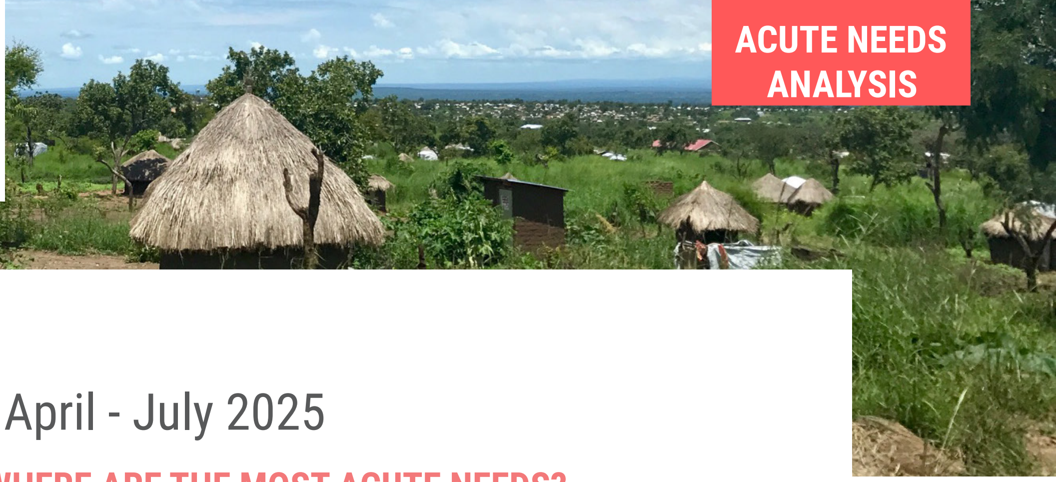
UKaid
from the British people

Sida
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY



ACUTE NEEDS ANALYSIS

UGANDA

Acute Needs Analysis | April - July 2025

WHAT IS THE ACUTE NEEDS ANALYSIS?

The **2025 Acute Needs Analysis (ANA)** seeks to support needs-based humanitarian prioritisation by **identifying populations facing the most acute, life-threatening needs.** The analysis uses a standardised framework to consolidate a wide range of evidence and develops findings that are **comparable within and across crises**.

The ANA focuses on **intersectoral drivers of mortality to assess the risk of emergency mortality.** The ANA considers the impact of violence and insecurity on (access to) critical needs. However, due to the complexity of anticipating conflict dynamics and impacts, **it does not include risk of direct trauma deaths**, nor does it provide a full picture of all humanitarian needs or community priorities.

More information on definitions, methods, data utilized, and limitations can be found in Annex 1.

WHERE ARE THE MOST ACUTE NEEDS?

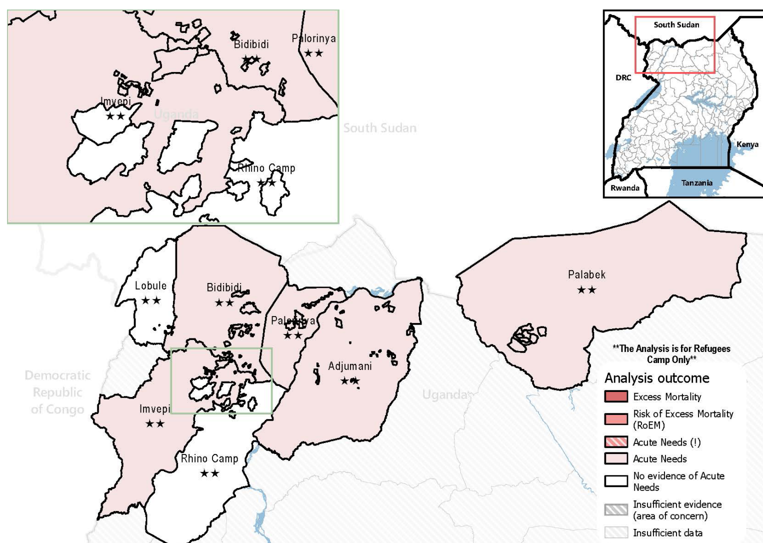
In early 2025, the refugee response experienced dramatic funding reductions, impacting not only general food assistance (GFA) but also health, livelihoods, education, WASH, and shelter programming. The ANA identified acute needs in the food system across five settlements in the West Nile and one settlement in the Southwest, with those in the West Nile having seen dramatic reductions in GFA earlier in the year. Combined with limited stable livelihoods opportunities and limited land access, these reductions seem to have contributed to worsening food insecurity in the West Nile compared to previous years. Furthermore, all five settlements in the West Nile saw a deterioration in nutrition outcomes, suggesting pockets of severe food consumption gaps may be negatively impacting nutrition status.

