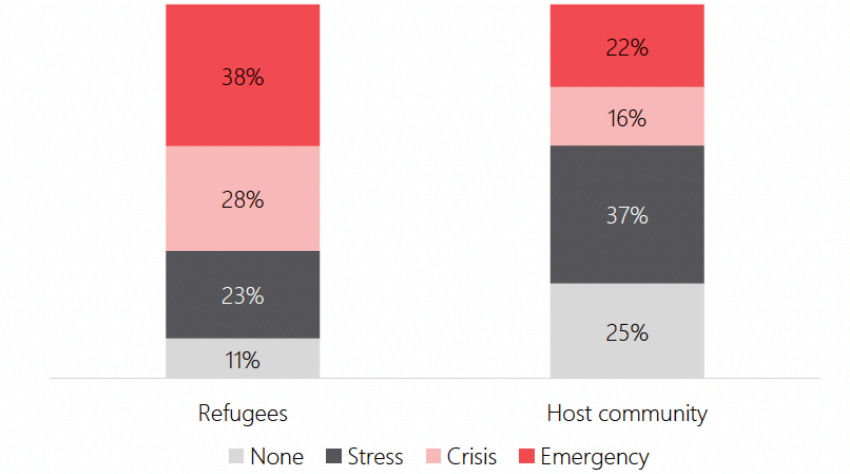


Livelihood Coping Strategy Index (LCSI)

Economic pressures forced many households to adopt concerning coping strategies, with refugees demonstrating higher levels of emergency livelihood coping mechanisms. Among refugee households, 38% were utilizing emergency-level livelihood coping strategies and 28% crisis-level strategies, compared to 22% of host community households using emergency strategies and 16% employing crisis-level approaches. These statistics reflect the deeper structural challenges identified through qualitative findings, where refugees face fundamental barriers to sustainable income generation. As a

refugee leader in Kampala explained, "*Employment opportunities are scarce. Most refugees face barriers to formal employment, leading to reliance on informal jobs that are often unstable and low paying.*"

Figure 51: % of households by LCSI category, per population



Emergency coping strategies included begging (30% of refugees versus 14% of host community), selling the last female animal, and engagement in illegal or high-risk activities. The most prevalent crisis strategy was harvesting immature crops, practiced by 46% of refugee households compared to 21% of host community households. A key informant from Oruchinga described how "*nationals bring their animals such as cows, goats, sheep that go into people's gardens and feed on their crops and these refugees community members end up suffering from a lot of hunger*," forcing premature harvesting to salvage what remains.

Table 5: % of households who reported having used, or already exhausted specific coping strategies because of a lack of food or money to buy food within 30 days prior to the survey, by LCSI category, per population

LCSI category	Coping strategies	Refugees	Host community
Stress	Borrow food or rely on help	71%	51%
	Spend savings	48%	54%
	Send household members to eat elsewhere	18%	8%
	Sell household assets	17%	12%
Crisis	Harvest immature crops	46%	21%
	Unusual migration of household members to seek work	11%	6%
	Sell productive assets or means of transport	6%	4%
Emergency	Begging	30%	14%
	Sell the last female animal	10%	8%
	Engagement in illegal or high-risk activities	5%	3%

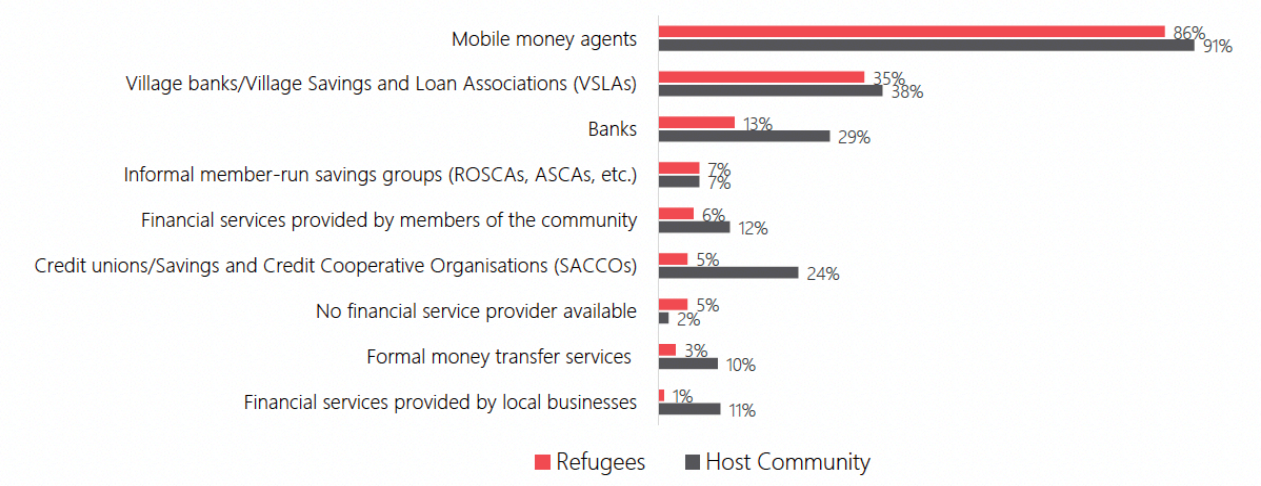
The most widespread coping strategies across both populations were borrowing food or relying on help (71% of refugees and 51% of host community) and spending savings (48% of refugees, 54% of host community). At the settlement level, refugee households in Kiryandongo (62%), Rhino Camp (58%), and Kyangwali (56%) reported the highest use of emergency coping strategies, while among host communities, Palabek (50%), Lobule (49%), and Rhino Camp (47%) recorded the highest emergency strategy usage.

Debt and Access to Financial Services

Debt burden was substantial across both populations, with **60% of refugee households and 64% of host community households reporting being in debt at the time of the survey**. However, debt levels varied significantly, with average total household debt of UGX 163,335 (about 45 USD) for refugee households compared to UGX 503,484 (about 140 USD) for host community households. The higher debt levels among host communities could indicate greater access to formal lending mechanisms, while refugee debt may primarily consist of informal borrowing for basic survival needs.

Access to financial services showed consistent patterns of higher host community engagement across all service types. Mobile money agents were the most utilized financial service, used by 86% of refugee households and 91% of host community households, followed by village banks or village savings and loan associations (35% refugees, 38% host community), and formal banks (13% refugees, 29% host community). The higher utilization rates among host communities across all financial service categories may suggest greater familiarity with local financial systems and established community networks, potentially contributing to their higher debt capacity (and potentially greater access to credit) but also greater access to formal economic opportunities.

Figure 52: % of households by types of financial service providers they reported having access to at the time of survey, per population



Qualitative findings revealed that land access represented the greatest livelihoods challenge for refugee communities across both Southwest and West Nile. A refugee leader from Rwamwanja shared, "*The land issue is appalling to the extent that even those that once had enough have to share with the newly arrived refugees against their will.*"

Production of own food through agriculture was also, at times, compromised by both domestic and wild animals. A KI from the refugee community of Oruchinga reported "*there is a small conflict which is caused by when you have planted, nationals bring their animals such as cows, goats, sheep that go into people's gardens and feed on their crops and these refugees community members end up in suffering from a lot of hunger.*"

"*The other challenge related to food is destruction of crops by animals. When you grow crops like cassava, ground nuts and maize, wild animals normally come to destroy them. This forces you to be there all the time, yet the distance from home to the garden is between 2 and 3 miles.*" – Refugee leader, Bidibidi

For both host and refugee communities, youth unemployment was the most mentioned challenge by KIs. They emphasized followed by farming challenges, lack of land, reduced land, lack of skills training, lack of markets for agricultural outputs, and hardship in accessing government programs .

"*Many youth who have finished their studies even up to University but they are jobless, so this demoralizes the ones still in schools*" – Host community leader in LC, Nakivale.

For refugees, employment barriers were more systemic, reflecting documentation, recognition, and discrimination issues that limit access to formal employment opportunities.

"*Employment opportunities are scarce. Most refugees face barriers to formal employment, leading to reliance on informal jobs that are often unstable and low paying.*" - Refugee leader, kampala.

ECONOMIC VULNERABILITY COMPARATIVE ANALYSIS – VENA 2019 & MSNA 2024

Overview of the VENA-MSNA economic vulnerability comparison

REACH, UNHCR and WFP conducted a Vulnerability & Essential Needs Assessment (VENA) in 2019, in order to inform prioritization of General Food Assistance (GFA). The VENA involved the use of three vulnerability analysis frameworks, including the Economic Vulnerability Framework. In order to compare and understand developments in refugee households' economic vulnerability, the same framework was used to analyze 2024 MSNA data. See the 2020 VENA report for additional information on methodology.

Economic vulnerability scoring was driven by three indicators: Economic Capacity, use of High-Risk Coping Strategies, and Food Consumption Scores.