Across settlements, health systems were found to be under significant strain, with pockets of severity found in Kiryandongo, Nakivale, and Palabek. With nutrition indicators deteriorating, particularly in the five settlements in the West Nile, and continued influx of new arrivals, there is a risk that existing health system strain may further deriorate. Funding cuts in early 2025 further heightened health system vulnerability, affecting the number of healthcare workers and facilities in the settlements and the provision of nutrition services. Nakivale was the only settlement with acute needs in the water system, driven by unequal access to water across zones and challenges related to the physical accessibility of water points.

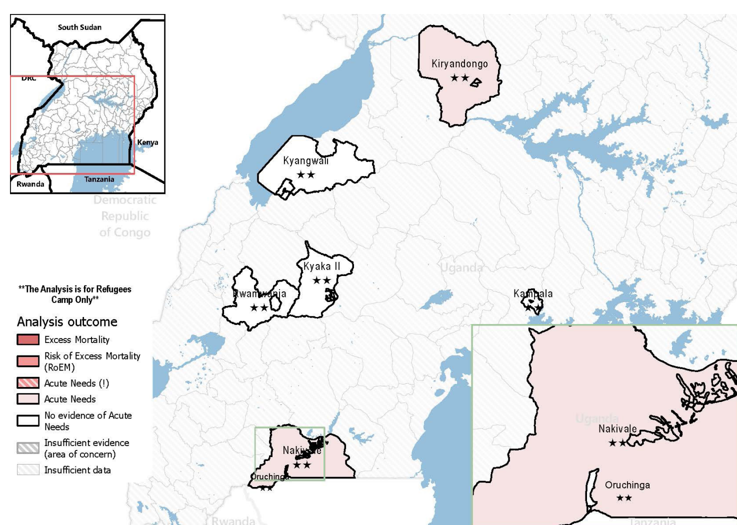
It is important to note that this analysis speaks to the period of April-July 2025. Conditions have changed since the data used for this analysis was collected.

Settlement-level analytical conclusions and corresponding level of certainty, ranging from low (*) to high (***) by region. More detailed findings per administrative unit can be found in Annex 2.

Map 1: Settlement level conclusions: West Nile Region



Map 2: Settlement level conclusions: Southwest Region*



*Kiryandongo settlement can be considered part of the West Nile or the Southwest region. For the 2025 Uganda ANA, it was considered part of the Southwest region. This may change in future iterations of the analysis.

REACH Informing more effective humanitarian action

WEST NILE REGION

In the West Nile region, acute needs in the food system were found in five settlements: Adjumani, Bidibidi, Imvepi, Palabek, and Palorinya. Across the five settlements, strain in the food system – exacerbated by reductions in GFA, limited livelihood options, and limited land access – has resulted in portions of the population experiencing severe food consumption gaps. While health outcomes were within global thresholds, worsening nutrition outcomes suggest deteriorating food security could be a contributing factor. In addition, health systems were found to face capacity and resilience challenges, particularly around workforce constraints, with the funding cuts in 2025 further weakening nutrition-related service provision. Table 1 provides an overview of the analytical conclusions for the West Nile Region.

Table 1: Overview of settlement-level conclusions and corresponding certainty score: West Nile Region

Unit of Analysis	Analytical Conclusion	System	Description	Certainty Score
Adjumani	Acute Needs	Food	Acute needs identified in the food system. No system-wide failure in the food system found, but rather widespread stress with pockets of the population facing more severe food consumption gaps.	**
Bidibidi	Acute Needs	Food	Acute needs identified in the food system. No system-wide failure in the food system found, but rather widespread stress with pockets of the population facing more severe food consumption gaps.	**
Imvepi	Acute Needs	Food	Acute needs identified in the food system. No system-wide failure in the food system found, but rather widespread stress with pockets of the population facing more severe food consumption gaps.	**
Lobule	No Evidence of Acute Needs	NA	There was no evidence of acute needs in the settlement at the time of the analysis period. Conditions have changed since the analysis period and the situation in the settlement may no longer align with this designation. It is important to note that this designation does not imply there are no needs in the settlement but rather that needs did not justify an acute needs designation per the ANA analytical framework.	**
Palabek	Acute Needs	Food, Health	Acute needs identified in both the food and health system. Neither system showed evidence of complete failure, but rather widespread stress that seems to be spilling over into more severe need for portions of the population.	**
Palorinya	Acute Needs	Food	Acute needs identified in the food system. No system-wide failure in the food system found, but rather widespread stress with pockets of the population facing more severe food consumption gaps.	**
Rhino Camp	No Evidence of Acute Needs	NA	There was no evidence of acute needs in the settlement at the time of the analysis period. Conditions have changed since the analysis period and the situation in the settlement may no longer align with this designation. It is important to note that this designation does not imply there are no needs in the settlement but rather that needs did not justify an acute needs designation per the ANA analytical framework.	**

Acute needs in the food system were identified in Adjumani, Bidibidi, Imvepi, Palabek, and Palorinya, with data suggesting food insecurity could be contributing to worsening nutrition outcomes.

All five settlements showed widespread strain within the food system with pockets of severity, characterised by high food expenditure shares, poor food consumption, high engagement in crisis level coping strategies, and only a small portion of households classified as “food secure”. Within this broader context of strain, pockets of more severe food insecurity were evident. In each settlement, a proportion of the population was classified as IPC Phase 4, ranging from 5% in Bidibidi, Imvepi, and Palorinya to 15% in Palabek, while at least 20% of households in each settlement had a poor food consumption score (FCS). The conditions in Palabek and Adjumani were particularly concerning, where 40% and 27% of households, respectively, had poor FCS and approximately 1 in 5 households were classified as “severely food insecure”.

Food insecurity in these settlements seems to have been exacerbated by significant reductions in GFA following broader funding cuts in 2025. In Adjumani, Imvepi, and Palabek, the proportion of households receiving any form of GFA dropped from over 90% in 2024 to approximately one-third in May 2025, while Bidibidi and Palorinya experienced sharper drops in assistance, with coverage dropping from over 90% to 22%. With a decrease in food assistance, reliance on livelihoods and cultivation has increased. However, these options remain limited. Across all five settlements, the primary livelihood was casual agricultural labour, a potentially unstable source of income. Furthermore, there was limited access to land in the five settlements, with less than 1 in 3 households in Adjumani, Imvepi, and Palabek having access to at least 0.5 acres of land for cultivation, despite widespread engagement in agricultural production. While all

refugee households receive a small plot of land upon arrival in the settlements, the size is not always sufficient for cultivation for sale and/or own consumption. Drops in food assistance coupled with limited access to land for cultivation and unstable livelihoods seem to be intensifying food consumption gaps across the five settlements.

Health outcomes, including global acute malnutrition (GAM), acute watery diarrhoea, acute respiratory infection, and overall illness prevalence, were within global thresholds in all five settlements. However, nutrition outcomes have deteriorated. Between 2024 and 2025, combined GAM increased in the five settlements, with Adjumani, Bidibidi, Palabek, and Palorinya all crossing the "serious" threshold of 10%. Bidibidi saw the largest increase in combined GAM, rising from 5% to 14%. In the absence of health outcome data indicating that worsening disease burden is driving these trends, the data suggest food consumption gaps are partially contributing to worsening nutrition outcomes.

Acute needs in the health system were identified in Palabek, with data suggesting compromised services affecting pockets of the population

Within this food security and nutrition context, the availability and accessibility of health services has become increasingly critical. Among the five settlements, only Palabek was found to have acute needs in the health system, with compromised service delivery affecting pockets of the population, with high population-to-facility ratio, low numbers of health workers, and limited inpatient capacity.