Economic Capacity - Economic capacity was measured to understand the household's monetary capacity to meet their essential needs. This is estimated through the household total expenditure (as proxy for income), savings, value of consumption from own agricultural production, and assistance received. This economic capacity was measured against CWG's price monitoring dashboard's MEB values for July-August 2024 (using settlement-specific MEB values), in three categories: highly vulnerable (below 75% of the MEB value), moderately vulnerable (between 75% and 100% of the MEB value), and least vulnerable (above 100% of the MEB value).

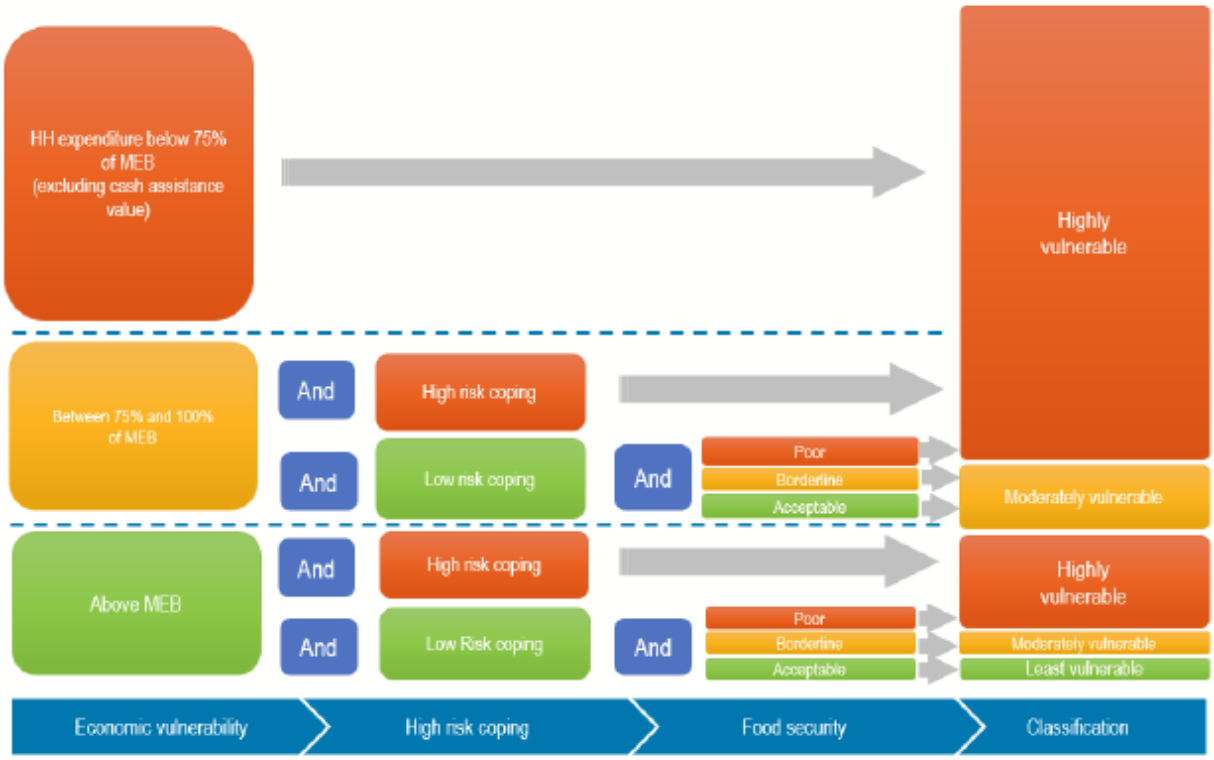
Economic capacity	=	Total expenditure (self reported)	+	Savings	+	Consumption from own agricultural production	-	Assistance (cash food aid for cash recipients or food sale for in-kind food recipients)

High risk coping strategies – Certain high risk coping strategies are used to temporarily boost the economic capacity to overcome the shock and expose the household to severe protection risks. Use of certain strategies would inflate the economic capacity of the household but ultimately make the household more vulnerable than if those strategies were not used. High risk coping strategies which were correlated with economic vulnerability were selected to identify households which were currently employing or had already exhausted one of selected high risk coping strategies. Four strategies were selected as high risk coping strategies to be considered as part of the economic vulnerability definition: begging, engaging in illegal/high risk activities, selling the last female animal, and forced/early marriage.

Food security – Food security is used as a proxy for understanding the household economic capacity. Given that food assistance is provided uniformly to all the refugee households to cover their food needs, food insecurity status is a representation of the unmet essential needs. Food security was measured through a household's food consumption patterns based on a seven-day recall period, calculated using the Food Consumption Score (FCS) methodology.