While no acute health system needs were identified in the other four settlements, available data raise concerns regarding the long-term resilience of the health system, particularly the health workforce. Across all settlements, there were fewer than 20 health workers per 1,000 people, though not necessarily combined with high population to facility ratios and limited inpatient bed capacity. Additionally, reports of drug stockouts and long waiting times at facilities were reported in all settlements, indicating mounting strain on health service delivery. While services are currently being maintained, with many health workers externally funded, further reductions in health sector funding could place additional pressure on already stretched health systems. These risks are compounded by the funding cuts in 2025, which resulted in the closure of malnutrition prevention programmes in all settlements and moderate acute malnutrition (MAM) services in Palabek, Bidibidi, and Imvepi, weakening the capacity to respond to worsening nutrition outcomes. Recognizing the health services situation has further deteriorated in the months since the analysis period, these conclusions may no longer reflect the current conditions.

There was no evidence of acute needs in the living conditions system, with all settlements found to have broadly substandard living conditions that are still able to meet protection and hygiene requirements.

The amount of recent data available for the living conditions system was limited, with most data relying on the 2024 Multi-Sectoral Needs Assessment (MSNA). While it is assumed that settlements receiving new arrivals, including Rhino Camp and Palabek, face higher needs in this system, the lack of recent data prevented comparison between zones that are and are not accepting new arrivals.

SOUTHWEST REGION

In the Southwest, acute needs were identified in Kiryandongo and Nakivale, with evidence suggesting food and health system strain in Kiryandongo and water and health system strain in Nakivale. While no systems in either settlement indicated system-wide failure, the data indicate widespread stress with pockets of more severe need. In Nakivale, limited sanitation and uneven water access increase the risk of deterioration in health and nutrition outcomes. In addition, health services across the two settlements remained functional, but high caseloads and limited workforce limit the system's ability to absorb further shocks. Furthermore, the continued arrival of new refugees may exacerbate these existing pressures on the water, food, and health systems. Table 2 provides an overview of the analytical conclusions for the Southwest region.

Table 2: Overview of settlement-level conclusions and corresponding certainty score: Southwest Region

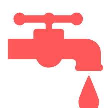
Unit of Analysis	Analytical Conclusion	System	Description	Certainty Score
Kampala	No Evidence of Acute Needs	NA	There was no evidence of acute needs among refugees in Kampala at the time of the analysis period. Conditions have changed since the analysis period and the situation in the settlement may no longer align with this designation. It is important to note that this designation does not imply there are no needs in among refugees in Kampala but rather that needs did not justify an acute needs designation per the ANA analytical framework.	**
Kiryandongo	Acute Needs	Food, Health	Acute needs identified in both the food and health system. Neither system showed evidence of complete failure, but rather widespread stress that seems to be spilling over into more severe need for portions of the population.	**
Kyaka II	No Evidence of Acute Needs	NA	There was no evidence of acute needs in the settlement at the time of the analysis period. Conditions have changed since the analysis period and the situation in the settlement may no longer align with this designation. It is important to note that this designation does not imply there are no needs in the settlement but rather that needs did not justify an acute needs designation per the ANA analytical framework.	**
Kyangwali	No Evidence of Acute Needs	NA	There was no evidence of acute needs in the settlement at the time of the analysis period. Conditions have changed since the analysis period and the situation in the settlement may no longer align with this designation. It is important to note that this designation does not imply there are no needs in the settlement but rather that needs did not justify an acute needs designation per the ANA analytical framework.	**
Nakivale	Acute Needs	Health, Water	Acute needs identified in both the food and water system. Neither system showed evidence of complete failure, but rather widespread stress that seems to be spilling over into more severe need for portions of the population.	**
Oruchinga	No Evidence of Acute Needs	NA	There was no evidence of acute needs in the settlement at the time of the analysis period. Conditions have changed since the analysis period and the situation in the settlement may no longer align with this designation. It is important to note that this designation does not imply there are no needs in the settlement but rather that needs did not justify an acute needs designation per the ANA analytical framework.	**
Rwamwanja	No Evidence of Acute Needs	NA	There was no evidence of acute needs in the settlement at the time of the analysis period. Conditions have changed since the analysis period and the situation in the settlement may no longer align with this designation. It is important to note that this designation does not imply there are no needs in the settlement but rather that needs did not justify an acute needs designation per the ANA analytical framework.	**