Based on the three indicators households are grouped into three levels of vulnerability using the decision tree (see below figure). First, household economic capacity is categorized into three groups (good capacity, medium capacity, and low capacity), then use of high-risk coping strategies further filters households into 2 groups (use of high-risk coping strategies or not), and lastly, food security level classifies households into 3 groups (poor FCS, borderline FCS, and acceptable FCS).

Figure 53: The vulnerability classification decision tree



Analytical limitations of the framework

Calculating economic capacity: Collecting income and expenditure data is notoriously difficult, time-consuming, and prone to response bias. The framework relies on expenditure rather than income data, as the former is typically more robust. Expenditure was asked per category of key consumption categories, both food and non-food, in the 30 days prior to data collection. The data may underestimate expenditure as certain categories of expenses may not have been asked about. Additionally, income and expenditure tend to fluctuate over the year, typically aligned with planting and harvest seasons. The 2019 and 2024 data were primarily collected in post-harvest season, which may have resulted in higher expenditures than the annual average.

Analysis against the MEB: The settlement-specific MEB values, established/endorsed by the CWG in Uganda and used for analysis purposes in the VENA, does not take into account the higher costs associated with individuals having certain specific needs, such as disability or serious medical conditions.

Changes in data and analysis since 2019

As opposed to the 2019 analysis (which included a MEB which covered all settlements), the 2024 analysis includes the use of settlement-level MEB average for July-August 2024 (derived from CWG's price monitoring) to calculate economic capacity.

For expenditure on food items, the 2019 VENA asked respondents about the quantity consumed, which was then multiplied by price estimates per unit. During the 2024 data collection, respondents were instead asked for the monetary value of food items purchased, and the value of own production consumed by the household.

WFP's guidance on the phrasing of the Food Consumption Score (FCS) questions was changed between 2019-2024, to the effect of asking respondents "how many days over the last 7 days, did most members of your household (50% +) eat, inside or outside the home, [food group]" as opposed to the previous phrasing; "over the last 7 days, how many days did your household consume [food group]". While we note this change for transparency, we do not expect major changes in results.

In the 2019 VENA questionnaire, a question was asked regarding how many household members the household received GFA. In this analysis, the household size is considered instead, to calculate a household's GFA assistance.

In the 2019 VENA analysis, all households were required to provide their household registration numbers. In the 2024 MSNA, this requirement was left out to avoid response bias and cancellations of surveys. To mitigate for this in the 2024 VENA Economic Vulnerability analysis, all households who did not provide their household registration information (which were used by UNHCR to extract and provide GFA categories in 2019), were assigned the regional average per capita value of Cat 1 & 2 rations (at the time of data collection, July-October 2024) expressed in UGX.

Comparative overall results – Economic Vulnerability framework

Note: 2024 analysis pertains to refugee households only, and excludes Kampala to align with 2019 analysis.

Table 6: Economic vulnerability across all settlements, by year

	2019	2024
Low economic vulnerability	4%	3%
Moderate economic vulnerability	5%	6%
High economic vulnerability	91%	90%

Table 7: Economic vulnerability per region (2024):

	Southwest	West Nile
Low economic vulnerability	6%	2%
Moderate economic vulnerability	9%	5%
High economic vulnerability	85%	93%

Economic vulnerability was found to be higher in West Nile, in line with expectations. There were no noteworthy differences among settlements in West Nile given that all settlements showed high proportions of households with high economic vulnerability. However, among the settlements in Southwest, Kyangwali stands out with 95% highly vulnerable compared to lower proportions among the other Southwest settlements.

Figure 54: Economic vulnerability by settlement and region

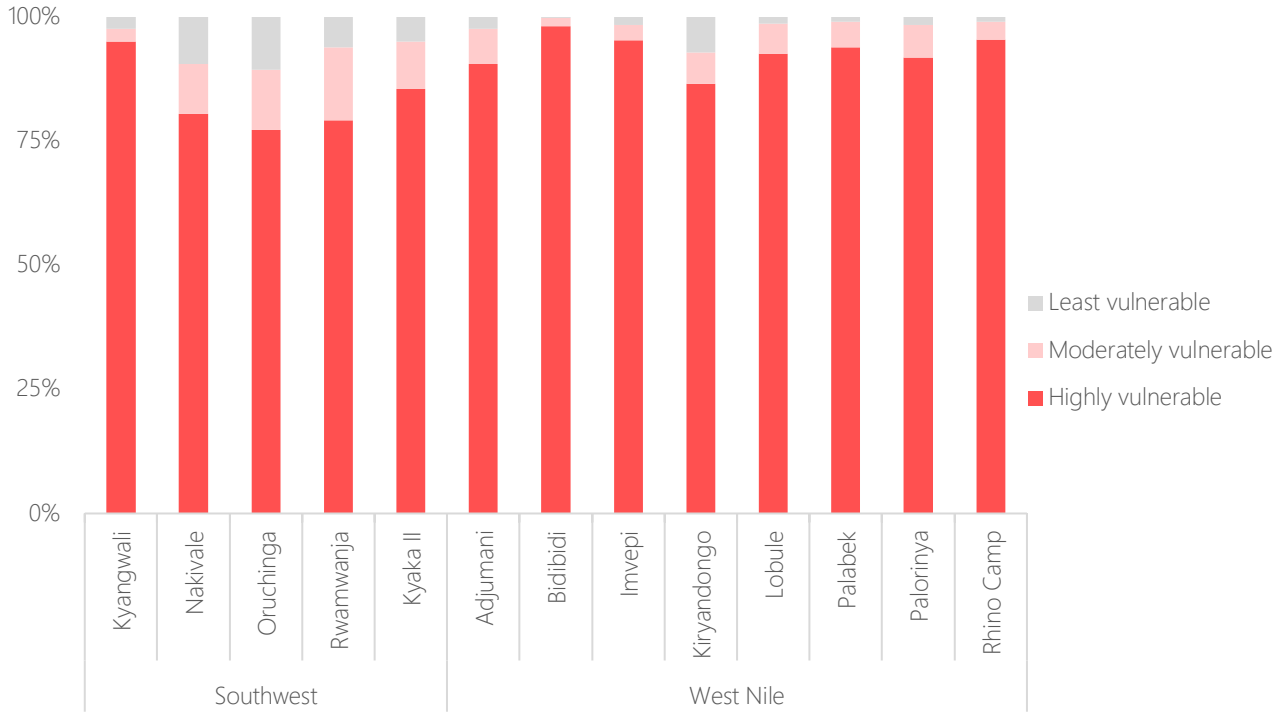


Figure 55: Economic vulnerability by gender of head of household, across all settlements

	Female	Male
Low economic vulnerability	2%	6%
Moderate economic vulnerability	5%	8%
High economic vulnerability	93%	86%

In terms of economic vulnerability and gender, results show that female-headed households, who make up the majority of households surveyed in the MSNA (64%, in line with the response more widely), generally show slightly higher economic vulnerability. In the overall MSNA quantitative analysis, female households shower lower FCS scores (37% Acceptable) compared to male-headed households (48%), and also show higher use of emergency coping strategies (41% Emergency) compared to male-headed households (33%) in the Livelihoods Coping Strategy Index.

Figure 56: Economic vulnerability by age of HoH, across all settlements

	18-59	59+
Low economic vulnerability	4%	3%
Moderate economic vulnerability	6%	6%
High economic vulnerability	90%	91%

Economic vulnerability does not show any remarkable differences in terms of ages of heads of households.[24]

Figure 57: Economic vulnerability by length of stay (in years), across all settlements

	<1	1-3	4-5	6-10	10+
Low economic vulnerability	5%	5%	2%	3%	5%
Moderate economic vulnerability	4%	8%	9%	5%	10%
High economic vulnerability	91%	87%	90%	92%	86%

The 2024 analysis shows consistency across groups in terms of length of stay, with slightly higher degrees of economic vulnerability among refugee households who arrived in Uganda within 12 months prior to the survey, or who have stayed between 6-10 years. For the former group, this matches expectations, given that the 2019 VENA also found some degree of statistical correlation between the length of stay below two years and high economic vulnerability (p=0.025). Households who reported having resided in Uganda over ten years prior to the survey are found to be slightly less often economically vulnerable, which is in line with expectations of gradual shifts towards self-reliance for a longer stay.

Figure 58: Economic vulnerability by disability status, across all settlements

	At least one member with a disability	No member with a disability
Low economic vulnerability	2%	4%
Moderate economic vulnerability	5%	7%
High economic vulnerability	93%	89%

Results indicate that households with at least one member with a disability are slightly more economically vulnerable than households who do not, albeit by a small margin. More analysis of results for economic vulnerability among households with at least one person with a disability can be found further below in Annex 1.