Acute needs in the food system were identified in Kiryandongo, with data suggesting pockets of the population may be experiencing severe food consumption gaps

Compared to the West Nile, only one settlement, Kiryandongo, was identified as having acute needs in the food system. Broadly, data suggests widespread stress within the food system, with 51% of households engaged in crisis-level coping strategies and continued inflows of new arrivals placing additional pressure on resources. While these indicators do not suggest system-wide failure, they point to a context in which many households are operating at or near crisis levels without yet tipping into severe food consumption outcomes. In addition, the percentage of households with severe reduced coping strategies surpassed the acute needs threshold, suggesting households are exhausting their mitigation capacities, potentially heightening vulnerability to further shocks.

Acute needs in the health system were identified in Nakivale and Kiryandongo, with data suggesting compromised services affecting pockets of the population

Data indicate the health systems in Nakivale and Kiryandongo were under severe strain during the analysis period, affecting pockets of the population. High population-to-facility ratios, low numbers of health workers, and limited inpatient capacity point to compromised health system performance. Despite these pressures, service delivery still seemed to be maintained, with most people able to access services when needed, albeit with long waiting times and frequent drug stockouts. While not total system failure, continued funding reductions and a continuous influx of new arrivals to both settlements increase the risk of further deterioration of the health system. With no excess mortality during the analysis period, as well as key health status indicators within global thresholds, the evidence suggests that health services were still mitigating risks for most of the population, though system resilience remains limited. As conditions in the health services system have changed in the months since the analysis period, the analytical conclusions may no longer align with the current situations in settlements.



Acute needs in the water system were identified in Nakivale, with data suggesting compromised services affecting pockets of the population

Based on available evidence, the water system in Nakivale appeared to be compromised during the analysis period, affecting pockets of the population, particularly in Rubondo and Juru zones. While the median litres of water per person per day marginally exceeded the global minimum standard of 7.5 litres, zone-level analysis revealed substantially lower access in Rubondo (5 litres) and Juru (4 litres). In addition, over half of the population reported travel and queue time to water source of over 30 minutes, indicating significant challenges related to physical accessibility of water points. While water quality remained adequate, there seemed to be significant challenges related to the physical accessibility of water points and the quantity of water individuals can access, suggesting that while not a system-wide failure, portions of the population are facing severe needs accessing water. These access constraints may exacerbate health and nutrition risks, particularly when combined with poor sanitation conditions and strained health services.

There was no evidence of acute needs in the living conditions system, with all settlements found to have broadly substandard living conditions that are still able to meet protection and hygiene requirements.

As with the West Nile region, no acute needs were found in the living conditions systems, with living conditions across all settlements found to be broadly substandard but able to meet basic protection and hygiene requirements. Similarly, while it is assumed that settlements receiving new arrivals, including Kiryandongo, Kyangwali, and Nakivale, face higher needs in this system, the lack of recent data prevented comparison between zones that are and are not accepting new arrivals. While no acute needs per the analysis framework, **in Nakivale, limited access to improved sanitation facilities was a particular concern, with over 50% of households relying on unimproved sanitation facilities**, which may increase exposure to health risks in an already strained health service environment.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery, and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED, and the United Nations Institute or Training and Research - Operational Satellite Applications Programme (UNITAR - UNOSAT).

REACH Informing more effective humanitarian action

ANNEX 1: METHODOLOGY OVERVIEW

WHO IS NOT INCLUDED IN THE ANALYSIS?

The population of interest for the Uganda ANA was refugees and asylum seekers living in the 13 formal refugee settlements and Kampala, with the refugee settlement as the primary unit of analysis. While the Uganda Refugee Response emphasizes support to both refugee and host communities, host communities were not included within the scope of the 2025 Uganda ANA due to higher perceived needs in refugee settlements following GFA cuts earlier in 2025 and limited resources and capacity. Furthermore, it is important to note that as refugees have freedom of movement within the country, not all refugees reside in the refugee settlements or Kampala, choosing instead to move to secondary cities. Unfortunately, as there is little comprehensive data available on refugees in secondary cities, the ANA does not speak to the needs these populations may face.

While new arrivals are a population of concern within the response and face specific needs, the Uganda ANA is unable to speak about the needs of new arrivals as a disaggregated group within settlements due to data limitations. Additionally, as most of the data was available at the level of the settlement, with the exception of data on the quantity of water per person per day available at the level of the zone, the ANA is not able to systematically examine potential differences in needs across zones within the settlements.

HOW WAS THE ANALYSIS CONDUCTED?

The ANA is a structured analysis designed to identify populations facing the most acute, life-threatening conditions resulting from a deterioration of critical systems in contexts in which mortality data is unavailable. It aims to inform big-picture humanitarian prioritisation decisions.

The analysis assesses the functionality of critical systems (health, nutrition, food, water, and living conditions), triangulated with immediate mortality drivers (acute malnutrition and morbidity). Severe deprivations in any or multiple of these public health systems are investigated further to determine whether they are severe enough to result in a Risk of Excess Mortality (RoEM).

The analysis consists of two critical phases. During the quantitative phase, preliminary “flags” are raised when emergency thresholds are exceeded across multiple indicators, based on global reference frameworks (SPHERE, WHO, IPC, etc.). Analysts then verify, triangulate, and interpret these flags with contextual evidence during the Deep-dive phase, using structured analysis techniques, to reach a final ANA category for each area or group:

- **Excess Mortality:** Timely evidence confirms mortality rates exceed the World Health Organisation (WHO) Emergency Threshold (>1 death/10,000 people/day, >2 for children under 5 years old).
- **Risk of Excess Mortality (RoEM):** Very severe gaps in multiple mortality drivers are interacting in a way that suggests excess mortality is likely occurring within the analysis timeframe, or is imminent.
- **Acute Needs (AN):** Evidence confirms very severe gaps in at least one mortality driver, but not to the extent that there is immediate concern for excess mortality.
- **No evidence of AN:** There is no evidence of very severe gaps in mortality drivers.

In some cases, (nearly) all available evidence suggests potential concern for RoEM due to multiple systems failing, but a specific data gap prevents final confirmation of RoEM. Those areas are categorised as **“Acute Needs (!)”.**

DISCLAIMER

While the analysis framework and process are standardised to promote consistency and reduce cognitive biases, conclusions depend on the availability, reliability, and timeliness of data, as well as the quality of contextual interpretation. Each area is assigned an **analytical certainty score,** reflecting the degree of confidence in the conclusion (★ /★ ★/★★★) based on the type and quality of the data and the strength of triangulation.

The ANA does not speak to community priorities and should not replace sectoral assessments, nor does it provide a comprehensive view of the full breadth and depth of intersectoral humanitarian needs. The ANA considers the impact of violence and insecurity on access to and functionality of critical systems, and its possible cascading impacts on public health. However, due to limitations in nowcasting and anticipating conflict dynamics, **the ANA does not assess the risk of direct trauma deaths.**

The ANA in Uganda assesses the situation in the period **April - July 2025**. **Contextual changes after this time window have not been reflected in the results.**

More detailed information on the methodology and its limitations can be accessed here: LINK TBA

WHAT KIND OF DATA WAS USED TO CONDUCT THE ANALYSIS?

The analysis assessed the functionality of critical systems (health, nutrition, food, water, and living conditions), triangulated with immediate mortality drivers (acute malnutrition and morbidity). The ANA is aimed to assess the convergence of mortality drivers and vulnerabilities within these systems to identify population that could be facing risk of excess mortality. Table 3 outlines the evidence used to assess the systems and mortality drivers, as well as the primary sources of the data.