Figure 59: Economic vulnerability by GFA category, at the time of data collection, across all settlements[25]

	1	2	3	Unknown
Low economic vulnerability	2%	3%	8%	4%
Moderate economic vulnerability	3%	7%	6%	7%
High economic vulnerability	95%	90%	87%	90%

Comparing 2024 VENA results to the refugee households' GFA categories (from July-September 2024), results indicate alignment with expectations, albeit by small margins.

[24] No child-headed households were surveyed in the MSNA. Had these been included, we would likely expect moderate to high vulnerability among child-headed households given the underlying multisectoral vulnerabilities among that demographic.
[25] 41% of households did not report HH registration numbers; these HHs' GFA categories are unknown

Comparative sub-component results – Economic Vulnerability framework

Figure 60: Economic Capacity across all settlements, by year

	2019	2024
High economic capacity	6%	9%
Moderate economic capacity	6%	7%
Low economic capacity	88%	84%

Comparative results on economic capacity indicate that economic capacity has remained stable, with a small margin of improvement since 2019 given that the proportion of households with low economic capacity has shifted from 88% in 2019 to 84% in 2024, coupled with a 3% shift towards high economic capacity in 2024. However, as found further below, FCS and the use of coping strategies have deteriorated since 2019, which creates a complex picture of how needs have developed in the last 5 years.

To unpack this result, it is important to consider the changes in the context since 2019. Namely, GFA and assistance more generally have declined substantially since 2019 from near blanket, full-ration distributions to lower rations. Comparison of 2019 VENA and 2024 MSNA results show an increase in households relying on 'own production' and other primary sources of food, coupled with a decrease in reliance on GFA as a primary source of food. The slight improvement for results in economic capacity from 2019 to 2024 is caused by similar levels in expenditure + consumption from own production + savings, coupled with lower values for assistance in 2024, given the decrease in GFA eligibility and rations. Hence, the similar results for economic vulnerability in 2019 and 2024 could be explained by a slightly higher overall economic capacity in 2024, coupled with deteriorations in FCS and use of coping strategies amongst the most vulnerable.

Figure 61: Economic capacity, by region

	Southwest	West Nile
High economic capacity	13%	7%
Moderate economic capacity	9%	6%
Low economic capacity	78%	87%

In terms of economic capacity by region, refugee households in West Nile showed a higher proportion of low economic capacity than in Southwest, which falls in line with expectations, as well as VENA 2019 results.

Figure 62: Use of high risk coping strategies across all settlements, by year

	2019	2024
Begged	14%	31%
Engaged in illegal/high risk activities	1%	5%
Sold last female animal	7%	11%
Forced and early marriage	1%	2%
At least one of the above	**17%**	**39%**

Results indicate that the use or exhaustion of emergency coping strategies have increased since 2019, particularly begging. These results could indicate a higher degree of desperation over time due to an increasing lack of alternatives to provide food or money to buy food. As seen in the table below, overall use of such strategies are found to be slightly higher in West Nile across all strategies (with minor differences), which is in line with expectations. However, one exception is engaging in illegal or high-risk activities, which was slightly more frequently reported among refugee households in Southwest. As mentioned in the Discussion section, the overall LCSI generally shows much higher use or exhaustion of coping strategies since 2019.

Figure 63: Use of high risk coping strategies by region

	Southwest	West Nile
Begged	28%	32%
Engaged in illegal/high risk activities	8%	4%
Sold last female animal	7%	13%
Forced and early marriage	2%	2%
At least one of the above	**36%**	**41%**

Figure 64: Food Consumption Scores across all settlements, by year/source

	2019	2024 (MSNA)	2024 (FSNA)
Acceptable	76%	36%	50%
Borderline	23%	52%	45%
Poor	1%	12%	5%

Food consumption scores, whether from 2024 MSNA or 2024 FSNA, show substantial deterioration since 2019, indicating a strong decrease in diversity and frequency of consumption of food groups among refugee households. This finding is in line with developments in the use of coping strategies, and equally in line with expectations given a gradual diminishing of GFA since 2019. Regionally, also in line with expectations, results for refugee households in West Nile yield lower 'acceptable' results for FCS than those in Southwest as seen below.

Figure 65: Food Consumption Scores by region

	Southwest	West Nile
Acceptable	41%	33%
Borderline	46%	56%
Poor	13%	12%

In terms of progression of FCS scores from 2019 to 2024, referencing available FSNA and MSNA results, we see that FCS results have broadly deteriorated between 2018-2024. While 2024 FSNA shows slight improvement relative to 2023 FSNA results, it should be noted that 1) these margins fall within the 5% margin of error, meaning that the situation on the ground in terms of FCS could theoretically be much closer between 2023-24 (or even inverted) 2) MSNA results show a deterioration relative to 2023 FSNA.

Figure 66: Food Consumption Scores 2018-2024

	2018 (MSNA)	2019 (VENA)	2020[26] (FSNA)	2023 (FSNA)	2024 (FSNA)	2024 (MSNA)
Acceptable	67%	76%	67%	48%	50%	36%
Borderline	14%	23%	26%	40%	45%	52%
Poor	4%	1%	6%	11%	5%	12%

It is important to note that a proper comparison over time should only be drawn from FSNA and MSNA, because these assessments apply similar methodologies and samples, and because FCS trends derived from IPC documents cannot speak to the situation of refugee households, seeing as the IPC for refugee-hosting districts in years immediately prior to 2025 only took into account refugee household data for Acute Malnutrition Analysis (AMN), but not for Acute Food Insecurity (AFI), within which FCS is applied.

Discussion and Key Messages

Comparison of directly comparable, relevant, lower-level household indicator results between 2019 and 2024, such as food consumption, income, etc., generally support a degree of deterioration in refugee households' situations in terms of food security and coping strategies utilized, despite a slight improvement in economic capacity:

Acceptable Food Consumption Scores has drastically decreased from 76% in 2019 to 37% (MSNA) in 2024. This presents a strong indication of a deterioration in food security since 2019, especially in West Nile.

Reported use of coping strategies has also increased substantially since 2019. When considering the overall Livelihoods Coping Strategies Index (LCSI), in 2019 the largest proportion of refugee households (41%) reported not having used nor exhausted any coping strategies at all within 30 days prior to the survey. In complete reversal since then, the largest group in 2024 reported having used or exhausted at least one Emergency strategy (39%), alongside a shift in households who used at least one Crisis strategy but no Emergency strategies from 17% in 2019 to 30% in 2024, and only 10% having reportedly used or exhausted no strategies in 2024 (compared to 41% in 2019).

GFA as the most-commonly reported source of food has decreased from 72% in 2019 to 41% in 2024, while 'own production' of food increased from 12% in 2019 to 27% in 2024. A decrease in aid having become less often the primary reported source of food (relative to a time when there was more aid being distributed) combined with an increase in own production could indicate an increase in self-reliance since 2019. However, this increase in self-reliance in the form of diversified sources of food may have come at the cost of, and presumably as a consequence to, a stark deterioration in food security. Given that other top-3 ranked primary sources of food, some of which being external (non-self-generated or unsustainable) such as begging, borrowing, buying on credit, or gifts from family and friends have all increased from 0% in 2019 to, albeit low percentages (below 3.5%) in 2024, it would be possible that refugees households post-2019 have found themselves having to adapt to decreases in GFA to the extent that they can; towards own production, food in exchange for labor or items (from 1% in 2019 to 10% in 2024), or external, unsustainable sources to a small extent.

[26] 2020 FSNA includes Kampala, which likely skews overall results towards more food-secure

The sale of assistance among refugee households in the settlements has dwindled from 40% in 2019 to 11% in 2024. This change could be attributed to smaller rations to fewer households, and perhaps also due to the move to digital cash assistance, at least in the southwest, in recent years.

Given the VENA analysis overall results, sub-component results, and findings from other relevant and directly-comparable household level indicators, key findings include:

- Overall economic vulnerability remains at equally high levels compared to 2019. Regionally, results also remain aligned to 2019 results and expectations.
- Despite this consistency in the model's results from 2019 to 2024, food security seems to have substantially deteriorated, as evidenced by results from FCS (whether drawn from MSNA or FSNA) and coping strategies.
- Results indicate that the use of higher-impact coping strategies have become more pervasive.
- Results for economic capacity indicate a slight change (4% increase) towards higher capacity since 2019, which is caused by similar or increased levels of expenditure, savings, and consumption from own production, coupled with a decrease in reliance on assistance.

In relation, in the context of the decreases of GFA since 2019, self-reliance may have therefore increased to an extent, which is supported by an increase in reports of households relying on 'own production' and 'food in exchange for labor or items' as a primary source of food. However, to a minor extent, this diversification (and a decreased reliance on GFA) also comes in the form of very minor increases in the reliance on external, non-self-generated, and ultimately unsustainable sources for a very small proportion of households.

While positive, this apparent increase in self-reliance is nonetheless paired with lower food security and higher use of coping strategies, potentially due to the steady decrease in GFA among other potential factors (such as diminished land access and rise in food prices since 2019).