	Evidence Used	Sources
Food System	Individual Food Consumption: • Minimum Meal Frequency • Minimum Dietary Diversity (Women and Children)	*WFP, UNHCR, UNICEF. Food Security and Nutrition Assessment (FSNA) 2025.* *Integrated Food Security Phase Classification. Uganda Refugees: Acute Food Insecurity Situation April - July 2025 and Projection for August 2025 - February 2026.*
	Household Food Consumption: • Food Consumption Scores (FCS) • Household Dietary Diversity (HDDS) • CARI • Reduced Coping Strategies Index • Integrated Phased Classification (IPC)	
	Household Food Security: • Food Expenditure Shares (FES) • Livelihoods Based Coping	
Living Conditions System	Living Conditions: • Adequate shelter • Mosquito exposure • Type of shelter • Reported challenges with shelter	*REACH, UNHCR. "Multi-Sector Needs Assessment (MSNA) 2024". 2025.* *WFP, UNHCR, UNICEF. Food Security and Nutrition Assessment (FSNA) 2025.*
	Sanitation and Hygiene: • Access to improved/unimproved sanitation facilities • Hygiene facilities within the shelter • Ability to perform personal hygiene within the shelter	
Water System	Household Water Consumption: • Quantity of water per person per day • Use of unimproved drinking water sources (including surface water)	*UNHCR, WASH WG. WASH Gap Analysis Dashboard.* *REACH, UNHCR. "Multi-Sector Needs Assessment (MSNA) 2024". 2025.* *WFP, UNHCR, UNICEF. Food Security and Nutrition Assessment (FSNA) 2025.*
	Household Water Security: • Physical access to water sources (travel and queue time to nearest water point) • Financial access to water • Availability of water at sources	
Health and Nutrition Services System	Quality: • Minimum package of services • Quality of SAM nutrition services • Quality of MAM nutrition services • Case mortality rates (cholera and measles) • Preventative service delivery: Vitamin A supplementation, immunization rates, deworming coverage • Challenges accessing health services	*UNHCR. Health Information System (HIS) - Uganda.* *REACH, UNHCR. "Multi-Sector Needs Assessment (MSNA) 2024". 2025.* *WFP, UNHCR, UNICEF. Food Security and Nutrition Assessment (FSNA) 2025.*
	Availability: • Staffing at facilities • Health facilities per population • Inpatient bed capacity • Consultations per clinician per day	
	Accessibility: • Financial accessibility • Physical access to health services	
Health Outcomes	Health Status: • Evidence of measles outbreaks • Evidence of cholera outbreaks • Common childhood illness: diarrhea, ARI	*UNHCR. Health Information System (HIS) - Uganda.* *WFP, UNHCR, UNICEF. Food Security and Nutrition Assessment (FSNA) 2025.*
	Nutrition Status: • Acute malnutrition: Global Acute Malnutrition (GAM) – WHZ, MUAC, and combined	

ANNEX 2: ANALYSIS CONCLUSIONS

Unit of Analysis	Analytical Conclusion	System	Certainty Score
Adjumani Settlement	Acute Needs	Food	**
Bidibidi Settlement	Acute Needs	Food	**
Imvepi Settlement	Acute Needs	Food	**
Kampala	No Evidence of Acute Needs	NA	**
Kiryandongo Settlement	Acute Needs	Food, Health	**
Kyaka II Settlement	No Evidence of Acute Needs	NA	**
Kyangwali Settlement	No Evidence of Acute Needs	NA	**
Lobule Settlement	No Evidence of Acute Needs	NA	**
Nakivale Settlement	Acute Needs	Health, Water	**
Oruchinga Settlement	No Evidence of Acute Needs	NA	**
Palabek Settlement	Acute Needs	Food, Health	**
Palorinya Settlement	Acute Needs	Food	**
Rhino Camp Settlement	No Evidence of Acute Needs	NA	**
Rwamwanja Settlement	No Evidence of Acute Needs	NA	**

ANNEX 3: LIST OF SOURCES

The 2025 ANA in Uganda drew quantitative data for preliminary flagging and deep dive analysis from the following quantitative sources:

1. WFP, UNHCR, UNICEF. Food Security and Nutrition Assessment (FSNA) 2025.
2. REACH, UNHCR. "Multi-Sector Needs Assessment (MSNA) 2024". 2025.
3. Integrated Food Security Phase Classification. Uganda Refugees: Acute Food Insecurity Situation April - July 2025 and Projection for August 2025 - February 2026.
4. UNHCR, WASH WG. WASH Gap Analysis Dashboard.
5. UNHCR. Health Information System (HIS) - Uganda.