Conclusion

The 2024 MSNA provides a comprehensive evaluation of humanitarian needs across refugee and host communities in Uganda, serving as a critical foundation for evidence-based decision-making and humanitarian programming. The findings will directly enhance current refugee response plans and inform the development of Uganda's 2026-2029 RRP, ensuring that interventions are appropriately targeted to address the most pressing needs of affected populations. **The assessment reveals significant humanitarian challenges across all sectors, with particularly acute needs in shelter and non-food items (71% of refugee households), food security (45% of refugees), and education (41% of refugees), while host communities (48%) face their greatest challenges in WASH**. The magnitude and severity of needs demonstrate clear disparities between refugee and host communities, with refugees consistently showing higher vulnerability across most sectors, though host communities face distinct challenges particularly in WASH infrastructure and access.

Geographic variations are pronounced across multiple sectors, with Southwest region consistently experiencing greater challenges in WASH, higher proportions of households in acute need, and elevated school absenteeism rates, while West Nile shows higher rates of school disruption from natural hazards and distinct livelihood constraints. Urban areas like Kampala present unique vulnerability patterns, with refugees facing the highest unmet healthcare needs (42%), significantly elevated protection risks, and the highest proportion of school-aged children not attending school (35%) primarily due to unaffordable costs.

Cross-cutting needs are substantial, with households frequently experiencing overlapping challenges across multiple sectors—particularly evident in the intersection of poor shelter conditions, food insecurity, and limited livelihood opportunities that create cycles of vulnerability. Demographic factors significantly influence need patterns, with female-headed households, persons with disabilities, households with prolonged displacement, and children emerging as particularly vulnerable groups requiring specialized programming approaches.

Looking forward, **the assessment underscores the urgent need for climate-resilient interventions**, as evidenced by 62% of refugee households experiencing shelter leaks during rain—a challenge likely to intensify given Uganda's increasingly unpredictable and severe weather patterns. The global decrease in humanitarian funding, particularly from traditional donors, poses significant risks to sustaining current service levels and addressing identified needs, potentially leading to further deterioration in severity outcomes. Priority actions must focus on strengthening multi-sectoral programming that addresses interconnected needs, improving climate resilience across all interventions, and developing sustainable solutions that benefit both refugee and host communities while addressing the root causes of vulnerability rather than merely responding to symptoms.

ANNEXES

Annex 1: Food security

To determine sectoral proportion of households in need in food sector, the Food Security (FS) MSNI Framework was developed based on the IPC AFI analytical framework and reference table. This framework proposes an indicative measure of household food consumption gaps using three main outcome indicators: the Food Consumption Score (FCS), the reduced Coping Strategies Index (rCSI), and the Household Hunger Scale (HHS). These indicators, included in the IPC AFI reference table, measure household food consumption as a first-level outcome of inadequate food availability, access, utilization, stability, and other contributing factors (e.g., livelihood gaps). The Household Indicators Coverage Matrix (HICM) was used to categorize households' severity of food security gaps.

Table 8: The Households Indicator Convergence Matrix (HICM)

	Sectoral Composite does not indicate need		Sectoral Composite indicates need		
Dimension	**Severity level 1**	**Severity level 2**	**Severity level 3**	**Severity level 4**	**Severity level 4+**
Household Indicator Convergence Matrix (HICM) Food Consumption Score (FCS) Household Hunger Scale (HHS) Reduced Coping Strategies Index (rCSI)	Phase 1: HHs are able to meet essential food needs	Phase 2: HHs have minimally adequate food consumption (but are unable to afford some essential non-food expenditures without engaging in stress coping strategies)	Phase 3: HHs have food consumption gaps and are marginally able to meet minimum food needs (but only by depleting essential livelihood assets or through crisis-coping strategies)	Phase 4: HHs have large food consumption gaps (only mitigated by employing emergency livelihood strategies and asset liquidation)	Phase 4+: HHs have an extreme lack of food even after full use of coping strategies

Annex 2: SNFI

To determine the number of PIN in the Shelter and NFI sector, composite of indicators such as type of shelter that households were living in, households' reported enclosure issues in their shelter and households' ability to cook and sleep in their dwelling was used. Based on these composite, households' severity of need in SNFI sector was calculated. To evaluate the status of shelters in terms of issues that the households faced that households were living in, households were asked to report if they were facing any of the listed issues such as: lack of privacy inside shelter, lack of space inside shelter (less than 3.5m2 per household member), inside the shelter often being too hot / cold, limited ventilation (no air circulation unless main entrance is open), leaks during rain, unable to lock the shelter, lack of lighting outside the shelter, some members of the household having difficulties moving inside or outside the house.